Leicestershire County Council

Meeting: **Adults and Communities Overview and Scrutiny Committee**

Date/Time: **Monday, 6 March 2023 at 2.00 pm**

Location: **Sparkenhoe Committee Room, County Hall, Glenfield**

Contact: **Mrs. A. Smith (0116 305 2583)**

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Membership

Mr. T. J. Richardson CC (Chairman)

Mrs. L. Broadley CC	Mr. L. Hadji-Nikolaou CC
Mr. B. Champion CC	Mr. J. Miah CC
Mr. N. Chapman CC	Mrs. A. Wright CC

Please note: this meeting will be filmed for live or subsequent broadcast via the Council's web site at http://www.leicestershire.gov.uk

AGENDA

Item		Report by	
1.	Minutes of the meeting held on 23 January 2023		(Pages 5 - 12)
2.	Question Time.		
3.	Questions asked by members under Standing Order 7(3) and 7(5).		
4.	To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.		
5.	Declarations of interest in respect of items on the agenda.		

6.	Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.		
7.	Presentation of Petitions under Standing Order 35.		
8.	National Portfolio Status for Leicestershire's Libraries and Heritage Provision	Director of Adults and Communities	(Pages 13 - 18)
9.	Market Sustainability Plan	Director of Adults and Communities	(Pages 19 - 32)
10.	Adult Social Care Assurance Self-Assessment	Director of Adults and Communities	(Pages 33 - 82)
11.	Social Care Reform Programme Update	Director of Adults and Communities	(Pages 83 - 94)
12.	Date of next meeting. The next meeting of the Commission is scheduled to take place on 5 June 2023, at 2.00pm.		
13.	Any other items which the Chairman has decided to take as urgent.		

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Governance and Scrutiny website www.cfgs.org.uk. The following questions have been agreed by Scrutiny members as a good starting point for developing questions:

- Who was consulted and what were they consulted on? What is the process for and quality of the consultation?
- How have the voices of local people and frontline staff been heard?
- What does success look like?
- What is the history of the service and what will be different this time?
- What happens once the money is spent?
- If the service model is changing, has the previous service model been evaluated?
- What evaluation arrangements are in place – will there be an annual review?

Members are reminded that, to ensure questioning during meetings remains appropriately focused that:

(a) they can use the officer contact details at the bottom of each report to ask questions of clarification or raise any related patch issues which might not be best addressed through the formal meeting;

(b) they must speak only as a County Councillor and not on behalf of any other local authority when considering matters which also affect district or parish/town councils (see Articles 2.03(b) of the Council's Constitution).

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Agenda Item 1

Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 23 January 2023.

PRESENT

Mr. T. J. Richardson CC (in the Chair)

Mr. B. Champion CC	Mr J. Poland CC
Mr. L. Hadji-Nikolaou CC	Mrs. A. Wright CC

Apologies

Mr. N. Chapman

In attendance

Mr. J. Miah (online)
Mrs. C. Radford – Cabinet Lead Member for Adults and Communities

44. Minutes

The minutes of the meeting held on 7 November 2022 were taken as read, confirmed and signed.

45. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 34.

46. Questions asked by members under Standing Order 7(3) and 7(5).

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

47. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.

There were no urgent items for consideration.

The Chairman stated he would make an announcement at the end of the meeting regarding the Reid and Sigrist (R S) Desford plane.

48. Declarations of interest in respect of items on the agenda.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

No declarations were made.

49. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

There were no declarations of the party whip.

50. Presentation of Petitions under Standing Order 35.

The Chief Executive reported that no petitions had been received under Standing Order 35.

51. Medium Term Financial Strategy 2023/24 - 2026/27.

The Committee considered a joint report of the Director of Adults and Communities and Director of Corporate Resources which provided information on the proposed 2023/24 to 2026/27 Medium Term Financial Strategy (MTFS) as it related to the Adults and Communities Department. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

The Chairman welcomed Mrs. C. M. Radford, Cabinet Lead Member to the meeting for this item.

In introducing the report, the Director advised Members the report outlined the strategic priorities and how they related to growth requirements of the Department moving forward over the next twelve months, and detailed savings and efficiencies put forward as part of the MTFS round.

The Director continued that in general terms the Council remained, as did most councils, in a difficult position in terms of the funding of social care, which had over the past two years become heightened in terms of increased demand post pandemic and added pressure to the budget.

Arising from the comments and questions raised, the Committee was advised as follows:

Service Transformation

Members noted the information provided at paragraphs five to nine in the report and made no comment.

Proposed Revenue Budget

(i) The table at paragraph 10 in the report provided information as to the starting point for the budget 2023/24 for the Department, which showed a proposed net budget of £186million.

(ii) Members were asked to note that the revenue budget had been compiled on the basis of no pay or price inflation. A contingency for pay and inflation was held centrally and allocated in year when the position became clearer. Therefore, the growth highlighted was only for demographic, service pressure growth and some in-year price increases. It was noted the budget transfer and adjustment for 2022/23 was £15.2million, which included £10million for price inflation. It was explained that the Council used the contingency approach, as to put a notional flat percentage rate across all departments would be difficult due to the different levels of staffing and

salaries. Members were advised to focus on the year 2023/24 and that the following three-year proposed budgets were for information and indicative at this point in time.

(iii) The table at paragraph 12 outlined net budget breakdown in broad terms, with 87% of the budget going directly into services commissioned for local residents. Members requested a glossary of terms describing the different services be developed as a living document for Members, to be updated on a regular basis and to be attached to the agenda for each meeting.

(iv) It was noted that the Better Care Fund (BCF) had been scrutinised and agreed by the Health and Wellbeing Board.

Growth

(v) Members queried the large increases in growth figures over the four years and asked how the increase was calculated. It was reported that this was based on the number of people receiving a service in November of the year and the cost of providing the service. That figure was then extrapolated forwarded using national models 'POPPI' and 'PANSI' (one for older adults and one for younger adults working age) which provided an estimated figure over a four-year period. It was, however, noted the figure was subject to change based on differing circumstances, such as people leaving long term care, or people developing a long-term illness as well as changes to costs arising from wage and contract settlements.

(vi) It was difficult to predict how many people would develop mental health conditions or physical disabilities, therefore forecast was based on previous years' figures. The Department was confident about the forecast for the next financial year based on current monitoring. However, if there were to be an increase in service users greater than predicted it would result in overspend. Currently the figure predicted was slightly below the national growth average in the country.

(vii) Members noted the typical growth of service users at 1 to1.5%, which did not appear to equate to the increased budget figures for growth. It was reported that the 1.5% average was an average across all service areas. Some areas with static numbers could experience cost demand pressures due to some long-term service users with extensive needs could be greater than others. It was noted there was a sophisticated system for analysing the current service user needs, and the likelihood of further users have similar or greater needs.

(viii) With regard to the on-going sustainability of the budget given the significant growth pressures predicted for the latter part of the MTFS it was pointed out that the growth requirement in the current year of £7million was matched by a £7million saving target for 2023/24, and that each year savings and efficiencies would be looked at to balance the budget. It was also noted Central Government would determine priorities with some additional specific grant funding, which could be applied to the budget to offset cost and demand pressure.

Adult Social Care – Savings

(ix) As denoted by the star system there were a number of areas that had been in previous MTFS reports, and the majority of those had been amended to take account of latest information and data, and the budget had been increased accordingly. No comments were made on these saving requirements.

(x) AC3 (Eff – Implementation of Digital Assistive Technology to Service Users (Technology Enabled Care – TEC) – the Council Care Technology (CT) service formed a significant part of the savings plan as the service offer had been developed.

(xi) AC9 (Eff) – Direct Payment Commissioning Efficiencies – a £1million saving was proposed, rising to £1.5million from 2024/25. Whilst this was a significant sum, in the context of a budget of £42million it was a small percentage saving.

(xii) AC10 (Eff) – Commissioning and Implementation of Revised Extra Care Model – the service had been out to procurement and the new contract would commence in April 2023.

(xiii) AC11 (Eff) – Improved systems, ways of working and cost of recovery efficiencies – the saving would be through bringing together back office and commissioning efficiencies in a couple of areas.

(xiv) AC13 (Eff) – Home Care – review of care packages – particularly for people with double-handed care (two carers assisting an individual). The level of care for individuals would be reviewed to see if the same level of care was required, and if it could be reduced.

(xv) AC16 (Eff) – Improving outcomes from the Homecare Assessment and Reablement Team (HART) and Community Response Service (CRS); and
AC17 (Eff) – Through as alignment of the Homecare Assessment and Reablement Team (HART) and Community Response Service (CRS) – it was hoped to provide an enhanced reablement offer, as the best way to manage demand for older people particularly, which in turn would bring in longer-term savings into the department. Mileage costs and travel time would be reduced by alignment of the two teams together so that both teams work to the same geographical footprint (currently the CRS operated on a countywide basis).

(xvi) Members noted and commended the Department on its track record of making savings whilst maintaining quality of care.

Communities and Wellbeing – Savings

(xvii) AC19 (Eff/SR) – Implementation of revised service for Communities and Wellbeing – there had been various proposals looked at for the relocation of the Record Office but had not come to fruition due to lack of funding. It was noted that the City and Rutland councils paid towards the storage of documents. Members reiterated the need for a new facility to ensure appropriate storage and security of records given the existing facility had reached capacity and some items were not being kept in the environment required. The Cabinet Lead reassured Members that the issue was actively being looked at.

(xviii) AC20 (SR) – Review Green Plague Service – Members asked if, instead of removing the service, if it could be changed to a chargeable service. It was explained that sponsorship had been looked at previously, but not a charging model. The Cabinet Lead would take the request to Cabinet for discussion.

Savings Under Development

(xix) Three Conversations Model – described as a national model recognised within social care circles. This was about having the right conversation with people at the right time. It required talking to people about how they could achieve some of their support requirements through their local communities, through their families and through people they know - through a strengths-based asset approach, rather than seeking funding from a local authority. The aim was to try to keep people independent for as long as possible, and thus achieve savings. The model would be piloted over the next 12 months and rolled out across the County over the 12-month period.

(xx) Review of Discharge process and Reablement with ICB – it was noted that if proven to be effective there would be significant saving for the 2024/25 MTFS.

Health and Social Care Integration

Better Care Fund (BCF)

(xxi) Noted that the BCF was nearly 15% of the Department's net budget, and there was obvious risk should anything happen to the fund. In addition to the BCF in December 2022, there was a £500million Discharge Grant announced by Government of which Leicestershire received £5million (£2million for the County Council, £3million to the Integrated Care Board) to be spent on assisting discharge from hospital. There was an announcement in January 2023 of a further £250million grant to the NHS for discharge (around £3.5million locally to the ICB) the majority of which would go to community hospitals for step down beds from the UHL.

(xxii) In terms of the discharge grant there were calls for longer-term funding to support community service infrastructure as well as funding to enable recruitment and retention of the workforce.

(xxiii) Comment was made about the Disabled Facilities Grant, and the way that the two tiers, County and District Councils worked together was a successful model of delivery. Mention was made to the Lightbulb project, which had greatly added to peoples' lives and well-being in their own homes.it was however noted that lack of builders was restricting the speed at which DFG works could be undertaken

Adult Social Care Reform

(xxiv) Noted was the Government's announcement of a two-year delay to the national rollout of social care charging reforms to 2025/26, which removed a significant financial risk to the County Council which had been approaching £20million.

Other External Influences

(xxv) Members noted other areas of funding that influenced the achievability of the MTFS for the Department.

Other Funding Sources

(xxvi) Members noted a number of smaller grants that funded specific aspects of the Department's activity.

Capital Programme

(xxvii) Members noted the main source of external funding of the capital programme of £21million was the BCF grant of £17.8million which was passported to District Councils. The remaining balance of £3.4million was against the Social Care Investment Programme (SCIP) which was currently being reviewed.

Future Developments

(xxviii) Members noted the summary of provisional capital bids, in particular the SCIP with the development of alternative accommodation, for example, supported living, to enable people in the community to remain independent and receive better care.

RESOLVED:

(a) That the report regarding the Medium Term Financial Strategy 2023/24 – 2026/27 and the information now provided be noted;

(b) That the comments now made be forwarded to the Scrutiny Commission for consideration at its meeting on 30 January 2023.

(c) That a glossary of terms describing the different services be developed as a living document for Members to be updated on a regular basis.

52. National Performance Benchmarking 2021/22 and Performance Report 2022/23 - Position at November 2022.

The Committee considered a joint report of the Chief Executive and Director of Adults and Communities, the purpose of which was to firstly highlight the comparative performance position in 2021/22 through national benchmarking, and secondly to present to the Committee an update of the Adults and Communities Department's performance at the end of November 2022. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

Arising from discussion the following points arose:

(i) Regarding the two statutory surveys, a survey of people in receipt of social care services and a similar survey of carers, 1,500 surveys were sent out and approximately 300 responses were received (25% to 30%), which met the target that NHS Digital had set for authorities to achieve. The Director agreed to include statistical detail in future reports alongside percentage figures.

(ii) With regard to enabling more people to access information online, particularly through libraries and the Records Office, officers advised that the authority was digitising more and more records, individually as a council, but also working with partners who sponsored some of the work, for example, family tree organisations sponsored the council to digitise records as it was in their interest to do so. It was noted, however, that the original physical copy of a record had to be kept and stored. In addition, there were digital downloads of information available from libraries, such as books, magazines and newspapers, which people were encouraged to access online.

(iii) Concern was raised over safeguarding alerts where figures were 40% above the average for the East Midlands when compared with the Northeast, and the rates of conversion of alerts into enquiries with differing criteria across authorities. It was explained that an alert would only become an enquiry if it were determined that a safeguarding investigation was required., It was noted different authorities operated different thresholds for determining alerts and enquiries.

Members asked that a detailed report on safeguarding be submitted to a future meeting of the Committee setting out how the authority was fulfilling its safeguarding responsibilities and threshold criteria used and that the Independent Chair of the Safeguarding Board be invited to that meeting.

RESOLVED:

(a) That the Adults and Communities Department's performance position in 2021/22, and update of the Department's performance as at the end of November 2022 be noted.

(b) That the Director be requested to bring a report to provide more detail on the difference between safeguarding alerts and enquiries, the application of safeguarding thresholds and the requirement for investigations to be brought to a future meeting of the Committee and that the new Independent Chair of the Safeguarding Board be invited to that meeting.

53. Outcome of Consultation on Eligibility for Care Technology Services.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to advise the Committee on the outcome of the consultation on the eligibility of residents for care technology services and to seek its view on the proposed approach prior to Cabinet approval being sought on 1 April 2023. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

Arising from discussion, the following points arose:

(i) During consultation a number of methods were used to seek feedback, including social media, writing to people and organisations that supported deaf and hard of hearing people. Those who had previously used the CT service for legacy equipment were directly targeted via letter.

(ii) People were asked to respond to the proposed approach. There were mixed responses received, mainly from individuals, along with organisations one of which was from the Royal National Institute of Blind People (RNIB) who were concerned about the impact on the ability for people to remain independent at home.

(iii) In response to a question as to whether the 49 respondents (4%) were a representative sample to extrapolate information on the service the Director responded although a low response, it might be indicative that people understood that the change would provide fairness and equity to the service, and those people who had received those services historically would be subject to a care and support review.

(iv) It was reported that the County Council had a strategic partnership with Hampshire, and as part of the strategic partnership approach had built into contracts a

requirement to look at how to deliver health and social care needs to maximise independence. It was also noted that the County Council worked with the NHS and district councils to deliver care technology.

(v) Each Integrated Care Board (ICB) was required to develop a three-year plan, which involved the connecting of care homes to ensure they could access health records safely and securely. Two elements of the bid were around care technology, one of which was floor sensors, the other around innovative care technology, such as the use of Cobots for assisted lifting.

Members considered the different options presented in the report and overall were supportive of the preferred approach (Option Four). Whilst the concern was raised about the cost implications for those currently using the service was noted Members were of the view that there should be a level playing field in terms of eligibility, which would provide a fairer service to all.

RESOLVED:

(a) That the report on the outcome of consultation on eligibility of care technology services be noted.

(b) That the proposed Option four as the preferred approach be agreed.

(c) That the comments now made be forwarded to the Cabinet for consideration at its meeting on 10 February 2023.

54. Date of next meeting.

It was noted that the next meeting of the Committee would be held on Monday, 6 March 2023 at 2pm.

55. Any other items which the Chairman has decided to take as urgent.

Whilst there were no items of an urgent nature to consider, the Chairman informed the Committee of the successful relocation of the Reid and Sigrist (R. S.) Desford aircraft to Newarke Air Museum in August 2022.

2.00 – 3.59pm CHAIRMAN
23 January 2023

Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE 6 MARCH 2023

NATIONAL PORTFOLIO STATUS FOR LEICESTERSHIRE'S LIBRARIES AND HERITAGE PROVISION

REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of the report

1. The purpose of this report is to provide information to the Committee on the Department's successful application to Arts Council England (ACE) for funding through the National Portfolio Organisation (NPO) programme for Libraries and Heritage provision.

Policy Framework and Previous Decisions

2. The NPO programme will support delivery of the aims and ambitions of the County Council's Strategic Plan. It is most strongly aligned with the Great Communities outcome, in particular sub-outcomes:

   - 5.1 Diversity is celebrated and people feel welcome and included;
   - 5.2 People participate in service design and delivery;
   - 5.3 Cultural and historic heritage is enjoyed and conserved;
   - 5.5 People support each other through volunteering.

3. There is also activity that will support the 'Clean and Green' and 'Improved Opportunities' outcomes.

Background

4. ACE is the national development agency for creativity and culture and the lead for Libraries and Museums. In 2022, the Department's Libraries and Heritage Service submitted an application to become an NPO in the new round commencing from 1 April 2023.

5. NPOs are leaders in their field and ACE was looking to bring together a new cohort of brilliant creative and cultural organisations that put the public at the heart of their work and are committed to working collaboratively, with each other and within communities. They will play a central role in helping ACE deliver its strategy "Let's Create" across England.

6. Leicestershire's bid champions the importance of Libraries, Museums, Heritage, Collections and Learning, in improving the lives of local people and has been titled

'Culture Leicestershire' to reflect the support for cultural activity across the County's Libraries, Museums and Heritage sites.

7. On 4 November 2022, ACE verified that the bid had been successful and confirmed an offer of £261,000 per annum for three years, a total investment in Leicestershire's cultural offer of just over £780,000. Since then the Libraries and Heritage Service has entered a period of negotiation with ACE to refine proposals and provide the necessary details in advance of ACE issuing a funding agreement in March 2023. Work on the new NPO programme will cover the period 1 April 2023 until 31 March 2026.

8. The Council's Library and Heritage Service delivers access to culture through collections, stories and expertise across a network of venues and in targeted programmes of activities within communities. This includes presenting history, challenging thinking, inspiring creativity, firing enthusiasm, celebrating and commemorating, and allowing people to explore and shape their local, national and international connections both present day and from the past.

9. In 2020, the Service changed its delivery model to embed co-production and co-creation with communities and partners in the structure. Since then robust evidence has been gathered that demonstrates the positive impact of this approach and has led to a variety of successful, creative, cultural community engagement projects being developed and led by the Service. More information about these projects can been accessed via the website - www.cultureleicestershire.co.uk/

10. There are four key strands of activity in the programme, which build on the Service's strong track record of providing quality services that place people and communities at the heart of provision. The funding and recognition that NPO offers will allow the commitment to be realised and to reach new audiences, to provide everyone in Leicestershire the opportunity to benefit from access to Culture.

11. The following paragraphs provide a summary of each of the four strands. The learning from year 1 of the programme will shape and influence the direction and detail of the following years.

Strand 1: Culture Leicestershire

12. The aim is to develop a Cultural Strategy, which re-imagines cultural commitment post-COVID and ensures the cultural offer is aligned with the needs of residents and visitors. It will help embed the Library and Heritage Service within the wider Leicestershire cultural context and shape ambition in respect of the Council's cultural provision. The Strategy will be developed in partnership with communities, other cultural providers (including relevant NPOs), and local higher and further education providers. The Strategy will embed an approach to community engagement and of co-creativity.

13. As a result of the NPO award and the Library and Heritage Service and Creative Leicestershire have developed a partnership with the University of Nottingham which is interested in the approach. The University has secured research funding to undertake foundation work that will support the development of a Cultural Strategy. This will also help underpin the development of a data strategy.

Strand 2: Community Curators

14. The Community Curators will enable community voices to be heard in co-curated cultural projects in Charnwood, Harborough and Melton Museums and at least two Independent Community Museums. As well as featuring across the Library and Heritage Service venues, they will be showcased via the Culture Leicestershire digital platform. These projects will benefit all visitors, but in particular those who do not currently engage with, or see themselves reflected in, the Council's heritage services. The projects will be facilitated by commissioned creative practitioners and the creative outcomes might include exhibitions (physical and digital), film, performance, collections development, gallery interventions, trails and enhanced interpretation of long-term museum displays.

Strand 3: Creative Expression in Libraries

15. The aim is to unlock the network of the Council's libraries by commissioning specific creative activities that will help develop audiences, further develop Libraries as vibrant cultural hubs and enable creative practitioners to use Libraries for their own activities, including rehearsal, workshop and practice space. Artists in Residence will be appointed to lead on creating new activities for communities across the Council's libraries and the community managed library network, with a focus on Children and Families and Early Years. These commissioned performances will be the catalyst for longer-term activity programmes driven by local communities and independent creative practitioners who wish to use the Council's venues for their own performances.

Strand 4: Culture to You

16. This pilot project will focus on Oadby and Wigston, offering a range of cultural assets for individuals and groups with different access challenges to choose from and use in the places where they live, work and play. People who are unable to use services because they are restricted in their opportunities to leave their own homes or places of care/wellbeing will be offered a cultural menu, including Art, Museum Objects, Library Books, Memory Boxes and Digital Resources. These resources will be made available as loans for people to have in their homes, care environments, specialist centres and places of work, as means of improving their health and wellbeing and reducing isolation. Volunteers will be recruited to support the delivery of these resource and engagement with participants, similar to and extending the Home Library Service model.

17. It was decided to focus the pilot on Oadby and Wigston as it has been identified as one of 109 "Levelling up for Culture Places" across the country by ACE and the Department for Digital, Culture, Media and Sport and is the only such area in Leicestershire.

18. Alongside the activities outlined above, ACE's four investment principles (IPs) will be embedded:

- Ambition and Quality;
- Environmental Responsibility;
- Dynamism;
- Inclusivity and Relevance throughout all activities.

19. The following paragraphs detail the ambitions under each of the IPs over the three year period:

Ambition and Quality

20. The aim is to be a responsive, reflective and dynamic culture service with community co-creation embedded. The measure of success will be physical and digital spaces where people engage with collections, resources and services and shape their future development, accessibility and interpretation.

Environmental Responsibility

21. The County Council intends to be a net zero council by 2030. The Library and Heritage Service will embed the Environment and the Net Zero Strategies and Plans in an operating model and ensure that staff, Creative Practitioners, participants and volunteers are enabled to make their contribution.

Dynamism

22. A data strategy will be developed across all Library and Museum services to enable the identifying of information on current and potential visitors. Once baseline information has been collected, there will be a proactive response to that data to continue to improve services.

Inclusivity and Relevance

23. The intention is to confidently embed the practice of community collaboration, co-design and delivery in what is produced, presented and collected. By the end of the programme positive steps will have been made to address gaps in representation and there will be a clear plan for how to continue that work and ensure sustainability going forward.

Governance

24. *Culture Leicestershire* is based on strong community engagement and consultation, in line with the County Council's Consultation and Engagement Principles. To support this approach, a clear governance structure has been designed to ensure the voices of those intended to benefit from the programme are heard alongside those that will be delivering it, as follows:

- *NPO Programme Delivery Board* - responsible for the creative direction and development of the programme. It will facilitate creative dialogue and constructive challenge. The Board will meet on a quarterly basis and make decisions in relation to the programme delivery. Membership will include the Cabinet Lead Member for Adults and Communities, representatives from the County Council's Officers' Oversight Group, representatives from the Community Connectors Network and key cultural partners including other relevant NPOs.
- *County Council's Officers' Oversight Group* - to be responsible for the management of the investment. It will include officers from the Department, as well as corporate colleagues from Finance, HR, and Children and Family Services. It will meet on a quarterly basis, aligned to the reporting schedule and monitor progress against the NPO outcomes and milestones.

- *Community Connectors Network* - made up of local people and representatives from organisations and groups who are connected to specific communities. They will provide support to represent and reflect the people the Council aims to serve more widely.
- *Cultural Youth Forum* - to support the voice of young people in particular and ensure activities meet their needs and ambitions.

25. Feedback from ACE on the proposals for the management and governance of the programme said: *"There are clear and detailed plans included in the application that given confidence they (Leicestershire County Council) will be able to achieve this effectively."*

Resource Implications

26. The NPO is a three year programme with a total investment of just over £780,000, which equates to £261,999 of per annum for financial years 2023/24, 2024/25 and 2025/26, to be used for the purposes described in the application. It is expected there will be an opportunity to apply for continuation funding for a further three years.

27. Three new posts will be created to support the delivery of the programme, with all costs covered by the funding. Posts will be advertised internally and externally. There will also be increased capacity for the existing role of Audience Development Manager, which will lead on the management of the NPO programme, with the additional cost to be covered by the funding.

28. The remaining resource, which represents the bulk of the funding, will be used to develop and commission new activity across Libraries, Museums and Heritage sites, develop data strategy, including a more digital presence.

29. The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

30. The funding agreement needs to be signed and accepted by the County Council by 31 March 2023.

31. The programme will officially commence from 1 April 2023 and is due to conclude 31 March 2026. Subject to changes in the future funding priorities for ACE, the Council would be able to apply for a further round of NPO funding before the end of the current programme.

32. The governance structure described in paragraph 24 will established from 1 April 2023 to ensure reporting requirements to ACE and maximise the effectiveness of this investment.

Conclusions

33. Securing ACE investment as part of the Council's Libraries and Heritage provision over the next three years is a significant achievement and means the Authority can continue to build on its strong track record of working with communities to deliver quality services that are valued by all.

34. The Library and Heritage Service is passionate about Leicestershire's cultural provision and committed to ensuring that everyone in Leicestershire, in particular those who are currently excluded or underrepresented, has the opportunity to engage with great art and cultural activity. The NPO programme will enable this ambition to be realised.

35. It is proposed that the Committee will receive an update on the achievements of the NPO programme at the end of the first year of delivery.

Background Papers

Leicestershire County Council Strategic Plan 2022–2026 - https://www.leicestershire.gov.uk/about-the-council/council-plans/the-strategic-plan

Circulation under the Local Issues Alert Procedure

36. None.

Equality Implications

37. The Libraries and Heritage service are available to everyone in the community and there are no equality implications arising from this report.

Human Rights Implications

38. The Libraries and Heritage service are available to everyone in the community and there are no human rights implications arising from this report.

Officers to Contact

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Agenda Item 9

Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE 6 MARCH 2023

MARKET SUSTAINABILITY PLAN

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of the report

1 The purpose of this report is to provide an update to the Committee regarding the final Market Sustainability Plan (MSP) to be submitted to the Department of Health and Social Care (DHSC) at the end of March 2023. The final MSP is appended to this report.

2 This report also provides an update on the Fair Cost of Care (FCoC) exercise carried out by the Council and subsequent publication of associated information, and the Council's position in respect of uplifts to commissioned care package fees for 2023/24.

Policy Framework and Previous Decisions

3 On 7 September 2021, the Government announced £5.4 billion over three years solely for the reform of adult social care in England. At its spending review in October 2021, the Government announced that the investment would be used in two main areas - £3.6 billion to pay for the Charging Reform, and £1.7 billion to improve access to social care, including a £500 million investment in the workforce.

4 The "People at the Heart of Care" White Paper, published in December 2021, sets out the Government's 10-year vision of how it proposes to transform support and care in England. The vision revolves around three objectives:

- People have choice, control, and support to live independent lives;
- People can access outstanding quality and tailored care and support;
- People can find social care in a fair and accessible way.

5 On 6 June and 5 September 2022, the Committee received reports on the work underway to prepare for the Social Care Reforms and commented on the draft MSP.

6 In November 2022, the Government's Autumn Budget Statement set out significant changes, delaying the implementation for the Care Cap and Charging Reforms for two years.

Background

7 Further details of the Social Care Reform Programme are set out in a separate report also on the agenda for this meeting.

8 Following the submission of provisional reports in October 2022, to complete the FCoC reporting to the DHSC, the Cost of Care report (Annex B) was submitted on 1 February 2023 and the MSP is required to be completed and submitted to DHSC as a final document at the end of March.

Fair Cost of Care (FCoC) update (including Annex B)

9 As set out in the report to the Committee on 5 September 2022, the Council was mandated to complete a FCoC exercise across both care homes for older people and home care for adults in the County.

10 The County Council completed and submitted its FCoC to the DHSC in October 2022 and its final overview document (Annex B) in February 2023 in relation to the details identified in the FCoC and the Council's summary of the exercise and findings (including the limitations of the FCoC exercise).

Care Homes

11 The key details which are set out in the FCoC report (Annex B – Care Homes – attached) in a format required by the DHSC, are:

- The median FCoC reported for care homes was **£719.00** (residential placements) – this is based on a standard rate of £694 and an enhanced rate of £744.
- The median FCoC reported for nursing homes was **£938.00** (nursing placements) including Funded Nursing Care - this is based on a standard rate of £913 and an enhanced rate of £964.
- Provider response rates were 31% for all homes and 36% for nursing homes, a reasonable response.
- The extent to which the sample is representative is discussed, with higher response rates from groups, which typically have higher overheads.
- There is discussion about the sustainable level of profit that should be incorporated into the analysis.
- Importantly, the report explains the limitations of the FCoC approach, and that whilst the exercise has yielded useful information in relation to provider costs, it should not be used as the sole basis for fee setting.

Home Care

12 The key details which are set out in the FCoC report (Annex B – Home Care), the key points are:

- The median FCoC rate for home care reported was **£21.87** per hour.
- The response rate was low, with 14 useable returns received, which included providers that mainly operate in Leicester city. There were only nine responses from providers operating mainly in the County.
- The County Council's urban rate is currently **£20.25** per hour rising to **£26.45** for isolated rural areas.

- The report provides information about call times, indicating that about 60% of calls are for 30 mins, 30% for 45 mins and practically no calls are 15 mins or under in length.
- A limitation of this approach is that it does not allow for the urban-rural continuum or consideration of provider specialisms/models.
- As with the care home analysis, the report explains the limitations of the FCoC approach, and that whilst the exercise has yielded useful information in relation to provider costs, it should not be used as the sole basis for fee setting.

13 The Council can use some of the information to better understand provider cost breakdowns, but the varying commissioning models across care services mean that the Council is better informed through its existing formal and informal provider processes and engagement.

Council provider inflation (2023/24)

14 Leicestershire's position regarding provider costs and uplifts for 2023/24 and subsequent years will be predicated on the amounts assigned by Government to fund these additional costs/pressures.

15 Grant conditions in relation to the FCoC Fund, now referred to in the draft funding settlement as the Market Sustainability and Improvement Fund for 2023/24 onwards have not yet been published.

16 The process for determining provider fee uplifts is nearing its conclusion with providers engaged over a number of months on specific cost pressure areas. Providers will be informed of the 2023/24 uplift levels with the Council carefully considering the national uplifts to the National Living Wage and the UK inflation levels.

Market Sustainability Plan (MSP)

17 The draft MSP was submitted to DHSC in October 2022 and a revised (shortened) template has been developed by DHSC for the final version. This needs to be submitted to the DHSC by 27 March.

18 The MSP highlights those areas where the local authority will focus its resources on ensuring its care provider market is both developed and financially stable to meet the County's residents with care and support needs.

19 The development of the MSP has been informed by advice and guidance from the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and the DHSC.

20 Key areas of focus outlined within the MSP are detailed as:

Care Homes

- Sufficiency of supply, quality of provision, fee levels and workforce are all considered to provide an assessment of the current sustainability of each market.
- A risk assessment is then developed to judge the impact of market changes in the coming years.

- In residential care, high risk related to workforce pressures, which are well documented, is highlighted.
- Regarding fee levels, this is judged to be a medium risk, partly because the current fee calculations assume 19 hours of personal care, but the survey indicates that at least 21.5 hours should be assumed, probably more.
- In addition, unprecedented levels of in-year inflation have put pressure on the current fee structure.
- In nursing care, the risks are at their greatest and relate to workforce, sufficiency of supply and fee levels, which are all high risk. A reduction in capacity recently is making it very difficult to make placements across Leicester, Leicestershire and Rutland.
- Developing the nursing market/new provision to support people with more complex health care needs is a key driver, in conjunction with Health partners, to support people in appropriate settings with mixed funding across health and social care.
- Maximising the use of existing Extra Care provision in the County to support people with higher care needs (akin to existing residential care levels) whilst seeking to increase new Extra Care developments across the County is also a key focus.

Home Care

- In home care, workforce pressures are the key high-risk area, with risk also associated with the sufficiency of provision in certain rural areas.
- Risks have been mitigated significantly with recent procurements which have added capacity and sustained significant growth in the market.
- There will be development work to increase the system offer for reablement/hospital discharge and hospital prevention in conjunction with Health partners.
- Also, developing new initiatives for people living at home with care and support needs to maximise efficiencies for both the Council, care providers and other support mechanisms (for example, Personal Assistants, Direct Payment organisations and home care agencies) will be explored.

21 A programme of work has started which is focussed on the deliverables of the MSP as outlined in paragraph 24, with additional commissioning projects as part of a transformational programme for care market development.

22 Whilst developing these plans the Council is updating its market position statements for 2023 onwards to inform the wider care market of its commissioning intentions.

Consultation

23 There was no requirement for the Council to undertake formal consultation on the MSP, but it is continuing extensive engagement with care providers has informed both the content and subsequent commissioning proposals as part of the MSP.

24 Actions to involve the care provider market included:

- Engagement with representative provider bodies EMCARE and Leicestershire Home Care Alliance.
- Aligned statements and approaches from national bodies.

- Engagement with providers through regular conference calls including a bespoke finance session in December 2022.
- Letters and emails from individual organisations.
- Feedback via the Quality and Contracts Service within the Department's Commissioning Team.
- Lessons learned from local provider instability or failure.
- Local market risks as they have emerged with providers.

Resource Implications

25 As set out in paragraphs 11 and 12 above, the FCoC exercise should not be used as the sole basis of fee setting – rather it is one element that can help to inform the Council's fee setting process. The Council's process for determining provider fee uplifts is nearing its conclusion. The additional cost of these uplifts will be factored into the Council's overall Medium Term Financial Strategy.

26 The Government announcements in 2021 on care reform set out anticipated funding (the Market Sustainability and FCoC Fund) specifically to move Council's towards a FCoC. However, the delay to social care reform has led to a number of changes including that fund now becoming the Market Sustainability and Improvement Fund. Initial information emerging on this new fund states that the fund will have a broader range of uses, but full details are still awaited. The Council will await these further details before committing to how it will use this funding.

27 The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

28 The final MSP will be submitted to the DHSC by 27 March.

Conclusions

29 The Committee is asked to comment on the final MSP.

Background Papers

People at the Heart of Care" White Paper - https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform

Report to the Adults and Communities Overview and Scrutiny Committee: 6 June 2022 – Update on the Social Care Reform Programme https://politics.leics.gov.uk/ieListDocuments.aspx?MId=6840

Report to the Adults and Communities Overview and Scrutiny Committee: 5 September 2022 – Adult Social Care Reform – Market Shaping and Charging Reform https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6841&Ver=4

The Annex B in respect of both Care Homes and Home Care is accessible via the following ink: https://resources.leicestershire.gov.uk/adult-social-care-and-health/communication-and-engagement/fair-cost-of-care-and-market-sustainability-plan

Circulation under the Local Issues Alert Procedure

30 None.

Equality Implications/Other Impact Assessments

31 An initial Equality Impact Assessment (EIA) has been developed and will be discussed at the Adults and Communities Departmental Equalities Group on 9 March 2023.

32 Provider sustainability impacts on older people and people with disabilities by the very nature of the services provided and these are highlighted within the EIA.

33 There are no equality risks or concerns identified with the implementation of the FCoC work and actions associated with the Market Sustainability Plan, as the work is designed to improve provider fees and sustainability.

Human Rights Implications

34 There are no human rights implications arising from the recommendations in this report.

Appendix

Final Market Sustainability Plan

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Annex C: Market Sustainability Plan template

Section 1: Assessment of the current sustainability of local care markets

a) Assessment of current sustainability of the 65+ care home market

Sufficiency and diversity of supply

The older adult care home market in Leicestershire is smaller than the national average per head of population. However, relative to population size, Leicester City has the fourth largest market of all Councils in England. The combined county and city per capita market size is only a little below the national average. Leicestershire County Council commissions many placements in Leicester City.

There is a strong self-funder market in Leicestershire with registered bed capacity in older adult care homes growing since 2014. New care home capacity is opening at a faster rate than the older capacity has left the market.

There is a range of provision across Leicestershire, and the 1980s and 1990s saw a significant increase in the building of new purpose-built care homes in Leicestershire. The Council makes many placements into that market segment at standard fees rates which are less likely to be accepted by newer homes with higher capital costs.

The Council buys a little more than 30% of rooms in the market; most of Council-funded residents in residential homes will be in older purpose-built homes. This is the segment of the market in which the Council makes most placements at usual fee rates.

Compared with similar areas, per capita, there are significantly fewer nursing care homes in Leicestershire. This has implications for market forces and the prices paid by the Council for nursing placements.

Most vacancies in nursing homes are in either homes that do not accept the Council's usual rates, or in homes operated by providers who also specialise in the younger adult care home market. These providers may have different attitudes to differential pricing (accepting lower fees to increase occupancy to cover overheads) than more typical older adult care home providers.

It would appear that across Leicestershire, Leicester and Rutland the NHS make fewer determinations for Funded Nursing Care and Continuing Health Care than the regional and national average. The impact of this low number of determinations on the sustainability of the sector is being discussed.

Lower occupancy in residential homes as compared with nursing homes means that the Council has greater choice in where to make new placements and is more able to secure placements at usual rates.

The inflationary pressures during the 2022/23 financial year have intensified and impacted provider stability, but not severely. Where justified, the Council gave support, including financial support, to providers facing instability.

The delays to charging reform, together with other measures set out in the Autumn Statement has improved market sustainability by delaying the implementation of Section 18(3) and enabling the council to apply annual fee increases that better mitigate inflationary pressures across residential care and other significant markets. However, some of the increase applied is at the Council's risk since there has been insufficient funding provided to meet the uplifts in full.

Quality of provision

The quality of provision in residential care homes in Leicestershire is slightly below the national average with 76% of homes rated as good or outstanding, compared with 79% nationally. However, Leicestershire compares well with the East Midlands (71%) and Leicester, Leicestershire and Rutland (LLR) (74%). However 89% of nursing care homes are rated either 'good' or 'outstanding'; higher than both the regional and national rates, at 76.5% in the East Midlands and 74% in England.

Actions being undertaken to check and improve quality in care homes include the recruitment of quality experience officers, ongoing developmental work in dementia and dignity in care, increased oversight visits, provider helpline support, training via learning and development team, provider news digests, and forums. Specialist support with recruitment and retention, challenging behaviour and infection, prevention and control is also offered.

Current fee rate coverage

The residential fee rates are £654 residential standard rate and £722 residential plus rate for 2022/23. The Council does not have a separate nursing care rate but utilises the residential rates with the addition of NHS Funded Nursing Care (FNC) as the rate for nursing care homes. There was a comprehensive fee review in 2019, a new structure was agreed, fees were increased significantly at that point and have been increased annually in line with Consumer Price Index (CPI) and wage inflation since that time. The fee review moved to a two-tier rating structure (Residential and Residential Plus) for both care and nursing homes.

This may be a factor in the finding that usual rate coverage in the nursing sector is significantly less than in residential care. To respond to this the Council will review the underlying hours assumptions and establish a separate nursing fee rate. It will take into account the Fair Cost of Care (FCOC) findings and the Council's commissioning activity in this market segment.

Provider feedback, working with the local Care Homes Association (EMCARE), has indicated provider difficulties around rising energy costs, insurance premium costs as well as a shift of resident needs and complexities over recent years. Fee rate coverage has undoubtedly been damaged by the unprecedented level of inflation; the fee increases for the 2023/24 financial year will reduce that impact.

Workforce

There are significant workforce pressures in relation to recruitment and retention across adult social care services in Leicestershire, but the residential care market is the more stable market (with a static workplace, no travel, and fixed shifts). There are challenges in certain geographical areas, and with certain types of care such as night-time care. An additional challenge within nursing homes is the recruitment and retention of nurses.

b) Assessment of current sustainability of the 18+ domiciliary care market

Sufficiency of supply

The Care Quality Commission (CQC) provider listing for August 2022 details 74 active (non-dormant) providers of home care in Leicestershire. However, there are currently 87 providers on the county's Home Care for Leicestershire framework.

A snapshot of activity taken from the capacity tracker in February 2023 indicated there are 123 providers supporting 5,204 clients at that time. It also reported that staff absence was running at 2% and that half

of the providers reporting at that time could offer significant additional capacity.

There were 2,534 clients being supported by Council commissioned organisations (49% of the total clients reported via the capacity tracker). Council provision has grown recently, the weekly cost in early August was running at £746k, over £38m per annum, with circa 35,000 hours per week being delivered.

Whilst there will be some health funded provision commissioned outside the Council's framework, this does indicate there is a strong self-funder market for home care. Work is ongoing to better understand the size of that market, but information from the Leicestershire Homecare Association and the National Home Care Association indicates it accounts for about 30% of provision. But analysis from the home care FCOC exercise found that, based on the survey sample received in Leicestershire, only four out of 21 providers deliver more than 20% of their hours for self-funders.

The Council's fee structure was changed in November 2021 with higher fees paid for rural and isolated delivery. However, there are still some difficult to service areas within the county where rural challenges persist.

The Council's spread of spend across providers is stable and there is not a tangible over-reliance on any providers. The Council commissions care with two providers where delivery is circa 2,000 hours per week and a further nine providers delivering circa 1,000 hours per week.

Those people requiring 24/7 live in and/or more complex care are serviced via the home care framework with availability of provision in line with demand.

Diversity of market – the Council's reablement/community response service is run in-house. The service outcomes are positive and performance being within the top quartile nationally.

Commissioned home care is again spread across a range of national/local/franchises and small providers. New entrants on the framework suggest an appetite to work in Leicestershire but the number of providers means that the share of the available market is limited for new entrants.

Home Care for Leicestershire is jointly commissioned with Health partners so the Integrated Commissioning Board (ICB) has access to the Council's home care framework but usage is limited. Providers are contracted directly by Health services to provide continuing healthcare (CHC) / Health specific packages when required with little oversight by the Council.

Quality of services – The quality of provision in Leicestershire with 89% of providers rated as good or outstanding compares well with provision nationally (87%), the East Midlands (82%) and LLR (also 82%).

Current fees – The Council operates a closed framework with no guarantee of business with current fee levels paid by the Council (2022/23) ranging from £20.25 to £26.45 per hour depending on geographical need. The fees were uplifted in April 2022 (between 5.8% and 6.3%) following extensive provider engagement and adult social care led modelling. The rates are believed to be favourable across comparator authorities and across the East/West Midlands region.

Workforce - there are tangible challenges across home care providers in relation to recruitment and retention of staff. Recent dialogue with providers and the Home Care Alliance has indicated a number of leavers from the sector due to the cost of living/rise in energy and fuel costs coupled with a low number of new entrants into the workforce. Some providers have sought recruitment from overseas which has seen increased numbers of workers in the County.

Inflation - the inflationary pressures during the 2022/23 financial year have intensified and impacted provider stability, but not severely. Where justified, the Council gave support, including financial support, to providers facing instability.

Charging delays - the delays to charging reform, together with other measures set out in the Autumn Statement has improved market sustainability enabling the council to apply annual fee increases that better mitigate inflationary pressures across home care and other significant markets. However, some of the increase applied is at the Council's risk since there has been insufficient funding provided to meet the uplifts in full.

Section 2: Assessment of the impact of future market changes between now and October 2025 for each of the service markets

Residential care

Workforce (High Risk) – longstanding challenges have been compounded by the impact of the Covid-19 pandemic (including the strain to maintain services throughout the pandemic, and former vaccination requirements), inflationary pressures and a lack of equity in pay, when compared to NHS care workers.

That gap between care worker pay in the NHS and those in social care will be further increased by the 2022 NHS pay increase which will be 5% on average, but up to 9.3% for lower earners, including band 2 and 3 Health workers.

The Council's view is that such a significant improvement in pay, terms and conditions cannot be funded from the current FCOC allocations. Any upward trends in pay would require a significant level of resources.

Quality of care (Medium risk) – the proportion of residential care homes judged good or outstanding compares well within LLR and regionally.

Fair cost of care (Medium risk) – the Council's current rates are relatively competitive for care homes with the level of inflation assigned over recent years being favourable when compared to other local authorities.

However, the FCOC analysis demonstrated that the staffing levels and thus ratios require review, which will be considered when calculating the FCOC. The recommendation is that should be at least 21.5 hours, akin to a staffing ratio of 1:6. Levels of inflation and increases in National Living Wage will also be considered when determining its 2023/24 rates.

A further risk relating to FCOC in all markets is the unprecedented levels of inflation. Price increases since April 2022 have been significant. Currently reported at 10.1% (ONS Jan 2023) inflation appears to have peaked and is expected to fall over the course of 2023/24.

Undersupply of care (Low risk) – although the proportion of care homes (per head of population) is relatively low in Leicestershire, it is relatively high in the Leicester city area where the Council makes a number of placements. Council placements account for circa one-third of the beds in the market and is able to operate in that market segment effectively.

Diversity of provision (Low risk) – there are a range of operators, mainly 'for profit', with homes of varying ages, size and location. Though a number of groups operate in the county, there is also a strong cohort of independent operators.

Nursing care homes

Workforce (High risk) – as per the residential narrative but with the additional pressures in recruitment for nursing staff when competing with the NHS and independent healthcare sectors.

Quality of care (Low risk) – Leicestershire's nursing provision as measured by CQC ratings compares well with the national picture. Local nursing homes have a noticeably higher proportion of homes that are

good or outstanding (89%), compared with 76% nationally.

Undersupply of care (High risk) – the proportion of nursing care homes per head of population is very low in Leicestershire. It is also dominated by large group organisations which often leaves the Council and self-funders with limited options to purchase care, often at significantly higher than expected fee levels.

Diversity of provision (High risk) – as with residential care the Council commissions circa one-third of the market capacity. However, with a higher proportion of group delivery there is less choice in the market.

Consideration needs to be given to the impact of the significantly lower number of FNC and CHC determinations by the NHS in Leicestershire compared to regional and national averages

Fair cost of care (High risk) – the FCOC revealed that the current assumption that that each resident needs on average 19 hours of individual care is too low. The recommendation is that should be 24 hours, akin to a staffing ratio of 1:5. The Council is considering revising this assumption and establishing a nursing fee.

Home care

Workforce supply (High risk) – recruitment and retention within the home care sector is a significant challenge with rising energy costs being a key factor in providers losing staff to general retail. Some providers are sourcing overseas workers for home care with a relatively healthy flow of applicants.

Quality of care (Low risk) – the quality of care compares well with provision nationally, and regionally.

Undersupply of care (Medium risk) – Via the capacity tracker, providers indicate they have significant additional capacity. There are indications that there is a reasonably active self-funder market, though its size is difficult to quantify, and recently the Council has increased provision and successfully procured additional providers.

There are challenges in relation to providing care in certain rural and isolated areas but these have been mitigated by a fee structure that better aligns the fee with the cost of delivery. The bigger risks relate to the workforce challenges faced by providers.

Diversity of provision (Low risk) – the mix of provider models promotes a relatively stable cross section of groups / organisations.

Fair cost of care (Medium risk) – the rates in Leicestershire range from £20.25 to £26.45 based on geographical locations. The Council consider these rates to be favourable and in line with the expected provider models to service the County's residents.

Section 3: Plans for each market to address sustainability issues, including fee rate issues, where identified

(a) 65+ care homes market

These plans have been informed locally by:

- Engagement with the representative body EMCARE, but also bearing in mind aligned statements and approaches from national bodies
- Engagement with providers through the regular conference calls including a bespoke finance session in December 2022; letters and emails from individual organisations; feedback via the

Quality and Contracts service within the Commissioning team
- Lessons learned from local provider instability or failure
- Local market risks as they have emerged

At a regional and national level, these plans have been informed by:
- Approaches taken by peer local authorities in the East Midlands
- Advice from East Midlands ADASS
- Advice from Partners in Care and Health (formerly CHIP)

Whilst developing these plans the council is updating its market position statements.

Nursing rates and development - The establishment of a nursing rate in the county to increase both nursing placements and to facilitate new developments of nursing provision is the primary action that has been identified by the FCOC work. The development of nursing provision is being considered with the exploration of delivery in partnership with market providers and Health stakeholders. The recruitment and retention of nurse roles requires consideration of different nursing models (e.g. potential for in-reach community nursing models as delivered in other areas).

Residential rate - The FCOC 2023/24 levels will mean an uplifted rate (but in line with the market rate in place currently). The Council will aim to maximise its use of alternative options for people and minimise residential placements. The analysis indicates that the care hours provided per resident per week are lower than those costed into the council's current fee structure, and addressing this is also an action that has been identified.

Extra care – The Council considers its extra care stock to be low for the size of the county, in particular for those people with higher social care needs. The Council will seek to increase development of extra care within the county to support people with a higher level of care and support needs akin to standard residential care with a particular focus on dementia.

The Council recognises the shift in the building/development market with increased costs and availability of materials and labour having an impact on deliverability. However, the Council has explored, and continues to explore, different funding models to incentivise investment from developers.

(b) 18+ domiciliary care market

These plans have been informed locally by:

- Engagement with representative body the Leicestershire Home Care Alliance, but also bearing in mind aligned statements and approaches from national bodies
- Engagement with providers through the regular conference calls including a bespoke finance session in December 2022; letters and emails from individual organisations; feedback via the Quality and Contracts service within the Commissioning team
- Lessons learned from local provider instability or failure
- Local market risks as they have emerged

At a regional and national level, these plans have been informed by:

- Approaches taken by peer local authorities in the East Midlands
- Advice from East Midlands ADASS
- Advice from Partners in Care and Health (formerly CHIP)

Whilst developing these plans the council is updating its market position statements.

Reablement – The Council will strategically increase reablement provision in partnership with the ICB and local hospital to maximise people's independence and increase the numbers of people receiving care/support in their own homes as opposed to in accommodation-based settings. This will see the home care market grow in the county with provider growth and capacity being paramount to delivery. Investment from partners into the sector will be fundamental to the success of this strategy.

Home care pilots - The Council will pilot models for home care testing new ways of working and efficiencies with a view to developing a new home care model for 2024/25 based on a partnership approach with the provider market. This will see testing of initiatives such as provider led reviews and flexibility in delivery/use of hours for providers including flexibility in time bandings and increased use of technology.

Personal Assistants – The Council is undertaking work on defining the Personal Assistant (PA) market offer with the aim to increase the availability of PAs and micro providers across the county. This will see a PA workforce growth to support the growing demand for older people's care and support in their own homes. The Council sees this as part of the available pathways for people receiving long term care to deliver improved outcomes in a more cost effective and efficient model.

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Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE 6 MARCH 2023

ADULT SOCIAL CARE ASSURANCE SELF-ASSESSMENT

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of the report

1. The purpose of this report is to seek the Committee's views on the Council's draft Self-Assessment, which is being developed in preparation for inspection by the Care Quality Commission (CQC) under the new assurance process introduced through the Health and Care Act 2022. The draft Self-Assessment is attached as Appendix A to this report.

2. It is proposed that the Committee will receive updates on the Self-Assessment and Improvement Plan every six months.

Policy Framework and Previous Decisions

3. The Committee has received regular updates on the CQC assurance process during 2022, as part of broader reports on the Social Care Reform Programme (on 7 November, 5 September, 6 June, and 24 January).

4. The Committee also reviewed and commented on the draft Self-Assessment at a standalone workshop on 13 February 2023 (see Appendix B).

Background

5. The Health and Care Act 2022 introduced a new assurance process with effect from April 2023, together with new legal powers for the Secretary of State for Health and Social Care to intervene in local authorities to improve services, where there are significant failures to deliver their Care Act duties.

6. Under the assurance process, the CQC will assess the performance of each Council with adult social care responsibilities in delivering their duties under the Care Act (2014). This will place adult social care services on a similar basis to children's services, whereby councils are regularly inspected by Ofsted and subject to Government intervention if deemed to be 'inadequate'.

7. The CQC will assess performance based on the following four themes:

   - *'Working with People'*: Focuses on wellbeing and prevention. It aims to identify how well the Council supports adults' wellbeing and prevents development of long-term adult social care needs. It also explores the Council's adult social care assessment and care planning arrangements, to identify if care eligibility

thresholds are clear, transparent, and consistently applied and if assessments and reviews are undertaken in a timely and person-centred way.

- *'Providing Support'*: Focuses on partnership-working, commissioning, and market-shaping. It aims to identify how well the Council works with partners to integrate and jointly-commission services and ensure continuity of care when people move between services. It also explores how well the Council understands local care needs and shapes the market around these, as well as how its quality assures care providers and supports their ongoing sustainability.

- *'Ensuring Safety'*: Focuses on preventing harm and abuse, managing risks to peoples' safety, and safeguarding vulnerable people. It aims to identify how well the Council maintains awareness of and mitigates risks to peoples' safety, investigates and resolves safeguarding alerts and enquiries and uses Safeguarding Adults' Reviews to improve safeguarding practices.

- *'Leadership'*: Focuses on leadership and governance within the Council, as well its processes and culture around continuous learning and innovation. It aims to identify if the Council has effective governance and performance management at all levels and a stable adult social care leadership team with strong links with the Council's executive and political leadership. It considers to what extent continuous learning and innovation is supported and encouraged, and whether the Council seeks to challenge its performance.

8. To prepare for inspection by the CQC, which as outlined could take place at any time from April 2023, the Council is required to develop a Self-Assessment document.

9. The Self-Assessment will set out the Council's understanding of its own performance in delivering Care Act duties, including an overview of its key strengths and areas for improvement. It will indicate how the Council intends to address any areas for improvement.

10. The Council's perceived strengths and areas for improvement in relation to each of the CQC's four themes are outlined below and explained in more detail in Appendices A and B. These are subject to change based on feedback from all key stakeholders.

<u>Strengths</u>

- *'Working with People':*
    - Focus on wellbeing, prevention, and person-centred care
    - Innovation in prevention activity
    - Intermediate care and reablement services

- *'Providing Support':*
    - Understanding of local care needs and the provider market
    - Provider engagement, quality assurance and risk management
    - Joint-commissioning and partnership-working

- *'Ensuring Safety'*

- Partnership governance
- Focus on continuous safety and improvement
- Commissioning, quality assurance and contract monitoring

- *'Leadership'*
  - Leadership and governance
  - Commitment to equalities, diversity, and inclusion
  - Focus on continuous improvement

Areas for Improvement

- *'Working with People':*
  - Information and advice
  - Care experiences

- *'Providing Support':*
  - Collaboration with the Voluntary and Community Sector
  - Development of the extra care and nursing care provision
  - Care workforce

- *'Ensuring Safety'*
  - Participation in safeguarding enquiries
  - Service user perceptions of safety

- *'Leadership'*
  - Engagement and co-production

Consultation

11. There has been considerable engagement of internal staff across the Adults and Communities Department, including a staff survey and workshops. These explored staff perceptions of the Council's strengths and areas for improvement in relation to the CQC themes and gathered staff views on how the Department could improve in its delivery of Care Act duties.

12. This feedback has been analysed and used to inform the draft Self-Assessment. The Committee reviewed the draft Self-Assessment at a workshop on 13 February 2023 and shared comments (Appendix B) which have been incorporated within the draft Self-Assessment.

13. The Department will undertake significant external engagement to obtain the views of service users and carers, partner agencies, and care providers. Findings from this engagement will be used to review and challenge the draft Self-Assessment and consider if any amendments which should be made to it.

14. The Self-Assessment and Improvement Plan are two key documents which will mitigate risk 7.6 from the Corporate Risk Register (If Adults and Communities fail to provide robust evidence of good practice for the CQC inspectors, then this will result in a poor inspection outcome and incur reputational risk alongside extra resources and possible external governance to undertake any actions required to make the improvements necessary to fulfil statutory requirements). The Corporate Governance Committee received a presentation on corporate risk 7.6 on 27 January 2023.

Resource Implications

15. Officer resources have been assigned to undertake the remaining engagement activities and finalise the Self-Assessment and Improvement Plan. Delivery of the Improvement Plan will however require support from officers throughout the Adults and Communities Department and possibly from colleagues around the Council.

16. As set out on corporate risk 7.6, failure to achieve a rating of 'good' or 'outstanding' in the CQC inspection would likely result in considerable resource and financial investment requirements to address any areas requiring improvement.

17. The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

18. Following the Committee's comments, the final Self-Assessment will be taken forward to support any requests from the CQC to undertake an assurance visit.

19. As the CQC may request a visit at any time in the future, the self-assessment document will be regularly updated to ensure it remains relevant and reflective of the way the Council carries out its statutory duties.

Conclusions

20. The Council has developed a draft Self-Assessment in preparation for inspection by the CQC, which could take place at any point from April 2023.

21. The Self-Assessment will outline the Council's understanding of its strengths and areas for improvement in delivery of Care Act duties and will outline its plans to improve. It will be supported by a detailed action plan ('Improvement Plan') which will set out specifically how the Council will improve in its delivery of Care Act duties.

22. The Self-Assessment and Improvement Plan will be shared with the CQC to help inform their inspection.

23. The Committee's views are sought on the initial draft Self-Assessment (Appendix A) and the proposed submission of six-monthly updates on this and the Improvement Plan.

Background Papers

"People at the Heart of Care" White Paper: December 2021
https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform

Report to the Adults and Communities Overview and Scrutiny Committee: 7 November 2022 – Progress in Delivering the Social Care Reform Programme
https://politics.leics.gov.uk/ieListDocuments.aspx?MId=6842

Report to the Adults and Communities Overview and Scrutiny Committee: 6 June 2022 – Update on the Social Care Reform Programme

https://politics.leics.gov.uk/ieListDocuments.aspx?MId=6840

Report to the Adults and Communities Overview and Scrutiny Committee: 5 September 2022 – Adult Social Care Reform – Market Shaping and Charging Reform https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6841&Ver=4

Corporate Governance Committee: 27 January 2023 – Risk Management update (item 7) - https://politics.leics.gov.uk/ieListDocuments.aspx?MId=7128

Circulation under the Local Issues Alert Procedure

24. None.

Equality Implications/Other Impact Assessments

25. The Self-Assessment includes an assessment of the Council's overall performance around equalities, diversity, and inclusion, with a focus on the Adults and Communities Department. It sets out some key strengths in this area along with some potential areas for development.

26. Any proposed changes to the Council's policies, procedures, functions, and services which may arise from delivery of its Improvement Plan will be subject to an Equality Impact Assessment.

Human Rights Implications

27. There are no human rights implications arising from this report. Any proposed changes to the Council's policies, procedures, functions, and/or services which may arise from delivery of its Improvement Plan will be referred immediately to the Council's Legal Services for advice and support regarding human rights implications.

Appendices

- Appendix A: Draft Self-Assessment
- Appendix B: Comments from the Adults and Communities Scrutiny Committee (shared during the workshop with Committee members on 13 February 2023

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Our mission statement is

‘Delivering wellbeing and opportunity in Leicestershire’

Adult Social Care Self-Assessment

March 2023

Foreword

We are delighted to present Leicestershire County Council's Adult Social Care Self-Assessment. Despite challenges due to the Council's difficult financial position and the impacts of the Covid-19 pandemic, we have continued to deliver high-quality adult social care services.

We are ambitious in our vision to deliver wellbeing and opportunity in Leicestershire and to ensure that all adults living in Leicestershire live active, independent, and fulfilling lives. Through our desire and capacity to innovate we have transformed adult social care services through the Target Operating Model (TOM) programme, leading to significant improvements in demand and capacity management and to cultural and process changes which improved outcomes for people by better placing their independence at the heart of all decision-making.

Our focus on wellbeing and prevention is reflected throughout our adult social care service planning, delivery, and commissioning processes. We are proud to deliver person-centred and strength-based care, including excellent reablement services. We have a strong commitment to equalities, diversity, and inclusion and strive to improve outcomes for people who are likely to experience inequalities.

Partnership-working is integral to the delivery of our adult social care priorities and as such we maintain close collaboration with all partner agencies, including to jointly-commission services where this improves outcomes for people. We regularly communicate with and support providers to identify and mitigate any risks, assure the sufficiency of the care market, and continuously improve the quality of care.

In recognition that safeguarding is everyone's business, safety is embedded in our culture and service delivery at all levels, with regular training and clear guidance and support for staff. We have well-established governance arrangements in place through the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) and an excellent track record in working with partners to deliver safeguarding priorities.

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Whilst we are proud of these numerous achievements, and of the ongoing dedication of staff working across our services which have made them possible, we recognise that there are areas which we need to improve.

Feedback from people who use our services highlights that people find it difficult to access information and advice about adult social care and that care experiences could be improved. We are therefore keen to undertake further engagement with people who use services to identify how services could be improved and to act on this where possible, including by providing information and advice in different ways.

Co-production is key to effective partnership-working and ensuring that our services are based around local needs, and we need to further embed it throughout our service design and delivery. We are making progress in this area by embedding our Engagement Panel help us better engage people with lived experience and ensure that their experiences shape our services.

As leaders, we will continue to champion adult social care in Leicestershire and ensure that we deliver optimal outcomes for people.

To include signatures and images of Director and Lead Member for Adults and Communities (following review / approval).

About Leicestershire

Leicestershire is a predominantly rural county which covers over 800 square miles, comprised of 7 local authority districts. Within the county, 69% of the population live in urban areas, 18% in rural town and fringe settlements and 12% in rural areas (DEFRA, 2011).

Leicestershire is a relatively affluent county; ranked 137th out of 152 authorities in deprivation (where 1st is the most deprived). However, it has pockets of deprivation, with four neighbourhoods in the most deprived 10% nationally (MHCLG, 2019).

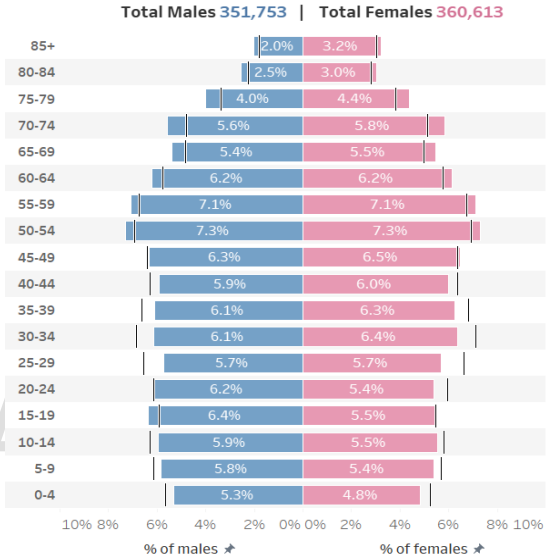
Life expectancy is significantly higher in Leicestershire than England. However, healthy life expectancy (how many years people are expected to live in a 'healthy' state) is only marginally higher than the national average and there are significant health inequalities in the county (Public Health England, 2023).

Figure 1 sets out the age structure of the county, with the grey lines outlining the national position. Whilst Leicestershire has a lower percentage of younger adults than England, it has a higher percentage of residents aged 50+ (ONS, 2021). As outlined in Figure 2, Leicestershire has consistently had a higher percentage of residents aged 65+ than England (ONS, 2021).

From 2011 to 2021, the population in Leicestershire rose by 9.5%, the 2nd highest growth rate of all counties in England (LCC, 2022). The largest increases were amongst older people, with the number of residents aged 65+ having increased in Leicestershire by 28% during this period – significantly higher than the 20% rise in England (ONS, 2021).

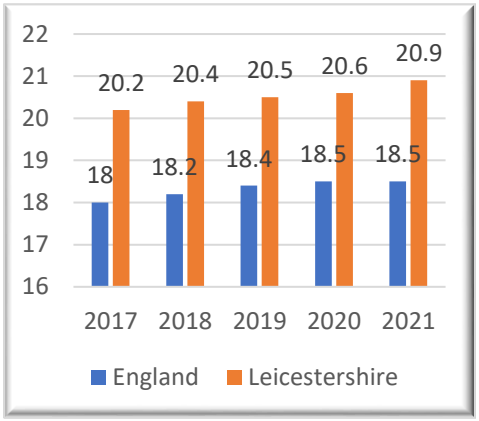
As shown in Figures 3 and 4, since 2018/19, the rate of requests for support from adults aged 18-64 has been consistently lower in Leicestershire than the national average. However, the rate of requests for support from adults aged 65+ has been consistently higher in Leicestershire than the average amongst its CIPFA Nearest Neighbours and England (NHS Digital, 2022).

Figure 1: Leicestershire's Population Age Structure (2021)



Source: (ONS, 2021)

Figure 2: Percentage of Population



Source: (ONS, 2021)

Figure 3: Number of Requests for Support Per 100,000 Adults Aged 18-64

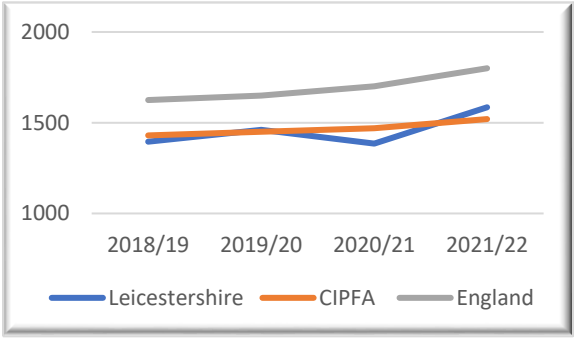
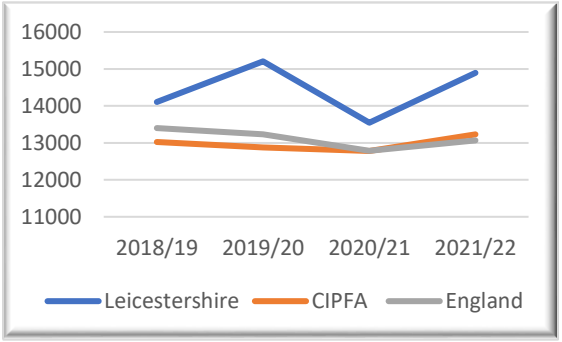


Figure 4: Number of Requests for Support Per 100,000 Adults Aged 65+



Source: (NHS Digital, 2022)

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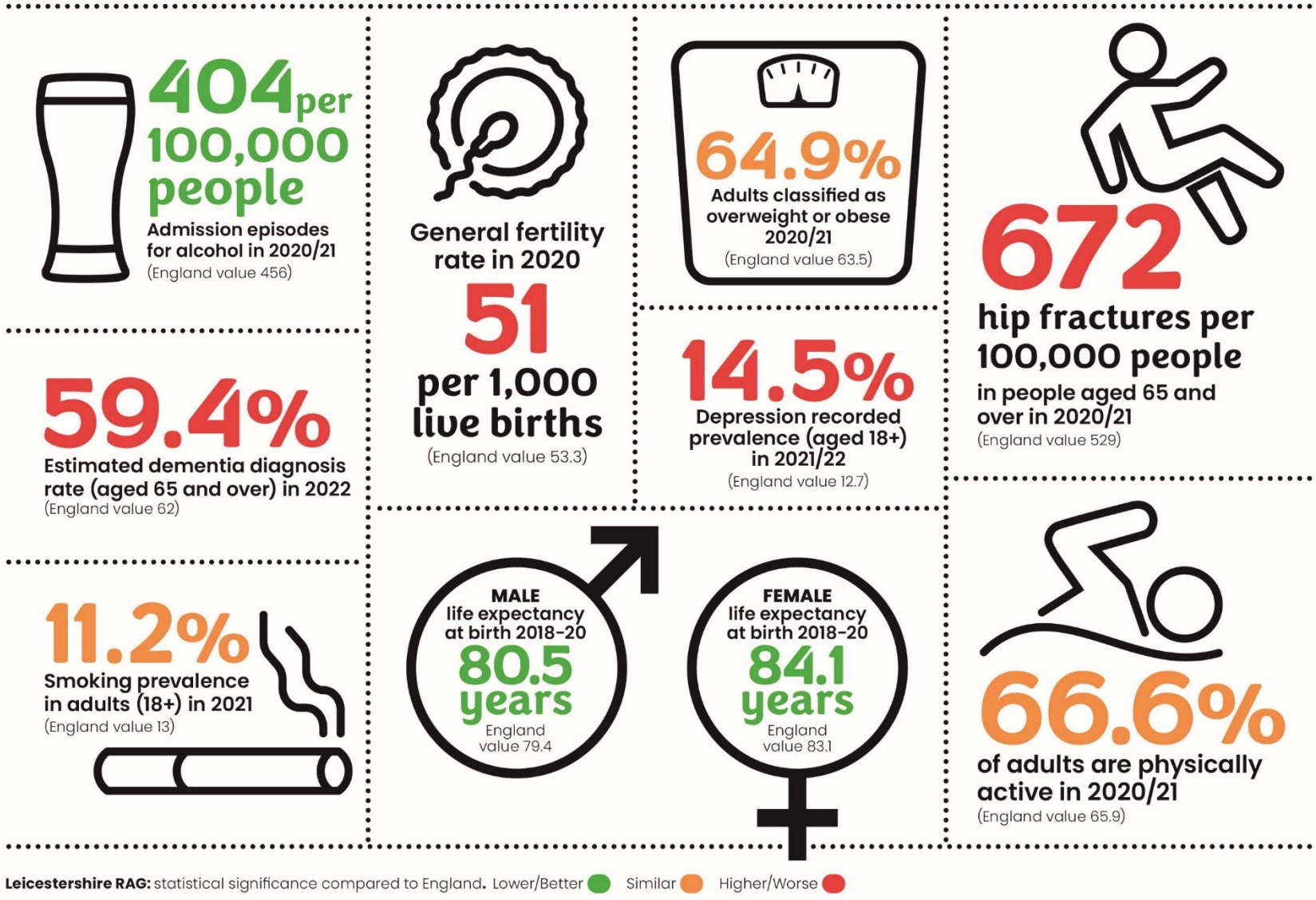
Figure 5: Overview of Adults' Health and Wellbeing in Leicestershire



Source: (Public Health England, 2023)

About Leicestershire County Council

The Council's political structure is based on a Leader and Cabinet model. The Cabinet is responsible for all major decisions and for making recommendations to the Council on its budget and major plans. There are also 5 Overview and Scrutiny committees, including the Adult and Communities Overview and Scrutiny Committee which monitors and advises on the adult social care functions of the council.

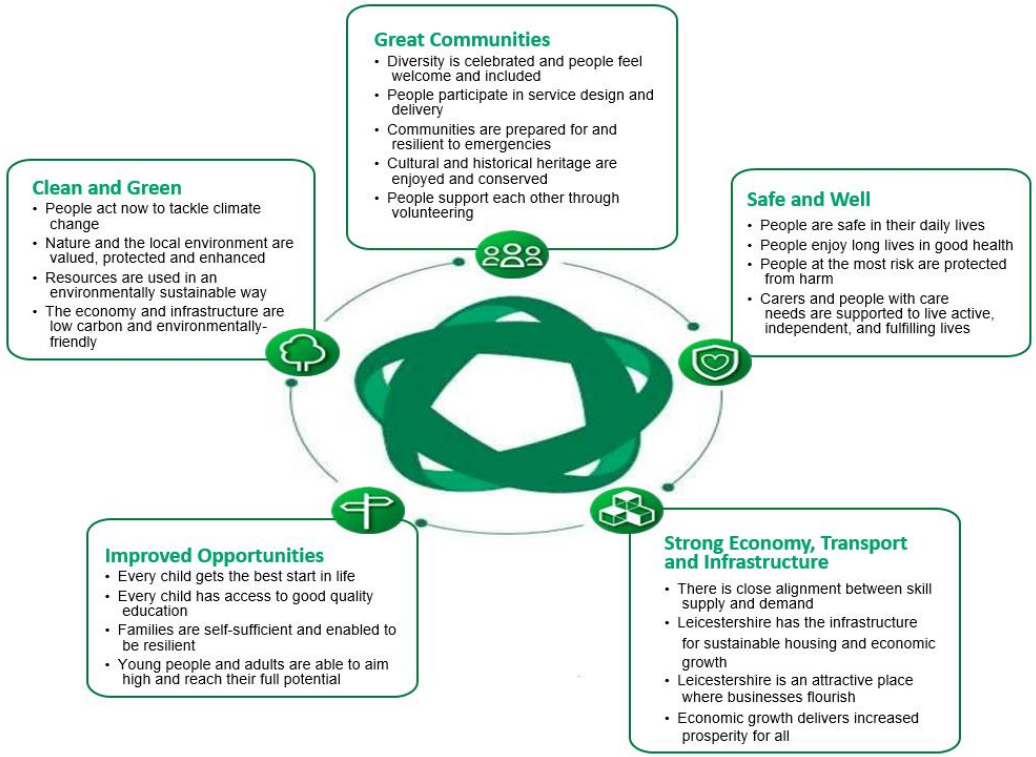
The Council's total revenue budget for 2023/24 is £504m. It has a strong track record in financial management, having been recognised by consultancy Impower as the most productive Council in England and Wales for three consecutive years, whilst being the lowest-funded County Council in the UK[1].

The Council is in a challenging financial position, with over £230m saved since 2010 and a further £94m to save by 2025/26. In recent years there has been significant growth in spending pressures from social care, exacerbated by the Covid-19 pandemic and increases in inflation levels. Adult social care is a key priority for the Council; over the last four years the Adults and Communities Department has seen a significant £35m (26%) increase in its budget to reflect growth in demand; mainly due to the ageing population leading to a rise in care needs and an increase in adults with learning disabilities. The Council's Provisional Medium Term Financial Strategy (2023/24-2026/27) includes growth of £21.8m for adult social care.

The Council's commitment to supporting peoples' wellbeing and independence is reflected in its Strategic Plan (2022-26), which summarises its long-term vision for Leicestershire through the five aspirational outcomes outlined in Figure 6. The 'Safe and Well' outcome has a strong focus on supporting adults to live active, independent, and fulfilling lives.

This emphasis on supporting adults' wellbeing is echoed in the other plans and strategies in the Council's Policy Framework, for example the Joint Health and Wellbeing Strategy (2022-32) sets out priorities across the life-course, including delivering an effective health and care integration programme.

Figure 6: Leicestershire County Council's Vision for Leicestershire

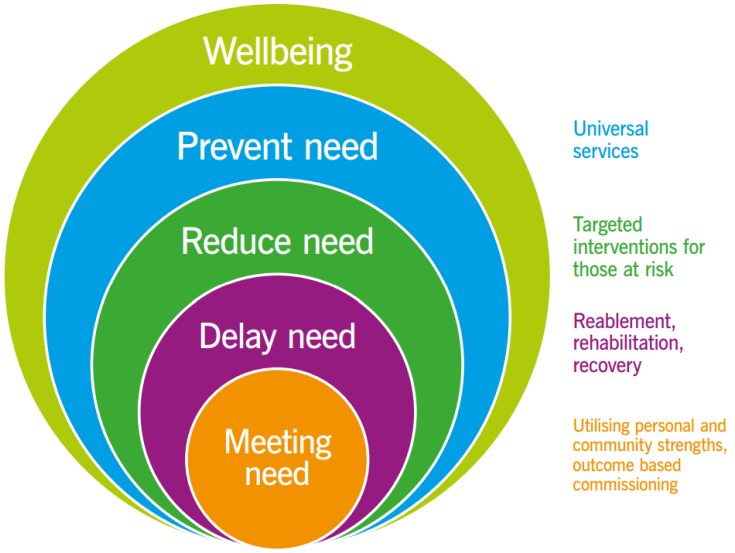


Source: Leicestershire County Council's Strategic Plan (2022-26)

Our Strategy for Adult Social Care

The Adults and Communities Department's Strategy (2020-24), sets out how the Council's adult social care, heritage, library, and adult learning services will follow a tiered 'strategic approach' to enhance wellbeing and prevent, reduce, delay, and meet needs (LCC, 2020).

Figure 7: The Adults and Communities Department's 'Strategic Approach' (2020-24)



Source: (LCC, 2020)

Wellbeing and Prevention

Enhancing wellbeing is central to the Department's vision to promote independence and a personalised approach which builds on a person's strengths, and assets within their community, to enable them to take an active role in growing their sense of wellbeing.

The Department aims to support wellbeing and prevent need for adult social care by providing free and accessible library, heritage and adult learning facilities and programmes. It also seeks to provide high-quality information and advice in accessible formats to support people to benefit from opportunities to learn, volunteer, and participate in activities as well as to assist people to plan for their future and consider potential care and housing options.

The Council's Public Health Department also supports adults' wellbeing by commissioning health improvement services and working with partners to develop the prevention offer and address the wider determinants of health. It also aims to build community assets to prevent care needs, with its Local Area Coordinators (LACs) for example working closely with GPs, adult social care teams and the Police to develop and signpost people to community assets.

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Reduce Need

The Council aims to identify those who may be at risk of requiring support from adult social care services in the future (for example people with a new diagnosis of dementia; people at risk of isolation; those with low-level mental health issues; and unpaid carers), intervening wherever possible to maintain their wellbeing and prevent escalation of needs. Targeted interventions may include information and advice, minor adaptions to housing which improve accessibility or provide greater assistance for those at risk of a fall, and/or telecare services. The Department also aims to ensure that people can live longer in their own homes, with an emphasis on supporting optimal use of technology-enabled care solutions.

Delay Need

The Department also focuses on supporting people who have experienced a crisis (e.g. a fall or stroke) and/or have a defined illness or disability, complex needs or caring responsibilities. Interventions may include providing people with reablement and rehabilitation to help them to gain or regain their independence and avoid admission to hospital and/or residential or nursing care homes. The Department aims to reduce the number of people living in residential or nursing care homes by improving integration across prevention, health, and care. This includes delivering an

integrated 'Home First' service with community health services to 'step-up' services when people experience a crisis and are at risk of hospital admission, and 'step-down' services when people are being discharged from hospital. The Strategy also includes actions to work with partners to develop additional accommodation options such as Extra Care and Supported Living to support people to remain independent.

Meet Need

The need for Council-funded adult social care support is determined once personal and community resources have been identified and fully explored. The Adults and Communities Department aims for people to have as much control as possible over how their care and support needs are met, and their outcomes achieved; with people in receipt of long-term community support receiving a personal budget. This focus on ensuring people are involved as equal partners in decision-making is also reflected in the Department's aspiration to embed co-production throughout its service design and delivery; providing opportunities for people to shape adult social care services. The Council also seeks to ensure that people with care needs have a timely response from adult social care, with low waiting times for care and support, direct payments, and delivery of reviews.

Partnership-Working

Throughout all levels of the Adults and Communities Department's strategic approach, there is a strong focus on the need to work collaboratively with partners. This includes for example work to expand the range and volume of accommodation options for people with adult social care needs, jointly-commission services, recruit and retain a skilled and resilient care workforce, and improve the quality and sustainability of the care market. There is particular emphasis on the Council's commitment to work with partners to deliver integrated, place-based health and care which facilitates seamless transitions between services. The Department also aims to work closely with the Council's Children and Family Services Department to support young people to prepare for adulthood and deliver effective, person-centred transition assessment and planning. Integral to effective collaboration will be increasing the level of co-production which the Council's adult social care services undertake with all key stakeholders.

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Target Operating Model

The Council's adult social care services have undergone significant transformation in recent years. Following a diagnostic review of services in 2018, which identified issues such as half of the adults living in residential care being able to live in more independent settings, the Department worked with Newton Europe to develop a Target Operating Model (TOM) which placed service users' independence at the heart of all decisions[2].

Key improvements introduced through the TOM included aligning culture and processes across the Department's services with an 'Independence First' approach. This included for example introducing bi-weekly 'Group Supervision Meetings,' whereby teams input their collective experience to support assessment outcome decisions; providing advice and challenge to cases to ensure the most independent outcomes are achieved. The TOM also introduced an Improvement Cycle process, whereby service managers, supported by improved data dashboards, hold weekly improvement cycle meetings to identify and resolve any issues. Highlights around the status of each service are then shared with and discussed by heads of service on a 4-weekly basis. This has helped to develop a culture which promotes ownership and encourages continuous improvement.

Further, the TOM enhanced capacity and demand management across the Department as it established new ways of working. Specific process improvements included the establishment of 'Case Progression Supervisions' (regular, focused meetings between service managers and their workers to agree the key actions to progress every case on their caseload) and RAAN (Reasons, Areas Covered, Analysis, Next Steps) case recording; consistent and structured case recording which reduced the amount of time spent recoding notes and helped make them easier to read.

SECTION 1: Working with People			
Reference Code	What do we know about the quality and impact of social care practice	How do we know it?	What are our plans for the next 12 months to maintain or improve practice
	1A. We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.		
1.1.	There are multiple channels through which people can access adult social care services, including phonelines through our Customer Services Centre and online self and professional referral routes. There is clear information on our website about the care and support assessment process, including how to arrange advocacy support if required. Independent advocacy support is available through a service which we jointly-commission with partners across Leicester, Leicestershire, and Rutland (LLR). As outlined in the guidance for officers, this includes Independent Mental Health Advocate (IMHA) for people detained under the Mental Health Act and Independent Mental Capacity Advocate (IMCA) support for people who lack the capacity to make important decisions. As outlined in the Guidance, if the person is not eligible for care and support from the Council, they will be provided with advice and information which may include signposting to other agencies, including First Contact Plus, a Local Area Co-ordinator (LAC) or other local resources. However, performance data suggests that in Leicestershire, a lower percentage of people who request support from adult social care services are signposted to universal services and/or provided with	Our care and support assessment webpage provides clear information about purpose of the assessment, eligibility, how to apply, next steps and appeals. It includes a link to an Online Self-Assessment which highlights if people are eligible for support from the Council. It also links to our advocacy webpage which sets out what advocacy is and what an advocate does, who is eligible for advocacy (Care Act and IMCA), which can provide it and their contact details. Our online Customer Portal includes information and advice about how people can request support for themselves or on behalf of others (if they have their permission). Since September 2018, it has included an Online Carers Assessment, through which carers can identify their eligibility for support from the Council. This is well-used, with 6,277 carers assessments undertaken through this channel since its launch. Since 2022, the Customer Portal has also included the Online Self-Assessment as well as an Online Financial Assessment through which people can get an indication of how much they may need to pay towards services. On average 23 online financial assessments are completed per month. Further, from 2021/22 to 2022/23 there has been a 281% rise in the number of contacts to adult social care services through online self-assessments, with a 21% decrease in contacts through the phone. In 2021/22, in Leicestershire a lower percentage of people who requested support from adult social	A review of the impact and effectiveness of the LLR Advocacy Service has commenced with a view to a new model being procured by April 2024. We are continuously improving the content on our website and enhancing ease-of-use, including through development of simple questioning techniques to help direct people to the relevant content. As will be explored under Quality Statement 1B, we are also planning a series of actions to improve peoples' access to information and advice about services.

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	information and advice than comparator authorities.	care services were signposted to universal services and/or provided with information and advice than comparators (15% of adults aged 18-64 in Leicestershire compared to 37% CIPFA Nearest Neighbour average, and 11% of adults aged 65+ in Leicestershire compared to 24% CIPFA Nearest Neighbour average).	
1.2.	Assessment and care planning arrangements are person-centred and strengths based. Our Eligibility Framework and Guidance advise staff to explore at initial contact if the person's needs can be met by building on their own strengths or with support from family, friends and/or communities. Similarly, our Assessment and Support Planning Guidance advises staff to prepare for assessments by developing 'a full picture of the person, their personal asset-based strengths, as well as their likes or dislikes and who and what matters to them.'	In response to a survey from November 2022-January 2023, 70% of staff in the Adults and Communities Department agreed that assessment and care planning arrangements are person-centred and strengths-based. 77% of survey respondents agreed that 'the wellbeing principle is embedded throughout the Council's care and support system and is clearly promoted in care and support'. During workshops, staff indicated that the person-centred approach had been strengthened by the introduction of the TOM in 2019.	Working with Partners 4 Change, the Department is piloting the 3 Conversations approach to enhance strengths-based practice across adult social care services. The pilots have involved establishing innovation sites, whereby staff are enabled to have open and listening conversations with people to support them to connect with and make use of their strengths and assets, as well as those of their families and local communities. As of February 2023, four 3 Conversations innovation sites were live, with two more planned. Progress review meetings indicate that good progress has been made in embedding social prescribing within the sites, including by developing links with LACs. The pilots are enabling the Department to learn more about the 3 Conversations approach.
1.3.	Our Home First Crisis Response, Out-of-Hours Emergency Duty and urgent 'see and solve' service help to address immediate risk to peoples' wellbeing while they await assessment. Additionally, our Dynamic Support Pathway provides timely, multi-agency support for people with learning disabilities and/or autism whose health and wellbeing is deteriorating.	Overview of Home First, Crisis Response, and Dynamic Support Pathway. From January – October 2022, the Crisis Response Service received 4,109 out-of-hours referrals. See case study showing how the Crisis Response Service responded to an urgent referral to support the individual to maintain their independence and remain living at home.	We will continue to identify and address immediate risk to peoples' wellbeing through our Crisis Response, Out-of-Hours Emergency Duty and 'see and solve' services as well as the Dynamic Support Pathway.

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1.4.	There is a strong learning and development package for staff to embed the Eligibility Framework and Guidance and Assessment and Support Planning Guidance into practice. There is a specific landing page on the Council's Learning Hub to guide new starters in the Care Pathway through their first six months in post. It includes any mandatory training they need to complete as LCC employees, and content specific to adult social care, including Care Act duties, Carers Assessments, Care Technology, and Strength-based Approaches. However, training completion rates could be improved. The TOM has embedded robust processes to quality assure assessments such as weekly 'Group Supervision Meetings,' whereby teams input their collective experience to support assessment outcome decisions; providing advice and challenge to cases to ensure the most independent outcomes are achieved. Practice Development Cycles (PDCs) are undertaken on a monthly basis to review practices and identify opportunities for improvement.	Adult Social Care Training Offer sets out all mandatory and non-mandatory training for Council staff and for care pathway staff (including specialist assessors and assessment teams). Adult Social Care Assessment Training Summary sets out all learning and development to enable staff to carry out care and support assessments. Core care and support assessment and planning training sessions were run in 2018 with 505 people attending at the time (92% of care pathway staff). As of 22 February 2023, 342 of these staff still have active accounts, meaning that 62% of staff in the care pathway have completed the core module. 77% of staff in the care pathway have completed Care Technology Referrer training and 62% have completed the Mental Capacity Act core training. There have also been numerous Care Act training sessions and e-learning courses which are now set as historical (no stats) as they were delivered pre-2016 when the Council's learning hub went live. Our Assurance Framework outlines all how we quality assurance care and support assessment and planning processes, and the Target Operating Model Brochure (2019) outlines the improvements made to these processes through the TOM.	We will continue to encourage all care pathway staff to undertake the training courses available and will focus on increasing training completion rates where these are low. Through our Practice Development Cycle (PDC) processes we will continue to identify and address any further staff training needs and quality assure care and support assessment and planning processes. As outlined in the Adults and Communities Learning and Development Delivery Plan (2023/24), we will provide significant training support for internal staff and external care providers across a wide range of areas related to care and support assessment and planning. New training programmes to be commenced in 2023/24 include anti-racist practice, note-taking, analytical writing and supervision.
1.5.	Carers' needs are considered separately throughout adult social care assessment and care planning processes, as the process requires the assessor to ask if the person has an unpaid carer and, if so, explore how much support they are giving, whether they are coping and if they would like a separate conversation.	As of February 2023, 1,689 carers assessments had been undertaken in 2022/23, with 84% of these being individual carers assessments. Further, as of February 2023, 1,100 carers were in receipt of support from adult social care services with 1,067 of these in receipt of a weekly direct payment and 9 in receipt of community respite. Leicester, Leicestershire and Rutland (LLR) Carers Strategy (2022-25) aims to support carers to	We will increase the level of communication and engagement (both internally and externally) about the priorities in the LLR Carers Strategy. We will undertake further engagement with carers to find out more about their care experiences and how services could improve. We will use this feedback to explore how to better support and carers to have the levels of social contact they would like and enhance carers' access to respite.

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	Our commitment to supporting unpaid carers is reflected in the LLR Carers Strategy (2022-25). There is a wide range of information for carers on the Council's website on topics such as health and wellbeing, rights and benefits, local activities and how to access respite. The Council signed-up to the 'Carefree for Carers' in 2020 and there is guidance for staff on how to support carers to access respite through this scheme. However, feedback indicates that there is a low level of awareness amongst staff about the LLR Carers Strategy (2022-25) which was finalised in January 2023.	manage their caring role and maintain their wellbeing. Includes ensuring carers are identified early across settings through the Carer's Passport Scheme, developing carer-friendly communities, and ensuring carers are well-informed about wellbeing, care, and support. See for example the following Council webpages: 'Looking after Someone' and 'Breaks for Carers' See staff guidance and resources: • Carefree Breaks • Assessment and Support Planning • Carers Assessments In January 2023, only 56% of our staff agreed that the Council has a clear strategic ambition and objectives to improve outcomes for unpaid carers.	Additionally, we will aim to increase the level of signposting of both service users and carers to VCSE sector organisations and community assets and improving how the Department collaborates with and supports the VCSE sector.
1.6.	The TOM has enhanced capacity and demand management across the. Improvements have been made to the assessment, support planning and review processes, case management and case throughput. We aim to complete assessments within 28 days and to ensure that reviews are held at least annually. Whilst we operate efficiently in ensuring that service users and carers receive an annual review, like many authorities, people are awaiting allocation and/or have outstanding assessments to complete. All teams operate an urgent function on a rota basis. The urgent function is in place to pick up immediate need and deals with new referrals, unallocated cases, and cases where the allocated worker is not available. Team Managers review the lists of unallocated cases and provide	Dashboards introduced through the TOM to support the Improvement Cycle are well-used to manage demand, with dashboard views having increased from 2,000 per month prior to the introduction of the TOM, to 10,000 per month in 2022. In January 2023, average caseloads ranged across services from 9 to 11.4; below the 12/15 benchmark. In 2021/22, the Department completed over 7,700 assessments and over 12,000 reviews. As of 2021/22, 67% of people who had been in receipt of services for at least a year had been reviewed in the past 12 months; significantly higher than the national average of 55%. By February 2023, Leicestershire's performance had reached 75%. In February 2023, 59% of people had been waiting over 28 days to be allocated for assessment and 6%% had been waiting for over 6 months.	The levels of unallocated cases and duration of waits have been impacted by increased demand, recruitment and retention issues, and a backlog of cases due to the Covid-19 pandemic. Teams are proactive in their management of waits and risks however they require further guidance to embed a consistent approach. A policy document is being developed to provide staff with information and advice on how to manage waits and risks.

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	cases with a priority status – High, Medium, Low - based on the adult social care system definitions. Unallocated cases are reviewed on a weekly basis and re-prioritised as needed.		
1.7.	Queries and concerns are managed by locality teams without recourse to the formal complaints process. Formal complaints are managed within the Council's Customer Care process. In 2021/22, the most common complaint theme was around assessments. There was an increase in complaints relating to charging. A factor was the complexity of temporary Covid-19 health funding.	From 2020/21 to 2021/22, the total number of social care complaints increased by 14 (7%). However, only 2% of people in receipt of long-term support made a formal complaint. For complaints resolved during 2021-22, the proportion where fault was identified slightly increased from the previous year (from 39% in 2020/21 to 44% in 2021/22). In 2021/22, 32% of complaints were related to assessments and care planning. However, 18 fewer people challenged their assessment outcome than in 2020/21. Complaints were mostly about poor communication and waiting times for assessments rather than decisions made. In Q2 2022/23, there was no clear outlier in terms of complaint themes.	We identify and apply systemic learning from complaints. In 24 cases (26%) where complaints were upheld in 2021/22, actions were undertaken to improve services for other residents. The most frequent action was staff training however managers also introduced policy and process changes. We will continue to learn from complaints to improve the experiences of people who receive adult social care services.
1.8.	We aim to ensure that everyone in receipt of long-term community care receives a personal budget, ideally as a direct payment. The percentages of people who use services and carers who are in receipt of self-directed support and direct payments is higher in Leicestershire than amongst comparators.	ASCOF shows that in 2021/22, the percentage of service users in receipt of self-directed support in Leicestershire was in line with the national average, at 96% in Leicestershire compared to 95% in England. However, the percentage of service users in receipt of a direct payment was significantly higher than the national average, at 40% in Leicestershire compared to 27% in England; with Leicestershire in the best 25% of counties for this measure. For carers, both percentages - 100% for personal budgets and 99% for direct payments - were above the national averages of 89% and 78%.	In response to feedback from staff, the Department is reviewing its direct payments processes and guidance, to simplify them where possible. To support people to choose how to spend their direct payments, we aim to diversify the direct payments market by promoting establishment of micro-enterprises. We also aim to increase access to personal assistants (PAs), such as by developing a comprehensive PA register.
	1B. We support people to manage their health and wellbeing so they can maximise their independence, choice, and control, live healthier lives and where possible, reduce future needs for care and support.		
1.9.	There is a strong link between employment and appropriate	In 2021/22, 9.2% of adults aged 18-64 with learning disabilities were in paid employment; significantly	Working with the Leicestershire Partnership NHS Trust we aim to increase the percentage

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	accommodation with enhanced quality of life for people with learning disabilities. The Council has an effective Learning Disability and Autism Service in which community reablement workers support people for a time-limited period to achieve independence goals.	higher than the national average of 4.8% and in the top 25% of counties. The Council also performs well in the proportion of adults with learning disabilities who are living independently or with family; at 85.3% in Leicestershire in 2021/22 which was above the national average of 78.8% and only 1% point short of the top 25% of counties.	of people who are in contact with secondary mental health services and are living independently and maintaining employment.
1.10.	People have access to equipment and minor home adaptations through our Care Technology Service (outlined further in statement 1.11 below) as well as our Adaptations Team, which processes self-referrals and referrals from adult social care, hospital, and community therapy teams and VISTA (a local charity working with children and adults affected by sight loss) for minor adaptations costing under £1000 such as grab rails, additional stair rails, key-safes, small ramps, and half-steps. The service also provides a 'Handy Person Scheme' which supports adaptations via labour provision upon referral by professionals. Additionally, major adaptations such as stairlifts are provided by the Lightbulb Service which is delivered in partnership with district councils, Leicester City Council, and health.	As of January 2023, the Care Technology Service is on track to exceed its targets for the number of new service users (1,450) in its first year. In 2022, the Adaptations Team processed 3,521 referrals for minor adaptations and 1,018 referrals for major adaptions (from internal sources). It also processed 1,841 referrals from external sources, including 105 via the Handyperson Application Form, 16,36 for minor adaptations from the NHS and 100 from the Red Cross/VISTA. However, as of December 2022, the Team had a backlog of 780 non-urgent referrals (the oldest of which had been received in October), with a waitlist of 8-10 weeks from when the referral for non-urgent cases was received until the works are completed.	We will continue to provide effective Care Technology and adaptations services and monitor their impact. We will address the backlog in referrals for minor adaptations. We will work with partners to develop a five-year vision for Lightbulb from 2024 to 2029.
1.11.	We are innovative in our approach to prevention activity as demonstrated through promotion of digital approaches including the launch of the new Care Technology Service in April 2022. The service offers a range of new equipment including falls and seizure sensors, sensor pads for personal care and alerts for people who are at risk of wandering.	As of January 2023, the Care Technology Service is on track to exceed its targets for the number of new service users (1,450) in its first year. It has also created a care champions network of 30 staff who act as ambassadors to support colleagues to learn more about the assistive technology available. Staff across the care pathway have been provided with Care Technology Referrer Training, with highly positive feedback received from participants.	We intend to further promote online access channels for carers, care and support, and financial assessments. We will also invest more in our website to enhance the clarity of information and support ease-of-use.

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	Further digitalisation initiatives include development of digital signatures, introducing forms to the customer and professional portals, and re-launching online financial assessments. Promoting online financial assessments appears to have led to a shift in how people access adult social care services.	83% respondents to the survey of staff from November 2022-January 2023 agreed that the Council promotes innovative approaches to prevention activity, with comments highlighting the Care Technology Service as an example in addition to the 3 Conversations Pilot, Local Area Coordinators, the Mental Health Floating Support Service and the 'RAAN' case note recording approach introduced in 2019 through the TOM.	
1.12.	A further key example of innovation in prevention activity is the TOM. As outlined previously, the TOM has: • Aligned culture and processes across adult social care with an 'Independence First' approach • Introduced an Improvement Cycle process which promotes ownership and continuous improvement • Enhanced capacity and demand management across the Department	As of 2019/20, the TOM had led to over 40 working-age adults moving out of residential settings into more independent settings and 150 fewer older adults being permanently placed in residential homes per year; at 921 people per year in 2019/20, which has decreased to a forecast 804 in 2022/23. Through the TOM Improvement Cycle, service managers, supported by improved data, hold weekly improvement cycle meetings, and assign resources to resolve any issues. Highlights around the status of each service are then shared and discussed by heads of service on a 4-weekly basis (see live performance slides). The TOM increased the capacity of our Homecare Assessment and Reablement Team (HART) service by 27% (800 more service users per year). Whilst the number of service users supported by HART subsequently decreased from 3,083 in 2019/20 to 2670 in 2021/22, this was likely due to the pandemic and the number of people supported per month has been on an upward trend since October 2021 with a forecast of 3,203 in 2022/23.	The Department is now aiming to build further upon the improvements introduced through the TOM by piloting the 3 Conversations Approach. As outlined under Quality Statement 1A, work with Partners 4 Change began in March 2022 to pilot this approach, with the intention of further embedding an assets and strengths-based approach to contact management.
1.13.	Our Homecare Assessment and Reablement Team (HART) service provides a reablement service to support people to regain optimal independence. HART works closely with system partners, including through integrated	In 2021/22, 90% of people who received reablement in Leicestershire subsequently had no ongoing services, placing Leicestershire in the best 25% of councils for this measure. Similarly, 89% of people were living at home 91 days post discharge	Together with NHS partners we are planning to develop an intake model to increase the number of people who benefit from intermediate care and reablement services on discharge from hospital. Building on a pilot being undertaken in Charnwood, we aim to

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	multi-disciplinary (MDT) meetings and HART team leaders working on the wards at University Hospital Leicester to support reablement discharges and triage. The HART service consistently achieves excellent outcomes. Further, as outlined, its capacity has increased due to the TOM.	from reablement, performance which again places Leicestershire in the top 25% of councils. See case study showing how our HART and Community Therapy services enabled an individual to regain their mobility with no ongoing needs.	increase the number of people supported at home on discharge and reduce reliance on temporary beds.
1.14.	Whilst the Department's key plans and strategies reflect its strong commitment to ensuring that people have access to quality information and advice, feedback from service users and carers highlights that people do not find it easy to find out about care services. .	In both 2019/20 and 2021/22, the Council was in the worst 25% of authorities for the percentage of service users who found it easy to find information about services, with the percentage having decreased locally from 62% in 2019/20 to 57% in 2021/22. Similarly, the Council was also in the worst 25% of authorities on this measure for carers; with performance in Leicestershire having decreased from 60% in 2018/19 to 49% in 2021/22.	We are reviewing how adult social care services provide information and advice. We are seeking to gather more qualitative feedback from service users and carers on an ongoing basis through the review process to confirm why people find it difficult to access information about services. Areas for improvement include providing more information and advice in community locations, working with district councils to utilise their communication channels, providing more information through printed materials such as leaflets and factsheets, and increasing the capacity and efficiency of the Customer Service Centre and the knowledge of its advisors about adult social care services.
1.15.	In the last annual Adult Social Care Outcomes Framework (ASCOF) survey, the Council received poor feedback from people who draw on services and carers about their care experiences.	In 2021/22, the Council ranked in the worst 25% of authorities for the percentages of service users and carers who reported that they had as much social contact as they would like (at 37% and 25%). It also received poor feedback from service users about their quality of life and overall satisfaction, ranking in the worst 25% of counties for these measures. However, the percentage of carers satisfied overall with their care and support was above the national average and within the top 50% of authorities.	The Department will explore how to better support service users and carers to have the levels of social contact they would like and will consider how to enhance carers' access to respite and short breaks. It will also aim to increase the level of signposting of both service users and carers to VCSE sector organisations and community assets, by mapping assets and improving how it collaborates with and supports the sector.
	1C. We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support, and treatment in response to this.		

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1.16.	We undertake engagement with residents, service users and carers to ensure that our services address local needs. We have signed up to Think Local Act Personal's 'Making it Real' Framework and commissioned consultancy Ideas Alliance to support us to co-produce two commissioning projects and review our co-production practices. We have an Engagement Panel comprised of people who have lived experiences of accessing adult social care, who use their experience to advise us on how to improve services and ensure that our decisions are shaped by residents, service users and carers. The Panel have regularly reviewed and challenged officers' engagement plans to ensure they we are as inclusive as possible in how we engage people. Oversight and assurance of engagement plans across the Department is provided by its Strategy and Planning Team. The Engagement Forward Plan sets out the latest information about adult social care engagement plans. The Team offer advice and support to officers on how to develop engagement plans and encourage them to seek the Panel's feedback and approval.	The Department's Strategy: developed through extensive engagement involving focus groups and workshops, including at Extra Care schemes, Carers groups, and the Learning Disability Partnership Board. Engagement findings reports for LLR Dementia Strategy (2019-22) and LLR Carers Strategy (2022-25). Further engagement is planned for refresh of the LLR Dementia Strategy. Re-procurement of Extra Care services involved considerable engagement of Extra Care tenants and their families, through two rounds of engagement in 2021 and 2022 The Engagement Panel Terms of Reference (November 2022) set out its role/purpose, membership, and meeting arrangements. Panel meeting documents show how it has reviewed engagement plans and provided helpful recommendations to officers to ensure we effectively engage people who are likely to experience inequalities in experiences or outcomes. Reports to Department Management Team in 2022 provide an overview of how engagement governance in the Department.	We are aiming to recruit more Engagement Panel members to ensure that its membership includes significant representation across all adult social care service user groups and for the Panel to increasingly participate directly in co-production initiatives. Recruitment is being promoted through our social media channels and a poster being shared with people who use services following their annual reviews. We have developed and are now piloting an Engagement Process intended to guide officers on how to develop and implement an engagement plan. It also prompts officers to seek the Engagement Panel's input to shape their engagement plans. Following the pilots, we will finalise the process and launch and promote it to officers to help improve oversight and assurance of engagement activities. We will also review any recommendations from Ideas Alliance and identify lessons from the co-production pilots, identifying any lessons to take forward to improve co-production practice.
1.17.	As will be explored under Quality Statement 4A, the Council is committed to eliminating discrimination and advancing equality of opportunity. We ensure that our adult social care services address the needs of people who are likely to experience inequalities by undertaking	See the Equality Impact Assessment Guidance and Template. The Adults and Communities Department Equalities Group Terms of Reference (November 2022) set out the Group's role/purpose, membership and how it links to other equalities governance. Meeting documents set out examples of EIAs which the Group has assured and	We are developing our Adults and Communities Equalities Action Plan for 2023/24. This will set out our key equalities priorities and how we intend to deliver them. The priorities and actions are being identified based on engagement of staff across the Department and review of performance data.

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	Equality Impact Assessments (EIAs) on any decisions about changes to policy or service. Our Department Equalities Group scrutinises officers' EIAs to ensure that any possible adverse impacts on groups with protected characteristics are identified and mitigated.	scrutinised, such as on the LLR Carers Strategy, Adult Social Care Contract Uplifts, Extra Care, and Market Sustainability Plan.	They will focus on reducing inequality in experiences and outcomes both within the Department's workforce as well as amongst residents and people who use our services.

SECTION 2 Providing Support			
Reference Code	What do we know about the quality and impact of social work practice	How do we know it?	What are our plans for the next 12 months to maintain or improve practice
	2A. We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.		
2.1.	We have a strong understanding of local care needs and of sufficiency, opportunities, and risks within the care market. This is supported by routine analysis of a wide range of evidence sources as well as regular engagement with residents and service users on specific areas of service design and development (as outlined under Quality Statement 3C). Our understanding of the care market is similarly underpinned by regular engagement with care providers through a series of provider forums.	We use a range of sources to understand needs including population estimates and projections from POPPI/PANSI and local sources such as the Joint Strategic Needs Assessment (JSNA), Housing and Economic Development Needs Assessment (HEDNA), and dashboards on service users. Our understanding of the care market is reflected in our Provisional Market Sustainability Plan (2022) which sets out clear information about sufficiency and diversity of supply, quality of provision, fee rate coverage and workforce. It is also shown in our 'services' tableau dashboards which provide detailed data on care providers and packages.	As outlined under Quality Statement 3C, we aim to increase the extent to which we co-produce our commissioning plans with all key stakeholders including residents, service users, carers, partners, and providers.
2.2.	There is regular two-way dialogue between the Council and care providers to share information and identify and address key risks and issues. We also engage providers when reviewing services to ensure that their feedback is taken into consideration. Our Adult Social Care Commissioning Intentions (2021-24) sets out what we intend to prioritise commissioning, and thereby guides	The Council delivers a series of monthly provider forums, with each forum focused on a particular type of care provision. It also shares bi-weekly provider bulletins, to set out the latest relevant information for providers, assisting them to manage staff and support service users. An example of effective engagement of providers to inform service design is the review of the Extra Care services contract.	We will continue to communicate with providers through these channels to identify and address any key risks affecting the care market and therefore peoples' safety and wellbeing. We will continue to engage providers when reviewing and recommissioning services. We will publish an updated Market Position Statement in 2023 to provide further clarity to partners and providers on our commissioning priorities.

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	providers around what to include in their business planning and modelling.	During engagement of care providers in February 2023, there was positive feedback from providers about how we communicate with them, including that we have regular, transparent conversations and that the monthly forums are considered useful.	
2.3.	We have robust processes for provider contract management and quality assurance. Our quality and contracts officers build strong working arrangements with identified providers and challenge and support them on service quality, such as with falls management and medication. There is clear guidance for officers to embed consistent quality assurance and commissioning practices, covering a wide range of areas including how to undertake contract and risk monitoring, deliver provider support (including on areas such as business continuity planning) and manage emergencies such as provider failure.	Clear guidance and resources for officers on quality assurance of commissioning practices, including: • Contract Monitoring Guidance • Risk Monitoring Tool • Provider Failure Checklists and Trackers • Provider Support Process and Guidance • Provider Meeting Templates • Safeguarding Enquiry Alert Form & Examples • Commissioning Staff Training Slides • Business Continuity (BC) Planning Guidance and Template and the BC Capability Assessment document which is used to review providers' BC plans. • Procurement and Contracts Guidance Provider engagement in February 2023 suggested that providers value the open and transparent dialogue with the Council, support from its compliance officers, and the Council's involvement when things go off-track.	We will continue to build strong working relationships with providers and maintain an 'open door' policy to encourage providers who are experiencing financial instability to approach the Council for a confidential exploration of their circumstances, with appropriate support provided where necessary. We will continue to follow a suite of standard documentation and processes in the management of provider instability and failure to ensure a consistent and efficient response. We will ensure that each occurrence triggers a 'lessons learned' exercise and that this is used to iterate our procedures.
2.4.	Leicestershire's residential care market is smaller per head of population than the national average. Although there is a strong self-funder market in Leicestershire and registered bed capacity in older adult care homes has been growing, Leicestershire has fewer nursing care homes than similar areas and we therefore lack options for commissioning nursing home placements. This is in part due to the low levels of NHS-Funded Nursing Care	In March 2021, Leicestershire had fewer residential care home beds and nursing care home beds per head of population aged 75+ than the regional and national averages. A detailed overview of Leicestershire's care market is outlined in our Provisional Market Sustainability Plan (2022). In 2021/22, the rate of permanent care home placements of people aged 18-64 was lower locally than the national average (at 6.1 per 100,000 people in Leicestershire compared to 13.9 in England). However, the rate of permanent placements for people aged 65+ in Leicestershire	We are engaging Health partners to explore why Leicestershire has comparatively low rates of people with FNC determinations, and people with CHC determinations. We will improve sufficiency in the market by: • Developing the nursing market to support people with complex health care needs • Maximising the use of existing Extra Care provision to support people with higher care needs (akin to existing residential care levels) whilst seeking to increase new

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	(FNC) and Continuing Healthcare (CHC) determinations by local health partners. Leicestershire has a diverse and growing domiciliary care sector which can meet the needs of the local population. In February 2023 we commissioned homecare for over 2,800 people, an increase of 32% in 2 years; whilst having only 18 people awaiting provision.	(567.2) was higher than the national average (538.5) although in line with the East Midlands (562.0). In 2021/22, 10% of people aged 18-64 in receipt of long-term services were in a care home placement, compared to an average of 18% amongst its CIPFA Nearest Neighbours. Similarly, for people aged 65+, only 33% of those in receipt of long-term services were in a residential or nursing placement compared to a CIPFA Neighbours average of 44%.	Extra Care developments across the County To meet growing demand for older peoples' care and support needs to be met in their own homes, we will seek to expand the Personal Assistant (PA) market offer to increase the availability of PAs and micro-providers. We also aim to diversify the local direct payment market by encouraging establishment of micro enterprises to provide people with more choice on how to use their direct payments.
2.5.	In terms of the quality of provision, Leicestershire generally compares favourably with the East Midlands region and England.	Leicestershire has a higher percentage of care homes with nursing which are rated either 'good' or 'outstanding' than both the regional and national rates; at 88.9% in Leicestershire compared to 76.5% East Midlands and 74.1% England. Similarly, in Leicestershire, a higher percentage of domiciliary care providers were rated either 'good' or 'outstanding' (69.2%) than regionally (59.4%) or nationally (65.2%). However, 75.8% of residential care homes in Leicestershire were rated either 'good' or 'outstanding' by the Care Quality Commission and whilst this is above the East Midlands rate (70.6%), it is below England (78.2%).	We will continue to improve the quality of commissioned services through effective and strategic contracts management and targeted quality improvement activity. Specific actions being undertaken include recruitment of quality experience officers, ongoing developmental work in dementia and dignity in care, increased oversight visits, provider helpline support, training via learning and development team, provider news, and forums.
2.6.	There are care workforce challenges in Leicestershire particularly in certain geographical areas such as Melton Mowbray, Market Harborough, and extra rural locations. Domiciliary care providers are facing challenges with staff leaving due to the cost of living/fuel costs, and low numbers of new entrants to workforce. Further, nursing homes are challenged in recruitment and retention of nurses.	Although in 2021/22, the vacancy rate across the adult social care workforce was lower in Leicestershire than the national average (at 7.5% locally compared to 10.7% in England), Leicestershire had a higher turnover rate (at 34.1% locally compared to 29% nationally). Workforce pressures are set out in detail in the Council's Provisional Market Sustainability Plan (2022).	The Council aims to further develop the Inspired to Care offer and work with system partners to develop a system-wide induction programme across health and social care to support retention, as well as an LLR People Hub which will support enhanced career pathways between health and care. The Council is also commencing a programme of work with Job Centres which is aiming to recruit those looking for other jobs and the unemployed into social care roles.

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	The Council has developed an innovative approach to supporting providers with recruitment and retention known as 'Inspired to Care.' The service provides information, advice, and guidance to providers to improve their recruitment and retention practices. The support offered reflects providers' needs, as presented to the service by providers themselves and/or the Council's Quality and Contracts Team. The service's focus is on recruitment and wellbeing, with a focus on homecare; it has delivered an international recruitment topic conference for homecare providers and shared an overseas recruitment toolkit. Inspired to Care has also recently hosted a topic conference on how to use social media for both recruitment and retention.	See Inspired to Care website and achievements in 2022/23. See also its Delivery Plan for 2023/24.	
	2B. We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.		
2.7.	The Council collaborates effectively with partner agencies across Leicester, Leicestershire, and Rutland (LLR) to address risks to the market and to jointly-commission services where possible and practicable. The Council regularly shares intelligence on risk factors with other agencies through 'information-sharing meetings' with quality, safeguarding, and continuing care teams from the Integrated Care Board (ICB) and representatives of the three local Healthwatch organisations to review and consider a collective response to any risks affecting the care market. The Council also has a strong working relationship with the Care Quality	Agreement on Sharing Information on Regulated Social Care Organisations provides an overview of the bi-monthly information-sharing meetings. The Council supports the VCSE sector through an infrastructure services contract and provides direct funding support to VCSE organisations (e.g. in 2022/23 the Council awarded a total of £372,082 in SHIRE Grants for 61 VCSE projects for adults and older people).	We will explore opportunities for the Council's adult social care services to work more closely with, and make better use of, the universal services provided by its Public Health Department and local VCSE sector organisations.

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	Commission (CQC), supported by regular operational meetings and CQC participation in multi-disciplinary meetings relating to providers in escalation.		
2.8.	Joint-commissioning across LLR is facilitated by established infrastructure including system-wide partnership forums such as the Home First, Mental Health, and LD and Autism collaboratives as well as strategic partnerships including the Health and Wellbeing Board and Integration Executive. Further, a Joint Commissioning Group (JCG) has been established to lead our programme of joint commissioning between Council and ICB. The Council jointly commissions services across LLR with partners in Leicester city, Rutland and the ICB, including carers services, dementia services and mental health and wellbeing services.	See the agenda and minutes of the Health and Wellbeing Board, Terms of Reference for the Joint Commissioning Group (JCG), and JCG's Workplan which outlines the commissioning activities it oversees. 'In Partnership' issue (November 2022) outlines the role of the LD and Autism Collaborative. The LLR Living Well with Dementia Strategy 2019-2022 sets out the ambition across LLR to support people to live well with dementia. The LLR Carers Strategy (2022-25) sets out shared priorities to recognise, value, and support carers. The Mental Health Wellbeing and Recovery Support Service will invest £1m per year across LLR over the next 5 years to provide advice and support for people's emotional and mental health.	Staff survey has indicated that staff felt collaboration with partners could improve through more regular communication and MDT meetings, joint-training and by more clearly defining and raising awareness of each partner agency's roles.
2.9.	The Better Care Fund (BCF) plan is co-developed with stakeholders and forms part of the wider Joint Health and Wellbeing Strategy which is developed and overseen by the Health and Wellbeing Board. Operationally, the two sub-groups of the Integration Executive, the Integration Delivery Group (IDG) and Joint Commissioning and Finance and Performance Group (JCG), meet to coordinate the delivery of BCF plans and consider any commissioning required to meet the objectives of the Better Care Fund Plan.	The BCF Strategic Narrative 2022/23 sets out that since 2015, the BCF plan and pooled budget has transformed care models, strengthened partnership-working between health, care and housing and redesigned care pathways with achievements, including: • Development of the Home First model • Development of the social prescribing approach • Major improvements to hospital discharge and reablement • Sustained adult social care financially • Supported development of new urgent care services in the community and at home	We will continue to work with partners to deliver the BCF Plan for 2022/23, with its key priorities including to increase investment in community schemes which support Home First services to work towards a pathway 1 intake model for reablement and a risk share for pathway 2 commissioned beds.

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		• Development of neighbourhood teams, testing new approaches to risk stratification, multi-disciplinary working, and care coordination • Delivered innovation (falls pathways, data integration, technology-enabled care and integrated housing support). •	
2.10.	The Lightbulb Service involves work with district councils, Leicester City Council, and health to deliver an integrated approach to adaptations, housing MOTs, housing information and advice, falls prevention, and supporting transition from hospital to home via aids and adaptations. It has led to reductions in completion times for DFGs and reduced length of stay in hospital. The service also provides a safe spaces service which supports people who hoard, an assistive technology offer and a green homes service.	See Quarter 2 2022/23 performance data and plans for the Lightbulb Service. Completion times for Disabled Facilities Grant (DFG) applications have reduced from 30 to 18 weeks average across the County.	The Council and partners intend to review the business case to develop housing services locally and hospital discharges, opportunities for development, Future Funding requirements and Future funding opportunities alongside the introduction of Dementia-specific services especially around use of assistive technology, a review of the preventative assistive technology offer and ensure links with current provision from districts and Adult Social Care.

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SECTION 3 Ensuring Safety			
Reference Code	What do we know about the quality and impact of social work practice	How do we know it?	What are our plans for the next 12 months to maintain or improve practice
	3A. We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.		
3.1.	Our Young Adult Disabilities (YAD) team supports young people with an Education Health and Care Plan (EHCP), who are likely to have care and support needs as an adult, to ensure that their eligible social care needs are met when they reach the age of 18. The team works in partnership with children's services and other agencies (including local special education schools and health) and	As of 22 February 2023, the average age at allocation for 22/23 financial year was 17.47. Additionally, young people are waiting 16 weeks on a rolling average from allocation to assessment. Although the target is 8 weeks this represents a significant improvement from 26.4 weeks in the previous year 2021/22.	Alongside colleagues in Children and family Services we intend to review our Pathway to Adulthood policy and practice to consider how we can improve outcomes for young people and ensure best value for the Council. This includes ensuring timely joint reviews of ECHPs are undertaken.

	provide young people aged 16 with information and advice about adult social care to help them to prepare for adulthood. Work was undertaken between children's services and the YAD. Targets were agreed for YAD with the aim of reducing the age at allocation. The team aims to start working with young people when they become 17, to begin preparation for adulthood. This enables adult social care services to effectively plan and meet eligible social care needs from age 18. The TOM Improvement Cycle provides commentary on the YAD performance and influencing factors that may affect the average age at allocation in the YAD. Many young people remain in education until age 19 when they leave statutory education, some may only have needs for care and support when they leave school, and some return to the YAD for further assessment after age 18.	Further, as of 22 February 2023, 90% of assessments are being completed within 3 months. The Council's approach to supporting young people with special educational needs and/or disabilities to prepare for adulthood is outlined in its Preparing for Adulthood Strategy (2018). Our revised approach to transitions developed through the TOM is presented in this presentation on the YAD Team from September 2021. We provide clear information, advice, and guidance for young people through our YAD Journey to Adulthood Information Pack (2021). DRAFT	
3.2.	As lead commissioner, we commission domiciliary care with a joint contract between the Council and the ICB. This ensures continuity of care for people who have health and/or care needs through a single framework of provision managed on behalf of the NHS and the Council. A risk share agreement managed through the Better Care Fund ensures care delivery is put before cost appropriation.	See Overview of the Home Care for Leicestershire Model. As of 20 February 2023, the level of commissioned home care through the Home Care for Leicestershire Framework was 2,495 people totalling 38,714 hours per week. The new model reduced the await care list from 200 in early 2021 to 25 in November 2022.	Commissioning of CHC packages on the HC4L Framework was paused from March 2020. Discussions are underway to agree the resumption of the Council commissioning CHC packages on behalf of Health.
3.3.	Similarly, the Council commissions pathway 2 beds on behalf of the health	From June 2021 to May 2022 there were 1,517 new starts in pathway 2, compared to 3,494 in	We will embed the new D2A 7-day review approach across Home First services and

	and care system to ensure that people can be discharged from hospital in a timely manner. Working closely with NHS colleagues the Council procures the beds and case manages peoples' care and return home alongside therapists who provide rehabilitation.	pathway 1 and 61 in pathway 3. On average from February 2021 to February 2022 there have been 22 service users in Discharge To Assess (D2A) beds (block and spot). As of December 2022, the longest wait from discharge to all pathways across LLR was 15 days; an 86% improvement from May 2022 and 58% improvement from November 2022. Additionally, from May–December 2022, there was a 100% improvement in the number of UHL patients waiting over 21 days for a pathway 1 – 3 discharge, with 0 people in December compared to 33 in May.	enhanced brokerage offer to support timely discharge. As outlined under Quality Statement 1B, we will also work with NHS partners to develop an intake model to increase the number of people who benefit from intermediate care and reablement services on discharge from hospital.
3.4.	To support people who have both health and care needs, in 2022/23, in partnership with local health partners we developed and implemented the Framework for Integrated Personalised Care. This sets out a reciprocal arrangement between health and social care to enable staff from health to undertake some social care tasks and vice versa, supported by guidance for practitioners. The agreement helps to ensure that care commissioned and delivered to people is more person-centred and tailored to meet their individual needs. It builds upon best practice and deliberately avoids a defined task approach in favour of a Multi-Disciplinary Team (MDT) approach to support planning. Where agreement is not achieved through the MDT, cases are escalated to a Shared Care Panel, with interim support provided for the person while agreement is reached.	Information and resources from the FIPC Launch in September 2022 include FIPC launch workshops and FIPC Intranet page. There is also a Professional resource page which includes the FIPC Management Guidance and FIIPC Practice Guidance. From January to July 2022 there were 86 training days on delegated health tasks to support the FIPC. The training, provided by Leicestershire Partnership NHS Trust (LPT) on behalf of the Council and partners in LLR, received highly positive feedback from delegates, with 98% of the evaluations received from courses in 2022 describing the course as excellent. In 2022/23 the Shared Care Panel has reviewed 107 cases.	Further learning and development programmes will be commissioned in the next 12 months to support care staff to deliver both generic and specific health tasks.

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3.5.	Social Care Coordinators work within GP Primary Care Networks (PCNs) to triage and assess people who have been identified using a risk stratification tool as being at high-risk of hitting crisis point. These people are supported by a multi-disciplinary team with targeted interventions ranging from signposting to completion of holistic assessment tools and, if necessary, commissioning of social care packages of care and/or equipment. The team also contacts people discharged from hospital with no apparent support needs who meet the specified risk criteria.	From June to November 2022 the Care Co-ordination Service received 3,715 referrals, of which 3,330 cases were closed. Referral outcomes exceeded targets with 31% of people requiring no further services and 13% referred to Care Technology and provided with adaptations (exceeding the target of 10%).	
3.6.	The Transforming Care Programme, now named the Learning Disability and Autism (LDA) Collaborative, aims to reduce the number of people with a learning disability and/or autism who are living in a mental health inpatient setting and to develop community alternatives to inpatient care. The key aims of LDA Collaborative are to: • Reduce the number of inpatients for people with learning disabilities and or autism • Ensure everyone has a health check undertaken each year • Ensure systematic learning from any deaths of people with LDA	A summary of the collaborative and its aims are outlined in the LICS Newsletter 9. Management Group Highlight Report (January 2022) highlights progress made in establishing the LDA Collaborative. As of 22 February 2023, we have discharged 5 people since April 2022. The number of long-term LD&A hospital patients has been reduced by 25% since 2019. The Collaborative has also increased supported accommodation and led on 25 quality improvement initiatives.	We will continue to work with partners to deliver the LDA Collaborative Programme, including for example work to ensure all people in LLR with a learning disability receive an annual health check.
3.7.	As outlined under Quality Statement 2A, to effectively manage the risk of provider failure and minimise any potential impacts on peoples' safety, we promote open and transparent dialogue with	See case study which shows how we have effectively responded to provider failure to minimise disruption and risks for service users, and identified lessons to inform future practice.	We will continue to promote an 'open door' policy to encourage providers who are experiencing financial instability to approach the Council for a confidential exploration of

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	providers and follow robust processes to manage any incidences of provider instability, with each occurrence leading to a 'lessons learned' exercise to inform future practice. As well as its contracted services, the Council also manages instability and failure relating to direct payments or self-funder services.	That the Council responds effectively to any incidences of provider failure is reflected in staff survey findings, as during engagement of our staff from November 2022-January 2023, 81% of staff agreed that the Council responds to unplanned events and emergencies (e.g. provider closure) to minimise the risks to peoples' safety and wellbeing. Similarly, provider engagement in February 2023 suggested that providers value the open and transparent dialogue with the Council, support from its compliance officers, and the Council's involvement when things go off-track.	their circumstances, with appropriate support provided where necessary.
3.8.	Our Deprivation of Liberty Safeguards Service's best interest assessors work with people whose liberty is restricted, to recommend changes to their care enabling the person to have as much freedom as possible while staying safe. All authorised DoLS have a representative to ensure that the person's freedoms as agreed in the care plan are maintained and that the DoLS Team are informed of any changes to their care. The wait list is currently high due to a change in legislation widening the definition of deprivation of liberty safeguards. Progress is being made to reduce the wait list.	See Guidance on Assessment and Eligibility for DoLS. From Quarter 1 to 3 2022/23, the team have received a total of 4,539 referrals. On 18 January 2023, there were 1,935 live DoLS, and 819 referrals awaiting allocation.	We will appoint a lead to manage the transition to Liberty Protection Safeguards and continue to address the wait list for the Service.
	3B. We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.		
3.9.	There are well-established partnership governance arrangements in place across Leicestershire and Rutland to oversee a multi-agency approach to	The LRSAB's priorities for safeguarding, outlined in its Joint Strategic Plan (2020-25), were developed in collaboration with the LSAB. These align closely with the Council's priorities for adult	We are working to increase the voice of the person on the Board through the newly formed communications and engagement sub-group and to extend the membership of the Board to

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	safeguarding adults through the Leicestershire and Rutland Safeguarding Adults Board (LRSAB). There is good attendance at LRSAB meetings by all partners including Police, probation services, prison services, ICB, NHS provider trusts, local authority elected members, and VCSE organisations. The Board works alongside the Leicester Safeguarding Adults Board (LSAB), sharing both an independent Board Chair and supporting governance structures, including performance, audit, policy and communications and training subgroups. The Board works closely with Community Safety Partnerships (SCPs) in Leicestershire and the Leicestershire Safer Communities Strategy Board which has responsibility for the delivery of safer communities' objectives within the county. Partnership-working around safeguarding is increased when required; during the pandemic, there were 6-weekly joint meetings between the LRSAB and LSAB to consider issues and form a shared response. There are also joint statutory partner meetings with the Safeguarding Children Partnerships (SCPs) to consider cross cutting issues such as Transitional Safeguarding. The Council's internal Safeguarding Adults Governance Group, sets its strategic priorities in relation to safeguarding practices and processes, has strong links with the LRSAB.	social care as they include for example strengthening service user and carer engagement, understanding and addressing any barriers faced by diverse communities in access to safeguarding services, improving joint-working between partners to safeguard adults, and supporting the factors which prevent harm and abuse. The LRSAB has developed a range of training and resources to support workers to identify and respond to hidden harm and worked with SCPs to produce a training pack for VCSE organisations. It also developed guidance to prompt providers and commissioners to consider the additional risks to people with learning disabilities. The LLR SABs Business Plan for 2022/23 also focuses on work to identify the nature and extent of hidden harm across LLR and to collate intelligence about safeguarding in care homes and support prevention of further incidences. Both the LRSAB and the Council's Safeguarding Adults Governance Group have focused in recent years on areas such as safeguarding transitions as young people move into adulthood, embedding the Making Safeguarding Personal (MSP) approach and continuously auditing safeguarding practices.	social care providers. We will continue to work with partners on the LRSAB to address the key priorities in its Joint Strategic Plan (2020-25).

3.10.	Learning from Safeguarding Adults Reviews (SARs) is used effectively along with the findings from regular case audits and thematic audits to inform safeguarding policies, procedures, training, and guidance. In 2020/21 there was a significant increase in the number of SARs, however the number appears to have returned to more average levels in the last 12 months. Learning from SARs is reflected in action plans and promoted through the LLR SABs website and through its quarterly Safeguarding Matters Newsletter. Further, 7-minute briefings and Safeguarding Matters Live sessions support workers to apply the learning from SARs. In the Adults and Communities Department, learning from SARs and audits is disseminated through well-established channels including bi-weekly care pathway newsletters and lead practitioner briefings.	In 2021/22, the LRSAB received 3 referrals for SARs (of which 2 met the criteria for review) and continued its work on 10 other SARs, 5 of which were completed in-year. Over the last three years (Feb 2020-2023), 25 SAR referrals have been submitted to the LRSAB. 11 SARs were commissioned by Leicestershire and Rutland SAB during this time and 5 were completed. Examples of SAR Action Learning Logs show how actions such as training sessions are embedded in (e.g. the 'POhWER' awareness session focused on the Independent Mental Capacity Advocates (IMCAs) and Mental Capacity Act – see promotion on this in the Care Pathway Newsletter): • Action Plan SAR Case C 2020 • Action Plan SAR Case D 2020 • Action Plan SAR Case E 2020 • Action Plan SAR Case F 2020 Example 7 Minute Briefing: *05 SAR Dora and Keith* See for example our Lead Practitioner for Safeguarding's Briefing for staff on SAR outcomes.	We will continue to identify and apply the lessons from SARs, and annual and thematic audits to improve safeguarding practice.
3.11.	The Council also undertakes an annual Safeguarding Adult Assurance Framework (SAAF) Audit. This sets out the Council's understanding of the effectiveness of its strategic governance arrangements around safeguarding and how well it is embedding safeguarding considerations into service development and transformation processes, supporting workforce capacity and resilience to ensure that vulnerable adults are protected. Thematic audits are also undertaken; for example, a Mental	See the Council's Safeguarding Adult Assurance Framework (SAAF) Audit 2021. See the 'How to' guides on how to assess Mental Capacity in specific situations. Feedback from our staff is highly positive about continuous learning and improvement; with 80% of respondents to the staff survey from November 2022–January 2023 agreeing that the Council uses SARs to identify failings, learn lessons and take action to drive best practice. Further, 78% of staff agreed that the Council has a positive culture which focuses on learning and promotes	We will continue to identify and apply the lessons from SARs, and annual and thematic audits to improve safeguarding practice.

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	Capacity Audit Tool was introduced across the care pathway to identify gaps in staff knowledge and inform training development, which led to the development of 'how to' guides for staff on how to assess mental capacity in a range of specific situations. SARs and audits have also led to the development of new training courses such as 'having difficult conversations' and 'professional curiosity.'	opportunities to improve understanding of safeguarding. The LRSAB holds a development day with partners at least annually, with the last one held on 27/02/22.	
3.12.	Whilst the Council strives to ensure that all service users feel safe and are protected from harm and abuse, on the national ASCOF survey, Leicestershire performs below comparators in terms of the percentages of service users who reported feeling safe.	In recent years from the ASCOF survey Leicestershire has consistently had a high proportion (around 90%) of people stating that services have helped them feel safe and secure. As such it has been either in the top quartile of performing authorities or at least above the national average. However, whilst there has been a small downward trend nationally from previous years the proportion in Leicestershire during 2021/22 fell to 81%, lower than the national average of 86% and just slipping into the bottom quartile (<82%).	The Council will undertake further engagement of service users and carers to identify the reasons for this feedback and how services could help make people feel safer.
3.13.	The Council has embedded the Making Safeguarding Personal (MSP) approach throughout its safeguarding adults' practices. There is clear guidance in place for officers on how to implement the MSP principles, with regular training as well as advice and support such as through lead practitioner briefings and Practice Development Cycle (PDC) audits. Managers also continue to use the 'Signs of Safety' approach (a strengths-based and collaborative approach to managing risk) during safeguarding meetings, which supports the MSP	See Making Safeguarding Personal (MSP) Practice Guidance and MSP Recording Dashboards. Our Safeguarding Adults Core Learning and Domestic Abuse and Coercive Control courses for example include "Applying the principles of Making Safeguarding Personal: engaging with service users and their families" as a learning objective. MSP reporting remains voluntary in the annual Safeguarding Adults Collection and Leicestershire are among ten authorities out of its 15 CIPFA Nearest Neighbours which routinely reports	To further embed a consistent, person-centred approach throughout safeguarding practices, the Department will provide further training and support on the MSP principles and continuously review the extent to which a person-centred approach is being applied and identify opportunities to enhance this.

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	approach as it embeds clear and consistent use of terminology to describe safeguarding concerns.	figures. During 2021/22, 68% of people in Leicestershire were asked for and expressed their desired outcomes, lower than the CIPFA average of 76%. During the same period, 93% of people in Leicestershire who expressed their desired outcome(s) stated that their outcomes were fully or partially achieved, similar to the average amongst our CIPFA Nearest Neighbours of 94%. Our dashboards shows that as of February 2023 the proportion of people asked about desired outcomes in Leicestershire had improved slightly to 70% whilst those stating that their outcomes had been fully or partially achieved remained high at 93%.	
3.14.	All Safeguarding alerts received are investigated promptly with actions undertaken to address immediate risks within Multi Agency Policy and Procedures (MAPP) timescales. Concerns are assessed against the Safeguarding Thresholds guidance and if thresholds are met, a referral is sent immediately to the appropriate worker for the enquiry to be conducted. If Safeguarding Thresholds are not met, the concern may be routed through the VARM process if appropriate. A range of guidance on safeguarding is available on the LRSAB website and Council operational procedures intranet. In 2021/22 we received a high level of safeguarding alerts, however there was a reduction in the number of alerts received during first two quarters of 2022/23, indicating that work to improve understanding of safeguarding thresholds is having an impact.	See examples of guidance below: • Multi Agency Policy and Procedures (MAPP): • Safeguarding Adults Thresholds Guidance • Making Safeguarding Personal (MSP) Practice Guidance • Managing Allegations against People in Positions of Trust (PiPoT): • Vulnerable Adults Risk Management Guidance • Safeguarding Adults Review Guidance • LLR SAR Guidance for Staff and Managers • Safeguarding Adults – Competency Framework • How to' guides to assess Mental Capacity in specific situations In 2021/22, 5,513 safeguarding alerts were received, 656 enquiries were started and 694 enquires were closed. In Q2 22/23, 1,103 safeguarding alerts and 122 safeguarding enquiries were started, with 108 enquiries completed. As of 23rd February 2023, 68% of alerts had been open for up to 4 weeks (with 54% open for up to 2 weeks) and only 11% had been open for over 3 months. 32% enquiries had been open for less than 6 weeks, with 16% open for up to 3	We will continue to investigate alerts promptly and in a consistent way by embedding our practice policy and procedures.

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		months, 22% for 6-12 months and 10% open for over 12 months.	

SECTION 4 leadership			
Reference Code	What do we know about the quality and impact of social work practice	How do we know it?	What are our plans for the next 12 months to maintain or improve practice
	4A. We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.		
4.1.	The Council has a clear corporate governance framework with well-established officer and political governance structures and decision-making processes. Its Corporate Governance Committee is responsible for promoting and maintaining high standards, including ensuring there is an adequate risk management framework and associated control environment in place, that the Council's financial and non-financial performance is properly monitored and that there is oversight of financial reporting processes. The Council also has a well-established process for reviewing, on an annual basis, the extent to which it has effective governance arrangements and whether these need to be amended.	See the Council's Democracy and Decision - Making Webpage for the agendas, minutes, and actions from its political governance bodies. The Corporate Governance Committee receives presentations on key risks around adult social care; for example, on 27 January 2023, the Committee received a presentation on the Department's strategic risk relating to the Care Quality Commission Assurance Process.	We will maintain high standards in corporate governance by continuing to undertake annual self-assessment of our Department's conformance with the Local Code of Corporate Governance. The Council's Corporate Governance Committee, supported by its Internal Audit Service, will continue to oversee and assure corporate governance practice.
4.2.	The Council's Corporate Risk Register contains the most significant risks which the Council is managing. Separate risk registers are in place for departmental and service risks. In the Adults and Communities Department, updates on	The latest Corporate Risk Register update to the Corporate Governance Committee (January 2023) highlighted key risks facing adult social care including meeting MTFS requirements, sustainable health and social care system, sustainable care market, delivering social care reform, meeting the	We will continue to maintain our departmental Risk Register, reviewing it on a bi-monthly basis through our Department Management Team meetings. We will share regular updates with the Internal Audit Service and share and

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	key strategic risks are reviewed by its Department Management Team on a bi-monthly basis. Details on any of the Department's risks which meet the threshold for being highlighted in the Corporate Risk Register are reported to the Council's Internal Audit Service, before being reviewed by the Corporate Governance Committee (on a quarterly basis).	demand for assessments and reviews, and the Care Quality Commission's Assurance Process.	learn from good practice through the corporate 'risk champions' network.
4.3.	The Council has a robust budget monitoring and medium-term financial planning process. Senior officers, scrutiny committees and Cabinet receive monthly budget monitoring reports on the Council's Medium-Term Financial Strategy (MTFS), providing an overall update, reasons for significant variances, actions being taken and any ongoing impact. The Council holds twice-yearly star chamber meetings led by elected members to confirm and challenge departmental MTFS positions. The council fully funds growth requirements based on demographic and service level growth predictions together with cost and inflationary pressures, but also expects departmental saving and efficiencies to be made. The Council has financially supported Adult Social Care to meet its demand and cost pressures, particularly evident post pandemic.	'Fair Funding' Council Webpage: Highlights that the Council is the lowest-funded county council in the UK. 'Which councils are best?' Impower Press Release (2019): Shows the Council being rated as the most productive authority in England and Wales for 3 consecutive years. See Medium Term Financial Strategy 2023/24 - 2026/27. Medium-Term Financial Strategy Webpage includes other MTFS' back to 2019. Show the Council's overall spend on adult social care has risen from 36% to 39% of net budget. Our staff provided positive feedback from November 2022-January 2023 about financial management; 73% agreed that the Council has effective budget oversight, accountability and governance and assesses the impact of any budget reductions on statutory duties.	We will continue to adopt prudent financial management and controls to ensure that we manage our extremely challenging financial position while delivering statutory duties and delivering our priorities.
4.4.	The Adults and Communities Overview and Scrutiny Committee is responsible for the monitoring and oversight of adult social care duties and functions. The Committee meets quarterly to scrutinise	Adults and Communities O&S Committee Meetings and YouTube Channel. Recent reports to committee include Care technology provision changes, Meeting demands	We will continue to maintain strong links and regular and open communication between the Adults and Communities Department and its Scrutiny Committee, enabling the Committee

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	activity, performance, decision making and policy implementation.	on adult social care, Adult social care reform, Procurement of extra care and CLC services.	to undertake its role in scrutinising delivery of adult social care services.
4.5.	The Council's Strategic Plan (2022-26), developed through significant internal and external engagement, sets out a clear vision to guide service planning and delivery which is summarised by 5 strategic outcomes delivered and overseen by 4 outcomes boards[3], each of which is chaired by a chief officer from Corporate Management Team and includes a senior officer representative from each Department. The Council's priorities are reflected through the annual departmental business planning process, as each Department sets out the actions which they will deliver in the upcoming year to support delivery of the Strategic Plan	See Strategic Plan (2022-26), and the summary of engagement findings used to finalise it. See the Council's Strategic Planning Framework and documents about Outcome Boards. The Adults and Communities Department's Business Plan for 2022/23 sets out how the Department will contribute to all five outcomes from the Strategic Plan with actions ranging from ensuring that the Department's Social Care Investment Programme specifies low carbon buildings (supporting the 'Clean and Green' outcome), to embedding co-production in safeguarding practices (supporting the 'Safe and Well' outcome). The Department's service plans covering 2024/25 detail how each service will support delivery of the Strategic Plan (2022-26).	We will consolidate the Adults and Communities Department's service plans into a revised Business Plan for 2023/24 and share this with the outcome boards to ensure that it adequately supports all of the Strategic Plan outcomes.
4.6.	The Council also has a strong Business Intelligence function which supports effective performance management at all levels (strategic and operational) through the provision of up-to-date data set out in Tableau dashboards. In the Adults and Communities Department, key metrics (e.g. service demand and provision rates, hospital discharge routes, unit costs and expenditure) are reviewed by senior managers on a weekly basis. Dashboards introduced through the Department's Target Operating Model (TOM) Programme inform an Improvement Cycle which supports	The Council's Tableau includes a series of Adults and Communities dashboards Includes a wide variety of live/automated strategic and operational datasets. See for example strategic dashboard - A&C Monthly Performance Report or live Head of Service Quality & Performance Reporting Slides: Reviewed at each 4-weekly Head of Service Improvement Cycle Meeting. In 2020, the Council published its second iteration of a Business Intelligence Strategy, centred around its use of Tableau to provide analysis and insight via automated daily dashboards. The following	

[3] Outcome Boards – Terms of Reference and Meeting Documents

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	continuous service improvement. Performance and outcome measures are monitored and reviewed by Heads of Service on a weekly basis. Performance updates are shared on a quarterly basis with scrutiny committees to inform challenge and decision-making around priorities and an Annual Delivery Report is published to set out overall performance each year. The Council also has an Annual Performance Review (APR) process and Supervision policy to support effective performance management at the operational level (i.e. of individual officers). There is clear guidance available for managers to support performance management, with specific guidance and supporting documents for undertaking an APR as well as guidance on areas such as delivering one-to-one meetings.	year Grant Thornton in their annual Auditor's Report recognised that 'the Council is an intelligent, insight led organisation' and that 'there is clear evidence that performance reporting, and the use of data and insights are used to track performance at the directorate level.' The use of Tableau dashboards within the Adults and Communities Department has grown considerably to 350-400 staff members making over 10,500 views per month toward the end of 2022. See guidance and resources on performance. DRAFT	
4.7.	The Adults and Communities Department has a stable leadership team. Its Departmental Management Team consists of Director and 3 Assistant Directors supported by 8 Heads of Service and 3 lead practitioners (PSW). There is regular communication between senior officers and lead members about issues, risks and opportunities affecting adult social care. There is frequent communication between senior management and staff at all levels across the Department to disseminate key information and obtain staff feedback on proposals. This includes monthly Adults	A&C Senior and Middle Management Structure Charts. A&C Senior Management and Comms Structures sets out the terms of reference for the DMTs and SLT. Departmental communications channels and examples of updates and engagement with staff include: • Care Pathway Updates • A&C Staff News Intranet Page	We will consider how to take forward staff survey findings which suggested that the visibility of senior leaders could be improved such as by leaders more regularly attending service and/or team meetings. There was also a view that communication would be improved by informing staff more often about how their views in engagement exercises had helped to shape the Department's plans.

	and Communities Staff Briefings, Care Pathway Newsletters, Lead Practitioner Updates, and News Items on the Department's Intranet Site		
4.8.	As outlined under Quality Statement 1C, the Council is committed to eliminating discrimination, advancing equality of opportunity, and fostering positive relations. The Council's priorities include working with partners to increase community cohesion and tackle hate crime and ensuring that Council services are more accessible and inclusive. These are supported by actions such as delivering the Equalities Strategy to improve service accessibility and equity in employment opportunities and supporting the Leicestershire Equality Challenge Group to scrutinise Council service accessibility and inclusivity. The Council's commitment to equality, diversity and human rights is reflected in its numerous accreditations and awards, such as being ranked in the Stonewall Top 100 Employers Index every year since 2011 (and being the only County Council in the Top 100 in 2022). As a Disability Confident Employer, the Council is also committed to the recruitment and retention of people with disabilities. Further, the Council is a signatory of the Mindful Employer Charter, a signatory of the British Sign Language Charter to help raise awareness of and empower local deaf communities, and a Timewise employer	LCC's Equality, Diversity and Inclusion Strategy and Action Plan (2022-23) See examples of staff guidance and tools to support equalities, diversity, and inclusion: • 'Equality Impact Assessments': Includes EIA form and guidance • 'Support with Hate Crime and Incidents': Guidance on managing hate crime incidents • 'Menopause Support' Council Webpage 'An Inclusive Workplace': Summarises the Council's equalities commitments and accreditations. LGA Case Study 'How Leicestershire County Council is becoming menopause friendly' (October 2022): Sets out how the Council won the Best Trained Workplace award and was a finalist in the Menopause Friendly Employer of the Year award and Best Trained Workforce.	

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	to ensure that the Council promotes flexible working arrangements. Additionally, in August 2021 the Council signed the Race at Work Charter to drive race equality. The Council has also received Menopause Friendly Accreditation for its work to ensure the workplace is an inclusive space for its staff.		
4.9.	There is significant governance in place throughout the Council to identify and address equality, diversity, and inclusion risks and issues affecting internal and external stakeholders and to coordinate delivery of the Council's Equalities Strategy and Action Plan. The Department has its own Department Equalities Group (DEG), which develops and oversees delivery of the department's equalities strategies and action plans. The DEGs also review and scrutinise officers' Equality Impact Assessments to ensure that any potential adverse impacts of service development proposals on groups with protected characteristics are identified and mitigated. Additionally, there is a range of staff worker groups which provide opportunities for officers who share protected characteristics to discuss issues, consider and promote their development, and offer moral support and guidance. This includes the Disabled Workers Group, LGBT+ Staff Network, Diversity Champions Network, and the Black, Asian and Multi-Ethnic Network. There is a strong learning and development programme for staff around	Intranet Page on Equalities: Links to documents on each Department's Equalities Group. Adults and Communities Department Equalities Group Terms of Reference (November 2022) LCC Intranet Pages for Staff Workers Groups (include details on groups' role, membership, meeting documents, events calendar): • Disabled Workers Group • Diversity Champions • LGBT+ Staff Network • Black, Asian and Multi-Ethnic Network Communities Webpage 'Leicestershire Equalities Challenge Group': Includes terms of reference, meeting documents and newsletters Training available includes 'Promoting Fairness & Respect' 71% completion rate in the Department, Managing Diversity, Equality and Respect' module (70% completion) and 'Unconscious Bias' training completed by all ASC managers.	Staff Survey results indicate that there is an issue with disabled staff reporting being less satisfied than the Council staff average. In the Adults and Communities Department and across the Council, disabled staff reported feeling less able to speak up and challenge. The Council's Disability Task and Finish Group, which includes representation from Adults and Communities Equalities Group members, has developed an action plan to support disabled staff representation and development. Our Adults and Communities Department Equalities Group will continue to support its delivery. We will also increase uptake of training in areas of 'Managing Disabled Staff,' and 'Menopause Awareness' which only 1/3 staff have completed.

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	equality and diversity, with high training completion rates in the Adults and Communities Department.		
	4B. We focus on continuous learning, innovation and improvement across our organisation and the system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research		
4.10.	As outlined under Quality Statement 1B, Department has a strong focus on continuous learning and improvement. Its willingness to innovate and develop new ways of working and learn from others is demonstrated through service transformations such as implementation of the TOM in partnership with Newton Europe, digitalisation of services and increased deployment of assistive technology in partnership with Hampshire County Council and piloting the 3 Conversations approach in collaboration with Partners4Change.	75% of the Department's staff agreed in response to the staff survey from November 2022-January 2023 that 'innovation and new ways of working are encouraged', 72% agreed that 'there is a strong focus on continuous learning and improvement', and 68% agreed that the Council participates in sector-led improvement. LGA Case Study on the Council's digitalisation partnership with Hampshire County Council. DRAFT	We will continue to embed our quality assurance processes, including by raising staff awareness about them, to identify and act on any opportunities for improvement.
4.11.	The Department also participates in sector-led improvement, including by working with partners through forums hosted by the East Midlands Association of Directors of Adult Social Services (EM ADASS). The Council participates in peer review processes including the EM ADASS Annual Conversation process. The Council was peer reviewed in 2022 to review how effective the information advice and guidance functions contribute to the strategic aims of the department to promote wellbeing and independence. Following the peer review the department developed an action plan and reported the findings of the review to Overview and Scrutiny Committee	The Council leads and chairs several regional development forums including the regional digital network, the CHC network, and the workforce network. Our Annual Conversation Action Plan (2021) was developed in response to peer review by EM ADASS partners – includes update on our delivery progress. See Scrutiny Report on Peer Review (June 2022).	We will also participate in the EM ADASS Annual Conversation Process in 2023.

4.12.	As outlined under Quality Statement 1C, we regularly undertake engagement exercises to ensure that services effectively meet peoples' needs, however we recognise that we have not yet fully embedded co-production throughout our service design and delivery. the Department has signed up to Think Local Act Personal's 'Making it Real' Framework. In 2019, the Department established an Engagement Panel consisting of volunteer members with lived experience of accessing Adult Social Care services, who would aim to 'provide critique, suggestions and support to work regarding engagement or co-productive activity'. in 2022, the Department agree an expanded role for the Panel, to include not only shaping the Department's engagement plans and supporting the Department to increase the extent to which it co-produces its service design, but also signing-off its final draft engagement plans and reviewing and informing its proposals around service design and policy and strategy developments.	Feedback from Panel members is increasingly positive, with attendance at Panel meetings having increased considerably. The Panel has provided valuable and constructive challenge to officers around their plans to engage the public (ensuring for example that officers provide documents in easy-read formats, revise surveys and factsheets to ensure that the language is clear and accessible and consider the needs and engagement preferences of different groups such as carers) and participated directly in consultation and engagement activities. Increasingly, officers are proactively seeking the Panel's input and recommendations. DRAFT	The Engagement Panel's membership has also been expanded to include the Department's Director and Assistant Director for Strategic Commissioning, and a recruitment campaign is now underway to attract new volunteer Panel members and ensure that the Panel membership includes representation across all adult social care service user groups. The Department is now piloting an Engagement Process, which is intended to guide officers through the process of developing, implementing, and evaluating an engagement plan. The process also prompts officers to seek the Engagement Panel's input to help shape their engagement plans and to seek the Panel's approval of their final engagement plans, before subsequently returning to the Panel to share any lessons learnt from their engagement activities. We have commissioned support from consultancy Ideas Alliance (up to July 2023) to guide officers through the co-production of two key commissioning projects, as well as to review the Department's co-production practices and provide recommendations to improve these. Following the pilots of the Engagement Process, the Department will launch and promote its engagement approach including the Panel, Process and Forward Plan to all officers to help improve oversight and assurance of engagement activities. It will also consider how to deliver the recommendations from the Ideas Alliance's review of its co-production practices.

4.13.	As a Mindful Employer, the Council provides and promotes a range of wellbeing support for staff. However, feedback indicates that staff in the Department feel more stressed than average. The wellbeing support for Council staff includes learning and development courses and wellbeing resources including the MIND resources and links to the Mindful Employer website. The Council also provides guidance for managers on how to support employees who are experiencing mental ill-health. Further, it provides staff with Mental Health First Aid training to enable them to become Mental Health First Aiders (MHFAs) who can support their colleagues' wellbeing. The Council also provides an in-house counselling service with trained wellbeing advisors, including a triage system for urgent cases. The Council further offers 'Pause to Talk' clinics where employees can book a 30-minute slot with a trained Wellbeing Advisor to talk about how they are feeling or any concerns they may have. These are available to all staff, including managers, or Mental Health First Aiders who may have a concern about a staff member's wellbeing. The Council also offers tailored support to employees with caring responsibilities, including flexible working, 'carers in employment charter' and emergency unplanned leave arrangements and informal support via the Working Carers Group.	The Council's Mindful Employer Charter Review Form (June 2022) sets out how we have demonstrated our commitment to the Charter and our plans to improve further. In response to the 2021 Staff Survey, only 56% Adults and Communities staff stated that they feel stress does not affect their work performance (lower than the Council average of 58.5%). Further, a lower proportion of Adults and Communities staff stated that they felt they had got their work-life balance right than the Council staff average (at 72% in Adults and Communities compared to 75% across the Council). Wellbeing Board – Wellbeing Action Plan Wellbeing Action Plan - June 22.doc and Annual Report H&S and Wellbeing Performance Report 2021/22. Council Intranet Page 'Support with Mental Health': Outlines all staff wellbeing support services including how to access them. Mental Health First Aider Staff Training Attendance from 2012 to October 2022: Shows that 801 Council staff and 344 A&C staff have attended the 2-day course and 540 Council staff and 310 A&C have attended the MHFA Aware course. Also includes details on other MHFA course attendance rates. Employee Wellbeing Service Leaflets LCC employees - client journey - what you can expect.docx and Listening to you Leaflet. Staff Wellbeing Bulletin Examples: October 2022, November 2022	The Department will seek to improve staff wellbeing such as by promoting the wellbeing support available and encouraging managers to maintain frequent communication with their teams.

DRAFT

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APPENDIX B

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY

RECOMMENDATIONS ARISING FROM WORKSHOP TO REVIEW THE DRAFT SELF-ASSESSMENT (13 FEBRUARY 2023)

This report sets out the key recommendations arising from the Adults and Communities Overview and Scrutiny Committee's review of the initial Draft Self-Assessment on 13 February 2023.

General

- Committee members welcomed the document, stating that it was a good starting point which provided a helpful overview of adult social care services. Members also welcomed having a standalone session to review it in detail.

- Members stated the Self-Assessment should be more concise and positive, focusing more on what we do well. It was also suggested that the document be bolder in highlighting, for example, where partner agencies are placing pressure on the Council.

- It was suggested that a very brief one or two page summary could be produced, which summarises the Self-Assessment's overall narrative around strengths, areas and plans for improvement, and dependencies on partner agencies.

- The Cabinet Lead Member for Health should be engaged on the Self-Assessment and informed about the overall narrative, as this may help to build consistency in the messages which the Council sends to the CQC and partners.

- It was suggested that it may be useful for the Adults and Communities Scrutiny Committee to receive updates about the Self-Assessment and delivery of the Improvement Plan on an ongoing basis (such as, six-monthly) and that it should also receive updates on the Adults and Communities Risk Register.

Introduction

- It was suggested this section should further emphasise the lack of capacity in the nursing market.

- The document should highlight that Leicestershire is an outlier in terms of the number of people identified by the NHS to have nursing needs and that this leads to providers filling nursing beds with people who may not have nursing needs, thereby placing additional pressure on the Council.

Theme 1 (Working with People)

- There was a request for more detail about how the Council would improve peoples' access to information and advice about adult social care services, including what type of information and advice would be provided and where.

- Members welcomed the suggestion of providing more information and advice through printed materials, stating that this may be helpful for older people.

- It was suggested that the Council make better use of county councillors by asking them to share information and advice in their local communities. Further, Members suggested using similar engagement methods as district and borough councils (for example, using waste bin hangers to promote information) and using Leicestershire Matters to share information and advice.

- It was noted that the Council's website can be difficult to navigate and suggested that the Council should commission external evaluation of the website to identify how it could improve.

- It was suggested that the Department should seek feedback on its website and access to information and advice about adult social care from people with lived experience, including those who are not current service users or carers and may not therefore have experience in navigating the website. Officers highlighted work underway to gather feedback from members of the Learning Disability Partnership Board and of the Adults and Communities Engagement Panel, as well as of service users and carers via the CQC assurance survey and advised that further engagement of residents would be considered.

- Members agreed that the capacity of the Customer Service Centre (CSC) to answer calls is a key issue which may affect access to information and advice. It was noted that a review of the CSC is underway and that it will seek to improve the service's capacity and efficiency.

- Members asked about how officers intend to increase communication about the LLR Carers Strategy with staff across the Department. Officers advised that this would be through well-established communications channels such as A&C Staff Briefing and the Care Pathway Newsletter.

- Members acknowledged that direct payments processes are complex and suggested that the Department considers how it could better support people to make the right choices (for example, by improving access to personal assistants (PAs) and/or providing guidance on how to manage a PA effectively).

Theme 3 (Ensuring Safety)

- Improvements made through the SAB in recent years will be added.

- The Safeguarding Adults' Training completion rates based on the staff competency requirements (Alert and escalate to conducting SA enquiries) will be confirmed.

Theme 4 (Leadership)

- It was highlighted that the section refers to the range of management meetings which take place in the Department and Council. It was suggested that all meetings should have a purpose with clear outcomes. Officers explained that a Council-wide review of meetings is underway to support this.

- The feedback from staff to the Staff Survey 2021 in relation to stress levels was explored. It was highlighted that this survey took place during the pandemic which may be a factor contributing to stress levels, particularly as staff in the Department remained in 'response' mode due to the pandemic for a longer time than other departments in the Council. High volume and complexity of demand for adult social care was also suggested as a possible contributing factor. Officers highlighted that there is a good wellbeing support offer in place for officers.

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Agenda Item 11

Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE 6 MARCH 2023

SOCIAL CARE REFORM PROGRAMME UPDATE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of the report

1. The purpose of this report is to update the Committee on the progress of the Social Care Reform Programme, particularly the re-focusing of the programme following the Government's postponement of the proposed Charging Reforms, which formed a key element of the programme, until at least 2025.

Policy Framework and Previous Decisions

2. The remit of the Social Care Reform Programme is the Government's 10-year vision for Social Care. The "People at the Heart of Care" White Paper released in December 2021 sets out how the Government proposes to transform support and care in England. The vision revolves around three objectives:

   - People have choice, control, and support to live independent lives;
   - People can access outstanding quality and tailored care and support;
   - People can find social care fair and accessible.

3. As part of the proposals, the Government introduced a duty for the Care Quality Commission (CQC) to independently review and assess local authority performance and put in place new legal powers for the Secretary of State for Health and Social Care to intervene, to ensure improvement where there are significant concerns in a local authority undertaking its duties.

4. In October 2022, local authorities were required to submit to the Department of Health and Social Care (DHSC), a 'Fair Cost of Care' analysis that reflects local costs such as staff pay and travel time; and in March 2023 local authorities will submit a final Market Sustainability Plan (MSP) setting out a local strategy for the next three years. The MSP is the subject of a separate report on the agenda for this meeting.

5. The Committee has considered regular updates on the Social Care Reform Programme at its meetings on 7 November 2022, 5 September 2022, 6 June 2022, and 24 January 2022.

Background

6. The Government published its "Build Back Better: Our Plan for Health and Social Care Command Paper" in September 2021. The paper proposed that from October

2023, no eligible person starting to receive adult social care services will have to pay more than £86,000 for personal care over their lifetime.

7. However, on 17 November 2022, as part of the Government's Autumn Budget Statement, the Chancellor confirmed that the social care Charging Reforms will be delayed for two years in light of concerns as to capacity for local authorities to be able to deliver these changes to the original timescales and the potential costs of implementing the Charging Reforms. This means that the £86,000 'Care Cap' and metering towards this will not now be implemented until at least October 2025.

8. In the light of these changes the Department undertook a review of its Social Care Reform Programme. The Programme Board and workstream members were involved in several workshops during December 2022 to look at what worked well and less well, lessons for the future and shape what programme governance should look like in 2023.

9. In addition, the County Council's Internal Audit Team conducted an audit of the Social Care Reform Programme with the aim of providing assurance to management that the social care reforms, as included in the 'People at the Heart of Care' and 'Integration and innovation: working together to improve health and social care' White Papers published by Government during 2021 have been considered and that arrangements are in place to make sure that actions to ensure compliance will be fully and promptly achieved.

10. The audit took place between July and August 2022 and a report made to the Director in early December. The overall finding from the audit was a rating of *Substantial Assurance*, and it was reported by audit that 'based on the answers provided during the audit and the testing undertaken, substantial assurance can be given that the internal controls in place to reduce exposure to those agreed risks currently material to the system's objectives are adequate and being managed effectively.' The Internal Audit report made some recommendations on improvements to programme planning and governance such as version control of the programme plan and ensuring the Terms of Reference for all workstreams are up to date to ensure that the Programme is effective in how change is recorded and logged. These recommendations have been addressed within the revised Programme, detailed below.

11. This report sets out the changes to the Social Care Reform Programme resulting from the delay to Charging Reforms and the Internal Audit recommendations outlined above. A copy of the revised Programme is appended to this report, and presents a slimmed down, more focused workstream structure, developed to deliver the remaining parts of the programme. The new structure will also help in moving programme actions and deliverables into business as usual in preparation for programme closure in October 2023 at the latest.

The Revised Programme

12. Following the review, the focus of the Programme was revised to cover aspects of the reforms still required to be delivered following the Government's Autumn Budget Statement. This includes:

i. delivery of the CQC assurance process and any improvement plans identified during the production of the self-assessment,
ii. delivery of the Fair Cost of Care exercise and MSP report to be submitted to Government in March 2023,
iii. delivering a wider improvement programme for adult social care finance.

13. A proposal to reduce the number of workstreams to the three set out above was approved by the Social Care Reform Programme Board in December. The workforce workstream was disbanded and made a common thread in the remaining three workstreams and, given the financial modelling required to implement charging reform was no longer required by October 2023, the Strategic Finance workstream was paused.

i. CQC Assurance and Self-Assessment report

14. Since the programme was reviewed, the Assurance workstream has expanded to include Policy, Co-Production, Communications and Information, Advice and Guidance workstream.

15. A draft of the self-assessment for the CQC has been produced. Staff surveys have been carried out to assist this process and identify what works well and areas for development. A report on the Adult Social Care Assurance Self-Assessment is also on the agenda for the Committee to consider.

ii. Fair Cost of Care and MSP report

16. On 1 February 2023, the ‘Fair Cost of Care’ information was published on the Council’s website and in an edition of Provider News. The results of the Cost of Care surveys for residential and home care are described in the published reports. In addition, the papers also discuss some of the difficulties faced during the exercise, and the need for caution when interpreting the findings. Nevertheless, the surveys provided insightful data that was incorporated into the MSP and will aid future fee rate determination in these markets.

17. The DHSC provided an update about the completion and submission of final MSPs, the submission deadline for which is now 27 March 2023. No significant modifications are anticipated to the draft version submitted to DHSC in October 2022.

18. The Government’s decision to pause the implementation of its proposed Charging Reforms until 2025 has meant that work on preparing the Department for those reforms has also paused.

iii. Adult Social Care Finance

19. The Fairer Charging and Digital and Access workstreams were combined and an updated programme of work is now in place to examine and implement financial pathway changes. The revised aim of this initiative will be to improve the throughput, effectiveness, and efficiency across the financial pathway to maximise the collection of social care-related income. Further information is included in the MSP report for Members' consideration on the agenda.

Resource Implications

20. The resources required to deliver the current staffing of the Social Care Reform Programme are contained within existing budgets, however, grant conditions relating to MSP are still awaited.

21. The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

22. A report on the Adult Social Care Assurance Self-Assessment in preparation for CQC Assurance is also on the agenda for the Committee to consider.

23. A report on the MSP will be submitted to the DHSC by 27 March.

Conclusions

24. The Committee is asked to comment on the revised Social Care Reform Programme. The changes made reflect that the Government's Autumn Budget Statement has now delayed the implementation of Charging Reforms for Social Care until at least 2025. As a result, the Programme has been reviewed and refocused to fewer workstreams (delivering the CQC assurance process; implementing improvements to the Adult Social Care Financial Pathway and producing an MSP to be submitted to DHSC at the end of March 2023). The programme remains on course to end by October 2023 at the latest.

Background papers

"People at the Heart of Care" White Paper: December 2021
https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform

Build Back Better: Our Plan for Health and Social Care
https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care

Government Autumn Budget Statement
https://www.gov.uk/government/publications/autumn-statement-2022-documents/autumn-statement-2022-html

'Integration and innovation: working together to improve health and social care'
https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version

Fair Cost of Care and Market Sustainability Plan
https://resources.leicestershire.gov.uk/adult-social-care-and-health/communication-and-engagement/fair-cost-of-care-and-market-sustainability-plan

Report to the Adults and Communities Overview and Scrutiny Committee: 24 January 2022 – Adult Social Care Reform and Charging
https://politics.leics.gov.uk/ieListDocuments.aspx?MId=6838

Report to the Adults and Communities Overview and Scrutiny Committee: 6 June 2022 – Update on the Social Care Reform Programme
https://politics.leics.gov.uk/ieListDocuments.aspx?MId=6840

Report to the Adults and Communities Overview and Scrutiny Committee: 5 September 2022 – Adult Social Care Reform – Market Shaping and Charging Reform
https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6841&Ver=4

Report to the Adults and Communities Overview and Scrutiny Committee: 7 November 2022 – Progress in Delivering the Social Care Reform Programme
https://politics.leics.gov.uk/ieListDocuments.aspx?MId=6842

Equality Implications

25. Work is underway as part of identifying the deliverables of the Social Care Reform Programme to examine their equalities impact.

Human Rights Implications

26. There are no human rights implications arising from the recommendations in this report.

Appendix

Social Care Reform Programme workstream structure

Officers to Contact

Jon Wilson, Director of Adults and Communities
Adults and Communities Department
Tel: 0116 305 7454
Email: jon.wilson@leics.gov.uk

Christine Collingwood, Social Care Reform Programme Manager
Telephone: 0116 3050696
Email: christine.collingwood@leics.gov.uk

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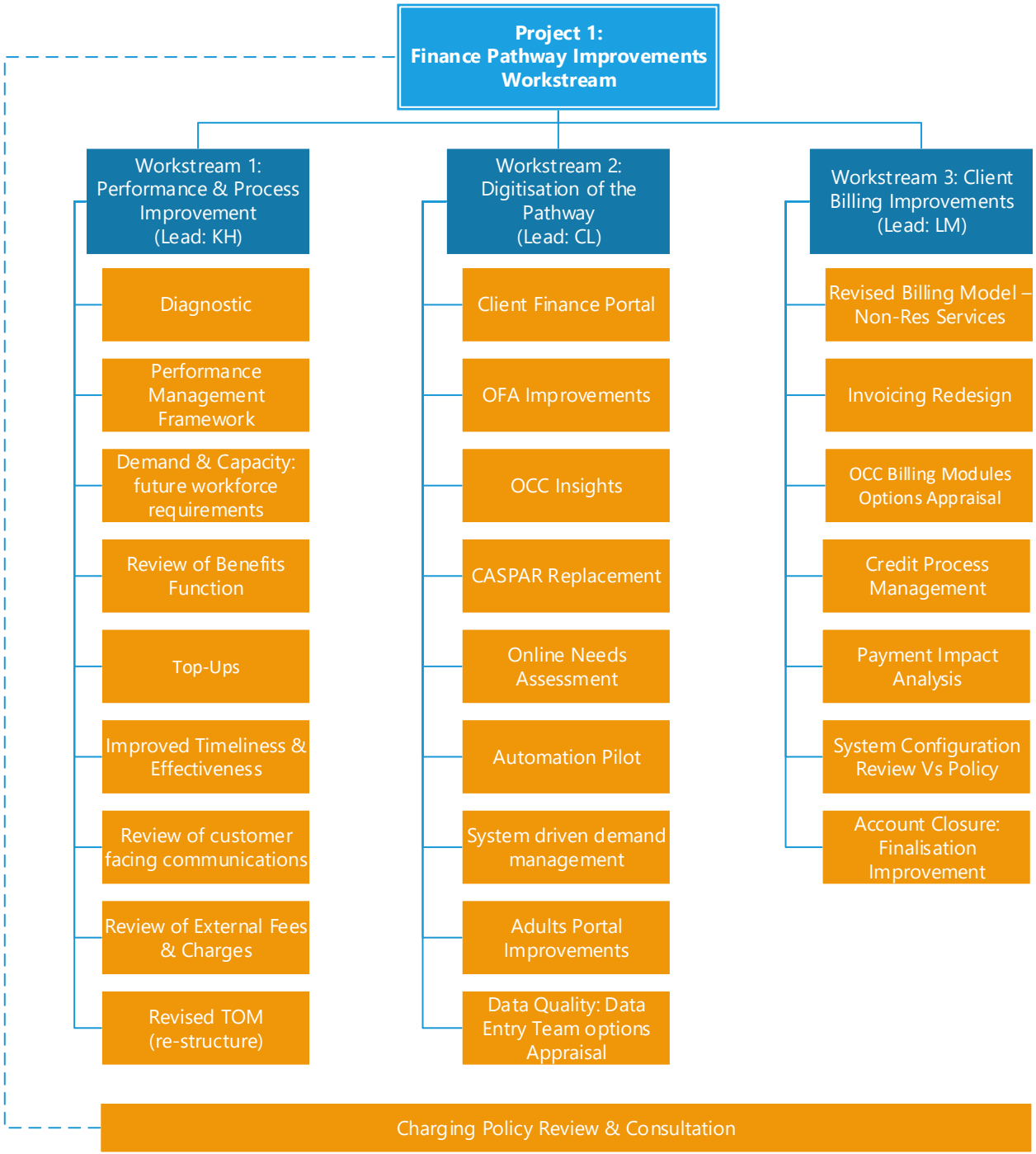
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Finance Pathway Improvements Workstream
Workstream 1: Performance & Process Improvement (Lead: KH)
Diagnostic
Performance Management Framework
Demand & Capacity: future workforce requirements
Review of Benefits Function
Top-Ups
Improved Timeliness & Effectiveness
Review of customer facing communications
Review of External Fees & Charges
Revised TOM (re-structure)
Workstream 2: Digitisation of the Pathway (Lead: CL)
Client Finance Portal
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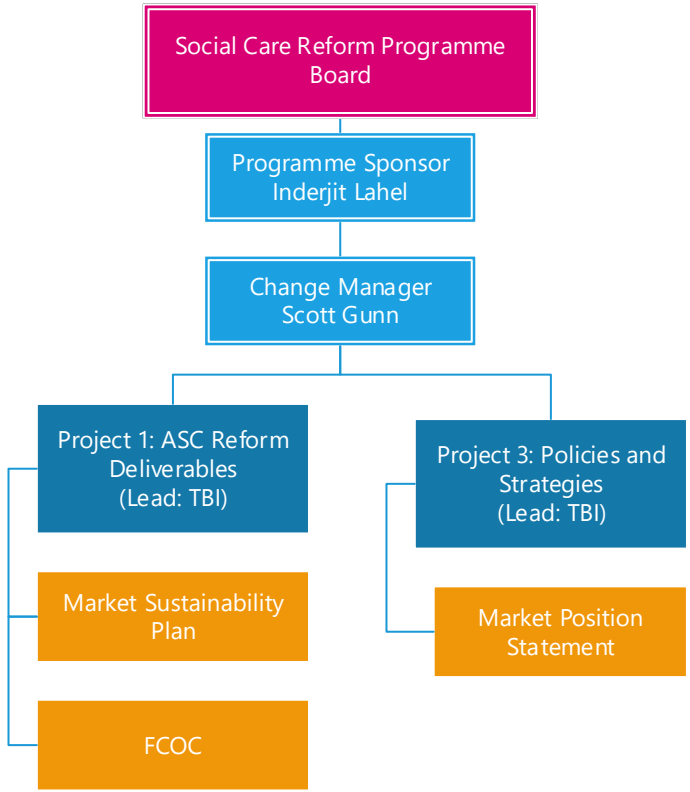
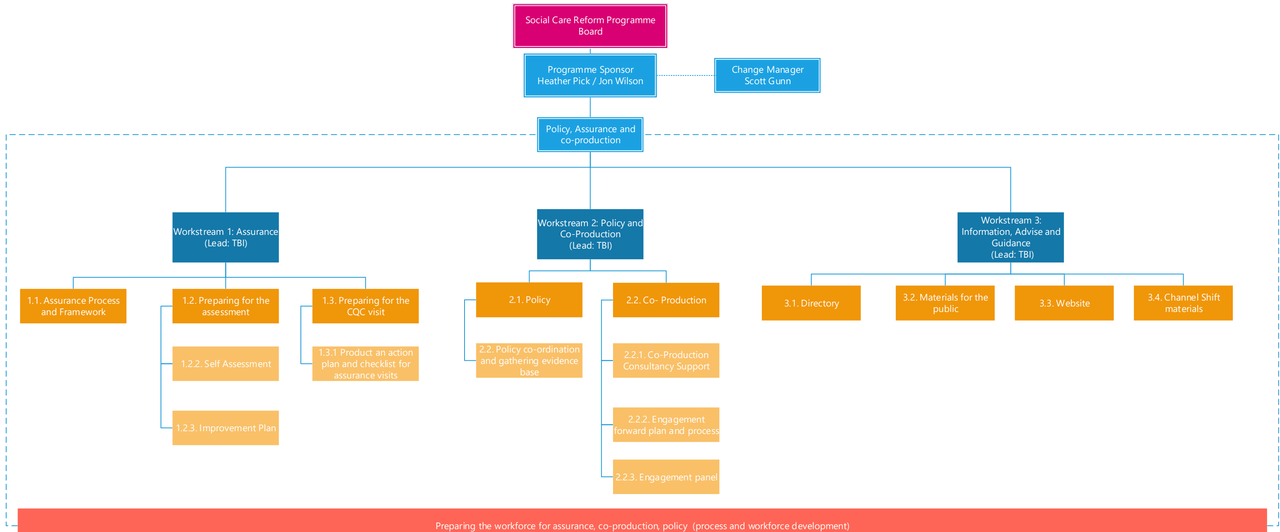
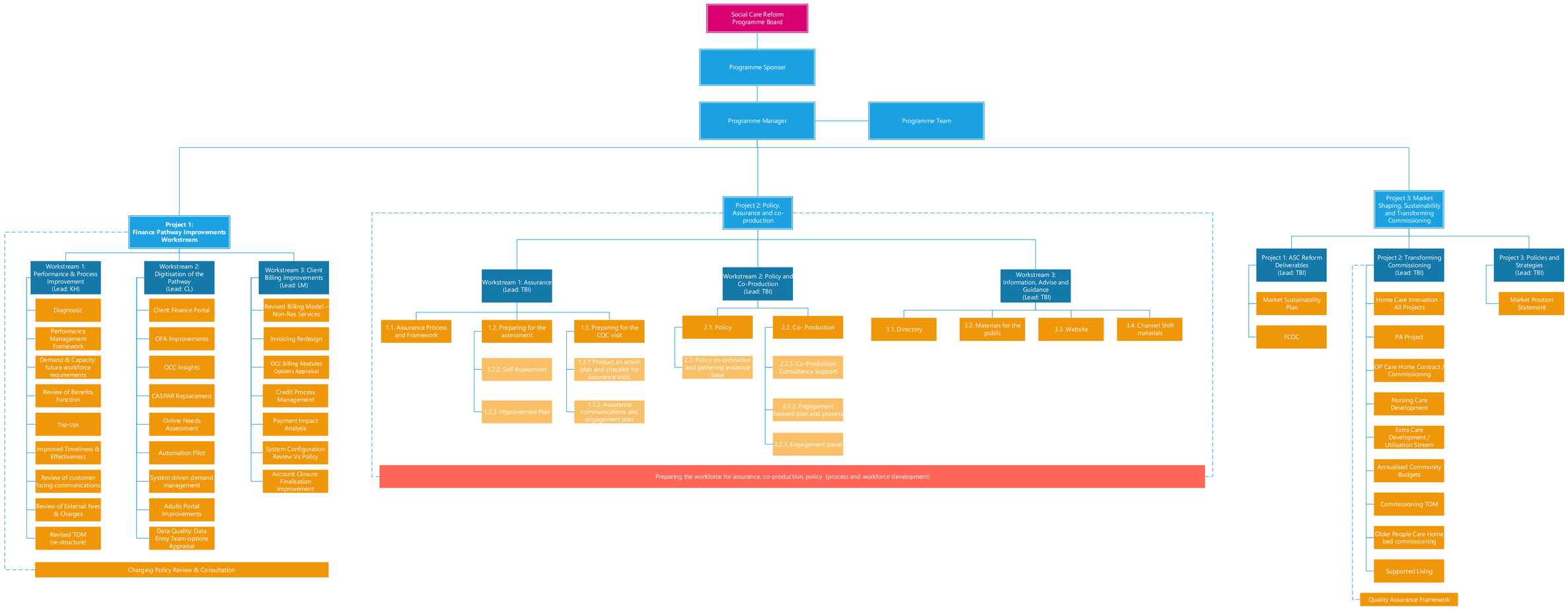
OCC Insights
CASPAR Replacement
Online Needs Assessment
Automation Pilot
System driven demand management
Adults Portal Improvements
Data Quality: Data Entry Team options Appraisal
Workstream 3: Client Billing Improvements (Lead: LM)
Revised Billing Model – Non-Res Services
Invoicing Redesign
OCC Billing Modules Options Appraisal
Credit Process Management
Payment Impact Analysis
System Configuration Review Vs Policy
Account Closure: Finalisation Improvement
Charging Policy Review & Consultation


Social Care Reform Programme Board
Programme Sponsor Inderjit Lahel
Change Manager Scott Gunn
Project 1: ASC Reform Deliverables (Lead: TBI)
Market Sustainability Plan
FCOC
Project 3: Policies and Strategies (Lead: TBI)
Market Position Statement

Transforming Commissioning
Programme Sponsor Inderjit Lahel
Change Manager Scott Gunn
Annualised Community Budgets
Commissioning TOM
PA Project
Extra Care Development / Utilisation Stream
Home Care Innovation – All Projects
Nursing Care Development
Older People Care Home bed commissioning
Supported Living
Supported Living
Ready-to-go package of measures for one off funding streams
Quality Assurance Framework


Social Care Reform Programme Board
Programme Sponsor Heather Pick / Jon Wilson
Change Manager Scott Gunn
Policy, Assurance and co-production
Workstream 1: Assurance (Lead: TBI)
Workstream 2: Policy and Co-Production (Lead: TBI)
Workstream 3: Information, Advise and Guidance (Lead: TBI)
1.1. Assurance Process and Framework
1.2. Preparing for the assessment
1.2.2. Self Assessment
1.2.3. Improvement Plan
1.3. Preparing for the CQC visit
1.3.1 Product an action plan and checklist for assurance visits
2.1. Policy
2.2. Policy co-ordination and gathering evidence base
2.2. Co- Production
2.2.1. Co-Production Consultancy Support
2.2.2. Engagement forward plan and process
2.2.3. Engagement panel
3.1. Directory
3.2. Materials for the public
3.3. Website
3.4. Channel Shift materials
Preparing the workforce for assurance, co-production, policy (process and workforce development)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Market Sustainability Plan
FCOC
Project 2: Transforming Commissioning (Lead: TBI)
Home Care Innovation – All Projects
PA Project
OP Care Home Contract / Commissioning
Nursing Care Development
Extra Care Development / Utilisation Stream
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Older People Care Home bed commissioning
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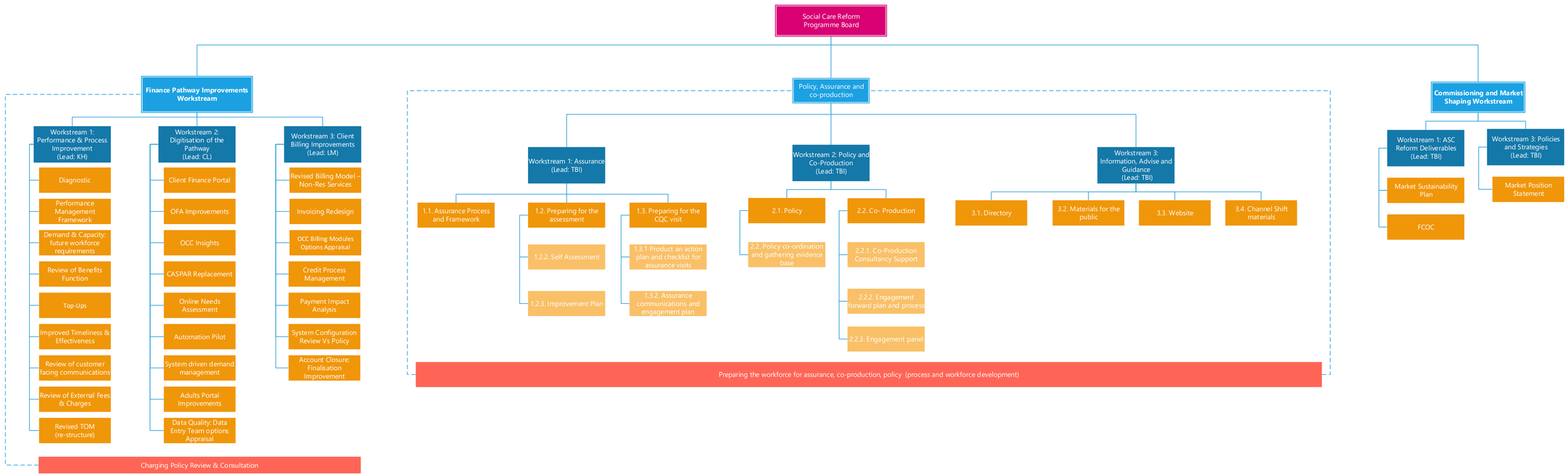
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Market Sustainability Plan
FCOC
Workstream 3: Policies and Strategies (Lead: TBI)
Market Position Statement