

Report of: Director of Adult Social Services

Report to Executive Board

Date: 8 February 2017

Subject: Refresh of the *Better Lives* strategy

| | | |
|--|---|--|
| Are specific electoral Wards affected? If relevant, name(s) of Ward(s): | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Are there implications for equality and diversity and cohesion and integration? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the decision eligible for Call-In? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Summary of main issues

1. The purpose of this report is to present Executive Board with a refreshed and updated *Better Lives* strategy for its consideration and endorsement.
2. The *Better Lives* strategy is the Council's strategy for people with care and support needs and reflects the collective endeavour of all the council's functions to this strategic aim. The *Better Lives* strategy was first produced in 2011. Since then the council has refreshed the Best Council Plan and the Health and Well-being Strategy. The Care Act 2014 also come into force in 2015 which lays down new duties for the Council.
3. The refreshed strategy proposes five key aspirations:
 - To promote well-being and increase personal and community resilience
 - To maximise recovery and promote independence so people can live independently in their own communities for as long as possible
 - Improve the quality of life for people with care and support needs
 - Provide choice and control for people who have care and support needs

- Ensure value for money and the best use of the Leeds pound
4. This will be achieved by a range of actions delivered through three themed work-streams:
- *Better Lives* through better conversations
 - *Better Lives* through better living
 - *Better Lives* through better connections

Recommendations

Executive Board is asked to:

1. Comment on the draft refreshed Better Lives strategy
2. Agree it goes out for a period of comment, feedback and consultation with a view to reporting back to Executive Board in July 2017 for final approval.
3. To note that the Director of Adult Social Services is responsible for implementing these recommendations.

1 Purpose of this report

- 1.1 The purpose of this report is to present Executive Board with a refreshed and updated *Better Lives* strategy for its consideration and comment.

2 Background information

- 2.1 The Better Lives strategy was written in 2011 as part of Leeds City Council's ambition that healthy living, social care and age-related care services work well together to make Leeds the best city for health and well-being. It is not the adult social care strategy but rather a whole Council strategy for people who have care and support needs.
- 2.2 There has been considerable change over that time which heralded a period of unprecedented austerity both for local government and the wider population, seen the introduction of the Care Act 2014, the creation of Health and Well-being Boards, a reconfiguration of much of the council's direct care services and a re-organisation of NHS services to put a greater emphasis on clinical leadership, commissioning for outcomes, reducing health inequalities and population health management in the commissioning of health services.
- 2.3 There are strong interconnections between this strategy and NHS strategies. The West Yorkshire Sustainability and Transformation Plan (STP) is one of 44 NHS STP footprints. These provide the strategic direction for the NHS for the next five years. Supporting the STP are placed-based plans. The Leeds Health and Care Plan sets out the activity Leeds will undertake to transform health and care services, with the triple aim to:
- improve health and wellbeing,
 - improve the quality of the care we receive and the services we experience and
 - make our health and care system financially sustainable
- 2.4 There are four work streams: prevention, self-management and proactive care, urgent care and optimising the use of secondary care resources. All are underpinned by a principle of ensuring flow across the whole system, and rebalancing the conversation with citizens to promote self-care and high quality services.
- 2.5 It is therefore timely that the Better Lives strategy is updated and Executive Board is asked to consider and support the strategy going out for consultation.

3 Main issues

- 3.1 Leeds City Council has firmly declared its intention to be a compassionate city with a strong economy. People's expectations and aspiration for their lives are changing and this affects how we meet people's care and support needs. It is increasingly clear that our future is intertwined with other strategic partners as we seek to promote people's independence and safeguard people in Leeds.
- 3.2 Reducing funding, demographic pressures and a likely increase in demand for social care as a result of the Care Act are just some of the factors that have

shaped this strategy and the framing of a new adult social care offer. This offer proactively targets people who may be at risk of requiring social care services in order to inform them about ways in which they can make themselves more resilient to any risk to their independence and improve their overall well-being.

- 3.3 The new social care offer set out in this strategy seeks to ensure sustainable, fair and equitable service provision for local people which provides a better quality of life and is affordable now and in the longer term.
- 3.4 The proposed strategy seeks to focus our energy on what matters to people and acting swiftly to achieve it. We seek to build and harness the systems, relationships and resources to support people to live lives that are meaningful and uphold their dignity. We want to ensure that support is provided as close to home and family as possible.
- 3.5 Local Government has a place-shaping role and we must use this mandate to have new and different conversations with our citizens, our communities and our partners to ensure that Leeds can continue to survive and thrive in these unprecedented times. Collaborative leadership will be key in achieving our shared vision for our city.
- 3.6 This report sets out our challenges and describes our direction and actions for the years ahead.

Our journey: what we are trying to achieve

- 3.7 Since 2010/11 the Council has been delivering essential public services within an ever-diminishing budget. It is critical that we are clear about what we are trying to achieve for local people and where we are heading. As part of our “Think Local, Act Personal”¹ work we have been talking to people to better understand what their experience of our service is like and whether we are focusing on the right things.
- 3.8 People told us that:
- It is sometimes difficult to get good advice and information in order to make informed decisions
 - When we make changes we do not always explain it very clearly
 - People can find it difficult to speak promptly to the person who can help them with their issue and some waiting times at the “front door” were too long
 - They can sometimes feel passed around and have to tell their story again
 - The assessment process tends to focus on the things people can’t do and misses out the things that people can do for themselves or they can do with help from family or friends
 - Our processes are over-bureaucratic and fetter the time staff can spend focusing on solutions
 - We are sometimes too quick to offer the usual menu of services rather than think through more creative but simpler solutions

¹ Think Local Act Personal is a national partnership transforming health and care services through personalisation and community-based support

- We often get involved too late in a situation which makes it so much harder to find a good solution

3.9 We have listened to this feedback and identified what we need to do to make this better. This can be summarised as:

- Our starting point is a firm belief that everyone has strengths, no matter what their current challenges are, and that by focusing on people's strengths as individuals, within their families and as part of their community we can work together to build a better life
- Having different conversations with individuals around "what does a good life look like to you" and "how can we work together to find solutions"?
- Redesigning our "front door" so people can speak to someone who can assist them straightaway irrespective of whether or not they meet formal eligibility criteria
- Positioning our "front door" in lots of different places including community centres, libraries, GP surgeries and community hubs
- Ringing people back to check how our suggestions have worked for them and if they haven't then to plan with them again
- Thinking about how we can intervene earlier on and who is the best person or partner to do this
- Responding quickly in a crisis and sticking closely to people to see them through a difficult time
- Making the focus of social work assessment and review
- Building much stronger partnerships with primary and community health services and wider council services
- Maximising people's independence, recovery and rehabilitation
- Working closely with partners to ensure no-one goes unnecessarily to hospital or into long term care, especially from an acute hospital bed
- Working with communities and neighbourhoods to harness the assets within those communities to support the people living there

Our purpose, principles and approach

3.10 The *Better Lives* strategy helps to deliver many of the key aims of the Leeds Health and Well-being strategy which states that "Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest". The ambition of the *Better Lives* strategy is:

"To ensure that people with care and support needs are able to have a fulfilling life"

3.11 The strategy has five **key aims**:

- To promote well-being and increase personal and community resilience

- To maximise recovery and promote independence so people can live independently in their own communities for as long as possible
- To improve the quality of life for people with care and support needs
- To provide choice and control for people who have care and support needs
- To ensure value for money and the best use of the Leeds pound

3.12 This is under-pinned by the following ten **principles**:

1. *Self-determination*: each person should be in control of their own life and, if they need help with decisions, those decisions are kept as close as possible to them.
2. *Direction*: each person should have their own path and sense of purpose to help give their life meaning and significance.
3. *Money*: each person should have enough money to live an independent life and are not unduly dependent upon others.
4. *Home*: each person should have a home that is their own, living with people that they really want to live with.
5. *Support*: each person should get support that helps them to live their own life and which is under their control.
5. *Independence*: People should have the opportunity to learn or re-gain the skills to be as independent as possible
6. *Community Life*: each person should be able to fully participate in and contribute to their community.
7. *Rights*: each person should have their legal and civil rights respected and be able to take action if they are not.
9. *Responsibilities*: each person should exercise responsibility in their own lives and be able to make a contribution to their community.
10. *Assurance*: people should have confidence in the quality of the services the Council commissions or provides directly itself.

3.13 We need to build on the approach we embarked on in 2011. Set out below are what we believe should be our **key commitments** to citizens for a reformed care and support system:

- We will listen carefully to understand what makes a good life for you
- We will communicate clearly and in a way that works best for you
- We will listen to, and value, what you, your family, your friends and your community say
- The focus of our intervention will be to facilitate solutions
- We will work with you at a pace that is right for you
- We will actively engage with our local communities, support networks and partners to develop alternative solutions for people
- You will only have to tell your story once and we will make sure our systems and procedures support that
- We will ask your permission upfront to share information to help keep you safe and well
- We will empower our front-line staff to design different solutions with you

- You will not unnecessarily go into long term care and will have time to make informed decisions about your care and support options
- Keeping you safe is paramount: and we will work collaboratively with you and other agencies to manage risk appropriately
- We will work equitably within our resources
 - We will actively work with our partners to remove barriers to delivering our services

3.14 Our **approach** needs to operate at four levels:

At **individual practice** level: working in a different way to help individuals and their families find solutions that build on their strengths and assets

At the **service** level: building flexible, empowering and responsive services that are delivered in new and innovative ways

At the **community** level: building and harnessing the strength of resilient individuals, families and communities

At **whole systems** level: recognising that part of the solution to our challenge rests in collaborative working with our colleagues in the wider public, Third and private sectors. We need to engineer a win-win solution across health and social care to manage demand pressures and to keep people safe and well.

What does success look like: what is a better life?

3.15 We have worked with people with care and support needs, carers, partners and staff to build a picture of what are the constituent parts of a good life and this is what people have said:

- Having somewhere decent to live
- Having friends and people who love you in your life
- Having enough money to make choices
- Exercising control over your life
- Living as independently as possible
- Participating in society as a contributing citizen
- Enjoying the best quality of life irrespective of frailty and/ or disability
- Having aspirations and hope
- Having fun!

3.16 We will judge our success on the following “I” outcome statements which is what we hope people with care and support needs could say about their lives:

Outcome One: *I have access to information and support to live the life I choose for myself*

Outcome Two: *I am able to build on my personal strengths and realise the opportunities that exist within my community to lead a fulfilling, health and active life.*

Outcome Three: *I feel in control of my life and feel safe and as well as possible*

Outcome Four: *I have choice about where I live and who I live with*

Outcome Five: *I have confidence in the people and organisations that provide me with support*

Better Lives strategy 2017-2022

- 3.17 It is proposed that the refreshed *Better Lives* strategy reframes its purpose around three key themes:
- *Better Lives* through better conversations
 - *Better Lives* through better living
 - *Better Lives* better connections
- 3.18 Leeds is a city with a long history in asset-based approaches where we have worked with our communities to build on their strengths and grow resilience. It is therefore a natural progression to take this approach and apply it to Adult Social Care in the same way that Children's Services have transformed support to children and families through their restorative approach. We talk about a strengths-based approach, as that is enshrined in the Care Act 2014, and perhaps is an easier term to understand. The starting point is having different conversations with our citizens.

Better Conversations

- 3.19 The initial focus for this theme will be the transformation of the social work service. We are already changing the conversation we have with citizens from "what's the matter" to "what matters". An illustration of this approach is the "three conversations" model pioneered by Partners4Change which can be illustrated in the following way:
- Conversation 1** (initial contact) – *How can I connect you to the things that will help you to get on with your life, based on your assets, strengths and that of your family and communities? What do you want to do? What can I connect you to?*
- Conversation 2** (crisis/ urgent need) – *If you are at risk, if your life is in melt down - what needs to change to make you safe and help you regain control? How can I help to make that happen? Furthermore, what offers do I have at my disposal, including small amounts of money and using my knowledge of the community, to support you? How can I pull these things together in an 'emergency plan' and stay by your side to make sure it works?*
- Conversation 3** (long term support) – *How can I make sure you are in control and feel empowered to be so? What is a fair personal budget and where do the sources of funding come from? How can I help you to use your resources to support your chosen life? What do you want to do, what matters to you, what makes your life worth living?*
- 3.20 Initial contacts and conversations are not however restricted to Social Work staff: these could be undertaken by many front line Council staff with the appropriate guidance, support and training. To this end we have been working closely with

both Customer Services and the Locality Teams to build upon existing resources such as the Leeds Directory, as well as developing toolkits for sharing, including the 'Know your Community' guide. A refresh of the Adult Social Care pages of the Council's website is also underway. Similar resources will be developed to engage elected members in this approach and to support their work as community champions.

- 3.21 We are training staff at the initial point of contact on the approach. We know from analysing our data that up to 22% of referrals to social workers were resulting in no further action which was a strong indication that we were not getting the conversation at the front door right. This was not best use of social workers or citizens' time. At initial contact we are now trying to help all people and are not over-concerned about establishing eligibility for formal services as we will seek solutions, in the first instance, from community-based assets. This work is being supported by the national Behavioural Insight Team which is undertaking research on the impact of our new approach.
- 3.22 If we cannot meet people's immediate needs and the customer services operator thinks a more in-depth conversation is needed with a social worker or social work assistant then they can book them an appointment straightaway through Sharepoint. We are supporting our social work service to see people in community settings by arranging "pop up" sessions in local facilities. In our pilot area in Armley, these are taking place at the New Wortley Community Centre. We are calling these "Talking Points" and aim to roll these out across the city. We find that the nature of the conversation we are having with citizens is subtly changing by meeting in more neutral venues. We are also finding that social workers are making really good links into community facilities and improving their working knowledge of local assets to use in support planning with people. New Wortley Community Centre have been a fabulous partner to work with and have worked closely with us to identify new opportunities to link people into activities that reduce social isolation, support self-esteem and mean that people with care and support needs are active contributors to their communities. However we still do home visits where information indicates that would be the appropriate thing to do.
- 3.23 We are also changing how we provide a rapid response when people are in urgent need. This is by siting more qualified staff in the contact centre, alongside our community health partners, to provide back up to the customer support staff but also to pick up, and work with, cases intensively for up to 72 hours. If the person's crisis or urgent need is not resolved within that time frame then the case will pass onto a neighbourhood team. We have been piloting this approach in the south west of the city and it has already eliminated waiting lists for allocation to a social worker.
- 3.24 Social workers have been given responsibility to redesign the paperwork used for assessments, support planning and reviews in response to feedback that it had become over-prescribed and over bureaucratic. The 27 page assessment form has been reduced to 2 sides of A4 (that can expand as needed depending on what needs recording). We have worked closely with Legal Services to ensure that we remain Care Act compliant in our recording practice.

- 3.25 Leeds is one of about ten sites nationally adopting a community-led approach to social work supported by the National Development Team for Inclusion. Evidence from phase one sites is that customer satisfaction is improved, better use is made of scarce public resources, spending on formal care reduces and social work morale increases.

Better Living

- 3.26 Previous *Better Lives* reports have documented how people with care and support needs' aspirations have changed over time with a strong desire to remain living in one's own home for as long as possible. This has meant that the demand for residential care has reduced with a switch to a greater demand for models that provide housing-with-support such as extra care housing. This is now a priority for the council. There is now a very clear intention to make rapid progress in securing more extra care homes with the council itself playing an active role in the market to either provide or stimulate the building of new homes. Wharfedale View in Yeadon will open shortly and plans are being progressed at Westerton Road in East Ardsley which will deliver an additional 110 units for the City. A Member working party has been established to oversee this work as part of the overall Housing Growth Programme.
- 3.27 As well as older people benefitting from specific housing for their needs, there is a cohort of working age adults who need improved access to housing so adult social care are working closely with the Housing department to acquire or build properties that sustain people's independence and make good use of the Leeds pound. We are also working with technology companies to make sure we harness the full potential of the new generation of assistive technology, applications and "The Internet of Things" that enable people with care and support needs to remain living safely in their own homes. This includes the development of 'apps' through hack events arranged via Innovation Labs, including the use of GPS tracking systems to alert people with mobility issues of how long their next bus will be, whilst they remain in their own home and innovations to use monitoring of power usage to provide assurance of wellbeing.
- 3.28 Working with colleagues in the Housing department, a range of initiatives are being developed including the promotion of links to Tennant forums, Housing Advisory Panels and the significant community assets already developed by these groups. A significant amount of work has been undertaken in conjunction with the Parks and Countryside Service to develop design principles for Parks to ensure accessibility for older people.
- 3.29 Although carers are not a new priority, they remain a very important partner in caring for older and disabled people and need to be mentioned in any care and support strategy. We are very proud to have had the joint work we do with Carers Leeds and our NHS commissioning partners recognised through the Health Service Journal award for innovation in commissioning. We intend to build on this

and involve carers in the review this year of short break services that we commission.

- 3.30 Leeds has a lower take up of direct payments and individual service funds compared to other authorities. Feedback from service users and staff has been that the paperwork involved in applying for a direct payment has been off-putting so we are reviewing this in partnership with an experts-by-experience group to help improve this. We know that, when it works well, direct payments can be liberating and support people to be in better control of their lives.
- 3.31 We have a long standing history of working with Leeds Benefits Service, including the offer of a full benefits health check for all Adult Social Care service users in receipt of services and subject to a financial assessment in relation to those services. The Leeds Money Information Service is also promoted to help ensure that vulnerable people are supported to both maximise their entitlement and make their money go further.
- 3.32 Earlier reports to Executive Board in 2016 have set out a vision for the remaining in house services which promote recovery and independence through both home-based support (the Skills for Independent Living Service) and our intermediate care/ recovery beds. We are in the process of bidding to provide an increased number of recovery beds as part of the NHS's re-commissioning of its community intermediate care beds. We also provide part of the recovery pathway for people with mental health needs through our recovery hubs and transitional housing units. We will continue to provide support to older people with complex needs through the Wykebeck, Laurel Bank and Calverland Centres. Areas such as the Community Hubs, Museums, Libraries and Sports have all worked to actively support older people and disabled people to take part in events and activities.
- 3.33 The Council is both a commissioner and provider of *Shared Lives* services. Shared lives schemes are designed to support adults with care and support needs by matching them with an approved shared lives carer. These carers share their family and community life and give care and support in the carer's own home. These schemes are sometimes called adult placement schemes. The in-house service provides daytime support to adults with care and support needs and is looking to significantly expand the number of shared lives carers it recruits and supports in order to extend the service.
- 3.34 Leeds also has a long history of supporting a range of preventative and early intervention services. This includes a vast array of services provided by the voluntary sector, including the nationally and internationally praised Neighbourhood Networks that are a key resource in connecting and linking local people to locally based services, supporting in excess of 21,000 people annually. Civic Enterprise Leeds (CEL) also provides a range of services for vulnerable people including Meals on Wheels and Presto. In recent years we have worked closely with Children's Services to develop Travel Training Services to support

vulnerable adults to regain and maintain their independence, rather than become dependent upon provided transport.

- 3.35 Having confidence in the quality of commissioned services is very important for people with care and support needs. Although 62% of all registered social care services in Leeds have been rated as good there are specific services areas like the older people's care home sector that needs to improve. In order to achieve this, the Adult Social Care Directorate is setting up a new Quality in Care team to work proactively with the care home sector, in the first instance, to support and maintain good quality care. Officers are also working with NHS colleagues who support nursing homes to have a "one city" approach to quality in care. This will be a big part of the Better Lives through Better Living work-stream of the strategy.
- 3.36 Building upon the strong working relationships that the Council has developed with the Police Service to support Safeguarding, Domestic Violence and Community Safety, we aim to work more closely with them to reduce incidence, impact and fear of crime experienced by vulnerable people, particularly by older people. We also aim to work with the Police Service to more effectively support people with dementia to be returned home safely should the need arise.

Better Connections

- 3.37 Integrated services are frequently referred to when talking about improving services across health and social care but integration can mean different things to different people. It is proposed that the Leeds *Better Lives* strategy adopts the National Voices definition of integrated care which is:
- "I can plan my care with people who work together to understand me and my carer(s), allow me control and bring together services to achieve the outcomes important to me".*
- Integration is a means to an end and not an end in itself so we need to be clear when integrated approaches improve the customer experience. Managing hospital discharges which can be complex, multi-agency and multi-disciplinary are a good example of an area where we are working with partners on an integrated approach.
- 3.38 Our thirteen Integrated Neighbourhood Teams have been in existence for several years and are still evolving as a model with community health and primary care services. As the NHS landscape changes again we are working with our CCG colleagues to develop new models of care in localities. As part of the pilot work we are doing in Armley, we have joined with NHS partners, local members, other council services and third sector organisations to form a local leadership team. The team has identified mental health as a local priority and the intention is to explore how, by working more collaboratively, mental health outcomes can be improved. This provides the foundation stone for an accountable care collaborative approach as highlighted in Simon Stevens' Five Year Forward View for the NHS.
- 3.39 An important part of strengthened neighbourhood working will be to make sure the new configuration in the Communities and Environment directorate has strong

links with Adult Social Care services. This includes working together on building on an asset-based approach to community development for each locality with the aim of empowering communities to come together to tackle issues that are important to them, building on their existing assets and facilitating mutual support.

- 3.40 We know that modern technology has a huge role to play in promoting health and well-being. This strand of the *Better Lives* strategy will continue to make the most of citizen-driven technology, designing together with local people to use technology to reduce isolation and loneliness, aid communication and support informed choices – to name just a few examples worked up so far. A Communications and Marketing Strategy is also being developed that will build upon the existing communications which already include the use of Social Media in the form of a regular *Better Lives Blog*.
- 3.41 We have the good fortune to have three excellent universities in the city and through making the most of Leeds Academic Health Partnership, make sure that innovation and learning are closely linked so we build on an evidence base of works well and makes a positive impact on people's lives.
- 3.42 Leeds City Council has endeavoured to be more enterprising and has encouraged enterprise to be more civic with businesses, both large and small, making a significant contribution to improving the lives of local people through generous corporate social responsibility. We want to build on this, particularly by strengthening links with businesses at a locality level.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 The refreshed *Better Lives* strategy builds on on-going conversations we have with our partners and citizens through the wide range of partnership boards and joint fora we have. A specific piece of work was led by Leeds Involving People with people with care and support needs which informed the section of the strategy on what a better life looks like.
- 4.1.2 In developing and engaging support for this strategy within the Council a series of engagement events have been held with Best Council Leadership Team (the Chief Officer Group). This is being followed up by further engaging with Directorate Leadership Teams to identify areas where joint approaches can be developed to meet the aims of the strategy. This report identifies a number of existing areas of joint working, together with further initiatives to explore going forward.
- 4.1.3 It is proposed that today's report be regarded as a draft strategy and goes out for formal comment, feedback and consultation and then reported back to Executive Board in July 2017.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 An equality impact screening has been undertaken and it has concluded that the strategy does not require a full impact assessment.

- 4.2.2 Where there are specific actions that are likely to have an impact, there will be specific Equality screenings and possibly full Impact Assessments.

4.3 Council policies and the Best Council Plan

- 4.3.1 The draft refreshed *Better Lives* strategy supports the Council's strategic objective to be a compassionate city with a strong economy by setting out how the council's strategic priorities for people with care and support needs. It also is a key part of the delivering the vision of the Health and Well-being Strategy including such key elements as:

- An age friendly city where people age well
- Strong, engaged and well connected communities
- Housing and the environment enable all people to be healthy
- Maximise the benefits from information and technology
- Promote mental and physical equality
- A valued, well trained and supported workforce
- The best care, in the right place and the right time

- 4.3.2 The strategy also supports the Council's Breakthrough projects, notably Making Leeds the Best City to Grow Old In and Reducing Health Inequalities but the approach and the strategies ambitions can have a positive impact across all the projects.

4.4 Resources and value for money

- 4.4.1 The Adult Social Care Directorate has a net budget of £204m, achieved a balanced budget in 2015-16 and is on course to do the same this year however this has not been achieved without a programme of continuous transformation and reconfiguration of services. The proposals contained within this report aim not only to achieve increased customer satisfaction but to make best use of community assets thereby making care budgets for those with eligible social needs go further. Leeds has maintained its investment in preventative services, mostly delivered by the Third Sector, and careful monitoring of the impact of the strengths-based approach to social care on Third Sector services will be in place to ensure local services are not over-stretched.
- 4.4.2 The Quality in Care team will be funded out of the additional 1 % precept that councils have been given permission to levy.

4.5 Legal Implications, Access to Information and Call In

- 4.5.1 This decision is subject to the call-in process as a report to the Executive Board.
- 4.5.2 The draft refresh of the *Better Lives* strategy helps deliver the new statutory principle of individual well-being that underpins the Care Act 2014. Local authorities (and their partners in health, housing, welfare and employment services) must take positive steps to prevent, reduce or delay the need for care and support for all local people.

4.6 Risk Management

- 4.6.1 There are no specific significant risks contained within the report. Adult Social care core business is the identification and management of risk – whether it is someone’s safety through safeguarding or risks to independence through the provision of appropriate advice, information, care and support. Legal advice has been sought in all changes to social work documentation and recording practice to ensure the Council remains Care Act compliant.
- 4.6.2 All the directorates’ major transformation programmes follow project management methodology and have risk registers that are regularly reviewed and updated.

5 Conclusions

- 5.1 Leeds has clearly set out its ambition to be a compassionate city with a strong economy. In light of this, the end of major service reviews and the introduction of the Care Act it is appropriate to refresh the Better Lives strategy which sets out the council’s priorities for people with care and support needs. The strategy has taken a strong steer from the Health and Well-being Strategy and the Best Council Plan and is congruent with the changes made in Children’s Services.

6 Recommendations

Executive Board is asked to:

- 6.1 Comment on the draft refreshed Better Lives strategy
- 6.2 Agree it goes out for a period of comment, feedback and consultation with a view to reporting back to Executive Board in July 2017 for final approval.
- 6.3 To note that the Director of Adult Social Services is responsible for implementing these recommendations.

7 Background documents²

- 7.1 None

² The background documents listed in this section are available to download from the Council’s website, unless they contain confidential or exempt information. The list of background documents does not include published works.

What we want to achieve

5 PASSIONS

1. Promote well-being and personal resilience
2. Maximise recovery and promote independence so people's can live independently in their own communities for as long as possible
3. Improve the quality of life for people with care and support needs
4. Provide choice and control for people who have care and support needs
5. Ensure value for money and the best use of the Leeds £

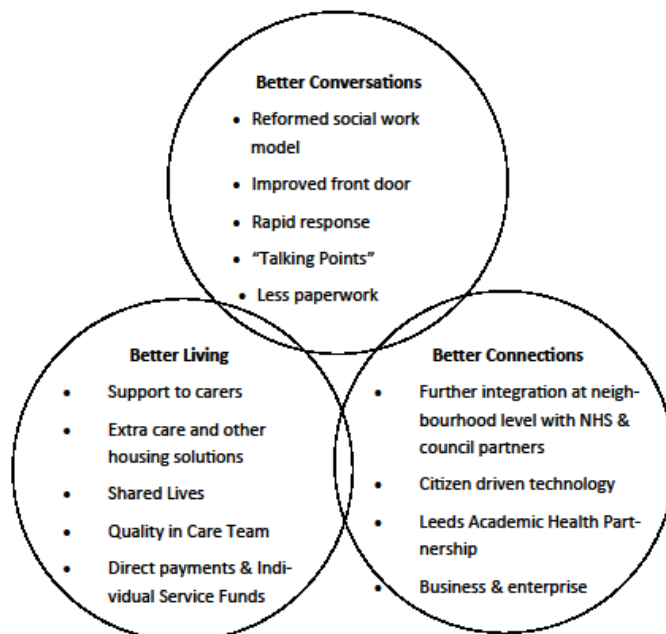
5 OUTCOMES

- "I have access to information and support to live the life I choose for myself"
- "I am able to build on my personal strengths and realise the opportunities that exist within my community to lead a fulfilling, healthy and active life"
- "I am in control of my life and feel safe and as well as possible"
- "I can choose where I live and who I live with"
- "I have confidence in the people and organisations who provide me with support"

8 PRIORITIES

1. To work with people with care and support needs in a way that builds on their strengths and those of their family, friends and communities through a transformed model of social work and social care
2. To enable family carers to remain well, active and energised in their caring role with access to a range of short breaks
3. To increase the opportunities for people to recover and maximise their independence thereby reducing the number of people admitted to permanent care
4. To promote different models of care and support to increase the number of people choosing direct payments
5. To increase the amount of Extra Care housing and other models of accommodation-with-support to reduce the number of people needing a care home placement
6. To support and develop social care providers and the social care market within the city to provide high quality services
7. To work with our partners in an integrated way to improve the health and wellbeing of people within the City
8. To reduce inequalities in health and well-being and to ensure equality of access to social care services

How we'll do it



A clear budget strategy:

- Meeting people's needs
- Helping people to help themselves
- Those who can afford it contribute more

How we'll know if we've made a difference

1. % adult social care assessments completed in the month within 28 days (all assessments)
2. Time to Complete Safeguarding Investigations (median in the month)
3. Proportion of reviews completed within the year to date
4. % new/amended home care packages provided in the month within 1 week of request from a hospital
5. Number of people with an unallocated assessment
6. The number of people starting a reablement service
7. The number of people completing a reablement service.
8. Delayed transfers of care from hospital (Delayed days) Adult social care only (per 100,000 adult population, average per month)
9. Number of bed weeks care in residential and nursing care homes for older people supported by the local authority (estimate for the year).
10. Permanent admissions (estimate for year) to residential and nursing care homes, (number and per 100,000 population)
11. Social care -related quality of life. (Composite measure - annual survey)
12. The proportion of people who use services who have control over their daily lives.
13. The proportion of service users who use social care services who say that those services have made them feel safe and secure.
14. The proportion of service users and carers who find it easy to find information about services.
15. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like.
16. Proportion of learning disabled people who are known to the Council, who have been assessed or reviewed and are in paid employment.
17. Proportion of adults in contact with secondary mental health services in paid employment
18. The proportion of older people (65 and over) who were still at home 91 days after leaving hospital into rehabilitation services.
19. Number and proportion of people using social care who receive self-directed support during the year.
20. Number and proportion of people using social care who receive self-directed support as a direct payment. (Including mixed budgets) during the year
21. The above measures analysed by equality strand