



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

Date/Time: **Monday, 20 January 2025 at 2.00 pm**

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

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

Email: **angie.smith@leics.gov.uk**

Membership

Mr. T. J. Richardson CC (Chairman)

Mr. G. A. Boulter CC Mr. L. Hadji-Nikolaou CC
Mr. N. Chapman CC Mr. P. King CC
Mr. J. Miah CC Dr. R. K. A. Feltham 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

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 4 November 2024.	(Pages 5 - 10)
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. Medium Term Financial Strategy 2025/26 - 2028/29. Director of Adults and Communities and Director of Corporate Resources (Pages 11 - 36)
9. National Performance Benchmarking 2023/24 and Performance Report 2024/25 - Position at November 2024. Chief Executive and Director of Adults and Communities (Pages 37 - 52)
10. Care Quality Commission Assessment of Local Authorities. Director of Adults and Communities (Pages 53 - 104)
11. Date of next meeting.

The next meeting of the Commission is scheduled to take place on 3 March 2025 at 2.00pm.
12. Any other items which the Chairman has decided to take as urgent.

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

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

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

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

- (a) they can use the officer contact details at the bottom of each report to ask questions of clarification or raise any related patch issues which might not be best addressed through the formal meeting;
- (b) they must speak only as a County Councillor and not on behalf of any other local authority when considering matters which also affect district or parish/town councils (see Articles 2.03(b) of the Council's Constitution).



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Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 4 November 2024.

PRESENT

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

Mr. G. A. Boulter CC
Mr. N. Chapman CC
Mr. J. Miah CC

Mr. L. Hadji-Nikolaou CC
Mr. P. King CC

In attendance

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

27. Minutes.

The minutes of the meeting held on 2 September 2024 were taken as read, confirmed and signed.

28. Question Time.

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

29. 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).

30. Urgent items.

There were no urgent items for consideration.

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

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

All Members who were Members of District Councils declared an Other Registrable Interest in relation to the exempt report at Agenda Item 15, Lightbulb Project.

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

There were no declarations of the party whip.

33. Presentation of Petitions under Standing Order 35.

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

34. Draft Adults and Communities Department Strategy 2025-2029.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to invite Members of the Committee to comment on the draft Adults and Communities Strategy 2025 to 2029, the plans for consultation and timelines. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

The Chairman reported that Fiona Barber from Healthwatch Leicester and Healthwatch Leicestershire, had submitted comments on this agenda item, copies of which had been circulated to all members of the Committee for consideration. A copy of the comments received are filed with these minutes.

Members noted that over time, the Strategy had become more succinct, clearer and easier to read, and welcomed the planned consultation on the updated draft. for 2025 - 2029.

RESOLVED:

That the report and draft Adults and Communities Strategy 2025 to 2029, and plans for consultation and timelines be noted and welcomed.

35. Care Quality Commission (CQC) Assessment of Local Authorities.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide 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. The report also referred to the latest versions of the Department's Self-Assessment and Improvement Plan. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

In introducing the report the Director advised the Committee that the CQC took account of local factors, such as local elections. This would not halt the CQC in carrying out its inspection. If the timeline for assessment were to be delayed it might mean this overlapped the local election period. However, the outcome of the assessment would not be released until after this had been completed.

The Chair thanked the Director and Officers for keeping the Committee fully updated, and thanked the Cabinet Lead Member for the way they had worked collegiately across the Committee.

RESOLVED:

That the Care Quality Commission (CQC) Assessment of Local Authorities report, and latest versions of the Department's Self-Assessment and Improvement Plan be noted.

36. Adult Social Care Customer Service Centre.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide an update on progress made with improving the performance, efficiency and effectiveness of the Adult Social Customer Service Centre (CSC). A copy of the report marked 'Agenda Item 10' is filed with these minutes.

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

- i. The draft corporate Customer Experience Strategy, which included the Adult Social Care Front Door project would be considered by the Scrutiny Commission at its meeting on 6 November 2024, prior to the end of the consultation on the new Corporate Strategy which came to an end on 10 November 2024.
- ii. A Member raised a concern that when using the portal, for example, to report someone in crisis, it was not clear how long the end user would have to wait to get a response. They questioned how the end user experience could be improved to keep them informed of expected timelines for resolution. The Director explained that as part of the new approach, next steps for service users would be more clearly set out so they were clear on the journey ahead and the timescales in which this would be delivered. As an organisation across all service areas, this was the approach to be adopted providing greater transparency on all customer pathways and experiences. It was acknowledged providing clearer information at the outset would free up capacity within the CSC as this would receive fewer contacts from those simply chasing for a progress update.
- iii. A Member commented on the call abandonment rate target of 20% and asked if a call-back service was offered to filter out people waiting. The Director explained that there was the functionality within the telephone system to do call backs, but testing of this system had raised some issues which IT services were currently addressing. It was noted that average call waiting times had reduced from 19 to 6 minutes which was below the target set at 10 minutes. Average call waiting times could be skewed by the number and type of calls being made, for example, the duration of calls by professionals referring a number of cases would affect call times. As part of the programme, to prioritise calls from residents, work was taking place to look at how calls from professional representatives could be redirected through a different contact route. The use of priority phone numbers for people with allocated social carers was also being considered.
- iv. A Member asked if the system had the functionality to recognise repeat callers with an allocated social worker and which would allow them to be redirected accordingly. The Director reported that there was a customer relationship management system (CRM) in place but that this was relatively low-level, and the front door systems within the Department did not interrelate with this. It was also difficult to track repeat call data, when 60% of calls were received from people ringing on behalf of someone else, for example, professionals and care providers.

RESOLVED:

That the report on the Adult Social Care Customer Service Centre be noted.

37. Update on Adult Safeguarding Activity.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide an update on adult safeguarding activity. The report outlined the Care Act 2014 duties, safeguarding enquiry adults process overview, the performance date for Quarter 1 for the 2024/2025 financial year, and the Safeguarding Adults Reviews for the past 12 months. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

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

- i. A Member queried the increased conversion rate (calculated by dividing the total number of enquiries by the number of alerts received) from 10% to 46%. The Director explained that this was largely due to work undertaken to better differentiate between what was a safeguarding alert, and what was essentially a concern for welfare alert and to therefore respond to these correctly in the first instance. Work had also been undertaken with partners and the public to promote reporting of concerns. National averages for conversion rates were in the high 30s%, with the County Council at 46% with a continuing trend upward.
- ii. A Member what checks were undertaken to ensure alerts were correctly assessed as either a safeguarding or concern for welfare alert. Furthermore, if neglect was one of the highest causes of concern in peoples' homes, what further analysis had been done to understand what the neglect had been caused by. The Director reported that all training emphasised that if there was any doubt, an enquiry would be put through as an alert through the safeguarding pathway. In terms of understanding causes, there were robust audit programmes that looked at themes or causes, which were fed into a governance subgroup under the Safeguarding Adults Board (SAB) around performance. Safeguarding Adults Reviews (SARs) that identified certain issues were taken into the learning and development process.
- iii. A Member queried if the Concluded Episode by Location Setting of 80 cases in a care home and 86 cases in own home could be broken down further to identify family members or care workers in those situations. The Director confirmed alleged perpetrators for cases were recorded. For quarter 1, there were 139 completed enquiries, of which 62 attributed fell into the social care staff group. 16 identified as health care professionals and other. There were also 41 not known plus others, and 20 classed as family as alleged perpetrators.
- iv. A Member asked if there was concern in the rise in safeguarding alerts from 457 to 521. The Director reported that, it was positive that people were understanding their responsibilities and duties to report and that the increase was not considered excessive but manageable.

RESOLVED:

That the update report on adult safeguarding activity be noted.

38. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 20 January 2025, at 2.00pm.

39. Exclusion of the Press and Public.

RESOLVED:

That under Section 100A of the Local Government Act 1972 the public be excluded from the remaining item of business on the ground that it would involve the likely disclosure of exempt information as defined in paragraphs 3 and 10 of Part I of Schedule 12(A) of the Act and that, in all circumstances of the case, the public interest in maintaining the exemption outweighed the public interest in disclosing the information.

40. Lightbulb Service.

The Committee considered an exempt report of the Director of Adults and Communities, the purpose of which was to provide an update on the Lightbulb Service and to advise the Committee on potential options arising from the Business Case review undertaken by Blaby District Council (BDC). A copy of the report marked 'Agenda Item 15' is filed with these minutes.

The report was not for publication as it contained information relating to the financial or business affairs of a particular person (including the authority holding that information).

Arising from discussion, the following points were made:

- i. Members discussed the review phases, and the revised business case presented by BDC which sought to address strategic, economic, commercial, financial and management aspects of the project, and noting the options set out within the report.
- ii. Members raised concern that the existing agreement would finish at the end of March 2025, and the new arrangements needed to be in place before then, questioning if there was some way to continue the current agreement if this proved necessary. There was further concern that with increased overhead costs, and the Chancellors recent budget announcement of increased National Insurance, there would be an adverse impact on providers.
- iii. Whilst there was further work to be done, there was a willingness from partners to remain committed to the project partnership, which was to be welcomed.

RESOLVED:

That the update provided be noted.

2.00 to 3.36pm
04 November 2024

CHAIRMAN

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY
COMMITTEE: 20 JANUARY 2025**

**JOINT REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES
AND THE DIRECTOR OF CORPORATE RESOURCES**

MEDIUM TERM FINANCIAL STRATEGY 2025/26–2028/29

Purpose of Report

- 1 The purpose of this report is to:
 - a) Provide information on the proposed 2025/26-2028/29 Medium Term Financial Strategy (MTFS) as it relates to the Adults and Communities Department;
 - b) Ask members of the Committee to consider any issues as part of the consultation process and make any recommendations to the Scrutiny Commission and the Cabinet accordingly.

Policy Framework and Previous Decisions

- 2 The County Council agreed the current MTFS in February 2024. This was the subject of a comprehensive review and revision in light of the current economic circumstances.

Background

- 3 The draft MTFS for 2025/26–2028/29 was set out in the report considered by the Cabinet on 17 December 2024, a copy of which has been circulated to all Members of the County Council. This report highlights the implications for the Adults and Communities Department.
- 4 Reports such as this one are being presented to the relevant Overview and Scrutiny Committees. The views of this Committee will be reported to the Scrutiny Commission on 27 January 2025. The Cabinet will consider the results of the scrutiny process on 7 February 2025 before recommending a MTFS, including a budget and capital programme for 2025/26 to the County Council on 19 February 2025.

Service Transformation

- 5 The Council's Adults and Communities Department has a '*Delivering Wellbeing and Opportunity in Leicestershire: Adults and Communities Department Ambitions*

and Strategy for 2020–2024, which demonstrates how the Department will contribute to all five of the authority's Strategic Plan outcomes.

- 6 The Strategy builds on the previous adult social care, adult learning and communities and wellbeing service strategies. It recognises the value of more closely bringing together all the Department's work since it is fundamental to the Council's role in promoting wellbeing. The ambition at the heart of the Strategy is to improve wellbeing for the people and communities of Leicestershire including their levels of happiness, prosperity, and satisfaction with life, along with their sense of meaning, purpose, and connection. It also sets out other ambitions for the Department including:
- Improved customer experience and satisfaction;
 - Providing high quality information and advice;
 - Promoting wellbeing through universal services;
 - Building a flexible, talented, motivated workforce, including apprentices;
 - Investment in social care accommodation;
 - Seamless transition from children to adult services;
 - Promoting independence;
 - Improved use of technology;
 - Working effectively with partners.
- 7 The design and delivery of services will continue to be based on the 'right' model; that is the right people (those who are at risk or need support to maximise their independence) are receiving the right services, at the right time, in the right place and the Council is working with the right partners.
- 8 The Care Act 2014 places a duty on local authorities to integrate services with Health and other partners, both at an operational level and in respect to strategy and commissioning, in order to deliver joined up high quality services.
- 9 The draft Growth and Savings for the 2025 MTFS (2025/26-2028/29) reflect the changes in demand for services and the transformation in delivery of services to achieve the vision set out in the Department's Strategy and the national Government's reform of social care agenda.

Proposed Revenue Budget

- 10 The table overleaf summarises the proposed 2025/26 net revenue budget and provisional budgets for the next three years. The proposed 2025/26 revenue budget in detail is shown at Appendix A, attached to this report.

	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000
Original prior year budget	228,677	233,703	235,583	240,758
Budget transfers and adjustments	10,196			
Sub total	238,873	233,703	235,583	240,758
Add proposed growth (Appendix B)	(1,780)	4,250	6,600	5,640
Less proposed savings (Appendix C)	(3,390)	(2,370)	(1,425)	(1,100)
Proposed/provisional net budget	233,703	235,583	240,758	245,298

- 11 Detailed service budgets have been compiled on the basis of no pay or price inflation, a central contingency will be held which will be allocated to services as necessary.
- 12 The total gross proposed budget for 2025/26 is £386.0m with contributions from grants, Health transfers and service user contributions projected of £152.3m. The proposed net budget for 2025/26 totals £233.7m and is distributed as follows:

Net Budget 2025/26		
Demand Led Commissioned Services	£205.4m	87.9%
Direct Services	£6.0m	2.5%
Care Pathway – Operational Commissioning	£21.3m	9.1%
Care Pathway – Integration, Access and Prevention	£12.6m	5.4%
Strategic Services	£5.0m	2.1%
Early Intervention and Prevention	£1.8m	0.8%
Department Senior Management	£1.2m	0.5%
Better Care Fund/NHS Contribution	(£25.8m)	(11.0%)
Communities and Wellbeing	£6.2m	2.7%
Department Total	£233.7m	

Other Changes and Transfers

- 13 A number of budget transfers (totalling a net increase of £10.2m) were made through the 2024/25 financial year and are now adjusted for in the updated original budget. These transfers are:
- Nil for pay and pension inflation transferred from the central inflation contingency. Budget transfers to cover the additional costs associated with the 2024/25 pay award are still to be finalised but will be reflected in the final MTFS to be reported to Cabinet;
 - £10.3m for price inflation (including residential fee review);
 - (-£0.1m) transfers to and from other departments;

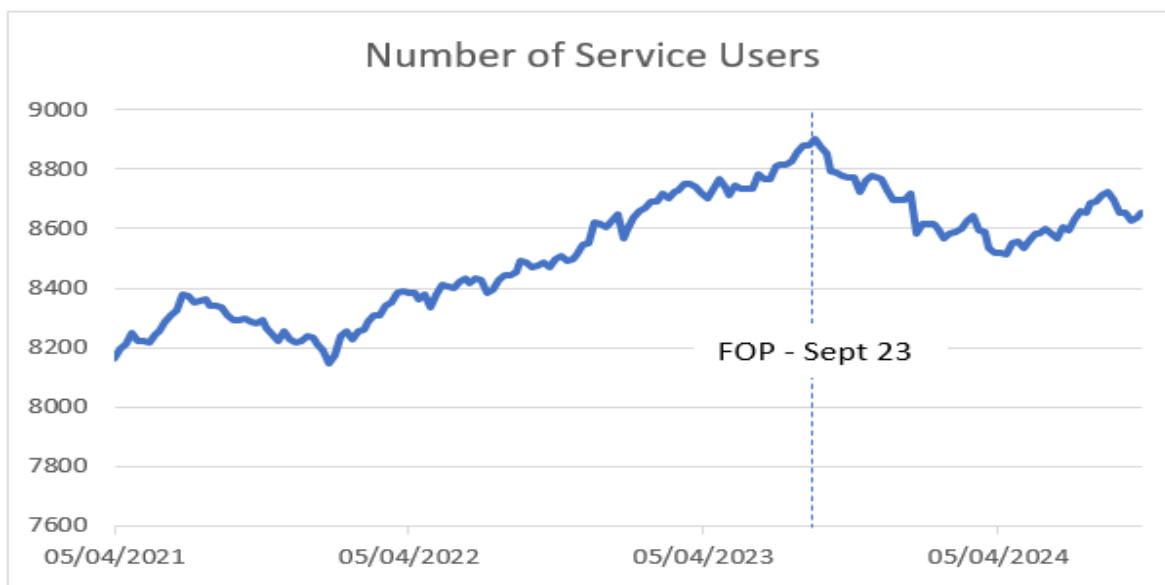
- 14 Growth and savings have been categorised in the appendices under the following classification:
- * - item unchanged from previous MTFS;
 - ** - item included in the previous MTFS, but amendments have been made;
 - No stars - new item.
- 15 This star rating is included in the descriptions set out for growth and savings below.
- 16 Savings are highlighted as “Eff” or “SR” dependent on whether the saving is seen as an efficiency or a service reduction or a mixture of both. “Inc” denotes those savings that are funding related or to generate more income. There are no new service reductions being proposed above those already approved in previous versions of the MTFS.
- 17 Considering the ongoing and increasing scale of the challenge faced by the Council to balance the MTFS, existing financial control measures are continuing to be reinforced to ensure a tight focus on eliminating non-essential spend. Inevitably, further savings beyond those identified in this report will be needed, and where possible, included in the final MTFS.

Growth

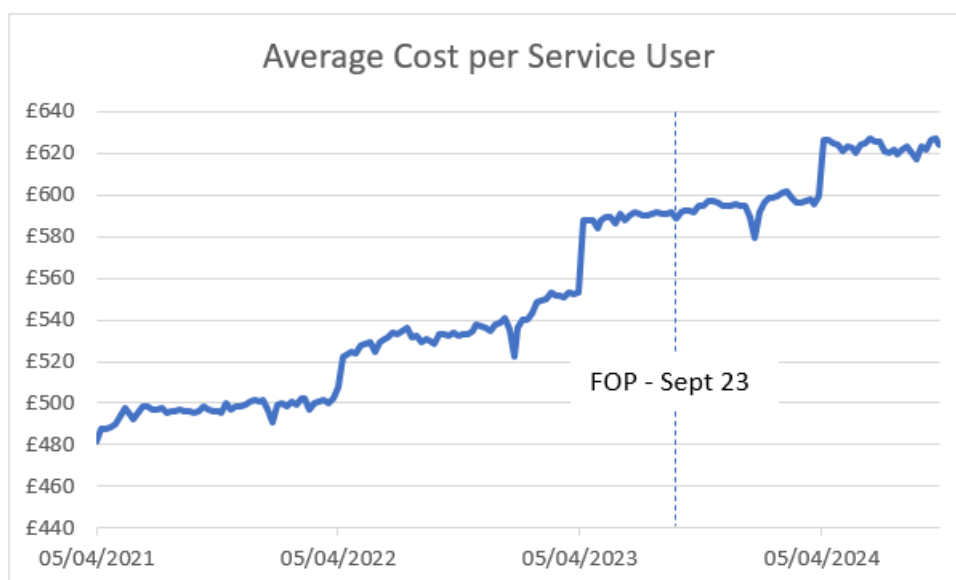
- 18 The proposed growth reflects changes in demand for services such as increased numbers of service users and number of high-cost care packages, in particular those related to older adults and learning disabilities and changes in types of service. As in previous years, the profile of service users and their care needs are constantly changing which may impact on the services commissioned. Overall demand led expenditure totals circa £289m.
- 19 There is a number of demand management activities which include regular oversight of cost of care packages, a scheme of delegation which manages level of spend and accountability at all levels across the service, benchmarking against national population statistics and regular budget monitoring. The Departmental Management Team also maintains oversight of the quality and sustainability of the care provider market including impact of changes in demand for care homes and home care. All these actions aim to validate and mitigate future growth requirements.
- 20 The growth required is -£1.8m for 2025/26 and rising to £14.7m by 2028/29. Whilst growth in the current financial year was below forecasts, and as such it is estimated a reduction can be made for 2025/26, demand for commissioned services continues to increase as well as the cost of care making it particularly challenging to accurately forecast growth requirements. Growth forecasts will be regularly reviewed and updated based on the latest information. The budget increases are outlined below and summarised in Appendix B to the report.

Overall Growth Trends

- 21 Overall number of service users being supported across Residential Care, Homecare, Supported Living, Cash Payments and Community Life Choices from April 2021 through to October 2024 are shown in the graph overleaf. Typical growth would be approximately 1-1.5% per annum. However, prior to the introduction of the Fair Outcomes Panels in September 2023, annualised growth was 3.6%. Since the introduction of the Fair Outcomes Panels, the annualised growth over the entire period is 1.7%.



- 22 The average cost per service user rose over the same time period. This is shown in the graph below. The steep rise from April relates to the annual fee review uplift.



- 23 The average cost per service user was not static and rose over the course of 22/23 and 23/24 mainly driven by higher cost packages within Residential care from market pressures to secure a placement and increasing hours being commissioned within Homecare from increasing numbers of discharges from

hospital. Over the course of 24/25 the average cost per service user started to stabilise.

**G7 Older People demand – £1,900,000 in 2025/26 rising to £15,190,000 by 2028/29

- 24 People aged over 65 account for most of the Department's care expenditure. This financial growth is required to meet the increasing numbers of older people with eligible needs as well as the increasing fragility of existing service users. The additional costs of packages of care are estimated to be £1.9m for residential care.
- 25 The introduction of the Fair Outcomes Panels during 2023-2024 initially reduced the number of placements with alternative forms of support being explored. Over the course of 24/25 overall placement numbers began to rise to levels observed in 23/24.
- 26 Another key driver is the cost of providing services which has significantly increased as capacity in the market is limited and the impact of increasing inflation. Despite the increase in placement numbers over 24/25 the cost of commissioned packages remains relatively stable compared with previous financial years.
- 27 Future changes in demand are estimated using national demographic statistics to produce a baseline forecast of the likely number and average cost of service users. The current projection is based on service needs as of November 2024 which are assumed to continue into 2025. This growth is primarily to meet the expected increase in service users from the projected demographic growth in future years.

**G8 Learning Disability demand – £550,000 in 2025/26 rising to £5,720,000 by 2028/29

- 28 There is a requirement for the Council to provide for increased care costs and growth relating to the number of service users accessing services that provide support to people with learning disabilities.
- 29 The current projection is based on service needs as of November 2024 which are assumed to continue into 2025. Future changes in demand are estimated using national demographic statistics to produce a baseline forecast of the likely number and average cost of service users.
- 30 There is currently an increase in the numbers of social care placements in children's services which may impact on the Department in the long term but cannot yet be quantified.
- 31 This growth is primarily to meet the expected increase in service users from the projected demographic growth in future years.

**G9 Mental Health demand – £500,000 in 2025/26 rising to £3,340,000 by 2028/29

- 32 This financial growth is required to meet the increasing numbers of people with eligible mental health needs. Future changes in demand are initially estimated

using historic trends to produce a baseline forecast of the likely number and average cost of service users. The current projection is based on service needs as of November 2024 which are assumed to continue into 2025. Other year changes in demand are estimated using national demographic statistics to produce a baseline forecast of the likely number and average cost of service users.

**G10 Physical Disabilities demand – £0 in 2025/26 rising to £800,000 by 2028/29

33 This financial growth is required to meet the increasing numbers of people with eligible physical disabilities. The current projection is based on service needs as of November 2024 which are assumed to continue into 2025. Future changes in demand are estimated using national demographic statistics to produce a baseline forecast of the likely number and average cost of service users. This growth is primarily to meet the expected increase in service users from the projected demographic growth in future years.

**G11 Additional Service User Income from Growth in numbers – (-£420,000) in 2025/26 rising to (-£3,630,000) in 2028/29

34 As the growth in the number of service users increases it is anticipated that a proportion these will be able to contribute towards the costs of their care which will offset the amount of growth required.

**G12 Additional Health Income from Growth in numbers – (-£310,000) in 2025/26 rising to (-£2,710,000) in 2028/29

35 As the growth in the number of service users increases it is anticipated that a proportion these will attract health income to support their needs which will offset the amount of growth required.

G13 Demand Management Target – (-£4,000,000) reduction 2025/26 onwards

36 Considering the scale of the challenge faced by the Council to balance the MTFs and the level of growth, a target for reducing growth by managing demand was set. This target was achieved by the Department over the course of 2024/25 through the Demand Management programme.

Savings

37 Details of proposed savings are set out in Appendix C and total £3.4m in 2025/26 and £8.3m over the next four years.

Adult Social Care

**AC1 (Inc) - Increased Income from Fairer Charging and removal of subsidy/aligning increases - £100,000 saving in 2025/26 rising to £400,000 from 2028/29

- 38 Department for Work and Pensions increases in benefits payments should provide additional chargeable income. It is anticipated that income from older people will rise faster than inflation as a result of the protection of over 65s benefits provided for by the National Government (£400k).

**AC2 (Eff) – Implementation of Digital Assistive Technology to Service Users (Technology Enabled Care -TEC) – £150,000 saving in 2025/26 rising to £300,000 from 2026/27

- 39 Savings by developing a range of IT and digital solutions that can be used to support service user outcomes across the Care Pathway. It includes assistive technology, aids and adaptations, telecare, and telehealth. Implementation commenced at the end of April 2022 and includes a partnership arrangement with Hampshire County Council and their commercial partner PAArgenti. Hampshire acts as a strategic partner to assist the Department in transformation and deliver a new approach to care technology.
- 40 One of the key strategic aims of the service is to deliver a significant financial contribution to the Council – both in terms of avoided future demand and in terms of actual in-year cost reductions. Savings are a mixture of avoided cost and cashable savings as well as non-financial benefits of care technology providing better outcomes for people.
- 41 The transformed Council Care Technology (CT) service has been running since 25 April 2022. Since launch, demand for the service has been strong and is growing. Evidence that the technology is having a positive outcome for people and care technology is being utilised to reduce the risk to the person or to support the carer.

**AC3 (Eff) - Review of Mental Health pathway and placements - £400,000 savings 2025/26 onwards

- 42 A review of the Mental Health Care Pathway including a progression model to reduce residential costs and other support. The intention is to enable people to step down from building-based services into their own homes with flexible support to prevent a further relapse and escalation back into building-based services. A Mental Health Accommodation Pathway Project has been established with membership including both internal and external partners. Additional staffing is being put in place to help support the move to step down accommodation and initial savings have been made.

**AC4 (Inc) - Increased BCF Income - £1,000,000 saving in 2025/26 rising to £4,000,000 in 2028/29

- 43 Additional income from the annual uplift on the protected social care element of the Better Care Fund (BCF).

*AC5 (Eff) - Improve consistency in hourly rates for Direct Payments (DP) and promote use of personal assistants - £160,000 saving 2025/26 onwards

44 The updated guidance around hourly rates paid to DP recipients has been issued to operational staff. The proposal is to:

- Standardise the DP rate to Personal Assistants (PA);
- Develop the PA market in Leicestershire through a bespoke programme led and supported by adult social care;
- Increase the number of people accessing PA's as an alternative to home care agency provision.

45 This would help achieve consistency by reducing the variation in the rates paid, whilst encouraging more people to become PAs. Putting in place clearer guidance for staff about how hourly rates should be applied will also help reduce the use of exceptions and reduce higher hourly rates.

*AC6 (Eff) – Transforming Commissioning – Extra Care - £100,000 saving in 2025/26 rising to £255,000 in 2027/28

46 The County Council considers its extra care stock to be low for the size of the county, in particular for those people with higher social care needs. The Council will seek to increase development of extra care within the county to support people with a higher level of care and support needs akin to standard residential care with a particular focus on dementia. This should reduce the overall costs of residential and care costs through reducing support costs.

47 This project will look to address the current position where the current client mix in extra care does not support sustainability of the provision. Leicestershire's provision is underused and there is less available than in other local authority areas. The aims are to:

- Increase Council commissioned care;
- Increase the high needs cohort;
- Increasing the average level of need within the high care needs cohort.

*AC7 (Eff) – Transforming Commissioning – Alternatives to Home Care - £250,000 saving in 2025/26 rising to £600,000 in 2026/27

48 Following the diagnostic review into the usage of home care, initiatives to reduce demand and costs have been explored.

49 This project seeks to identify and utilise cost-effective alternatives to home care, for the non-personal care elements of a package with a shift towards outcomes-based commissioning.

50 Early analysis suggests a proportion of support packages have a non-personal care element and therefore this provision could be provided by a non-regulated service, for example shopping calls. Where packages have an element of non-

personal care there is potential to mix packages with a regulated provision for personal care tasks and an alternative for other required tasks, such as cleaning, and therefore the potential for cost reduction.

*AC8 (Eff) – Transforming Commissioning – Continuing review of contracts across all areas - £150,000 saving 2025/26 onwards

- 51 A review of existing social care contracts across all areas will be conducted to find further cashable savings. Both existing contracts and contracts that are due for renewal will be reviewed by the Commissioning Team to find additional cost savings.

AC9 (Eff) – Review of underspends in staffing and general expenditure (turnover) – £300,000 saving 2025/26 onwards

- 52 Over the course of 2024/25 additional savings of £300k were identified through a review of staffing and non-essential budgets that have consistently underspent over the last few years. The budget has been removed for 2025/26 and is not expected to have an operational impact on the Department.

AC10 (Eff) – Review in-house supported living and short breaks provision - £100,000 saving in 2025/26 rising to £500,000 in 2027/28

- 53 A review of the Department's short breaks sites has highlighted an opportunity to better utilise unused occupancy. Options are being explored to see if placements could be offered to various partner organisations which would potentially generate additional income to the Department.
- 54 A review of in-house supported living will also take place to determine whether alternative delivery methods could be pursued.

AC11 (Eff) – Approved Mental Health Professionals (AMHP) review - £30,000 saving 2025/26 onwards

- 55 A review of the service model is being undertaken which has highlighted an opportunity to make a saving without an operational impact.

AC12 (Eff) – Review of 1:1 support in residential care - £250,000 saving in 2025/26 rising to £500,000 in 2026/27

- 56 Reviews of all one-to-one support in Residential Care will be undertaken to better identify and challenge commissioning practice, using care technology and develop a strengths and asset based approach.
- 57 More effective use of funding and costing tools will identify where high-cost placements may be renegotiated to reflect a fairer cost of care and reduce supplementary needs payments.

AC13 (Inc) – Increasing Health Income - £300,000 saving in 2025/26 rising to £500,000 in 2026/27

- 58 The Department has identified the need to address current Continuing Health Care (CHC) determinations. Expertise will be sought to review determinations and enhance knowledge of CHC criteria across the operational workforce to embed learning ensuring that people are receiving their correct entitlement in line with their health and support needs.
- 59 The Department is also reviewing existing and new health funded packages to ensure that health contributions are correct.

AC14 (Inc) – Review of Fees and Charges - £100,000 saving in 2025/26 rising to £150,000 in 2026/27

- 60 The opportunity for additional income through a review of fees and charges will ensure the Department is achieving income in line with the delivery of services. The introduction of a Corporate Charging Policy will ensure that fees and charges are regularly monitored and updated to ensure maximisation of income.

Communities and Wellbeing

**AC16 (Eff) - Implementation of revised service for Communities and Wellbeing - £40,000 saving from 2026/27 onwards

- 61 Further work has been undertaken to review options for the relocation of the Record Office of Leicester, Leicestershire, and Rutland (ROLLR), and the creation of a Collections Hub. Implementation of a revised service is dependent on decisions taken with partners with regards to the allocation of future capital for the scheme. A new hub would realise the final part of the previous restructuring and enable the release of the current collection stores to consolidate assets into one location.

Savings under development

- 62 The following areas are being developed to meet future savings targets.

Preparing for Adulthood Review

- 63 The journey from child to adult social care is commonly described as ‘transition.’ Transition is a process that happens over a period of time, during which services need to work flexibly to ensure each young person’s individual circumstances are taken into account when planning the move into adulthood.
- 64 It is hypothesised that if more active work is undertaken with young people receiving children’s social care, their representatives and social care workers at an earlier age, savings could be achieved by having additional time to work with them to look at ways of maximising people’s independence and considering strengths based approaches to meet outcomes.

Review of Community Life Choices (Day services) by looking at the services being offered and delivered

- 65 A review is taking place to examine the current commissioning of Community Life Choices services to inform future procurement arrangements.

Review of Lightbulb Service contribution and business case with partners to improve efficiency

- 66 Ongoing discussions are taking place with partners to explore whether additional efficiencies can be obtained from the partnership as part of a revised business case.

Review of Supported Living packages

- 67 A review of supported living care and support will take place. The Department will explore whether commissioned step through/progression services, within residential care, could enable people to step down into less intensive care and support.

Review of Direct Payments processes to improve efficiency across teams and robustness of assessments

- 68 A review of the Direct Payments process will be undertaken. An assessment of processes has highlighted that improvements could be made to ensure that Direct Payments being made to recipients continue to reflect their current level of need.

Improve efficiency of financial assessments process across teams which should lead to more timely invoicing and reduce debt

- 69 The Department aims to develop a streamlined and efficient financial pathway across teams to ensure prompt payment and processing of assessed charges. This will both improve the customer journey and reduce debt.

Review of Home Care packages in particular for double handed care and look at alternative approaches to delivering services

- 70 The Single-Handed Care Team is made up of Occupational Therapists and Community Support Workers who undertake assessments of individuals with double handed packages of care. The team observe care while it is taking place and prescribe equipment which facilitates single handed care, recommend alternative techniques for completing tasks and ensure there are no environmental barriers to the task.

Health and Social Care Integration

Better Care Fund (BCF)

- 71 Health and Social Care Integration continues to be a national government priority. Developing effective ways to co-ordinate care and integrate services around the person and provide more of this care in community settings are seen nationally and locally as key to improving outcomes and ensuring high quality and sustainable services for the future.
- 72 The Council has received funding from the NHS through the BCF since 2015/16 in line with levels determined by Government. The BCF's purpose is to help the Council finance the delivery and transformation of integrated health and care services to the residents of Leicestershire, in conjunction with NHS partners.
- 73 The BCF policy framework and planning requirements are refreshed regularly and may cover one year or a number of years. The Department of Health and Social Care (DHSC) and the Ministry of Housing, Communities and Local Government (MHCLG) published a two-year policy framework for the implementation of the BCF in 2023/24 and 2024/25 on 4 April 2023. NHS England approves BCF plans in consultation with DHSC and MHCLG.
- 74 The four national conditions set by the Government in the BCF policy framework for 2023/25 are:
- Plans to be jointly agreed;
 - Enabling people to stay well, safe and independent at home for longer;
 - Provide the right care in the right place at the right time;
 - Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.
- 75 The BCF policy framework was updated in April 2024 to confirm funding allocations and metrics required. This required updated plans for 2024-25 to be submitted and confirmed funding conditions specific to the Adult Social Care Discharge Fund.
- 76 The Adult Social Care Discharge Fund for 2024/25 has been pooled into local BCF plans (as required by the grant conditions) and Section 75 agreements which are the agreements between the NHS and the Council underpinning the pooling. The funding will be provided through grants to local authorities and allocations via Integrated Care Boards (ICBs). The funding conditions and individual allocations for 2025/26 are yet to be announced, but the Finance Policy Statement issued by MHCLG on 28 November 2024 indicated that the funding given to Local Authorities for the Improved BCF and Discharge Fund Grants will be £2.6 billion in 2025/26 which is the same as the funding received in 2024/25.
- 77 The value of BCF funding for Leicestershire in 2024/25 is shown in the table overleaf:

	2024/25 £m	
NHS Minimum Allocation	51.5	Level mandated by NHS England
Discharge Fund	8.5	Allocated to both ICBs and local authorities to support safe and timely discharge from hospitals
IBCF	17.7	Allocated to local authorities, specifically to meet social care need and assist with alleviating pressures on the NHS, with emphasis on improving hospital discharge, and stabilising the social care provider market.
Disabled Facilities Grant	4.8	Passed to district councils
Total BCF Plan	82.5	

- 78 In 2024/25, £22.9m of the NHS minimum allocation into the BCF will be used to sustain adult social care services. The national conditions of the BCF require a certain level of expenditure to be allocated for this purpose. This funding has been crucial in ensuring the Council can maintain a balanced budget; unnecessary hospital admissions are avoided; and delayed transfers of care from hospital is minimised.
- 79 In addition to the required level of funding for sustaining social care service provision, in 2024/25 a further £7.9m of Leicestershire's BCF funding has been allocated for social care commissioned services. These services are aimed at improving carers' health and wellbeing, safeguarding, mental health discharge, dementia support and crisis response.
- 80 The balance of the NHS Minimum Allocation £20.7m is allocated for NHS commissioned out-of-hospital services. The County Council commissions community care services on behalf of the NHS through shared care and joint funding arrangements. The Council is reviewing these arrangements alongside the provision of CHC and Funded Nursing Care ensure residents are receiving optimal care and it is funded appropriately.
- 81 Any reduction in the funding for social care from the BCF would place additional pressure on the Council's MTFs, and without this funding there is a real risk that the Council would not be able to manage demand or take forward the wider integration agenda.

Other External Influences

- 82 There is several areas of funding that influence the achievability of the MTFs for the Department. For example, hospital discharge arrangements; increasing costs of care mainly due to in the National Living Wage and shortages of workforce in the care sector in certain rural areas.

Other Funding Sources

83 For 2025/26, the following other funding is expected to be received:

- Service users eligible for CHC - £8.9m through the Learning Disabilities Pooled Budget and for non-Learning Disability service users £21.2m;
- Social Care in Prisons Grant - £253,000 which is anticipated to be ongoing;
- Local Reform and Community Voices Grant - £52,000 for Deprivation of Liberty Services in Hospitals;
- War Pension Scheme Disregard Grant - £97,000;
- Funding to support Adult Learning from Skills Funding Agency estimated to be £4.1m.
- Improved BCF – Winter Pressures £3.5m;
- Adult Social Care Discharge from Hospital Grant - £4.1m.

Capital Programme

84 The proposed Department's capital programme totals £21.7m (see Appendix D). The main source of external funding for the programme is the BCF grant programme (£19.4m), which is passported to District Councils to fund major housing adaptations in the County. The balance of the programme (£2.3m) is discretionary funding.

85 The capital programme for the Department is traditionally relatively small. The only allocations are for future projects being developed with a focus on delivering long term revenue savings/operational improvements as part of the Social Care Investment Programme (SCIP) £2.3m, which involves the purchase and development of properties to meet the needs identified within the Social Care Accommodation Development Plan, which was approved by the Cabinet on 25 June 2019 and which are subject to business cases.

Future Developments

86 Below is a summary of a provisional capital bid expected to be made by the Department in relation to the Archives, Collections and Learning Hub. This has yet to be formally approved and are subject to business cases:

87 To co-locate the Council's archives, museums and learning collections into a single facility at the Eastern Annexe, including a publicly accessible search room. This project addresses the need for archival and museum storage that meets required standards, forms part of the service strategy to reduce the number of collection locations and helps ensure the County Council continues to meet its statutory duty in this area. Discussions are being held with Leicester City and Rutland Council, who are partners in the current Record Office, regarding their capital and revenue investment towards the shared element of the scheme. Should agreement not be made, the future of the partnership arrangement would have to be reconsidered, as would the scale of the investment required.

Background Papers

Report to the Cabinet: 17 December 2024 – Medium Term Financial Strategy 2025/26 to 2028/29 Proposals for Consultation

Delivering Wellbeing and opportunity in Leicestershire – Adults and Communities Department Ambitions and Strategy for 2020-24

Better Care Fund

Circulation under local issues alert procedure

88 None.

Equality and Human Rights Implications

89 Under the Equality Act 2010 local authorities are required to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share protected characteristics and those who do not; and,
- Foster good relations between people who share protected characteristics and those who do not.

90 Given the nature of services provided, many aspects of the County Council's MTFS will affect service users who have a protected characteristic under equalities legislation. An assessment of the impact of the proposals on the protected groups must be undertaken at a formative stage prior to any final decisions being made. Such assessments will be undertaken in light of the potential impact of proposals and the timing of any proposed changes. Those detailed assessments will be revised as the proposals are developed to ensure decision-makers have information to understand the effect of any service change, policy or practice on people who have a protected characteristic.

91 There are several areas of the budget where there are opportunities for positive benefits for people with protected characteristics both from the additional investment the Council is making into specialist services and to changes to existing services which offer improved outcomes for users whilst also delivering financial savings.

92 If, as a result of undertaking an assessment, potential negative impacts are identified, these will be subject to further assessment.

93 Any savings arising out of a reduction in posts will be subject to the County Council's Organisational Change Policy which requires an Equality Impact Assessment to be undertaken as part of the Action Plan.

Human Rights Implications

94 Where there are potential Human Rights implications arising from the changes proposed, these will be subject to further assessment including consultation with the Council's Legal Services.

Appendices

Appendix A – Revenue Budget 2025/26

Appendix B – Growth

Appendix C – Savings

Appendix D – Capital Programme 2025/26 to 2028/29

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ADULTS AND COMMUNITIES**REVENUE BUDGET 2025/26**

Net Budget 2024/25 £		* Employees £	Running Expenses £	Internal Income £	Gross Budget £	External Income £	Net Budget 2025/26 £	
<u>Care Pathway - Operational Commissioning</u>								
1,029,702	Heads of Service (OC) & Lead Practitioners	S	1,011,801	58,126	0	1,069,927	-62,964	1,006,963
7,982,196	Cognitive & Physical Disability (C&PD)	S	6,319,932	2,332,900	0	8,652,832	-690,620	7,962,212
4,554,357	Learning Disability & Autism (LD&A)	S	4,879,293	61,485	-39,520	4,901,258	-449,500	4,451,758
8,068,666	Mental Health & Safeguarding (MH&S)	S	8,564,370	2,393,666	0	10,958,036	-3,059,189	7,898,847
21,634,922	TOTAL		20,775,396	4,846,177	-39,520	25,582,053	-4,262,273	21,319,780
<u>Care Pathway - Integration, Access & Prevention</u>								
45,523	Heads of Service (IAP) & Strategic Service Managers	S	554,826	363,508	0	918,334	-927,390	-9,056
-0	Integration Team	D	370,401	179,000	0	549,401	-565,050	-15,649
3,174,660	Access & Digital Services	S	4,084,598	1,301,865	-87,033	5,299,430	-2,173,172	3,126,258
9,774,289	Home First	S	14,459,939	1,016,160	0	15,476,099	-5,951,625	9,524,474
12,994,471	TOTAL		19,469,764	2,860,533	-87,033	22,243,264	-9,617,237	12,626,027
<u>Direct Services</u>								
564,201	Direct Services Managers	S	552,309	4,000	0	556,309	0	556,309
5,057,169	Supported Living, Residential and Short Breaks	S	4,863,348	175,199	0	5,038,547	0	5,038,547
0	CLC / Day Services	S	0	0	0	0	0	0
333,562	Shared Lives Team	D	291,397	40,570	0	331,967	0	331,967
125,618	Direct Services Review	S	0	25,618	0	25,618	0	25,618
6,080,551	TOTAL		5,707,055	245,387	0	5,952,442	0	5,952,442
<u>Early Intervention & Prevention</u>								
366,357	Extra Care	S	0	586,914	0	586,914	0	586,914
96,000	Eligible Services	B	0	327,752	0	327,752	-327,752	0
826,007	Secondary (e.g. Carers & Community Assessments)	B	0	1,362,748	0	1,362,748	-465,000	897,748
399,420	Tertiary (e.g. Advocacy)	B	0	611,810	-54,000	557,810	-257,971	299,839
1,687,784	TOTAL		0	2,889,224	-54,000	2,835,224	-1,050,723	1,784,501
<u>Strategic Services</u>								
219,763	Heads of Strategic Services	S	273,625	1,400	0	275,025	0	275,025
2,064,128	Business Support & Strategy and Planning	S	1,833,647	287,350	-20,355	2,100,642	0	2,100,642
1,860,145	Commissioning & Quality	S	2,976,461	165,393	0	3,141,854	-1,153,376	1,988,478
652,956	Social Care Investment	B	415,380	250,601	0	665,981	0	665,981
4,796,992	TOTAL		5,499,113	704,744	-20,355	6,183,502	-1,153,376	5,030,126

<u>Demand Led Commissioned Services</u>								
92,917,194	Residential & Nursing Care	S	0	139,939,891	0	139,939,891	-46,382,697	93,557,194
1,631,675	Shared Lives Residential	S	0	1,576,675	0	1,576,675	0	1,576,675
45,813,818	Supported Living	S	0	45,263,818	0	45,263,818	0	45,263,818
50,033,290	Home Care	S	0	48,423,290	0	48,423,290	0	48,423,290
45,502,030	Direct Cash Payments	S	0	43,527,030	0	43,527,030	0	43,527,030
9,407,689	Community Life Choices (CLC)	S	0	9,307,689	0	9,307,689	0	9,307,689
535,750	Shared Lives - CLC	S	0	590,750	0	590,750	0	590,750
0	Other Support	S	0	75,000	0	75,000	0	75,000
-36,774,122	Non-Residential Income	S	0	0	0	0	-36,944,122	-36,944,122
209,067,324	TOTAL		0	288,704,143	0	288,704,143	-83,326,819	205,377,324
-24,790,000	Better Care Fund (Balance)	S	0	19,897,398	0	19,897,398	-45,689,398	-25,792,000
1,204,941	Department Senior Management	S	961,278	434,588	32,246	1,428,112	-218,726	1,209,386
232,676,986	TOTAL ASC		52,412,607	320,582,194	-168,662	372,826,138	-145,318,552	227,507,587
<u>Communities and Wellbeing</u>								
341,276	C&W Senior Management	B	355,653	6,150	-13,710	348,093	0	348,093
2,206,862	Libraries Operational	S	2,261,452	335,310	0	2,596,762	-380,859	2,215,903
1,204,359	Libraries Resources	S	292,819	938,540	0	1,231,359	-27,000	1,204,359
969,008	Museums & Heritage	D	1,030,314	320,602	0	1,350,916	-399,930	950,986
448,257	Participation	D	435,979	27,396	0	463,375	0	463,375
1,025,650	Collections & Learning	B	1,415,321	338,783	0	1,754,104	-757,450	996,654
0	Externally Funded Projects	D	321,097	133,021	0	454,118	-454,118	0
2	Adult Learning	D	4,621,421	742,610	-404,722	4,959,309	-4,959,309	0
0	C&W Efficiencies		0	16,043	0	16,043	0	16,043
6,195,414	TOTAL C&W		10,734,057	2,858,455	-418,432	13,174,080	-6,978,666	6,195,414
238,872,400	TOTAL ADULTS & COMMUNITIES		63,146,663	323,440,649	-587,094	386,000,218	-152,297,218	233,703,000

* S/D/B : indicates that the service is Statutory, Discretionary or a combination of Both

APPENDIX B

References	<u>GROWTH</u>	2025/26	2026/27	2027/28	2028/29
		£000	£000	£000	£000
	<u>ADULTS & COMMUNITIES</u>				
** G7	Older people - new entrants and increasing needs in community based services and residential admissions	1,900	5,660	10,720	15,190
** G8	Learning Disabilities - new entrants including children transitions and people with complex needs	550	1,720	3,790	5,720
** G9	Mental Health - new entrants in community based services and residential admissions	500	1,340	2,470	3,340
** G10	Physical Disabilities - new entrants in community based services	0	110	470	800
** G11	Additional Service User Income from new growth to offset costs	-420	-1,430	-2,500	-3,630
** G12	Additional Health Income from new growth to offset costs	-310	-930	-1,880	-2,710
** G13	Demand management	-4,000	-4,000	-4,000	-4,000
	TOTAL	-1,780	2,470	9,070	14,710

* items unchanged from previous Medium Term Financial Strategy

** items included in the previous Medium Term Financial Strategy which have been amended

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APPENDIX C**SAVINGS****References used in the following tables**

* items unchanged from previous Medium Term Financial Strategy

** items included in the previous Medium Term Financial Strategy which have been amended

Eff - Efficiency saving

SR - Service reduction

Inc - Income

2025/26	2026/27	2027/28	2028/29
£000	£000	£000	£000

<u>ADULTS & COMMUNITIES</u>							
<u>Adult Social Care</u>							
**	AC1	Inc	Increased income from fairer charging and removal of subsidy / aligning increases	-100	-200	-300	-400
**	AC2	Eff	Implementation of digital assistive technology to service users	-150	-300	-300	-300
**	AC3	Eff	Review of Mental Health pathway and placements	-400	-400	-400	-400
**	AC4	Inc	Increased BCF income from annual uplift	-1,000	-2,000	-3,000	-4,000
*	AC5	Eff	Improve consistency in hourly rates for DP's and promote use of personal assistants	-160	-160	-160	-160
*	AC6	Eff	Transforming Commissioning (Extra Care)	-100	-180	-255	-255
*	AC7	Eff	Transforming Commissioning (Alternatives to homecare)	-250	-600	-600	-600
*	AC8	Eff	Transforming Commissioning continuing review of contracts across all	-150	-150	-150	-150
	AC9	Eff	Review of underspends in staffing and general expenditure(turnover)	-300	-300	-300	-300
	AC10	Eff	Review in-house supported living and short breaks provision	-100	-250	-500	-500
	AC11	Eff	Approved Mental Health Professionals (AMHP) review	-30	-30	-30	-30
	AC12	Eff	Review of 1:1 support in residential care	-250	-500	-500	-500
	AC13	Inc	Increasing Health Income	-300	-500	-500	-500
	AC14	Inc	Review of Fees & Charges	-100	-150	-150	-150
			Total ASC	-3,390	-5,720	-7,145	-8,245
<u>Communities and Wellbeing</u>							
**	AC16	Eff	Implementation of revised service for communities and wellbeing	0	-40	-40	-40
			Total C&W	0	-40	-40	-40
			TOTAL A&C	-3,390	-5,760	-7,185	-8,285

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ADULTS & COMMUNITIES - CAPITAL PROGRAMME 2025-29

Estimated Completion Date	Gross Cost of Project £000		2025/26 £000	2026/27 £000	2027/28 £000	2028/29 £000	Total £000
Mar-29	19,404	Disabled Facilities Grant (DFG)	4,851	4,851	4,851	4,851	19,404
			4,851	4,851	4,851	4,851	19,404
Mar-28	3,758	Social Care Investment Plan (SCIP): SCIP - Extra care schemes	1,000	629	629	0	2,258
		Sub-Total SCIP	1,000	629	629	0	2,258
		Total A&C	5,851	5,480	5,480	4,851	21,662

		Future Developments - subject to further detail and approved business cases Archives, Collections and Learning Hub					
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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
20 JANUARY 2025

NATIONAL PERFORMANCE BENCHMARKING 2023/24 AND
PERFORMANCE REPORT 2024/25 – POSITION AT NOVEMBER 2024

JOINT REPORT OF THE CHIEF EXECUTIVE AND
DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of the Report

1. The purpose of this report is twofold: firstly, to highlight the adult social care comparative performance position in 2023/24 through national benchmarking; and secondly to present to the Committee an update of the Adults and Communities Department's performance at the end of November 2024.

Policy Framework and Previous Decisions

2. The Adults and Communities Department's performance is reported to the Committee in accordance with the Council's corporate performance management arrangements.

Background

3. At a national level adult social care performance is monitored via the Adult Social Care Outcomes Framework (ASCOF). This set of indicators is reported annually, and the Department of Health and Social Care published the 2023/24 position in December 2024. The indicators are sourced, in part, from detailed activity reported to NHS England each spring.
4. The metrics detailed in Appendix A to this report are based on the key performance measures of the Adults and Communities Department for 2024/25. These are reviewed through the annual business planning process to reflect the key priorities of the Department and the Council. The structure of Appendix A is aligned with the Ambitions and Strategy for the Adult and Communities Department 2020-2024, '*Delivering Wellbeing and Opportunity in Leicestershire*'. This strategic approach is based on a set of principles with the person at the centre, ensuring the support they receive can deliver the right outcomes. Appendix B outlines the 'layered' model designed to maximise independence – to Prevent, Reduce, Delay and Meet needs.
5. Appendix A is also structured in line with the Council's Strategic Plan 2022-26. This sets out the Council's overall policy framework approach and is based on five aspirational strategic outcomes: Clean and Green, Great Communities, Improved Opportunities, Strong Economy, Transport, and Infrastructure, and Safe and Well.

6. Several metrics are not part of the ASCOF, in particular those relating to Communities and Wellbeing, and do not have a national average to compare performance with. As such, local targets have been agreed and Appendix A outlines progress towards these by comparing performance to a milestone position at the end of November 2024.

Adult Social Care

7. During the 12 months to the end of November 2024, the Council received 31,380 **new contacts**¹, which is slightly fewer than the preceding 12 months (a 7.9% reduction from 34,060). Just over two-thirds (21,510) of the contacts were received via telephone or email, and four in every 10 (12,170) were a self-referral or from a family member. A quarter (8,060) were received from a hospital discharge which was 165 or 2.1% more than the previous 12-month period.
8. Making use of nationally published data, and using a rate per 100,000 of local populations, the number of new contacts can be compared during 2023/24 with other local authorities in Leicestershire's peer group². This shows that for people aged 18-64, Leicestershire were slightly lower than the peer group average (1,479 compared to 1,547) and for those aged 65 or over, slightly higher (13,534 compared to 12,687). Within these headline figures are the number of new contacts where the route of access was from a hospital discharge. This shows that Leicestershire are ranked third highest for people aged 18-64 and the highest for those aged 65 or over.
9. Measuring whether someone **lives in their own home** is one way to assess independence. ASCOF 2E measures the proportion of adults aged 18-64 with a learning disability, known to the Council, who live in their own home or with family. During 2023/24, the proportion in Leicestershire was 85.3% (1,206 out of 1,414), similar to 85.6% (1,198 out of 1,399) the previous year, and higher than the 2023/24 national position of 81.6%. During the period April to November, the proportion has increased slightly to 87.0% (1,221 out of 1,403).
10. An area of focus for the collation and reporting of new adult social care metrics, is the time people have to **wait for an assessment** of their need, and services if they are required. NHS England has recently taken on feedback from local authorities and is now working on final definitions and methodology. In the meantime, local reporting will continue to use the approach used for the Market Sustainability and Improvement Fund outlined in the report to the Committee on 5 June 2023. As at the end of November 2024 there were 736 people awaiting an assessment in Leicestershire, 21 fewer than 757 at the equivalent point last year. Furthermore, the number waiting for six months or more at the end of November was 20 or just 3% of those waiting, down from 37 (5%) at the end of November 2023.
11. **Reablement** is a short and intensive service to help people who have experienced deterioration in their health (and/or have increased support needs) to relearn the skills required to keep them safe and independent at home. The ASCOF includes two metrics relating to reablement. The first of these monitors the proportion of people

¹ A new contact is one where the person the contact relates to is not in receipt of a Council commissioned service at the point the Council is contacted.

² A peer group is a set of 16 local authorities, used for comparison purposes, that are similar with regard to various socio-economic and geographic factors such as age profile, ethnicity, density, and education.

having completed a period of reablement support and have no need for ongoing long-term services. In Leicestershire during 2023/24 this was 89.6% (3,857 out of 4,305), a small improvement on the previous year and above the national proportion of 79.4%. The second metric monitors the proportion of people, who have been discharged from hospital to a reablement service and are living at home 91 days later. At 88.1% (538 out of 611 discharges between October and December 2023), Leicestershire's performance is above the national position of 83.8% for 2023/24. Picking up progress in the current year, 3,085 people have been through reablement between April and November, 4% higher than the equivalent period of the previous year (2,959). Of these, 88.8% (2,739 out of 3,085) had no need for commissioned ongoing services. With regards those living at home 91 days following hospital discharge and a subsequent reablement service, 89.9% (519 of the 582 people discharged between June and August) were doing so, continuing a high level of performance.

12. During 2023/24, Leicestershire assisted over 10,500 **people needing care and support** (3,110 people aged 18-64 and 7,500 aged 65 or over). For the younger of the two age groups, the rate per 100,000 of the population worked out at 714, lower than the peer group average (774), and that of single tier and other County Councils (880). For people aged 65 or over, the rate in Leicestershire was 4,858, higher than the peer group average of 4,318, although again, lower than the average of single tier and other county councils (5,860).
13. **Avoiding permanent placements in residential or nursing care homes** is a good indication of maximising independence and delaying dependency. Research suggests that where possible, people prefer to stay in their own home rather than move into permanent care. During 2023/24, there were 60 admissions to a permanent placement of people aged 18-64. Presented as a rate per 100,000 of the population this equates to 13.8 and shows a lower admission rate to the national position of 15.2. For people aged 65 or over, the local rate was 564 during 2023/24 (based on 868 admissions) which was slightly lower than the national rate of 566. During the eight months from April to November 2024 there were 34 admissions of people aged 18-64, giving a full year forecast of 56 which is slightly lower than the previous year. Conversely, admissions of people aged 65 or over has increased slightly and the 574 admissions during the same eight-month period provides a full-year forecast of 897, 3% more than the 868 the previous year.
14. In general, the proportion of people supported with a long-term service in Leicestershire through a permanent residential or nursing placement during 2023/24 was notably lower than that of the comparable peer group of authorities. For people aged 18-64, Leicestershire were ranked second lowest with just 10% supported this way compared to an average of 15% amongst peer group authorities. For people aged 65 or over, Leicestershire were again ranked the second lowest with just one-third (34%) supported in a permanent placement compared to an average of 41% across the peer group.
15. The County Council remains committed that everyone in receipt of long-term, community-based care should be provided with a personal budget, preferably as a **direct payment**. Nationally, the proportion of people choosing a direct payment to commission support services has trended downwards in recent years and the latest position for 2023/24 showed 25.5% of people doing so. Leicestershire is no different, although at 35.6% (1,723 out of 5,081) of people choosing a direct payment in

2023/24, the proportion remains considerably higher than the national position. By the end of November 2024, there had been a further slight reduction to 33.9% (1,723 out of 5,081) although still some way higher than the latest national average.

16. Local authorities are required to conduct two **statutory surveys**, an annual survey of people in receipt of social care services and a similar survey of carers on a biennial basis. Both were undertaken in 2023/24.
17. There was a 40.3% response rate to the **carers survey** in 2023/24, considerably higher than the national response rate of 29.6%. Of the carers who responded, 56.1% stated that it was easy to find information, a significant improvement on 49.4% in the previous survey although still short of the national position of 59.0%. In addition, 25.4% of carers who responded said they felt they had as much social contact as they would like. This remains similar to 24.7% who responded in the previous survey but is lower than the latest national position of 30%. Other findings from the survey include 66.8% of respondents stating that they have been included or consulted in discussions about the person they care for, a significant improvement on the previous survey (61.2%) and similar to the latest national position of 66.4%.
18. The response rate for the annual **survey of people in receipt of adult social care services** in Leicestershire was not as high as that for carers, although at 24% it was similar to the national response rate of 25%. Like the carers survey, the questionnaire includes a question about the ease of finding information. There is a considerable difference between the position in Leicestershire, where 59% stated they find it easy to find information, with the national figure being 68%. For those saying they have as much social contact as they wish, there was a greater likeness with 45% of Leicestershire respondents and 46% of those nationally stating they have a level of social contact that they hoped for. Elsewhere, the survey asks about overall satisfaction with care and support services. In Leicestershire, 90% of respondents stated they were either extremely, very or quite satisfied with their support, a couple of percentage points higher than the national proportion of 88%. One final area to reflect on is a broad question that asks if people feel safe. In Leicestershire, there has been an increase from 65% in the previous survey to 72% in the latest; just above the national figure of 71%.
19. A **safeguarding** alert can include any concern for welfare and will often require a response from the Authority, but not necessarily in relation to safeguarding. Using a rate based on the number of alerts per 100,000 population to allow for comparison, there is considerable variation across the country for safeguarding activity during 2023/24. Leicestershire, at 299 alerts per 100,000 population is at the lower end of the scale being in the bottom quartile whilst the range reaches upwards of 1,700 per 100,000 in the top quartile. Once an alert has been investigated for any potential risk of abuse or neglect there may be need for a more in-depth enquiry under Section 42 of the Care Act 2014. The conversion rate of alerts to enquiries in Leicestershire during 2023/24 was 46% (796 out of 1,732). This is in the top 25% of authorities in England, which is 41% and above. Looking at the above metrics of activity during the more recent period of April to November 2024, the number of alerts has increased by 47% giving a potential full year rate of 438 per 100,000 population. The number of enquiries increased by a similar amount (46%) giving a conversion rate at the end of November of 40%.

20. Under the Care Act 2014's statutory guidance, councils should undertake a **review of care plans** no later than every 12 months (although this is not a legal duty). Undertaking reviews regularly helps to identify if outcomes set out in the original support plan are being achieved. At the end of March 2024, the proportion in Leicestershire who had been reviewed in the past 12 months was 72.7% (3,770 out of 5,185), higher than the average of peer group authorities (61.2%) and the national average (58.8%). By the end of November 2024, the position in Leicestershire had improved further to 76.2% (4,080 out of 5,351).

Communities and Wellbeing

21. As noted in paragraph 6, there is no national performance framework covering the Communities and Wellbeing section of the Adults and Communities Department and as such performance is monitored against locally agreed targets. Appendix A highlights the monthly milestones used to help track if performance is progressing well enough to meet the annual targets.
22. There were 110,161 **visits to heritage sites** between April and November 2024, 7.6% higher than the equivalent period last year (102,386), and above the November milestone of 104,098, suggesting that the full year target of 136,000 visits for 2024/25 will be achieved.
23. There were 523,123 physical visits to **Council managed libraries** during the period April to November 2024, 107,564 (26%) more than the comparable period of the previous year (415,559) and 3,123 (0.6%) above the November milestone. This increase will have been influenced by additional events and activities, much of it generated via the Arts Council funds due to the Council being a National Portfolio Organisation, which is seeing a new, and more diverse audience visit Leicestershire libraries. This notable increase in library footfall has ensured a 7.6% increase in total loans, including 801,413 e-loans, 153,096 (24%) more than the equivalent period of the previous year, and 116,925 (17%) above the milestone for November. Despite there being 567,365 junior loans during the same period, this was 22,190 fewer than the same period of the previous year. The figure is, however, 4,000 more loans than the November milestone.
24. There were 14,910 hours of **volunteering** at libraries, museums and heritage services between April and November 2024, 4% (581) higher than the equivalent period of 2023, and 1,577 more hours than the milestone position for the end of November.
25. The Department's **Creative Learning Service** supports schools across the County with a wide range of resources, pupil sessions and professional help to stimulate reading and creative learning across the curriculum. Since August and the beginning of the 2024/25 academic year there have been 6,042 attendances at Creative Learning Service workshops, in line with the milestone for the period.
26. The **Leicestershire Adult Learning Service's** performance relates to the proportion of learning aims due to be completed in a given period that were successfully achieved. Performance during the academic year 2023/24 was 88.9%, similar to the previous year (88.7%), although just short of the 90% target. Considerable improvement was achieved in GCSE English with an achievement of 87.5% compared to 52.4% the previous year and a target of 65%. It was similar with GCSE

maths with a performance of 83.3%, notably higher than the target of 70%. Both of these figures compare very well to the most recent published national achievement rates of adult learners for GCSE English and maths of 79.6% and 79.4% respectively. During the first few months of the 2024/25 academic year, performance has remained at the same high level at 89.5%.

Conclusions

27. This report provides a summary of benchmarked performance in 2023/24 and an update of performance and activity during the more recent period, April to November 2024.
28. In comparison to Leicestershire's peer group of authorities, Leicestershire received a lower-than-average number of new contacts relative to people aged 18-64 and higher-than-average for those aged 65 or over. This is certainly the case for contacts made in relation to hospital discharges, in particular for people aged 65 or over, being ranked highest amongst peer group authorities.
29. Despite the high level of contacts, Leicestershire continues to make very good use of the reablement service, increasing the numbers that benefit from the service whilst maintaining above-average outcomes for people.
30. For people who need long-term support, a greater proportion are supported in the community in Leicestershire rather than in a permanent residential or nursing placement when compared to peer group authorities. Furthermore, a much higher proportion receive an annual review compared to the position across the country.
31. Of the 22 ASCOF metrics published in December, Leicestershire had a performance that was in line with, or generally better, than the national figure in 13 of them covering carers' satisfaction, reablement, permanent admissions to care, people with a learning disability aged 18-64 living at home, control over daily life, direct payments, and people feeling safe.
32. Conversely, there are areas covered by the ASCOF where performance was below the national position. These include carers and service users finding information, and carers and service users having social contact.
33. Visits to libraries and heritage sites continue to improve and at the end of November were on course to meet the full-year local targets. The number of loans from libraries, in particular e-loans, and levels of volunteering are similarly on track to meet targets for 2023/24. For the two metrics based on an academic year - Adult Learning Service aims and Creative Learning Service attendances - the new academic year of 2024/25 has only recently begun. Both metrics, however, are in line with the November milestone.
34. Monitoring and analysis of activity and performance (including in preparation for a CQC Assurance Assessment) will continue throughout 2025.

Background papers

- Adult Social Care Outcomes Framework

- Delivering Wellbeing and opportunity in Leicestershire – Adults and Communities Department Ambitions and Strategy for 2020-24
- Leicestershire County Council Strategic Plan 2022-26
- Better Care Fund
- Adults and Communities Overview and Scrutiny Committee 5 June 2023 – Market Sustainability and Improvement Fund (Item 16)

Circulation under the Local Issues Alert Procedure

35. None.

Equality Implications

36. The Adults and Communities Department supports vulnerable people from all diverse communities in Leicestershire. However, there are no specific equal opportunities implications to note as part of this performance report.

Human Rights Implications

37. Data relating to equalities implications of service changes are assessed as part of Equality Impacts Assessments.

Health Implications

38. Better Care Fund measures and associated actions are overseen and considered by the Integration Executive and Health and Wellbeing Board.

Appendices

- Appendix A - Adults and Communities Department Performance Dashboard for the period April to November 2024.
- Appendix B – Adult Social Care Strategic Approach

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Adults and Communities Performance 2024/25

April to November 2024

Performance Rating and Progress

 Performing **better** than the latest national average or local target

 Performing **similar** to the latest national average or local target

 Performing **below** the latest national average or local target



Performance has **improved** on last year





Performance is **similar** to last year




Performance is **not as good** as last year

PREVENT NEED

Leicestershire County Council's Strategic Plan 2022-26	Safe and Well Carers and People with care needs are supported to live active, independent, and fulfilling lives
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Measure	Description	Aim	Rating	Progress	2024/25 Performance	2023/24 Performance
ASCOF 3C1	% of SUs who find it easy to find information	High	66.4% <small>23/24 Nat. Ave.</small>		Survey is annual and will next run in February 2025	59.3%
ASCOF 3C2	% of carers who find it easy to find information	High	59.1% <small>23/24 Nat. Ave.</small>		Survey is biennial and will next run in October 2025	56.1%

Measure	Description	Aim	Rating	Progress	2024/25 Performance	2023/24 Performance
Local	Hours of Volunteering (Heritage & libraries)	High	13.3k <small>Local Nov-24 Milestone</small>		14.9k	14.3k

Leicestershire County Council's Strategic Plan 2022-26	Great Communities Cultural and historical heritage are enjoyed and conserved
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Measure	Description	Aim	Rating	Progress	2024/25 Performance	2023/24 Performance
Local	Heritage visits	High	104.1k Local Nov-24 Milestone	▲	110.2k	102.4k
Local	Library visits	High	520.0k Local Nov-24 Milestone	▲	523.1k	415.6k
Local	Total library loans	High	1,613.5k Local Nov-24 Milestone	▲	1,735.2k	1,613.0k
Local	Junior loans	High	563.3k Local Nov-24 Milestone	▼	567.4k	589.6k
Local	E-loans	High	684.5k Local Nov-24 Milestone	▲	801.4k	648.3k
Local	Total community library issues	N/A	For Information Only	N/A	205.8k	215.9k
Local	Community library children's issues.	N/A	For Information Only	N/A	122.3k	129.7k
Local	Attendances at Creative Learning Service workshops	High	6.0k Local Nov-24 Milestone	▼	6.0k	6.9k

Leicestershire County Council's Strategic Plan 2022-26	Strong Economy, Transport, and Infrastructure There is close alignment between skill supply and demand
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Measure	Description	Aim	Rating	Progress	2024/25 Performance	2023/24 Performance
Local	Leicestershire Adult Learning Service (LALS) Success Rate	High	90% Local Target 2024/25 (Academic year)	◀▶	89.5%	88.9%

REDUCE NEED

Leicestershire County Council's Strategic Plan 2022-26	Improved Opportunities Young people and adults are able to aim high and reach their full potential
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Measure	Description	Aim	Rating	Progress	2024/25 Performance	2023/24 Performance
ASCOF 2E	% of adults with a learning disability living at home or with family	High	81.6% 23/24 Nat. Ave.		87.0% (1,221 out of 1,403)	85.3% (1,206 out of 1,414)

Leicestershire County Council's Strategic Plan 2022-26	Safe and Well Carers and People with care needs are supported to live active, independent, and fulfilling lives
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Measure	Description	Aim	Rating	Progress	2024/25 Performance	2023/24 Performance
ASCOF 5A1	% of SUs who had as much social contact as they would like	High	45.6% 23/24 Nat. Ave		Survey is annual and will next run in February 2025	44.9%
ASCOF 5A2	% of carers who had as much social contact as they would like	High	30.0% 23/24 Nat. Ave.		Survey is biennial and will next run in October 2025	25.4%
Local	Number of people awaiting a care assessment	Low	<773 Position as at 31 st Mar 2024		736 End of November 2024	757 End of November 2023
Local	Number of people awaiting a care assessment for more than six months	Low	<36 Position as at 31 st Mar 2024		20 (3% of total waiting at end of Nov-24)	37 (5% of total waiting at end of Nov-23)

DELAY NEED

Leicestershire County Council's Strategic Plan 2022-26	Safe and Well Carers and People with care needs are supported to live active, independent, and fulfilling lives
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Measure	Description	Aim	Rating	Progress	2024/25 Performance	2023/24 Performance
ASCOF 2A	% of people who had no need for ongoing services following reablement	High	79.4% 23/24 Nat. Ave		88.8% (2,739 out of 3,085)	89.6% (3,857 out of 4,305)
ASCOF 2D <i>BCF¹</i>	Living at home 91 days after hospital discharge and reablement	High	83.8% 23/24 Nat. Ave		89.9% (519 out of 582)	88.1% (538 out of 611)
ASCOF 2B	Permanent admissions to care (aged 18-64) per 100,000 pop.	Low	15.2 per 100k pop. 23/24 Nat. Ave		12.8 per 100k Pop. Forecast 56 Admissions in 24/25	13.8 per 100k Pop. Actual 60 Admissions in 23/24
ASCOF 2C <i>BCF</i>	Permanent admissions to care (aged 65+) per 100,000 pop.	Low	566.0 per 100k pop. 23/24 Nat. Ave		582 per 100k Pop. Forecast 897 Admissions in 24/25	564 per 100k Pop. Actual 868 Admissions in 23/24

¹ The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

MEET NEED

Leicestershire County Council's Strategic Plan 2022-26	Safe and Well Carers and People with care needs are supported to live active, independent, and fulfilling lives
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Measure	Description	Aim	Rating	Progress	2024/25 Performance	2023/24 Performance
ASCOF 3D	Adult aged 18+ receiving direct payments	High	25.5% 23/24 Nat. Ave	▼	33.9% (1,723 out of 5,081)	35.6% (1,795 out of 5,043)

Leicestershire County Council's Strategic Plan 2022-26	Safe and Well People at most risk are protected from harm
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Measure	Description	Aim	Rating	Progress	2024/25 Performance	2023/24 Performance
ASCOF 4A	% of service users who say they feel safe	High	71.1% 23/24 Nat. Ave.	▲	Survey is annual and will next run in February 2025	72.2%
ASCOF 4B	% of safeguarding enquiries where the identified risk was reduced or removed	High	National data to be published in February 2025	◀▶	94.6% (423 out of 447)	95.8% (524 out of 547)
Local	% of service users who received their annual review	High	58.8% 23/24 Nat. Ave	▲	76.2% (4,080 out of 5,351)	72.7% (3,770 out of 5,185)

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Delivering Wellbeing and Opportunity in Leicestershire

Adults and Communities Department, Ambitions and Strategy for 2020 – 2024

Prevent need

We will work with our partners to prevent people developing the need for specialist health and social care support. We will achieve this through information and advice to enable people to benefit from services, facilities or resources that are not focused on particular support needs, but which contribute towards wellbeing and are available for the whole population. Examples include libraries, adult learning services, museums, and associated digital services; green spaces, places of worship, community centres, leisure centres, information and advice services. We will promote wellbeing and work together through active citizenship with families and communities (including local voluntary and community groups). We will help people develop confidence to enable them to speak up and share concerns about their safety and wellbeing.

Reduce need

We will identify those people most at risk of needing social care support in the future and intervene early wherever possible to maintain wellbeing and prevent further need for services (for example people with a new diagnosis of dementia; newly-bereaved; people at risk of isolation; low-level mental health problems; and services for carers). Targeted interventions aim to prevent further needs developing and ensure that people do not become dependent on health and social care. Services might include information and advice, minor adaptations to housing which improve accessibility or provide greater assistance for those at risk of a fall, or telecare services.

Delay need

This focuses on support for people who have experienced a crisis, or who have a defined illness or disability, for example, after a fall or a stroke, following an accident or onset of illness and on minimising the effect of disability or deterioration for people with ongoing conditions, complex needs or caring responsibilities. It includes interventions such as reablement, rehabilitation, and recovery from mental health difficulties. We will work together with the individual, their families and communities, health and housing colleagues to ensure people experience the best outcomes through the most cost-effective support.

Meeting need

The need for local authority funded social care support will be determined once personal and community resources and assets have been identified and fully explored. People with social care needs, assessed as being eligible for funding through the local authority, will be supported through provision of a personal budget. The personal budget may be taken as a direct payment or can be managed by the council. Wherever possible the council will work with people to provide a choice of provision which is suitable to meet people's outcomes, however in all cases the council will ensure that the cost of services provides the best value for money. Whilst choice of provision is important in delivering the outcomes that people want, maintaining people's safety, independence and achieving value for money are the priorities.

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
20 JANUARY 2025

CARE QUALITY COMMISSION 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 service following receipt of the CQC assessment site visit notification on 2 December 2024.

Policy Framework and Previous Decisions

2. In March 2024, the Committee requested updates on the self-assessment and delivery of the improvement plan every six months.
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 24 January, 6 June, 5 September, and 7 November 2022), as a standalone report focusing on the assurance Self-Assessment and Improvement Plan on 6 March 2023 and again on 4 March 2024.
4. On 4 November 2024, the Committee received a report summarising the position and process for the CQC assessment following the initial notification of assessment received on 9 September 2024. The report included the updated Self-Assessment and Improvement Plan alongside plans to prepare for the CQC assessment site visit.

Background

5. The CQC piloted a programme of assessing councils' adult social care functions in 2023. A roll out of full assessments commenced in December 2023 with the aim of completing initial assessments of all local authorities by the end of December 2025.
6. The CQC notified the County Council of their intention to assess the adult social care service on 9 September 2024 as part of their initial round of local authority assessments.
7. On 2 December 2024, the CQC informed the County Council of their intention to conduct a site visit during the week of 24 February 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 assessment reports and ratings for the councils assessed to date have been published on the CQC's website (see background papers).
10. The November 2024 Scrutiny report provided the Committee with an overview of the CQC's assessment timetable, which is included as Appendix A to this report, for information.

CQC Assessment of Leicestershire County Council

11. The Director of Adults and Communities received the initial notification of the CQC assessment of Leicestershire's adult social care service on 9 September 2024.
12. The documents requested in the Information Return were compiled, checked and submitted to the CQC via their secure portal on 27 September 2024. The Information Return requested documents that provided evidence for each of the 38 evidence items. Approximately 300 documents were submitted.
13. 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.
14. The CQC have conducted a survey of regulated providers in Leicestershire to inform the assessment.
15. The Director of Adults and Communities received a further notification on 2 December 2024, informing that the site visit by the CQC Inspection Team will take place during week commencing 24 February 2025.
16. Detailed planning for the meetings has commenced with the CQC's Planning Team liaising with the Department's Assurance Team. The names and availability of the people and teams the CQC wish to speak with was submitted on 9 December 2024. It is anticipated that the meeting schedule for the site visit will be finalised towards the end of January 2025.
17. A list of 50 anonymous cases was submitted to the CQC on 16 December 2024. From this list the CQC will select 10 cases for their Case Tracking process. Case tracking is used by the CQC to understand a person's experience of adult social care services. Written summaries of the 10 selected cases will be provided to the CQC via their secure portal by 8 January 2025.
18. The Department's senior leaders' presentation to the CQC Inspection Team will take place on 21 January 2025, and will include Director of Adults and Communities, Assistant Directors, Director of Public Health, Principal Social Workers and Principal Occupational Therapist. This presentation will provide the background and context of adult social care in Leicestershire, outline the key strengths and areas of focus for each service area.
19. A communication plan is in place to ensure staff and key Council officers are kept informed to support readiness for the site visit.

20. Support is being provided to ensure staff are prepared for meetings with the CQC Inspection Team. Support includes:
- a) CQC and Care Act Information sessions, led by the Assurance Team, Lead Practitioners and other subject matter experts are taking place during January and February 2025.
 - b) An external organisation, Partners in Care and Health (The Local Government Association and Association of Directors of Adult Social Services are Partners in Care and Health), delivered a Manager CQC Preparation workshop on 10 December 2024, bringing their experience of delivering sessions for other local authorities preparing for assessment.
 - c) Partners in Care and Health will also deliver four workshop sessions targeted at the front-line staff who are likely to meet with the CQC Assessment Team, these will be held on 27 January 2025. Feedback from the sessions will be provided to departmental senior managers on 28 January 2025.
 - d) Partners in Care and Health will also provide a preparation session for the Lead Member for Adults and Communities, Overview and Scrutiny Committee Chair and Health and Wellbeing Board Chair on 28 January 2025.
 - e) Staff briefings and DMT roadshows will also be held during January and February 2025 to deliver key messages to staff.
21. During week commencing 3 March 2025, the Director of Adults and Communities will meet with the CQC's Assessment lead to receive initial high level feedback from the assessment visit.
22. The Director of Adults and Communities will receive a draft report from the CQC to check for factual accuracy prior to publication of the final report and ratings.
23. 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.

Timetable for decisions

24. The CQC's assessment report findings and feedback will be presented to a future Adult and Communities Overview and Scrutiny Committee.

Circulation under the Local Issues Alert Procedure

25. None.

Equality Implications

26. The self-assessment, attached as Appendix B to this report, 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.
27. 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

28. 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 – CQC Assessment Timeline

Appendix B – Self-Assessment

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

Report to the Adults and Communities Overview and Scrutiny Committee: 4 November 2024 – Assurance of Adult Social Care

<https://democracy.leics.gov.uk/documents/s186111/CQC%20ASSESSMENT%20OF%20LAS.pdf> – item 35

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

[Local Authority assessment reports](#)

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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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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>Access to our services</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 online adult social care portal referral forms, which are used to access preventative services or to find out if a person may be eligible for support. Our care and support assessment webpage, 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 advocacy webpage 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%) [Source: LAS Contacts Activity]</p> <p>Our Adult Social Care Portal includes, a Self-assessment for care & 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 [source: LAS Portal Submitted Forms]</p> <p>24% of Contacts were resolved through provision of information, advice and guidance or signposting. [Source: LAS Contacts Activity]</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>

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1.2.	<p>Putting people at the centre of their care 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"> • weekly group supervision meetings • regular one to ones and case progression supervisions • consistent and structured case recording approach • specialist administrative function • strengthened quality assurance mechanisms (Practice Development Cycle case audits) <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^[IR 31] outlines how we quality assure care and support assessment and support planning processes.</p> <p>Results from our Adults and Communities staff survey ^[IR 4] 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^[IR 2], (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^[IR 31] 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 ^[IR 36] 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)^[IR 36], 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>

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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^[IR 36] 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: Statutory ASC course compliance]</p>	<p>review and develop our Care Act Duties and Safeguarding training offer and provide management training.</p>
1.3.	<p>Waiting well for assessment and review</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 ^[IR 5] 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: Holding: Cases with Home First & Localities]</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 IMPACT 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: Activity: Review s of Long Term Service Users]</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>Financial Assessments</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 1st April to 31st 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: Service Manager]</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>

1A. Working with people: Assessing needs

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1.5.	<p>Use of personal budgets and direct payment</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: Performance Dashboard]</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: Performance Dashboard]</p> <p>Our pilot survey of people receiving services^[IR 2], (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>

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

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1.6.	<p>Our early intervention and prevention services</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 31st 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 1st April to 31st 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>

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

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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>"I honestly cannot thank you enough for your help and support. There needs to be more services like Three conversations."</i></p>	<p>independent as possible and engage in their communities.</p>
1.7.	<p>Providing information 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 An overview of care options in Leicestershire 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>

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

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	<p>Our Adult Social care and Health web page is the starting point to find the information we have available. Our paying for care 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 An overview of care options in Leicestershire and Your care and support plan make information more accessible.</p> <p>Redesigned Carers web pages and Learning Disabilities Partnership Board 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>Access to equipment and adaptations 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: Services: Care Technology]</p> <p>In the 12 months to 31st 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 Major Minor Adaptations]</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 Lightbulb Service 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 & boy that is life changing... I've also took my first shower this morning & 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^[1R 2] 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 Lightbulb business case 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>Effectiveness of reablement services</p> <p>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: ASCOF: Reablement Outcome and ASCOF: Reablement 91 Days]</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>

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

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1.10.	<p>Supporting independence of people with Learning Disabilities</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>Support for unpaid carers</p> <p>Our commitment to supporting unpaid carers is reflected in the LLR Carers Strategy (2022-25)^[LR 33] 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: Carers Services]</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 1st January 2023 to 31st December 2024 was 1,327, The number of carers passports issued from 1st 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 Looking after Someone and Breaks for Carers. There is also a range of guidance and resources for staff to embed consistency in carer assessment and care planning processes. VASLs Support for carers website is an additional source of information and resources.</p>	<p>Between 1st August and 31st 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"> • Expansion of Hospital discharge grant for carers • Carer identification, contingency planning • Increase awareness and use of Shared lives placements. <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>Peoples experience of our services 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 ^[IR 2], 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>

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	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

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1.13.	<p>Engagement with our communities 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 Cabinet report.</p> <p>Examples of the Engagement Panel's work in recent months include:</p> <ul style="list-style-type: none"> • Guidance and 'top tips' on Engagement Methods • Improvement to engagement with Carers • Advising on engagement to inform commissioning of Supported Living • Better inclusion of young people with disabilities in Home Care commissioning • Advised on a Glossary of Terms for elected members, and the general public • Suggested possible topics for future learning and development of staff 	<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>Meeting the needs of diverse communities</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 Joint Strategic Needs Assessment (JSNA) [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 Policy and Guidance on working with Trans and non-binary people.</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^[IR12]. 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>Understanding local support needs</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 POPPI and PANSI and local sources such as the Joint Strategic Needs Assessment (JSNA) ^[1R 14], Housing and Economic Development Needs Assessment (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 Market Position Statement and Market Sustainability Plan 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>Communication with providers</p> <p>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 provider forums, each focused on a particular type of care provision, and publish fortnightly provider bulletins. 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^[R1.12]. 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>Quality and contract management</p> <p>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: LGA Inform Comparison Report]</p>	<p>We are also piloting the Dignity in Care award 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>Residential care market</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 Market Sustainability Plan.</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"> • develop the nursing care market • increase use of and capacity in Extra Care • implement innovative commissioning models

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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>Supporting the social care workforce 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 Market Position Statement. [Source: Skills for care]</p> <p>The Inspired to Care website provides access to the resources and training opportunities available. The Workforce Board highlight report^[IR 19] 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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		<p>values based recruitment What good looks like: Values-based Recruitment in Adult Social Care.</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 Inspired to Care awards gallery, Short video available on You tube and News article on Skills to Care website.</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

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2.6.	<p>Impact of commissioning and quality 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; color: #ccc; opacity: 0.5;">DRAFT</p>	
2.7.	<p>Partnership working. 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: ASCOF: Reablement Outcome and ASCOF: Reablement 91 Days]</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>

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

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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 Learning Disability and Autism Collaborative report to the LLR Joint Health Scrutiny Committee, demonstrating the effective performance of the group.</p> <p style="text-align: center; font-size: 48px; opacity: 0.5;">DRAFT</p>	<p>example work to ensure all people in LLR with a learning disability receive an annual health check</p>
2.8.	<p>Joint Commissioning arrangements 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>The Health and Wellbeing Board, acts as the place lead forum.. Integrated Delivery and Commissioning Group (IDCG) terms of reference and workplan^[IR 22] 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 LLR Living Well with Dementia Strategy 2023-28 sets out the ambition across LLR to support people to live well with dementia, and the LLR Carers Strategy (2022-25) 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: Young Adult Disability: Monitoring]</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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	<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>Working with health to support transfer between services 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: Service Trends: Hospital Discharges D2A]</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>

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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: Shared Care Panel outcomes]</p> <p style="text-align: center; font-size: 48px; opacity: 0.3;">DRAFT</p>	<p>Nursing Care and Fast track continuing health care.</p>
3.3.	<p>Management of provider instability</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>Deprivation of Liberty Safeguards</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

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure we share concerns quickly and appropriately.

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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 multi-agency procedures, 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 ^[IR28] 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: Statutory ASC training compliance].</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^[IR 36] 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>Safeguarding governance arrangements 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 Joint Strategic Plan (2020-25), 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^[IR 39] 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>Learning from Safeguarding Adults Reviews 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>Supporting people to feel safe 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 & 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>Making Safeguarding personal 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: MSP recording]</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>Responding to Safeguarding concerns 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 Responding to self-neglect process, 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: Safeguarding: Overall Activity]</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>Organisational Safeguarding Joint working with our Quality & Contracts team has led to a new process where Safeguarding referrals from all providers are flagged to our Quality & 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 style="text-align: center; font-size: 48px; opacity: 0.5;">DRAFT</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>

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

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4.1.	<p>Adults and Communities structure</p> <p>Adult Social Care sits within the Adults and Communities (A&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&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"> • Care Pathway Update newsletter • Staff Briefings (virtual & in person) • A&C Staff News • Service and Team level meetings • Viva Engage (pilot) <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^[IR 32] 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 ^[IR 31].

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^[IR 12]
- 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^[IR 12], 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

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4.6.	<p>Continuous professional development</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"> • Step up into social work, a degree apprenticeship for existing staff • ASYE (Assessed and supported year in employment) programme, for newly qualified social workers • Best Interest Assessor and Approved Mental Health Professional training, for level 2 qualified social workers. • Trainee Community Support worker programme provides mentoring to support learning and developing into the CSW role (non-qualified pathway). • Occupational Therapy apprenticeship. • Membership of Research in practice to support professional learning. <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^[IR 36], was developed with professional social work leads, informed by SARs, legislation, and national learning.</p> <p>In addition to the L&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 & 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^[IR 36] 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^[IR36].</p>	
4.7.	<p>Learning and Innovation</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 Council's digitalisation partnership with Hampshire County Council.</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>Engagement with people 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. 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 new website. 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"> • new carers webpages • information videos • new customer feedback survey. • Shared experience at Mental Health Service development day <p>An example of recent engagement and consultation for a specific piece of work is our engagement for Dementia Strategy^[IR30].</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>Staff wellbeing 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^[IR 36] 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&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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