



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

*Date/Time:* **Monday, 4 November 2024 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)

Mr. G. A. Boulter CC    Mr. J. Miah CC  
Mr. N. Chapman CC    Mr. L. Hadji-Nikolaou CC  
Mr. P. King 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**

<b><u>Item</u></b>	<b><u>Report by</u></b>
1. Minutes of the meeting held on 2 September 2024.	(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. Draft Adults and Communities Department Strategy 2025-2029. Director of Adults and Communities (Pages 13 - 64)
9. Care Quality Commission (CQC) Assessment of Local Authorities. Director of Adults and Communities (Pages 65 - 124)
10. Adult Social Care Customer Service Centre. Director of Adults and Communities (Pages 125 - 136)
11. Update on Adult Safeguarding Activity. Director of Adults and Communities (Pages 137 - 144)
12. Date of next meeting.

The next meeting of the Commission is scheduled to take place on 20 January 2025.

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

14. Exclusion of the Press and Public.

The public are likely to be excluded during consideration of the remaining item in accordance with Section 100(A)(4) of the Local Government Act 1972 (Exempt Information).

15. Lightbulb Service. Director of Adults and Communities (Pages 145 - 192)

## 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](http://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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Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 2 September 2024.

PRESENT

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

Mr. G. A. Boulter CC  
Mr. B. Champion CC  
Mr. N. Chapman CC

Mr. J. Miah CC  
Mr. L. Hadji-Nikolaou CC  
Mrs. H. J. Fryer CC

In attendance

Mrs C. Radford CC – Lead Member for Adults and Communities  
Mr T. Parton CC – Cabinet Support Member

14. Minutes.

The minutes of the meeting held on 3 June 2024 were taken as read, confirmed and signed.

15. Question Time.

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

16. 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).

17. Urgent items.

There were no urgent items for consideration.

18. Declarations of interest.

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.

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

There were no declarations of the party whip.

20. Presentation of Petitions under Standing Order 35.

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

21. Leicestershire and Rutland Safeguarding Adults Board Annual Report 2023/24.

The Committee considered a report of the Independent Chair of the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) for 2023/24. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

The Chairman welcomed Ms. Seona Douglas, Independent Chair of the LRSAB to the meeting for this item. During the presentation of the report a Safeguarding '[Hidden Harms](#)' video highlighting domestic abuse against older people was shown.

Arising from discussion and questions, the following points were made:

- i. Members welcomed the report and the Hidden Harms [video](#) which had been brought to their attention.
- ii. A Member commented on the impact on partnership working if representatives from some organisations, such as district councils and the Department for Work and Pensions, did not attend regularly. The Independent Chair confirmed that, as requested by the Committee the previous year attendance figures had been included and meetings arranged with the different representatives to try and encourage improved attendance. It was acknowledged that people were not being fairly represented and information would not be disseminated if not all partners were regularly present.
- iii. Members noted that success was measured in several ways. For example, through the work of sub-groups which operated under the Board, by assessing feedback from people who had received a safeguarding service and through delivery of action plans resulting from reviews which were measured in terms of quality data. The Board had developed a high-level dashboard of performance indicators that related to everyday practice and priorities, and these gave an indication as to whether the Board was doing well or not.
- iv. The threshold audit had recorded that two thirds of cases were considered to be successful. However, the Board would look at those not meeting that threshold to understand why, and to consider what could be done to address this. Categories of abuse and the measures of success around safeguarding were reported. For example, the number of people taken out of risk, which was considered to be a good measure of success. Members requested that consideration be given to including in future reports the number of cases resolved successfully (or not).
- v. Until recently the Department had recorded a number of contacts received as 'safeguarding alerts' which should have been recorded as a 'concern for welfare'. This had distorted the Council's safeguarding figures when compared to other authorities for some years and was now the reason for the significant drop in figures this year. The Department had introduced clearer guidelines on what

should qualify as a safeguarding alert compared to a concern for welfare which was more in line with the approach of other authorities.

- vi. Conversely, the number of safeguarding alerts which were then turned into enquiries (i.e. those recorded safeguarding alerts deemed to meet the threshold for needing a proper assessment under the safeguarding route) had risen from 10% to 46%. This compared to a national rate of 30%, and the average for the East Midlands at 45%. The methodology for recording alerts and enquiries had only been in place for two quarters and so the Council's overall position would be clearer at the end of the year.
- vii. Members were informed that, when comparing demographics, first and foremost comparisons with the East Midlands were made, which contained 10 authorities across the geographic area. There was also a peer group of 15 shire county councils, chosen with similar demographics to the County Council that could be compared against, and finally there was the national picture as an option for comparison.
- viii. Members asked if in the table of key deliverables at Appendix B to the report, response and outcomes to the impact measures and timescales could be included in the document. The Independent Chair reported that the action plan would be included as an appendix in the annual report which would capture this added information.
- ix. A Member queried what a person should search for when looking for contact information or assistance online, if they or a family member had concerns about abuse or harm. The Independent Chair reported that there were a number of videos on the Leicestershire and Rutland Safeguarding Adults Board [YouTube](#) pages and people could search for keywords, such as Safeguarding Adults Leicester. More videos would be added onto the website to cover global issues and provide additional contact information. Attention was drawn to one particular video called 'Was Not Brought'. This highlighted the issue of people not being taken to or arriving at various appointments with professionals but not then following these up. The intention was to find out why,

The Chairman thanked Ms. Douglas for the report.

RESOLVED:

- (a) That the annual report of the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) for 2023/24 be noted and welcomed.
- (b) That the Director be requested to consider how to keep Members informed of useful material to be found on the Safeguarding website.

## 22. Performance Report for Quarter 1 2024/25 (April - June).

The Committee considered a joint report of the Chief Executive and Director of Adults and Communities, the purpose of which was to present an update on the Adults and Communities Department's performance during the first quarter of 2024/25, namely April to June 2024. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

Arising from discussion, the following points arose:

- i. A Member queried if figures for community managed library visits were available. The Director reported that whilst there was no information on the number of visits, there was included in Appendix A to the report details of the number of library books and children's books issued which were slightly down on the figures for 2023/24.
- ii. Members requested that acronyms in future reports and appendices be written in full for the benefit of Members and the public reading the reports.

RESOLVED:

That the report on the Adults and Communities Department's performance during the first quarter of 2024/25, namely April to June 2024, be noted.

23. Annual Adult Social Care Complaints and Compliments Report 2023-24.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to present the annual Adult and Social Care Complaints and Compliments Report for 2023-23. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

Arising from discussion, the following points arose:

- i. A Member queried why Care Planning complaints had risen from 40 to 141 over the past two years. The Director reported that the figures related to a large increase in complaints about delays and decision-making mostly relating to care planning and assessment and were also linked to the considerable rise in demand coming into the Department over the past two years. It was noted that 18 months prior there had been 1,500 people waiting which had been reduced to 600, and that people were now being assessed more quickly.
- ii. Members were assured that, unlike some authorities that allocated cases quickly, but had huge delays in the completion of assessments, the County Council had a more transparent assessment position and took a risk-based approach, with the view that it did not want social work and occupational therapy caseloads to become too big and unwieldy. Therefore there were delays, once people had been assessed they would receive care within a couple of days. Members were asked to note that the Care Act did not give any indication of how long it should take to undertake an assessment, just that it should take a reasonable amount of time. NHS England were studying data and there would in future be a national measure against which all authorities would be compared. The Director commented that, based on current data, Leicestershire would probably be in the top half in terms of waiting times.

RESOLVED:

That the Annual Social Care Complaints and Compliments Report, covering the period 1 April 2023 to 31 March 2024 be noted.



#### 24. Peer Review of Pathway for Adulthood.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide the findings and recommendations from the Peer Review undertaken on the effectiveness of the current pathway to adulthood, with a focus on the Young Adult Disabilities (YAD) Team managed and operated by the Adults and Communities Department. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

Arising from discussion, the following points were made:

- i. Sector-led improvement work had been undertaken across the East Midlands. Each authority in the region (of which there were 10) had committed to having one peer review every two years, with each Director of Adult Services agreeing to lead a peer review every two years. For the purposes of the peer review of YAD, the Director of People Services at Derby City Council had been allocated to lead this. Once the key line of enquiry had been agreed, colleagues from across the East Midlands, with knowledge and experience in that particular field, would be asked to take part.
- ii. Members queried what the timescales were for implementation of the recommendations and if these would be addressed before the next peer review. The Director confirmed that the short-term actions were currently being implemented and he was optimistic that the majority would be completed by the end of the year. Some longer-term actions involving partners and stakeholders would, however, take more time. Part of the action plan required a change in culture, and two workshops had already taken place with families and carers to begin addressing this. The Director undertook to provide an update on progress being made against the action plan in March 2025.
- iii. A Member queried with regards to a child having an education, health and care plan (EHCP), how the rights of the parent were balanced with the rights of the child. For example, if decisions were made with the child without the knowledge or agreement of the parent, and if officers believed the rights of both parties were adequately reflected in the appraisal of the County Council's system. The Director reported that from an operational practice point of view there came a time when the child needed to be seen and treated by the law and the Council as an adult. The Mental Capacity Act needed to be implemented from the age of 16 onwards for those children that had capacity and insight, whilst balancing the needs of the parent to keep them informed and updated should the young person wish them to be, as they were also part of the young person's support mechanism.

RESOLVED:

- (a) That the report on the Peer Review of Pathway for Adulthood be noted.
- (b) That an update report on the action plan be brought to the Committee in March 2025

25. Leicestershire County Council Adult Social Care Regulated Services.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide the Committee with an overview of the Adult's and Communities Department's in-house provision of services which are required to be regulated and inspected by the Care Quality Commission (CQC). A copy of the report marked 'Agenda Item 12' is filed with these minutes.

Arising from discussion, the following points arose:

- i. Members praised the team who had made astounding savings and had done incredibly well, despite resource pressures, to deliver the service to a high degree.
- ii. Members noted that no referrals to use the short break service had been turned down. The service had only reached 40% capacity. However, if capacity in a particular provision had been an issue one of the other units would be offered as there was a degree of flexibility across the service.
- iii. Work was being undertaken to look at short breaks and supported living services. With specific reference to short breaks, officers were looking to see if it would be advantageous for the Council to purchase short breaks from the external market, rather than provide them directly, which would address occupancy issues that came with high fixed costs, such as buildings and staffing. Occupancy was also subject to availability, being affected by the timing of people wanting the breaks, usually during the summer months and at weekends. Occupancy could also be limited by the needs of the individuals being supported, for example, people with complex levels of disability would need specialised equipment which meant only one person could use the equipment at a time.
- iv. Another option being considered was the possibility of selling spare bed capacity to other authorities and Health who did not operate their own internal services. A further option would be to offer occupancy to children's services to consider using the spare capacity as respite for disabled children's families where premises could be adequately segregated from adults. In addition, when children transitioned into adulthood, they might still require short breaks and could receive them at the same environment. It was expected this work would be completed by the end of the year, and an update would be brought to the Committee.
- v. The issue of people being misinformed by partner organisations that the service was free for a six-week period needed to be addressed. Six weeks was generally a maximum period but was non chargeable until an eligible need had been assessed and demonstrated, or people needed to exit the service.
- vi. A Member raised concern that two venues in Hinckley and Wigston offering the Short Breaks Service had not been reinspected since 2017 and 2019 respectively, although noting both had been rated 'Good' at the time. The Director reported that, although the CQC could be asked to inspect they were under no obligation to respond. Members were informed that an interim report published by Dr. Penelope Dash in July 2024 who had conducted a review into the operational effectiveness of the CQC included a number of comments and concerns particularly with regard to the delay in assessing both health and social care establishments, such as hospitals, primary care, dental care and local authority services. The report included a figure of 3.7years as an average wait for assessment, and 25% of

providers had never had an assessment, some of whom were new providers. It was noted that some providers had not been assessed since 2015, and some hospitals and health care providers since 2011. A final report would be published towards the end of September 2024.

- vii. The rate of CQC assessments had fallen from 16,000 per year pre-pandemic, to around 7,000 post pandemic with 10s of thousands of providers that required an assessment. Members agreed this was a concern but were reassured that the Authority had regular correspondence from the CQC asking whether anything had changed with a provider (a type of desktop review). Whilst not a full assessment, the CQC did take a risk-based approach and would inspect if required.
- viii. It was noted that for the first time the Authority had a provision classed as 'Requiring Improvement'. Although actions would have been taken to address concerns, that the service would have that label for several years until the next assessment. Members had visited the premises when it had received its rating and had been reassured the concerns raised by the CQC had been addressed and had also received anecdotal evidence from service users and families.
- ix. Members were further reassured that internal services had regular updates in respect of quality and performance, and also worked with independent sector providers if particular issues were raised, complaints made, or unsafe practices highlighted. There was also a mechanism to highlight concerns to the CQC or to ask them to reassess a service. Members asked if something could be done to inform Members internally regarding the CQC rating of a particular provider so they could provide assurance to residents if called upon to do so. The Director reported that the process by which local members were briefed when there was a home or service closure, or when a service was rated as 'Inadequate' by the CQC could be looked at to potentially extend to cover other concerns provided this did not make the process too onerous.
- x. Work was being undertaken to make vacancies more attractive, updating job specifications, and advertising position in different ways and on different platforms. Efforts were also being made to encourage more younger people into the service, including going into schools and making the career pathway as attractive as possible. Another barrier to recruitment had been rural locations of some services which could be difficult for some people to commute to.

#### RESOLVED:

- (a) That the report on the Leicestershire County Council Adult Social Care Regulated Services be noted;
- (b) That the Director be requested to provide an update to the Committee in March 2025, regarding progress against delivery of the action plan.

#### 26. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 4 November 2024, at 2.00pm.





**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**4 NOVEMBER 2024**

**DRAFT ADULTS AND COMMUNITIES DEPARTMENT**  
**STRATEGY 2025-2029**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of report**

1. The purpose of this report is to invite members of the Committee to comment on the draft Adults and Communities Strategy 2025-2029, together with plans for consultation and timelines. The draft Strategy is attached as Appendix A to this report.

**Policy Framework and Previous Decisions**

2. The draft Strategy follows on from the Delivering Wellbeing and Opportunities: Adults and Communities Department Ambitions and Strategy for 2020–2024.
3. The Strategy provides a framework for policy, process and ways of working for the Adults and Communities Department and supports the delivery of the County Council's statutory duties, national policy and statutory guidance
4. There are also different regulatory frameworks which govern Departmental activity. These include:
  - *Adult Social Care* -; Care Quality Commission;
  - *Culture Leicestershire* – Arts Council England and The National Archives;
  - *Leicestershire Adult Learning Service (LALS)* – Ofsted.
5. All services operate within the County Council's frameworks and corporate strategies such as the County Council's Strategic Plan 2022–2026, the People Strategy 2024–2028, and the Equality, Diversity and Inclusion Strategy.
6. The revised draft Strategy has been designed in co-production and engagement with the public who use the different Departmental services, providers of services for Adult Social Care and the service leads within the Council. It has been designed to support the delivery of the Department's duties.
7. The draft Strategy makes reference to the difficult financial position that all local authorities face and that where services are to be provided and commissioned, the Department will ensure these are cost effective and efficient.

## **Background**

8. The current Strategy is due to reach its conclusion by the end of this financial year and focussed on a time when the County was experiencing the impacts of the Covid-19 pandemic. Since then services have moved on, along with the Department's strategic aims.
9. To support the Department in planning for the next four years, a new, updated Strategy is required. This focuses on how the Department will work on key themes around promoting independence, community cohesion, and increased opportunities for the people of Leicestershire.
10. The draft Strategy features the service areas within the Adults and Communities Department. These include Adult Social Care, Culture Leicestershire and the LALS. It continues the strategic approach of the existing Strategy, focussing on the model of Wellbeing, Prevent, Delay, Reduce and Meet need and provides the aims for the different services across the Department over 2025–2029.
11. There are ambitions embedded within the current Strategy which are still valid for this refreshed version. These themes are to continue with new, updated descriptors about how the ambitions will be realised. The ambitions include:
  - Improved customer experience and satisfaction
  - Promoting wellbeing through universal services
  - Developing and supporting inward investment for new social care accommodation
  - Promoting independence
  - Working effectively with partners including co-production, co-design and engagement
  - Providing high quality information and advice
  - Building a flexible, talented, motivated workforce including apprentices
  - Seamless transition from children to adult services
  - Improved use of technology
12. Alongside the Strategy, a shortened snapshot of all of the aims will be collated into a summarised document to support Departmental business planning.

## **Consultation**

13. To develop the aims of the Strategy to ensure it meets the needs of the public, co-production exercises have been completed with the public who use the different Departmental services and engagement with the providers of adult social care services.
14. The aims of the Strategy have also been developed with the Departmental service leads in addition to engagement with staff delivering front line services through a series of workshops.

15. As this Strategy can be read by internal staff, the public and partners, the draft strategy will be reviewed by the Adults and Communities Engagement Panel to ensure the language is appropriate for all to understand, prior to formal publication. There will also be consideration of how to make the Strategy more accessible through different media platforms.
16. On 17 December 2024, approval will be sought from the Cabinet for an eight week public consultation on the refreshed Strategy which it is proposed will commence in February 2025.
17. The draft Communication and Engagement Plan for the Strategy is attached as Appendix B to this report. The consultation and engagement will be promoted through social media channels and will incorporate a variety of methods to meet the differing needs of the people it is aimed to engage with.
18. Feedback from the public consultation will be analysed and where appropriate incorporated into the final Strategy. It is anticipated that some of the ambitions will change following public feedback.

### **Resource Implications**

19. There will be some costs associated with the consultation process, and provision of information about the Strategy in a range of accessible formats, such as easy-read and a proposed video. This will be met from the existing Adults and Communities budgets.
20. There is also a cost attached to the design of the final document which will be met from existing Adults and Communities budgets.
21. The Strategy does not make a direct link to the Medium Term Financial Strategy, but it does reference the cost and demand pressures that the County Council is facing, and the effective use of available budgets and resources required for it to be successful.

### **Timetable for Decisions**

22. The draft Strategy will be presented to the Cabinet on 17 December 2024 seeking approval to commence the eight week public consultation in February 2025.
23. The outcome of the consultation will be reported back to this Committee on 2 June 2025, with a view to the final Strategy being approved by the Cabinet on 17 June 2025.
24. Subject to the Cabinet's approval the Strategy will then be published.

### **Conclusions**

25. The Committee's discussion and comments on the draft Strategy and draft Communication and Engagement Plan will inform the approach to the public consultation and help the Department to shape its final Strategy.

### **Background papers**

- [Delivering Wellbeing and opportunity in Leicestershire – Adults and Communities Department Ambitions and Strategy for 2020-24](#)
- [Leicestershire County Council Strategic Plan 2022-26](#)
- [Leicestershire County Council People Strategy 2024-2028](#)
- [Equality, Diversion and Inclusion Strategy-2024-2028](#)

### **Circulation under the Local Issues Alert Procedure**

26. None

### **Equality Implications**

27. An Equality Impact Assessment (EIA) screening has been produced, and is attached as Appendix C to this report.
28. The EIA screening concludes that the Strategy should have a positive impact:
- It makes reference to the County Council's People Strategy and its commitment to ensuring Equalities, Diversity and Inclusion (EDI) remain a strong focus over the new strategy period.
  - Within the service offer of Culture Leicestershire and Adult Learning, it makes reference to bringing communities together; providing learning to overcome barriers; offering courses in a range of formats and venues to the suit learning needs of people.
  - Culture Leicestershire also has an aim within the strategy to reach more diverse communities across the County.
  - The Strategy references the aim to tackle digital exclusion so that if information is provided on the internet, via email, or another electronic means, people who would struggle to access information in this way will have the opportunity to have the means and skills to do so.
  - The Department and Strategy will also support vulnerable people and people living with disabilities within their communities.
29. A full EIA will be produced following the closure of the public consultation to ensure that the Strategy identifies any areas of potential discrimination for service users and where future actions should be targeted.

### **Human Rights Implications**

30. The revised Strategy aims to have a positive impact on a person's Human Rights:
- It makes reference to the statutory responsibilities under the Mental Health Act and the Mental Capacity Act to promote people's rights and support their wellbeing.
  - It covers an aim over the course of the strategy to develop the Adults and Communities Department's focus on 'Right's-based' practice, covering Deprivation of Liberty Safeguards, Mental Health Act Assessments, Safeguarding and responsibilities to the Court of Protection.
  - It details the continuing use of the Positive Behaviour Support Team, to work with providers of adult social care, to reduce restrictive care practices.



### **Environmental implications**

31. The work to deliver the Strategy will have potential impacts on the environment and climate, in terms of both the departmental activities and those of its service providers. The Department supports the County Council's Strategic Plan and the Clean and Green outcomes cited within it.

### **Partnership Working**

32. The revised Strategy aims to have a positive impact on partnership working by:
- Showing commitment to working with adult social care partners (Health, voluntary services, statutory partners)
  - Continuing to develop strategies in conjunction with Leicester City Council and Rutland County Council
  - Co-producing services and information that is provided to the public, with the public
33. All these partners will be consulted on the draft Strategy and the Department has arrangements in place for the ongoing strategic management of these relationships.

### **Health Implications**

34. The revised Strategy aims to have a positive impact on Health Implications by:
- Making reference to the Department's commitment to working in integration and partnership with the Integrated Care Board (ICB)
  - Outlining the preventative and enabling functions of the Homecare Assessment and Reablement Team (HART), Occupational Therapy service and the Integrated Care Team.
  - Referencing the LALS course offer, which can support a person around their wellness - including mental health.
  - Detailing the courses to support employment offered by LALS. These courses are to be developed in line with what the market needs and their aim to reduce the demand on other services through education.
  - Showing how the libraries offer reading lists to support people managing their own health, such as on different health conditions.
  - Covering how libraries and community venues offer safe spaces
  - Having a commitment in the strategy for adult social care, along with Health partners, to reduce health inequalities for people with a learning disability.

### **Appendices**

Appendix A – Draft Adults and Communities Strategy 2024-2029  
 Appendix B - Communication and Consultation Plan  
 Appendix C – Equalities Impact Assessment

### **Officer(s) to Contact**

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## Adults and Communities Draft Strategy:

### Foreword

We are delighted to present Leicestershire County Council’s Adult and Communities strategy. We are ambitious in our vision to deliver wellbeing and opportunity in Leicestershire and ensure that all adults living in Leicestershire, lead active, independent, and fulfilling lives.

Our focus on wellbeing and prevention is reflected in how we plan and deliver flexible and responsive adult social care and community wellbeing services. We endeavour to deliver person-centred and strength-based care, and have a strong commitment to equalities, diversity, and inclusion, striving to improve outcomes for people who are likely to experience inequalities.

Partnership-working is integral to the delivery of our priorities and as such we collaborate with 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.

Co-production is imperative to ensuring that our services reflect and address the views and experiences of our residents, and we are keen to embed it as an integral part of our service design and delivery. Feedback from people who receive our services tells us what we are doing well, and where, and how services could improve. We will continue to adopt new ways to engage with people in our communities and those who draw on our services.

We want people to be able to live their best lives and will support people through participation in their communities; through spiritual and cultural activities; through learning and skill development; and through the provision of services to gain, regain and maintain people’s independence.

Key to this ambition is to ensure we deliver the right services, in the right place, at the right time, and to ensure we deliver the best value to local people through cost effective support and continuous improvement

As leaders, we continue to champion our culture, heritage, learning and adult social care services to ensure that services support the best outcomes for people in Leicestershire.

Jon Wilson  
Director of Adults and Communities

Councillor Christine Radford  
Cabinet Member for Adults and Communities

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## Glossary

[Glossary to be added following the work of the Plain English Group \(users of services who have reviewed the strategy language 22.10.2024\)](#)

## Introduction

This is the 2025 to 2029 strategy for the Adults and Communities Department, Leicestershire County Council (LCC). It details the ambitions, aims and goals of the department to inform future business planning.

The Adults and Communities Department covers a wide range of service areas who work collectively to deliver Wellbeing and Opportunity to the people of Leicestershire. These are:

**Culture Leicestershire:** Covers Leicestershire’s Libraries; Museums and Heritage; Collections and Learning and Cultural Participation services. These are delivered across the county from over 56 venues, community spaces and own home or care settings. Where services are provided, the commitment is to be as cost and energy efficient as possible, using renewable energy sources and supporting biodiversity.

Services are delivered by a paid workforce and a range of volunteers that enhance and extend the offer. Together they provide services that contribute significantly to improving people's health and wellbeing whilst supporting community cohesion and building resilience.

Culture Leicestershire aims to create space to spark imagination, celebrate communities and enhance wellbeing. They also work to the Investment Principles set by Arts Council England: Dynamism, Ambition & Quality; Environmental Responsibility; Inclusivity & Relevance .

**Adult Learning Service:** Uses education as a vehicle for social mobility to improve life chances.

LCC's Adult learning courses not only improve educational attainment but support the development of skills required for work and career progression *and* skills and knowledge required to support self-care and resilience. The service contributes to the local economy through income generated when providing its courses and also from recent learners who secure paid employment.

In collaboration with regional partners, including voluntary organisations and further education colleges, the service offers learning around the following key themes:

Improving essential skills - English, English for Speakers of Other Languages( ESOL), Mathematics and Digital; Engagement and/or Building Confidence; Preparation for Employment; Career Progression; Preparation for Further Learning; Promoting Health and Wellbeing; Equipping Parents/Carers to Support Children's Learning and Developing Stronger Communities.

Our Adult Learning Service is guided by the Ofsted Education Inspection Framework. All our programmes are *learner centred* and tailored to individual needs.

**Adult Social Care:** Promotes, supports and maintains the independence of people in Leicestershire.

Adult Social Care wants every person in Leicestershire to live in the place they call home, with the people and things that they love, in communities where they look out for one another, doing the things that matter to them.

To achieve this aim, they will provide:

**Quality information provision** – providing access to guidance, advice and support to enable people to live well and make best use of their local resources.

**Assessments and support** – assessing need, working together with the person, their family, friends and networks to build the best support.

**Living independently at home** – this could be through adaptations, short-term care, care technology equipment or paid and non-paid support.

**Supported accommodation** – this could be a Care Home, Supported Living or Extra-Care, providing an environment suitable to meet someone's ongoing care and support needs.

**Supporting carers** – assessing the needs of those in a caring role and providing information, guidance and support.

**Protecting adults at risk** – through our functions of Safeguarding; Deprivation of Liberty Safeguards; Advocacy and Voluntary services; Mental Capacity and Mental Health Act duties, we will work to

keep people safe and well. We are committed to improving practice and outcomes by positively and proactively seeking feedback from people who have had need to call on our services or received safeguarding interventions.

**Commissioning and Quality** – ensuring Adult Social Care services are safe and meet the needs of the public.

**Adult Social Care Finance** - provide a consistent and fair framework for everyone receiving adult care services following an assessment of their individual care needs and of their individual financial circumstances.

## Our Values

As a Local Authority, we have adopted the following core values and are committed to delivering these, in all that we do.



### Our Values

**Positivity** – we find the best way to get things done and aspire to be the best we can be. We deliver quality services and inspire others to deliver results

**Trust and respect** – we take ownership and accountability for our actions. We value diversity. We are inclusive and listen to the views of others

**Flexibility** – we adapt to support the needs of the business. We work creatively, collaboratively and support our colleagues

**Openness and transparency** – we are honest with the people we work with and serve. We share information and communicate clearly.

Delivering the aims and outcomes of this strategy will also support the delivery of Leicestershire County Council's Strategic Plan.

## How we have come to the outcomes in this strategy

This strategy has been developed through the process of co-production and engagement with the public we serve; our providers of services, our colleagues who work with us and our partners. Along with reviewing the progress made in our previous strategy, we have used local data and our statutory requirements to inform our vision, ambitions and aims.

We have taken learning from the challenges of the last strategy period and recognise some may continue. We aim for this strategy to be responsive to the current and future challenges whilst driving progress and success.

We have reviewed our demographic data. The population of Leicestershire aged 18 or over is expected to reach 614,970 by 2028, an increase of 4.4% from the mid-year estimate in 2023. This includes a 10.6% increase of people aged 65 or over - an additional 16,300 people compared with 2023. Furthermore, the population aged 85 or over is also expected to grow by 10.4% by 2028 and by 33.3% by 2032 (an extra 6,650 people in this age-group).

With the increases in population and the expected impact this will have on service demand, we will ensure we use all available resources to meet the outcomes of the public and this strategy, whilst delivering on costs.

## Mission Statement

As a department and with people who use our services, we concluded the following statement still identifies what we are trying to achieve:

### Adults and Communities - Delivering wellbeing and opportunity in Leicestershire

## Ambitions

Our overall ambition is to promote the wellbeing and independence of the people of Leicestershire. This may be through our universal service offers, which include our libraries, museums or cultural participation or through our Adult Learning and Adult Social Care.

Promoting independence is also at the heart of what we aim to achieve and partnership working will lead to this success. We will work with our partners, such as Public Health, The Integrated Care Boards (ICB's) and the charity and voluntary sector, along with the strengths that people have in their local communities and networks, to keep people as independent as possible.

Through learning offers from our Adult Learning Service and information from our libraries, people can be educated to overcome barriers to retain their independence and those with a sudden need for Adult Social Care can be supported by our short-term care teams.

The key to promoting independence is understanding what people need. Across the department, we will focus on co-production, co-design and engagement with the people of Leicestershire and our partners to design and deliver the most effective services to meet people's needs.

We will review and make improvements around our customer experience and satisfaction. When people feedback to us, whether this is through our Annual Adult Social Care surveys or through our comments, compliments and complaints procedures, we will address areas where we can make improvements.

As digital advancements become more accessible to more people in Leicestershire, we will make improvements to how people access information and interact with our services. This includes the use of new and improved technology, where appropriate, to meet a care need. We will also offer support around digital exclusion so that we are still inclusive and accessible.

We will develop and support inward investment for new social care accommodation .

As young adults with disabilities travel to adulthood, we will prepare for this through our reviewed, Young Adults with Disabilities (YAD) pathway. Through this pathway, we aim to reduce dependence on formal care and increase independence and opportunity.

To achieve the outcomes of this strategy, we will continue to develop our flexible, talented and motivated workforce. This includes offering apprenticeships to develop the skills and knowledge required to succeed in our services, whilst providing our team members with a valued qualification.

## Strength-based approach

Promoting independence, utilising a person's strengths or assets, or being strength-based will be referred to throughout the aims of this strategy.

The Social Care Institute for Excellence (SCIE) details a strength-based approach to be "a collaborative process between the person supported by services and those supporting them,

allowing them to work together to determine an outcome that draws on the person's strengths and assets."

A person's strengths can come from themselves, their families, friends, professionals involved in their care and their local communities. When we work with someone, we are committed to putting the person at the centre and focussing on their strengths to enable them to take an active role in co-producing what is required to meet their needs, with the people and communities they have around them, being as independent as possible.

This means we will understand what is important to a person in need of support and what they are able to do for themselves, identify who supports them or who could support them *for example a family member, a community group/charity or a health led service*, and promote independence by utilising all of their strengths.

## Promoting Independence

Promoting and maximising independence should be embedded in all that we do when working with our communities.

The potential for independence will be different from person to person and will be dependent on their current situation. We have a range of short-term care services (enablement and reablement) which can offer support at the point of a crisis or sudden change in circumstance to support someone to gain, regain or maintain their independence.

These include our Homecare Assessment and Reablement Team (HART), our Getting Help in the Neighbourhood team and our Community Reablement Workers who support reablement and enablement in our Mental Health and Learning Disability and Autism Teams.

### We will:

- Build upon the HART service and the strong outcomes it achieves for people by working with our health partners to efficiently and strategically grow the service offer
- Refocus our Mental Health reablement teams to work with individuals, linking them into local communities and reducing the need for formal care services
- Develop new pathways for people of a working age focussing on time limited interventions
- Create and commission new progression services for people with learning disabilities, autism and mental health as part of their life journey towards being as independent as they can be
- Maximise the available care and support provision across a range of different care markets in the County to meet these goals

## Our Strategic Approach

To deliver our strategic goals, we have developed a layered model, designed to maximise independence whilst promoting wellbeing within our communities. This strategic approach has 4 key areas which are surrounded by our goal of promoting wellbeing. These are designed to offer the right support at the right time and will vary in the amount of intervention needed by services to promote wellbeing and independence

**Wellbeing** - is the overarching layer encompassing the model of support, services and opportunities that our Adults and Communities department provides. Wellbeing is about 'how we



are doing' as individuals and communities. Wellbeing is the experience of happiness and prosperity. It includes life satisfaction and a sense of meaning or purpose. More generally, wellbeing is just feeling well.

The Care Act 2014 sets out wellbeing in relation to a set of outcomes for people. Local Authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person.

As wellbeing will differ from one person to the next, Leicestershire County Council offers a wide range of services and opportunities to support wellbeing within our communities. This can include an Adult Learning Course on skills required to re-enter employment; a community exhibition that promotes the life and customs of a seldom heard community; a Direct Payment to employ a Personal Assistant that has been recruited by the cared for person.

**Prevent Need** – We will work with our partners to prevent people developing the need for specialist health and social care. We will provide information and advice, which is accessible and co-produced. We will provide services that support wellbeing that are accessible and open to all. These include libraries, adult learning, museums and heritage services.

Through working with local communities, volunteer groups and charities, we will respond better to what matters to our communities and better support them to keep safe and well. We will continue to reach out to our seldom heard communities, ensuring that we provide information and services that are accessible to all.

**Reduce Need** – If we identify people at risk of needing social care support in the future and intervene early in their wellbeing journey, it may reduce the need for more long term, formal services.

This targeted intervention aims to keep people as independent as possible and reduce further needs developing. Our Occupational Therapy and Care Technology teams along with our adaptations offer may provide the level of support needed to maintain someone's independence without anything more. Adult Learning courses support people at risk to develop positive behaviours that help sustain good mental health.

**Delay Need** – This focuses on support for people who may have experienced a crisis or who have a defined illness or disability. It may be support for someone following a life event such as a hospital admission or accident or when an illness or condition causes a deterioration in the person's ability to care for themselves.

To delay need, someone might access the Homecare Assessment and Reablement Team (HART) for targeted intervention or may be referred for short term, goal setting support to recover from mental health difficulties. Our services will work together with the individual, their families, support networks and our partners (such as the NHS) to ensure that people experience the best outcomes through the most cost-effective support.

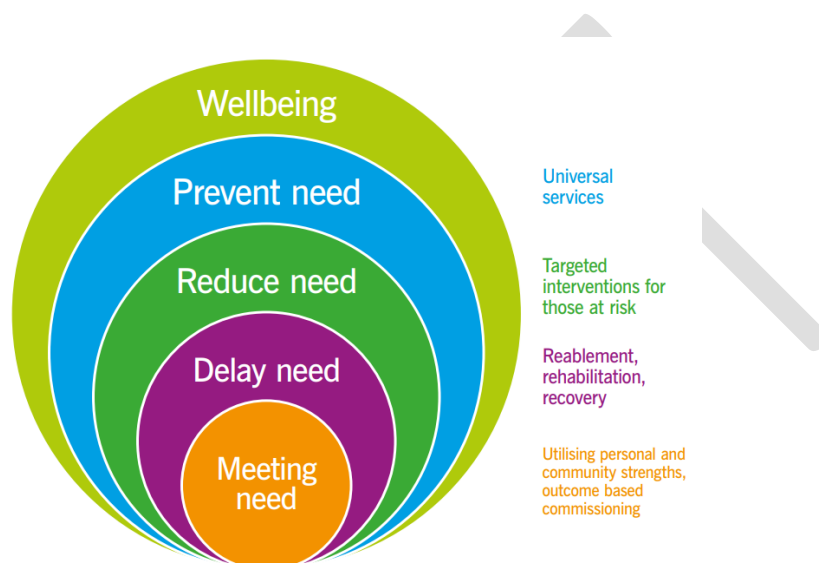
**Meet Need** – There may come a time when a person is utilising all of the available strengths and assets available but they still require some additional support. If this happens, Adult Social Care will work with the person and their support network to meet identified, eligible needs.

If care and support services are required, these could be provided through the provision of a personal budget. This personal budget can be taken as a Direct Payment or can be managed by the

council. The council will work with people to provide choice and control around how their care and support is met, seeking the best value for money, whilst maintaining a person's safety and independence.

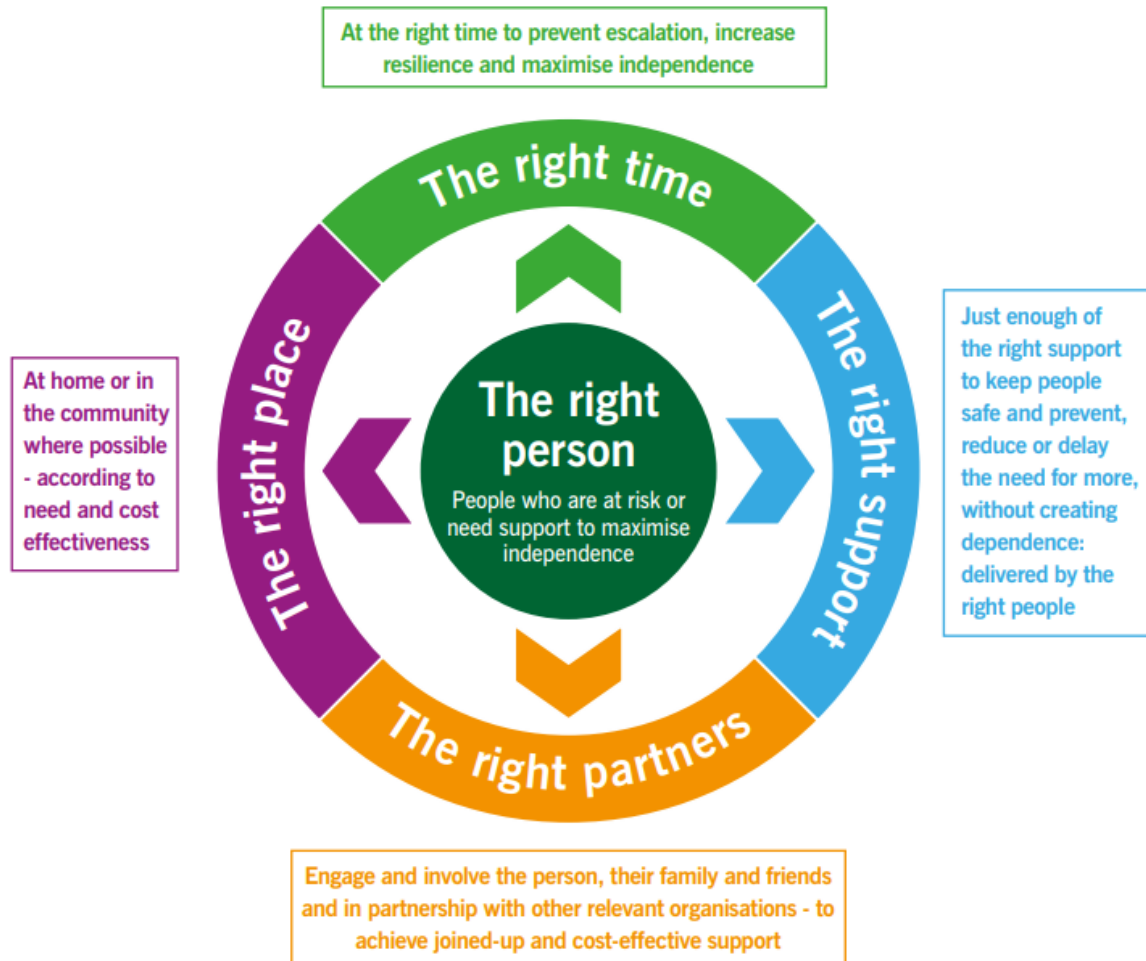
Setting clear progression outcomes with the person, whilst using their strengths and support assets will mean they can become as independent as possible, as quickly as possible. This supports the wellbeing of the person and allows Adult Social Care to ensure that any paid for support needed goes to the right person, at the right time.

In addition, we have listened to what our communities have told us and we will ensure that when we are working with a person, we will use terminology and language that supports them and their strengths.



To deliver our strength-based approach, we put the person at the centre of what we do and work with others involved in the care and support of the person. The following demonstrates this approach to doing what is 'right' for the person to maximise their independence and wellbeing.

- **The right person:** people who may need help or support are identified and prioritised
- **The right time:** to prevent matters worsening for a person, increase resilience through a focus on strengths, and maximise their independence
- **The right place:** information, care or support provided at home, in the community, or in a specialist setting according to need, and cost effectiveness
- **The right support:** to prevent, reduce or delay longer term need, without creating dependence, delivered by the right people with the right skills
- **The right partner:** working more effectively with individuals, their friends and families and in partnership with other relevant organisations – to achieve more joined up or aligned and efficient support



## How we will deliver this 2025 – 2029 strategy

### People

#### What Happens Now:

Leicestershire County Council is a values led organisation and we are committed for this strategy to be delivered by a competent, skilled and supported workforce. This includes staff employed directly by the Council but also those who work in the wider social care workforce across Leicestershire. A competent, skilled workforce not only delivers quality and efficiency in what they do, it enables our valuable staff resource to be directed to where it is needed, at the right time.

In addition to our paid workforce, some of our Communities and Wellbeing services are delivered and supported by our skilled, volunteer workforce. Our volunteers support these services to run effectively and expand the reach we have against our staff only led services.

During 2023 – 2024, within our Culture Leicestershire services, volunteers provided 19,600 hours of their time. This is around 377 hours per week. To support, all have a volunteer manager and are

offered specialist training through our learning portal. This includes training to meet statutory requirements as well as specific training appropriate to their role.

The support provided by Leicestershire's unpaid carers (families, friends, neighbours etc), to the cared for person, also delays the need for formal social care support. During 2023 to 2024, 3,722 carers were supported by commissioned services or received information and advice via an assessment.

### **We will:**

- Have a strong recruitment and retention programme, minimising the amount of people leaving their roles
- Invest in training and development, supporting the development of talent and providing the opportunities, knowledge and skills people need to succeed
- Maximise the apprenticeship offer to develop future talent and leaders
- Have a fit for purpose and highly skilled work force, to meet the ever increasing and complex demand, through a robust training offer, including legal literacy
- Ensure our commitment to Equality, Diversity and Inclusion (EDI) remains strong, demonstrating high completion rates in learning around EDI and strengthening the role of the Department Equalities Group in driving equality actions for all
- Monitor the wellbeing of our workforce. Through our wellbeing and support services, we will reduce absence and work-related impact upon our teams
- Be adaptable to the recruitment needs of our Adult Social Care providers. This includes attracting a high-quality workforce and improving the image of the sector by promoting opportunities for career development, piloting new cross sector initiatives, dispelling myths and challenging negative perceptions
- Enable the Adult Social Care sector to diversify in digital, complex care and mental health care to meet the needs of the county. This will be achieved by promoting specialised roles, providing courses to upskill and resources to support wellbeing
- Align our care providers recruitment strategy with the Skills for Care workforce strategy. This will unify a regional approach to support our external workforce recruitment.
- Have reviewed the progress made against the current Leicester, Leicestershire and Rutland Carers Strategy (2022-2025) and by working closely with Leicestershire's carers and other partners, completed the follow up Carer's Strategy
- Support our carers through the strengthening of our early identification and recognition of their caring role. This will include improving how we signpost our carers to what they need without them having to come to Adult Social Care.
- Have completed our contingency planning project to support carers and their cared for person, should the carer not be able to fulfil their role anymore. This to be made available in emergencies to ASC and partners.

## **Communication and Engagement**

### **We Will:**

- Provide services which have been co-produced with our care providers, allowing them to respond better to the commissioning needs of the county and department

- Have delivered a commissioning programme to develop the Adult Social Care provider market, aiming to increase choice and availability of quality services, provide new models of support and contracting, whilst delivering value for money
- Support improvements in the quality of care of our provider market, through training, quality support for adult social care providers, recruitment and retention service and positive behaviour support
- Make it easier for people to understand their care costs and what support is available to them
- Develop our self-serve financial assessment information, allowing the public to complete their own assessments, saving time and resources
- Enable people who draw on Adult Social Care to plan for their financial future by developing resources to help people plan early, who they may want to support them to manage their finances, if the time and reason arises
- Provide the public with more accessible information about what the Adults and Communities department can offer

## Wellbeing

### What Happens Now:

Our libraries, archive, museums, collections and learning resources are part of the glue that binds communities together and contributes to making them resilient and stronger. They allow people to develop, grow and feel connected to their local community. They can support people to realise their own potential and experience improved wellbeing.

Culture Leicestershire works with people of all ages, including children and families, to educate, build community cohesion and provide places, activities and resources to promote wellbeing.

By supporting the development of literacy, language and social skills in early years children, to providing those aged 5 to 18 with access to a wide range of creative resources and workshops in school, Culture Leicestershire engages with individuals, families and communities to come together, celebrate, learn and have fun.

Culture Leicestershire's Cultural Participation team co-create cultural activity and resources by supporting local people to shape how culture is interpreted, experienced and enjoyed. This community empowerment influences our heritage and library services and enhances wellbeing and community cohesion.

Culture Leicestershire also provides initiatives to support wellbeing through different activities and offers, such as: a Home Library Service; various projects which are community inspired and led; cultural services and volunteering opportunities.

Our Adult Learning Service supports wellbeing by providing our communities with the learning and skills needed to overcome barriers, gain employment and support themselves and their families. Through their programmes, learners will become empowered to take greater control of their lives. They will develop a greater appreciation how they can influence things that have an impact on their own quality of life and the communities in which they live.

Equality of access is a fundamental principle for everything the Adult Learning Service provides. They understand the value of providing learning locally in the community and believe programmes should

not be limited to large centres. They aim to maintain a good range of courses in community venues such as libraries, schools and village halls to provide accessible programmes across the county. Where appropriate, online courses will be provided to support those that require additional flexibility to tailor learning around their busy lives.

The Adult Learning Service is also committed to removing barriers to success and will provide appropriate resources and support for learners with Special Educational Needs (SEN). A core element of the learning offer is a discrete programme to support learners with learning difficulties and disabilities, supporting approximately 350 learners per year.

In addition to support access to their learning, the service offers bespoke courses around promoting independence, resilience and wellbeing. These include courses that support the knowledge, skills and behaviours associated for good health and wellbeing along with supporting adults to recover from poor mental health.

The Adult Learning service also delivers a range of vocational programmes and is currently supporting over 80 apprentices to complete their training in a range of subject areas. Other workforce development programmes include the Care Certificate delivered in collaboration with Adult Social Care together with British Sign Language and Digital Skills for the wider LCC workforce. In addition, the service has a dedicated Information, Advice and Guidance (IAG) service to help adults find courses to support their next stage in learning, and/or volunteering and work experience.

Adult Social Care works with people and partners (such as the Police, District Councils and health and wellbeing services) to keep those most at risk safe from harm and abuse. If someone has needs for care and support and due to these needs is unable to protect themselves from harm and abuse (or the threat of harm or abuse) then Adult Social Care can support under its Safeguarding duties.

Adult Social Care also exercises its statutory responsibilities under other legislation, such as the Mental Capacity Act 2005 and the Mental Health Act 1983; 2007; 2022; to promote a person's legal rights and support their wellbeing.

### **We Will:**

- Develop and deliver learning in co-production with people who may access the Adult Learning Service and the needs of the local economy
- Raise the profile of our Adult Learning Service and Adult Education offer, to better demonstrate how they deliver wellbeing within our communities.
- Provide resources, activities and opportunities through Culture Leicestershire, that enable communities and individuals to come together to share and celebrate their culture, heritage and identity
- Develop with the people of Leicestershire, in particular those who experience barriers in accessing Culture Leicestershire's services, future services to best meet their needs and interests
- Provide an archive space for our museums and collections services to expand what we can offer and show to the public
- Promote 'Nothing About you Without You' within our Adult Social Care Teams, ensuring that when we are working with a person, they are involved and at the heart throughout
- Develop our focus on 'Right's-based' practice, covering Deprivation of Liberty Safeguards (DoLS), Mental Health Act Assessments (MHAA) Safeguarding and our responsibilities to the Court of Protection

- Continue to learn from Safeguarding Adults Reviews and any other significant events that may occur, working with its partners to improve practice and implement change to keep those most in need, safe and well

[Case Study on wellbeing will be added here](#)

## Prevent

### What Happens Now:

Our Libraries offer a safe space and act as family hubs for communities. Their reach has expanded with the support of volunteers, different library formats and their digital offer. Libraries support to reduce isolation and improve people's mental health and overall wellbeing.

With bespoke collections and initiatives, libraries promote self-help through their Health and Wellbeing collections. These cover health related themes, such as dementia and mental health, and also learning opportunities for community growth, with their events programme on areas such as LGBTQ+ and Black History Month.

Within the museum sites in Bosworth, Castle Donington, Market Harborough, Melton and Loughborough, collections are displayed that are reflective of the local communities being served or national events. These not only support tourism into the local areas but offer educational value on key elements such as Preserving Natural Life and the impacts of climate change.

Our Adult Learning service prevents the need for more formal services by offering courses designed to improve people's health and wellbeing whilst supporting what is needed to succeed in the employment market.

Adult Social Care works alongside partners, including Public Health, who provide different preventative and support services to improve the health and wellbeing of people in Leicestershire. Through access to their resources, such as Local Area Co-ordination, First Contact Plus and Community Timebank, people are supported to access their communities' strengths or universal support, to promote independence.

### We Will:

- Increase the number of people from disadvantaged neighbourhoods attending our adult learning courses
- Achieve higher graded outcomes of our learners, whilst also narrowing the gap in achievement across demographic groups
- Make our adult learning courses as accessible as possible through a developed, remote, online learning offer
- Develop Culture Leicestershire's portfolio of services to reach more diverse communities across the county
- Engage with our communities to co-create relevant cultural activities that celebrate communities, heritage and culture
- Coordinate community, asset-based registers of local groups, charities, volunteer agencies, faith groups and others, where people can reach out to and become involved with before formal paid services

- Develop how we offer our quality advice and information across all services within the department. As technology advances or becomes more accessible, we will utilise means to reach as many people, as easily and conveniently as possible
- Make contacting the right person within Adult Social Care (ASC) as quick and easy as possible. We know that people contact ASC for enquiries, information and guidance as well as seeking formal support. We will redesign this contact process to be as quick and efficient, using a range of channels
- Utilise and better understand the benefits of Care Technology, to promote a person's independence
- Tackle Digital Exclusion with our partners (where a person cannot access some of our offer as they cannot use technology-based means)

[Case Study on Prevent will be added here](#)

## Reduce

### What Happens Now:

We have developed the use of technology and digital information in our services. This reduces where we need formal paid support to meet the independence outcomes of people.

Using Care Technology is one way to keep a person at home for longer, avoiding hospital admissions and reducing the need for a person to provide the same, or similar support.

As of September 2024, our Care technology team has received nearly 3000 referrals into the service. Of these referrals, nearly 2500 Care Technology installations have been made, which covers over 5,100 pieces of equipment. Feedback from those who have received Care Technology showed a 100% 'very satisfied' response with the service installation.

Our Occupational Therapy (OT) team promotes independence and prevents or reduces the need for formal care services. Occupation in Occupational Therapy refers to any of the daily tasks that a person needs to complete. If a person is restricted in completing these 'occupations' through illness, disability, changing life circumstances or barriers within the environment, OTs can support.

They give advice and strategies for successful completion of tasks; recommend equipment and adaptations and the effective use of moving and handling techniques. This all works towards maximising a person's independence whilst supporting the provision of the least restrictive, care delivery.

In 2024, our Occupational Therapy team are completing on average, 180 OT assessments per month. Following this, on average 86 major adaptations referrals per month are being made. In addition, an average of 309 minor adaptation referrals are being made per month.

If a person experiences an immediate need for social care and without intervention could be at risk of needing commissioned support or even a hospital or care home admission, then our Homecare Assessment and Reablement Team (HART) can be referred to. HART will focus on a person's aims and goals whilst working in partnership with teams such as NHS Community Therapy, OTs and Care Technology, to produce a reablement plan to help the person maximise their independence.



Following this short-term intervention, a large majority of people do not need longer term support, reducing the need for formal commissioned services. In 2023 - 2024 our HART team worked with 4,300 referrals. Of these, only 10% required longer term support, or more support than what was already in place before the immediate need for care and the HART service.

If someone is supported by a council commissioned service (or jointly alongside the ICB) and are experiencing behaviours of concern, our Positive Behaviour Support (PBS) team can support. The PBS service offers a person-centred approach to support which involves understanding the reasons for behaviour and supporting staff teams to create physical and social environments in which people can thrive. The PBS service currently works to reduce restrictive practice when supporting a person with behaviours of concern.

### **We Will:**

- Continue to commit to working with our health partners, developing and providing services that meet both social and clinical needs, utilising both the persons, and the service area strengths
- Target those most at risk of needing formal services and working with the person and partners to reduce this
- Deliver our coordinated HART reablement and HART urgent response offer to maximise independence potential
- Offer reablement opportunities within our social care teams (through our Community Reablement Workers) to support people to achieve independence outcomes and skills they have not previously had
- Through an integrated approach with our health partners, reduce health inequalities for people with a Learning Disability
- Continue to develop and offer our Positive Behaviour Support service to reduce restrictive practice for people who have commissioned support by LCC (and jointly with the ICB) and are experiencing behaviours of concern
- Increase the use of Care Technology to meet a person's needs. This will be in partnership with those involved in the care of our people and in settings beyond a person's home

[Case Study for reduce will be added here](#)

## **Delay**

### **What Happens Now:**

The Home First service provides short term targeted intervention, supports hospital discharges, prevents admissions to hospital or long-term building-based care, responds to people in the community experiencing a social care crisis and supports recovery to maximise independence.

By working closely with partners and working within the community, including acute and non-acute hospitals, the service can delay a person needing long term support.

Our Care Co-Ordinator's (working in the Integrated Care Team) work within Leicestershire's Primary Care Networks (PCNs) which are groups of GP practices across the county. For people identified through a 'risk stratification tool' the service can delay (or reduce) the need for more intensive health and social care. This is achieved through early intervention and prevention, completing holistic

assessments and multi-disciplinary team (MDT) working with the person, their local community and partners for example social prescribers, community therapy teams and charities.

The Occupational Therapy Lightbulb Team works closely in partnership with our district councils across the county, to provide complex, major adaptations for adults and children. This supports people to remain in their own home, promotes independence and delays the need for a permanent residential or nursing stay.

If someone has had a hospital stay, our teams can refer to the Housing Enablement Team (HET), made up of expert housing professionals who can tackle any and all housing related issues to support to reduce the risk of readmission to hospital, due to poor or unsuitable housing conditions.

Avoiding permanent residential or nursing placements is another indicator of delaying dependency. Our long-stay admission rates for people aged 65+ during 2023 – 2024, compared to 2022 – 2023, demonstrated a reduction in placements made.

### **We Will:**

- Support the Home First agenda of keeping people in their home for as long as possible
- Continue to work alongside our health partners, such as Community Therapy, to support people to their new independence as quickly as possible
- Have a HART (Homecare Assessment and Reablement Team) service that demonstrates a reduced cost of care to the Local Authority by enabling people who meet the criteria for the service to maximise their independence
- Further understand how our universal services can compliment to delaying the need for health and care services
- Expand on our Extra Care offer, enabling the schemes to meet more complex needs and growing the number of schemes across the county

[Case Study for delay will be added here](#)

## **Meet**

### **What Happens Now:**

When a person's strengths, assets and available resources are working together to keep a person independent but there is still a need for long-term support, Adult Social Care works with the person and those supporting them, to meet eligible needs.

At any given time, during 2024 our Adult Social Care services were working with over 1000 people.

Everyone in receipt of long-term, community-based support should be provided with a personal budget, preferably as a direct payment to promote choice and control for the person. During 2023 - 2024, a third of people with a personal budget took this as a direct payment. If there is a need for formal, paid support, the department aims to maximise all opportunities to deliver this within its available budget.

The Care Quality Commission (CQC) rating of Leicestershire's Adult Social Care providers is in line with the national average for those rated Good and Outstanding. The department will work with the CQC to maintain the quality of local provision.

The number of people that were supported with care in their home grew during the Covid-19 pandemic. In Leicestershire, we have seen a large increase in the number of people receiving home care. In response to this, we have increased the number of providers that we commission directly with, supporting the reduction of waiting lists for care and supporting a growing, home care market.

Our Young Adults with Disabilities (YAD) team supports the transition of identified young adults, living with a disability, from Childrens Education and Children's Social Care into adulthood.

### **We Will:**

- Continue to listen to people's experiences of Adult Social Care and make improvements to what matters to our communities.
- Further develop our engagement activities to co-produce with the public, services and information provision
- Develop new commissioning approaches which aims to develop the local care market whilst finding new models of care. These services will be affordable, of a good quality and will keep people safe whilst delivering best value
- Work with providers to understand the changing costs our care market faces, whilst reducing provider market exit whenever possible
- Work with our providers to maximise people's opportunities for independence, health and wellbeing, recognising the importance of progression for independence
- Always promote independence through our strength-based assessments and practice and creating outcome focussed support plans. For those in receipt of services, we will identify areas for progression to seek the most independent outcome for the person
- Support our Adult Social Care to understand what makes a good life for the person
- Work in partnership with the ICB and partners to develop pathways and services to meet needs of people in the County
- Provide commissioned services to meet eligible needs when all other support assets have been utilised, that are within our available budget
- Developing a sustainable approach to the ways we work whilst recognising the financial challenges
- Continue with our ethos of promoting independence and improving outcomes for the people we support whilst managing the demand of our services
- Develop our Personal Assistant market for people of all ages who require care
- Develop efficient and effective social care pathways to adulthood and work together with partners to deliver high quality services for children and young people.

[Case Study for delay will be added here](#)

### **Next Steps:**

This strategy has been developed to provide the aims, ambitions and direction for the Adults and Communities department. The 'We Will' statements will form part of the business plans that the service areas of the department complete.

Whilst delivering this strategy, we recognise this will be through a period when cost and demand pressures are being felt across the country. The department will need to be efficient when providing services so that we are sustainable and meet the needs of the county. We are committed to keeping

a focus on our finances and will maximise the effective use of the available budgets to support people in line with the aims of the strategy.

### **How we will monitor our success:**

We will use a range of measures to track our progress over the course of this strategy. Some of these will be ones we report nationally along all other local authorities and some will be local targets and measures that we will develop with those who support the delivery of this strategy.

This includes:

- The invaluable feedback we receive from the public and people we work with
- The outcomes for people receiving services across the department
- Our performance relating to the statutory duties
- The Care Quality Commission's (CQC) assessment of our Adult Social Care service
- Arts Council England and The National Archives accreditation schemes
- The Visitor Attraction Quality Assurance Scheme
- Ofsted's assessment of our Adult Learning Service

Adults and Communities Strategy 2025-2029

# Communication and Engagement Plan

Launch date 2025

DRAFT

Stephen Shippey  
10-10-2024

## Context

The current Adults and Communities strategy: *Delivering Wellbeing and Opportunities: Adults and Communities Department Ambitions and Strategy for 2020 – 2024* is coming to its review point of 2024/2025.

The strategy will provide a framework for our policy, process and ways of working for the Adults and Communities (A&C) Department. The final agreed strategy will be available to our staff, our providers and partners and the public once it goes live in 2025.

The new strategy features the service areas of the Adults and Communities (A&C) department. These include Adult Social Care (ASC), Culture Leicestershire and the Adult Learning Service.

The previous strategy focussed on a time when the County was experiencing the impacts of the Covid 19 Pandemic and since then our services have moved on, along with our strategic aims.

To support the department in planning for the next 4 years, a new, updated strategy is required. The new strategy focuses on how the department will work on key themes around promoting independence, community cohesion, and increased opportunities for the people of Leicestershire.

It continues the strategic approach of the current strategy, focussing on the model of Wellbeing, Prevent, Delay, Reduce and Meet need and provides the aims for the different services within the Adults and Communities Department over 2025 – 2029.

There are ambitions embedded within the current strategy which are still valid for this refreshed version. These themes are to continue with new, updated descriptors about how we will realise these ambitions. These ambitions include:

- Improved customer experience and satisfaction
- Promoting wellbeing through universal services
- Developing and supporting inward investment for new social care accommodation
- Promoting independence
- Working effectively with partners including co-production, co-design and engagement
- Providing high quality information and advice
- Building a flexible, talented, motivated workforce including apprentices
- Seamless transition from children to adult services
- Improved use of technology

## Communication and Engagement Overview:

Our communication and engagement will support the delivery of the new strategy. Through engagement and co-production of the draft strategy, we have included what is important to people who will be impacted by the strategy. The next steps are to continue to engage and consult with the

people of Leicestershire, our strategic partners, providers, staff and elected members before releasing a final version in 2025.

Through effective communication streams, we have the following aims to:

- Use a range of tools, delivering messages in a timely way, so that our reputation is managed and our residents, staff, and members are fully updated on the changes and proposed strategy
- Use two-way channels of communications to encourage dialogue and feedback. This will be interpreted and fed back in to drive decisions
- Support consultation, engagement, and co-production.
- Forecast risk to reputation and escalate this to senior managers and members.
- Fully brief Members on key messages and media work.
- Identify spokespeople, visuals, and filming opportunities.
- Engage our partners and audiences via established networks using a range of communications tools, including email updates and face to face briefings. Contact with partners and stakeholders will be mapped to avoid inconsistency of message.

We will tailor our communications to each stakeholder group in order to:

- Increase understanding and engagement of staff around the new strategy
- Give staff and residents a voice, creating a two-way channel of communication
- Ensure that communications are delivered in a timely way and using the best methods to reach its intended audience
- Ensure that the Policy, Comms and Engagement workstream supports the other workstreams to deliver their communications objectives
- Explain how the strategy will support and improve the lives of the people in Leicestershire

Stakeholder mapping:

Stakeholder mapping has identified a number of key audiences that will need to be considered and communicated with

Key Stakeholder	Key Messages	How we will communicate
Adults and Communities Staff	<ul style="list-style-type: none"> <li>• Informing of the new strategy</li> <li>• Identifying the key elements of the strategy including different services within A&amp;C; strength-based approach; promoting independence; how we will develop our staff to succeed and what the strategy means for A&amp;C; partnership working</li> <li>• Informing of the new strategy once approved by cabinet</li> </ul>	<ul style="list-style-type: none"> <li>• Circulated email updates/briefings</li> <li>• Staff briefings</li> <li>• Attendance at team meetings</li> <li>• Presentation for team managers to deliver at their own team meetings</li> <li>• Roadshows when new strategy is live</li> <li>• Viva Engage</li> <li>• News for All</li> </ul>
CMT & Elected Members	<ul style="list-style-type: none"> <li>• Informing of the new strategy and the updates within it</li> <li>• Informing them of the progress of the strategy</li> <li>• Seeking comment around draft versions</li> <li>• Seeking comment and approval to take draft to consultation</li> <li>• Seeking comment and approval of final draft following consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Scrutiny and cabinet reports</li> <li>• CMT (Corporate Management Team) papers</li> </ul>
Wider Leicestershire County Council staff	<ul style="list-style-type: none"> <li>• Informing of the new strategy - post consultation and agreement by cabinet</li> </ul>	<ul style="list-style-type: none"> <li>• LCC's Intranet pages</li> <li>• Staff Briefings</li> </ul>
General Public	<ul style="list-style-type: none"> <li>• Consultation around the content of the new strategy – allowing for a dialogue for their comment and us to review and make appropriate changes to the strategy</li> <li>• Informing of the new strategy once draft approved by Cabinet</li> </ul>	<ul style="list-style-type: none"> <li>• Consultation questionnaire digitally and paper version</li> <li>• Use of social media for consultation and informing of the strategy</li> <li>• LCC public website to inform of the consultation and also the finalised strategy when ready</li> <li>• Leicestershire Matters</li> </ul>
Care Providers	<ul style="list-style-type: none"> <li>• Co-production and engagement activity completed around what should be covered in the draft strategy</li> <li>• Consultation around the new strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance at Provider forums</li> <li>• Information in Provider Bulletins</li> <li>• Email and social media</li> </ul>



	<ul style="list-style-type: none"> <li>• Informing of the new strategy once approved by cabinet</li> </ul>	<ul style="list-style-type: none"> <li>• LCC website</li> <li>• Provider portal</li> </ul>
Key Strategic Partners (including Public Health, Integrated Care Boards ICBs, Charity and Voluntary Sector)	<ul style="list-style-type: none"> <li>• Informing of the key elements of the strategy including different services within A&amp;C; strength-based approach; promoting independence; how we will develop our staff to succeed and what the strategy means for A&amp;C; partnership working – and timescales</li> <li>• Consultation around the new strategy</li> <li>• Informing of the new strategy once approved by cabinet</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance at key partnership boards</li> <li>• Attendance at forums</li> <li>• Social Media and internet including websites such as LD Partnership Board</li> <li>• LCC public website</li> </ul>

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# Equality Impact Assessment Form

Before completing this form, please refer to [the supporting guidance document](#)

The purpose of this form is to aid the Council in meeting the requirements of the Public Sector Equality Duty contained in the Equality Act 2010. This requires the Council to have “due regard” of the impact of its actions on the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and those who do not.

The assessment is used to identify and record any concerns and potential risks. The following actions can then be taken to address these issues.

- Remove risks: abandon the proposed policy or practice
- Mitigate risks – amend the proposed policy or practice so that risks are reduced
- Justify policy or practice in terms of other objectives

Once the EIA has been approved by the Senior Responsible Officer, please ensure that a copy is placed on the SharePoint folder: “Equalities Board, EIAs”

<b>1- Policy details</b>	
<b>Name of policy</b>	Adults and Communities Strategy 2025-2029
<b>Department and service</b>	Adults and Communities
<b>Who has been involved in completing the Equality Impact Assessment?</b>	Stephen Shippey – Improvement Manager
<b>Contact numbers</b>	0116 3053194
<b>Date of completion</b>	October 2024

<b>2- Objectives and background of policy or practice change</b>	
<p>Use this section to describe the policy or practice change          What is the purpose, expected outcomes and rationale?          Include the background information and context</p>	
<b>What is the proposal?</b>	Leicestershire County Council's (LCC's) Adults and Communities Department delivers library, heritage, culture services, adult learning and adult social care services to people in Leicestershire. We aim to provide and commission high quality services which enrich the lives of individual people, families and their communities – promoting independence and wellbeing.
<b>What change and impact is intended by the proposal?</b>	

The strategy outlines the Department's way of working which is a focus on using individual strengths and meeting individual goals in order to deliver wellbeing and opportunity and to promote independence.

The strategy focuses on the model of Wellbeing; Prevent; Delay; Reduce; Meet need and how the department's different service areas will work together to deliver wellbeing over the next 4 years.

Following engagement and co-production of the current strategy with people who access the different services of the department, new sections were included to provide clear direction and enhance understanding of how different departmental teams contribute to meeting the wellbeing and independence of the people of Leicestershire.

These additions are:

- A description of the department and the service areas that make up Adults and Communities
- LCC's current Values framework
- Our internal and external workforce, our volunteers and (unpaid) carers
- Sections on Strengths-based approach Promoting Independence
- Section on our Support Service teams and how they work to deliver wellbeing with the front-line teams

The impact that the strategy has can be summarised as follows:

- For A&C teams - It will provide aims and outcomes to meet over the next 4 years
- For external workforce and providers of social care – There are aims linked to how we will support our external workforce and how we will review our commissioning offer which impacts on providers of social care and also the people it is delivered to
- Volunteers – It references how we recognise the invaluable contribution they make to delivering services and enhancing and extending provision
- Unpaid Carers – this does not seek to duplicate the new carers strategy and instead focuses on how we will support our carers

	<ul style="list-style-type: none"> <li>The public – Will make it clearer what the public and residents of Leicestershire can expect from the services delivered by Adults and Communities and how these services will be delivered.</li> </ul>
<b>What is the rationale for this proposal?</b>	<p>The current strategy ends in 2024 therefore requires updating. The strategy needs to provide direction to the department and this will inform business planning for the A&amp;C teams.</p>

<p><b>3- Evidence gathered on equality implications - Data and engagement</b>          What evidence about potential equality impacts is already available?          This could come from research, service analysis, questionnaires, and engagement with protected characteristics groups</p>															
<p><b>What equalities information or data has been gathered so far?</b></p> <p><b>What does it show?</b></p>	<p>Information from the 2021 census data on ONS for Leicestershire is as follows:</p> <table border="1" data-bbox="788 1005 1792 1292"> <thead> <tr> <th>Age (6 categories)</th> <th>Observation</th> </tr> </thead> <tbody> <tr> <td>Aged 15 years and under</td> <td>124933</td> </tr> <tr> <td>Aged 16 to 24 years</td> <td>75483</td> </tr> <tr> <td>Aged 25 to 34 years</td> <td>85196</td> </tr> <tr> <td>Aged 35 to 49 years</td> <td>132106</td> </tr> <tr> <td>Aged 50 to 64 years</td> <td>146569</td> </tr> <tr> <td>Aged 65 years and over</td> <td>148079</td> </tr> </tbody> </table> <p>LCC data shows that for all of the people currently in receipt of services: 91 or 1% ae 18-19</p>	Age (6 categories)	Observation	Aged 15 years and under	124933	Aged 16 to 24 years	75483	Aged 25 to 34 years	85196	Aged 35 to 49 years	132106	Aged 50 to 64 years	146569	Aged 65 years and over	148079
Age (6 categories)	Observation														
Aged 15 years and under	124933														
Aged 16 to 24 years	75483														
Aged 25 to 34 years	85196														
Aged 35 to 49 years	132106														
Aged 50 to 64 years	146569														
Aged 65 years and over	148079														

691 or 7% are 20-29  
 802 or 8% are 30-39  
 834 or 8% are 40-49  
 1,239 or 12% are 50-59  
 706 or 7% are 60-64  
 642 or 6% are 65-69  
 1676 or 17% are 70-79  
 2,302 or 23% are 80-89  
 1,028 or 10% are 90-99  
 52 or 1% are 100+

Disability:

Disability (3 categories)	Observation
Does not apply	0
Disabled under the Equality Act	118062
Not disabled under the Equality Act	594304

Of 118,062 people classified as disabled under the Equality Act in Leicestershire – our data for the people we support demonstrates that we support 8,331 or about 7%. Of these  
 1,592 or 16% have a Learning Disability as their primary need  
 1,943 or 19% have a Mental Health need as their primary need  
 4,796 or 48% have a Physical need as their primary need  
 This shows against Leicestershire’s data there are people that we may not know about or support and that could be because they can meet their own need, their support networks are meeting their needs with them or they are funding privately.

Sex – the data only presented as male and female

Sex (2 categories)	Observation
Female	360613
Male	351753

LCC data shows that for all of the people currently in receipt of services:

5,888 or 59% are female – against Leicestershire data = 1.63% of the female population of Leicestershire  
 4,144 or 41% are male – against Leicestershire data = 1.18% of the male population of Leicestershire  
 Whilst females make up a greater proportion of our current users of services within the physical and social support primary reason, Males make up a larger proportion in Learning Disability services. The split between male and female in the Mental Health primary support reason is virtually the same.

Ethnicity:

Ethnic group (20 categories)	Observation
Does not apply	0
Asian, Asian British or Asian Welsh: Bangladeshi	3238
Asian, Asian British or Asian Welsh: Chinese	3570
Asian, Asian British or Asian Welsh: Indian	42152
Asian, Asian British or Asian Welsh: Pakistani	3936
Asian, Asian British or Asian Welsh: Other Asian	5170
Black, Black British, Black Welsh, Caribbean or African: African	5147
Black, Black British, Black Welsh, Caribbean or African: Caribbean	1950
Black, Black British, Black Welsh, Caribbean or African: Other Black	816
Mixed or Multiple ethnic groups: White and Asian	5566
Mixed or Multiple ethnic groups: White and Black African	1637
Mixed or Multiple ethnic groups: White and Black Caribbean	4925
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	3415
White: English, Welsh, Scottish, Northern Irish or British	595796
White: Irish	3790
White: Gypsy or Irish Traveller	598
White: Roma	389
White: Other White	22856
Other ethnic group: Arab	1442
Other ethnic group: Any other ethnic group	5973

LCC data shows that for all of the people currently in receipt of services:



Asian or Asian British – 667 or 7%  
 Black or Black British – 80  
 Mixed Race – 52  
 Unknown – 56  
 Other – 89  
 Non-recorded or refused – 153  
 White – 8,935 or 89%

Religion:

Religion (10 categories)	Observation
Does not apply	0
No religion	287394
Christian	325889
Buddhist	1981
Hindu	26256
Jewish	530
Muslim	16071
Sikh	11892
Other religion	3275
Not answered	39078

Marital status:

Marital and civil partnership status (6 categories)	Observation
Does not apply	124933
Never married and never registered a civil partnership	197796
Married or in a registered civil partnership	286440
Separated, but still legally married or still legally in a civil partnership	12065
Divorced or civil partnership dissolved	53477
Widowed or surviving civil partnership partner	37655

LCC data shows that for all of the people currently in receipt of services:

	<p>18% are married 18% are widowed 33% where there is no data recorded in this category 4% divorced 27% single</p> <p>According to the 2021 Census – for Sexual Orientation for Leicestershire: 535,084 identified as straight (91.3%) 14,292 identified as LGBTQ+ (2.7%) 38,058 did not answer (6%)</p>
<p><b>What engagement has been undertaken so far?</b></p> <p><b>What does it show?</b></p>	<p>Engagement has been via people who may or do use the services within A&amp;C and the providers of social care services. There will be full consultation in 2025 and the impact assessment will go to DEG for review by the group and the representatives from the workers groups we have in LCC.</p> <p>The data shows that whilst White is the most common race within Leicestershire, we are a diverse county and our other identified races make up nearly 89,000 people which is 12.5% of the population in our county. This is similar to the internal data we hold of people using our services.</p> <p>We have more females accessing our services than males, but there are specific primary need areas (such as Learning Disability) where there are more males.</p> <p>Our internal marriage data may not accurately reflect the reality of the people using our services as there is approximately 34% where this information is not recorded.</p>
<p><b>4- Benefits, concerns and mitigating action</b></p>	

Please specify if any individuals or community groups who identify with any of the '[protected characteristics](#)' may *potentially* be affected by the policy and describe any benefits and concerns including any barriers. Use this section to demonstrate how risks would be mitigated for each affected group. If a group will not be affected by the proposal please state so.

<b>Group</b>	<b>What are the benefits of the proposal for those from the following groups?</b>	<b>What are the concerns identified and how will these affect those from the following groups?</b>	<b>How will the known concerns be mitigated?</b>
<b>Age</b>	<p>Culture Leicestershire’s offer reaches from pre-birth, early years through to old age. This offer is planning to remain over this strategy and grow with the population growth. Their services can bring together people of all ages and positively impact on family and community cohesion</p> <p>Adult Learning offers courses for 18+ suitable for school leavers, those wishing to gain employment, those wishing to understand digital and technology better.</p> <p>They offer courses over different formats which might suit people of different ages being able to access them from home so travel is not required if they cannot travel due to age related reasons.</p>	<p>Digital exclusion is a reality for some people and may impact the elder generation to a greater extent, where they do not have digital resources or lack the confidence to utilise them to support their needs. The population demographic data we hold for all service users indicates that 51% are over the age of 70. This could impact upon advancements in technology and whether all generations have access to the technology or skills required to use it.</p> <p>As the population ages, the demand for adult social care services for the aging population may increase and this could impact on service</p>	<p>There is an aim within the strategy to tackle digital exclusion with partners to provide the skills needed.</p> <p>When the redesign of information provision is progressed, allowance needs to be made to have information in other accessible formats above digital</p> <p>As technology advances, training to those who use it will be required</p> <p>New commissioning approaches are being considered in the strategy to meet need and demand for now and in the future. This includes being sustainable and efficient. The</p>

	<p>This strategy will help manage growing demand by aligning the activities of service areas within the department with an increased emphasis on preventing need. For example, Communities and Wellbeing services will promote independence and self-reliance keeping adults in their own homes.</p> <p>Adult Social care supports people aged 18 onwards. The strategy details how their services will promote independence and support their wellbeing.</p> <p>There is recognition within the strategy that the population of Leicestershire is growing. The population of Leicestershire aged 18 or over is expected to reach 614,970 by 2028, an increase of 4.4% from the mid-year estimate in 2023. This includes a 10.6% increase of people aged 65 or over - an additional 16,300 people compared with 2023. Furthermore, the population aged 85 or over is also expected to grow</p>	<p>availability, financial impact, quality of service delivery.</p>	<p>strategy also includes that support will be available for quality improvements within the care market.</p> <p>Ongoing monitoring of data, feedback received and through current and future commissioning programmes, we will ensure services are accessible and inclusive.</p>
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by 10.4% by 2028 and by 33.3% by 2032 (an extra 6,650 people in this age-group).

The strategy will inform business planning that as people age, the demand for services is likely to increase and ASC can start working towards meeting this demand.

In addition, as people age they may contract health conditions which require ongoing treatment by the NHS. The strategy informs that working in partnership with the Integrated Care Boards ICB is important to holistically meet the populations needs.

Within information provision, the strategy informs that tackling digital exclusion (where someone without the digital means or knowledge of how to use digital media is negatively impacted) is an aim.

LCC has young adults with disabilities who are known to Children's services and the strategy demonstrates that there will be a review of this pathway (from children's services into

	<p>adulthood) to maximise the independence of these young adults</p> <p>The strategy includes the work of the Care Co-ordination or Integrated care team at high risk (as identified through their Risk Stratification Tool) to provide a holistic assessment and MDT working with the ICB partners (such as GP, Social Prescribers). This work will cover people who are aging or disabled.</p>		
<p><b>Disability</b></p>	<p>The strategy details that the Adult Learning Service will remove barriers and will provide appropriate resources and support to learners with Special Educational Needs.</p> <p>LCC has young people with disabilities who are known to Children’s services and the strategy demonstrates that there will be a review of this pathway (from children’s services into adulthood) to maximise the independence of these young adults</p> <p>To promote independence and reduce the need for people with a disability to require a person to support them, where appropriate, the strategy details</p>	<p>Census 2021 data shows that Leicestershire has a much higher proportion of people classed as disabled under the equalities Act than we currently support. If they later require support, this could lead to a demand that is not expected.</p> <p>Digital exclusion can impact on people with a disability.</p> <p>The strategy will be a written document that might not be</p>	<p>The strategy details how there are reablement services across physical disability, learning disability and mental health and how these support independence. They will aim to work with people, including new referrals wherever possible, before more formal, long term support may be required.</p> <p>There is an aim within the strategy to tackle digital exclusion with partners to provide the skills needed.</p>

	<p>how the use of Assistive Technology and Occupational Therapy or reablement and enablement will lead to maximising potential and independence.</p> <p>If someone with long term condition and or disability is displaying behaviours of concern (which are not due to clinical reasons) the strategy informs of the aim for these to be supported (where LCC commission support) through the Positive Behaviour Support team.</p> <p>The strategy includes an aim to work with health partners to reduce health inequalities for people with a Learning Disability.</p> <p>The strategy includes the work of the Care Co-ordination or Integrated care team at high risk (as identified through their Risk Stratification Tool) to provide a holistic assessment and MDT working with the ICB partners (such as GP, Social Prescribers). This work will include working with people, identified as disabled.</p> <p>The People and Workforce section of the strategy includes an aim to ensuring</p>	<p>accessible to a person with a disability</p>	<p>There will be an easy read document to accompany the main strategy.</p> <p>There will be proposal for a spoken – YouTube version of the strategy to support those who can not access a written or easy read version</p> <p>Ongoing monitoring of data, feedback received and through current and future commissioning programmes, we will ensure services are accessible and inclusive.</p>
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	<p>that the commitment to Equality, Diversity and Inclusion remains strong, with higher training rates and strengthening the role of the Departmental Equalities Group.</p> <p>The Home Library Service supports permanently or temporarily housebound residents who wish to access the library services, within their own home.</p> <p>Through our adult education programmes carers and staff will have access to specialist courses such as British Sign Language giving them the skills they need to support individuals and the delivery of services</p>		
<p><b>Race</b></p>	<p>The strategy focuses on individual outcomes, aims and goals and these should be supported within holistic assessments. The strategy also details how a person's assets need to be considered when LCC assess needs.</p> <p>The People and Workforce section of the strategy includes an aim to ensuring</p>	<p>With White being the predominant race in Leicestershire, services may be unconsciously biased towards white people.</p> <p>Our services need to support a diverse and possibly changing demographic.</p>	<p>Ongoing monitoring of data, feedback received and through current and future commissioning programmes, we will ensure services are accessible and inclusive.</p> <p>The museum service Collections Development and Access Policies</p>



that the commitment to Equality, Diversity and Inclusion remains strong, with higher training rates and strengthening of the role of the Departmental Equalities Group in supporting this.

The department promotes the use of Direct Payments which supports people to have more choice and control about how they chose to commission their services. This can include staff or services suited to a person's race and identity.

The strategy details how Culture Leicestershire will develop how they will celebrate the culture, identity and heritage within a local area/county. This includes event programmes such as Black History month and work to develop collections and resources which reflect people who are currently under-represented

The strategy references that Services should be co-designed with the public to meet race and cultural needs

have clear statements which seek to address under representation, including black and minority ethnic heritage and LGBTQ+ people.

<p><b>Sex</b></p>	<p>Our Culture Leicestershire services offer 'safe spaces' and these can make a positive impact if a person, of either sex, is feeling vulnerable.</p> <p>Services provided by the A&amp;C department are accessible by male and female</p>	<p>Currently there are 9% more females in receipt of services from Adult Social Care. This could be that more females need services or they are more likely to seek support. This should be recognised that Males may not seek support until they are in crisis, or not at all.</p> <p>The current strategy and some of the data used refers to male and female only. Some people do not identify within these categories and therefore there is a risk that they may feel discriminated against.</p>	<p>The strategy focuses on a person's strengths which includes what is available to them in their communities. Males may engage with their communities better and these assets may be able to support men before going into crisis. It can also lead to more information about what men are engaging with to support future service design.</p> <p>The department is committed to supporting Equality, Diversity and Inclusion and provides learning to its workforce to support this. Ongoing monitoring of data, feedback received and through current and future commissioning programmes, we will ensure services are accessible and inclusive.</p>
<p><b>Gender Reassignment</b></p>	<p>The Strategy is not specifically intended to address any needs associated with this group.</p> <p>However, there is growing evidence to suggest that the number of gender</p>	<p>People who have transitioned want to be identified as either a man or woman and may not want to disclose their transition. It is therefore difficult to obtain extensive statistics. There is no data available to</p>	<p>Ongoing monitoring of data, feedback received and through current and future commissioning programmes, we will ensure services are accessible and inclusive.</p>

	<p>reassignment surgeries is increasing each year as are reported incidents of bullying and hate crime towards this group. Therefore, the strategy is equally targeted to this group as with any other. Eligible social care needs will be addressed through a personalised plan. Universal services will be sensitive to the needs of this group for example offering appropriate literature in libraries, considering the use of accessible toilets</p> <p>The People and Workforce section of the strategy includes an aim to ensuring that the commitment to Equality, Diversity and Inclusion remains strong, with higher training rates and strengthening the role of the Departmental Equalities Group.</p>	<p>determine how many Leicestershire social care service users this may affect as this is not recorded.</p>	
<p><b>Marriage and Civil Partnership</b></p>	<p>The Strategy is not specifically intended to address any needs associated with this group.</p> <p>Marital status is not part of the adult social care eligibility criteria and is irrelevant to any service they may</p>		

	<p>receive. Where meeting a need may involve a residential placement, accessibility to a spouse will be considered in the personalised support plan.</p>		
<b>Sexual Orientation</b>	<p>The strategy details how our Culture Leicestershire services provide events programmes on areas such as LGBTQ+ to promote and educate around this.</p> <p>All the services in this strategy are aimed to be accessible and open to all or to people who meet specific eligibility criteria and sexual orientation is not a factor in determining this.</p> <p>The People and Workforce section of the strategy includes an aim to ensuring that the commitment to Equality, Diversity and Inclusion remains strong, with higher training rates and strengthening the role of the Departmental Equalities Group.</p>		<p>Ongoing monitoring of data, feedback received and through current and future commissioning programmes, we will ensure services are accessible and inclusive.</p> <p>Culture Leicestershire is working with organisations that are leaders in this field to help ensure this work supports the needs of these groups and staff are confident to deliver and respond to potential challenge</p>
<b>Pregnancy and Maternity</b>	<p>All the services in this strategy are aimed to be accessible and open to all or to people who meet specific eligibility criteria and pregnancy and</p>		<p>Ongoing monitoring of data, feedback received and through current and future commissioning programmes, we will ensure</p>

	maternity is not a factor in determining this.		services are accessible and inclusive.
<b>Religion or Belief</b>	The strategy focuses on a person's strengths and these can be through religious or faith groups.		Ongoing monitoring of data, feedback received and through current and future commissioning programmes, we will ensure services are accessible and inclusive.
<b>Armed Forces (including veterans)</b>	All the services in this strategy are aimed to be accessible and open to all or to people who meet specific eligibility criteria and being a veteran or in the armed forces is not a factor in determining this.		Ongoing monitoring of data, feedback received and through current and future commissioning programmes, we will ensure services are accessible and inclusive.
<b>People with lived care experience</b>	People with lived care experience may have come through our Young Adults with Disabilities team. The strategy makes an aim to review this pathway from children's to adult services to maximise their independence.		Ongoing monitoring of data, feedback received and through current and future commissioning programmes, we will ensure services are accessible and inclusive.

<p><b>Other groups: e.g., rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</b></p>	<p>Culture Leicestershire is developing how they can continue to increase the reach of their services within this strategy – including to areas where there is not a current library or museum</p> <p>Adult Learning are aiming to develop the reach of their courses and over mediums that support access from remote locations.</p> <p>Adult Social Care will work with partners to reduce health inequalities for people with an LD and also those with long term health conditions. In addition, integration between ASC and health services is referred to within the document to address health inequalities across the remaining population of the county.</p> <p>The strategy refers to the support of unpaid carers and details aims over the next 4 years to provide support.</p>		<p>Ongoing monitoring of data, feedback received and through current and future commissioning programmes, we will ensure services are accessible and inclusive.</p> <p>Technologies will be exploited to support accessibility for example remote learning programmes for those unable to travel and engage in classes at centres.</p>
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**5- Action Plan**

Produce a framework to outline how identified risks/concerns identified in section 4 will be mitigated.

<b>What action is planned?</b>	<b>Who is responsible for the action?</b>	<b>Timescale</b>	<b>Expected outcome</b>
Ongoing monitoring of data, feedback received and through current and future commissioning programmes, we will ensure services are accessible and inclusive.	Business Intelligence, Adults and Communities Service Area Leads, Quality, Commissioning and Contracts	Ongoing throughout the strategy	That services will meet the needs of the people they are designed for, that they are inclusive and accessible to all who need them
Create an easy read document for the public consultation and an easy read document of the strategy	Strategy team alongside design and communications team	Dec 2024	An easy read consultation document re the strategy and then an easy read strategy document once strategy consulted on
Create a YouTube spoken version of the strategy to support people who cannot or do not access written or easy read versions	Strategy team alongside design and communications team	June 2025	YouTube version of the final strategy to support inclusion and accessibility of it

<b>6- Approval Process</b>	
<b>Departmental Equalities Group</b>	(please post any comments from the Departmental Equalities Group here) Set out the date when the EIA was considered

<b>Corporate Policy Team</b>	Please set out comments from the Corporate Policy Team
<b>Sign off by the Senior Responsible Officer for the Project.</b>	





**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**4 NOVEMBER 2024**

**CARE QUALITY COMMISSION (CQC) ASSESSMENT OF LOCAL**  
**AUTHORITIES**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of report**

1. This report provides the Committee with a summary of the latest position and process for the Care Quality Commission (CQC) assessment of the County Council's adult social care functions following receipt of the CQC assessment notification on 9 September 2024.
2. The report also refers to the latest versions of the Department's Self-Assessment and Improvement Plan, respectively attached as Appendices A and B to this report.

**Policy Framework and Previous Decisions**

3. The Committee 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), as a standalone report focusing on the assurance Self-Assessment and Improvement Plan in March 2023 and again in March 2024.
4. The Committee also reviewed and commented on the first draft of the Self-Assessment produced to support the assessment process at a standalone workshop on 13 February 2023.
5. A further report was produced on 4 September 2023 which provided an overview of the Annual Conversation preparation visit by Dr Carol Tozer.
6. In March 2024, the Committee requested that updates are provided on the Self-Assessment and delivery of the Improvement Plan every six months.

**Background**

7. The CQC piloted a programme of assessing councils' adult social care functions in 2023. A roll out of full assessments commenced December 2023 with the aim of completing initial assessments of all local authorities by the end of December 2025.
8. The CQC will assess and rate councils' performance across four themes: working with people; providing support; ensuring safety; and leadership. It will rate each council against a series of quality statements and publish its findings, also providing

a single word rating using its existing ratings of: Inadequate; Requires Improvement; Good; or Outstanding.

9. The CQC published assessment reports and indicative ratings for each of the five councils involved in the pilot inspections in November 2023 resulting in four authorities rated as Good, and one authority rated as Requires Improvement. A further nine assessment reports have been published, resulting in six authorities rated as Good and three authorities rated as Requires Improvement.
10. The CQC found similar themes across the local authorities assessed to date. These included:
  - Benefits of good partnerships and integrated working on outcomes and people's experience.
  - People often had to wait for assessments or reviews due to demand or capacity within assessment teams, but reports reflect how effectively councils manage the associated risks.
  - Different practices across local authorities in how they worked with young people transitioning from children's services to adult services led to varied experiences.
  - Carers reported varied experiences in finding information and of the support available to them.
  - Awareness and understanding of the needs of diverse communities was highlighted as an area of improvement in all reports.
  - A clear strategy for commissioning and market shaping and good working relationships with providers was highlighted as a strength in many reports.
  - A positive organisational culture, with stable and supportive leadership and opportunities for the workforce is reflected in many reports.
11. The reports have been considered and the following learning points/considerations for Leicestershire were identified:
  - a) Self-awareness is key. The Department needs to be clear what it does well, the areas of concern and have clear plans to address concerns.
  - b) Staff communications and ensuring staff give a consistent, realistic and positive message about working for the County Council is important.
  - c) Staff must be able to articulate person-centred practice and how it is applied in assessment and support planning.
  - d) Data and feedback collection and evidencing how it is used to support service delivery and strategic planning.
  - e) Co-production; consider if there is scope to further strengthen at all levels.
12. The CQC published their assessment guidance in December 2023, including the Assessment Framework, which sets out how the CQC will assess local authorities, what information they will ask councils to provide and timescales for assessment. The evidence categories the CQC will use are:
  - People's experience;
  - Feedback from staff and leaders;
  - Feedback from partners;
  - Processes.

13. For each local authority, the CQC will gather evidence in this order:
- Evidence that is publicly available, for example national data collections, insight from regulation of providers;
  - Evidence the CQC will request, for example specific policies and strategies, internal and external survey results, feedback from staff, self-assessment of performance;
  - Evidence the CQC will actively collect, for example from case tracking, focus groups, conversations with staff and leaders (only for information the CQC cannot get through other means).
14. The CQC's assessment starts when the notification is sent and ends when the final report and rating is published in line with the following timetable:
- a) The CQC send a notification of their intent to carry out an assessment and information return request;
  - b) End of week three - deadline to compile, check and send the Information Return including our self-assessment, relevant strategies, policies, processes, feedback and other documentary evidence, plus contact details for key local voluntary organisations, advocacy organisations and carers organisations;
  - c) The CQC will write to inform the Director of Adult Social Services of the date of their site visit. The site visit will be six to eight weeks from the date of the second letter, and a maximum of six months from the date of the first notification;
  - d) Before the site visit, the CQC Assessors will hold conversations with representatives from the voluntary sector, carers organisation our advocacy provider and survey provider organisations;
  - e) The CQC will also meet with the Adult Social Care Senior Leadership Team before the site visit to gain an understanding of the departmental structure and lines of accountability, the services strengths and areas for improvement.
  - f) The CQC are expected to lead timetabling of the meetings and will liaise with relevant departmental officers to plan the visit. Additional information may be requested in the lead up to the site visit;
  - g) The CQC site visit is expected to take place over three days to gather additional evidence through interviews, meetings, drop-in sessions with staff, leaders, partners and people who use services;
  - h) After the site visit the CQC assessors will complete their analysis of the evidence they have gathered and draft their report;
  - i) The Director of Adults and Communities will have an opportunity to review the draft report to check factual accuracy and provide feedback. The final report will be published approximately eight weeks after the site visit.
15. The CQC's assessment timetabling will take into account local elections, major local events and any other regulatory activity.

### **CQC Assessment of Leicestershire County Council**

16. The Director of Adults and Communities received notification of the CQC Assessment of Leicestershire's adult social care functions on 9 September 2024.
17. The documents requested in the Information Return were compiled, checked and submitted to the CQC via the CQC's secure portal on 27 September 2024. The

Information Return requested documents that provide evidence for each of the 38 evidence items, approximately 300 documents were submitted.

18. Information about the assessment has been communicated to staff in the Department and key officers and senior leaders across the Council, plus care providers, advocacy and carers service providers.
19. The CQC have conducted a survey of regulated providers in Leicestershire to inform the assessment.
20. The Authority is awaiting notification of the date the CQC inspection team will visit. The visit is expected to take place between December 2024 and March 2025. The CQC assessment timeline roadmap is attached as Appendix C to this report.
21. Once the date of the site visit date is known, detailed planning for the meetings will commence with the CQC's planning team liaising with the Department's Assurance Team.
22. A communication plan is in place to ensure staff and key Council Members and officers are kept informed and to support readiness for the site visit. It is likely that the CQC will wish to meet with front line adult social care staff, the Cabinet member with responsibility for Adult Social Care, Chair of the Health and Wellbeing Board, Chair of the Adults and Communities Overview and Scrutiny Committee, Opposition Spokespersons along with the Chief Executive, Director of Adults and Communities, and Director of Public Health.
23. Support will be provided to ensure Members and staff are prepared for meetings with the CQC inspection team. The support will include information sessions led by the Assurance Team, Lead Practitioners and other subject matter experts. Also, an external organisation, Partners in Care and Health, will be engaged to deliver workshop sessions for staff, bringing their experience of delivering sessions for other local authorities preparing for assessment.

### **Self-Assessment**

24. The Self-Assessment, attached as Appendix A, was updated prior to submission to the CQC. The narrative reflects the areas of strong performance and areas for development, supported by the latest data. The update also reflects the progress being made towards the Improvement Plan activities.
25. This is the fourth update of the Self-Assessment since March 2023. The main changes made since the initial version are:
  - Changes to the layout, from a report style to the current table layout;
  - Publication of the CQC's information return requirement resulted in the removal of sections such as compliments and complaints, and Better Care Fund where the Self-Assessment narrative adds little to the documentary evidence requested;
  - Combining sections that reference similar topics, such as strengths based, person centred practice, Carers, Contract Management and provider quality;
  - Refocussed the safeguarding section, additions to our hospital discharge processes and partnership working;
  - Shift of focus from corporate governance to departmental governance;

- Additional narrative on equality, diversity and inclusion.

26. Key messages from the self-assessment:

- People have access to services, information and advice through multiple channels. Improvements continue to be made through reviewing the website, development of video content and changes to the CSC operating model.
- Waiting times for all types of assessment have been managed well compared to regional authorities utilising the current guidance. Further improvement is being made to address waiting lists and improve people's experience while waiting.
- Person-centred practice is the core of our service, supported by training and a knowledgeable workforce. Introduction of the 3 Conversations model throughout the service will enhance this even further.
- The Home care Assessment and Reablement Team (HART) is highly effective in delivering early intervention and preventative support to people. Increased capacity will increase the number of people who will benefit from reablement.
- Quality and Contracts Team provide effective support and strong communication to improve the quality and sustainability of providers services.
- Inspired to Care are effective in their support to improve the provider workforce capacity and capability and has been recognised nationally for its approach and impact.
- Effective partnership working in Home First supports safe hospital discharge and delivers better outcomes for people.
- Strong and well-established safeguarding governance is in place to ensure effective partnership working and shared learning to ensure people are safe from harm or neglect.
- Delivery of the strategic vision is supported by well-established governance arrangements at all levels, with a strong focus on performance and risk management. An updated strategy will be launched in 2025.
- A comprehensive professional development offer, including training and career progression opportunities is available to all staff. Uptake of training opportunities is an area of focus to ensure the workforce is knowledgeable and skilled.

27. A presentation focused on positive messages from the Self-Assessment and including case studies highlighting best practice is currently being updated in line with the Self-Assessment. This will be used to promote some of the Department's key achievements with staff.

### **Improvement Plan**

28. The Improvement Plan, attached as Appendix B, was developed from the key priorities for improvement identified through the Self-Assessment and annual conversion recommendations. The majority of the improvement activities are reported through dedicated governance channels; the Improvement Plan enables overall progress to be monitored by the Department's Departmental Management Team (DMT). Improvement leads provide regular updates on progress and key achievements which is reported to DMT alongside Self-Assessment updates.

29. Key achievements to date include:

- Improved Information Advice and Guidance: a new Adult Social Care website landing page and nine co-produced videos. Updated and co-produced paper-based information pack.
- Changes implemented in Customer Service centre (Allocated worker look up tool, call routing) have improved call handling.
- Finance Pathway improvements, introducing E-billing, and the financial assessment backlog being addressed.
- The Engagement Panel, which is made up of people who use our services and their carers, was involved in co-producing Direct Payments factsheets, Carer webpages and the recruitment process for a new Assistant Director.
- The HART restructure created additional capacity and flexibility to deliver urgent support and reablement.

30. Key priority improvement initiatives:

- Rollout of the 3 Conversations approach to Care Pathway teams to strengthen person-centred practice.
- Implement recommendations from the regional Waiting Well IMPACT project to improve waiting times and peoples experience while waiting for assessment or review.
- Implementation of a new survey in multiple formats to seek the views of people who use services and learn from their experiences.
- Improving completion rates for required adult social care training courses.
- Implementation of staff recognition scheme
- Improvement in understanding the needs and outcomes of people from diverse communities in Leicestershire.
- Refresh of the Adults and Communities Strategy.

31. Communication with staff and preparing them for the CQC assessment visit will be a major element of the Assurance Team's work over the next few months. In addition, key findings from the published inspection reports will be analysed to identify learning which can be applied in the ongoing preparations for the County Council's visit.

32. Following the publication of the CQC's assessment report, recommendations contained within the report will be considered and used to further develop the delivery of adult social care services.

### **Consultation**

33. In developing the first iteration of the Self-Assessment there was considerable engagement of internal staff across the 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. The Department also undertook external engagement to obtain the views of service users and carers, partner agencies, and care providers. Findings from this engagement helped to shape the Self-Assessment. This latest iteration of the Self-Assessment was informed by the findings from a staff survey and survey of providers.

34. Representatives from the Department's Engagement Panel which is made up of people who use our services and their carers and the Learning Disabilities Partnership Board have been engaged in the production of the Self-Assessment and are kept informed on the progress of the Improvement Plan and our general preparations for the CQC assessment visit.

### **Resource Implications**

35. There are no resource implications. There is a small Assurance Team under the Assistant Director (Strategic Commissioning) leading on the co-ordination of the assurance process work supported by the Lead Practitioners.
36. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

### **Timetable for decisions**

37. As the CQC may request a visit at any time in the future. The Self-Assessment will continue to be regularly updated to ensure it remains relevant and reflective of the way the Council carries out its statutory duties.

### **Circulation under the Local Issues Alert Procedure**

38. None.

### **Equality Implications**

39. 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.
40. 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 Assessments.

### **Human Rights Implications**

41. 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 Assurance improvement plan will be referred immediately to the Council's Legal Services for advice and support regarding human rights implications.

### **Appendices**

- Appendix A - Self-Assessment.
- Appendix B - Improvement Plan
- Appendix C – CQC Assessment Timeline

## **Background papers**

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

<https://democracy.leics.gov.uk/ieListDocuments.aspx?MId=6840> – item 12

Report to the Adults and Communities Overview and Scrutiny Committee: 5 September 2022 – Adult Social Care Reform – Market Shaping and Charging Reform

<https://democracy.leics.gov.uk/ieListDocuments.aspx?MId=6841> – item 25

Report to the Adults and Communities Overview and Scrutiny Committee: 7 November 2022 – Progress in Delivering the Social Care Reform Programme

<https://democracy.leics.gov.uk/ieListDocuments.aspx?MId=6842> – item 39

Report to the Adults and Communities Overview and Scrutiny Committee: 6 March 2023  
Adult Social Care Assurance Self-Assessment

<https://democracy.leics.gov.uk/ieListDocuments.aspx?MId=7107> – item 65

Report to the Adults and Communities Overview and Scrutiny Committee: 4 September 2023 – Assurance of Adult Social Care

<https://democracy.leics.gov.uk/ieListDocuments.aspx?MId=7109> – item 29

Report to the Adults and Communities Overview and Scrutiny Committee: 6 March 2024 – Assurance of Adult Social Care

<https://democracy.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=7107&Ver=4> – item 65

[Local authority assessments – implementing our new approach](#)

[Local Authority assessment reports](#)

[Evaluation of CQC's local authority pilot assessments](#)

## **Officers to Contact**

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Our mission statement is  
‘Delivering wellbeing and opportunity in Leicestershire’

# Adult Social Care Self-Assessment



We are delighted to present Leicestershire County Council's Adult Social Care Self-Assessment. We are ambitious in our vision to deliver wellbeing and opportunity in Leicestershire and ensure that all adults living in Leicestershire, lead active, independent, and fulfilling lives.

Our focus on wellbeing and prevention is reflected in how we plan and deliver flexible and responsive adult social care and community wellbeing services. We endeavour to deliver person-centred and strength-based care, including through our excellent reablement services. We also 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 collaborate with 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. Safeguarding is embedded in service delivery at all levels, with regular training and clear guidance and support for staff. Well-established governance arrangements are in place through the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) and a strong track record in working with partners to deliver safeguarding priorities.

We recognise there are areas which we need to improve. Feedback from people who use our services suggests that people may not find it easy enough to access information and advice about adult social care, and that care experiences could be better. To find out more about the reasons for this and how services could improve, we are adopting new ways to engage with people who use our services. We are also delivering a programme of work to improve how we provide information and advice about our services and are encouraged to see an improvement in performance in this area in the latest ASCOF survey results.

Co-production is imperative to ensuring that our services reflect and address local care and support needs, and we are keen to embed it as an integral part of our service design and delivery. We are expanding and embedding our Engagement Panel which consists of people with lived experience, who advise us on how to engage others and improve services.

Several major programmes of work are underway which are key to ensure we continue to deliver a sustainable and effective service, making the best use of resources, technology and innovative ways of working. Our Transforming Commissioning Programme will help us to achieve a more sustainable modern adult social care market, to increase the choice and availability of high-quality, cost-effective support services. The Demand Management programme aims to improve the efficiency and effectiveness of our processes and service offer, working with our partners such as Health to better manage system flow, and ensure an outcome focused, strengths-based approach to supporting people.

The Financial Pathway Improvement programme, aims to make better use of technology, simplify, and improve our processes for financial assessments and billing alongside strengthening performance monitoring.

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

Jon Wilson  
Director of Adults and Communities

Councillor Christine Radford  
Cabinet Member for Adults and Communities

## 1A. Working with people: Assessing needs

*We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them*

Ref. Code	What do we know about the quality and impact of social care practice?	How do we know it?	Our plans to maintain or improve practice
1.1.	<p><b>Access to our services</b></p> <p>People have access to our adult social care services through our Customer Services Centre (CSC). People contact us through multiple channels (phone, on-line self-referral, and professional referral), with telephone calls as the most frequently used channel.</p> <p>People can access services through our <a href="#">online adult social care portal referral forms</a>, which are used to access preventative services or to find out if a person may be eligible for support. Our <a href="#">care and support assessment webpage</a>, provides people with information about the purpose of the assessment, and how to apply as well as information about eligibility for services and access to preventative services which don't require a person to be eligible.</p> <p>If a person is not eligible for Council support, we provide advice and information, and suggest appropriate agencies such as First Contact Plus, a Local Area Co-ordinator (LAC), or community groups that provide suitable support.</p> <p>Our <a href="#">advocacy webpage</a> explains how people can choose an advocate to support them through assessments and provides contact details for our jointly commissioned advocacy service.</p>	<p>For the 12 months to 31 August 2024 a total of 33,438 contacts were received by the CSC, a 9% reduction on the previous 12 months. Contact breakdown by type:            Telephone contacts 14,353 (43%)            On-line public referral contacts 8,048 (24%)            Email contacts 7,521 (23%)            On-line professional referral contacts 3,065 (9%)  <small>[Source: <a href="#">LAS Contacts Activity</a>]</small></p> <p>Our <a href="#">Adult Social Care Portal</a> includes, a Self-assessment for care &amp; support needs, Carers self-assessment, Financial assessment, and an Equipment and minor adaptations assessment.</p> <p>For the 12 months to 31 August 2024, a total of 2,632 self-assessment referrals were received via the on-line portal, broken down by type:            Self-assessment referrals 1,044            Carers self-assessment 1,184            Financial assessment 223            Equipment or minor adaptations 70 <small>[source: <a href="#">LAS Portal Submitted Forms</a>]</small></p> <p>24% of Contacts were resolved through provision of information, advice and guidance or signposting. <small>[Source: <a href="#">LAS Contacts Activity</a>]</small></p> <p>The ASC Survey 23-24 shows 59.3% of people find it easy to find information (compared to 61.8% in 22-23). While the Carers survey 23-24 shows 56.1% of carers find it easy to find information (up from 49.4% in 22-23).</p>	<p>Change to our customer service centre operating model and implementation of the 3 Conversations approach is increasing our call handling rates and reducing people's wait for calls to be answered. Further changes are expected to deliver further improvement to people's experience when contacting us through the CSC.</p> <p>We continue to make improvement to the ease-of-use of our website and on-line self-assessment forms. Feedback from people with experience of accessing adult social care, is helping us to develop more user-friendly written information and accessible video content which better support people to navigate our services.</p>



## 1A. Working with people: Assessing needs

*We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them*

Ref. Code	What do we know about the quality and impact of social care practice?	How do we know it?	Our plans to maintain or improve practice
<b>1.2.</b>	<p><b>Putting people at the centre of their care</b> We strive to ensure that our assessment and support planning is person-centred, and strengths based. This approach is the heart of our operating model, which puts people at the centre of assessment and decision making and supports workers to ensure people can live as independently as possible.</p> <p>Our core processes to support practice are,</p> <ul style="list-style-type: none"> <li>• weekly group supervision meetings</li> <li>• regular one to ones and case progression supervisions</li> <li>• consistent and structured case recording approach</li> <li>• specialist administrative function</li> <li>• strengthened quality assurance mechanisms (Practice Development Cycle case audits)</li> </ul> <p>Throughout our Practice Assurance Framework, processes and guidance are the core principles of developing 'a full picture of the person, their strengths, likes or dislikes and who and what matters to them' and considering how a person's needs can be met by building on their own strengths or support from family, friends or their communities.</p> <p>We are rolling out the 3 Conversations approach across our services. Feedback from people who use our services and practitioners indicates that the approach has enhanced person-centred,</p>	<p>IR 5 and IR 6 contains our assessment processes and pathways, and eligibility guidance.</p> <p>Implementing the operating model increased capacity within the service, and led to more people receiving reablement, fewer people moving into residential care settings, and more people maintaining their independence. Our Practice Framework<sup>[IR 31]</sup> outlines how we quality assure care and support assessment and support planning processes.</p> <p>Results from our Adults and Communities staff survey <sup>[IR 4]</sup> from August-September 2024, show that 70% agreed that assessment and care planning arrangements promotes wellbeing and independence. 81% of respondents agreed that 'the wellbeing principle is embedded throughout the Council's care and support system and is clearly promoted in care and support'.</p> <p>Our pilot survey of people receiving services<sup>[IR 2]</sup>, (April-June 2023), suggested that 65% of people feel in control of their care and support, and 57% felt they were listened to (34% were not sure and 0 said they weren't listened to).</p> <p>Examples of feedback from people contacted through our practice development cycle,</p>	<p>We continue to put people at the centre of our practice, through embedding the Practice Assurance Framework<sup>[IR 31]</sup> and through the 3 Conversations approach.</p> <p>Revised Care and Support Assessment and Support Plans are being designed to improve how assessment conversations are recorded. Our aim is to ensure assessments and support plans better represent the persons views about their life, the strengths they have, and what they want to achieve to build a good life for them to live as independently as possible. The roll out will consider the processes, case recording and performance reporting required to support the 3Cs model.</p> <p>Through our Practice Development Cycles (PDCs) we will continue to quality assure our care and support assessment and planning processes and identify and address any staff training needs.</p> <p>We implemented a Managers Training Toolkit <sup>[IR 36]</sup> which supports care pathway managers to ensure their staff undertake required training which enhances their capability to carry out their role. As outlined in the Learning and Development Delivery Plan (2023/24)<sup>[IR 36]</sup>, we continue to provide significant training support for our staff and external care providers across a range of areas related to care and support assessment and planning. For 2024/25 we will</p>

## 1A. Working with people: Assessing needs

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	<p>strengths-based practice and levels of satisfaction.</p> <p>To support and enable staff to carry out their duties effectively and improve the quality of practice, our Adult Social Care Training Offer and Delivery Plan<sup>[IR 36]</sup> set out our training priorities and developments, plus the mandatory and non-mandatory training for ASC staff (including specialist training).</p>	<p><i>"Very good support" the worker "was very nice and knew what she was doing and seemed very experienced." "very satisfied with the service"</i></p> <p><i>"J was an absolute hero for me. She was professional and it felt like she really cared. I would thank her a thousand times if I could"</i></p> <p>To the end of August 2024, 50% of staff in the care pathway had completed care act duties training covering assessments and support planning, 66% had completed Care Technology Referrer training, 78% had completed the Mental Capacity Act core module. [Source: <a href="#">Statutory ASC course compliance</a>]</p>	<p>review and develop our Care Act Duties and Safeguarding training offer and provide management training.</p>
1.3.	<p><b>Waiting well for assessment and review</b></p> <p>We aim to complete assessments within 28 days of allocation, although like many authorities, people may wait longer for allocation and assessment.</p> <p>In spring 2023 we implemented a new Planned Wait policy and guidance <sup>[IR 5]</sup> to support triage referrals to manage delays and associated risks. Unallocated cases are reviewed and prioritised on a weekly basis and people are contacted while they are waiting for assessment. We carried out a review of the policy, including workshop with operational staff consider how waits are currently managed.</p>	<p>IR 5 includes our data on waiting lists for care assessments and reviews.</p> <p>In September 2024 the average wait for allocation was 48 days, similar to the average wait in September 2023. The number of people waiting is 690 in September 2024 compared to 891 in September 2023. The number of people waiting over 28 days for allocation has fallen to 49% from 53% over the past 12 months. [Source: <a href="#">Holding: Cases with Home First &amp; Localities</a>]</p> <p>Of people in receipt of services for 12 months or more at the end of August 2024, 75% received their annual review within 12 months of their previous review; considerably higher than the</p>	<p>We will continue to monitor and address the level of unallocated cases and duration of waits, ensuring we maintain contact with people while they are waiting for assessment.</p> <p>We are implementing recommendations from the <a href="#">IMPACT</a> work with regional colleagues and the University of Birmingham, which explored how waiting times may be reduced and how we can improve people's experience while they wait for assessment. Findings and recommendations from this work will be incorporated into our waiting well guidance and practice. The changes being implemented include, introducing standard communications and a video to explain what happens while people wait for their assessment and what they can expect from us.</p>

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	<p>Recent data shows that we have maintained the reduced waiting time for assessments over the past 12 months. We have also maintained improvements in the delivery of annual reviews for people in receipt of long-term care.</p> <p>To respond to immediate risks to peoples' wellbeing while they await assessment, all teams operate an urgent function. Our out of hours emergency duty function, the Homecare Assessment and Reablement Team (HART) Urgent service and our urgent 'see and solve' service, also respond to people with urgent needs.</p> <p>Home First work closely with First Contact+ team to provide appropriate information or support to help people manage their needs while waiting for formal assessment and services to commence.</p>	<p>national average of 57%. [Source: <a href="#">Activity: Review s of Long Term Service Users</a>]</p> <p>The year 2023/24 the HART Urgent team supported 1,887 people. A case study by the HART Urgent service demonstrates how the service responded quickly to an urgent referral, providing support which enabled the person to remain at home, respecting his wishes, while longer term services were put in place.</p> <p style="text-align: center; font-size: 48px; opacity: 0.5;">DRAFT</p>	<p>We will continue to identify and respond to immediate risk to peoples' wellbeing through our management of waiting lists and HART Urgent service, Out-of-Hours Emergency Duty and 'see and solve' services.</p>
1.4.	<p><b>Financial Assessments</b></p> <p>Financial assessments are conducted in accordance with the Council charging policy and staff apply this consistently. We have made progress to reduce the waiting time for new assessments and to address assessment backlogs. People are billed for their assessed contribution on a 4 weekly cycle and can pay by direct debit or manually via the council's payment tools.</p>	<p>During financial year 2023/24, the total number of assessments undertaken was 11,821, 28% were assessments for new services and 72% were re-assessments for annual reviews or respite.</p> <p>For the period 1<sup>st</sup> April to 31<sup>st</sup> August 2024, 5,424, Assessments were completed. Of these, 1,184 were nil charge, 3,296 had a variable charge, 944 were assessed as full cost. [Source: <a href="#">Service Manager</a>]</p>	<p>Our Financial Pathway Improvement Programme is underway and continues to make improvements to our assessment and billing processes, making better use of technology, and strengthening performance monitoring. This will provide a better experience for people who use services.</p> <p>We are prioritising actions to address the current delays with completion of financial assessments through allocation of additional resources. Implementing a new team structure and processes to improve the effectiveness of the</p>

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1.5.	<p><b>Use of personal budgets and direct payment</b></p> <p>We aim to ensure that everyone in receipt of long-term community care receives a personal budget, ideally as a direct payment. The percentage of individuals in receipt of self-directed support and direct payments is higher in Leicestershire than amongst comparators.</p> <p>We endeavour to ensure Direct Payments are used appropriately, enabling people to choose support that works for them.</p> <p>We recently published simplified direct payment guides, developed with input from people with lived experience, aiming to ensure people have a clear understanding of direct payments and how to manage them to support informed decision making.</p>	<p>IR 7 Includes our documents outlining our arrangements to offer and support people using direct payments.</p> <p>ASCOF 2023/24 shows the percentage of people in receipt of self-directed support was 97%, higher than the national average of 94%. The percentage of people in receipt of a direct payment was 34%, higher than the latest average of 26% for England. [Source: <a href="#">Performance Dashboard</a>]</p> <p>For carers, at the end of 2023/24, 100% were in receipt of self-directed support. 99.9% received Direct payments in 2023/24, above the national averages of 89% and 78%. [Source: <a href="#">Performance Dashboard</a>]</p> <p>Our pilot survey of people receiving services<sup>[IR 2]</sup>, (April-June 2023), asked 'Is there anything which would help you to feel more in control of your care and support?' 65% of respondents said 'no' and 31% said 'yes'. Suggestions for improvement include increasing the flexibility and accessibility of services.</p>	<p>service through our Financial Pathway Improvement Programme.</p> <p>Billing is an area that generates considerable manual processing and query handling. Improvements in this area are a key priority</p> <p>Our direct payments team is being bolstered to provide effective support to staff, people who use direct payments and the Personal Assistant (PA) market.</p> <p>In addition, we are implementing a digital PA register, which will support people to choose how to spend their direct payment on support that works for them. The PA register was commissioned and developed with significant engagement with people who will use the service. Work will continue to diversify the direct payments market by increasing access to (PAs), through developing a comprehensive PA register and restructuring PA salary rates.</p>

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1.6.	<p><b>Our early intervention and prevention services</b></p> <p>Prevention is a core element of our strategy. Alongside the Public Health prevention services, including First Contact+ and Local Ares Co-ordination, we offer a range of services and measures that support people to be as independent as possible and reduce their need for formal support. These services include our integrated Care Co-ordination service, Occupational Therapy, Care Technology and reablement and Carers services, detailed in IR 8.</p> <p>We have increased the capacity of our Homecare Assessment and Reablement Team (HART) so that more people are able to benefit from reablement.</p> <p>Our locality Mental Health reablement workers achieve positive outcomes for people they work with. Commissioned Mental Health and Wellbeing Recovery Services also effectively support people with mental health conditions aiming to improve their wellbeing and prevent deterioration in their condition.</p> <p>Enablement workers within our Learning disability and Autism teams are effective in working with young adults to develop their skills for living and enabling greater independence.</p>	<p>79% of respondents to our staff survey from August-September 2024 agreed that the Council promotes innovative approaches to prevention activity.</p> <p>The number of people supported by HART continues an upward trend, with 3,491 people supported in 2022/23, increasing to 4,562 for the year 2023/24, exceeding the annual target of 4,200. For the year to 31<sup>st</sup> August 2024 Hart supported 2,126 people. [Source: Service Manager]</p> <p>During 2023/24, the Care Co-ordination team completed 7,343 referrals. From 1<sup>st</sup> April to 31<sup>st</sup> August 2024 the team received 2,180 referrals. 60% were signposted, or given advice and guidance, of these, 10% were referred to Care Tec or adaptations</p> <p>1% were referred for reablement and only 5% resulted in a commissioned service. Case studies from the team demonstrate how they reach people who otherwise may hit a crisis and provide support or appropriate referrals to help maintain their independence. [Source: Team Manager]</p> <p>Feedback from people who have worked with the Mental Health 3C's team include;</p> <p><i>"I trust her completely. She showed empathy towards my situation. Always did what she said she would do and more."</i></p>	<p>A review of the Council's prevention services aims to ensure we focus on providing the most effective types of prevention services.</p> <p>The Care Technology service is introducing technology in Supported Living settings that will increase a person's independence. Future developments will embed use of care technology in home care, Extra care and supporting people with dementia and their families.</p> <p>Leicestershire supported the LLR led 'Whzan' telehealth pilot, (shortlisted for the HSJ Digital awards 2024). The system exchanges information about residents' health between the home and clinicians. Action can be taken to address early signs of deterioration and avoid unnecessary hospital admission. We will promote and will facilitate the rollout of Whzan blue boxes to 50 care homes over the next 12 months.</p> <p>We are also working with the Integrated Care Board to encourage providers to sign up to the Data Security and Protection Toolkit and introduce more care technology as part of Digitising Social Care (DiSC).</p> <p>We shall continue to develop our community reablement work to support people with Learning disabilities and mental health conditions to be as</p>



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	<p>A joint 3 Conversations approach with health services in Mental Health service has successfully supported people and is being expanded across the ICB area</p>	<p>"I honestly cannot thank you enough for your help and support. There needs to be more services like Three conversations."</p>	<p>independent as possible and engage in their communities.</p>
1.7.	<p><b>Providing information</b> We are committed to providing people with high quality information about services, in a variety of formats, which enables people to find the most appropriate support for their needs.</p> <p>However, feedback from people who use our services indicates that it may not be straightforward for people to find out about support services.</p> <p>We aim to ensure the information provided is accurate and relevant. We introduced a popular topics landing page to direct people to the relevant content and have also recently published new information videos, such as <a href="#">An overview of care options in Leicestershire</a> which provides information in a more accessible and easier to understand format. We are beginning to see improvement in this area, recent data indicates more people who contact our services are provided with information and advice. We have seen some improvement in our feedback about how easy it is for people to find information.</p>	<p>The latest ASC survey results show 59% of service users found it easy to find information about services, compared to 62% in 2022/23. The latest Carers survey indicates the proportion of carers who stated that they found it easy to find information improved from 49% in 2021/22 to 56% in 2023/24. [Source: BI Service ASCOF Report]</p> <p>In our pilot survey of people who use services (April to June 2023), the 48 who answered the question 'Is there anything that could change to make it easier for you to get clear, accurate and up-to date information and advice about adult social care services?', 54% answered 'no', and only 25% answered 'yes' (the remaining 21% stated 'don't know').</p> <p>Our signposting data indicates an improving situation, bringing us more in line with other authorities, during 2023/24, 25% of contacts to adult social care services were signposted to universal services and/or provided with information and advice, compared to 12% in 2022/23. [Source: SALT Return]</p>	<p>We are continuing to review how we provide information, with improvements being informed by members of our Engagement Panel.</p> <p>Our programme to review and update web site content continues to ensure it is easy to navigate and understand, development is informed by feedback from people with experience of accessing adult social care with new content being co-produced.</p> <p>We are refreshing our printed information and advice about services. This includes a hospital discharge pack for carers plus leaflets, factsheets, and other materials to be shared with people via frontline workers and LACs. The information packs have been developed with members of our engagement panel.</p> <p>Our customer facing financial information is being updated with input from our engagement panel members to ensure the guidance is more accessible and easier to understand.</p> <p>We are also working to improve the information and advice resources available in our Information</p>

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	<p>Our <a href="#">Adult Social care and Health</a> web page is the starting point to find the information we have available. Our <a href="#">paying for care</a> web page provides information about paying for support services, independent financial advice, benefits, direct payments and how to manage someone's financial affairs.</p> <p>New videos such as <a href="#">An overview of care options in Leicestershire</a> and <a href="#">Your care and support plan</a> make information more accessible.</p> <p>Redesigned <a href="#">Carers web pages</a> and <a href="#">Learning Disabilities Partnership Board</a> were developed with people who use services.</p>	<p>DRAFT</p>	<p>and Support Directory, which lists local organisations and community groups offering support for a range of needs, and is also the primary signposting resource for our CSC advisors.</p>
1.8.	<p><b>Access to equipment and adaptations</b> People have access to equipment and minor home adaptations through our Care Technology (CT) and Occupational Therapy (OT) services. OT's, CT assessors and care co-ordinators work with people to ensure the adaptation, equipment or technology provided meets their needs. Documents outlining these services are included in IR 9.</p> <p>The OT service delivers support to both adults and children across Leicestershire. The OT single handed care team has successfully identified support packages which, with the appropriate training and equipment can be</p>	<p>As of September 2024, the Care Technology Service supports 1,597 individuals and is achieving 85% of its target installations. [Source: <a href="#">Services: Care Technology</a>]</p> <p>In the 12 months to 31<sup>st</sup> August 2024, the Occupational Therapy Team processed 4,036 referrals for minor adaptations and 1,070 referrals for major adaptations (from internal sources). The team also processed 1,258 referrals from NHS sources, 74 Handyperson Applications, and 57 from the Red Cross/VISTA. [Source: OT Service <a href="#">Major Minor Adaptations</a>]</p>	<p>We will continue to address the waiting times for referrals for both care technology and minor adaptations.</p> <p>A care champions network of 30 staff support colleagues to learn more about the assistive technology available. Care Technology Referrer Training is available to staff across the care pathway with highly positive feedback received from participants.</p> <p>We are working with partners to develop a further five-year vision for the Lightbulb service</p>

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	<p>delivered by one carer, creating a better, more personal experience of care. The OTs in the Lightbulb team work with district councils in planning the installation of major adaptations.</p> <p>The <a href="#">Lightbulb Service</a> is a partnership arrangement with the county council and seven district councils which delivers adaptations, housing MOTs, falls prevention, and supports transition from hospital to home. It has led to reductions in completion times for DFGs and reduced length of stay in hospital.</p>	<p>A recent case study shows how an OT assessment identified equipment and adaptations which have made a huge difference to an individual and his family <i>“My bathroom is now done and I've used the toilet &amp; boy that is life changing... I've also took my first shower this morning &amp; again I'm over the moon with it. I have to pinch myself to make me think is this really true... I will never ever forget what you have done for me.”</i></p> <p>Recent feedback from people using the Care Technology Service<sup>[1R 2]</sup> is highly positive, with 100% of respondent stating they are satisfied with the service. An example of comments received include, <i>“We are very happy that we got this equipment. Help with so much at night in his sleep with his feet It helps us so much“.</i> and <i>“Thank you for supplying this, I had no idea how helpful it would be and I wouldn't want to be without it now”</i></p>	<p>from 2024 to 2029, the <a href="#">Lightbulb business case</a> was presented to our Adults and Communities Oversight and Scrutiny committee for consideration, prior to finalisation and consideration by all partners in the service.</p>
1.9.	<p><b>Effectiveness of reablement services</b> Our Homecare Assessment and Reablement Team (HART) provide highly effective support for people to regain optimal independence. HART works closely with system partners, through integrated multi-disciplinary (MDT) meetings and HART team leaders working on wards at University Hospitals Leicester to triage and support reablement discharges. HART consistently achieves excellent outcomes.</p>	<p>Despite an increasing number of people, 4,562 for the year 2023/24, benefiting from the reablement service, the high standard of outcomes has been maintained; 90% of people needing no ongoing services following reablement, and 89% living at home 91 days post discharge. [Source: <a href="#">ASCOF: Reablement Outcome</a> and <a href="#">ASCOF: Reablement 91 Days</a>]</p>	<p>A restructured and expanded HART service is being embedded with recruitment on-going to increase capacity within the team to increase the number of people who benefit from intermediate care and reablement services when discharged from hospital and reduce reliance on temporary beds.</p>

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1.10.	<p><b>Supporting independence of people with Learning Disabilities</b></p> <p>Our Learning Disability and Autism Service community enablement workers are effective in supporting people with learning disabilities to achieve independence goals. A larger proportion of people with LD are in settled accommodation which enhances their quality of life.</p>	<p>The Council performs well in the proportion of adults with learning disabilities who are living in settled accommodation; at 83.8% in 2023/24, above the last national average of 80.5%.</p>	<p>Our Learning Disability and Autism Service will continue its work to support people with learning disabilities to live their best life and maintain independence in the community. Joint work with the LDA Collaborative will support people to maintain their health and move into more independent settings appropriate to their needs. Implementation of recent peer review recommendations will improve identification of young people likely to have care and support needs and enhance partnership working with children's service to support people to achieve the most independent outcomes.</p>
1.11.	<p><b>Support for unpaid carers</b></p> <p>Our commitment to supporting unpaid carers is reflected in the <a href="#">LLR Carers Strategy (2022-25)</a><sup>[LR 33]</sup> which aims to support carers to manage their caring role and maintain their wellbeing. We have in place a Carer's Passport Scheme, and are working to develop carer-friendly communities, and ensure carers are well-informed about wellbeing, care, and support. We identify carers through a range of channels including the Hospital Discharge Grant for Carers (HDGfC) scheme, our care and support assessment process and through our Care Co-ordination service referral pathways.</p> <p>We commission a Carers Support Service from Voluntary Action South Leicestershire (VASL)</p>	<p>At the end of August 2024, 1,395 carers were in receipt of support from adult social care services with 1,284 in receipt of a weekly direct payment and 2 in receipt of community respite. <small>[Source: <a href="#">Carers Services</a>]</small></p> <p>During 2023/24 Care Co-ordinators identified 70 carers for assessments, they now receive one-off or weekly budget. The team also signposted carers to VASL and the HDGfC scheme.</p> <p>The number of Carer's passports issued between 1<sup>st</sup> January 2023 to 31<sup>st</sup> December 2024 was 1,327, The number of carers passports issued from 1<sup>st</sup> January to end of August 2024 was 593 with a further 214 renewed.</p>	<p>We will continue to develop and deliver services which support carers as set out in the LLR Carer strategy, ensuring that carers are recognised and supported with their caring responsibilities. Our priorities continue to be to ensure our staff are able to identify carers and knowledgeable about the support available. We are working to improve the information available, which supports self-identification and access to support.</p> <p>Groups of carers are being invited to review the councils Carer's web pages to make sure the information is up to date, relevant and useful for our carers.</p> <p>We will continue to promote the HDGfC scheme, through social media and other channels with the</p>

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	<p>which provides information, advice and support for carers and a befriending service.</p> <p>Voluntary Action South Leicestershire (VASL) are supporting us with the Hospital Discharge Grant for Carers (HDGfC) scheme. VASL administer the scheme and process payments. The scheme has been publicised on our social media platforms and at public events including, the Learning Disabilities Conference, (Sept 2023), Festival of Practice (Oct 2023) and also at the Carers Rights Day (Nov 2023).</p> <p>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.</p> <p>Council webpages offer information about support, such as <a href="#">Looking after Someone</a> and <a href="#">Breaks for Carers</a>. There is also a range of guidance and resources for staff to embed consistency in carer assessment and care planning processes. VASLs <a href="#">Support for carers</a> website is an additional source of information and resources.</p>	<p>Between 1<sup>st</sup> August and 31<sup>st</sup> March 2024, the HDGfC scheme processed 283 applications for direct payments, each carer received an average of £382. The main reasons for the payments were for domestic services and help with transport costs. The scheme has identified 241 new carers, (85% of processed applications) all of whom wish to receive further support.</p> <p>Feedback shows how the scheme has benefitted carers,  <i>"Thank you, because I work F/T I can't seem to get any help! Thank you for bring amazing and the grant will really help"</i></p> <p><i>"Did not realise there was this amount of help and support available, I am very happy with all we've been able to help with in such a short period of time."</i></p> <p><i>"My husband and I are so grateful for everything; we are both over the moon with the service that is provided. It's all about knowing what is available to you as a carer."</i></p> <p>Carers responding to our survey piloted between April-June, indicated that they were generally satisfied with the services they receive, with 82% of respondents stating that they were either very (64%) or fairly (18%) satisfied.</p> <p>The latest available SACE survey results for 2023/24, showed the percentage of carers</p>	<p>aim to identify and support more carers across the county and reach more diverse communities.</p> <p>We will undertake further engagement with carers to find out more about their experiences and how services could improve. We will use this feedback to explore how to better support carers to have the levels of social contact they would like and enhance carers' access to respite. Additionally, we aim to increase the level of signposting to VCSE sector organisations and community based services and improve how the Department collaborates with and supports the VCSE sector.</p> <p>We have been awarded Accelerating Reform Funds (ARF), to support the following projects,</p> <ul style="list-style-type: none"> <li>• Expansion of Hospital discharge grant for carers</li> <li>• Carer identification, contingency planning</li> <li>• Increase awareness and use of Shared lives placements.</li> </ul> <p>These projects commenced in March 2024, governance and funding arrangements is being agreed, and recruitment will be undertaken to provide resource to deliver these projects.</p>



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		<p>satisfied with their support was 37.6% above the national average, however it also indicated that only 25.4% of carers feel they have as much social contact as they would like. This year we see a significant improvement in the percentage of carers who find it easy to find information, 56% up from 49% in 2021/22 and advice.</p>	
1.12.	<p><b>Peoples experience of our services</b>                      In 2023/24 Adult Social Care Outcomes Framework (ASCOF) survey, feedback about people's experience of support services and quality of life saw an improvement on the previous year. People's control over their daily life is similar to national and regional averages. Whilst we have seen some improvement in many of these areas, we need to continue to work with our commissioned providers to ensure services are high quality and responsive to people's needs.</p> <p>Feedback obtained by our Customer Experience team <sup>[IR 2]</sup>, from people who use commissioned services, informs our contract management and quality assurance processes to help and support commissioned providers improve their service delivery.</p> <p>Responses to our Pilot survey of people, April-June 2023, through the annual review process, indicated high levels of satisfaction with care and support but also provided some useful initial</p>	<p>The ASCOF survey 2023/24, shows the proportion of respondents who felt that they had control over their daily life is 79% (up from 78% in 2022/23 and just above the national average of 77%).</p> <p>The proportion of service users who reported they had as much social contact as they would like has increased from 39% in 2022/23 to 45% in 2023/24,</p> <p>The proportion of service users satisfied with their care and support in 2023/24 was 64.5% (up from 60.3% in 2022/23), lower than the national average of 64.4%.</p> <p>Social care related quality of life increased slightly from 18.5 in 2022/23 to 18.8 but remains below the national and regional averages. While the Adjusted social care related quality of life - impact of ASC services, dipped in 2023/24 to 0.412 (from 0.413 in 2022/23), likely to be close to the national average.</p>	<p>We are implementing a new survey, available on multiple platforms, to seek regular feedback from people who use our services to learn from a wider range of experiences and views on how services could improve. This feedback will shape our future plans to develop the service.</p> <p>We will continue to listen to people through our Engagement Panel and Learning Disability Partnership Board and use what they tell us to develop our service.</p> <p>Our Customer Experience Team will continue to seek feedback from people about their services, to inform the contract management of providers.</p>

## 1B. Working with People: Supporting people to live healthier lives

*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*

Ref. Code	What do we know about the quality and impact of social care practice?	How do we know it?	Our plans for the next 12 months to maintain or improve practice
	insights into how services improve peoples' care experiences.	Feedback from Customer Experience team and how it is used in contract management is included in IR 2.	

## 1C. Working with People: Equity in experience and outcomes

*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*

Ref. Code	What do we know about the quality and impact of social care practice?	How do we know it?	Our plans for the next 12 months to maintain or improve practice
1.13.	<p><b>Engagement with our communities</b> We undertake engagement with residents, and people who use our services to ensure that our services are tailored to local needs. We work to the principles of Think Local Act Personal's 'Making it Real' Framework and commissioned 'Ideas Alliance' to review our co-production practices and support us to co-produce two projects (an information pack and embedding co-production in strategic planning of mental health services).</p> <p>We have an active Engagement Panel comprised of people with lived experiences of adult social care, who advise us on how to improve services and contribute to decision making. The Panel review our engagement plans to ensure we are being accessible and inclusive.</p>	<p>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. Findings from the Extra Care Engagement is included in this <a href="#">Cabinet report</a>.</p> <p>Examples of the Engagement Panel's work in recent months include:</p> <ul style="list-style-type: none"> <li>• Guidance and 'top tips' on Engagement Methods</li> <li>• Improvement to engagement with Carers</li> <li>• Advising on engagement to inform commissioning of Supported Living</li> <li>• Better inclusion of young people with disabilities in Home Care commissioning</li> <li>• Advised on a Glossary of Terms for elected members, and the general public</li> <li>• Suggested possible topics for future learning and development of staff</li> </ul>	<p>Recent Engagement panel recruitment has increased membership to 25 people. Future recruitment to the Panel aims to increase representation from under-represented groups, such as people with lived experience of dementia, sensory impairments and mental ill-health and ethnic minority communities.</p> <p>We are piloting different ways to engage people who use our services on an ongoing basis, outside of formal and specific consultations. This is intended to gather more qualitative feedback from people's experiences across all our services, to help us understand how well our services work for people and how they could improve.</p> <p>We are working with the Engagement Panel to ensure that our engagement activities are as</p>

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	<p>Our Engagement Forward Plan [IR 35] sets out the current and upcoming engagement activity. The supporting Engagement Process helps staff develop and implement engagement activity, encouraging staff to seek the Engagement Panel's input. The engagement process includes principles which were co-produced with Engagement Panel members.</p>	<p>Our Engagement Forward Plan, the supporting Engagement Process and an example of an engagement plan are included in IR 35.</p>	<p>accessible and inclusive as possible across our diverse communities.</p> <p>We are working with regional ADASS partners to develop a joint approach to co-production and learn from good practice across the region.</p>
1.14.	<p><b>Meeting the needs of diverse communities</b></p> <p>In line with the Council's commitment to eliminating discrimination and advancing equality of opportunity, we undertake Equality Impact Assessments (EIAs) on any decisions about changes to policy or services. Our Department Equalities Group scrutinises EIAs to ensure that possible impacts on groups with protected characteristics are identified and mitigated.</p> <p>The communities we serve are increasingly diverse and we recognise the need for our staff to understand and be confident when having conversations with people. We have policies, guidance, and training to improve awareness and knowledge about the experiences of people likely to have poorer access and experiences.</p> <p>Our Leicestershire Learning Disability Partnership Board and 6 locality groups works together to improve things for people with learning disabilities and their carers, sharing</p>	<p>Examples of recent EIAs are included in IR 12.</p> <p>The <a href="#">Joint Strategic Needs Assessment (JSNA)</a> [IR 14], identifies people at most risk of inequality in Leicestershire as, people with a learning disability, people who are homeless, people with severe mental illness, prisoners, care experienced adults, people living in poverty/deprivation and Gypsy or Irish Traveller communities.</p> <p>The Adults and Communities Department recognised the need for a customer-focussed Trans and non-binary policy. A working group met with trans advocates to co-produce a trans and intersex inclusion action plan, one achievement was the co-production of a <a href="#">Policy and Guidance on working with Trans and non-binary people</a>.</p> <p>The Learning Disability Partnership Board contributes to making the LD and Autism voices</p>	<p>We have developed our Adults and Communities Equalities Action Plan for 2023/24<sup>[IR12]</sup>. This sets out our key equalities' priorities with a focus on anti-racism, mental health, disabilities, and LGBTQ+ and how they will be delivered including through events to raise awareness and consider equalities issues and opportunities.</p> <p>We are working to improve how we record people's protected characteristics and to update our reporting tools to gain a better understanding of the impact of our policies and training on how our services are provided and the outcomes for people from different communities.</p> <p>We recently signed up to the Workforce Race Equality Standards (WRES) and will be implementing learning from the community of practice to ensure we work effectively with people from diverse communities.</p>



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	information about services and things to do in local areas. the Board includes people with learning disabilities, their carers and people from organisations in Leicestershire.	heard and included by the council. The group discussed their experiences with bus companies to bring about changes in public transport. The group also worked to improve the availability of accessible changing places. The group worked with Leicestershire police to raised awareness and contribute to staff training and are working with the Community safety team regarding safe places for vulnerable people.	

## 2A. Providing Support: Care provision, integration, and continuity

*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.*

Ref. Code	What do we know about the quality and impact of social work practice?	How do we know it?	Our plans for the next 12 months to maintain or improve practice
2.1.	<p><b>Understanding local support needs</b></p> <p>We have a strong understanding of local care needs and the sufficiency, opportunities, and risks within the care market. This is supported by analysis of a range of evidence and through engagement with residents, people who use services and providers on specific areas of strategy development and service design. Our understanding of the care market is underpinned by regular engagement with care providers through a series of provider forums.</p>	<p>The sources used to understand needs include population estimates and projections from <a href="#">POPPI</a> and <a href="#">PANSI</a> and local sources such as the <a href="#">Joint Strategic Needs Assessment</a> (JSNA) <sup>[1R 14]</sup>, <a href="#">Housing and Economic Development Needs Assessment</a> (HEDNA), and dashboards developed using census data and demographics of people who use our services.</p> <p>Our understanding of the care market is reflected in our <a href="#">Market Position Statement</a> and <a href="#">Market Sustainability Plan</a> which set out information about the sufficiency and diversity of supply, quality of provision, fee rate coverage, workforce, and commissioning priorities.</p>	<p>We will continue to use the information available to us to understand the needs of our communities and the local social care market.</p> <p>We aim to increase the extent to which we co-produce our commissioning plans with key stakeholders including residents, people who use our services, partners, and providers.</p> <p>Regular updates of the Market position statement support the providers in their understanding of local need for services.</p>

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2.2.	<p><b>Communication with providers</b> We engage in regular two-way dialogue between our service and commissioned care providers to share information and identify and address key risks and issues. Our Provider bulletins and forums as well as contract and quality management activities provide formal and informal opportunities for discussion. We also engage with providers when reviewing services to ensure that their feedback is taken into consideration. The feedback from providers ensures that we understand the difficulties and challenges they face, understand trends in the market. This in turn helps to identify opportunities to shape the market and inform commissioning.</p>	<p>We host regular <a href="#">provider forums</a>, each focused on a particular type of care provision, and publish fortnightly <a href="#">provider bulletins</a>. These forums ensure providers are kept up to date with the latest information which supports their services and gives providers an opportunity to discuss their challenges which informs strategic development.</p> <p>An example of effective engagement of providers to inform service design is the review of the Extra Care services contract<sup>[R1.12]</sup>. Engagement with care providers in September 2024, provided positive feedback (rated 4/5) about how we communicate with them, including that we have regular, transparent conversations and that the monthly forums are considered useful.</p>	<p>We will continue to engage with providers through these channels to share information and 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 as part of our wider drive to increase co-production.</p>
2.3.	<p><b>Quality and contract management</b> Robust processes for provider contract management and quality assurance are followed to support and address concerns with the quality of services delivered by commissioned providers. Our quality and contracts team build strong working relationships with our providers. Through our procurement processes and contract management we ensure that providers meet minimum safeguarding standards and ensure that their staff receive appropriate training.</p> <p>Quality assurance and contract monitoring guidance support the team to carry out their role consistently, providing assurance that services</p>	<p>IR 18 sets out the processes and tools we use to monitor quality of commissioned services.</p> <p>Provider engagement in September 2024 indicated that providers value the support provided by the quality and contracts team to support quality assurance and improvement.</p> <p>Leicestershire has a higher proportion of care homes with nursing which are rated either 'good' or 'outstanding' than both the regional and national rates; at 78% in Leicestershire in September 2024 compared to 70% East Midlands and 74% for England.</p>	<p>We will continue to improve the quality of commissioned services through effective and strategic contracts management and targeted quality improvement activity. We will maintain and build strong working relationships with providers encouraging open and honest dialogue.</p> <p>We aim to further embed the feedback obtained by our quality experience officers from people receiving support, inform contract and quality management to drive on-going improvement to commissioned services to improve people's experience of care.</p>

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	<p>are safe and person-centred. Feedback from people receiving care is routinely used to inform contract management discussions.</p> <p>Our provider support and Positive Behaviour Teams offer direct support to providers to drive improvement in service delivery and improve outcomes for people in receipt of care.</p> <p>In terms of the quality of provision among service providers, Leicestershire compares favourably with the East Midlands region and England.</p>	<p>77% of all residential care homes in Leicestershire were rated either 'good' or 'outstanding' by the Care Quality Commission and above the East Midlands rate (70%).</p> <p>Similarly, a higher percentage of home care providers were rated 'good' or 'outstanding' (58%) than regionally (53%), and in line with the national average (59%). [Source: <a href="#">LGA Inform Comparison Report</a>]</p>	<p>We are also piloting the <a href="#">Dignity in Care award</a> ensuring that providers in Leicestershire are implementing the 10 Dignity Challenges and embedding the role of the Dignity Champion effectively into their care practices.</p>
2.4.	<p><b>Residential care market</b></p> <p>In Leicestershire we support more people to maintain greater independence through community-based support, with a smaller proportion of people in residential placements compared to similar authorities.</p> <p>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, resulting in fewer options for commissioning nursing placements. This is in part due to the low levels of NHS-Funded Nursing Care (FNC) and Continuing Healthcare (CHC) determinations by local health partners.</p>	<p>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 <a href="#">Market Sustainability Plan</a>.</p> <p>Permanent care home admissions for 2023/24 for the 18-64 age group was 61, up from 54 in 2022/23. For people aged 65 and over there were 864 admissions, down from 940 the previous year.</p> <p>At the end of August 2024, we commissioned home care for over 2,700 people, an increase of 8% in 2 years, whilst having only 9 people awaiting provision.</p>	<p>We are working with Health partners to address the underlying reasons why Leicestershire has comparatively low rates of people with FNC and CHC determinations. The Integrated Care Board and City Council are working with us to align commissioning practice and support market sustainability. A CHC Training package for staff is being delivered jointly with City and Health.</p> <p>Our Accommodation Review Team's future focus is on reviewing people in residential care to identify people who are entitled to FNC and ensure this in place.</p> <p>Our Transforming Commissioning programme aims to.</p> <ul style="list-style-type: none"> <li>• develop the nursing care market</li> <li>• increase use of and capacity in Extra Care</li> <li>• implement innovative commissioning models</li> </ul>

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	Leicestershire has a diverse and growing home care sector which enables more people to have their needs met in their own home.	We introduced a nursing fee rate in October 2023, which is supporting the development of nursing care within the market.	
2.5.	<p><b>Supporting the social care workforce</b></p> <p>We acknowledge the challenges providers face with recruitment and retention of staff particularly in rural areas of the county. Our ‘Inspired to Care’ (ITC) service has achieved success in improving recruitment and retention among the providers it works with, as well as developing career pathways and promoting social care careers with further education and schools. Inspired to Care promotes information, advice, and guidance to help providers improve their recruitment and retention practices. The service delivered an international recruitment conference for home care providers and shared an overseas recruitment toolkit. It hosted a conference on how to use social media for recruitment and provides resources on supporting staff wellbeing. The success of the annual Care Professionals of the Year awards 2023, which celebrates the work of individuals in the sector, indicates the positive impact ITC is having on the provider market. The service also has been successful in promoting caring as a career option through schools and job centres. ITC also provides training resources and job search resources to providers and individuals considering the sector.</p>	<p>Although in 2022/23 (the latest data available), the vacancy rate across the independent adult social care workforce was lower in Leicestershire than the national average (at 8.5% locally compared to 9.9% in England), Leicestershire had a higher turnover rate (at 35.2% locally compared to 28.3% nationally). Workforce pressures are set out in detail in the Council’s <a href="#">Market Position Statement</a>. [Source: <a href="#">Skills for care</a>]</p> <p>The <a href="#">Inspired to Care website</a> provides access to the resources and training opportunities available. The Workforce Board highlight report<sup>[IR 19]</sup> sets out its achievements for the year. A total of 1,439 people completed the ITC application form, either at careers fairs or independently, and these leads shared with ITC members. 18 people passed the health and social care level 2 qualification, 9 of whom went on to secure jobs.</p> <p>The Leicestershire Inspired to Care model has been adopted by Leicester City Council, which recognises the benefits of the team’s work.</p> <p>ITC was also recognised nationally in a Partners in Care and Health published case study on</p>	<p>We will continue to grow and develop the Inspired to care service building on its successes to further support and develop an effective workforce. An initiative is underway with Job Centres aiming to recruit those looking for other jobs into social care roles.</p> <p>We are working with LLR partners across health and social care to scope workforce development initiatives across the system for care workers specifically focussing on career progression opportunities.</p>

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Ref. Code	What do we know about the quality and impact of social work practice?	How do we know it?	Our plans for the next 12 months to maintain or improve practice
		<p>values based recruitment <a href="#">What good looks like: Values-based Recruitment in Adult Social Care.</a></p> <p>The Care Professionals of the Year awards recognise the outstanding work being done in the social care sector throughout Leicester and Leicestershire. In 2023, 610 nominations were received for awards, a significant increase from 155 nominations in 2022. The award ceremony was attended by over 270 people and watched by another 451 on Facebook live. A brief summary and photos of the event are on the <a href="#">Inspired to Care awards gallery</a>, <a href="#">Short video available on You tube</a> and <a href="#">News article on Skills to Care website</a>.</p>	

## 2B. Providing Support: Partnerships and community

*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*

Ref. Code	What do we know about the quality and impact of social work practice?	How do we know it?	Our plans for the next 12 months to maintain or improve practice
2.6.	<p><b>Impact of commissioning and quality</b> We collaborate effectively with partners across LLR to address risks to the market and jointly-commission services where possible.</p> <p>We regularly share intelligence on risk factors with other agencies such as through 'information-sharing meetings' with quality, safeguarding, and continuing care teams from the Integrated Care Board (ICB) and representatives of the local</p>	<p>IR18 includes our protocol for sharing information and intelligence with key partners to highlight and address risks in the local market.</p> <p>IR 16 includes a recent Quality of care in Leicestershire report.</p>	<p>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.</p>

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	<p>Healthwatch organisation to review and consider a collective response to risks affecting the market. Information and data sharing protocols govern sharing of intelligence between organisations; evidence used includes CQC ratings, contract monitoring information, operational intelligence, and international recruitment sponsorship scheme escalations. Our strong working relationship with the Care Quality Commission (CQC), is supported by regular operational meetings and CQC participation in multi-disciplinary meetings relating to providers in escalation.</p> <p>Through effective partnership intelligence sharing and cooperation we are effective in managing Provider failures and instability or exits from the market to maintain market stability. Financial and other support is given to providers to support sustainability of their services.</p>	<p style="font-size: 48px; opacity: 0.5;">DRAFT</p>	
<b>2.7.</b>	<p><b>Partnership working.</b> We are committed to working together with our partners to develop and improve our services. We know that we collaborate effectively with partners across LLR to address risks and jointly deliver services that benefit people who use them. We demonstrate strong and effective partnership working through our Home First Service. The service works closely with NHS partners to respond to people in crisis and prevent hospital</p>	<p>An overview of the Home First Service is included in IR 8.</p> <p>HART service continues to deliver excellent outcomes for people through the Home First partnership structure; 90% of people need no ongoing services following reablement, and 89% living at home 91 days post discharge. [Source: <a href="#">ASCOF: Reablement Outcome</a> and <a href="#">ASCOF: Reablement 91 Days</a>]</p>	<p>Development of the Intake model will strengthen the partnership working arrangements and enable more people to be supported to regain their independence and achieve positive outcomes.</p> <p>We are committed to work with LACs to ensure people receive the right support in their communities.</p> <p>We will continue to work with partners to deliver the LDA Collaborative Programme, including for</p>



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	<p>admission, to support hospital discharge, and help people regain independence. The service comprises the Discharge hub which works closely with Leicester's hospitals to triage and co-ordinate discharge arrangements. The Home care and Reablement Team (HART) works with NHS rehabilitation and recovery services to support people's recovery and to regain independence.</p> <p>Effective partnership working with Local Area Co-ordinators in localities where they operate supports people to access resources in their communities.</p> <p>We work with partners from health and other local authorities to deliver joint initiatives such as the Learning Disability and Autism (LDA) Collaborative, which is one of the top performing collaboratives nationally. It has been effective in reducing the number of people with a learning disability and/or autism living in an inpatient setting, learning from LeDeR's and completing annual Health Checks.</p>	<p>IR22 contains the recent <a href="#">Learning Disability and Autism Collaborative report to the LLR Joint Health Scrutiny Committee, demonstrating the effective performance of the group.</a></p> <p style="text-align: center; font-size: 48px; opacity: 0.3;">DRAFT</p>	<p>example work to ensure all people in LLR with a learning disability receive an annual health check</p>
2.8.	<p><b>Joint Commissioning arrangements</b>            Joint-commissioning across LLR is facilitated by established infrastructure including system-wide partnership forums such as; Home First, Mental Health, and LD and Autism collaboratives and strategic partnerships such as Health and Wellbeing Board and Integration Executive. A</p>	<p><a href="#">The Health and Wellbeing Board</a>, acts as the place lead forum.. Integrated Delivery and Commissioning Group (IDCG) terms of reference and workplan<sup>[IR 22]</sup> outlines the group remit and commissioning activity it oversees.</p>	<p>We will continue to deliver strong joint working arrangements and relationships at all levels of the organisation, from the senior strategic level through to our operational teams. Our recent staff survey indicated that staff felt collaboration with partners could improve through more regular communication and MDT meetings, joint-</p>

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	<p>(IDCG) Integrated Delivery and commissioning Group provides a strategic lead for our programme of joint commissioning between the Council and ICB. The Council acts as lead commissioner for the joint contract for domiciliary care services with the ICB</p> <p>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. Additionally, the Council commissions joint services for discharge, such as bariatric beds in residential services.</p>	<p>The <a href="#">LLR Living Well with Dementia Strategy 2023-28</a> sets out the ambition across LLR to support people to live well with dementia, and the <a href="#">LLR Carers Strategy (2022-25)</a> sets out shared priorities to recognise, value, and support carers.</p> <p>The Council is leading the consortium across LLR for the Accelerating Reform Fund, which has several shared objectives, including improving support for carers across the area.</p>	<p>training and by more clearly defining and raising awareness of each partner agency's roles.</p> <p>The LLR Mental Health Wellbeing and Recovery Support Service will invest £1m per year over the next 5 years to provide advice and support for people's emotional and mental health</p> <p>The Joint LLR Carers' Strategy will be reviewed and refreshed over the next 12 months.</p>

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## 3A. Ensuring Safety: Safe systems, pathways, and transitions

*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*

Ref. Code	What do we know about the quality and impact of social work practice?	How do we know it?	Our plans for the next 12 months to maintain or improve practice
3.1.	<p>Our Young Adult Disabilities (YAD) team works effectively in partnership with Children's services to support young people with eligible needs as they move into adult services. We work with children's teams to identify young people early and start the planning and preparation needed to ensure a smooth experience for young people as they transition to adult's services. Our aim is to start working with young people as they turn 17, to support them to make choices that will achieve</p>	<p>During August 2024, the average age at allocation was 17.6, (target 17). In the current financial year young people wait on average 12.6 weeks from allocation to assessment. [source: <a href="#">Young Adult Disability: Monitoring</a>]</p> <p>Feedback from our recent Peer Review was positive about how well the team support young people as they transition to adult services.</p>	<p>Recommendations from the recent Peer Review will be incorporated into the corporate Pathway to Adulthood review where appropriate, others will be taken forward by the department.</p> <p>Our Pathway for Adulthood review is being carried out with colleagues in Children and Family Services and other partners, it is reviewing our systems and processes and people's experiences. The project will consider</p>



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*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*

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	<p>their best possible outcomes for more independent living as an adult. We have a focus on ensuring the young people have the best experience possible and while ensuring value for money for the council, a recent Peer review into the effectiveness of our pathway to adulthood journeys has highlighted good practice and areas for development.</p>	<p>IR 24 includes our Preparing for Adulthood strategy and pathways/processes.</p>	<p>how we can work together to support early planning and preparation which will improve outcomes for young people and ensure best value for the Council.</p>
<p>3.2.</p>	<p><b>Working with health to support transfer between services</b>                      Our Home First service works effectively with health services to provide seamless support to people when they are discharged from hospital. We know this through the MDT approach we take to assess referrals from the main Leicester hospitals, community and acute out of county hospitals. We identify and co-ordinate the person's support, prioritising independence through appropriate reablement and rehabilitation. We have an effective Brokerage team that sources care packages from contracted providers or other specialist services when needed. The Council is effective in commissioning D2A beds and home care services on behalf of health.</p> <p>Our in-house urgent community response service refers older people with mental health conditions or probable dementia to the NHS Unscheduled Care Hub, where they are seen by an appropriate team to address their needs.</p>	<p>At the end of August 2024, the 4-week moving average was 171 discharges per week into the county council (17% higher than a comparable figure of 146 at the end of August 2023). Of these 37 resulted in no services. A further 105 people were 'new' to the authority. Of these, 15% were in a temporary residential placement one week following discharge, 51% were in receipt of reablement, and 31% were at their home in receipt of a home care package (some of whom are awaiting reablement). The remaining 3% were split between other community services or a permanent residential placement. [Source: <a href="#">Service Trends: Hospital Discharges D2A</a>]</p> <p>Nine requests for home care were awaiting a PoC start date, the average duration for a request to be fulfilled was 3 days with a maximum wait of 4 days.</p> <p>The Shared Care Panel reviewed 185 people in 2023. From January to September 2024 the</p>	<p>Our Home First Discharge Hub will continue to support peoples discharge from hospital, working with our colleagues in health to co-ordinate services which facilitate a seamless transfer.</p> <p>We recognise that too many people are discharged on Pathway 2 (D2A) and we are working with our health partners to ensure more people are discharged to their own home with appropriate support. We are embedding a new Discharge to Assess 7-day review approach across Home First services and enhancing our brokerage offer to support timely discharge. As outlined under Quality Statement 1B, we are working with NHS partners to develop an intake model to increase the number of people who receive intermediate care and reablement services on discharge from hospital.</p> <p>Partners have agreed to need to review the joint working pathways and a new initiative is underway through the LLR Integration partnership group to improve use of Funded</p>

### 3A. Ensuring Safety: Safe systems, pathways, and transitions

*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*

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	<p>This helps to support people in the community and avoid admission to hospital.</p> <p>We are proud of our co-working health partners across LLR, to develop and implement a LLR Framework for Integrated Personalised Care (LLR FIPC). This supports delivery of person-centred care by enabling appropriately trained social care staff to undertake delegated health care tasks and vice versa. It builds on best practice and takes an MDT approach to support planning. Additionally, we have an agreed escalation process, to the Shared Care Panel agreed by all partners with interim support provided for the person.</p>	<p>panel has reviewed 150 people, suggesting a greater number of cases will be escalated this year. Indicating the effectiveness of our agreed escalation process. [Source: <a href="#">Shared Care Panel outcomes</a>]</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">DRAFT</p>	<p>Nursing Care and Fast track continuing health care.</p>
3.3.	<p><b>Management of provider instability</b></p> <p>We effectively manage the risk of provider failure through our robust contract management, quality assurance and provider failure processes. Our Quality and Contracts team build good working relationships with our providers supporting early identification of the risk of failure. Providers are required to have business continuity plans in place and support is provided to ensure they are robust. Early indication of financial sustainability issues are assessed and responded to taking into consideration financial or other support where appropriate.</p>	<p>IR 25 includes the processes procedures and tools we use to manage provider failure and disruptions to services.</p> <p>Established processes and reporting are in place to manage provider failures and ensure the impact on individuals receiving these services is well managed and their safety is maintained. Over the past 12 months we have supported over 120 people impacted by the closure of 12 provider services in the county. IR25 includes reviews that show how we effectively responded to a provider failure and identified lessons to inform future practice.</p>	<p>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 their circumstances, with appropriate support provided where necessary.</p> <p>We will continue to follow established processes to manage provider instability and failure to ensure we provide 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.</p> <p>In addition to reviewing our provider failure processes during the lessons learned after each</p>

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	<p>Information about risks associated with providers is shared with appropriate partners including the CQC.</p> <p>We effectively manage provider instability and failure, to minimise the impact on people's safety. We aim to maximise the notice period providers give on the closure of a service and communicate with the provider as early as possible to develop plans to manage the risks to individuals receiving care and care workers. Communication with people using the service and their families (including those who fund their own support) is undertaken to ensure they understand what we are doing to ensure their services will continue. Lessons Learned exercises after every incident help to refine our approach to provider failure. We also manage instability and failure relating to direct payment or self-funder services.</p>	<p>Our staff survey during August-September 2024, 82% of staff agreed that we respond to unplanned events and emergencies (e.g. provider closure) to minimise risks to peoples' safety and wellbeing. Similarly, provider engagement in September 2024 suggested that providers value the open and transparent dialogue with the Council, support from its compliance officers.</p> <p>In 2024 we undertook an emergency planning business continuity exercise to test our resilience to a large-scale provider failure. Enabling us to understand and plan for any future eventuality and ensure the required governance is established to ensure continued safe delivery of services.</p>	<p>provider instability or failure, in 2024 we are embarking on a complete review of all provider failure documentation to ensure that it is up to date with the national guidance.</p>
3.4.	<p><b>Deprivation of Liberty Safeguards</b></p> <p>We have a highly effective Deprivation of Liberty Safeguards service who undertake assessments are completed in a timely way, effectively managing our referrals to reduce waiting times for assessment. 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. We received a significantly</p>	<p>In 2023/24, we received 6,838 DoLS applications, 66% of which were urgent. We completed 6,672 applications, of which 45% were granted.</p> <p>Our 2024/25 Quarter 1 LIN report shows 1,804 live DoLS in place. 1,733 referrals received, and 1,592 referrals signed off, we have 1,021 referrals waiting allocation.</p>	<p>We are continuing to address the waiting list for the service to ensure people's freedom and safety are maintained in their care setting.</p> <p>We are working with partners to understand and raise awareness of the reasons for the high number of referrals. Deliver joint training to support a reduction in the number of referrals made.</p>

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	larger number of applications in 2022/23 than the England average, however we are making significant progress to complete applications and reduce the waiting list.		

### 3B. Ensuring Safety: Safeguarding

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3.5.	<p>In Leicestershire we are committed to keeping people safe from abuse and neglect, taking the approach that Safeguarding is everyone's responsibility and support our staff to recognise and report any concerns.</p> <p>Alongside the Care Act, staff are supported through the SAB <a href="#">multi-agency procedures</a>, and internal policies to effectively investigate and respond to concerns about people's safety.</p> <p>Safeguarding is fully incorporated into our Practice Development Cycles to provide assurance of our safeguarding practice.</p> <p>Robust safeguarding training is in place to provide staff with the knowledge and guidance to effectively report and investigate safeguarding</p>	<p>IR 28 includes the processes and guidance we use to manage safeguarding concerns and enquiries, along with our quality assurance processes.</p> <p>The Council's most recent Safeguarding Adult Assurance Framework (SAAF) Audit 2023 <sup>[IR28]</sup> gives a self-assessment that our safeguarding services are effective. Governance is well established, safeguarding is considered within service change, we provide quality training and maximise capacity if the workforce.</p> <p>As of September 2024, completion rates for the staff who require safeguarding training are: Safeguarding Adults Digital Core Learning; 76%, Safeguarding Core Webinar; 51%, VARM training; 58%. [Source: <a href="#">Statutory ASC training compliance</a>].</p>	<p>We will continue to monitor and audit our safeguarding practice and undertake actions as necessary to ensure we maintain and improve the quality of our safeguarding practice.</p> <p>We are taking steps to ensure staff safeguarding training rates improve. One way we do this is through our Manager's Training Toolkit<sup>[IR 36]</sup> which supports managers to ensure individual staff complete the learning required for their roles.</p> <p>Whilst we share learning from SARs and thematic audits with all staff through CPD days, our weekly Care Pathway Updates, we are currently reviewing our Safeguarding Training offer to include bespoke training on learning from SARs, and recommendations from thematic</p>

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	<p>concerns. Training is updated in response to PDCs, other audits.</p> <p>Successfully incorporated a new form into LAS for ease of reporting safeguarding concerns which involve a managed provider, to our Contracts and Quality team. Concerns are assessed to determine proportionate and appropriate action.</p> <p>A successful pilot of team training approach to deliver pre-recorded Mental Capacity Assessment training led to provision of further MCA training at our professional development days in January 2024.</p>	<p>For the Safeguarding Core webinar, 89% of staff said they were 'very likely' or 'somewhat likely' to change/improve their practice because of the training. Staff rated their knowledge before the course as 6.16/10, rising to 8.39/10 after.</p> <p>62% of staff who responded to the MCA training pilot survey felt the approach was good. Several staff commented that the ability to discuss examples with colleagues was beneficial.</p> <p>Our staff survey August-September 2024 indicated that 91% of staff agreed that the Council has a positive culture which focuses on learning and promotes opportunities to improve understanding of safeguarding.</p>	<p>safeguarding audits for staff who complete section 42 enquiries.</p> <p>Through our quality assurance processes we will continue to identify any training requirements and address these by working with the Council's Learning and Development Service to develop the training offer.</p>
3.6.	<p><b>Safeguarding governance arrangements</b> Across Leicester, Leicestershire and Rutland (LLR) we benefit from strong, well-established partnership governance which oversees a multi-agency approach to safeguarding. Two Safeguarding Adults Boards (Leicester City (LSAB) and Leicestershire and Rutland (LRSAB)), meet jointly, which strengthens collaboration and oversight across LLR. All partners are committed to the SAB and regularly attend meetings. LRSAB works closely with Leicestershire's Community Safety Partnerships (SCPs) and the Leicestershire Safer Communities Strategy Board which coordinates</p>	<p>IR 26 contains links to the LRSAB's strategic plan and annual report.</p> <p>The LRSAB's priorities for safeguarding, outlined in its <a href="#">Joint Strategic Plan (2020-25)</a>, align with the Council's priorities for adult social care including, strengthening engagement with people, understanding and identifying the barriers faced by diverse communities, ensuring effective joint-working to safeguard adults, and supporting prevention of harm and abuse.</p> <p>Our Safeguarding Governance group action plan<sup>[IR 39]</sup> outlines the actions currently underway</p>	<p>We will continue to work with partners on the LRSAB to address the key priorities in its Joint Strategic Plan (2020-25) and Business Plan for 2023-25 which focusses on raising awareness of self-neglect, improved guidance and access to resources that enable practitioners to support people who self-neglect. Improve awareness and use of the Mental Capacity Act and assessment to safeguard people, and review how agencies work together to identify and respond to domestic abuse in older people and develop plans to address any issues that are identified.</p>



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	<p>delivery of safer communities' objectives in the county. Joint meetings with the Safeguarding Children Partnerships (SCPs) consider cross cutting issues such as Transitional Safeguarding.</p> <p>Our internal Safeguarding Adults Governance Group sets strategic priorities in relation to safeguarding practice and process within LCC, based on the LLR SAB strategic priorities. The group also considers learning from SARs and case audits, domestic homicide reviews, LLR LeDeR and national learning to inform plans and priorities. Robust links between the SAB and LCC's Safeguarding Adults Governance Group ensure that safeguarding policies and procedures are consistent with LRSAB priorities. The Governance group includes key roles such as, Assistant Director for Operational Commissioning, Principal Social Worker, Head of Service (Safeguarding), and Trading Standards.</p>	<p>to improve our safeguarding practice. The group receive regular updates to ensure we are making progress and achieving the strategic aims of the plan. Additional oversights if provided through regular reporting to Departmental Management team (DMT) Lead Members and Overview and Scrutiny Committee.</p> <p style="text-align: center; font-size: 48px; opacity: 0.5;">DRAFT</p>	<p>Learning and information is shared through weekly Team Manager Safeguarding discussions and through the Care Pathway newsletter</p>
3.7.	<p><b>Learning from Safeguarding Adults Reviews</b> Learning from Safeguarding Adults Reviews (SARs) is used effectively along with the findings from regular case audits and thematic audits to develop safeguarding policies, procedures, training, and guidance.</p> <p>Learning from SARs is promoted through channels including the LLR SAB website, Safeguarding Matters Newsletter, 7-minute</p>	<p>IR 27 includes the SARs, learning and action plans covering the past 24 months. Learning from SARs have led us to focus on development of training courses such as 'having difficult conversations' and 'professional curiosity.' Additionally learning from some SARs and LeDeR cross-cutting reviews have led to implementation of weight management practices MDT work to ensure people maintain a healthy weight.</p>	<p>We will continue to learn from SARs, and annual and thematic audits, taking action to improve safeguarding practice.</p>

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3.8.	<p>briefings and Safeguarding Matters Live sessions. Our care pathway newsletters and lead practitioner briefings also include learning from SARs to improve safeguarding practice.</p> <p><b>Supporting people to feel safe</b> Whilst we strive to ensure that all people who use services feel safe and are protected from harm and abuse, the national Adult Social Care survey, has historically shown Leicestershire performs below comparators in terms of the percentages of people who reported feeling safe, however the 2023/24 data shows an improvement.</p>	<p>Feedback from our staff survey August-September 2024 is positive, with 78% of staff agreeing that the Council uses SARs to identify failings, learn lessons and improve practice.</p> <p>72% of people responding to ASCOF 2023-24 stated they feel safe, an improvement on the previous year (65% 2022-23). This increased to 83% when asked if services have helped them to feel safe and secure.</p> <p>Over 90% of people responding to our pilot survey of people using services, stated that our services made them feel safe.</p>	<p>Many factors influence how safe people feel in their communities, some of which are not influenced by social care services, however we will undertake further engagement with people who use our services to understand why they may not feel safe and identify how our services could help them feel safer.</p> <p>An objective of Council's strategic plan is to ensure people are safe in their communities. This is included in our strategy Delivering wellbeing &amp; opportunity in Leicestershire, and we will continue to support this objective to ensure that people are safe and protected from harm.</p>
3.9.	<p><b>Making Safeguarding personal</b> We work closely with people to ensure they participate as much as they wish to in Safeguarding enquiries, using the Making Safeguarding Personal (MSP) approach. Clear guidance is in place to support use of the MSP principles, with regular training, advice, and support provided through Lead Practitioner briefings.</p> <p>Managers use the 'Signs of Safety' (harm matrix) approach, a strengths-based and collaborative</p>	<p>During 2023/24, the percentage of people asked their desired outcomes was 75%, consistent with the previous year (76%). The percentage who achieved their desired outcomes remained high at 94% [Source: <a href="#">MSP recording</a>]</p> <p>Managers use the harm matrix which are recorded within safeguarding meeting minutes. Periodic dip sampling shows that this takes place and highlights where improvement in practice is needed.</p>	<p>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.</p>

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3.10.	<p>approach to managing risk, during safeguarding meetings, which supports the MSP approach.</p> <p><b>Responding to Safeguarding concerns</b> Safeguarding alerts are investigated promptly with actions taken to address immediate risks within agreed timescales. Alerts meeting the safeguarding threshold are sent immediately to the appropriate worker for an enquiry to be opened.</p> <p>The <a href="#">Responding to self-neglect process</a>, developed with partners in LLR, provides an effective pathway to ensure the risk of self-neglect when the person has mental capacity is identified and addressed appropriately.</p> <p>If the safeguarding threshold is not met, people are signposted to other appropriate services to ensure the right actions are taken to address the concern.</p> <p>An audit carried out by the SAB Audit sub-group, into the application of thresholds resulted in a change to staff guidance to ensure S42 enquiries are started appropriately.</p> <p>Enquiries that have been open for longer periods of time are reviewed weekly with managers, to understand the reasons and take action to ensure cases are supported appropriately.</p>	<p>During 2023/24 LCC received 1,733 safeguarding alerts and completed 794 enquiries, a conversion rate of 43%, higher than the latest known national rate (2022-23) of 32%. 49% of threshold decisions made within 5 days.</p> <p>IR29 Core data LA 2024 25 shows the full data reported.</p> <p>Risks to the individual were reduced or removed in 96% of enquiries.</p> <p>Current reporting shows, 45% of Alerts have been open for up to 4 weeks, 48% open for up to 1-3 months and 7% been open for over 3 months.</p> <p>For Safeguarding Enquiries, 36% had been open for less than 6 weeks, 27% open for up to 6 weeks to 3 months, 20% open for 3-6 months, 15% for 6-12 months and 2% open for over 12 months. [Data Source: <a href="#">Safeguarding: Overall Activity</a>]</p> <p>Weekly oversight meetings take place between the Lead Practitioner for safeguarding and Strategic Service Managers, Team managers and team leaders.</p>	<p>We will continue to investigate safeguarding concerns promptly and consistently. We will check that our updated our processes are followed to ensure concerns are investigated and recorded appropriately, through Safeguarding or other pathways. Cases will be audited periodically to ensure thresholds are applied and processes followed correctly.</p> <p>Quality and performance reporting now includes measures to support timely closure of safeguarding enquiries, will provide us with greater oversight and improve our understanding of why enquiries may be open for longer periods of time.</p> <p>We will continue to reduce the waiting times for S42 enquires to be investigated thoroughly and proportionately.</p>



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3.11.	<p><b>Organisational Safeguarding</b>                      Joint working with our Quality &amp; Contracts team has led to a new process where Safeguarding referrals from all providers are flagged to our Quality &amp; Contracts team and recorded. This enables the team to effectively monitor risks or concerns with individual providers, identify organisational safeguarding concerns and take appropriate action to address issues.</p> <p>We have a robust quality and contracts team who support the safeguarding agenda through audits and quality checks. Members of the team attend joint safeguarding meetings with the safeguarding Lead to ensure concerns are shared and addressed.</p> <p>The Lead Practitioner for safeguarding also attends Provider forums to provide updates on latest safeguarding information.</p> <p>We have a proactive working relationship with CQC, monthly meetings enable discussion of safeguarding concerns related to providers in the local area, whistleblowing, potential provider closures and breaches.</p>	<p>Organisational Safeguarding concerns are reported to Governance group for oversight every 2 months.</p> <p>IR18 contains evidence of our quality and contracts monitoring processes and tools.</p>	<p>We will monitor the new process to ensure that it is effective in identifying organisational safeguarding concerns.</p> <p>We shall continue to work with partners to ensure safeguarding concerns are monitored across the local area and action taken to address risks to people receiving services.</p>

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## 4A. Leadership: Governance, management and sustainability

*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*

Ref. code	What do we know about the quality and impact of social work practice	How do we know it?	Our plans for the next 12 months to maintain or improve practice
4.1.	<p><b>Adults and Communities structure</b></p> <p>Adult Social Care sits within the Adults and Communities (A&amp;C) Department alongside Adult Learning services, and Library and Heritage services, all play key roles in supporting people's wellbeing across Leicestershire.</p> <p>Our departmental, corporate and political leadership structures are well established with stable leadership in place, this provides a solid foundation for clear strategic and operational management and decision making.</p> <p>Strong relationships between A&amp;C managers and political leaders ensures they are well informed. Political leaders show a desire to understand and support the service.</p> <p>Regular communication between senior management and staff ensures information is shared through a variety of channels and gives staff an opportunity to ask questions and provide feedback.</p>	<p>Our organisational structure charts and information about our teams are in IR 37.</p> <p>Examples of our communications channels include:</p> <ul style="list-style-type: none"> <li>• Care Pathway Update newsletter</li> <li>• Staff Briefings (virtual &amp; in person)</li> <li>• A&amp;C Staff News</li> <li>• Service and Team level meetings</li> <li>• Viva Engage (pilot)</li> </ul> <p>Our Lead Member is our involved in Engagement Panel and Learning Disability Partnership Board.</p> <p>In addition to the formal Overview and Scrutiny Committee the lead member meets regularly with DASS and key officers to ensure they are informed of key developments or areas to be addressed.</p> <p>Deputy Lead Member attends Safeguarding Adult Board as political lead for Leicestershire. Our Lead member also attend Social Work celebration events such as the social work apprenticeship graduates and Assessed and Supported Year for newly qualified social workers.</p> <p>Operational Commissioning Assistant Director holds Coffee Mornings in person and in locality offices for informal conversations with staff.</p>	<p>In response to staff feedback, we are developing our internal communications to better meet the needs of staff, ensuring they are well informed and have opportunities to provide feedback. We are also addressing staff perceptions suggesting the visibility of senior leaders could improve. Our Director and Assistant Directors will continue to meet with staff through a variety of forums, including our DMT Roadshow and will continue to attend service meetings and lead staff briefings.</p> <p>We will also increase our use of Viva Engage to share information and provide opportunities for staff to engage with and feedback.</p>

4.2.

**Strategic vision**

Adult Social care leaders have a clear vision to deliver care and support for people in Leicestershire. Our adult social care strategy '[Delivering Wellbeing and Opportunity in Leicestershire](#)' has defined our approach to deliver social care for the past 4 years and is currently being refreshed. Our model focusses on levels of support: prevent, delay, reduce and meet needs. Our key aim is to ensure people receive appropriate support at the right time and remain independent in their lives.

Department and Service business plans are refreshed regularly to support delivery of services outlined in the strategy while responding to new opportunities.

A link to our Delivering Wellbeing and Opportunity in Leicestershire strategy, and current business plans are included in IR 30.

Recent staff engagement at our DMT Roadshows [IR 4] showed 75% of staff like the current strategy and many commented that the model clear and easy to understand.

The departments business plans detail how each service supports delivery of our social care strategy and the outcomes within the [Council's Strategic Plan \(2022-26\)](#).

Our adult social care strategy is being refreshed for 2025-2029, engagement with people and providers and staff is helping to shape the strategy to ensure services continue to meet the needs of people in Leicestershire. The refreshed strategy will also align with and contribute to achieving the Councils priorities for Leicestershire to ensure it meets the needs of local people building on our person centred and strengths-based approach.

Delivery of our department and service plans is monitored through departmental governance channels and reported to the councils Outcomes Boards on a regular basis.

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4.3.

**Governance arrangements**

Robust financial governance supports management of the challenges facing the service, such as reduced budgets, higher costs and increased demand for services. The Council's Medium-Term Financial Strategy (MTFS) is refreshed annually setting out our 4-year financial plans.

We work closely with our corporate finance business partner team to forecast budgets, based on growth predictions and inflationary pressures. Regular financial reporting is considered by DMT and presented to corporate and political governance groups.

A Fair Outcomes process ensures that quality of practice, outcomes and the persons aspirations and voice are central to our decision making. This plays a key role in managing demand for services and delivering cost effective care that best meets an individual's needs.

Potential opportunities to deliver services more efficiently are identified both within the department and corporately. Implementation of larger or cross-cutting initiatives is carried out with the change expertise of our corporate transformation team.

The Council's [Medium-Term Financial Strategy 2024 - 2028](#) shows its overall spend on adult social care has risen from 36% to 39% of net budget.

The Councils '[Fair Funding](#)' Webpage highlights that LCC is the lowest-funded county council in the UK and our call for change.

The [Fair Outcomes Policy](#) sets out how we provide cost effective care that meets our statutory requirements to support people's wellbeing.

In our staff survey August-September 2024, 62% agreed that the Council has effective budget oversight, accountability and governance and assesses the impact of any budget reductions on statutory duties.

Robust governance support delivery of major initiatives implemented with transformation expertise, such as our Transforming Commissioning programme, developing innovative ways of commissioning services for future sustainability and Demand Management programme, which aims to improve the efficiency and effectiveness of our processes to better manage system flow, and ensure an outcome focused, strengths-based approach.

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 our strategic priorities.

We shall continue to work within the department and with corporate colleagues to identify and deliver initiatives that support more efficient and effective ways to deliver adult social care services.

4.4.

**Performance, quality and risk management**

Well-established arrangements are in place to monitor the performance and quality and risks to service delivery.

The department management team (DMT) meets weekly to consider strategic and operational matters including, performance, budgets, and risks. Reports are considered at quarterly Adults and Communities Overview and Scrutiny Committee meetings, which has oversight of adult social care duties and functions.

The Adult Social Care risk register<sup>[IR 32]</sup> is reviewed regularly by the DMT. Risks which meet the corporate threshold are included in the Corporate Risk Register and reviewed by the Corporate Governance Committee.

Our Corporate Business intelligence service support performance reporting through development of Tableau dashboards, and regular performance reports. DMT and Overview and Scrutiny Committee review performance reports on a regular basis.

Operational dashboards support continuous service improvement. Performance data and outcome measures are reviewed by heads of service each week any emerging challenges are identified, and action is taken to address concerns.

DMT meetings, held each week, focussing on Finance & Performance, Transformation initiatives, strategic decision making, plus a Senior Leadership Team meeting. The purpose of each meeting is outlined in A&C Management and communications structure <sup>[IR 31]</sup>.

In addition, HoS Quality & Performance meeting and the Joint Recovery steering group provide a forum for heads of service and strategic service managers to review performance measures.

Adults and Communities O&S Committee Meetings and YouTube Channel. Recent reports to the committee are included in IR31. include the Annual Adult Social Care Complaints and Compliments Report 2023-24, Performance Report for Quarter 1 2024/25 (April - June), and Peer Review of Pathway for Adulthood.

The Corporate Governance Committee meets every two months, the most recent papers are available on our website: Risk Management Update September 2024 and Corporate Risk Register July 2024, Local Government and Social Care Ombudsman Update, and Changes to Contract Procedure Rules and Financial Procedure Rules.

The LCC Annual Delivery Report sets out overall performance each year.

Use of the Adults and Communities operational and performance Tableau dashboards remains high with 430 individual staff members making 7,773 views per month on average during the 12 months to end August 2024.

We will continue DMT and SLT meetings to monitor performance and risks, maintaining strong links and regular and open communication with the Lead member and Scrutiny Committee, ensuring full oversight of delivery of adult social care services.

We shall continue to monitor and update and review our risk register in line with our corporate risk management process. We will learn from and share good practice through the corporate 'risk champions' network.

We will continue to embed a data driven approach to monitoring and managing service performance, ensuring staff at all levels understand the need for accurate and consistent recording to improve evidence-based decision making. We will continue to work with our business intelligence team to refine and develop our Tableau performance reports. We shall continue to make effective use of data and insights from services through our Improvement Cycle processes to inform continuous service improvement.

4.5.

**Equalities, diversity and inclusion**

The Council has a strong commitment to eliminating discrimination, advancing equality of opportunity, and fostering positive relations in its communities. The [Equalities Strategy](#) supports this commitments and includes priority actions, such as working with partners to increase community cohesion, tackle hate crime and ensuring that services are accessible and inclusive.

Adults and Communities has its own Equalities Group (DEG) which develops and delivers our Equalities action plan. The DEG also reviews Equality Impact Assessments to ensure any impacts of service developments are identified and mitigated.

Staff worker groups (Disabled Workers Group, LGBT+ Staff Network, Diversity Champions Network, and the Black, Asian and Multi-Ethnic Network) provide opportunities for officers who share protected characteristics to discuss issues, promote development, and offer moral support and guidance.

There is a wealth of equalities, diversity and inclusion information and guidance available for staff and a strong learning and development offer, with high training completion rates in the Department.

IR 12 contains documents that outline the council’s commitment to Equality, Diversity and Inclusion.

The Leicestershire Communities Webpage [‘Leicestershire Equalities Challenge Group’](#): Includes terms of reference, meeting documents and newsletters. Examples of staff guidance and tools in place to support equalities, diversity, and inclusion include:

- Equality Impact Assessments<sup>[IR 12]</sup>
- Support with Hate Crime and Incidents
- Menopause Support

Council Webpage [An Inclusive Workplace](#) summarises the Council’s equalities commitments and accreditations.

- Stonewall Top 100 Employers Index
- Disability Confident Employer
- British Sign Language Charter
- Race at Work Charter
- Menopause Friendly Employer

The training available to staff includes ‘Promoting Fairness & Respect’ (currently 89% completion rate in the Department, up from 71% in January 2023), Managing Diversity, Equality and Respect’ module (75% completion rate) completed by A&C managers.

82% of our staff survey respondents (August-September 2024) agreed that equalities and diversity are embedded throughout the Council and the Department. Although LCC Staff Survey results from 2023 indicate that disabled staff are less satisfied than average and feel less able to speak up and challenge.

A revised LCC Equalities Strategy and plan is being developed by the corporate policy team.

Our Department Equalities Group (DEG) will continue to develop and deliver our departmental Equalities Action Plan<sup>[IR 12]</sup>, identifying actions to further equality and diversity in our workforce and our services. This includes a focus on raising staff awareness about the DEG, equalities priorities and providing resources to support consideration of equalities issues at service and team level.

We have signed up to Skills for Care Workforce Race Equalities Standards, to ensure we better understand the workforce and learn from the community of practice so as to develop an action plan to create greater equity in the workforce.

We will also increase uptake of training in areas of ‘Managing Disabled Staff,’ and ‘Menopause Awareness’.

Guidance has been created for Care Pathway Managers to support them to ensure their teams complete mandatory training on a rolling basis, to be monitored in supervision sessions. Departmental dashboards have been developed to assist managers to track completion of training within their teams.

The Council’s Disability Task and Finish Group has developed an action plan to improve disabled staff representation and development.



## 4B. Leadership: Learning, improvement, and innovation

*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*

Ref. code	What do we know about the quality and impact of social work practice?	How do we know it?	Our plans for the next 12 months to maintain or improve practice
4.6.	<p><b>Continuous professional development</b></p> <p>Adults and Communities has a strong focus on continuous professional development to support our workforce and deliver high-quality services. Working with our corporate Learning and Development team, we offer a wide range of training and development opportunities such as,</p> <ul style="list-style-type: none"> <li>• Step up into social work, a degree apprenticeship for existing staff</li> <li>• ASYE (Assessed and supported year in employment) programme, for newly qualified social workers</li> <li>• Best Interest Assessor and Approved Mental Health Professional training, for level 2 qualified social workers.</li> <li>• Trainee Community Support worker programme provides mentoring to support learning and developing into the CSW role (non-qualified pathway).</li> <li>• Occupational Therapy apprenticeship.</li> <li>• Membership of Research in practice to support professional learning.</li> </ul> <p>We hold annual continuous professional development days for all care pathway staff to support their development and professional registrations.</p> <p>An annual Festival of Practice, is jointly delivered by Leicester, Leicestershire and Rutland Adult and Childrens Social care services. These</p>	<p>Engagement with Community Support Workers led to a revised career progression model, and implementation of our social care degree apprenticeship. The trainee CSWs commence on a Grade 8 role, progressing to Grade 9 following completion of a diploma in Social Care. A Grade 10 Senior CSW role was introduced to reflect the responsibilities and case complexity managed by senior CSWs, and their role in inducting, mentoring, and overseeing trainees. 47 CSW trainees are currently being supported to undertake the diploma in social care.</p> <p>Three cohorts have graduated the social work apprenticeship scheme, 20 of our staff completing the scheme have remained with us in social work roles and are registered with Social Work England and (3 have left).</p> <p>The Learning and Development for Adults and Communities Delivery Plan 2023-24<sup>[IR 36]</sup>, was developed with professional social work leads, informed by SARs, legislation, and national learning.</p> <p>In addition to the L&amp;D plan, OT specific training is available. In the past twelve months 70 training sessions have been completed.</p> <p>430 of our adult social work professionals are registered with Research in Practice.</p>	<p>We will continue to lean from our quality assurance processes, to identify and explore opportunities to enhance the personal and professional development of our staff to ensure that they are able to develop their capabilities and fulfil their aspirations.</p> <p>We shall continue to develop recruitment and retention initiatives such as, return to social work, grow our own, and Think Ahead schemes. We will continue to offer and encourage staff to undertake Social Work and OT apprenticeships and offer a Masters qualification.</p> <p>Occupational therapists will continue to develop shared their expertise and knowledge and raise the profile of OTs across the whole of the adults and communities.</p> <p>Our next continuous professional development days will include, trauma informed approaches, and wellbeing sessions, which will be followed up with other health &amp; wellbeing sessions in the following months.</p> <p>Work will start to digitalise supervision records to monitor performance and ensure all staff receive the supervision that is appropriate to their role and supports development.</p>



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	<p>include themed workshops for social work professionals and OTs.</p> <p>OT's hold joint learning and information sharing sessions with health colleagues.</p> <p>Legal lunches provide an opportunity for staff to develop legal literacy and updates in case law. Additional professional training is offered to BIAs and AMHPs.</p> <p>A robust Transfer policy<sup>[IR 36]</sup> which enables staff to apply for equivalent roles in other teams, through a shortened selection process giving them an opportunity to broaden their experience.</p> <p>Managers also hold regular supervisions and follow the corporate Annual Performance Review (APR) process and Supervision Policy to support and develop staff.</p>	<p>94% of the staff who provided feedback for the Legal Lunch sessions found them helpful.</p> <p>Four members of staff have taken advantage of the transfer policy since it was launched in October 2023.</p> <p>The overall completion rate for corporate mandatory training increased from 55% in January 2023 to 81% at the end of August 2024</p> <p>IR36 contains Annual Performance Review (APR) process and guidance available for managers to support performance management<sup>[IR36]</sup>.</p>	
<b>4.7.</b>	<p><b>Learning and Innovation</b></p> <p>We seek to innovate and develop new ways of working, learning from others to deliver service improvement. This is demonstrated through service transformations such as implementation of our operating model in partnership with Newton Europe, digitalisation of services and increased deployment of assistive technology in partnership with Hampshire County Council, and the 3 Conversations approach.</p>	<p>72% of staff responding to the staff survey August-September 2024, agreed that 'innovation and new ways of working are encouraged', 78% agreed that 'there is a strong focus on continuous learning and improvement', and 67% agreed that the Council participates in sector-led improvement.</p> <p>Implementing the operating model increased capacity within the service, and led to more people receiving reablement, fewer people</p>	<p>We will continue to participate in the EM ADASS networks and SLI process to learn from good practice and drive improvement activity.</p> <p>Working with partners we shall continue to deliver change such as the IMPACT work to improve people's experience while waiting for assessment.</p> <p>Actions identified through the recent Peer Review are being delivered through the Pathway</p>



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	<p>Sector-led improvement (SLI) plays a role in our learning and innovation. We work with partners through East Midlands Association of Directors of Adult Social Services (EM ADASS) forums, such as Finance and Performance, PSW Network, Workforce Care Markets and communities of practice. We also participate in peer review and the EM ADASS Annual Challenge Conversation. Our 2024 peer review examined how effectively the current pathway to adulthood for young people ensures timely interventions and independent outcomes for young people as they transition to adult services. Recommendations have been developed into action plan which has been agreed and considered by the Overview and Scrutiny Committee.</p> <p>The Teams-to-Teams element of peer reviews, encourages learning from colleagues based in other authorities, in response to the key lines of enquiry.</p> <p>Implementation of LLR wide OT Training pilot across health Integrated Community teams and Social Care OTs aims to reduce duplication and lead to service improvements. The outcome will be assessed and reviewed in 6-months.</p> <p>Work with the LDA Collaborative led to delivery of training for Weight management and referral pathways, and identifies national agendas e.g., Oliver McGowan Training.</p>	<p>moving into residential care settings, and more people maintaining their independence.</p> <p>This LGA Case Study outlines the <a href="#">Council's digitalisation partnership with Hampshire County Council</a>.</p> <p>The Council leads and chairs several regional development forums including the regional IMPACT project, the CHC network, and the care markets network.</p>	<p>for Adulthood programme, and an improvement action plan within the Young Adults with Disabilities team. The changes implemented through each initiative aim to improve the experience of young people as they move to adult services regardless of their needs and pathway they take.</p> <p>Through the EM ADASS PSW Network, colleagues from Leicestershire and Nottinghamshire are leading collaborative work to develop a revised Support plan, which is expected to be delivered early in 2025.</p> <p>Recommendations from the 2023 Annual SLI challenge conversation are being delivered through our service plans and other initiatives. A Challenge conversion taking place in October 2024 will also inform future development plans.</p>

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4.8.	<p><b>Engagement with people</b></p> <p>We have taken steps to increase the extent to which we engage with people and learn from people's experience of our services through surveys, specific engagement activity and complaints. We have a well embedded Engagement Panel who have been active in co-producing and developing our information and advice.</p> <p>Learning Disability Partnership Board active in Leicestershire to make things better for people with learning disabilities in their communities.</p> <p>The LD Partnership board have developed their <a href="#">new website</a>. Board members also developed and delivered workshops with staff at the LD Partnership Board Conference in September 2024.</p>	<p>In addition to the annual Adult Social Care Survey (ASCS) and the biennial Survey of Carers in England (SACE), we also use the following methods to seek feedback from people; Our Engagement Panel, Learning Disability Partnership Board, feedback from people who use our services. We undertake a telephone survey carried out during practice development cycles.</p> <p>Engagement Panel members have been involved the following developments,</p> <ul style="list-style-type: none"> <li>• new carers webpages</li> <li>• information videos</li> <li>• new customer feedback survey.</li> <li>• Shared experience at Mental Health Service development day</li> </ul> <p>An example of recent engagement and consultation for a specific piece of work is our engagement for Dementia Strategy<sup>[IR30]</sup>.</p>	<p>We are implementing a new feedback form so that people who use our services can tell us about the service they received. This will replace our continuous satisfaction monitoring survey and aims improve the quality and quantity of feedback we receive, to provide strong evidence to inform planning and decision making.</p> <p>We will further develop our processes to assess the feedback received and use the learning to inform our service planning to deliver improvements to our services.</p>
4.9.	<p><b>Staff wellbeing</b></p> <p>We are committed to supporting the wellbeing of our staff, through a range of resources and manager support. As a Mindful Employer, the Council provides and promotes wellbeing support information, resources and training for staff and managers. Our Learning and Development team provides Mental Health First Aid training to create a network of Mental Health</p>	<p>The Council's Mindful Employer status demonstrates our commitment to the Charter and our plans to improve further. We are a Menopause friendly employer.</p> <p>In the 2023 LCC Staff Survey, 57% of Adults and Communities staff stated that they feel stress does not affect their performance (lower than the Council average of 61%). The proportion of Adults and Communities staff who stated that</p>	<p>Implementation of the Health Check action plan<sup>[IR 36]</sup> aims to improve the wellbeing of our staff and ensure managers are equipped to support appropriately.</p> <p>The corporate wellbeing service will continue to work with us to promote the wellbeing support available. The introduction of trauma informed</p>

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	<p>First Aiders (MHFAs) who can support colleagues' wellbeing.</p> <p>We have a strong menopause awareness offer including information, training and support sessions.</p> <p>The Council Employee Wellbeing Service provides a range of services which support wellbeing. Services are promoted through regular wellbeing bulletins and easily accessible information on our intranet pages. These include in-house counselling with trained wellbeing advisors, which are available to all staff, including managers and MHFAs who have a concern about a staff member's wellbeing.</p> <p>We learn from the Local Government Association Annual Health Check and follow up with workshops to delve into the reasons for any concerns highlighted by the survey.</p> <p>The council has several active staff network groups: BAME, LGBTQ+, Disabled Workers Group, and a virtual Carers Support Group.</p> <p>The Council also supports employees with caring responsibilities, including flexible working, 'carers in employment charter' emergency unplanned leave arrangements and informal support.</p>	<p>they felt their work-life balance was right, was 77% compared to 80% across the Council.</p> <p>The 2023 LCC Staff survey indicated 94% of Adults and Communities staff know how to access the wellbeing services. For A&amp;C staff in 2022/23, 50 new referrals were made to the staff counselling service, and 541 counselling sessions were delivered. The latest available data for 2023/24 quarter 1 shows, 30 new referrals were made to the service, and a total of 152 counselling sessions delivered which suggests staff are making more use of the service.</p> <p>An initial summary of the Health check survey is included in IR 4, an action plan is in development based on the survey findings and additional feedback from the workshops held with staff.</p> <p>For Adults and Communities from January 2024, 19 people have completed the 2-day Mental Health First Aider course 11 have completed the MHFA Awareness course 1 person has completed the Youth MHFAider course. A total 203 staff are active MHFAiders.</p>	<p>practice will further support staff to manage their wellbeing.</p> <p>Encouragement is given to managers to maintain frequent communication with their teams and to create informal wellbeing support and buddying systems.</p> <p>Mental Health First Aider refresher training and certification is being delivered in line with MHFA England changes.</p>

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CQC theme(s)	Improvement Area	Actions	Lead(s) & (Governance)	Due Date	Progress Rating	Progress and comments
Working with People	Access to Information, Advice, and Support	<p><b>Access to Information, Advice, and Support</b>                      Website: Review and simplify layout and content, develop information videos                      Printed Information Pack</p> <p><b>NEW SD 25/09/24 - Review public facing documentation and update and review the website</b></p>	Steve Pugh (ASC front door project board / Demand Management)	Mar-25	Green	<p>Website: A series of videos were launched across aspects relating to paying for adult social care. A new dedicated top-ups page on website with new affordability checker launched. Information pack produced so that workers have hard copy materials to leave with people. This includes Adult Social Care Finance factsheets that have been simplified and rebranded in line with the wider Information packs. An on-line version of the factsheets have also been produced.</p> <p>Service directory: Automation functionality to auto remind organisations review their entries and remove records from those organisations that do not update or respond to a request to update is complete. Organisations with a current entry are being advised by letter, phone call or email of the changes and asked to review their data.</p>
Working with People	Front Door Review	<p><b>CSC Review</b>                      CSC operating model review</p>	Steve Pugh / David Stanton (ASC front door project board / Demand Management)	Dec-24	Green	<p>Allocated worker look up tool live on website with options for LAS/NHS number search. Feature has been promoted with Primary Care in LLR. A text option to inform people of their worker has been tested and is also ready to go live on 30th Sept. Performance consistently good on acceptance rates (75% +), tray volumes and queue times between 7-10 mins). Focus on identification of calls that are unnecessarily double handled with Home First and Safeguarding teams to ensure best caller routing.</p>
Working with People	Person-centred Approach	<p><b>Rollout of 3 Conversations approach</b>                      Approach, processes and new assessment</p>	Paul Williams (3Cs)	Jan-25	Green	<p>3 Conversations Pilot: Analysis complete and wider rollout commencing across care pathway. Phase 1 of 6: 100% complete with full roll out completed 2nd September 2024. Phase 2 80% complete started roll out to team 30th September. Phase 3 is at 15% with meeting booked with SSM, TM/TL's. Phase 4 at 5% with email inviting HoS, SSM, TM/TL's to meeting to discuss.</p>
Working with People	Person-centred Approach Practice	<p><b>Carers Assessments</b>                      Ensure carers assessment are offered to all carers identified through assessments as routine</p>	Lead Practitioners/HoS	Mar-25	Amber	NEW
Working with People Ensuring Safety Leadership	Finance Pathway Improvement programme	<p><b>Finance Pathway Improvement programme</b>                      Performance and process improvement                      Digitisation of the pathway                      Client billing improvements.</p>	Neil Parry Liam Mawhinney (FPIP Board)	Mar-25	Amber	<p>New management team is working well. Relationships with FinOps are really positive now and the focus is to improve working with Care Pathway and introduce TOM. Backlog work continues now that backdated invoices have been issued. Whilst this has led to some complaints and write-offs, there is evidence that we are now collecting income that has previously been missed. Changes to LAS and processes are progressing to help ensure issues identified in the backlog work are not repeated going forward. 2 workshops held with ASCF staff to progress development of modular, on-line, training about finance for all staff. New web page for top-ups and staff training on the revised steps is underway. Practice guidance for staff rewritten. Videos for the public launched. Paper produced for DMT on Nat West solution for Appointeeship. Decision October.</p>

ASC Improvement Plan 2024-25

Updated: 14 October 2024

CQC theme(s)	Improvement Area	Actions	Lead(s) & (Governance)	Due Date	Progress Rating	Progress and comments
Working with People, Providing Support	Transforming Commissioning Programme	<b>Transforming Commissioning Programme</b> Direct Payments (PA) Nursing Care Beds Extra Care provision	Kate Revell Scott Gunn <b>(TComm Board)</b>	Mar-25	Amber	<b>Direct Payments &amp; PAs:</b> Revised DP Factsheets published, DP Agreements approved. DP Team structure agreed. DP processes, guidance and intranet pages updated. On-line PA Noticeboard procured, implementation underway. <b>Nursing Care:</b> New Fee structure and Nursing Band implemented, banded placements are increasing. Focus on market development for LCC controlled beds. <b>Extra Care:</b> Modified Extra Care model in place, work on-going to increase referrals through comms with Care Pathway staff. Mitigations in development to support placement of higher risk/complex individuals. Work is ongoing via SCIP to increase overall capacity.
Working with People Ensuring Safety Leadership	Engagement and Co-production	<b>Engagement and Co-production</b> Engagement Panel Regional Coproduction improvement activity Shared Lives Pathway to Adulthood project End of Life services Service Development (Melton & Charnwood) Understanding diversity learning materials Exploring options for a virtual engagement panel and forming focus groups to broaden engagement.	Christine Collingwood, Jane Simpson	Mar-25	Green	<b>Engagement panel:</b> now has 28 members, with meetings co-chaired by a Panel member. Future recruitment will focus on people from under-represented groups. First Podcast recorded (introduction to A&C Engagement Panel). Material for second podcast to be decided. First edition of newsletter co-produced and circulated July 2024. <b>Regional Coproduction improvement activity:</b> Members participated in regional co-production workshops to share their experiences and look at ways that co-production can be improved across the region. Summary report has been produced and shared with participants, follow up workshop to discuss findings planned for Sept/Oct. <b>Understanding diversity learning materials:</b> Panel members have joined home care providers and LCC staff to co-produce learning materials for people to understand diversity and how this applies to them as individuals and organisations. Work has started to produce a tool-kit. <b>Pathway to Adulthood project:</b> Early engagement has started, individuals will be invited to face to face engagement activities once project objectives have been confirmed. <b>End of Life services:</b> discussions have taken place about involving the panel in work being carried out to look at End of Life care, (H&WBB & ICB). <b>Service Development Day (Melton &amp; Charnwood Locality):</b> Panel members attended to help shape the way teams develop and deliver services. Overall members felt staff listened to their experiences and took on board their feedback. This exercise was used as an example of good practice at recent co-production training for Strategic Service Managers and Heads of Services. Work has started to explore developing discreet groups beyond the panel to engage on specific topics. This will further widen our engagement audience and help to ensure we are talking directly with hard to reach groups.
Leadership	Internal Communication	<b>Internal Communication</b> Staff briefings DMT Newsletter Enhance visibility of senior leadership Development of staff comms and social media strategies and plans	Sally Brightly (Comms)	Mar-25	Green	<b>Staff briefings</b> – well attended by staff, recorded and published on the A&C intranet <b>A&amp;C staff newsletter</b> – first edition distributed at the beginning of July (497 views). Next edition due early September, with new areas of focus being added based on staff feedback – wellbeing and career development. <b>Senior leaders meet with managers and staff</b> – Three DMT roadshows held in May, attended by over 150 staff. The roadshows were a great success, sparking numerous insightful and important discussions. The feedback was overwhelmingly positive, with an average usefulness score of 7.8 out of 10. <b>Development of staff comms and social media strategies and plans</b> – Continuing work around A&C social media strategy. Encouraging wider staff use of Adults and Communities Network Viva Engage group to share updates, good news and information with colleagues across the department.

ASC Improvement Plan 2024-25

Updated: 14 October 2024

CQC theme(s)	Improvement Area	Actions	Lead(s) & (Governance)	Due Date	Progress Rating	Progress and comments
Working with People, Ensuring Safety, Leadership	Learning and Development	<b>Learning and Development</b> Encourage managers and staff across the Care Pathway to complete mandatory, statutory and role specific training modules. Embed Performance reporting tools and process to monitor training completion Management reporting	Prisca Odunmbaku, Madeleine McNeil	Mar-25	Green	Care Pathway Managers Training toolkit launched May 2023 to support and monitor completion of mandatory and work related training. Corporate mandatory training rates increased to 81% in January 2024 MCA training approach improved completion rates, CPD sessions covered topics identified as an unmet need. Departmental training completion dashboards launched July 2024 to support managers to monitor their teams training. Paper to DMT 4th Sept, recommending additional actions to improve training completion
Working with People	Mental Health	<b>Improving Mental Health Outcomes</b> Working with Partners in the Mental Health Collaborative, and to ensure MHWRs are fully utilised to improve independence and wellbeing of people in contact with Mental Health services	Susan Callis, Ben Smith	Mar-25	Green	Funding agreed by ICB and approved by Leicestershire Mental Health Group to embed process across the County with support from Engagement Panel, LPT Lived Experience and MIND Mental Health Collaborative in June agreed that specific work around breast cancer in SMI will be the initial workstream in addressing health inequalities. Joint Section 117 policies and procedures has been finalised and is now been taken through governance routes across all agencies. The new Section 117 assessment and statement of needs is in the process of being tested. <b>3 C's Neighbourhood sites</b> now in 8 locations with monthly making it happen groups. Approval being sought to extend the programme for a further 12 months. Sites are highlighted in District Health and Well-being plans
Working with People	Waiting well	<b>Waiting well</b> Implement recommendations from the IMPACT demonstrator Revise Waits policy and Guidance Implement Standard Communications for people who may wait for assessment	Mandy Ewart	Dec-24	Green	IMPACT results published. Actions being taken internally to amend current Waits policy and practice, incorporating the findings
Providing Support	Partnership-working and Joint-commissioning; CHC and FNC Determinations	<b>Partnership-working and Joint-commissioning; CHC and FNC Determinations</b> Improve access to CHC funding for residents. To include dispute resolution, CHC training offer, Disputes Policy to include joint-funded cases. Explore and address low rates of FNC determinations	Santokh Dulai/Katy Griffith	Dec-24	Green	ICB have set up the LLR Adult Priorities Group to address the issues raised re CHC (including fast track and joint funding), FNC and Shared Care. Work is underway and the group meets fortnightly. Meanwhile, NHSE data shows that awards of CHC are within range but we remain an outlier with very low uptake of fast track. Accommodation review team continue to look at SNAs and LAAFS for people in Rescare to see if FNC would be appropriate.
Ensuring Safety	Safeguarding	<b>Safeguarding</b> Embed the MSP principles in practice via Safeguarding Training Embed Organisational Safeguarding notification Strengthen assurance around timeliness of safeguarding enquiry closure Embed Safeguarding questions into Practice Development Cycles <b>NEW SD 25/09/24</b> <ul style="list-style-type: none"> <li>•Improve feedback loop from people experiencing safeguarding interventions</li> <li>•Improve our Threshold decision making with regards time frames/KPI</li> <li>•Review safeguarding pathway for effectiveness</li> <li>•Improve compliance with safeguarding training</li> </ul>	Prisca Odunmbaku (Safeguarding Governance Group)	Mar-25	Amber	Actions are in the Safeguarding Governance Group Action plan 2023/24, and are being monitored by the group. MSP - data to end of Dec shows increase in people being asked to express their desired outcomes and people who achieve their outcomes (Dec 80%). CSC are improving categorisation of incoming referrals. Ensuring staff follow correct process to open S42 enquiries for all referrals meeting the safeguarding thresholds. Performance data for locality teams safeguarding enquiries has been added to TOM reporting pack for improved performance monitoring.
Providing Support Ensuring Safety	Pathway to Adulthood	<b>Preparing for Adulthood Project (Corporate)</b> Corporate review of the Pathway to Adulthood to improve young people's transition to Adult Services, ensure good outcomes and best value for the Council. Improved information sharing between CFS and ASC Clear, well defined pathway and offer for all young people likely to have care & support needs (inc. Provision of information). Data to forecast, monitor and manage demand and cost of services Joint commissioning opportunities	Claire McWilliams, Rachael Marsh (PFA Project Board)	Mar-25	Green	Scope agreed, actions identified during peer review incorporated.



ASC Improvement Plan 2024-25

Updated: 14 October 2024

CQC theme(s)	Improvement Area	Actions	Lead(s) & (Governance)	Due Date	Progress Rating	Progress and comments
Working with People Ensuring Safety	Pathway to Adulthood	<p><b>Preparation for Adulthood (Department)</b>                      Review information provided to mainstream schools                      Effective and proactive use of reablement for young people (demand, cost, outcomes)                      Strengthen interface and escalation process with SENA, Virtual school                      Review and improve effectiveness of risk stratification tool                      Improve assessment and support planning process and practice (strengths based, recording and closures)                      Re-frame use of KPIs/Dashboards to support case management                      NEW SD 25/09/24 - Review and update public facing information for PFA</p>	Claire McWilliams Anne Goodwin	Jan-25	Green	Peer Review Action Plan agreed & being progressed in Dept.
Working with People	EDI	<p><b>Equalities Diversity and Inclusion</b>                      Implement Workforce Race Equality Standards (WRES)                      Co-ordinate EDI initiatives in the department.                      Develop and target initiatives for priority groups                      Engage with faith and community groups to ensure key communities are included in shaping services                      Develop performance reporting to monitor impact and outcomes for these groups. Performance metrics and experiential surveys.</p>	Stephen Shippey / Prisca Odunmbaku DEG	Mar-25	Green	DEG has been refreshed, Starting September 2024, for co-ordinating EDI initiatives within department. Signed up to WRES August 2024. Faith and Community Groups invited to A&C strategy engagement event.
All	Learning from feedback	<p><b>Customer Feedback</b>                      Develop new form to obtain routine feedback from people.                      Develop a lessons log to facilitate analysis of feedback including Corporate complaints                      Reporting to senior and political leaders to demonstrate impact of service on peoples lives</p>	Mandy Ewart Debbie Moore Lead Practitioners (TBC)	Mar-25	Amber	Engagement Panel involved in development of Customer survey Options being developed for consideration
All	Operating Model: Practice and Performance	<p><b>Refresh our Operating Model</b>                      Update guidance and support tools to strengthen strengths bases approach.                      Develop data literacy</p>	Nikki Rainbow	Nov-24	Amber	NR is working with Teams to ensure they understand and are using the TOM performance data in the way it is intended as a supportive mechanism rather than targets to be met. Info sheet drafted for review and approval
Working with People, Providing Support	Partnership-working; District & Borough Housing Services	<p><b>Partnership-working; District &amp; Borough Housing Services</b>                      Explore and implement stronger Strategic and operational partnership working arrangements with housing services. Building good working relationships focussed on improving outcomes for people.</p>	Indy Lahel/ Michael Leng	TBC	Amber	
Working with people, Lead	Partnership-working; Staying Healthy Partnership Board	<p><b>Improve collaborative working with partners</b>                      Developing presentation outlining ASC roles and responsibilities to share with range of colleagues from partner organisations.                      ME attending Staying Healthy Partnership Board - and working with districts/VCSE / system partners to map service/resource directories with aim of bringing the information together.                      ME involved with development of Community Health &amp; wellbeing plans - which will help to develop joint working approach.</p>	Mandy Ewart	Sep-24	Green	15/08/24 - ASC Roles presentation developed and delivered by ME & PO. ME attending Staying Healthy Partnership Board on regular basis, and involved Community Health & Wellbeing Plan work.
Ensuring Safety	Partnership-working; Safeguarding Board	<p><b>SAB</b>                      Joint work to ensure partner organisation roles and responsibilities are clear and that appropriate referrals are made</p>	Prisca Odunmbaku	Sep-24	Green	



ASC Improvement Plan 2024-25

Updated: 14 October 2024

CQC theme(s)	Improvement Area	Actions	Lead(s) & (Governance)	Due Date	Progress Rating	Progress and comments
Working with people	ARF Projects	<p><b>Accelerator Reform Fund Projects</b></p> <p><b>Hospital discharge grant for carers</b></p> <ul style="list-style-type: none"> <li>o identify the criteria for the HDGfC</li> <li>o specification together for voluntary sector provider</li> <li>o working in partnership with ICB</li> </ul> <p><b>Carers including carer identification, contingency planning</b></p> <ul style="list-style-type: none"> <li>o engagement and coproduction with carers: identifying carers to coproduce, expectations and carer support</li> <li>o planning a carers event in November 2024</li> </ul> <p><b>Shared lives</b></p> <ul style="list-style-type: none"> <li>o main objective: to increase shared lives across LLR</li> <li>o engagement plan for shared lives carers</li> <li>o LLR shared lives event to bring people using shared lives together</li> <li>o support Rutland set up their shared lives scheme</li> <li>o County to digitalise more part of shared lives process</li> </ul>	Katie Cheung	Dec-25	Amber	
Leadership	Staff Wellbeing & Professional Development	<p><b>Healthcheck Action plan</b></p> <p>Reflective Supervisions</p> <p>Staff wellbeng</p> <p>Strategic Partnerships</p> <p>Engagement with and implementation of change</p> <p>Continuous professional development</p>	Mandy Ewart	Mar-25	Amber	
Leadership	Staff Wellbeing & Professional Development	<p><b>Recruitment &amp; retention initiatives</b></p> <p>Develop and implement Workforce plan 2025-?</p> <p>(Return to Social Work, Grow our own and Think Ahead)</p> <p>Social Work Apprenticeship and higher qualifications</p> <p>Occupational Therapy Apprenticeship</p> <p>Community Support Worker development programme</p> <p>Continuous Professional Development Days</p>	Mandy Ewart	Mar-25	Amber	
Leadership	Staff Wellbeing & Professional Development	<p><b>Staff Recognition</b></p> <p>Embed a staff recognition and reward system</p> <p>Implement Staff Shout Outs</p>	Mandy Ewart	Mar-25	Amber	
Leadership	Department Strategy Refresh	<p><b>Department Strategy Refresh 2025-2029</b></p>	Stephen Shippey	Mar-25	Green	
All	Policies Procedures and guidance	<p><b>Policy Forward Plan and Information Return</b></p> <p>Agree governance process to review and update Operational Procedures</p> <p>Prioritise Documents requiring update for IR.</p> <p>Update the Policy Forward Plan with review dates and priority to ensure it can be used to support routine document review process</p>	Debbie Moore	Jun-25	Amber	

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# CQC assessment roadmap

01

## CQC Assessment Notification

Informing us of provisional site visit date

Requesting;

- key documents (the Information return)
- Contact details for interview planning

02

### Week 1-3

We will compile

- Organisation contact details
- Interviewee contact details for planning
- Information Return documents

#### Submit to CQC

**End of week 3**

Contact details  
Information Return

03

### Flexible time scale 2-6 months

We will

- Hold support & preparation events for staff

CQC will seek feedback from

- VCSE
- Advocacy
- Carer groups
- Providers

04

### Confirmation of Site Visit

CQC Confirm site visit date giving at least 6 weeks' notice

Requesting:

- Case Tracking List
- 50 people assessed within 12 months
- For 10 cases selected Provide Case Tracking summary

Detailed site visit planning

CQC will meet with  
A&C Senior Leadership Team

05

### Site Visit

3-4 days of:

- Interviews
- Group meetings
- Drop-in sessions
- Locality Office visits

06

### Report drafting and publication

- CQC review evidence gathered, draft the report with overall rating
- We fact check the report
- CQC publish final report

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**4 NOVEMBER 2024**

**ADULT SOCIAL CARE CUSTOMER SERVICE CENTRE**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of report**

1. The purpose of this report is to provide the Committee with an update on progress made with improving the performance, efficiency and effectiveness of the Adult Social Care Customer Service Centre (CSC).

**Policy Framework and Previous Decisions**

2. The Committee received a report on 6 June 2022 which set out a number of recommendations for improvements to the service delivery model following a Peer Review of the CSC conducted on 2 March 2022.
3. The Adults and Communities Departmental Management Team agreed recommendations for service model improvements in May 2022. It mandated the Adult Social Care Front Door Improvement Project, which sits within the County Council's Customer Programme.
4. The Customer Programme is one of the County Council's key cross-cutting programmes, as set out in the Council's Strategic Plan 2022-26. It sits within the Strategic Change Portfolio and has a current Medium Term Financial Strategy (MTFS) target to deliver £110k in 2024/25, increasing to £640k in 2025/26.

**Background**

5. The purpose of the Adult Social Care CSC is to provide the main entry point for people who may require support from the community, professionals and other partner organisations. It triages incoming contacts and seeks to provide resolution through one-off advice and signposting, or through additional adult social care support up to and including the provision of services where eligibility criteria has been met.
6. Contacts come through to the Department through three main channels; telephone, email and online via a dedicated portal which offers a range of self-service forms for professional and public use as appropriate.
7. At the time of the Peer Review in March 2022, the CSC service model had been in operation for several years, with the service design based on a two-tier model. Tier 1 support was provided by the Corporate Resources Department and Tier 2 was managed within the Adults and Communities Department.

8. The Improvement Project commenced in spring 2023 with the transfer of Tier 1 staff from the Corporate Resources Department to the Adults and Communities Department to give the Department more control and ownership over the range of improvements needed.
9. The Improvement Project was tasked with addressing several operational and performance issues, including:
  - Inconsistent call answering/missed call rate for customers.
  - Backlog of emails not dealt with.
  - Staff recruitment and retention issues leading to vacancies.
  - High staff turnover and loss of knowledge, expertise in the service.
  - Hand-offs/convoluted customer journey within the service.
  - Unstable resource model to match demand.
  - Conflicting key performance indicators (KPIs) between Corporate Resources and Adults and Communities.
  - Data quality/inconsistent data recording.
10. Additional performance issues were identified in a diagnostic undertaken by the project in October 2023:
  - All channels (inbound calls, email, and online portal contacts) generate considerable outbound call demand, with high levels of no further action at the end.
  - High level of manual effort required to handle and screen emails.
  - High volumes of contacts (across all channels) are about people with allocated social care workers (between 30-40%), rather than enquiries about new people requiring advice and support.
  - Approximately 20% of contacts are inappropriate referrals/not for adult social care.
  - Only 13% of incoming calls result in information given as the primary outcome.

## **Project activities and achievements**

### Diagnostic

11. The Project has undertaken a diagnostic comprising of an analysis of available data for telephony, email, and online portal contact. This was used to establish a baseline of average demand activity for the period 1 June 2022 to 31 May 2023. Improvements in performance and service delivery from June 2023 onwards, as referenced in this report, are measured against this baseline.
12. As part of its diagnostic activity, the project undertook a series of workshops and engagement events to identify key issues impacting service delivery and service objectives, including clarification of its role and function, identifying its objectives in relation to the wider strategic objectives of the Adults and Communities Department and the KPI's that would be used to measure improvements in service delivery. Learning from the diagnostic has informed the County Council's wider approach to reviewing customer service, and its draft Customer Experience Strategy (currently out for consultation until 10 November 2024) due to be presented to the Scrutiny Commission on 6 November 2024 for comment and thereafter the Cabinet in December for approval.

13. The project developed two key themes from the initiation phase; the need for immediate improvements in performance within the existing service model (termed Continuous Improvement) and exploration of potential alternative service models which might be adopted in the future if there was an evidence base pointing to an improvement that could not be realised through the existing model.
14. Project activity focussed upon Continuous Improvement, commencing with changes to the operational structure which brought the CSC resource into the Adults and Communities Department under a single management structure. Following this, utilising outputs from the diagnostic and supporting workshops, change activity has focused on improving workflows and reducing failure demand to reach a point where true adult social care demand can be quantified.
15. A design group has been established to support the workstream, this operationally orientated group has been instrumental in supporting the diagnostic and subsequent analysis, developing and trialling initiatives and implementing the Continuous Improvement changes outlined in this report. The design group reports through to the Improvement Project Board, sponsored by the Assistant Director for Access, Integration and Prevention.

#### Service objectives

16. The Adult Social Care CSC has evolved over time, responding to a range of service demands and challenges since its original inception. Whilst its ability to flex to operational and organisational requirements is a strength, workshops identified that a lack of clear definition as to what the limits of its role and functions are, leading to the potential to create failure demand.
17. "Failure demand" refers to any customer demand caused by a failure to do something or do something right for the customer. For example, someone contacting the Adult Social Care CSC where:
  - It is not a social care responsibility, i.e. social care are unable to support/incorrectly signposted.
  - They could not get through to the person or service that would have been better able to provide support (for example, where a person already has an allocated social care worker or team).
  - There is insufficient, accessible information and advice in the public domain to enable them to help themselves.
  - There is a lack of timely follow up from the service that should be supporting them.
  - Customers making multiple and repeat calls due to lack of response or lack of response as promised.
18. The Department has established internal objectives which serve as drivers for Continuous Improvement, and which will inform future models of delivery in terms of structure and process, which are:
  - Reduce the demand for social care by triaging out those whose needs can be met via the provision of information, advice or signposting to support agencies.

- Provide effective information and advice that prevents or reduces the need for social care whilst promoting wellbeing.
- Enable people requiring help, and organisations, the ability to self-serve at a time that suits them (for those able to do so).
- Provide a timely and proportionate response to initial contacts made.
- Manage risk effectively; prioritise the most urgent cases.
- Get people through to the right place first time, with minimal hand-offs wherever possible.
- Capture relevant information that enables faster/most cost-effective commissioning decisions by other teams in Adult Social Care.
- Provide proactive and predictive customer insight to improve the customer journey and departmental efficiency.

19. The project worked with Adult Social Care stakeholders to define a set of strategic outcomes which underpinned the role and function and service objectives. These outcomes, expressed as 'I statements', were agreed in March 2024 as follows:

- I can get through to the right person first time, someone that can help me get an appropriate resolution to my query.
- I receive information and advice that helps me get the support I need.
- The advice I receive enables me to manage my wellbeing, preventing or delaying my need for support from adult social care.
- I can contact Adult Social Care at a time and in a way that best suits my circumstances.

20. The project follows the principles of the Council's overarching Customer Programme in terms of ensuring that customers are routed to the most appropriate and cost-effective channels across the range of demand-types the service receives. The diagram below illustrates this approach as a stepped hierarchy of service response via website, email, portal forms, chat bots and live interaction. This approach aims to ensure that the Authority's staffing resource is properly prioritised for those customers who most need it.





### Amalgamated workforce

21. The newly established Adult Social Care team has resulted in operational improvements, as well as achieving a greater level of stability in terms of workforce recruitment and retention, including:
- Improved recruitment, induction, and training.
  - Improved retention and reductions in staff turnover.
  - Adoption of OneNote information pack and Joy app.
  - Shared meetings with Tier 1 Advisors and Tier 2 Community Support Workers, daily planning meetings and improved supervision, leading to greater knowledge and working practices more aligned with the social care profession.
  - Improved morale by allowing greater autonomy within individual roles and across the team.

### Performance

22. A range of performance measures were established, reflecting minimum service levels and requirement for improvement for both the customer experience and operational effectiveness of receiving, triaging and actioning contacts into the Department.
23. A performance dashboard has been created. This supports reporting to the Project Board whilst also providing the business with a performance overview on a month-by-month basis. A snapshot from September 2024 is attached to this report as an Appendix. All performance is measured against baseline data taken from the Diagnostic period (1 June 2022-31 May 2023).
24. Key performance areas to note (as at September 2024) are:

<b>Performance Metric</b>	<b>Baseline (June 2022–May 2023)</b>	<b>Current (end Sep 2024)</b>	<b>Target or direction of travel from last month</b>
Reduction in overall monthly contacts (indicates reduced failure demand)	10,091	8,319	<b>17.5% ↓</b>
Improved call handling rate	60.8%	86.1%	<b>Target 80%</b>
Call queue time	19:01 mins	06:04 mins	<b>Target 10:00</b>
Calls relating to people who are allocated to a worker or team	35%	29%	<b>Target: Reduce</b> (see paragraph 29)

25. In line with ambitions set out in the draft Customer Experience Strategy, the project is seeking to build a culture that is aligned with good customer experience, making it easier for customers to give feedback, and finding ways to regularly review and update the service based on the feedback received. As part of this, the programme undertook a review of customer service satisfaction across its highest customer contact areas during July and August of this year. Adult Social Care customers were

targeted through a text message sent out to customers who had been in contact during early July.

26. In summary, 28% of respondents were Adult Social Care customers (84 individuals in total). When asked how satisfied they were with the level of customer service they had received from the County Council, 61% stated fair to high levels of satisfaction. Reasons for satisfaction were associated with:
- Responsiveness (contact answered quickly).
  - Taking the enquiry seriously.
  - Kind, patient and supportive staff.
  - Efficient, for example, referrals made same day.
27. 39% of Adult Social Care customers reported some degree of dissatisfaction due to:
- Telephony options not clear/relevant for their enquiry.
  - Not easy enough to speak to a person.
  - Length of time to respond beyond the initial contact, such as, when referred on to any team (a non-CSC issue).
  - Reference to certain social care teams not answering calls (a non-CSC issue).

### **Current initiatives**

28. The diagnostic identified that a significant proportion of telephone contacts received related to people who were already known to Adult Social Care and were either allocated to an individual worker or team. This accounted for 35% of calls for the baseline snapshot. Actions to reduce this volume have included:
- Introduction of an allocated worker online look up tool, searchable by a social care ID (LAS) number or NHS number.
  - SMS messaging to advise individuals that they have an allocated worker.
  - Reworking of the Telephony Call routing (IVR) to direct public and professional contacts away from advisor resource and to the look-up tool for direct access to their allocated worker where applicable; freeing up lines for those who still need to speak to the CSC.
  - Supporting communications across the Department to ensure that staff are providing full contact details, including message taking and duty numbers in communications to people.
  - Revised webpage to publicise the look-up tool.
  - Introduction of a standardised email footer for all ASC staff to include full contact details and working hours.
29. Most of these actions have been implemented since February 2024, however, whilst performance has improved in this area, calls for people already allocated to a worker or team remain at around 29% of the total volume. This is recognised as “failure demand” and represents significant effort in resource hours (equating to approximately 8,000 calls per year).
30. Further work is being undertaken to reduce this through enabling customers to search for Allocation to team, utilising the social care ID (LAS)/NHS number search tool, as well as the potential to explore other, lower cost effective ways to identify and

handle calls for allocated workers, looking at both technology capabilities and/or other staffing models.

31. The Adult Social Care CSC receives approximately 29,000 email contacts per annum. Approximately half of these are from East Midlands Ambulance Service (EMAS), Police and Primary Care with the remainder coming from a wide range of sources including social care providers, other professionals, members of the public and internally generated contacts.
32. The email channel is most effective when contacts are presented in a consistent and structured format. Unstructured emails, utilising free text or attachments, require significant resource to interpret, query, log, and triage to a conclusion. A significant portion of these contacts could be more effectively triaged through the online channel (portal), resulting in reduced outbound calls (to clarify information) and re-keying into the social care information system (LAS).
33. Following analysis of email demand, it is proposed that access to this channel is restricted to EMAS, Police and Primary Care for a trial period. All other demand will be directed to the appropriate online portal form or telephony channel as appropriate. It has been agreed that a four-week trial be established, commencing in November 2024, and data collected to test whether this results in the anticipated reduction in resource/effort and to ensure that there are no disbenefits to customer or service.
34. In 2023, robotic process automation was applied to the email inbox, this activity has seen a “Bot” triage the inbox for incident reporting emails, and seeking to match the details within the email to records within LAS; this has helped to reduce risk relating to open cases as incident reports submitted are now processed the same day removing any process delays and creating a “safer” service.
35. Additional work is being undertaken with the Integrated Care Board to engage with Primary Care representatives with a view to making changes to the current way in which emails are received and moving to a more structured, standardised approach. Meetings are also being held with representatives of Leicestershire Police to investigate a redesign of police referrals.
36. The CSC provides a triaging function for a range of contacts coming into the Department. A large portion of these contacts will be resolved within the CSC (advice and signposting, temporary changes to existing packages, arranging respite etc). Other contacts are triaged, partially worked, and transferred to appropriate teams in the care pathway, often providing added value of contact taking information gathering where those teams have limited resource (such as Safeguarding).
37. For some contacts, particularly relating to assessment of need or the provision of reablement, there is the potential for duplication of effort and avoidable transfers between staff and organisations. To better understand the opportunity and scope for improvement in this area, a trial was undertaken from 19 August to 13 September 2024, during which a Home First Team directly triaged the online request for assessment (portal) form. Data collected is being used to analyse time/effort, and outcomes in comparison to a CSC baseline to identify any difference/benefits.

## **Resource Implications**

38. The project was tasked with a review of the CSC delivery model for Adult Social Care against the specific option to amalgamate the cost resource of the current operating model under a single managed cost-centre within the Adults and Communities Department.
39. The proposed solution was to implement a structural change to bring the Tier 1 (Corporate Resources) and Tier 2 (Adults and Communities) teams under one management structure within Adult Social Care. This solution has enabled better utilisation of the whole resource pool. Resources can be flexed across the whole team to where they are needed dependent of demand. In turn, it will enable greater ongoing flexibility in how Adult Social Care recruit and use the available pooled budget to put resources into the right place.
40. The amalgamation of the two teams within the Adult Social Care management structure, with an agreed budget allocation, was achieved in summer 2023: The gross CSC annual expenditure budget is approximately £1.7m (or £1.4m net of Better Care Fund (BCF)/Improved BCF income).
41. The project is currently determining what contribution to the County Council's MTFS financial gap, this project can make. This is in the context of Continuous Improvement to ensure changes are sustained and embedded, in an environment where there is continued growth in requests for adult social care and support.
42. The Director of Corporate Resources and Director of Law and Governance have been consulted on the contents of this report.

## **Timetable for Decisions**

43. The draft Customer Experience Strategy is currently out for consultation until 10 November 2024 and will be presented to the Scrutiny Commission for comment on 6 November 2024.
44. The draft Customer Experience Strategy will then be presented to the Cabinet for approval in December 2024, subject to consultation responses being fully analysed and relevant changes reflected in the document.

## **Conclusions**

45. The Committee are invited to comment on the contents of the report, noting the detailed activity underway, and the progress made so far in making considerable improvements to the experience of Adult Social Care customers.

## **Background papers**

Report to Adults and Communities Overview and Scrutiny Committee: 6 June 2022 – Peer Review of Customer Services Centre –

<https://democracy.leics.gov.uk/ieListDocuments.aspx?MId=6840> – item 13

[Leicestershire County Council Strategic Plan 2022-26](#)

[Draft Customer Experience Strategy](#)

### **Circulation under the Local Issues Alert Procedure**

46. None.

### **Equality Implications**

47. An equality impact assessment has been undertaken for the wider Customer Experience Strategy; any action undertaken within this project is in line with the direction set out in that Strategy.

48. Any changes undertaken within the Adult Social Care front door is under the premise that reducing demand is targeted at addressing failure demand; reducing demand that is not for the front door, freeing up capacity for those people that need to contact the CSC. There are no proposals to remove contact channels, the focus is on diverting customers who can contact us via other channels so that the telephone is available for vulnerable customers that do not have support to access other channels.

### **Human Rights Implications**

49. There are no human rights implications arising from the content in this report.

### **Appendix**

Performance Report (snapshot from September 2024)

### **Officers to Contact**

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

Tracy Ward, Assistant Director (Integration, Access and Prevention)  
Adults and Communities Department  
Tel: 0116 305 7563 Email: [tracy.ward@leics.gov.uk](mailto:tracy.ward@leics.gov.uk)

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**Appendix****Performance report****Snapshot from September 2024**

Ref.	Type	Measure	Baseline	Target	September 2024
1	Demand	All contacts (T1 & T2) monthly	10,091	Decrease	8,319
2		Incoming presented call demand (monthly)	3704	Decrease	2602
3		Incoming Accepted Calls	1985	Increase	2246 (86.1%)
4		Outgoing call volume (monthly)	3224	Decrease	3045
5		Email demand (Total vol received into CSC T1 and T2)	2170	Decrease	1839
6		CSC Emails recorded in LAS monthly	589	-	586
7		Online portal completions (monthly)	993	-	833
8	Outcomes	Email - total no further action (monthly - LAS)	37%	Reduce	16.3% (96/586)
9		Online portal - total no further action (monthly – LAS)	48%	Reduce	25% (209/833)
10		Calls classified “not for us”	20%	Reduce	8.3%
11		Calls for allocated workers	35%	Reduce	29%
12	Experience	Missed call rates	39.20%	Reduce (20% max)	13.5% (353)
13		Call queue length/wait time to speak with advisor	19:01 mins	Reduce (to 10 mins max)	06:04
14		Information and Advice Calls	N/A	TBC	5.9% (134/2246)
		Information and Advice - LAS Emails	N/A	TBC	20.8% (122/586)
		Information and Advice - LAS Online	N/A	TBC	7% (59/883)
15	TOM	Duration of completed contacts	3.1 days	3.0 days	4 days

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**4 NOVEMBER 2024**

**UPDATE ON ADULT SAFEGUARDING ACTIVITY**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of report**

- 1 This report provides Committee members with an update on adult safeguarding activity.
- 2 The report outlines the Care Act 2014 duties and strategic arrangements in place to meet these duties, safeguarding enquiry adults process overview, the performance data for Quarter 1 for the 2024/2025 financial year, and the Safeguarding Adults Reviews that have been published in the last 12 months.

**Policy Framework and Previous Decisions**

- 3 The Care Act 2014 at Section 42(1) places a duty on Local Authorities to make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this be part or otherwise) and, if so, what and by whom. where there is "reasonable cause to suspect" an adult in its area (whether or not they are ordinary resident there):
  - Has needs for care and support (whether or not the local authority is meeting any of those needs);
  - Is experiencing, or at risk of, abuse or neglect;
  - As a result of those care and support needs is unable to protect themselves against the abuse or neglect or the risk of it.

**Background**

- 4 Safeguarding is protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that the adult's wellbeing is promoted, including where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

**Strategic arrangements**

- 5 To carry out its safeguarding duty, the Adults and Communities Department has arrangements in place to ensure that it is safeguarding and promoting the welfare of adults at risk in Leicestershire within the parameters of the law. These include:

- a) A Safeguarding Adults Governance Group, which oversees and sets strategic priorities in relation to safeguarding practices and processes within the Department.
- b) Robust links to the Safeguarding Adults Board (SAB) through the Governance Group. The group is chaired by an Assistant Director, who is a SAB member, and a SAB officer attends all meetings to update on SAB priorities and also to ensure that the policies and procedures in place for safeguarding within the Department are consistent with SAB priorities.
- c) Policies and procedures are in place to support staff to effectively safeguard adults at risk. The policies and procedures in place include (but not limited) the following:
  - i. The Multi-Agency Policy and Procedures (MAPP): These outline 'the context, principles, policies and definitions in relation to safeguarding adults who have care and support needs.
  - ii. Safeguarding Adults Thresholds Guidance: This guidance (designed to be read in conjunction with the MAPP) is a framework to support practitioners to use a consistent approach in applying their professional judgement when identifying the kind of incidents that may require a safeguarding response and those that may be addressed through alternative processes.
  - iii. Making Safeguarding Personal (MSP) Practice Guidance: This guidance supports practitioners to embed the principles of MSP into safeguarding adults' practice.
  - iv. Management/undertaking a statutory safeguarding adults enquiry under section 42 of the Care Act 2014: This guidance supports staff to manage or undertake a section 42 enquiry once a decision has been reached that the criteria for a section 42 enquiry has been met.
  - v. Organisational Safeguarding Adults (OSA) Enquiries Process Guidance: This helps practitioners to complete safeguarding enquiries where the concerns relate to a provider service.
  - vi. Guidance for Safeguarding in Health Settings: This guidance clarifies the local authority's oversight arrangements for safeguarding enquiries where the alleged abuse or neglect occurs in an NHS in-patient setting.
  - vii. Managing Allegations against People in Positions of Trust (PiPoT): This guidance supports staff on how to manage allegations against people in a position of trust as required by the Care Act.
  - viii. Domestic Abuse and Violence Process Guidance: This guidance outlines the process that practitioners need to follow regarding domestic abuse and violence concerns, particularly where these concerns fall within the Safeguarding Adults remit.
  - ix. New Guidance: The LLR Procedures Subgroup, has played an active part in developing a new Self-neglect guidance to replace the current

Vulnerable Adults Risk Management (VARM) guidance called “Responding to Self-Neglect (including Hoarding)”. The guidance will form part of the Safeguarding Adults MAPP (for LLR) from 1 December 2024. The aim of the guidance is to support front line professionals to work with people who are at risk of self-neglect or hoarding with a risk assessment tool to identify whether the risk is low, moderate, or high, and what to do if a person is assessed as low or moderate risk (work flexibly with the person and colleagues in a multi-agency approach to achieve the best outcomes for them).

The guidance will be launched via three 15-minute briefing sessions on 19, 20 and 21 November 2024 (during National Safeguarding Adults Week) and include:

- a short introductory video to the procedures;
  - two seven-minute briefing documents (one on hoarding and one on self-neglect);
  - a video for people explaining what self-neglect is.
- x. Safeguarding Adults’ Reviews (SARs) Referrals Oversight Process: This guidance ensures that staff at all levels check to see if the criteria for a review under Section 44 of the Care Act 2014 has been met for a referral to be made to the SAB Case Review Subgroup where agencies have not worked well together to safeguard an adult at risk.
- xi. In addition, there is also a strong safeguarding learning and development package for staff. This includes:
- an e-learning module on ‘Raising Concerns of Abuse’ (training that supports staff understanding on how to recognise and report signs of abuse, and is a prerequisite for all staff to complete prior to attending the safeguarding core training);
  - Safeguarding Core training (face to face/Teams training that provides staff with an in-depth understanding of the safeguarding processes from alerting to undertaking a Section 42 enquiry under the Care Act 2014);
  - Organisational Safeguarding Adults training (training that provides staff with the knowledge on how to complete safeguarding enquiries where the concerns relate to a provider service);
  - and currently, Vulnerable Adults Risk Management (VARM) training, (training that support staff to manage self-neglect cases where the adult at risk has the mental capacity to make decisions about their care and support but is at serious risk of harm or death if their circumstances do not change). The VARM guidance is due to be replaced this December 2024 with new guidance, aptly named Responding to Self-Neglect (including Hoarding), a category of abuse in the Care Act.
- xiii. Safeguarding Enquiry Adults Process Overview: When safeguarding referrals are received into the Care Pathway, mostly through the Adult Social Care Customer Service Centre (some through internal staff), information is gathered to consider whether there is reasonable suspicion that an adult with care and support needs is at risk, or experiencing abuse or neglect, and cannot protect themselves as a result of their

needs. The views of the adult are sought on the nature, level and type of risk and support they may need to mitigate the risk (Section 42 (1) of the Care Act 2014 - information gathering). The guidance states this should be within 24 hours of receiving the referral.

- xiv. After proportionate fact finding, a decision is made whether it is necessary to continue to a Section 42(2) enquiry, which is the duty to decide whether action is necessary, and if so, by whom. If the answer is 'yes' then, a strategy meeting or discussion is held to plan the enquiry, assign tasks, and an interim protection plan is put in place within five working days.
- xv. Following the completion of actions identified in the strategy meeting, a case conference is held to review actions, put a protection plan in place, and end the enquiry if all involved are satisfied that the risk has been reduced or removed.
- xvi. If the response to continuation to a Section 42(2) is a 'no', then alternative responses are considered, which could include, a section 9 Care Act 2014 assessment, a section 10 Care Act 2014 Carers assessment, care management, quality of care concern, complaint, a Multi-agency Risk Assessment Conference (MARAC) referral, signposting for advice, or no further action.
- xvii. In summary, the process is that when alerts are received; the Care Act criteria is applied and decision made regarding continuation to a full enquiry or another route. For full enquiries, a strategy meeting or discussion is held, an interim protection plan is put in place; an enquiry is completed, followed by a case conference, protection plan, and review.

### Safeguarding Performance Data

- 6 This section will look at the performance data in respect of Quarter 1: April to June 2024. This includes the number of safeguarding alerts received, enquiries opened from the alerts, enquiries completed, and the number of people who had their desired outcomes met.

### **Alerts**

- 7 521 safeguarding alerts were received for this quarter (as opposed to the 457 in the last quarter). Although the alerts have slightly increased by 64, they are moving in the right direction as they used to be over 1,000 in previous quarters. The change in the reduction of concerns being raised was a direct result of an operational form change that more accurately collected safeguarding concerns as opposed to including welfare concerns in the process. There was a separation between the concern for welfare form from the safeguarding referral form made in August 2023.

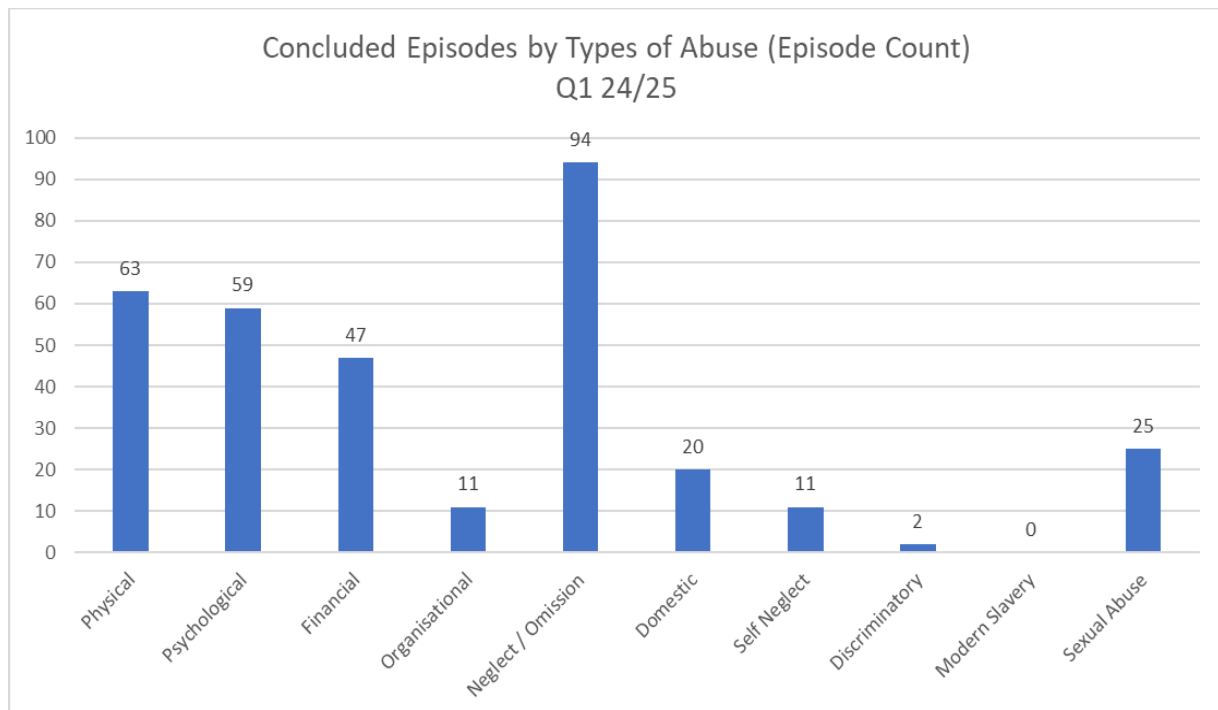
### **Enquiries**

- 8 From the 521 safeguarding alerts, 237 safeguarding enquiries were started in this quarter, which is a decrease of 29 enquiries compared to 266 in the previous quarter. More enquiries will be started and completed from the remaining alerts as a result of

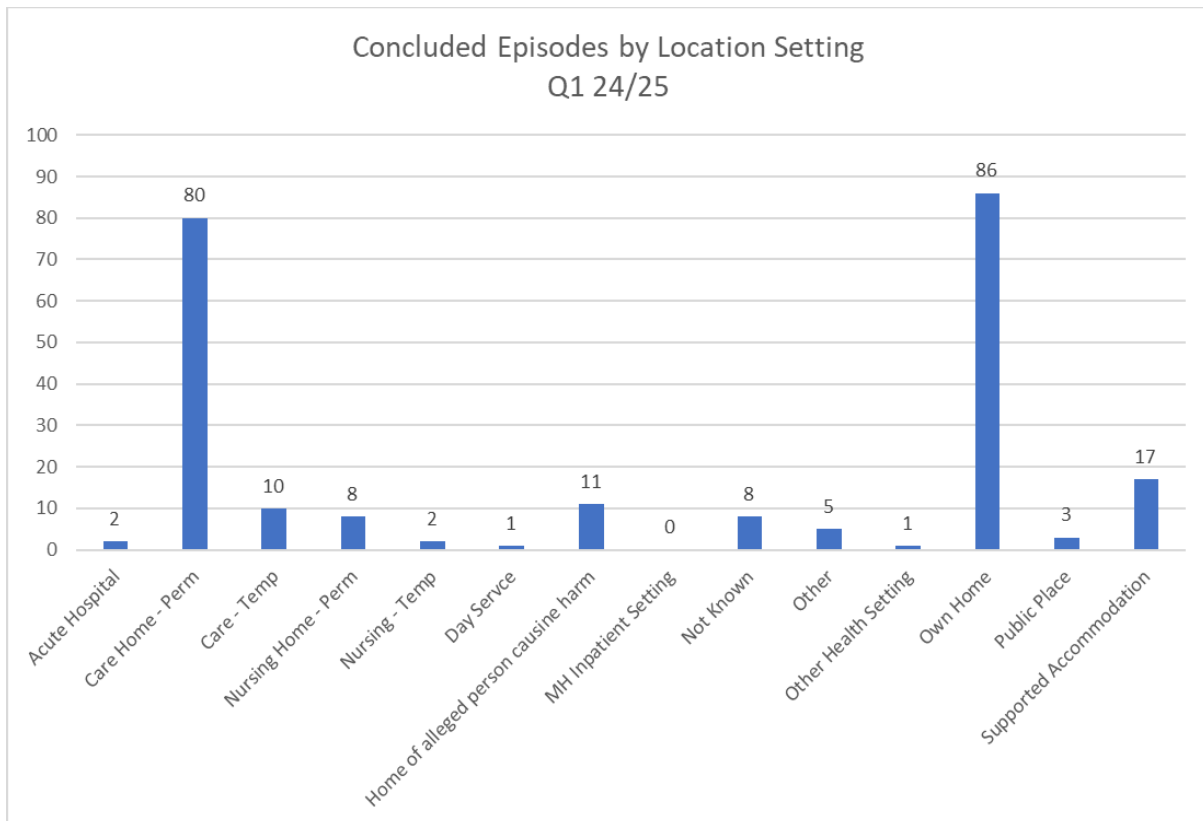
the benefits of the changes made last year to when a Section 42 safeguarding enquiry should commence. Following changes made last year to how responses are recorded to safeguarding referrals on the system, staff are now starting enquiries on the system when they answer, 'yes' to the question 'Are safeguarding adults issues indicated or safeguarding concerns raised?' This complies with the Care Act 2014 duty, where the Local Authority 'must make enquiries, or ensure others do so, if it believes an adult is experiencing or at risk of abuse or neglect'. The proper application of the law in this way (where staff are completing safeguarding enquiries following reasonable cause that an adult is experiencing or at risk of abuse or neglect), is ensuring that more people at risk of abuse or neglect in Leicestershire are safeguarded.

### **Completed Enquiries**

- 9 Out of the 237 safeguarding enquiries started, 234 were completed in this quarter (as opposed to the 277 safeguarding enquiries completed in the previous quarter). This shows that there has been a completion rate of 99% within the quarter.
- 10 The charts below show the types of abuse by episode council and location respectively, ending in Quarter 1:



- 11 Neglect and acts of omission remain the highest reported type of abuse followed by physical and psychological abuse.



- 12 A higher degree of enquiries located within a person's own home and in a 24-hour residential are more speedily concluded.

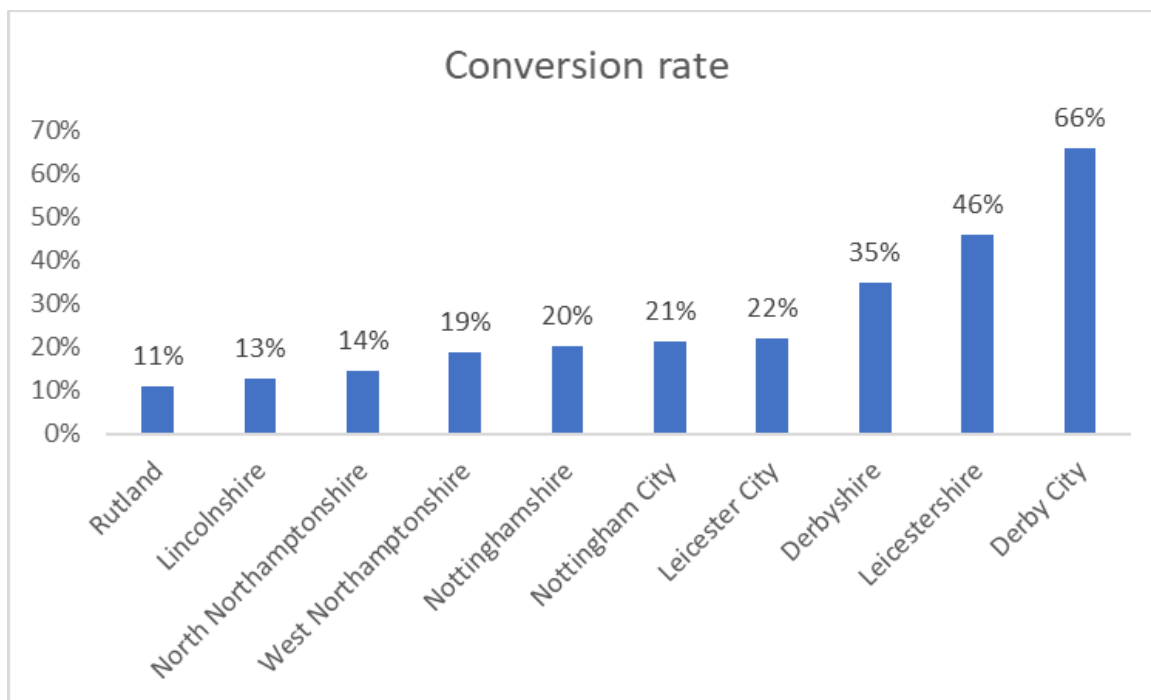
### Making Safeguarding Personal

- 13 The number of people who had their desired outcomes met continues to fluctuate above 90%. It has dipped slightly in this quarter from 96% in Quarter 4 to 93% in this quarter.
- 14 The percentage of people who were asked for their desired outcomes in this quarter was 76%, a drop from the 82% recorded in the previous quarter; and the percentage of people whose mental capacity was considered in relation to making safeguarding personal also fell from 38% in the previous quarter to 35% in this quarter.

### Conversion rate

- 15 The conversion rate (this is calculated by dividing the total number of enquiries, 237, by the number of alerts, 521 received) for this quarter is 45.48% as opposed to 58.20% in the previous quarter. This indicates the benefits of the changes made in August 2023, by separating the portal Safeguarding Referral Form from the Concern for Welfare Referral Form as already mentioned.
- 16 At the time of making the changes, the national safeguarding performance data for 2022/2023 showed that the County Council's conversion rate was at 10% with only 10 other local authorities out of the 147 measuring at 10% or lower. By adding the question 'are safeguarding adults issues indicated?' on the Contact Form completed by staff when a safeguarding referral is received, this has ensured that only safeguarding issues are counted as safeguarding alerts.

- 17 The recently released national safeguarding performance data for 2023/2024 shows that the County Council's conversion rate is no longer at 10%, but at 46%, a great improvement from last year. In comparison to local authorities in the East Midlands region, the County Council's conversion rate is second highest, as can be seen in the table below:



#### Leicestershire Safeguarding Adults Reviews (SARs)

- 18 Three Leicestershire SARs are currently published on the LLR SAB website; two of them under the pseudonyms of Claire, and Godavari, and the last one (Angela) under the first name of the subject of the SAR.
- 19 Continuous Professional Development (CPDs) days for staff in the Care Pathway have been held on the 7, 11, 14, and 21 March this year and focused on learnings from these SARs. These CPDs days are focused workshops enabling staff to expand upon their knowledge, skills and experience in relation to safeguarding. One of the SARs, Claire, was used as a case study and all the recommendations from the review were shared with staff as part of what could work better going forward.

#### Conclusions

- 20 The Committee is asked to comment on the update now provided on safeguarding Quarter 1 performance data and conversion rates.

#### Background papers

Leicestershire and Rutland Multi-Agency Policies and Procedures (MAPP)  
Safeguarding Adult Reviews

#### Circulation under the Local Issues Alert Procedure

- 21 None.

**Equality Implications**

22 There are no equality implications arising from this update.

**Human Rights Implications**

23 There are no human rights implications arising from this report as it is an update only.

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By virtue of paragraph(s) 3, 10 of Part 1 of Schedule 12A of the Local Government Act 1972.

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