



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

Date/Time: **Monday, 3 November 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

Mrs. K. Knight CC (Chairman)

Mrs. L. Broadley CC	Mr. B. Lovegrove CC
Mr. N. Chapman CC	Mr. P. Morris CC
Mr. G. Cooke CC	Mrs. R. Page CC
Mr. N. Holt CC	Mr. P. Rudkin CC
Mr. A. Innes CC	Mr. A. Thorp CC
Mr. P. King CC	Mr. M. Durrani 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 1 September 2025.	(Pages 5 - 16)
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 36.
8. Care Quality Commission Assessment of Leicestershire County Council's Delivery of Care Act 2014 Duties. Director of Adults and Communities (Pages 17 - 114)
9. Update on Adult Social Care Customer Service Centre. Director of Adults and Communities (Pages 115 - 120)
10. Procurement of Community Life Choices (Day Services and Personal Assistants). Director of Adults and Communities (Pages 121 - 132)
11. Dates of Future Meetings.

Future meetings of the Committee are scheduled to take place on the following dates, all on a Monday at 2.00pm, unless otherwise stated:

19 January 2026
 2 March 2026
 1 June 2026
 7 September 2026
 2 November 2026

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, 1 September 2025.

PRESENT

Mrs. K. Knight (in the Chair)

Mrs. L. Broadley CC
Mr. N. Chapman CC
Mr. G. Cooke CC
Dr. S. Hill CC
Mr. N. Holt CC

Mr. A. Innes CC
Mr. P. King CC
Mr. B. Lovegrove CC
Mr. P. Morris CC
Mrs. R. Page CC

In attendance

Mr. C. Abbott CC – Cabinet Lead Member, Adults and Communities
Mr. K. Crook CC – Cabinet Lead Member, Libraries, Heritage and Adult Learning
Mr. M. Bools CC – Chairman, Children and Families OSC (for agenda item 8)
Mrs L. Danks CC – Member, Children and Families OSC (for agenda item 8)
Mrs. D. Taylor CC (virtual) – Member, Children and Families OSC (for agenda item 8)
Mr. K. Bhayani (virtual) – Healthwatch Leicester and Healthwatch Leicestershire

15. Minutes of the meeting held on 2 June 2025.

The minutes of the meeting held on 2 June 2025 were taken as read, confirmed and signed.

16. Question Time.

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

17. 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).

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

There were no urgent items for consideration.

19. 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.

Mr King declared an other registrable interest agenda item 11: Leicestershire County Council Museum Policy Revision and Accreditation, as he was a member of Harborough District Council.

Mrs. Page declared an other registrable interest agenda item 11: Leicestershire County Council Museum Policy Revision and Accreditation, as she was a member of Harborough District Council.

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

There were no declarations of the party whip.

21. Presentation of Petitions under Standing Order 36.

The Chief Executive reported that no petitions had been received under Standing Order 36.

22. Preparation for Adulthood Review.

The Committee considered a report of the Director of Adults and Communities which provided an update on the actions taken following recommendations from a peer review on the effectiveness of the current pathway to adulthood and subsequent Corporate Preparation for Adulthood Review (CPfAR), which was a joint review across Children and Family Services and Adults and Communities Department. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

The Chairman welcomed the Chairman Mr. Mark Bools, and Spokespersons Mrs Taylor and Mrs Linda Danks of the Children and Families Overview and Scrutiny Committee to the meeting to hear the presentation of the report.

The Chairman further welcomed Mr. C. Abbott, Cabinet Lead Member for Adults and Communities, and Mr. K. Crook, Cabinet Lead Member for Libraries, Heritage, and Adult Learning, to the meeting.

Arising from discussion, the following points were made:

- i. In response to a query, Members were informed that for the project outcomes were reported regularly to the CPfAR Board. Once the final model was established, additional measures would be implemented to assess the project's overall effectiveness. The current model was being reviewed to identify barriers and opportunities when considering how best to embed outcome measures for reporting to the Board, Senior Management Team, and the Committee. The final design phase would be completed by mid-October, after which new ways of working would be implemented towards the end of the year.
- ii. A Member questioned given the shortage of suitable housing, how the housing options challenge would be addressed. It was noted the shortage of housing was primarily within the remit of district councils and housing associations. The Assistant Director explained that the Council would work with developers and housing associations to identify and develop suitable properties. There were currently strategic partnerships in place to support the development of new provision for adults with disabilities, including supported living and residential options, and the focus was on

working with housing associations and specialist developers to create step-through facilities, enabling young people to progress towards greater independence.

- iii. A Member questioned, with additional staffing and resources, how changes would result in savings. The Assistant Director informed Members the saving were anticipated through early intervention and increased support for young people, enabling them to achieve greater independence as they transitioned to adulthood. By identifying needs earlier and providing targeted support, the aim was to reduce the need for high-cost placements in adulthood. For example, if an intervention reduced a care package by £200 per week, it represented a significant long-term saving. Net savings would be detailed in the October report, alongside the development of a commissioning model to incentivise providers and the market.
- iv. A Member queried whether the work around the early identification of individuals in need had already commenced, irrespective of whether the report had been formally adopted. Members were reassured that work had already begun, and that it was recognised that relying solely on EHCPs to identify young people requiring transition support was no longer effective due to the increasing number of EHCPs issued. Digital solutions were being explored to improve identification methods. A workshop had been held to evaluate potential tools, which would be piloted in the coming months independently of the review's formal adoption.
- v. Whilst the review was not solely focused on care leavers, they were a key consideration. The review primarily addressed transitions for young people with learning disabilities, autism, or physical health needs. However, there was overlap, and support for care-experienced young people, for example grants for university band further education, would remain integral to ongoing work.
- vi. A Member inquired about the number of children included in the review and the types of disabilities presented. The Assistant Director advised that the cohort comprised young people with learning disabilities, autism, and physical or sensory impairments who met adult social care eligibility criteria. As of 2025, over 7,000 young people had an Education, Health and Care Plan (EHCP), though not all would qualify for adult social care under the criteria.
- vii. The Young Adults with Disabilities (YAD) team was already in place and supported children and young people transitioning to adult services. Approximately 500 young people were currently estimated to be part of the cohort, based on analysis undertaken as part of the workstream. Detailed findings would be shared with Members following the meeting, with further updates on infrastructure and processes to be presented to Scrutiny in due course.
- viii. Concern was raised regarding the use of digital solutions in the process, noting that not all disabled individuals (young or old) had access to or could effectively use digital platforms. It was clarified that the reference to digital solutions was specifically regarding tools used for identifying the appropriate cohort of young people who required transition from children's to adult services, and was not intended that young people themselves use digital platforms to self-identify.
- ix. It was queried that, despite the programme being identified as a source of savings within the Medium-Term Financial Strategy (MTFS), there were no financial projections to aid Members to assess the value of the project. Members further referenced the forthcoming local government reorganisation (LGR), and with

structural changes expected, it was queried whether the programme could be embedded and sustained effectively, given that the impact on continuity and delivery could be considerable. The Assistant Director assured Members that significant work was underway to explore the various options and implications. However, the programme remained the right approach for supporting young people to achieve greater independence. It was both the Council's statutory duty and commitment to deliver the support, and there should be no delay in implementing the support that young people required now.

- x. A Member noted that some children with learning disabilities did not attend day services, and that parents could be protective, often caring for their child well into adulthood. Concern was raised that this could result in delayed transitions and reduced independence. Officers reported from an adult social care perspective, preparation for adulthood typically began around age 14, allowing professionals to start planning and involving adult services by age 17, and was the expected timeline for transition planning. The Member responded that from experience, beginning the process earlier was more effective to maximise independence.
- xi. Members noted that the programme was initiated in March 2023 and queried the length of time taken to reach its current stage. Officers noted that the programme's development had been affected by changes in leadership and direction, including new appointments at Assistant Director level, which had brought renewed focus. Engagement with the Integrated Care Board (ICB) has also introduced additional complexity.
- xii. Concerns were raised regarding the absence of clearly defined financial savings, despite the time elapsed. A Member asked what initially prompted the project and whether financial efficiencies were considered from the outset. Extensive financial modelling had been undertaken, but internal estimates were not yet finalised and could not be shared currently but would be included in the final business case. The programme was underpinned by the principle that delivering appropriate support led to efficiencies, and the focus remained on achieving the right outcomes, with savings expected to follow.
- xiii. Clarification was sought on the nature of missed contributions due to ineffective transitions from children to adult services. It was reported that missed contributions referred to statutory funding responsibilities, particularly within health, that were not always carried forward from children's services into adulthood, resulting in lost financial support.
- xiv. Members commended the quality of parent carer engagement and emphasised the importance of incorporating their feedback. Officers agreed, acknowledging the value of lived experience and confirming that this approach was mirrored in adult services.

RESOLVED:

- a) That the Preparation for Adulthood Review report be noted.
- b) That the Director be requested to provide figures for the number of children with an EHCP who met adult social care eligibility criteria be provided to Members.

23. Performance Report for Quarter 1 2025/26 (April - June).

The Committee considered a joint report of the Chief Executive and Director of Adults and Communities, which provided an update of the Adults and Communities Department's performance during the first quarter of 2025/26 (April to June 2025). A copy of the report marked 'Agenda Item 9' is filed with these minutes.

Arising from discussion, the following points were made:

- i. Members highlighted a 7.7% reduction in contacts with the Council in Q1 and queried whether it reflected a long-term trend or a temporary change. Members also stressed the importance of understanding demand patterns when planning future services and questioned the sustainability of the reduction.
- ii. Members raised concern regarding the 599 individuals awaiting an assessment and requested clarity on the target timeframe for completing assessments and noted the lack of contextual data regarding the total population. Officers undertook to circulate to members information on assessment timeframe targets.
- iii. Members proposed quarterly performance updates and the inclusion of visual aids, such as graphs, in future reports. Officers, in consultation with the Chairman, would consider the most effective format for presenting detailed performance data.
- iv. Members considered the drop in number of people waiting for an assessment of need for a service, and asked if there were particular reasons for the reduction in numbers waiting. Officers clarified that work had been undertaken in the department which had increased the number of assessments completed over the quarter. Furthermore, not all individuals awaiting were pending allocation to a social worker and some were awaiting other services.
- v. Members asked why there had been an 88% rise in safeguarding reports. Officers clarified that the increase was linked to targeted initiatives and that numbers had peaked in February 2025, and that figures had since stabilised.
- vi. Members further queried the handling of 308 safeguarding enquiries, asking whether they had been resolved effectively or posed ongoing risks. Officers clarified that 95% of safeguarding risks were successfully mitigated.
- vii. Members praised the use of community libraries, noting the success of them due to local engagement, but stated their existence should be publicised more, and cautioned that conversion to hubs might alter their character.

RESOLVED:

- a) That the Performance Report for Quarter 1 2025/26 (April to June) be noted.
- b) That enhanced use of visual data to support interpretation and trends be included in future reports.

24. Adult Social Care Statutory Complaints and Compliments Annual Report 2024-25.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide a summary of the complaints and compliments received

in respect of adult social care services commissioned or provided by the Adults and Communities Department during 2024-25. The Annual Report was appended to the report. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

Arising from discussion, the following points were made:

- i. A Member reported difficulty contacting adult social care, with no clear phone option and long wait times. Concern was raised about reliance on online forms, which might exclude elderly or vulnerable individuals. Members further emphasised the importance of having a person available at the end of the phone and suggested that a call-back system be looked into to alleviate the frustration that people had in contacting the department. The Chairman mentioned that a look at a broad spectrum of response times for other links on the website as well as adult social care be looked at. Officers acknowledged frustrations and agreed to raise the issue with the Head of Service.
- ii. Members expressed concern that increased use of Artificial Intelligence (AI) and IT should not compromise personal service. Libraries were cited as an example where community engagement was key.
- iii. Members questioned whether the current process captured all complaints, including informal or unresolved complaints. It was reported that only complaints submitted through formal channels were reflected in the report.
- iv. Members asked if, in the review of fault cases, they were taken back to root cause in order to understand the cause and put in corrective actions. Officers responded that for those cases where fault has been found service managers would review those cases to ascertain what caused the faults and then that information would drive the corrective action, for example, additional training.
- v. The report showed that 38 complaints were escalated to a senior manager during the year due to dissatisfaction with initial responses, which was a decrease from 44 over 2023/24. A Member asked whether the Department had identified reasons for the reduction. Officers undertook to provide further information to Members following the meeting.
- vi. Members further asked whether non-fault complaints were reviewed, analysed and if complainants were responded to. Officers stated that a response would be provided to all individuals making a complaint, for example, it might typically be an apology for an issue, or to advise of what action was being taken.
- vii. A Member raised concern over the complexity of Stage 1 and Stage 2 complaint procedures and queried if residents fully understood them. Officers responded that detailed information on procedure was provided on the website, and three policies were used: Corporate Complaints Procedure, strategy process for Children's and Families, and one for Adults and Communities.
- viii. The report noted 278 compliments, but Members felt positive feedback was underrepresented. They suggested future reports should better reflect learning from complaints and compliments.
- ix. Questions were raised about trends in complaint volumes relative to service user numbers, the handling of repeat complaints, and the criteria used by the Ombudsman

to determine complaints, and whether there were financial penalties imposed by the Ombudsman. Officers committed to providing further information.

RESOLVED:

- a) That the Adult Social Care Complaints Annual Report, covering the period 1 April 2024 to 31 March 2025, be noted.
- b) That the Director be requested to look into a call-back system for Adult Social Care.
- c) That the Director be requested to provide information on:
 - Why there was a reduction of complainants requesting a stage 2 review.
 - Trends in complaint volumes relative to service user numbers and repeat complaints.
 - The criteria used by the Ombudsman to determine complaints and financial penalties imposed.

25. Leicestershire County Council Museum Policy Revision and Accreditation.

The Committee considered a report of the Director of Adults and Communities for information on the draft Museum Access Policy 2021 to 2025 and Collections Development Policy 2021 to 2025, which required approval in 2025. The report also provided information on the Museum Accreditation returns which had been submitted to Arts Council England (ACE). A copy of the report marked 'Agenda Item 11' is filed with these minutes.

Arising from discussion, the following points were made:

- i. Members asked if, with museum collections' storage, if it had potential impact on accreditation. Officers acknowledged storage challenges, particularly for archival materials, which was separate from museum accreditation. Progress had been made over the past four years, with substandard storage facilities being phased out, with current improvements expected to not negatively affect the museum accreditation application.
- ii. A Member requested clarification on the volume and location of stored items, with specific concern raised about large items, for example a coach, possibly deteriorating. Further detail was requested on the reserve collection policy with regards to loan procedures, income generation from loans and acquisition and disposal processes. Officers explained that loans were governed by a detailed collections development framework, including a loans policy, which officers undertook to circulate to Members for information. Members were assured that loans were primarily to accredited museums with no recent damage incidents reported.
- iii. Acquisitions were assessed by trained curatorial staff against the collecting policy, whereby items must align within the collection scope and avoid duplication and were signed off by the Collections and Learning Manager. Disposals were also guided by policy and legally overseen. Routine disposals were delegated to the Director of Adults and Communities, with controversial disposal decisions escalated to Members.

- iv. Members noted much of the collection was in storage and were concerned they were rarely seen and potentially incurred high storage costs. It was questioned what mechanisms were included in the policy to enable broader public access to what was already available. Officers clarified that there was no statutory requirement for the council to maintain a museum service, however, it was believed that it provided significant value to Leicestershire's residents by representing diverse historical periods and communities. It was further explained that, in addition to the five public museum sites, the collection repositories were open to researchers and supported by staff, and that the section worked closely with higher and further education institutions, often taking materials to them due to space limitations. Digital access was also offered through the museum collections website and exhibitions were rotated across sites and across community groups.
- v. The policy included a section on rationalisation and review. The collection was regularly assessed to identify items for disposal, prioritising public rehoming where possible, and those decisions were reported to the Director of Adults and Communities. Officers were open to discussion regarding different approach to collections access.
- vi. In response to a question officers confirmed it was common for museums to have 5-8% of their collections on public display at any one time, and that limiting the collection to only what was on display would restrict ability to respond to future needs or changes. In addition, most of the items were donated, and the Council was committed to items' long-term care. Items were only considered for disposal when they no longer served a purpose.
- vii. Members noted that in previous years Committee Members were invited to visit collection sites to see firsthand what was in storage and where, as it was important for Members to understand the scale and nature of the collections, and the challenges faced by museums staff. It was suggested that future site visits be arranged for Members.
- viii. Members also recognised the importance of collections, for example, a recent book on *The History of Market Harborough*, contained photographs credited to the County Council's Museum collection, which demonstrated the public value of those resources.
- ix. It was noted that virtual museums allowed people to explore exhibits online and was a good example of how digital access could complement physical visits and broaden public engagement.

RESOLVED:

- a) That the report on the Leicestershire County Council Museum Policy Revision and Accreditation be noted.
- b) That the Director be requested to circulate to Members information on the Museum Collections Loans Policy which sat within a collections development framework.
- c) That site visits for Committee Members be arranged in consultation with the Chairman and Democratic Services.

26. Overview of Community Life Choices (Day Services).

The Committee considered a report of the Director of Adults and Communities, which provided an overview of the provision of the Community Life Choices (CLC) framework, which included day services and personal assistants. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

Arising from discussion, the following points were made:

- i. A Member queried if some of the services were provided out of the county area, and if any what were the numbers of individuals supported and the implications for transport costs. The Assistant Director reported that the framework supported just under 600 individuals, all with in-county providers. Contracts were for Leicestershire-based provision, and while there might be a small number supported out-of-county, further data will be provided to Members following the meeting. It was further noted that some providers might be located just outside the geographic area of the county, but the majority of provision was within the county and the market was actively monitored to ensure there was sufficient supply and minimal need for out-of-county placements.
- ii. The council was responsible only for individuals residing within Leicestershire County Council's boundaries. Leicester City Council might place individuals into county commissioned services, but they would hold their own contracts and fund those placements independently. Previously, when the County Council operated internal day services, there was some usage from Leicester City, but that provision no longer existed.
- iii. In response to a question, it was noted that at the time of transitioning to the CLC framework, it had shown a significant cost saving. In-house services carried fixed staffing costs and void costs when not used to capacity. Under the CLC model, only services delivered were paid for, and there was improved efficiency. In addition, the CLC provision was subject to robust quality assurance and contract monitoring. Officers conducted regular checks, engaged with service users, and reviewed feedback through social workers and direct contacts.
- iv. A Member sought clarification on the data presented asking whether the figures included carers or were limited to individuals receiving services. It was reported that the data referred solely to the cared-for individuals. In addition it was clarified that the table only reflected individuals accessing services through the council's commissioned frameworks, and that there was a separate cohort of individuals who used direct payments to independently procure services, and figures for the cohort would be provided to Members.
- v. A Member queried whether the stated expenditure of £8.6million on CLC services excluded transport and direct payment recipients, having expressed a need to understand the full cost of supporting individuals with assessed needs, including those outside the framework. The Assistant Director confirmed that comprehensive cost data, including direct payments, would be shared with the Committee. Officers added that direct payments were primarily about offering individuals choice and flexibility, rather than being a result of the council's inability to commission services.
- vi. A Member also raised concerns regarding the commissioning bandings and hourly rates, specifically whether they met national minimum and living wage requirements. It was questioned whether individuals employing personal assistants (PAs) directly were

expected to cover employer costs such as national insurance, and whether the banding structure reflected this financial responsibility. It was clarified that Band F, which covered community one-to-one support at £21.47 per hour, applied to agency-employed PAs rather than those directly employed by the cared-for person. Band E (£17.14 per hour) was used for additional care elements on top of existing packages. Bandings were calculated based on average weekly earnings and took into account living wage benchmarks. It was also noted that the Council was reviewing its uplift mechanisms as part of the recommissioning process to ensure alignment with national standards. Officers concluded that services were uplifted annually to reflect inflation and wage changes. A more detailed breakdown of models, bandings, and payment structures would be presented to the Committee in November.

- vii. A Member questioned how the service model could actively work to engage with and utilise existing community services to enhance the offer and reduce costs. Officers commented that there was commitment to ensure services were community-focused, with many provisions already utilising local assets, but access was often dependent on the level of support individuals required. For example, a personal assistant might enable someone to visit the library or leisure centre. Support packages were tailored to individual goals, such as travel, training or confidence-building to access services independently. In addition, officers were exploring how providers could support independent living skills, with incentives to encourage innovation. Over the long-term, it could benefit both the council and the individuals supported.

RESOLVED:

- a) That the Overview of Community Life Choices (Day Services) report be noted.
- b) That the Director be requested to circulate information to Members on:
 - The number of people accessing day services external to the Council.
 - The number of people external to the County Council accessing services.
 - The number of people using direct payments to access services from providers.

Mr Nick Chapman left the meeting at this point and did not return.

27. Draft Leicestershire and Rutland Safeguarding Adults Board Annual Report 2024-2025.

The Committee considered a report of the Independent Chair of Leicestershire and Rutland Safeguarding Adults Board (LRSAB) for 2024/25. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

The Chairman welcomed Ms. Seona Douglas, Independent Chair of the LRSAB to the meeting for this item. During the presentation of the report, there was a short video on ['Self Neglect'](#) shown.

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

- i. The Independent Chair advised the video was just one way of communication to help people in the wider community understand issues relevant to safeguarding to the wider community. Accompanied with learning in the past year, the priorities for the Board for 2025 to 2027 equality, diversity, and inclusion.

- ii. Members raised concern given the importance of meeting, that attendance data provided in the report showed the absence of approximately 21% of expected attendees, some of whom had submitted multiple apologies for meetings, and asked the Independent Chair what steps were being taken to improve consistency, which was essential for continuity and progress. The Independent Chair noted it was an important issue that was a concern, but that she was actively engaging with organisations. It was further explained that, in some cases, late apologies were received due to the operational demands on frontline staff.
- iii. Referring to the financial section of the report, Members noted that income remained flat in 2023–24 and 2024–25, yet running costs increased significantly in 2024–25, and that reserves were used to cover the shortfall. Clarity was sought on whether contributing partners were expected to maintain their current funding levels for 2025–26, and if so, what steps were being taken to align expenditure with income. It was explained that the Board had operated on a goodwill basis, with contributions from partners remaining unchanged for several years. However, the Independent Chair had been working to establish a more sustainable financial model, including regular reviews and annual percentage increases to reflect rising costs. The financial structure combined adult and children’s Safeguarding Board budgets from which reserves had been drawn on the manage increased costs. The Independent Chair was also advocating for a Memorandum of Understanding with all contributing partners to formalise commitments and ensure long-term financial stability, especially in light of changes within the Integrated Care Board. It was confirmed the organisation held £117,000 in reserves.
- iv. A Member voiced concern as to why, given the Mental Capacity Act had been in place since 2005, there was such a strong emphasis on training which should be already embedded in practice across organisations and was a fundamental aspect of safeguarding. The Independent Chair responded it was concerning that consistent application was still lacking, but the issue had been identified not only locally but nationally, with safeguarding adult reviews frequently highlighting gaps in mental capacity assessments. Over the past two years, significant work had been undertaken to address the issue, with all partner organisations having responsibility to assess mental capacity, and training has been prioritised to ensure this is understood and implemented. The recurring issues flagged in both local and national reviews underscore the need for continued investment in this area to improve practice and outcomes.
- v. In response to a query, it was the responsibility of board members to disseminate information and ensure learning within their own organisations, which was monitored through audit processes and self-assessments. The Board operated as a partnership, and all partners shared equal responsibility for challenge and assurance, both within the Board and sub-groups, to ensure accountability and improvement.
- vi. Members reflected on the video on self-neglect and were concerned that, whilst planning to move forward with initiatives around diversity, language access, and technology, gaps in community engagement around isolation and lack of support in local communities had not been addressed. The Independent Chair clarified that the video and associated work aimed to raise awareness and promote engagement across all parts of the community in places such as libraries, places of worship, community halls, and informal gathering spaces, and that people were empowered to

support one another and report concerns. It was recognised that progress was ongoing and that challenges remained.

The Chairman thanked Ms. Douglas for the report.

RESOLVED:

That the annual report of the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) for 2024/25 be noted and welcomed.

28. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 3 November at 2.00pm.

2.00pm to 5.20pm
01 September 2025

CHAIRMAN



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
3 NOVEMBER 2025

CARE QUALITY COMMISSION ASSESSMENT OF LEICESTERSHIRE
COUNTY COUNCIL'S DELIVERY OF CARE ACT 2014 DUTIES

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of this report is to provide the Committee with an overview of the Care Quality Commission (CQC) assessment of Leicestershire County Council, and an overview of the Department's draft improvement plan to deliver improvements identified in the CQC assessment report.
2. The report provides background information in relation to the responsibility of the CQC to review the performance of local authorities in their delivery of adult social care duties under part one of the Care Act 2014.
3. The report further outlines the CQC assessment framework and process, and the timeline of the CQC's assessment of Leicestershire from initial notification to report publication.
4. The full report of the CQC assessment of Leicestershire County Council is attached as Appendix A.

Policy Framework and Previous Decisions

5. The Committee received regular updates on the CQC assurance process during 2022, as part of broader reports on the Social Care Reform Programme (on 7 November, 5 September, 6 June, and 24 January 2022), as a standalone report focusing on the assurance self-assessment and improvement plan in March 2023 and again in March 2024.
6. In March 2024, the Committee requested updates on the self-assessment and delivery of the improvement plan every six months.
7. In 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.
8. In January 2025, the Committee received an update on the position relating to preparations and readiness for the CQC assessment site visit during week commencing 24 February 2025.

Background

Background to CQC assessments

9. The Health and Care Act 2022 introduced a duty for the CQC to independently review and assess local authority performance in delivering their adult social care duties under part one of the Care Act 2014.
10. The CQC are the independent regulator of health and adult social care in England. Their role is to ensure that services are safe, effective, compassionate, and of high-quality.
11. The programme of initial assessments commenced in December 2023. The CQC aims to complete their baseline assessment of all 153 local authorities by spring 2026.

CQC Assessment Framework

12. The CQC assess local authorities using an assessment framework consisting of nine quality statements. These quality statements are based on the Think Local Act Personal (TLAP) 'Making it Real' framework, which is a set of statements that describe what good care and support looks like, co-produced with people who draw on care and support.
13. The nine quality statements are grouped under four themes as follows:
 - a) Working with people:
 - i. Assessing needs;
 - ii. Supporting people to live healthier lives;
 - iii. Equity in experience and outcomes;
 - b) Providing support:
 - i. Care Provision, integration and continuity;
 - ii. Partnerships and communities;
 - c) Ensuring safety:
 - i. Safe systems, pathways and transitions;
 - ii. Safeguarding;
 - d) Leadership:
 - i. Governance, management, and sustainability;
 - ii. Learning, improvement and innovation.

Evidence gathering

14. The CQC use the following evidence categories when conducting assessments:
 - People's experience;
 - Feedback from staff and leaders;
 - Feedback from partners;
 - Processes.
15. The CQC review a range of evidence to form a picture of the local authority which is tested during the site visit. This information includes the following:

- a) National data collections: The Adult Social Care Outcomes Framework (ASCOF) and the Short and Long Term (SALT) national data collections are the primary source of information about local authority adult social care activity.
- b) Self-assessment: This document sets out the local authority's view of its performance, what it considers strengths and priorities for improvement.
- c) Information Return: The CQC request documentary evidence such as strategies, policies and procedures.
- d) Feedback from people: Sought through a variety of means such as through groups such as Healthwatch or community groups that represent people who use social care and unpaid carers.
- e) Case Tracking: Considers six cases which follow the person's journey from the point of first contact through to when care and support is provided. This involves reviewing the person's care records and talking with them and / or their family, friends, or advocate about their experience.
- f) Feedback from providers: A survey is sent to local providers to obtain feedback on the relationship between them and the local authority at an operational and strategic level. Also, the local authority is asked to provide a list of representatives from registered care providers in their area. The CQC meet with this group to gather their views.
- g) Feedback the CQC receive: People's feedback received through the CQC's Give Feedback on care service or through their National Customer Service Centre.
- h) On-site information gathering: The site visit is conducted over a four-day period during which the assessment team meet with a range of stakeholders. Individual interviews are conducted with leaders from the local authority and partner organisations. Group meetings are held with staff, voluntary organisation and provider representatives and people who draw on services. The aim is to find out what works well and leads to good outcomes for people who are using services.

Evaluation of the evidence and ratings

- 16. For each quality statement, the evidence gathered is assessed. A score is then calculated for the related quality statement. The scores for each quality statement are combined to give an overall score and rating.
- 17. The CQC use the following scores:
 - 4 = Evidence shows an exceptional standard;
 - 3 = Evidence shows a good standard;
 - 2 = Evidence shows some shortfalls;
 - 1 = Evidence shows significant shortfalls.
- 18. Overall CQC Assessment ratings:
 - Outstanding;
 - Good;

Requires Improvement;
Inadequate.

CQC Assessment of Leicestershire County Council

19. Leicestershire was notified of the assessment and received the information return request on 9 September 2024.
20. The documents and other evidence requested in the information return were submitted to the CQC on 27 September 2024.
21. Case Tracking activity was carried out during December and January 2025. A list of 50 anonymous cases was submitted to the CQC, case summaries were provided for the six selected cases prior to the CQC meeting with the person.
22. The CQC Assessment team conducted their site visit during week commencing 24 February 2025.
23. The CQC's draft report was sent to the Director of Adults and Communities for factual accuracy checking on 23 June 2025. Feedback and supporting evidence was submitted to the CQC on 7 July 2025.
24. The CQC assessment report was published on 17 September 2025 and is attached as Appendix A to this report.
25. Throughout the assessment period, information about the assessment and preparation support has been communicated to staff in the department, key officers and senior leaders across the council, plus care providers, advocacy and carers service providers.

Assessment outcome and summary

26. The outcome of the CQC assessment for Leicestershire is 'Requires Improvement' with an overall score of 53.
27. **Key strengths identified in the assessment report:**
 - a) **Working with people**
 - i. Assessing needs:
 - People accessed care and support services through multiple channels, including telephone, online and self-assessment options.
 - Three Conversations had supported a more person-centred approach to assessment and support planning, which were reflected in case records. People had a positive experience of assessment.
 - Staff were confident that management of waiting lists ensured they were working with the people in most need.
 - Carers valued their assessments, the support provided by the voluntary sector and benefited from the hospital discharge grant for carers.
 - The eligibility framework for care and support was transparent and guidance supported staff to co-produce goals with people. Decisions and outcomes were timely and transparent after the assessment.

ii. Supporting people to live healthier lives:

- The positive impact of a range of prevention services and measures such as, use of community spaces, Occupational Therapy and the Local Area Co-ordination service to reduce and delay the need for formal support.
- Effectiveness of Home Care Assessment and Reablement Team (HART) to support people to remain or return home with maximum level of independence, for which people gave positive feedback.
- People had access to a range of equipment and adaptations through several routes. Occupational Therapy worked with partners and people to reduce their risks and remain independent. Use of Care Technology is promoted to support independence.
- Good uptake of Direct Payments.

iii. Equity in experience and outcomes:

- The Diversity, Equality and Inclusion Strategy 2024-2028 outlined clear and actionable objectives, Staff were encouraged to undertake training to aid their understanding, with specific guidance in place on how to support people who were deaf or blind.
- A high level of annual health checks conducted for people with Learning Disability, and effective interventions that avoid hospital admissions and support early discharge.
- The cultural needs of people were considered and innovative solutions developed. Staff had access to timely and effective communication support.

b) Providing support

i. Care Provision, integration and continuity:

- Commissioning strategies are aligned with partner objectives, and recognise the benefit of developing community partnerships.
- People had good access to a range of safe, effective support options, noting an ample supply of home care, which supported choice and enabled people to remain at home.
- Clear arrangements and a proactive approach to support commissioned provider services, including the Positive behaviour support team which enabled people to remain with their existing provider.
- Understanding of the external workforce and a workforce plan in place to support capability and capacity of external workforce.

ii. Partnerships and communities:

- Commitment to partnership working with evidence of positive relationships. Examples of effective partnership working included strategic forums such as the Safeguarding Adults Board (SAB), Integrated Care Board (ICB) and the Health and Wellbeing Board (HWB).
- Strong effective partnership working across the Home First service that supports people in crisis to remain at home and also effective hospital discharge to the most independent outcome. People gave positive feedback about the support received.
- Other examples of effective partnership working to improve outcomes for people included: Joint work with ICB to improve low levels of Continuing Health Care and Funded Nursing Care, Local Area Co-ordination, Learning Disability and Autism Collaborative and Care Co-ordination and

positive working relationships with CQC team to support quality provision of services in the county.

- Collaborative working with voluntary organisations was valued by leaders and people for the positive impact on people and service delivery.

c) **Ensuring safety**

i. Safe systems, pathways and transitions:

- Safe and effective out of hours systems were in place for access to referral pathways and safeguarding with effective multi-agency approaches to keep people safe.
- Information sharing protocols and systems that support people's safety.
- Clear policies and processes to support people moving between different services including hospital discharge, moving area and transition from children's services.
- Effective arrangements for contingency planning in relation to disruption of provider care delivery. Assessments also included contingency planning to manage a breakdown of people's informal care arrangements.

ii. Safeguarding

- There was a clear understanding of the safeguarding risks and issues in the area with senior leadership and oversight of safeguarding systems and practice.
- An established mature SAB Board with full range of partners represented, providing oversight of safeguarding practice and performance across the system.
- Roles and responsibilities were well defined and effective partnership working with information sharing arrangements were in place to ensure people remain safe and risks are managed.
- Skilled staff with space for reflective practice and specialist safeguarding training.
- Learning from Safeguarding Adults Reviews (SARs) was embedded to promote learning and improvement, two examples of improved training and communications were highlighted.

d) **Leadership**

i. Governance, management, and sustainability:

- Leaders were visible, capable, and compassionate and were supportive and nurturing.
- A strong culture of Equality, Diversity and Inclusion (EDI) with clear strategy and actions across the organisation. There were several examples of inclusivity projects across the workforce (Social Care Race Equality Standards, 'Moving Up' program).
- Progress had been made with actions outlined in the workforce plan to address recruitment and retention challenges, such as market premia, and professional development opportunities.

ii. Learning, improvement and innovation:

- Inclusive and positive culture of continuous learning and improvement, with clear focussed plans for the workforce and learning and development opportunities.

- Staff felt valued and supported in their roles, with access to learning and development opportunities and peer support networks that provide both professional and personal development.
- Learning from feedback and engagement informed strategy, improvements and decision making, with some areas of mature engagement activity.

28. Areas for improvement identified in the assessment report:

a) Working with people:

- i. Responsiveness and reduction to waiting lists for assessments;
- ii. Access to information advice and guidance, including digital exclusion;
- iii. Carers assessment pathway and support offer.

b) Providing support:

- i. Commissioning activities to ensure services meet people's needs and are available in communities;
- ii. Enhance understanding of gaps in support services, including through development of a demand and capacity dashboard;
- iii. Continue to develop relationships with all partners, in particular district and borough councils.

c) Ensuring safety:

- i. Strengthen the Safeguarding pathway and process, including data and oversight;
- ii. Pathway for adulthood (project underway);
- iii. Ensure people receive the most appropriate hospital discharge support.

d) Leadership:

- i. Demand and capacity management review aiming to ensure manageable workloads across teams;
- ii. Ensure performance reporting is relevant and robust, providing insights to inform operational and strategic decision making;
- iii. Updated workforce plan to address recruitment and retention challenges.

Delivering improvement, governance and reporting arrangements

29. Authorities achieving a 'Requires Improvement' rating are required to develop an improvement plan and provide quarterly reporting to the Department of Health and Social Care (DHSC) demonstrating progress with improvement actions.
30. A regional improvement advisor from Partners in Care and Health is working with Leicestershire to co-ordinate the initial response and the on-going review and support activities, outlined below:
- a) Stage one - response to the CQC Assessment report, required within 10 days of publication. The response has been submitted and includes a response to the CQC findings, emerging improvement priorities and action planning.
 - b) Stage two - action plan review to confirm the plan and oversight arrangements, and confirmation of any support provided to deliver the improvement plan. This is required within three months of publication, December 2025.

c) Stage three – quarterly updates to DHSC and on-going support arrangements.

31. A draft CQC improvement plan is attached as Appendix B to this report. This draft plan is being developed in response to the CQC assessment findings, and provides a more detailed view of the improvements that will be implemented, summarised in paragraph 28 above.
32. Programme management and governance is being put in place to deliver the CQC improvement plan. This will be managed within the Adults and Communities Department with guidance and support from the corporate Transformation Unit.
33. Scoping and detailed project and workstream planning has commenced, with the resource requirements needed to delivery each workstream to be determined through scoping and business case development.
34. Project governance mechanisms are established for the Pathway for Adulthood and Safeguarding review work, and the Provider Market improvement work will be progresses within the current Transforming Commissioning programme.
35. Internal governance to monitor delivery of the CQC improvement plan will be through the monthly Adults and Communities Departmental Transformation Delivery Board, which will review highlight reports from each workstream.
36. An Assistant Director will be responsible for the delivery of each workstream, and will be supported by a delivery group and task and finish groups comprised of officers with relevant expertise who will contribute to the successful implementation of improvements.
37. This Committee will receive updates on a quarterly basis, aligned closely to the DHSC reporting schedule.
38. Communication and engagement with staff and people who draw on services will be key to delivering many of the improvement priorities.
39. Delivery of the CQC improvement plan will strengthen Leicestershire's delivery of Care Act duties to residents which will provide a firm basis to achieve an improved overall rating in future assessment.
40. Continued review of the themes emerging from all local authority assessment reports will also inform further service development activities and preparations for future CQC assessment.

Key risks

41. Failure to make adequate progress with the improvement actions identified will result in further intervention from DHSC.
42. A second consecutive Requires Improvement rating will lead to enhanced support and monitoring including direct intervention by DHSC.

Resource Implications

43. Significant resource will be required to deliver the improvement actions identified in the CQC assessment report.
44. Additional staff resource will be required in the short-term to ensure sufficient capacity to reduce the waiting time for assessments. Longer-term reviews of the staffing establishment in key teams such as Occupational Therapy will be required to manage the expected increase in demand for equipment and adaptations to support the prevention offer. Additional expenditure will be incurred through additional service provision and equipment costs.
45. Technology will be used wherever possible to improve access to information and streamline processes to which will support improvement activities. Business Intelligence service resource will be required to deliver enhancements to performance reporting and oversight.
46. Resource requirements will be determined through a thorough costing exercise for each improvement workstream. Initial estimated costing suggests a resource requirement to be in the region of £2.8 to £3.5million. Further analysis is required to determine how much of this amount will be short term, one off expenditure and what will be required on a recurrent basis. The short-term resource required is expected to be funded from underspend or reserves in 2025/26. Longer term resource requirements will be funded through a phased growth bid.
47. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the contents of this report.

Timetable for Decisions

48. This Committee will receive progress reports on the delivery of the CQC improvement plan on a quarterly basis.

Circulation under the Local Issues Alert Procedure

49. None.

Recommendation

The Committee is asked to:

- a) Note the report on the Care Quality Commission Assessment of Leicestershire County Council's delivery of Care Act 2014 duties.
- b) Note the overview of the Department's draft improvement plan to deliver improvements identified in the CQC assessment report

Equality Implications

50. There are no equality implications arising from this report. Any proposed changes to the Council's policies, procedures, functions, and services which may arise from delivery of its Improvement Plan will be subject to an Equality Impact Assessment.

Human Rights Implications

51. 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 - Leicestershire County Council: local authority assessment
- Appendix B – Draft CQC Improvement Plan

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
- Report to the Adults and Communities Overview and Scrutiny Committee: 20 January 2025 – Assurance of Adult Social Care
<https://democracy.leics.gov.uk/documents/s187689/Report%20CQC%20Assessment%20of%20Local%20Authorities.pdf> – Item 50
- Think Local Act Personal (TLAP) 'Making it Real' framework -
<https://makingitreal.org.uk/>

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Leicestershire County Council: local authority assessment

[How we assess local authorities](#)

Assessment published: 17 September 2025

About Leicestershire County Council

Demographics

Leicestershire County Council is the upper-tier local authority for the county of Leicestershire in the East Midlands. The county is a mix of urban and rural areas with the biggest towns being Loughborough, Hinckley and Wigston. Leicestershire County Council borders the unitary authority Leicester City. Leicestershire County Council works with seven district councils: Blaby district council, Charnwood borough council, Harborough district council, Hinckley and Bosworth borough council, Northwest Leicestershire district council, Melton borough Council and Oadby and Wigston borough council to deliver local government in the County.

The area of Leicestershire County Council has 734,015 residents with an age profile, with 21% of residents aged over 65 years. It is estimated that the number of people aged 65+ living in Leicestershire will increase by 28% by 2035.

Most of Leicestershire's population identifies as White, making up 87.52%, with the next largest population identifying as Asian or British Asian 8.15%.

The population has an Index of Multiple Deprivation score of 1 (with 1 being the least deprived), meaning it is one of the least deprived local authorities in England.

At the time of assessment in February 2025 Leicestershire County has been under a Conservative majority since 2001 and held 41 of 55 seats with Liberal Democrats having 10 and Labour 4.

Leicestershire County is part of the Leicester, Leicestershire and Rutland Integrated Care Board. The County has two health trusts Leicestershire Partnership NHS Trust provides mental health and community health care and University Hospitals of Leicester NHS Trust is the main acute hospital provider.

Financial facts

- The local authority estimated that in 2023/24 its total budget would be **£830,610,000.00**. Its actual spend for that year was **£797,524,000.00**, which was **£33,086,000.00** less than estimated.
- The local authority estimated that it would spend **£247,952,000.00** of its total budgets on adult social care in 2023/24. Its actual spend for that year was **£238,477,000.00** which was **£9,475,000.00** less than estimated.
- In 2023/24 **29.90%** of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24 with a value of **2%**.
- Approximately **10,595** people were accessing long term Adult social care support and approximately **4,210** people were accessing short term adult social care in 2023/24.
- Care costs for nursing care in Leicestershire are on average **£969.88**, which is less than neighbouring Leicester at **£1,167.49**.

This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Leicestershire County Council

Requires improvement



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 2

Care provision, integration and continuity

Score: 2

Partnerships and communities

Score: 2

Safe pathways, systems and transitions

Score: 2

Safeguarding

Score: 2

Governance, management and sustainability

Score: 2

Learning, improvement and innovation

Score: 2

Summary of people's experiences

Overall, we heard mixed feedback from people about their experiences of contact and support from the local authority and many people said their care and support had improved their independence.

People could access the local authority's care and support services through multiple channels, including telephone, online and self-assessment options. Feedback from people about the ease of access was mixed, with some saying they found it challenging to navigate the system to reach the appropriate team whilst others found the website and the online referral form easy to navigate. The local authority had made changes to its website to improve ease of access, and they had received positive feedback from people on this.

We received mixed feedback about how easy people, including unpaid carers, found it to access information and advice on their rights under the Care Act or the types of support that were available to them. Leaders were sighted on this feedback and were working toward ensuring information was accessible to all.

On initial contact with the local authority, support was provided by the customer service centre by way of information, advice or signposting to other organisations. This team also triage referrals and complete onward transfers to the appropriate teams within the organisation.

People's experiences of Care Act assessments were broadly positive, and we saw evidence that assessments reflected people's right to choice, built on their strengths and assets and reflected what they wanted to achieve and how they wished to live their lives. However, there were ongoing waiting lists for both care assessments and care reviews which meant that people did not always receive timely care and support. People also had to wait for financial assessments and complaints were made regarding delays and lack of clarity about care costs. The local authority was working to reduce these issues.

Care technology was considered as part of the assessment process to help prevent, reduce and delay the need for care and support and to support people to remain independent at home, for example falls detectors and systems to raise alerts to families. Other technology was supporting people to travel independently, however staff were keen to move this area of work into the prevention space to build on the prevention offer.

The needs of unpaid carers were recognised as distinct and assessments, support plans and reviews for unpaid carers were undertaken separately from the person they cared for and when appropriate, staff supporting a person would also undertake the assessment for the carer. Feedback from unpaid carers about the assessment process was mixed indicating that further work was required in this area. For example, some unpaid carers found the process was challenging, and they were left confused by the direct payment offer. Other carers valued the assessment experience, feeling listened to by caring social care staff. They enjoyed the opportunity to plan time away from their caring role or explore options to make day to day life easier. Carers gave positive feedback regarding the support they received to help them in their caring roles, such as peer support groups and practical support to reduce the strain of the caring role.

A Carers Strategy is a joint strategy for the Leicester, Leicestershire and Rutland system and had been co-produced with the unpaid carer's engagement group. The experiences of unpaid carers was a focus. The local authority had gained feedback on unpaid carers experiences with a commitment from system partners to work together to improve experiences and outcomes for people.

There was creative use of community spaces as opportunities to prevent people requiring more formal health or social care support. There were examples of people utilising libraries and public spaces to engage in social and volunteering projects to boost confidence and utilising the preventative mental health services to support them to move into mainstream employment and education.

The reablement service was a positive experience for people being discharged from hospital, supporting them to return home safely and to regain their independence. However, we heard examples where discharges had not been fully effective, resulting in insufficient care and support in place for when a person returned home, and communication problems between different agencies which impacted negatively on safe, effective and timely discharge.

Leaders recognised that supporting hospital discharge during the weekend was challenging, noting current commissioning arrangements did not support responsive outcomes. However they expressed a commitment to addressing this, and they planned to use Better Care Fund data to measure the effectiveness of relevant jointly commissioned services to identify areas for improvement and an improvement plan.

There was good uptake of Direct Payments, and they were being used to improve people's control about how their care and support needs were met. People had ongoing access to information, advice, and support to use direct payments and this information was available in different formats.

For children moving into adult services, we heard mixed feedback. There was some evidence of examples of outreach to the community to engage more families who may benefit from advice and information, however the waiting lists meant that some young people had to wait for assessments longer than the local authority's own guidance.

People had faced delays in having an assessment to access equipment and minor home adaptations to maintain their independence and continue living in their own homes, however the local authority was working toward a sustained approach to reduce waiting lists and improve access to equipment.

People had access to a mixed range of local support options that were safe, effective, and affordable to meet their care and support needs. However, we were told of staff concerns over some gaps in service provision, for example in day service choice for people with a learning disability and mental ill-health, and nursing home capacity across the county and neighbouring city was limited. The local authority provided data to suggest sufficiency. People valued the supported living accommodation offer, with people telling us that the service was good, and the apartments felt like a "proper home" where they felt safe. There was an ongoing focused need for additional provision to meet demand.

National data showed that 72.20% of people who used services in Leicestershire felt safe, this was similar to the England average of 71.06% (Adult Social Care Survey, 2024). The national Survey of Adult Carers in England (SACE) 2024, showed that 79.20% of carers felt safe, which was similar to the England average of 80.93%).

When safeguarding enquiries were undertaken, data provided by the local authority showed that 75% of people or their representatives were asked what their desired outcomes were, and of those, 94% of people had their desired safeguarding outcomes met.

People faced waits for Deprivation of Liberty Safeguards to be assessed and authorised; risk prioritisation was used to respond to people with the highest levels of risk first which would otherwise impact negatively on their safety and wellbeing.

Summary of strengths, areas for development and next steps

People could access the local authority's care and support services through multiple channels, including telephone, online and self-assessment options. Changes had been made to the website to improve ease of access, and this had been positively received by people in the area. Partners continued to support people who may not fully understand the role and remit of the local authority, this included helping people navigate the website and online services.

The local authority was rolling out the three conversations, strength-based model of assessment to all front-line teams. Staff were positive about this. Assessments and care planning processes reflected people's right to choice, built on their strengths and assets and reflected what they wanted to achieve and how they wished to live their lives.

There were clearly documented processes and timelines for conducting care assessments and care reviews and there were arrangements for oversight and monitoring. However, these processes were not fully effective and there were ongoing waiting lists for care assessments, financial assessments, occupational therapy assessments and reviews.

Progress had been made in reducing waiting times and continued improvement was a clear priority. Further work was needed to embed the improvement actions and to ensure progress was sustainable over the longer term and could effectively respond to continuing demand for adult social care.

The use of Direct Payments was improving. The local authority had undertaken targeted work to promote direct payments as an option to increase independence and control for people. People had support to enable them to utilise this option well.

There was work to redesign the offer of rehabilitation after a hospital admission. The local authority was developing the offer of therapy in people's homes to reduce the need for residential settings to meet this need. The reablement service as part of a multi-disciplinary approach was achieving positive outcomes for people and the local authority was working towards increasing the capacity of the current offer.

There was an established range of care home and residential care settings offering choice to people, although nursing care was limited across the county. There was a varied range of care services available across the county, as well as some identified gaps in some service types, for example daytime support options and capacity in supported housing and extra care accommodation. Commissioning strategies reflected this.

The local authority had a Positive Behaviour Support Team which provided support to care providers when additional training or support was required to respond to specific needs. Care providers told us this was a positive, proactive service which enabled more people to remain in their current settings for longer.

There was a high number of DoLS applications made to the local authority and there was a backlog in assessments and authorisations. Leaders acknowledged there were delays; their objective was to keep the renewals within date, to prioritise requests for reviews of existing authorisations and to have new cases triaged at the highest level. Processes were in place to reduce risks to people whilst waiting for a DoLS application to be assessed and there was a triage system to identify and prioritise the most urgent cases.

The local authority had strong relationships with the Safeguarding Adults Boards (SAB) with clear learning evidenced through the Safeguarding Adult Reviews (SAR's).

The local authority used information about risks, performance, inequalities, and outcomes to inform operational and strategic decisions. However, at the time of our assessment, the quality and availability of data to inform operational and strategic decision making in some areas was an opportunity for development, for example safeguarding. Leaders recognised the need to improve the quality and range of data collected, and work on this was underway.

Risks were identified relating to funding the cost of care, stability in the provider market, recruitment and retention of social care workforce and low rates of continuing healthcare and funded nursing care. Actions to reduce and address these risks were evident.

Leaders were committed to maintaining mature relationships with key partners and agencies to agree and deliver on shared priorities. Leaders embraced opportunities for joint working and pooled budgets with health partners and used the Integrated Care Board ICB as a critical vehicle for this.

There were multiple routes to obtain feedback from people, staff, and partners about their experiences of care and support and delivery of Care Act duties and this informed strategy, improvement activity and decision making. However, there were areas of further improvement work needed, for example improving access to information about social care through the website and online services and reducing waiting times for assessment and reviews. Whilst improvement actions were in place, they were not always having the desired impact at the time of our assessment, indicating that more work was needed to find the right solutions in a co-produced way.

Leaders demonstrated an inclusive and positive culture of continuous learning and improvement. Staff told us they had ongoing access to learning and support so they could deliver their Care Act duties safely and effectively. They told us they felt valued and supported in their roles, however some staff said that workloads were not always manageable. Specific recruitment challenges were being addressed, and some progress had been made. Social Workers and Approved Mental Health Practitioners (AMHP's) already benefit from financial incentives and these market supplements had recently been awarded to occupational therapists also.

Theme 1: How Leicestershire County Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Assessment, care planning and review arrangements

People could access the local authority's care and support services through multiple channels, including telephone, online and self-assessment options. Feedback from people about the ease of access was mixed, with some saying they found the website and the online referral form easy to navigate, whilst others found it more difficult.

A partner agency had conducted a survey about people's experiences of accessing adult social care. This found that pathways and processes were not always clear; people did not always know where the process started and said they became frustrated at having to repeat their story multiple times. Additionally, one person told us they had struggled to get through to the correct team since their allocated worker had left, and they described being passed around a switchboard system.

The local authority had made changes to its website to improve ease of access and they had received positive feedback from people on this. The website supported professional referrals and provided advice and information which was available in different languages and formats.

The first point of contact to adult social care for people and professionals was via the local authority's Customer Service Centre (CSC). People could make referrals via the telephone, in person, email or online via the first contact plus portal on the website.

Contact methods were monitored and between August 2023 to August 2024, telephone contacts were 43%, on-line public referral 24%, email contacts 23% and online professional referrals were 9%, showing people were making use of a range of available contact methods.

The Customer Service Centre did initial screenings of all contacts, and either signposted people to advice, information and community support, or made onward referrals for more formal social care assessment. A strength-based, 'three conversations' model had been introduced in the Customer Service Centre with underpinning guidance and support. Staff told us this helped them to have more focused and person-centred discussions with people which in turn helped them to provide more effective advice and information without always referring them on for further assessment. Staff in the contact centre referred people to the most appropriate front-line team when there was a need for a more formal assessment of care and support, for example to longer-term locality teams. There had been a reduction in the numbers of people being referred for formal assessment since the introduction of the model.

The local authority was rolling out the three conversations, strength-based model of assessment to all front-line teams. Staff were positive about this. They told us their reflective supervision sessions covered the strength-based approach with peer support sessions further embedding this.

Case records we reviewed reflected people's right to choice, built on their strengths and assets and reflected what they wanted to achieve and how they wished to live their lives. The records reflected an approach to assessment and care planning that was person-centred and strength based. People we spoke with told us their experiences of assessment was positive, with a professional, respectful approach and a clear focus on them as individuals. We heard examples of people's dreams and aspirations being captured with assessment staff and the assessment process seen as positive and valuing each person's situation.

Specific teams were in place to carry out specialist assessments such as learning disability, mental health, cognitive and physical disability teams, with practice guidance being offered through the two Principal Social Workers.

The local authority ensured that the Care Act duties to the prison population were met and at the time of the assessment this was completed by both Social Workers and Occupational Therapists who undertook assessments and provided support and care plans as required. Staff delivered this through a joint contract with the NHS. Staff working in prisons told us they would benefit from more training to reduce the risks to people using aids and adaptations in that environment that might cause risks to other people.

Advice and support was available days, nights and weekends with the Approved Mental Health Practitioners (AMHP's) out of hours team hosted by Leicester City Council and Leicestershire adult social care urgent support delivered by HART Urgents, a function of the reablement team.

Timeliness of assessments, care planning and reviews

There were clearly documented processes and timelines for conducting care assessments and care reviews. The local authority had awareness of ongoing waiting lists for both care assessments and reviews. A Waiting Well policy had recently been introduced, with an audit to review effectiveness, planned in June 2025.

In February 2025, there were a total of 768 people across all teams awaiting a Care Act assessment to start, which had risen from 690 in September 2024. Of the 768 waiting in February 2025, 139 were in the Home First team, 265 were in the cognitive and physical disabilities team, 195 were in the learning disability team, and 169 were in the mental health team.

The median wait in days for allocation across all teams was 8 days, and the maximum wait was 498 days. The local authority were assured the longest delays were seen across delayed Court of Protection work which was unresolved. The local authority had identified 4 cases of data recording inaccuracies which had inaccurately elongated this maximum wait data.

In June 2025, local authority data showed a reduction in waiting times which stood at 585 people waiting across all teams. Median waits for cases awaiting allocation to a worker have fallen from a peak of 56 days in February 2025 to 39 days in June 2025. Leaders advised that people with the longest waits had some initial work carried out by duty staff and people would be reprioritised for allocation based on risk, through reviews guided by the waiting well policy, before the case was formally allocated to a worker, many of which were for Court of Protection applications.

There were six locality teams across Leicestershire County Council aligned with borough boundaries all with local teams for working with people with cognitive and physical disabilities, learning disabilities and mental health. Each of these teams held waiting lists and made up the combined total of people waiting for assessment and review in the county. There were different lengths of wait depending on the geographical area, for example, Charnwood locality was highlighted as having higher waits for mental health support due to increased demand in that area. Staff told us there was sometimes internal movement of staff between localities to meet changes in demand, however they were concerned at the time of the assessment that staffing capacity was not sufficient to continue to meet demand into the longer term. The local authority shared data with the Local Area Coordinators (LAC's) to guide them to target particular localities which may benefit from additional support, for example Charnwood to identify people who may be at higher risk to understand what support can be offered to keep people out of crisis.

A 'Waiting Well' policy had been introduced, which included triage and risk assessment of all people waiting for assessment and with people presenting the highest risks being prioritised. Waiting lists were frequently and regularly monitored and contact was maintained with people whilst they waited to keep risk levels under review.

The local authority planned to undertake the first audit of the Waiting Well policy in June 2025 to measure the effectiveness for improving outcomes for people.

People were contacted and informed of the potential delays in having an assessment and were given contact details of services to support them to remain well whilst they waited. They were advised to contact the local authority should their needs change and staff confirmed they gave people this advice when they checked in with them. However, people told us they did not always find it easy to contact the right person in the local authority.

Frontline staff told us that whilst they did not have oversight of waiting lists, as this was managed by managers, they were clear that people were prioritised based on risk and they felt confident they were working with people in most need. Staff told us there were some gaps in the data around waiting times between stages of the process and they understood leaders were seeking solutions to this.

We were told that management oversight of waiting lists involved a minimum of weekly reviews of planned work trays to determine needs and risks and allocate cases. Frequency of contact with people waiting for assessment was dependent on a RAG (Red, Amber, Green) rating, based on level of risk and complexity. Case records were updated to reflect any change in risk and need and urgent work was undertaken and concerns with any red cases were escalated to a Strategic Service Manager to agree appropriate actions.

For planned reviews the median wait between February 2024 - February 2025 was 8 days, with the maximum being 335 days. In June 2025, local authority data showed 77% of people in receipt of a long-term service had an annual review in the past year (4,051 of the 5,283 people receiving long term services). Longer waits for reviews were due to the availability of the person and others who need to be present such as family members, providers and advocates. National data from the Short and Long term support for 2023/24 showed 72.61% of long term support clients were reviewed (planned or unplanned). This was slightly better than the England average (58.77%).

People placed out of the county were reviewed in line with the review due date. Data provided by the local authority in April 2025 showed of the 224 out of county placements, 186 were completed within the 12 months, and 37 were outstanding with 32 being overdue between 1 and 6 months. Oversight was maintained by the local authority, and they undertook visits to people when required to ensure people were aware of how their concerns would be responded to.

A Demand Management Programme was in place overseeing work to address waiting in times and demand for adult social care. Waiting times for assessment and review were stated as a medium level risk on the departmental risk register and some mitigating actions were in place to reduce waiting times and the risks this presented to people. These included streamlining and digitalising assessment processes, recruiting additional staff and/or redeploying existing staff to support assessments, introducing the three conversations model, and exploring procuring additional assessment resources / software. Progress had been made on some of these actions, for example the three conversation model, and ongoing work to address recruitment challenges, for example there was a market supplement for Social Workers and Approved Mental Health Professionals (AMHPs) and OTs, and 30 agency staff had been recruited on a fixed-term basis to provide cover for social workers and AMHP vacancies and maternity leave. However, the last recorded review of the risk level and progress against mitigations was in August 2024 and it was unclear as to whether these mitigations were still current.

Staff told us that a Single-Handed Care Team was being set up to undertake targeted reviews of high-cost placements where two carers were required and/or the care provision is greater than 14 hours per week. This team were to be set up on a temporary basis in the first instance and reviewed when there was sufficient evidence of the impact and outcomes. There was an intention to make this team permanent depending on the outcomes. Further information provided by the local authority notes the team is existing and was made permanent in the summer of 2024.

Progress had been made in reducing waiting times and continued improvement was a clear priority. Further work was needed to embed the improvement actions and to ensure progress was sustainable over the longer term and could effectively respond to continuing demand for adult social care.

Assessment and care planning for unpaid carers, child's carers and child carers

The needs of unpaid carers were recognised as distinct from the person with care needs; assessments, support plans and reviews for unpaid carers were undertaken separately.

Carers accessed information about assessment and support in different ways. For example, some had been made aware by their GP, and others learned about it through their contact with the voluntary sector carer's support provider who completed carers passports and organised contingency planning with them. Some of the carers we spoke with told us they did not know about their right to have their own assessment, however their individual needs had been discussed during their 'cared for' person's assessment, and they had then been supported to understand their rights to their own assessment and subsequent support.

Some carers experienced delay in having a carer's assessment. Data provided in February 2025 showed there were 58 carers assessment waiting to be allocated for an assessment with a median wait of 55 days, maximum wait of 188 days.

The local authority told us assessment of young carers and parent carers is undertaken by the Children and Family services.

Additional data provided by the local authority in June 2025, indicated a reduction in the number of people waiting for an assessment (down to 44 people), with the median wait reduced to 15 days and the maximum wait being 92 days. The reduction resulted from a focus on reducing a backlog in 2024. Leaders advised that the longer waits for carers assessments are from 12 months ago when the team were addressing a backlog. The waiting time for assessment had reduced significantly and currently all carers cases were allocated to a worker for assessment within 4 weeks.

Feedback from unpaid carers about the assessment process was mixed. Some unpaid carers found the process was challenging, and they were left confused by the direct payment offer. There was no evidence of delays for unpaid carer's receiving direct payments, however there was an opportunity to support a greater understanding of the process, based on this feedback. Other carers valued the assessment experience, feeling listened to by caring social care staff. They enjoyed the opportunity to plan time away from their caring role, or explore options to make day to day life easier. However, national data from the Survey of Adult Carers in England for 2023/24 showed 10.70% of carers able to spend time doing things they enjoy. This was slightly worse than the England average (15.97%), indicating that further work was required in this area.

As part of the local authority contract with the carer support provider, support was provided to unpaid carers to fill out pre assessment documentation which was helpful for unpaid carers to start the assessment process. The provider told us the local authority had experienced a backlog of carer's assessments, but the number had reduced over the past few months, which had allowed more carers to obtain valuable support.

Unpaid carers told us about the benefits of the peer support provided by this partner; for example, carer's passports supported access to community services at a reduced rate or for free, gym membership, swimming sessions or food vouchers. However, others reported not knowing what services were available and navigating this was challenging as services felt disjointed.

Staff told us unpaid carers were supported when they attended hospital with the person they cared for with the Carers Hospital Discharge Grant. It was being used to help support parking fees, meal vouchers and wellbeing services during this challenging period for families.

The refreshed Carers Strategy 2022-2025 was shared with the two neighbouring authorities across the Integrated Care Board (ICB) space. It incorporated the views of unpaid carers across the area from engagement undertaken in 2021. The local authority was also utilising the feedback from a recent Healthwatch survey and feedback from the Joint Strategic Needs Assessment (JSNA) regarding unpaid carers views when the person they cared for was at the end-of-life stage. The JSNA identified that the burden of coordinating health and social care services often fell to unpaid carers which was impacting on their role of supporting their loved one.

Improvement actions identified in the strategy included the need to facilitate carer identification, increase uptake in carer's passports for both adult and young carers, to improve the links between young carers and mental health services, training for staff on carer's needs, promote access to information, support for carers to access a broader range of services, improve transition from children's to adult services for all carers and further consideration of carer's needs when commissioning mainstream services.

The local authority is part of system approach to Carers in the Better Care Together (BCT) Carers' delivery Group which aimed to improve services for carers and the person they care for. Leaders said this was one of the ways they built relationships with carers, family, people, stakeholders and professionals. Most unpaid carers we spoke to had not been involved in shaping strategy or services at the time of the assessment.

Help for people to meet their non-eligible care and support needs

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs, however the local authority were not able to report on the effectiveness of this offer.

The local authority customer service centre staff were confident to signpost people to other voluntary agencies (where appropriate) if they had non eligible care needs. Staff were trained to consider options to reduce or delay the onset of needs, for example by promoting options such as equipment and care technology. Senior leaders planned to evaluate and measure the impact and outcomes of this early intervention offer, to build an evidence base for future investment decisions. This was not in place at the time of our assessment.

Data provided by the local authority demonstrated holistic interventions to meet both eligible and non-eligible support needs through Local Area Coordinators (LAC's). LACs undertook a valued role, providing advice and signposting to community support options irrespective of whether people had eligible care and support needs. Their role was to connect people, improve physical and mental health and reduce reliance on health and social care services. Staff spoke highly of this service to support people in preventative ways, for example to reduce social isolation and to encourage people to maintain physical activity levels.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent and based upon the wellbeing principles of the Care Act 2014. Decisions and outcomes were timely and transparent after the assessment.

The local authority provided clear guidance to the public regarding Care Act eligibility on the website. Staff were guided to apply the principles of the Care Act eligibility criteria through the assessment process and to use the guidance available. Guidance was outcome based, helping staff understand how to co-produce goals and aims with people which was evident in the assessments we saw.

Clear guidance was available to support eligibility for support through the transitions phase, for example placing particular emphasis on recognising young people without an Education, Health and Care Plan (EHCP) may have needs under the Care Act.

Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was not always clear, transparent and consistently applied. Charging Information was available, however was not fully effective in supporting people's understanding of the assessment and charges.

People were waiting much longer than they expected to have a financial assessment and be told the outcome. Senior leaders identified the increasing backlogs for financial assessments as a risk on the departmental risk register. They also highlighted charging for care and support was a source of complaints, particularly recognising people who had been through the hospital discharge process may not have been fully informed about potential care charges. People were often left confused by the advice and concerned at the delays in understanding their charges, which complicated their journey through adult social care.

Data provided by the local authority showed the waiting list for financial assessments was 323 people waiting a median of 131 days with a maximum wait of 357 days.

Updated data provided by the local authority in February 2025 showed a significant reduction in waiting times, with homecare financial assessments having a median of 21 days wait for allocation and a 3 day average wait from allocation to assessment and a median wait of 23 days for a residential assessment and 3 day wait from allocation to assessment.

Data also showed improved outcomes for people with decisions being made on average 22 days after the financial assessment began.

This reduction in waiting times supports a smoother journey for people going through adult social care enabling them to understand charges and reduce anxiety about funding their care costs.

As part of further improvement activity, the local authority had introduced an Early Review Team (ERT) to respond in a more effective way to people who required financial assessment post hospital discharge. This was in response to feedback from people about this process. Front line staff told us to further support the improvement work, they were trialling taking financial assessment documentation out with them when they met people so they could start the conversations early. This was at an early stage and staff had mixed views about the process, some finding it helpful and others finding it challenging to have these conversations during the assessment process. Further work was needed to understand the impact of this on people and the support requirements of staff.

At the time of the assessment there had been four appeals regarding financial assessments between 2022 and 2024. One complaint was later directed to the LGO who found the local authority not to be at fault, and one encouraged a further expansion to disability related expenditure.

Provision of independent advocacy

People's experiences of care and support ensured their human rights are respected and protected, that they are involved throughout in decisions and their protected characteristics under the Equality Act 2010 are understood and are incorporated into care planning. Timely, independent advocacy support was available when identified by staff to help people participate in care assessments and care planning processes. Families acted in the advocacy role where appropriate.

Advocacy was provided by a commissioned provider. They told us the local authority understood advocacy and the importance of this to individuals and they wanted a person-centred approach to all assessment activity. Frontline staff did not report any delays in the allocation of an advocate. The advocacy provider told us they triaged the highest risk cases first in times of high demand or limited capacity. As part of the contract the advocacy provider delivered online and in person training about advocacy to local authority staff. As a result of the training, staff had a better understanding of when advocacy support was required, which in turn had led to more appropriate referrals to the advocacy provider who were able to respond to people in a more targeted and timely way.

Information about the role of advocacy, and how to access advocacy support and eligibility was provided on the local authority website. The provider website did have some accessibility arrangements in place. For example, a partner agency told us there was a gap in advocacy provision for people with sight loss, including advocacy support for them to access local authority online resources. They told us they supported people in this area as an extension to the commissioned services they provided as people would not know where else to turn.

Supporting people to live healthier lives

Score: 3

3 – Evidence shows a good standard

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

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

The local authority commitment

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.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support. This was reflected in the "Vision and Strategy for Adults and Communities 2020-24" whereby the local authority aimed to support wellbeing and to prevent, reduce and delay the need for formal care services where possible.

The strategy identified the creative use of community spaces as opportunities to prevent people requiring more formal support. There were examples of people utilising libraries and public spaces to engage in social and volunteering projects to boost confidence and utilising the preventative mental health services to support them to move into mainstream employment and education. Leaders acknowledged that further development of the approach was required to maximise the effectiveness and benefits for people.

We heard about a wide range of projects and initiatives in place to support the overall prevention work. For example, people told us they valued the partnerships the local authority had put in place with the voluntary sector, particularly regarding the support offer for unpaid carers. Services to support unpaid carers to have greater access to, and involvement with their local community was felt to be particularly beneficial in maintaining their wellbeing.

Local Area Coordinators (LAC's) were employed by the local authority to support people with welfare benefits maximisation as part of wider work to promote health and wellbeing. LACs were jointly funded by public health and adult social care with leaders committed to this model for over 10 years. A local men's group with an interest in fishing was set up by this service to increase social and emotional support. This type of emotional support activity aligns to data from the Adult Social Care Survey for 2023/24 which showed 60.74% of people who say help and support helps them think and feel better about themselves. This was similar to the England average (62.48%).

The Health and Wellbeing Board was working with partners on specific joint public health initiatives through the Better Care Fund (BCF) such as smoking cessation, support for people with substance misuse issues and supporting people with dual diagnoses.

These projects all contributed to the overall prevention model in the area.

The local authority's prevention strategy included a focus on co production, so that local people could be involved and inform and influence change. For example, the learning disability and autism engagement group told us they valued the arrangements the local authority had made to engage with them and they felt this had resulted in real change, with "better journey cards" which supported people to travel across the county, enabling greater independence.

Specific consideration was given to unpaid carers and people at greatest risk of a decline in their independence and wellbeing. For example, the local authority had developed a social isolation policy in February 2025 with voluntary sector partners seeking to identify and target people at greatest risk of isolation. This was in response to an identified need from the Joint Strategic Needs Assessment (JSNA).

Preventative services were having a positive impact on wellbeing outcomes for people. This was demonstrated in an occupational therapy (OT) project: the OT was actively reviewing people who had more than 14 hours of commissioned care per week, and where the care was provided by two carers, with a view to introducing technology and equipment to reduce the level of intrusion into people's lives. The reviews were leading to onward referrals to Local Area Coordinators (LAC's) who considered other preventative and screening offers, for example, health checks, social and emotional support for people as a way of preventing future deterioration.

The Pro-active Vulnerability Engagement Team (PAVE) demonstrated a multi professional approach to provide advice and support for people alongside formal care services.

Provision and impact of intermediate care and reablement services

The local authority worked to deliver intermediate care and reablement services that enabled people to return to their optimal independence. The reablement service across the local authority was known as HART, (Homecare Assessment and Reablement Team). The 6-week reablement offer provided an assessment and provision of homecare and small equipment to support hospital discharge processes and any other short term intervention support identified across the local authority. Within the service was the short-term urgent support team who provided urgent care to people in crisis for up to 72 hours. This service was available day and night and formed an important part of the out of hours offer to support people to remain at home.

Data provided by the local authority showed the average HART care package was 15 days. This enabled the service to optimise the offer to support as many people as possible. National data from the Adult Social Care Outcomes Framework for 2023/24 showed 2.63% of people aged 65+ received reablement/rehabilitation services after discharge from hospital. This was similar to the England average (3%). The number of people supported by HART had continued 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.

Senior leaders across the local authority were proud of the HART service and felt it was a valuable service to support people to remain at or return home. The data demonstrated the positive impact of the service. For example, national data from the Short- and Long-Term Support for 2023/24 showed 88.52% of people aged 65+ still at home 91 days after discharge from hospital into reablement/rehab. This was slightly better than the England average (83.70%) (ASCS) and in 2023/24 89.59% of people who had received short-term support no longer required support. This was significantly better than the England average (79.39%). At the time of our assessment, the local authority was hoping to expand the service due to the positive outcomes achieved to date.

People gave mostly positive feedback about their experiences with the HART service, noting the speed at which the care was organised. The HART service was free at the point of use and the local authority had recognised further work was required to support people to understand when care charges might apply between the HART service and longer-term care. Data provided by the local authority showed it took on average 3 days to discharge people from the local acute hospital who had noncomplex care needs and 4 days for people in out of area hospitals. The local authority was working to reduce the number of people discharged into rehabilitation residential settings reported as 15% toward the NHS England (NHSE) target of 3%. In order to provide alternative options for people other than a residential setting, the HART team had therapy staff to provide therapeutic support at home, alongside the personal care reablement offer. The end of year review of this integration showed it had enabled all teams to provide a speedier service to people and strengthened working relationships between the team. There was also a reduction in the administration associated with referrals per team.

Staff told us they were consulted about the recent merging of the integrated HART team and the urgent review team. Early signs showed this merger had been successful to ensure timely assessments and reviews to move people through to correct services. However, staff felt there was further scope to better define roles and responsibilities.

Access to equipment and home adaptations

People had faced delays to accessing equipment and minor home adaptations to maintain their independence and continue living in their own homes, however the local authority was working toward a sustained approach to reduce waiting lists and improve access to adaptations.

The local authority told us OT's do not undertake Care Act assessments to determine eligibility, OT's complete assessments which support the preventative aims of the Care Act by helping to maintain wellbeing and reduce or delay the need for more formal support. People were able to access assessment for aids and adaptations through various routes, including the HART team, HART at the hospital team, Lightbulb services and community occupational therapy teams.

Data provided by the local authority showed the overall waiting lists for people waiting a Care Act assessment by the Occupational therapy service was 702. This was the total number of people waiting across all Occupational therapy functions including reablement teams, Lightbulb teams, housing support and single-handed care review teams. People could expect to wait on average 31 days, however the maximum wait was 417 days. Data showed 86% of people waited less than 12 weeks for an assessment, with 50% of people waiting less than a month. There were 12% of people waiting between 3 to 6 months and 2% of people waiting 6-12 months. One person was waiting 417 days because they had been identified for a single-handed care review, however there were valid reasons for this which were explained to us.

Team managers reviewed the waiting lists on a daily basis with a view to reprioritising people based on risks and any increased needs. High risk issues were identified and responded to with a home visit on the same day.

The Occupational Therapy duty function had a significant waiting list for people who were identified as needing a service. There were delays moving people through to the next stage of assessment and people faced risk during this waiting time. Leaders became aware of the delays and took action to focus on triaging and moving people through. For example, they offered staff overtime and moved staffing resource from some other areas to provide support. This piece of work reduced the waiting list from 150 to 10, significantly reducing the risks to people waiting. Occupational therapy leaders told us they took a flexible approach to supporting teams with higher complexity or increasing waiting lists.

Leaders continued to monitor the numbers, and a contingency would be to move staff to undertake assessments as priority, should the waiting lists start to rise. Staffing capacity had increased slightly to manage the waiting list and recruitment to Occupational Therapy posts continued to be a priority for the local authority. Recruitment was ongoing, with a market supplement offered for OT roles.

The Occupational Therapy teams were staffed by qualified Occupational Therapists and unqualified community support workers. The Occupational Therapy teams, gave advice and information, alongside assessing people's needs for equipment and adaptations. The Lightbulb Team worked closely with the housing department to undertake timely adaptations and non-complex work to support people to remain independent, reducing some of the risks whilst people waited for larger, more complex work to be undertaken.

Feedback was mixed with some people experiencing delays. For example, work within some people's homes had taken longer than they had been advised, other people received equipment rapidly to support their independence. People told us how the Gadget project had provided a great level of independence to their family, giving the person greater independence and reducing the informal reliance on their family members to support them. This project supports people with a diagnosis of Dementia and people referred by their GP's whilst waiting a hospital appointment for a physical, cognitive, or neurological review. This partnership working with GP practices helped identify people with low level equipment needs. The arrangements enabled the GP practice staff to order the equipment without a referral to adult social care being required.

The local authority recognised the challenges people experienced within their own homes and how they could benefit from support with maintenance, safety advice, technology, and monitoring support to maintain their ability to continue to live as independently as possible. The Lightbulb team included specialist staff who provided a range of services. All prescribing practitioners had access to disabled facilities grants, home support grants, adaptations grants, hospital discharge grants, home gadgets (technology to maintain independence and safety). The local authority were proud of this service. The hospital enablement team also supported people with a wide range of services. There was also a safe spaces team who included a specialist hoarding team. This was a pilot project across the seven district councils to work with people in a holistic manner to achieve safer home environments for people experiencing hoarding.

The Integrated Community Equipment Loans service (ICELS) was a jointly commissioned service across Leicestershire, Leicester and Rutland for Health and Social Care Services. Their role was to deliver and maintain community equipment to people in the community. At the time of assessment, data provided by the local authority showed 37 items were waiting to be delivered, with a median delivery time of 6 days and a maximum wait time of 151 days. Data showed the average delivery times were 3 or 5 days. Staff told us people were broadly satisfied with the service and delivery times reduced risks to people.

The local authority was offering more care technology. Staff promoted sensors, gadgets and devices and told us they were supported to attend trade shows to horizon scan for future advances in technology. Although staff felt technology use was reactive as part of the assessment process, they were keen to see it available across the prevention space. Staff told us the range of equipment available from the commissioned provider was a challenge. Ordering stock, which was not standard, required separate administrative demand with decisions being made external to the professional referrer which could be frustrating. At the time of assessment there were 56 people waiting for installation of equipment with the longest wait 144 days.

Provision of accessible information and advice

We received mixed feedback about how easy people, including unpaid carers, found it to access information and advice on their rights under the Care Act or the types of support that were available to them. For example, 59.51% of survey respondents who used services across Leicestershire found it easy to find information about support, with the England average being 67.12%.

Leaders were aware of the data and the challenges people reported and the JSNA highlighted the need for a refresh in the advice and information available to unpaid carers. The local authority provided a dementia support service as an opportunity for unpaid carers to learn more about services. This was a jointly commissioned service with partnering authorities and the NHS to reach people who may not seek advice in digital methods.

People told us they would not attempt to directly contact the local authority, rather seeking advice and guidance from the voluntary sector to then be guided to contact the local authority. People who experienced digital poverty noted the challenges with not being able to access the online information. Leaders were sighted on this feedback and were working toward ensuring information was accessible to all. Whilst many of the changes were digital, alternative communication methods were recognised as vital. The local authority provided examples of information available to people who were seeking to understand supported living, and young people and their families seeking to understand the journey into adulthood. The local authority provided examples of working with people to coproduce leaflets to ensure information and guidance was available as an alternative to online advice.

Direct payments

There was good uptake of Direct Payments (DP), and they were being used to improve people's control about how their care and support needs were met. People had ongoing access to information, advice, and support to use direct payments and this information was available in different formats. National data from the Adult Social Care Outcomes Framework for 2023/24 showed 35.59% of people received direct payments. This was significantly better than the England average (25.48%).

Senior leaders told us they were committed to supporting people to understand direct payments, and to promote informed decision making.

To improve the offer for people the local authority created a team of direct payment support officers who support operational staff with direct payments, and who help to source PAs, and deal with queries relating to employing them.

The local authority had enhanced and standard direct payment rates available to support the market and the Market Sustainability Improvement Fund had been used to enhance the rates that personal assistants (PA's) could be paid.

National data from the Adult Social Care Outcomes Framework for 2023/24 showed 54.80% of people aged 18-64 received direct payments. This was significantly better than the England average (37.12%). Staff told us they promoted direct payments in their interactions with people but were aware of issues people faced (such as cognitive impairments) which could make the management of the direct payment more challenging. However, national data from the Adult Social Care Outcomes Framework for 2023/24 showed 18.06% of people aged 65 and over receive direct payments. This was slightly better than the England average (14.32%), demonstrating the local authority had made some progress in supporting people aged over 65 to access direct payments.

Data provided by the local authority showed 64.9% of direct payments that ceased over the last 6 months was due to a change in needs with people feeling direct payment was no longer a suitable option. The local authority was committed to understanding the data at a more granular level to then provide greater support to reduce the decline in DP usage. The local authority analysed the improvements made to the PA recruitment process. Staff told us that personal assistants were difficult to recruit in rural Leicestershire. A digital personal assistant notice board was used for personal assistants to upload their capacity, for people to advertise for a personal assistant and to help match people to a personal assistant for specific tasks.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority was working toward understanding intersectionality across its local population profile and demographics. The county had a predominantly white population, with a significantly prominent level of rurality. The local authority used a number of measures to understand its changing population and it analysed equality data on social care users and used it to identify and reduce inequalities in people's care and support experiences and outcomes.

The local authority worked with partner agencies, including health and the voluntary and community sector to understand the communities within the county, such as through the information they had gathered from the Leicestershire Joint Strategic Needs Assessments (JSNA) to meet the specific needs for its localities.

The local authority had developed a Diversity, Equality, and Inclusion Strategy 2024-2028. The strategy outlined clear and actionable objectives, aligned with legal obligations under the Equality Act 2010 which would work towards addressing the specific needs of Leicestershire communities. Data provided by the local authority, through the Leicestershire Community Insight Survey (July to September 2023), found 92.9% of residents agreed that Leicestershire was a place where people of diverse backgrounds got along well, with 81.8% agreeing that the council treats all types of people fairly.

The local authority aimed to build strong relationships, using the Leicestershire Equalities Challenge Group, included in this were aims to engage further in community events to reach more people who may not seek support from the local authority. One of the groups the local authority identified as being at greatest risk of exclusion and poor health outcomes was people with a learning disability. Avoiding non-essential hospital admissions and promoting early discharges aimed to ensure people with a learning disability were not caused undue distress. Leicester, Leicestershire and Rutland's Learning Disability and Autism Collaborative data showed inpatient numbers were low, ranking 2nd in the Midlands and 8th nationally.

Further achievements were seen in the Learning Disability Annual Health Check data, which showed what percentage of people with learning disabilities who had an annual check with a GP and a health action plan. The Leicester, Leicestershire and Rutland Integrated Care Board ranked 1st in the Midlands on health checks and 5th nationally for 23/24. These vital health checks act as a method of spending time with people who might find accessing health services challenging, putting people at risk of preventable illness.

A further population identified as at risk of poor access to services in Leicestershire was people who identified as Lesbian, Gay, Bisexual or Transgender (LGBT+). The local authority organised a working group who met with transgender advocates to co-produce a trans and non-binary inclusion action plan and this resulted in the 'Policy and Guidance on Working with Trans and non-binary people.'

The JSNA identified that life expectancy was significantly better in Leicestershire than the national average. However, Charnwood, Hinckley and Bosworth, Melton, Northwest Leicestershire, and Oadby and Wigston had significantly worse life expectancy. The local authority recognised the targeted in-reach work required to understand the needs of these areas and used local area coordinators to do this. The JSNA presented a complex picture around race and ethnicity, but evidence of health inequalities was common for people who were Bangladeshi, Pakistani, Gypsy, or Irish travellers. Understanding the intersectionality between locations, health inequalities and ethnicity had enabled the local authority to have clear line of sight on what was needed to improve services to reach people inclusively.

Occupational Therapy teams took into consideration different communities for example some cultures did not use a shower or bath, so they have added low down taps or equipment to assist with washing. The team were also working more with Gypsies and Roma Travelling communities and as a result were now building relationships and being innovative with adaptations to mobile homes due to structural restrictions in what could be provided. This service recognised communities where overcrowding was an issue in homes, and where people could not access Disabled Facilities Grants due to restrictions, such as tenancy restrictions or capital over the local authority threshold. The local authority acted to enable access to cost equivalent grants so people could adapt their homes as they preferred with plans overseen by the team.

Housing leaders told us the local authority had a good understanding of homelessness across the county, for example they reported in the Blaby district council had 98 families in temporary accommodation, these inequalities were noted in the Joint Strategic Needs Assessment. Despite being aware of the issue there was no link between homelessness and impact on health and wellbeing or understanding of how it impacted on the need for social care services.

Leaders said partnership working to support rural communities could be seen by Talking Therapies bus and the Library bus. These services recognised digital exclusion and brought services to people. Digital exclusion and broadband issues excluded people from services which the system was aware of. There was ongoing work to reach out to seldom heard groups, and this was discussed every quarter through governance meetings. The local authority were finding it challenging to reach people, but had linked with parishes, voluntary and faith groups, and GPs to build relationships where possible.

Inclusion and accessibility arrangements

There were some appropriate inclusion and accessibility arrangements in place so that people could engage with the local authority in ways that worked for them, for example British Sign Language or interpreter services. These arrangements were monitored by an engagement panel of people who used services who were seeking ways to improve advice, information, and accessibility. However, further work is identified through the Joint Strategic Needs Assessment Carers survey showing 5.7% of Leicestershire respondents found it very easy to find information (significantly less than 9.4% nationally), while almost a third (32.7%) were able to find information fairly easily. This data supports the actions in the new Carers Strategy to improve access to information for unpaid carers.

National data from the Adult Social Care Survey shows 59.51% of people who use services who find it easy to find information about support with the national average being 67.12%, tending towards a negative variation.

People told us that it could be difficult to contribute at Engagement Panel meetings. The local authority developed flashcards for people to raise, to ensure their voices were heard. This implementation had been successful to draw out more opinion to shape services.

Staff told us there was a timely and effective route to seeking support including face to face translators, interpreters, and a voluntary sector offer.

Staff were encouraged to undertake training to aid their understanding, with specific guidance in place on how to support people who were deaf or blind. For example, guiding staff to use email rather than letters as people may have their own software installed to support accessibility.

Voluntary partners told us they were working on a project with the local authority to understand people at risk of social isolation and how to support people to make their needs known. The voice of the rural community was seldom heard within the local authority and this active engagement sought to understand what services may benefit people in the future.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

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.

Key findings for this quality statement

Understanding local needs for care and support

The local authority worked with local people and stakeholders and used available data like the Joint Strategic Needs Assessment (JSNA) to understand the care and support needs of people and communities. This included people who were most likely to experience poor care and outcomes, people with protected characteristics, unpaid carers and people who fund or arrange their own care, now and in the future.

The JSNA, identified people in the seven district councils across the county were experiencing a range of current and future health inequalities. Leaders understood on gaps in provision for people needing support with their mental health. Both the local authority and health leaders were aware of the challenges, and they had examined current services to understand the gaps for further work.

Carers living in rural areas were at a particular disadvantage with social isolation, transport issues and housing challenges. The JSNA feedback from unpaid carers survey identified low levels of satisfaction in services with 62% of respondents saying there was insufficient range of services to meet the physical needs of the person they cared for, and 54% said there was insufficient services to meet their mental health needs. The carers strategy recognised how these issues exacerbated the challenges in the role of unpaid carers and further engagement to understand how to reduce these barriers was underway. Optimism was seen with the general level of dissatisfaction noted as 4.8% with the national average noted as 8%.

Data shared by the local authority showed that 42% of all care home placements in the area were for people funding their own care. Whilst this had a positive impact on the sustainability of the market, the local authority reported on the options available to them regarding supporting people who initially self-fund and the impact on the local authority of supporting people who may deplete their capital and need support from them in the future.

The local authority and Health and Wellbeing board had recognised gaps in the provision of residential care to meet complex needs, and a 16% reduction in nursing home beds across 2023. Part of the reduction noted in the Market Sustainability Plan pointed to nursing homes deregistering due to financial challenges, in part due to challenges seeking non local authority funded support. Leaders were seeking greater clarity on the needs of people in nursing care and with complex needs resulting in reviews of all council funded people in these settings. Regular engagement with providers across the forum ensured market sufficiency was known with time to prepare and plan for demographic changes.

Market shaping and commissioning to meet local needs

People had access to a mixed range of local support options that were safe, effective, and affordable to meet their care and support needs. However, the local authority estimated that due to market exits, nursing home capacity across the county and neighbouring city could pose challenges at times. This view was shared by leaders we met.

There were longer term plans in place to develop more extra care flats to reduce the reliance on residential care.

At the time of the assessment there were 2,377 people in permanent or temporary residential or nursing placements. The local authority borders many other authorities and people often choose to live just over the boarder to be closer to their own networks.

The local authority had approached the Integrated Care Board (ICB) to discuss the reduced numbers of Funded Nursing Care (FNC) contributions and Continuing Healthcare (CHC) funded placements as this was having a significant impact on market shaping. It was also becoming increasingly difficult for people to access nursing home accommodation care within the county, creating a risk of experiencing additional challenges to maintain relationships with people who were important to them.

National data from the Adult Social Care Survey for 2023/24 showed 75.32% of people who used services felt they had a choice over services. Tending toward a positive variation of the England average (70.28%). Offering choice supports families to maintain some control over their lives and supports wellbeing.

Healthwatch undertook work to support the local authority to understand people's experiences of care. This identified that the local authority could develop options which were more tailored to people's needs and move away from more traditional style support options. An example of the local authority working well with people is with the supported living accommodation offer, with people telling us that the service was good and the flats felt like a "proper home" where they felt safe.

Staff and partners indicated that some of the residential care options were no longer fit for purpose and that access to emergency placements could be problematic due to a lack of capacity.

Staff noted a lack of day service choice for people needing learning disability and mental health services, particularly in Hinckley and Bosworth. Data provided by the local authority recognised there was insufficient specialist accommodation for people with serious mental illness, with people being placed in accommodation designed for older people, however the local authority provided data to demonstrate capacity in residential care was available for working age adults with a primary health support reason of mental health. The local authority had made the following commitment across its commissioning services, 'No working age adult with mental health as their primary need should be placed in permanent residential care placement by 2025'. There was no data available to demonstrate if this commitment had been achieved at the time of our assessment.

The local authority has been moving toward a dynamic purchasing model. This model is not in place across all social care services, however it is embedded within supported living and some home care services. This model replaced the four-year tendering cycle which staff and partners said was inflexible, and reduced opportunities for innovation and person-centred support in some cases.

Commissioning strategies were aligned with the strategic objectives of partner agencies (for example, health, housing, public health). Commissioning strategies included the provision of suitable, local housing with support options for adults with care and support needs. The local authority's "Transforming Commissioning" programme 2024 recognised the benefits of developing partnerships with the local voluntary sector through community local choice and working with unregulated services to expand the current suite of services.

The local authority recognised more people were in residential placements due to a lack of extra care and supported living across the county. They knew that residential care could be restrictive for some people, and they were working towards providing a range of alternative options that provided greater independence for people. The local authority was looking to increase the number of extra care housing options. The ambition was for residential care to be for people who could not have their care needs supported in a more independent way. The Building Accommodation to Meet the Needs of People in Leicestershire Investment Prospectus 2019-2037, provided a detailed district and demographic picture of needs across the different areas of the county, providing plans for each area. For example, by 2037, 750 more units for supported living and 1,200 extra care units were identified as needed across the county. Developments in Blaby for example, included plans for extra care in Lubberthorpe and supported living in Enderby.

There was specific consideration for the provision of services to meet the needs of unpaid carers. Unpaid carers told us they appreciated the flexibility of Direct Payments, to enable support to be put in place to maintain their caring roles, including helping to pay for a planned break. In a crisis the local authority effectively organised respite care for people.

National data from the Survey of Adult Carers in England for 2023/24 showed 15.09% of carers accessing support or services allowing them to take a break from caring for more than 24 hours. This was the same as the England average (16.14%). Similar data for 2023/24 showed 14% of carers accessing support or services allowed them to take a break from caring at short notice or in an emergency. This was the same as the England average (12.08%).

Ensuring sufficient capacity in local services to meet demand

There was not always sufficient care and support available to meet demand, particularly around nursing care, supported living and extra care. People experienced delays in availability of supported living, with data from August 24 showing some people were waiting 47 weeks from the date the referral was received to the date the person moved in.

The local authority told us the Home Care Reablement team (HART) care capacity could sometimes be stretched with alternative care providers being used to provide support with urgent care requests. The local authority had told us they capture capacity rejections and use commissioned providers to support people to ensure their transition into social care is timely. People said they were told they would receive care from the HART team, but an alternative provider was arranged. This caused some confusion, disruption and complicated their hospital discharge journey.

Data provided by the local authority at the time of our assessment, showed that delays had increased in sourcing homecare for hospital discharge, from 1 day average in May 2024 to 3.5 days in September 2024. The local authority was preparing reports to leaders to expand the HART offer to reduce this delay at the time of our assessment.

Providers told us they were concerned when people's needs changed, particularly if people required specialist mental health support as there was a lack of specialist provision locally. To address this concern the local authority had provided a Positive Behaviour Support Team to offer support, equipment, and advice to staff to enable them to adapt the way they work with people to seek solutions to people's changing needs. This service increased confidence with providers to continue to provide support and reduced the need for people to move, which can be distressing and confusing.

Of the 224 people placed out of the county, 186 had received some review contact with the local authority within the 12-month period and if any issues arose during the review that required a change of placement, people were asked if they would like to move closer to the local authority area. However, the local authority told us most people made a choice to live closer to friends or family and would not like to move away from their locations.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed.

There was a Quality and Contracts team that visited each provider once a year and more frequently if there were concerns about performance. This team had clear guidance and process for quality assurance and a risk register of providers that clearly showed those that needed greater support.

There were two examples of the local authority's quality monitoring team providing regular support to two providers across the county to promote improvements. One provider had a change of owner and was supported when the new owner came into place the other had been under a commissioning suspension by the local authority, but this was lifted and included close monitoring to reintroduce people to the service. Providers told us the local authority had a proactive approach when support was required. Each provider had a named quality and contract officer link and regular meetings were in place, this ensured speedy communication and actions as needed.

CQC ratings of regulated providers, demonstrated a mixed picture of quality of service provision.

Ensuring local services are sustainable

The local authority demonstrated some collaboration with care providers to ensure that the cost of care was transparent and fair. Some provider partners told us the home care provider framework had fragmented the market and created some financial instability as demand for individual providers had decreased, in April 2024 there were 72 providers on the framework. They also told us the commissioning process took longer than expected. Leaders recognised the market was a challenge and a combination of financial challenges and reduced demand had changed the market. In part, closer working with the ICB to ensure people were receiving correct funding supported providers to continue and may broaden the nursing care market which was not able to currently meet demand. This had an impact on people requiring this service across Leicestershire.

Staff told us there was ample supply of homecare across the county with people receiving care quickly after their assessments and care plans had been agreed. This minimised risk to people, promoted their independence and enabled them to remain at home.

Within homecare, the local authority worked closely with providers to promote sustainability. Across the zones, the providers were able to ensure appropriate fees reflected the rurality and travel time some of their staff required to meet the needs of people. This approach included in the framework went some way to reflecting the difference in needs and approaches and this flexibility increased opportunities for people to remain independent in their own homes.

The local authority worked with providers and stakeholders to understand current trading conditions and how providers were coping with them. Engagement and monitoring arrangements enabled the local authority to get early warnings of potential service disruption or provider failure; contingency plans were in place to ensure that people had continuity of care provision in this event. Data provided by the local authority showed during 2023, 5 residential providers, 5 domiciliary providers and one supported living provider ceased trading and in 2024, 6 residential providers ceased trading all reporting financial viability, some providers were taking their service in a new direction because of this. The local authority told us the older adults residential care market had grown by 13% over the last three years, as well as some growth in home care and supported living. In their Market Position Statement there were clear projections of the care they needed and evidence that they knew where they needed capacity in the market.

The local authority understood its current and future social care workforce needs. It worked with care providers, including personal assistants and other agencies, to maintain and support capacity and capability. They had created a joint workforce plan which set out ambitions and high-level priorities for Leicestershire and Leicester city's Independent Adult Social Care Workforce 2024/25. Their workforce plan reported that in 2022/23 in the Leicestershire area there was a 34.1% turnover rate in residential homes with a 4.2% vacancy rate. In nursing homes, the turnover rate was higher at 65.4% with a vacancy rate of 14.8%. Staff reportedly left the sector to better paid roles in the health sector, and challenges with rurality of homecare required staff to be drivers. In response the key priorities in the workforce plan were to improve the image of social care sector, recruitment, and retention, through career progression. This was supported by a website under an 'inspired to care' branding which offer training, one to one support and recruitment materials. Providers reported that this workforce offer was helpful, but support services were often oversubscribed and therefore not easy to access. Across the social care workforce national data from the Adult Social Care Workforce estimating for 2023/24 a staff turnover rate of 28.49%. This was similar to the England average (24.77%).

Partnerships and communities

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority was working collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in Leicestershire. The local authority was an active member of the Leicester, Leicestershire, and Rutland (LLR) ICB which had representation from a range of stakeholders including the voluntary and community sector, senior leads from health providers (including primary care networks, community health and hospitals) and Healthwatch. The purpose of this board was to ensure the system level outcomes and priorities were agreed at the Integrated Care System (ICS) and implemented at place level. An Integrated Delivery and Commissioning Group (IDCG) provided a strategic lead for the programme of joint commissioning between the local authority and the Integrated Care Board (ICB).

Senior Leaders told us there had been some challenges in relationships within the ICS and ICB, which have been felt at both leadership and operational level. Recent changes in funding arrangements for individuals with more complex needs prompted the local authority to review nursing placements to clarify eligibility for Continuing Health Care (CHC). This work had been important in helping individuals better understand their rights under the Care Act and ensuring transparency around how their care and support needs would be met and funded.

The local authority acted as lead commissioner for the joint health and social care contract for domiciliary care services with the ICB, including carers' services, dementia services and mental health and wellbeing services. Additionally, the local authority commissioned joint services for hospital discharge, such as bariatric beds in residential services. The local authority was leading the consortium across Leicestershire, Leicester, and Rutland for the Accelerating Reform Fund, which had several shared objectives, including improving support for carers across the area.

The local authority demonstrated positive partnership working with the local CQC teams with open and transparent communication, which ensures people's safety and wellbeing is overseen appropriately.

The local authority demonstrated a strong and effective partnership working through the Home First Service. The service worked closely with NHS partners to respond to people in crisis and prevent hospital admission, to support hospital discharge, and help people regain their independence. The service comprised of the discharge hub which worked closely with Leicestershire's hospitals to triage and co-ordinate discharge arrangements. The Home care assessment and Reablement Team (HART) worked with NHS rehabilitation and recovery services to support people's recovery and regain independence. The local authority had recognised the importance of partnership working in respect of hospital admission and discharge pathways through their risk register, noting it was key to helping people achieve their desired outcomes. Increased demand across the community and hospital discharge was driving the local authority to consider what improvements could be made which included greater multi-disciplinary decision making and expanding the HART offer. People told us they were pleased with the service they received and the flexibility of the service continuing until their needs were met.

Effective partnership working with Local Area Co-ordinators (LAC's) supported people to access resources in their communities. The LAC's acted as an outreach service to hear what really mattered to people and sign post them to services that may support them.

The local authority worked with partners from health and other local authorities to deliver joint initiatives such as the Learning Disability and Autism (LDA) Collaborative. There was further evidence of partnership working across the Better Care Fund (BCF), for example in "Care coordination," an early intervention service run from GP practices, however provided by the local authority to identify people with low level health and social care needs to people with complex or multiple comorbidities including people with the need for equipment to facilitate independence. The benefit was people who accessed GP services would not need to be referred on to adult social care for help with these issues, offering a faster, more streamlined, and timely response.

Arrangements to support effective partnership working

When the Local Authority worked in partnerships with other agencies, roles were clear, however communication was an area of further development.

The local authority was actively seeking communication with the ICB to understand the disproportionately small numbers of Continuing Health Care (CHC) and Funded Nursing Care (FNC) funded people across the county. Figures provided by the local authority demonstrated per 50 thousand population there were 71.44 people awarded CHC funding and 41.21 FNC awards in 2021. In 2023, there were 90.29 CHC and 35.63 FNC awarded.

The local authority told us FNC remains significantly lower at 45.8, compared to 121.6 nationally, however CHC rates are now above national and regional figures.

Leaders acknowledged that challenges around funding decisions had negatively affected the development of more integrated systems thinking. However, the local authority reaffirmed its commitment to continued collaboration to ensure the best possible outcome for people. Leaders also recognised the pressure on frontline staff who were often required to explore alternative funding options for the people they support. Efforts were being made to reassure staff that these challenges were being raised and discussed at a senior level. Staff shared that the process of applying for funding was particularly difficult due to a 28-day referral window which often did not allow sufficient time to gather and upload the necessary information. Although staff had reported this issue had been escalated, it was unclear if it had been formally raised with system leaders.

A positive example of effective, integrated system approach was the sharing of IT systems between health and social care. Staff could see the benefits to people not having to repeat their stories which limits complications and frustration for people across their health and social care journeys.

Staff told us of challenges around resources when working to support people with mental health challenges. However, they spoke highly of the responsive mental health triage car provided by the police. Staff told us they would like more opportunity to be involved with shaping the integration of mental health support services between health and social care.

Partners told us the local authority positively contributed to many local joint forums, including acute trust pressure point plans and the Safeguarding Adult Board where a committed contribution was seen. Relationships across the Health and Wellbeing Board were positive. The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes for people. For example, the Better Care Fund (BCF) had been used for a wide range of community, health, and social care initiatives with a focus for 2024 on dying well, which was noted in the Joint Health and Wellbeing Strategy. Mental health resilience grants enabled organisations to deliver neighbourhood-based projects and to train local businesses on how to support people who may be in need of care and support.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. This informed ongoing development and continuous improvement.

People's experience of partnership working was mostly positive. However, we heard feedback that communication between the local authority and borough councils could be improve. An example was the local authority had specified equipment for a family, however the borough council had been given different equipment information resulting in the process of adaptations taking longer, this complicated their journey and experience.

Staff valued the close working relationship between occupational therapy and housing, which enabled performance monitoring. Staff managing crisis interventions valued the strong multi-disciplinary approach but noted this support did not extend to learning disability and autism teams which, may have put people at a disadvantage. Leaders described partnerships having a strong link, with agencies seeking to reach agreed outcomes from system level.

Staff shared how the “Worcestershire judgement” regarding section 117 aftercare had caused some delays to agreements regarding supporting people.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charity organisations to understand and meet local social care needs. The local authority provided funding and other support opportunities to encourage growth and innovation.

The voluntary sector was represented by an umbrella organisation at strategic level to enable the sector to contribute to the local authority’s understanding of local demands and to inform the strategic direction. Leaders across the system valued the relationship with the voluntary sector, appreciating the unique contribution they brought. Drawing on the support of these specialist pockets of knowledge had resulted in improved outcomes for people. For example, the local authority had worked with a charity to understand how it could support people affected by the removal of the winter fuel allowance.

Unpaid carers gave positive feedback regarding the support they received to help them in their caring roles, such as peer support groups and practical support to reduce the strain of the caring role.

Theme 3: How Leicestershire County Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 2

2 – Evidence shows some shortfalls

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

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

The local authority commitment

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.

Key findings for this quality statement

Safety management

Leaders told us that safety was a priority for the local authority, and it understood the risks to people across their care journeys, for example planned and unplanned interruptions in service provision, being 'lost' between services due to gaps in access/ referral criteria, timely planning for transition between services, agencies or across local authority boundaries, funding disputes leading to delays in provision etc.

Policies and procedures supported the local authority and partners to help keep people safe, such as multi-agency policies and procedures (MAPP) safeguarding and person in a position of trust (PIPOT) policies.

There was senior level oversight and strategic work to manage and reduce safety risks and where risks were identified, for example risks to people's wellbeing whilst waiting for a care assessment, risk mitigations were in place. However, these were not always fully effective, for example, significant waiting times and numbers were evident at the time of our assessment despite active work to reduce this. Staff told us they shared concerns for people who were waiting for assessment, because of the risks to their wellbeing this presented.

Feedback from partner agencies indicated that some people were experiencing concerns over the responsiveness of the local authority, for example in relation to care for people with dementia, assessments and support for people in hospital and support for unpaid carers who were caring for people at the palliative care stages. A partner agency told us that people did not fully understand what support the local authority should provide found it difficult to navigate the website and online services. Because of this, people had told them they give up trying to access help and this could leave risks to their wellbeing.

Systems and processes supported people to stay safe out of hours. Systems were in place for access to referral pathways and safeguarding teams during out of office hours and in emergency situations.

The out of hours service was hosted by a neighbouring authority to support advice to people overnight regarding safeguarding referrals and Mental health concerns. The “HART Urgents” team, as part of the Home First Service provided out of hours support for other areas of the Care Act. It included a team of trusted assessors focused on providing emergency care and support to avoid hospital admission, or to keep people safe in the event of a breakdown in the continuity of their care. Both teams worked closely with partners, such as the police, liaising as required in ongoing emergency situations. Staff were confident in the multi-agency approach in the out of hours services and told us it provided good support and helped to keep people safe.

However, there were capacity pressures across the approved mental health practitioner (AMHP) service due to limited staffing resource. The local authority was seeking to recruit into AMPH roles and was also supporting existing staff to undertake the specialist training to undertake the function.

Information sharing protocols supported safe, secure, and timely sharing of personal information in ways that protected people’s rights and privacy. For example, the out of hours team had effective methods of supporting people and sharing information and there was evidence of information sharing across agencies to minimise risks.

However, information from care providers indicated that the safeguarding portal was not effective in allowing care providers to provide full and accurate information when raising a safeguarding concern. They told us this presented a risk that the concerns could not be effectively triaged by the local authority. Leaders advised that immediate action was being taken to understand and address this risk.

Safety during transitions

The local authority had clear processes and policies in place to support transitions across people's care journeys. This included referrals, admissions, and discharge, and where people were moving between services.

Feedback about hospital discharge pathways was mixed. The local authority, along with partners, had set pathways and processes to support people to be discharged safely from hospital. Dedicated social workers and social care staff were based on hospital sites to support this. Partners and staff told us they were integral parts of the discharge process, and they worked collaboratively with health staff to co-ordinate people's discharge. However, some staff told us hospital discharge processes were not always fully effective across all hospital sites in the area, and these presented risks of unsafe discharge. For example, we were told of examples of insufficient care and support in place for when a person returned home, and examples of lack of clarity at operational level on ownership of roles and responsibilities, leading to communication problems which impacted negatively on safe, effective and timely discharge. The local authority told us they provide initial "welcome home" visits to ensure sufficient care has been organised.

Leaders recognised that supporting hospital discharge during the weekend was challenging, noting current commissioning arrangements did not support responsive outcomes. However they expressed a commitment to addressing this, and they planned to use Better Care Fund data to measure the effectiveness of relevant jointly commissioned services to identify areas for improvement and an improvement plan.

There were systems to assess whether the person had the appropriate support once home. For example, there was an early review team completing reviews 2 weeks after hospital discharge to establish the need for reablement or a long-term package of care. This team served to provide assessment of people's needs at an optimal point after discharge, and in their home environment so that continuity of care was maintained, and wellbeing risks were managed effectively.

In September 2024, a peer review by a neighbouring local authority was undertaken of the Pathways to Adulthood service, with a specific focus on the Young Adult Disabilities team. The review included staff, partners, families, and people who were on or had recently been through the pathway. The report findings were mostly positive, identifying supportive, compassionate staff and some mature partnership working. Young people valued the pathway, with particularly positive feedback for the reablement workers. Several areas for improvement were identified and some of these were being actioned at the time of our assessment. For example, extending the ways of identifying young people who did not have an Education Health Care Plan (EHCP) and extending relationships with the Special Educational Needs Department (SEND) team; a new forum was in place to support this.

Waiting lists for the Preparation of Adulthood team were 252 at the beginning of December 2024. Updated data provided by the local authority showed a reduction to this number. Leaders recognised that the prioritisation tool used to identify young people's care and support did not always rate their needs effectively. This tool was being reviewed at the time of our assessment to improve the effectiveness and reduce risks that young people's needs were not accurately prioritised.

Staff told us they triaged new referrals, and the level of risk / need determined when young people were allocated to a worker. For young people with more complex needs, planning and working with the young person and their network started at 16 and 16.5 years, with priority for those young people who were leaving formal care settings, and people who had other accommodation needs. Young people with lower priority needs, were not automatically offered support, instead a letter was sent to them asking them to make contact later. There was a risk that families did not contact the local authority again, and that the young person's needs may not be met. The local authority told us families who did not make contact were discussed in co-hort meetings to consider relevant service updates.

We heard that people going through the transition pathways were not always informed of the stages of the process and they reported a lack of available advice. Further work was needed for leaders to understand the effectiveness of the process and the impact on people's wellbeing and outcomes.

Staff we spoke with were proud of the care leavers team and told us they worked closely with the mental health team to provide a robust service. The local authority had supported learning for staff from the Children's and Adolescents Mental Health Team (CAMH's) to raise awareness of the differences in that and the care leaver's team. This enabled them to provide better support to young people going through the transitions (Pathways to Adulthood) service.

There were processes to support people moving in and out of the local authority area and to keep in touch with people they were using care services located in another local authority area. This helped to reduce risks to people when moving and helped to keep them safe.

People gave mixed feedback about their experiences of moving between services. Some people were concerned about the wait between assessment and care planning, with confusion seen with the transition between reablement and longer-term packages of care. Other people felt well informed and understood the next stages of their involvement with the local authority.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for interruptions in the provision of care and support and effective multi agency arrangements were in place. Following the notification of closure of a nursing home, all the occupants had been found suitable alternative placements within a 28-day period. Reflective learning highlighted the need to have an early warning system to identify potential service disruptions at an earlier stage.

Plans and information sharing arrangements were in place with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing. The local authority had guidance to support home care providers in the event of being unable to provide a pre-existing service to people and care providers were required to provide business continuity plans as a contractual requirement.

People told us the care assessment process supported planning for the unexpected, including contingency/emergency planning if informal and unpaid carers could not provide care. However, people said communication with adult social care between reviews could be challenging as they were directed to the Customer Service centre and then struggled to find the correct team to support them which does not support timely access in an emergency, leaving people exposed to risks. However, once people did access the local authority, they received urgent support through the reablement service. This provided a timely response and reduced the risk of hospital or care home admission.

The local authority had arrangements in place to ensure that people did not have any disruption to their care provision whilst funding decisions were made, for example, Funded Nursing Care (FNC) and Continuing Health Care (CHC).

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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.

Key findings for this quality statement

Safeguarding systems, processes and practices

There was senior level leadership and oversight of safeguarding work. Senior leaders were responsible for the oversight of processes, systems, and practices to safeguard people in Leicestershire from abuse and neglect. Leaders had confidence in the safeguarding processes and told us they were assured they were effective in keeping people safe.

National data showed that 72.20% of people who used services felt safe, this was similar to the England average of 71.06% (Adult Social Care Survey, 2024); and 82.48% of people who use services said that those services had made them feel safe, this was slightly less than the England average of 87.82%. The national Survey of Adult Carers in England (SACE) 2024, showed that 79.20% of carers felt safe, which was similar to the England average of 80.93%).

There was a strong multi-agency safeguarding partnership, and the roles and responsibilities for identifying and responding to concerns across partner agencies were clear. Information sharing arrangements were in place to support staff to work in a timely manner to minimise risks to people.

Roles, responsibilities and pathways within the local authority for responding to concerns were clearly defined and documented. This showed the pathway for safeguarding alerts from initial contact to conclusion. There were systems, processes and practices to safeguard people from abuse and neglect.

There was a specific process for information sharing between safeguarding and locality teams and the care provider' Quality and Contracts team. The process required that safeguarding concerns relating to care providers were channelled to the Quality and Contracts team for central logging and oversight. We were told this enabled trend monitoring of concerns relating to individual providers, and identification of system wide themes. This enabled identification of potential organisational safeguarding issues and targeted actions to address issues.

Staff involved in safeguarding work are suitably skilled and supported to undertake safeguarding duties effectively. There was space for reflective practice and practice development. Staff in the safeguarding team undertook specialist training to support their understanding and application of the Care Act safeguarding duties.

Making Safeguarding Personal (MSP) principles were well known by staff who followed guidance and prompts to support them to keep people at the centre of safeguarding enquiry and investigation. The three conversations model provided a risk assessment framework. Staff told us this was a positive tool to enable a focus on safeguarding through their assessment processes.

The local authority and partners worked together in the Leicestershire and Rutland Adult Safeguarding Board (LRSAB). They were also involved in the Leicester SAB (LSAB) to share learning across organisations and to bring some consistency for people across the area who used services, recognising the benefit of dual membership. Membership of the SAB's were stable with clear responsibilities of the multi-agency partnership to protect people from abuse and neglect. SAB leaders told us there was a high level of commitment at senior leader level within the local authority and they were assured that clear governance structures enabled leaders to have clear line of sight on safeguarding activity.

Membership of the SAB's was broad and mature with the full range of partners including prisons across the region represented. There were arrangements in place to enable prison staff to share specialist information, for example, early release impacts with the SAB members to enable them to consider the impact on the community.

The SAB had oversight of training figures and provided a range of resources to support up to date training of partners which included safeguarding briefings, resources to run safeguarding training, and commissioning mental capacity training.

Subgroups of the SAB provided the board with visibility and assurance on safeguarding adult duties delivered by the local authority and partners, regarding quality and risks. For example, the Performance Engagement and Communications groups reviewed data and fed back themes and trends to the board to make improvements and ensure they were sighted on risks or concerns.

The SAB Performance subgroup assured quality of safeguarding work on behalf of the board. This provided data on number of referrals made to the local authority, referral type and outcomes. The Safeguarding Group Action Plan 2023/24 recognised the importance of auditing safeguarding work to assure the local authority that staff were routinely applying safeguarding thresholds effectively and to ensure sufficient training was available to staff. During 2023/24 the SAB undertook two multiagency audits of safeguarding, one focusing on application of thresholds for the safeguarding service and one focusing on mental capacity. Learning from the audits was fed back to the local authority for their action. For example, the audit noted that providers were not being told by local authorities when safeguarding referrals had been closed. The local authority had taken an action to improve this.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with the Safeguarding Adult Board and safeguarding partners to reduce risks and to prevent abuse and neglect from occurring.

For example, the local authority provided data to show the largest numbers of safeguarding concerns they received were in relation to medication errors, falls and moving and handling issues. These concerns mostly arose from formal care providers. In these instances, care providers were offered training for their teams to increase knowledge, and care technology was promoted as a method of prevention when appropriate.

More recently, there was increasing risk presented through potential licence revocation for overseas workforce, with potential continuity risks care provision should workers be unable to continue working in the UK. Staff told us they had requested guidance to support their understanding of this, and guidance on how to reduce risks. Some staff felt they would benefit from greater awareness of themes and trends in concerns.

Lessons were learned when people had experienced serious abuse or neglect, and action was taken to reduce future risks and drive best practice. For example, there was a Safeguarding Governance Group leading work to ensure effective oversight of learning from Safeguarding Adults Reviews (SARs) and internal audits. The local authority told us they shared learning from SARs and thematic audits with staff through Continuing Professional Development days; and they were currently reviewing their safeguarding training offer to include bespoke training on learning from SARs, and recommendations from thematic safeguarding audits for staff whose roles involved undertaking section 42 enquiries. The local authority had amended templates to include feedback steps to improve the feedback loop.

Learning from Safeguarding Adult Reviews (SAR's) was embedded to promote learning and improvement, and to prevent future deaths or serious harm occurring again. Learning for the local authority from a SAR in 2022 recommended improved communication between professionals taking a whole family approach, and improved knowledge on the use of the Mental Capacity Act. Learning from a SAR in 2024 resulted in training to raise awareness and understanding on the role of advocacy, with the commissioned advocacy provider delivering training and support to staff.

The SAB had commissioned a training provider to undertake system wide training to frontline staff, to embed theory into practice; communities of practice models were recommended to enable peer support.

The local authority recognised the risks to people's wellbeing presented by deprivation of liberty. There was a high number of DoLS applications made to the local authority and there was a backlog in assessments and authorisations. Data provided by the local authority showed that the local authority received 7,259 Deprivation of Liberty Safeguards (DoLS) referrals between August 2023 and August 2024. There was a median wait of 120 days for referrals to be allocated, with a maximum wait for allocation of 1214 days. Updated data from the local authority showed some reduction in median waits, which has the potential to reduce risks to people waiting an assessment.

The local authority used the Directors of Adult Social Services (ADASS) tool to prioritise DoLS referrals according to the presenting level of risk. The level of risk determined the response time. We were told there were various reasons for delays in allocating DoLS applications which included, the level of demand versus capacity, the risk level, availability of the person and their family, coordinating the assessment timings, ill health and hospital admission.

Leaders acknowledged that the lack of timely assessments meant that people were not always safeguarded from unlawful restrictions to their liberty. The objective was to keep the renewals within date, to prioritise requests for reviews of existing authorisations and to have new cases triaged at the highest level. Processes were in place to reduce risks to people whilst waiting for a DoLS application to be assessed. For example, when referrals were made, an automated response told the referrer of how to escalate the referral if there were increasing concerns around unauthorised restrictions and quarterly phone calls were made to managing authorities to check for any changes to care plans, restrictions, and people's capacity to make decisions. There was a triage system to identify and prioritise the most urgent cases. The Principal Social Worker told us there was a well established team of Best Interest Assessors (BIAs), pooled BIAs based in locality teams, and agency BIAs that all do a number of assessments per year.

Responding to concerns and undertaking Section 42 enquiries

The local authority was clear on what constituted a Section 42 safeguarding concern and when section 42 safeguarding enquiries are required. The local authority had clear safeguarding threshold guidance, breaking down each category of abuse to consider in the Care Act assessments.

All safeguarding concerns were directed to the Safeguarding Adult Team. The purpose of the team was to ensure that there was a consistent and timely approach to applying safeguarding thresholds, identifying and addressing immediate risk and establishing the outcomes of the person involved in line with Making Safeguarding Personal principles.

The Safeguarding Adult Team received referrals from the Customer Service Centre who had made an initial review of safeguarding thresholds and documented their assessment in the case notes of whether thresholds were met or not. This provided an audit trail of the rationale and outcome from the initial point of contact.

The Safeguarding Team did a formal review of concerns. Staff in the team told us they could hold a case for 72 hours whilst doing preliminary screening to determine whether the section 42 safeguarding threshold was met. Staff told us they were often able to resolve concerns rapidly through holding conversations or visiting people or unpaid carers who may not need any further support or advice, or where further enquiries were required the team passed referrals onto the relevant locality or specialist frontline team. Ownership and responsibility for any ongoing safety work was allocated to a specific team, for example a locality team or the learning disability team depending on the circumstances. Cases that were not allocated to a locality team remained the responsibility of the safeguarding team

There were risk management processes in place to reduce risks to people's wellbeing and swift action was taken to address immediate risks. Action was taken to reduce risks to people whilst they are waiting for enquiries into information of concern and section 42 enquiries to be made, and to reduce waiting times if required. For example, as part of the triage process a duty social worker could look at immediate risks and had capacity to go out and complete assessments immediately if required.

We heard from staff that teams had a duty system to receive and RAG rate all referrals and prioritise allocations using the Waiting Well policy. Higher risk referrals were flagged to a team manager for immediate action. Arrangements for allocation of section 42 enquiries differed depending on the team, for example, hospital cases were delegated to the health professionals using the oversight process led by the hospital safeguarding teams. Safeguarding enquiries referred into locality teams were conducted by a worker known to the person concerned whenever possible.

The Emergency Duty Team received safeguarding referrals out of hours. They applied the safeguarding thresholds, and put in place immediate protections. Where necessary, contact was made with the emergency services to step in and support with any immediate, high-risk issues or concerns.

At the time of the assessment some care providers told us the safeguarding portal was difficult to use to make a safeguarding referral, as the online form required completion of fields to progress through the form, even when the fields were not relevant to the concerns being raised. They told us that sometimes the portal indicated that the section 42 thresholds were not met, but they were later 'pulled up' for not reporting. We were told that this had been fed back to the local authority who had amended the process noting the ongoing close monitoring and feedback required to ensure the effectiveness of the changes were supporting good outcomes for people.

Feedback from partners about the extent to which they were involved in section 42 enquiries and receiving outcomes was mixed. For example, advocacy services felt communication was strong from the local authority. However, some care providers told us they were not always informed of the outcomes of safeguarding enquiries when it was necessary to the ongoing safety of the person concerned.

When safeguarding enquiries were conducted by another agency, e.g. a care or health provider, the local authority retained responsibility for the enquiries and the outcome for the person(s) concerned. When the local authority reviewed provider led enquiries, they made further recommendations for improved information gathering or risk assessments. When relevant, the Quality and Contracts Team was alerted to support providers in this area.

There were clearly documented standards and oversight arrangements in place for responding to information of concern and for conducting section 42 enquiries. However, the data available for that metric was limited due to the change in reporting and time period over which data had been collected. Because of this, we were unable to see a clear data picture of the numbers of safeguarding alerts, enquiries and waiting times at each stage of the safeguarding pathway and we could not determine the timeliness. This limited visibility impacted on the level of assurance that leaders had over the effectiveness of safeguarding pathways and processes, and on the timeliness of safeguarding activity.

At a high level, the data provided by the local authority for 2024/25 showed 1,006 section 42 enquiries were undertaken with an average duration of 61 days from receipt to completion.

Between April and June 2024, 521 safeguarding alerts were raised, with a conversion rate to section 42 enquiry of 45.5%. Of those, 49.4% (257) had a threshold decision made within the target time of 5 days. Further work was required to understand the length of time taken for a decision in the remaining 50%, and the risks this presented to people as this was not clear from the data available.

Data from September 2024, showed 103 safeguarding alerts were awaiting an initial review. This had reduced to 69 alerts at the time of the assessment. There was a median wait of 5 days and a maximum wait of 323 days.

Data relating to safeguarding work held by locality teams at the time of the assessment, showed 112 tasks relating to section 42 enquiries were yet to be completed. There was a median time of 31 days and a 93 day maximum time for these tasks to be completed.

Safeguarding plans and actions to reduce future risks to people were put in place. Data showed that risks to people were fully removed or reduced for people in 95% of cases after safeguarding activity carried out by the local authority.

The local authority had undertaken work in 2023 to separate the processes of referring safeguarding alerts to the local authority and the process for raising other, welfare related concerns, as the two were previously reported through the same process. This had led to a lack of clarity in the data relating to the number of safeguarding referrals, conversion rates and timeliness of response. Leaders emphasised this separation was necessary to ensure people were supported by the correct teams who could then provide the timeliest response to minimise risks to people.

Staff in some specialist teams (e.g, learning disability team) told us they had a target response time of 72 hours, within which to respond to safeguarding concerns, however, all urgent, high risk cases would be responded to with a matter of urgency. The local authority's own target was 24 hours for making a decision about how to proceed with the concern(s).

Making safeguarding personal

Making Safeguarding Personal (MSP) aims to keep the wishes and best interests of the person concerned at the centre of all safeguarding activity. Leaders recognised the importance of this, and MSP principles were embedded throughout guidance, training and policy.

Data provided by the local authority showed that 76% of people or their representatives were asked what their desired outcomes were during April-June 2025, and of those, 93% of people had their desired safeguarding outcomes fully or partially achieved.

Safeguarding adult reviews (SAR's) identified opportunities for staff to work with people in different ways to understand and respond to risks. The learning from SAR's was being used in conjunction with policy framework to embed ongoing improvements.

The local authority website had resources for people to understand abuse and advice on how to report it. Information was available in various languages and easy read documents. The "See something, Say something" campaign provided guidance on the types of abuse and how to report them. Partners told us these were on display in health settings and visible spaces for people, who were not online, to view.

Information was provided by the local authority in various ways so that people knew how to raise safeguarding concerns with them and with other agencies. For example, information and advice was provided on the website, along with relevant contact details; free online events were provided, a Safeguarding Matters newsletter was distributed quarterly to partners and agencies and the "See something, Say something" campaign provided guidance on the types of abuse and how to report them.

The SAB and the local authority acknowledged further work was needed to raise awareness and understanding of safeguarding within the community. For example, leaders told us it was challenging to engage with some sectors of the community, and targeted work was needed in relation to people experiencing self-neglect. Local Area Co-ordinators were supporting this work by making direct contact with individuals and groups.

People were supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010, and were supported to make choices that balanced risks with positive choice and control in their lives. Local authority data showed that 35% of people undergoing an enquiry were assessed as lacking capacity to advise their MSP outcomes. National data showed that 92.73% of individuals lacking capacity were supported by advocate, family or friend (Safeguarding Adults Collection, 2024) which was slightly better than the England average of 82.5%.

Senior leaders were confident through regular auditing that MSP principles were known, however further work was needed to ensure they were fully embedded. This area had further oversight from the safeguarding governance group. Signs of Safety Harm Matrix was available for staff to use which supported the principles of MSP, there were opportunities for staff to learn from good practice examples to demonstrate how processes could keep people at the centre of their work.

The SAB told us the outcomes from audits of local authority safeguarding work had resulted in an increasing level of assurance that MSP principles were becoming embedded. However, there were planned improvements across the system to embed this further. MSP was seen as an area of improvement in the Leicestershire and Rutland SAB annual review report 23/24 and further supported by the Joint Carers Strategy 2022/25.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 2

2 – Evidence shows some shortfalls

Governance, management and sustainability

The local authority commitment

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.

Key findings for this quality statement

Governance, accountability and risk management

There were governance, management, and accountability arrangements at all levels within the local authority. There was a stable adult social care leadership team with clear roles, responsibilities, and accountabilities. Staff told us leaders were visible, capable, and compassionate and that access to leaders was supportive and nurturing. Staff were clear on their escalation routes which supported their confidence in the leadership. There was support for adult social care across the wider council and at the most senior level and from political leaders.

Members received regular updates on adult social care performance and delivery of Care Act duties through in person meetings with senior leaders and written reports. Members were sighted on the vision for adult social care they were less clear on the strategic plans to achieve the vision. There was evidence of political scrutiny and challenge, particularly around the ongoing issue of waiting lists for assessment and review. Members visited local care services to look at commissioning activity and service delivery and hear from people about their experiences and outcomes. They told us this brings them closer to the strategic direction of adult social care.

Quality and performance of service delivery and Care Act responsibilities was overseen by a schedule of meetings attended by senior leaders within the local authority. This examined key areas including timeliness of responses to contacts, assessments and demand for care across the local authority. Leaders told us they had a clear line of sight on risks and issues, for example the waiting times for assessment. A senior level Demand Management Programme Board met monthly to examine the efficiency and sustainability of services, looking at avoidable demand, failure demand and preventable demand in an effort to target resources to those who need it. There was a clear focus on moving to a stronger preventative and more innovative approach across adult social care in response to this. The Demand Management Programme was also overseeing work to address waiting in times and demand for adult social care. These risks were documented within the departmental risk register. However, this was last updated in August 2024, and it was not clear if the risks and mitigations were still current.

Data showed that some progress had been made in reducing waiting times and it was evident that continued improvement was a clear priority amongst leaders. Actions such as the Waiting Well policy, triage of all new referrals into adult social care and prioritisation of highest risk cases went some way to managing the risks presented to people whilst they were waiting for assessment and review. Further work was needed to embed the improvement actions and to ensure progress was sustainable over the longer term and ensure it could effectively respond to continuing demand for adult social care.

The departmental risk register recognised the increase in demand for adult social care in Leicestershire and the added pressure on the existing workforce this created alongside the impact of recruitment challenges for skilled occupational therapists and other specialist roles. Market supplements were being offered for these roles to enhance recruitment and retention.

Leaders were aware that staff had concerns about demand and capacity and how this impacted on their roles, and they acknowledged the need for more effective communication about the plans and actions being taken to address this.

The local authority was keen to hear the views of people about adult social care in Leicestershire. They promoted the engagement framework to use people's views to shape services moving forward.

Internally, the local authority was dedicated to becoming an anti-racist organisation. Concerns about equality in career progression led to the development of targeted leadership training opportunities. Additionally, commissioning decisions were made to reinforce the local authority's commitment to ensuring all staff feel supported in their learning and encouraged to apply for senior roles.

Social work leaders took action to enhance the professional practice of social work staff by applying evidence-based models and commissioning organisations to provide specialised training. As part of internal monitoring, a practice assurance framework was introduced to help staff reflect on their work. The local authority stated that they are tracking complaints and compliments to assess its effectiveness.

Occupational therapy leaders advocated for the community benefits of the services they oversee, ensuring professional development and managing operational team pressures. While recruitment remains a challenge, leaders continued to support the expansion of occupational therapy posts.

Strategic planning

The local authority used information about risks, performance, inequalities, and outcomes to shape the Adults and Communities strategy 2020-24, with the thread of driving performance and improving outcomes for the people of Leicestershire County Council. The Business Plan 2024/25 identified its most significant risks in the financial year as being funding the cost of care, stability in the provider market, recruitment and retention of social care workforce and low rates of continuing healthcare and funded nursing care as threats to the financial year. Actions to reduce and address these risks were evident. Underpinning this, was a recognition by leaders of the need to maintain mature relationships and work closely with key partners and agencies to agree and deliver on shared priorities. Leaders embraced opportunities for joint working and pooled budgets with health partners and used the Integrated Care Board ICB as a critical vehicle for this.

Specific recruitment challenges and actions to address them were stated in the People Strategy 2024-28. The local authority had launched an Occupational Therapy apprenticeship scheme to develop more 'home-grown' OT staff, recognising the challenges to recruit to these roles. Progress against the 6 pillars of improving recruitment and retention stated in the People Strategy was monitored at senior level bi-monthly Workforce Board. Progress had been made in some areas after market supplements had been awarded to attract specific applicants into skilled roles.

At the time of our assessment, the quality and availability of data to inform operational and strategic decision making was an area the local authority were working toward improving. Leaders recognised the need to improve the quality and range of data collected, and work on this was underway, for example data relating to safeguarding activity.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. Staff followed GDPR processes and had to undertake training on this before being able to use IT systems. Leicestershire care providers were also trained to share information accurately and safely.

Systems were used to provide essential data and where possible, people's identities were anonymised with information being shared on a need-to-know basis.

There was a data sharing agreement in place between the local authority and health partners to ensure essential information was shared to improve people's journeys through their interactions with services.

Learning, improvement and innovation

Score: 2

2 – Evidence shows some shortfalls

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local 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.

Key findings for this quality statement

Continuous learning, improvement and professional development

Leaders demonstrated an inclusive and positive culture of continuous learning and improvement. There was a People Strategy 2024-2028 which set out the vision for the local authority workforce and the roadmap for achieving it, and a Learning and Development Plan 2024/25 which gave the learning priorities for the year. This focused on strengthening knowledge in specific areas with known gaps, for example undertaking mental capacity assessments.

The local authority had a number of apprentices in post within several departments. Newly qualified social workers and occupational therapists had a supported first year in employment with clear expectations for them and from their employer. All new staff underwent a supported probation period; all staff were supported through regular reflective supervision. Managers had the opportunity to undertake “Inspiring leadership” courses, learning how to promote the values and behaviours of the local authority. Staff were encouraged to participate in peer training, for example raising awareness and sharing experience of neurodiversity with colleagues. There were opportunities for staff to further their education and professional development, for example training to become Approved Mental Health Practitioners (AMHP’s).

There was a twice-yearly staff, adult social care wide survey and also an annual Employee Health Check survey, designed to understand the experiences of occupational therapy, social work and non-regulated social work staff. There was an action plan in place to respond to the areas of improvement identified, including providing guidance for reflective supervisions, improving staff wellbeing and strengthening strategic relationships with progress evident in some areas. Not all of the staff we spoke with were aware of how the outcomes of the survey were being used to improve their experiences.

Staff had also been invited to provide feedback through roadshows with senior managers in 2024, to inform the refreshed Adults and Communities Strategy. Staff gave examples of improvement suggestions; however, the staff members we spoke with were not informed if these were considered or included in the strategy.

Staff told us there was a strong culture of Equality, Diversity and Inclusion (EDI) across the organisation with EDI champions in each team. Leaders told us they encouraged all staff to join staff networks, with a recent addition of “Experience of Care” network launching. Staff networks were supporting people to gain peer support, attend training to support their work life balance and to enable people to bring their true selves into an inclusive workplace.

Staff told us they had ongoing access to learning and support so they could deliver their Care Act duties safely and effectively. They told us they felt valued and supported in their roles, however some staff said that workloads were not always manageable.

The local authority carried out an adult social care team survey during each Practice Development Cycle to be used alongside other feedback from case audits and customer experience to demonstrate what is working well and what could be better. Findings were fed back to Heads of Service, Team Managers, Team Leaders and Teams. However, it was unclear how the impact of learning was evidenced or embedded and how it had improved practice or working conditions.

Staff told us that managers and leaders were approachable. Staff were supported to move across departments with policy support and guidance in place to expand their opportunities for growth and to retain the skilled workforce. Staff told us how proud they were of the relationships they had developed with people through the community engagement work.

There were several examples of inclusivity projects across the workforce. For example, the local authority had signed up to the Social Care Race Equality Standards (SC-WRES) to understand and improve the experiences of minority groups within the workforce. Work in this area developed a “Moving up” program to support minority staff to move to management roles. Leaders told us they had won a national award as a Menopause positive employer, and they actively championed community events with the LGBTQ+ community engaging in 6 pride events during the past year.

Learning from feedback

The local authority used multiple routes to obtain feedback from people, staff, and partners about their experiences of care and support and delivery of Care Act duties. This informed strategy, improvement activity and decision making. However, there were areas of further improvement work needed, for example improving access to information about social care through the website and online services, reducing waiting times for assessment and reviews. Whilst improvement actions were in place, they were not having the desired impact at the time of our assessment, indicating that more work was needed to find the right solutions in a co-produced way.

The local authority created opportunities to hear from people, for example the extensive feedback sought from unpaid carers around their experiences. The local authority and system partners demonstrated a commitment to understanding people's experiences and learn how to shape services to reduce some of the challenges faced by unpaid carers however it was not clear at the time of our assessment what changes had been made to improve the experience of unpaid carers. There are examples of learning from safeguarding adult reviews (SARs) and the Safeguarding Adults Board was keen to increase the level of understanding of people's experiences of being involved in safeguarding processes. This was a stated priority.

The local authority learned from complaints and other feedback from people and used this to make improvements. Data provided by the local authority showed that 83% of the 35 complaints made to the Local Government Social Care Ombudsman (LGSCO) relating to the whole authority were upheld. The LGSCO was satisfied that 100% of the time the recommendations made to the local authority were successfully implemented. Most complaints about adult social care were concerned with charging and funding issues.

The local authority had engagement mechanisms in place with local communities. There are some areas of mature engagement and staff were actively working to build relationships from wider parts of the community, for example with local faith groups.

The local authority was developing its approach to co-production to ensure people's voice was genuinely influencing developments. Some of the people we spoke with who were involved with co-production work with the local authority told us they wished to see improvements in accessibility of information. For example, better "easy to read" documents to enable them to engage more effectively on issues they were asked to consider. An example given was about providing views on transport links for people with support needs.

The local authority drew on external support to improve when necessary. For example, through peer reviews undertaken by neighbouring authorities. They were also working with an external provider to help to embed Equality, Diversity, and Inclusion principles across the workforce.

Care Quality Commission Improvement Plan
Updated: October 2025

Improvement Area	Actions	Outcome(s)	Delivery Date	Progress
Timeliness of Assessments and Reviews	Care and Support Assessment	1. Care Act Assessments to be allocated within 28 days 2. Median wait times to not exceed 14 days 3. Maximum wait times to not exceed 56 days	May-26	Waiting lists have reduced since the CQC Assessment visit. As of 12/10/25: Count of individuals awaiting allocation: 341 as at 20/10/25 (down from peak of 716 on 29/12/24) Median wait duration: 21 days (down from 45 days on 29/12/24) Duration over 28 days: 42% (down from 62% on 29/12/24) Median and Maximum wait time (over past 12 months as per CQC measure) is 9 days and 427 days respectively. Performance reporting is being strengthened to enhance oversight of waiting lists for assessment.
	Carer Assessment and Reviews	1. Carers assessments to be allocated within 28 days 2. Median wait time to not exceed 14 days 3. Maximum wait time to not exceed 56 days	May-26	Count of carer assessments awaiting allocation: 49 Median wait duration: 15 days Maximum wait duration: 103 days
	Financial Assessment	1. Median wait times to not exceed 28 working days 2. Maximum wait times to not exceed 56 working days 3. Number of people awaiting financial assessment to not exceed 220	May-26	Median wait time for non residential assessment is 14 days and for residential assessment 45 days (down from 19 days and 75 days in June 2025 respectively). Maximum wait time for non residential assessment is 45 days and for residential assessment 90 days (down from 203 days and 175 days in June 2025 respectively). Total number of people awaiting assessment is 297 reduced from 353 in April 25.
	Occupational Therapy (OT): 1. Increase capacity to meet demand for OT assessments 2. Reduce waiting time for OT Assessments 3. Reduce waiting time for delivery/installation of equipment and adaptations, including joint working with district and borough councils	1. Median wait times for allocation to not exceed 28 days 2. Maximum wait times for allocation to not exceed 56 days 3. Delivery of equipment to be within 5 working days 4. Installation of minor adaptations to be within 60 days 5. Installation of major adaptations to be completed within 120 days	Nov-26	Further work taking place to review current waiting times and establish target operating model indicators.
	Annual Review: 1. Reduce delays to people receiving annual reviews 2. Increase proportion of people who have a review in a 12 month period	1. Increase reviews completed within 12 months to 85% 2. Reduce Median overdue waiting time to 30 days of due date 3. Reduce Maximum overdue duration to 90 days of due date	Jun-26	Current performance indicates 76% of people have a review completed within 12 months (latest national average 57%).
	Waiting Well: 1. Complete the Waiting Well Audit, and recommend actions to ensure the policy is followed consistently across all teams 2. Implement ongoing monitoring of the Waiting Well policy	1. Waiting Well policy performance monitoring in place	Mar-26	Waiting Well Audit completed, initial findings informing waiting list improvement activity.

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Improvement Area	Actions	Outcome(s)	Delivery Date	Progress
Carer Services	Carers Service 1. Ensure support available to carers is well defined and interfaces with other organisations are clear 2. Information is clear and accessible 3. Develop new strategy and service offer 4. Ensure carers are engaged in co-production of service developments and future strategy	1. Information is clear and accessible in a range of formats and places 2. Carers reported satisfaction with services and access to information is improved. 3. Revised Carers Strategy 2026-2029 and delivery plan in place	Nov-26	County Council website search function has been updated. Plans in place to increase access to information in Libraries and primary care settings. Work commenced to develop the Carers Strategy 2026-2029 including engagement with carers, commissioners and providers. Carers services options in development as part of the new strategy. Current contracts are to be reprocured in 2026.
Reablement and Hospital Discharge	Hospital Discharge: 1. Work with partners to ensure people have the right discharge support which maximises the most independent outcomes 2. Ensure people have clear information about their support on discharge 3. Ensure 7-day working to facilitate hospital discharge	1. People are discharged on the most appropriate pathway 2. Information provided to people during discharge is clear 3. Brokerage/commissioning of support does not delay discharge	Mar-26	Work underway to ensure people receive appropriate support when discharged from hospital. Discharge plans discussed and information packs (including financial information) shared with people on wards. The Brokerage service prioritises care for hospital discharge.
	Reablement Service: 1. Expand reablement capacity to provide more people with opportunity to maximise independence	1.Access to reablement is available for everyone who would benefit on discharge from hospital or first presentation to Adult Social Care services	Aug-26	Recruitment and retention opportunities being developed to increase capacity in reablement services.
Access, Information Advice and Guidance (IAG)	Provision of Information, Advice and Guidance: 1. Ensure online information and referral forms/self-assessments are easy to understand and accessible (including Carers Information) 2. Ensure information is readily available to people with no or limited access to digital formats 3. Improve people's experience when contacting the Council 4. Consider how the effectiveness of the signposting and IAG offer can be measured and reported	1.Improve call handling times 2. Improved customer satisfaction 3. More people state they can access the information and advice they need 4. Mechanism to be developed to seek feedback about provision of information and signposting	Oct-26	Local Government Association Information Maturity Assessment underway. Hard copy Information packs are being rolled out across all areas following successful pilot. Plans to increase access to information in Libraries and primary care settings. Current call queueing times at 21 minutes in September 25. Utilisation of call back facility being evaluated.
Sufficiency and quality of provider services	Commissioning Services: 1. Home Care commissioning 2. Continue to develop support options as set out in the market position statement (Extra Care and Supported Living) 3. Re-procurement of Community Life choices (CLC) 2026-2030 to ensure sufficient capacity in day services to meet identified needs 4. Develop Commissioning dashboard to show demand and capacity across all support types 5. Ensure commissioned services are available to communities particularly rural areas		Aug-26	Home Care Invitation to tender launched 6/10/25. CLC Day services invitation to tender approval to be sought December 2025. new provision in place for November for Young Adults with Disabilities. Market stimulation for supported living planned for early 2026. New Extra Care developments being discussed with developers. Work on Commissioning dashboard being scoped.

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Improvement Area	Actions	Outcome(s)	Delivery Date	Progress
Safeguarding	Application of Safeguarding Pathway and Process: 1. Enhance the functionality and accessibility of the Safeguarding Referral Portal 2. Establish a standard operating procedure to inform referrers and key partners of the outcomes of Section 42 enquiries		Mar-26	Questionnaire/survey is in design stage which will establish provider feedback on issues they are experiencing with the Portal. Meeting with providers to begin improvements to the Portal taking place Dec 2025.
	Safeguarding data and oversight: 1. Strengthen data collection and performance monitoring of the effectiveness and timeliness of safeguarding processes. 2. Establish regular audit cycles to evaluate the application of safeguarding processes, and quality of practice.	1. Recommissioned Home Care Service 2. Recommissioned Day services (CLC) 3. Increase in Extra Care and Supported Living places 4. Commissioning dashboard in place to show any gaps in services	Mar-26	Safeguarding Practice Development Cycle (PDC) audit completed June 2025. Recommendations shared with operational teams in October.
Pathway for Adulthood	Preparing for Adulthood: 1. Enhance partnership with Children's services (Specialist Educational Needs and Disabilities [SEND]) to support early engagement of young people requiring adult social care 2. Improve information provided to young people and families 3. Review staffing establishment to ensure capacity to deliver improved outcomes for young people	1. Providers and referring agencies can easily refer safeguarding concerns and concerns for welfare appropriately. 2. Referring agencies receive feedback on safeguarding concerns raised.	Mar-26	Corporate Pathway for Adulthood programme in place. Recommendations on improvements to process and pathway to be reported in November 25.
Equalities, Diversity and Inclusion	Equity of access and experience: 1. Ensure social care support is accessible for people experiencing homelessness 2. Enhance engagement with and support to rural communities 3. Address digital exclusion (included in IAG Actions)	1. Management information informs operational and strategic decision making in line with safeguarding policy and procedures. Regular audits in place to evidence outcomes	Aug-26	Escalation and access process established between Adult Social Care and District Council Homeless services. Service model for zonal home care promotes rural and isolated provision. New CLC model will promote development of additional capacity across the County for Mental Health and Older People's provision.
Workforce	Demand Management: Review case loads and allocations across Operational Commissioning	1. Young people likely to be eligible for adult social care identified for assessment appropriately 2. Commence assessment of all young people transitioning from children's services to adult services on or before their 17th Birthday. 3. Young Adult Disability Team has the required capacity and skills	Dec-25	Demand Management audit report completed. Recommendations to be discussed with managers and staff in November.
	Practice Assurance: Develop mechanisms to demonstrate the impact of practice assurance action plans on teams and practice	1. Homeless people with eligible social care needs are able to access social care support 2. Access to social care is equitable across the County	Mar-26	Outcomes of individual PDC meetings are shared with respective teams. Overall outcomes are planned to be shared at Continued Professional Development events across all teams in Feb 26.
	Workforce Plan: 1. Complete updated Workforce Plan 2025-2026 2. Monitor delivery of the plan to address recruitment and retention challenges	1. Case loads across locality teams are manageable and in line with the operating model	Jan-26	Workforce plan is in development in conjunction with People Services Business Partner.
	Adult Mental Health Professional (AMHP) Establishment: Review AMHP establishment and operating model	1. Evidence of the impact of PDC audit is available through staff feedback	Jun-26	AMHP demand and capacity review undertaken. Agreement to increase staffing and management in Core AMHP service.

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Improvement Area	Actions	Outcome(s)	Delivery Date	Progress
Performance and oversight	Data and insights: 1. Ensure performance reporting is relevant and accurate and informs operational and strategic commissioning 2. Ensure robust performance monitoring and oversight 3. Ensure robustness of quality assurance/audit process, reporting and feedback 4. Communicate how data is used in frontline teams to improve outcomes	1. Improvement in recruitment and retention in key roles 2. Increase uptake of professional training opportunities	Oct-26	Initial work to update Waiting list tableau dashboards underway.
Partnerships	Communication with partners: 1. Improve understanding of joint funding processes 2. Increase number of people determined as eligible for Funded Nursing Care (FNC)	1. Revised operating model in place 2. AMHP Team capacity sufficient to meet demand	Jun-26	Work continues with Integrated Care Board partners to increase the number of people with FNC determinations. 2025 Quarter 1 snapshot shows 32 people per 50K population.



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
3 NOVEMBER 2025

UPDATE ON ADULT SOCIAL CARE CUSTOMER SERVICE CENTRE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of the report is to provide members of the Committee with an update on activity and developments within the Adult Social Care (ASC) Customer Service Centre (CSC).
2. At its meeting on 1 September 2025, the Committee raised concern about the lack of telephone contact that could be made to the Department which made it restrictive for people. Members requested that a call-back system be investigated, and that an annual update on the ASC CSC performance be provided.

Policy Framework and Previous Decisions

3. The Committee received a report on the ASC CSC in November 2024. This report provided an overview of CSC programme of improvement (the Adult Social Care Front Door Improvement Project) supported by the Transformation Unit.

Background

4. The purpose of the ASC CSC is to provide advice information and guidance for people who may require adult social care support, professionals and other partner organisations.
5. The CSC triages incoming contacts and seeks to provide resolution through one-off advice and signposting, or through additional adult social care support up to, and including, the provision of services where eligibility criteria has been met.
6. The CSC programme of improvement was closed in May 2025, and the process of continuous improvement was transferred to business as usual.
7. Targets for improvement were set against key performance measures; wait times, throughput of work, channel shift, and demand into the CSC. Targets are monitored on a daily, weekly and fortnightly basis and are regularly reviewed to ensure they meet the requirements for improvement.

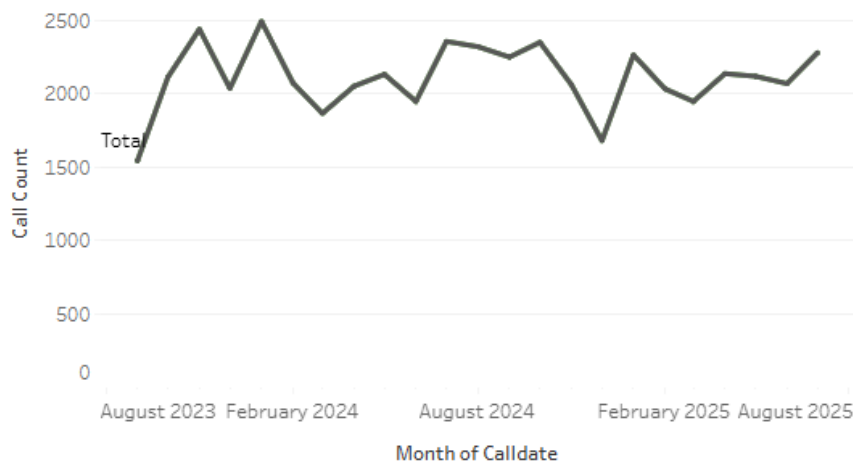
Current position

8. There are two principal channels for people to make referrals into the CSC; telephone calls and online Portal forms, via the Leicestershire Adult Social Care Portal.
9. The Leicestershire Adult Social Care Portal is a secure communication channel between the public and Leicestershire Adult Social Care. It has functionality that allows members of the public and other professionals to submit information to the department. They do this via a number of forms which then feed the information directly into the Care Management system, thus reducing the delays caused by the need to re-key information. The Portal can be accessed directly via the internet, and also has links out of the Leicestershire County Council website.
10. The CSC also receive email referrals from the East Midlands Ambulance Service (EMAS) and Leicestershire Police. There is no public email address. Additionally, there are occasional letter referrals, and a dedicated text phone service for people who are deaf or hard of hearing.

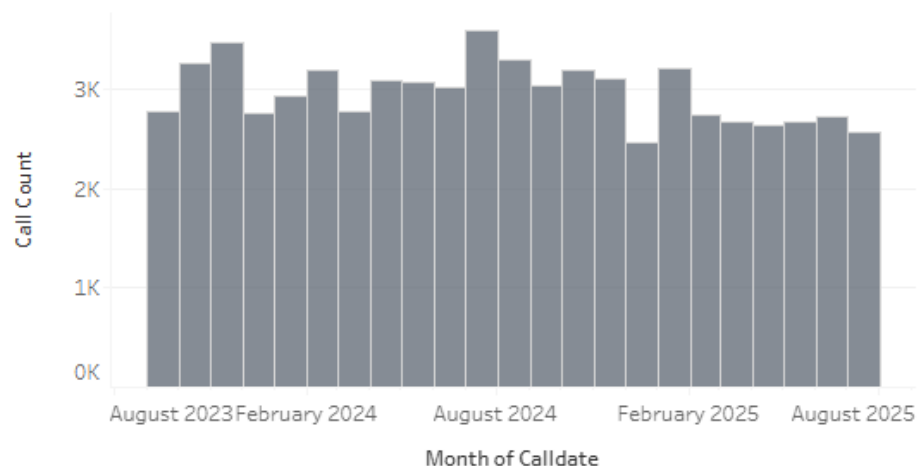
Telephone referrals

11. The following charts show telephone contact and usage since August 2023:

Inbound Monthly Trend

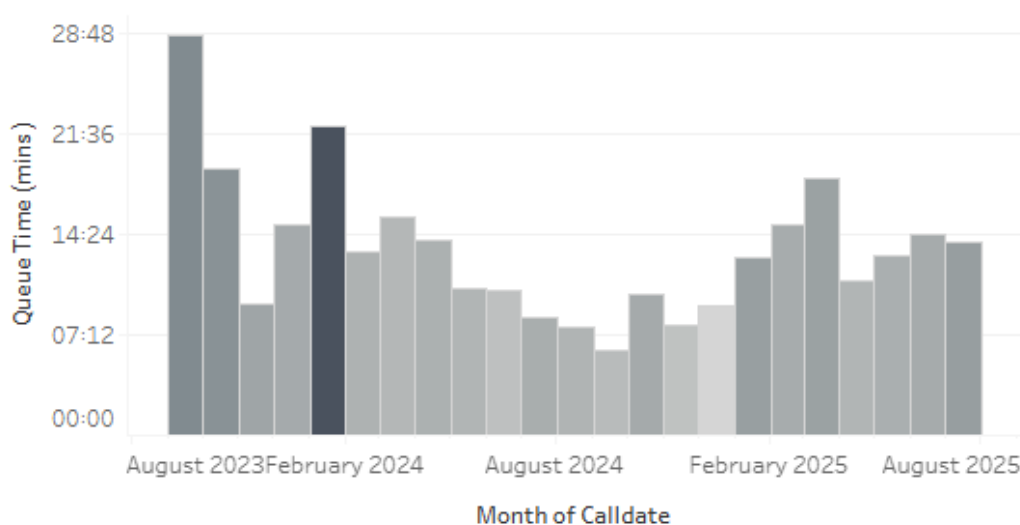


Outbound Monthly Trend



12. Outbound calls always outnumber inbound calls – it is rare that the CSC can get all the information they need from one call in, and often need to make multiple calls out to have an adequate understanding of a situation to be able to make a decision. For example, in January 2025, the CSC received 2,260 calls, but made another 3,215 calls, so in total there were 5,475 calls into and out of CSC.
13. Queue times vary throughout the day, and are longer at busy times such as lunchtime. Staff are moved within CSC to cover calls at expected or actual busy periods. Queue times are also influenced by length of calls, which can vary from a few minutes to two hours or more. The average queue time during August 2025 was 14 minutes.

Queue Time over time

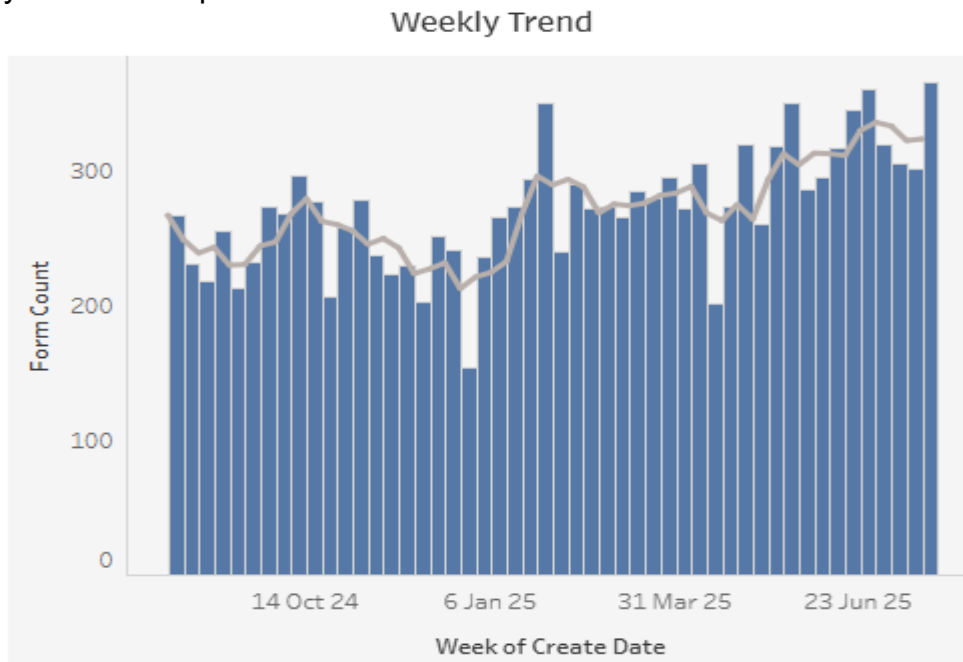


14. The telephony system utilises an Interactive Voice Response (IVR) system to re-route a caller to the most appropriate team. The IVR will also provide links to portal forms and web pages, both verbally and via text message, to enable people to self-serve if they prefer, or for them to look up the name and contact details for their allocated worker if they have one. The IVR always gives an option for a caller to talk to a person if they wish to do so.
15. The CSC's current telephony system, Anywhere 365, does not have a call-back function. The Council IT service is currently investigating how this system works and whether the Council should invest in this provision. Should this be agreed, the CSC will consider whether the functionality could be utilised, the resource implications and how it could be implemented to improve efficiency and customer experience.
16. Social care staff can also make referrals internally using the Case Management system.

Portal referrals

17. The Adult Social Care Portal can be accessed directly via the internet or via the Council's website. There are 20 portal forms available for the public and professionals to use. Forms are accessed directly on the Portal, or by re-directs from the Council website.

18. The number of portal forms completed is on an upward trajectory, as is the number of types of form that people can complete. The current average of portal forms received by CSC is 320 per week.



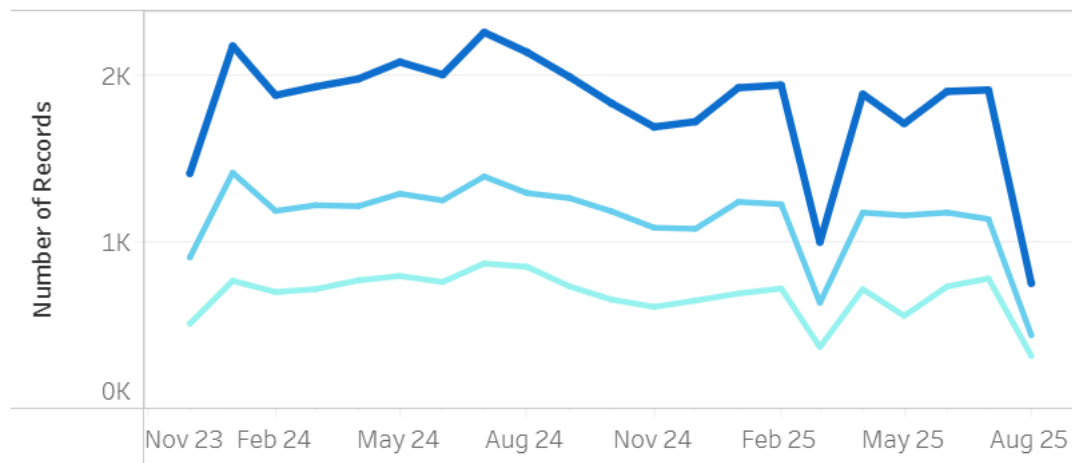
19. If people refer into the CSC using a portal form, they receive a message advising them of the outcome of their referral and (if appropriate) indicating the next step in their journey.
20. The CSC promote a text service for people to be messaged with the name and contact details for a worker who has been allocated to their case. This is shortly to be extended to include duty teams where a specific worker has not yet been allocated.

Email referrals

21. CSC receive referrals via email from EMAS and Leicestershire Police – there is no public email address. The current average is 1,950 per month (around 500 per week).

Email Demand

Total Emails Recieved into CSC Tier 1 and Tier 2



22. For all contacts with the CSC, between 10% and 15% are closed with advice, information or guidance being the outcome. CSC staff have access to a knowledge bank and to the Joy App (which holds information about services and support available within the community) and will signpost to a variety of self-service alternative support sites if appropriate. They also give people the ASC information pack, either by sending as an email attachment or sending out a hard copy pack. This pack provides a range of information relating to support provided by the Department.
23. Staff resources within the CSC are reassigned daily, or more frequently, to optimise response times for all channels into the team.

Resource Implications

24. The resource implications of implementing a call back service within the CSC are yet to be established.
25. The Director of Corporate Resources and Director of Law and Governance have been consulted on the contents of this report.

Timetable for Decisions

26. At its meeting on 1 September 2025, the Committee requested that an annual update on the ASC CSC performance be provided.

Consultation

27. The Adults and Communities Engagement Panel are consulted on proposed developments to the CSC, and have contributed to changes made to the CSC as part of the continual improvement process.

Conclusions

28. The Committee are invited to comment on the contents of the report, noting the ongoing activity underway, and the progress made so far in making considerable improvements to the experience of ASC customers.

Recommendation

29. The Committee is asked to:
 - a) Note the update report on the ASC CSC.
 - b) Provide comment and feedback on the content within the report.

Equality implications

30. An Equality Impact Assessment was undertaken for the wider Customer Experience Strategy; any action undertaken within CSC is in line with the direction set out in that Strategy.

31. Any changes undertaken within the CSC is under the premise that reducing demand is targeted at addressing failure demand, which is reducing demand that is not adding value to the customer, freeing up capacity for those people that need to contact the CSC. There are no proposals to remove contact channels, the focus is on diverting customers who can contact us via other channels so that the telephone is available for customers.

Human Rights implications

32. There are no human rights implications arising from this report.

Background papers

Report to Adults and Communities Scrutiny Committee: 4 November 2024 – Adult Social Care Customer Service Centre

<https://democracy.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=7454&Ver=4>

Customer Experience Strategy

https://democracy.leics.gov.uk/documents/s187224/Appendix%20A_Customer%20Experience%20Strategy%20for%20approval%20Dec%202024.pdf



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
3 NOVEMBER 2025

PROCUREMENT OF COMMUNITY LIFE CHOICES
(DAY SERVICES AND PERSONAL ASSISTANTS)

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of this report is to provide the Committee with proposals for the recommissioning of the Community Life Choices (CLC) Contract. This includes both day centres/services and individual personal assistants (PAs) provided by organisations.

Policy Framework and Previous Decisions

2. Services highlighted in this report contribute to the County Council's Strategic Plan 2022 to 2026, in particular the strategic outcome Safe and Well. The proposals are also integral to the delivery of the ambitions for Adult Social Care which are detailed in the Adults and Communities Strategy 2025-2029, 'Delivering Wellbeing and Opportunity in Leicestershire'.
3. On 7 June 2021, the Committee received a report which outlined the proposals for the procurement of the CLC Contract. The report also outlined the proposal to close the Council's in-house day services, in favour of using external CLC providers.
4. On 22 June 2021, the Cabinet received a report outlining the procurement and recommissioning for CLC services.
5. On 1 November 2021, the Committee received a report with an update on the procurement of commissioned CLC services and consultation feedback received on the proposed changes to the provision of in-house CLC services.
6. On 14 December 2021, the Cabinet agreed the changes to the Council's in-house CLC services.
7. On 7 November 2022, the Committee received an update on the provision and procurement of commissioned CLC services and the progress in supporting existing service users to transfer from in-house CLC services to appropriate alternative services.
8. On 1 September 2025, the Committee received an overview of the current CLC framework and arrangements, ahead of the report outlining the recommissioning of the service.

Background

9. The current CLC framework began on 29 November 2021 and has been extended three times. The framework is due to expire on 30 August 2026. At the last meeting of the Committee, it was agreed to present outline proposals for the procurement of the future CLC service, which will commence on 31 August 2026.
10. The primary purpose of the CLC service is to enable people to develop and maintain physical, intellectual, emotional and social skills through provision of meaningful activity and to support and maintain the health and wellbeing of carers and reduce the likelihood of further intervention such as admission to residential services.
11. The CLC service includes two types of support: Day Services and provider employed Personal Assistants (PAs).
12. Day Services are community-based and provide meaningful activities, social engagement, and opportunities to develop independent living skills.
13. Provider employed PAs are employed by an agency (rather than being self-employed or directly employed by the individual) and support people to build independence, gain independent skills, and access their community.
14. Approximately 670 people receive CLC support via the Council's procured framework. These packages are where the Council directly commissions support from a provider. The table below includes a breakdown of the number of people receiving support at each banding, as of October 2025. Some people receive support across multiple bandings.

	October 2025
Band A (Remote support, including activity packs)	1
Band B (Moderate level of support)	43
Band C (Medium level of support)	326
Band D (Continuous 1:1 support)	168
Band E Additional Hourly 1:1 support (to be used in addition to B and C or Band D only)	138
Band F Community 1:1 support (Including Personal Assistant)	192

15. There are a total of 26 people receiving support as an exception. An exception is when a package is commissioned outside of the Council's framework. Some of the exceptions are at the Council's banded rates and some are at alternative rates.
16. Exceptions are only commissioned in exceptional circumstances, such as when a person needs a specialist service that cannot be met on the framework. This could include when someone has a sensory impairment and requires a service with British Sign Language trained staff, or when someone has a particular need and requires a service with staff trained to support with more specialised services.
17. The CLC framework currently has 25 providers who offer a total of 58 different day services and nine PA services.

18. Expenditure on CLC services purchased directly by the Council in the financial year 2024/25 was £8.6 million with forecast expenditure for 2025/26 expected to be circa £9.8 million (due to increased costs from annual inflation uplifts and forecast demand).

The Future Arrangements of CLC

19. A key consideration for future commissioning will be how the Council can ensure a cost effective and financially sustainable service whilst continuing to offer choice to people in the support that they receive.
20. The Council engaged independent advice to review the CLC offer with a key focus on the operation of the current framework, the cost model in place for providers and where opportunities and changes could improve the effectiveness of the service.
21. The main structure of the existing arrangements is proposed to continue. However, some key changes will be introduced for the new arrangements highlighted below.

Length and Type of Contract

22. Services will be commissioned in accordance with procurement legislation and the Council's Contract Procedure rules. It is intended to select multiple providers who are capable of performing the services; individual contracts will then be entered into for packages as need arises. There will be no legal obligation upon the Council to award packages under this arrangement. Providers will be assessed on financial stability, insurance, policies, safeguarding practices, approach to quality and price. Bidders must pass all these elements.
23. It is intended the new CLC arrangement will last for three years, with the option to extend for a further two years if required.
24. The Council will reserve the right to reopen the opportunity in response to operational requirements.

Annual uplifts

25. Providers rates are usually reviewed annually, before the start of the new financial year, to ensure the rates provided are sustainable. Currently, uplifts are calculated using the Average Weekly Earnings (AWE) index and the Consumer Prices Index (CPI).
26. The calculation for review of annual uplifts will change from AWE to National Living Wage (NLW) and the CPI. This will bring CLC in line with the Council's other commissioning areas, including home care, residential care and supported living.
27. However, the Council reserves the right to review uplifts within the financial context of its funding and any future market conditions/wider pressures.

Rates and Bandings

28. Currently, there are six different payment band rates, which reflect different levels of need. The table below includes a summary of each band and the building/ community-based rates for the 2025/26 financial year:

	Half Day 3 hours a day	Full Day 6 hours a day
Band A (Remote support, including activity packs)	£16.18	£32.36
Band B (Moderate level of support)	£26.22	£52.44
Band C (Medium level of support)	£39.21	£78.42
Band D (Continuous 1:1 support)	£78.70	£157.40
Band E - Additional Hourly 1:1 support (to be used in addition to B and C or Band D only)	£17.14 per hour	
Band F – Community 1:1 support (Including Personal Assistant)	£21.47 per hour	

29. Under the new CLC contract, there will no longer be fixed rates. Instead, providers will be given floor and ceiling rates for each individual band at the point of tendering and will be required to submit a price within the range outlined.
30. The indicative new bandings, as well as the approximate level of staff support for each band, are listed below. A more detailed description of each banding will be included in the service specification.

Bandings	Staff Ratio	Ceiling Rate - Session	Ceiling Rate Hourly	Floor Rate – Session	Floor Rate - Hourly
Band 1	1:8 staff ratio	£49.42	£8.24	£48.12	£8.02
Band 2	1:5 staff ratio	£57.91	£9.65	£56.56	£9.42
Band 3	1:3 staff ratio	£73.88	£12.31	£71.15	£11.86
Band 4	1:1 staff ratio	£148.23	£24.71	£144.01	£24.00
Band 5	Additional 1:1 hours (to be used with bands 3 and 4 only)	n/a	£17.14	n/a	£16.66
Band 6	1:1 community support	n/a	£20.37	n/a	£18.93
PA Band	1:1 community support	n/a	£20.37	n/a	£18.93

31. Any bids submitted outside the specified floor and ceiling rates will be disqualified. Following this, providers that have not been disqualified will be evaluated based on their responses to quality questions, as well as key documents and supporting evidence.

32. The new contract will allow services to be commissioned hourly, in addition to full-day (six-hour) sessions. Currently, day services can only be commissioned in three-hour blocks. This approach will ensure that people's support is representative of their assessed needs and the actual support delivered. Hourly rates will be pro-rata of the day rate.
33. Under the new model, for example, someone attending a full-day service at Band C who temporarily needs 1:1 support for travel training could have four hours of day service and two hours of targeted 1:1 support. This approach supports progressive outcomes and helps avoid over-commissioning or disempowering individuals through unnecessary levels of 1:1 support.

Changes to service bands

34. Within the current framework, Band B is commissioned based on a 1:8 staff to person ratio and Band C is commissioned based on a 1:3 staff to person ratio.
35. Analysis of the utilisation of the arrangements suggests the wide variation between Bands B and C in the current framework bands can lead to the over commissioning of care; it is therefore proposed to introduce a 1:5 ratio level to ensure that services commissioned are representative of the assessed needs of individuals and reduce the over commissioning of packages.
36. It is not proposed to move existing users to new bandings immediately. As part of the annual review process, peoples' needs and outcomes will be assessed and any changes will be made against the new service levels.

Lots

37. CLC services support people with a variety of needs, which are currently categorised into lots:
 - Learning Disabilities and/or Autism;
 - Profound and Multiple Learning Disability (PMLD);
 - Physical and Sensory Disabilities;
 - Mental Health;
 - Older Adults;
 - Dementia;
 - Additionally, there is a separate lot for PAs.
38. When the current framework was commissioned, providers were required to submit tenders for each lot they wished to deliver, with quality questions evaluated separately for each lot. This approach has presented several challenges; for example, when providers have opened new services but had not previously been evaluated for the relevant lot, or where individuals have complex needs that span multiple lots.
39. Under the new contract, there will be only two service lots: Day Services and PAs . Providers will outline the support needs their services are able to meet. As part of the assessment process, the allocated worker will determine whether the service is appropriate and able to meet the individual's identified needs.

40. Providers will be evaluated based on their ability to deliver within the lot they tender for, without further assessment of specialisms. The procurement process will assess the bids against various elements, including finance, insurance policies, safeguarding and their approach to quality, alongside ensuring their submitted prices are within the floor and ceiling rates. Providers must pass all of these components.
41. A call-off process will be developed which will identify the most suitable provision to meet the assessed needs of individuals. This process will be detailed within the invitation to tender documents.

Progression

42. The Council is committed to supporting people to progress, thereby promoting independence, and enabling people to achieve greater autonomy in their daily lives.
43. The CLC service specification and contract will provide a mechanism for the Council to encourage providers to deliver progressive, person-centred outcomes in the form of new service levels during the duration of the contracts. Providers and people who draw on support will be engaged in the development of any progression services.
44. There are also opportunities for the Council to consider expanding the Department's Adult Learning Service to provide short term intensive courses to promote independence and progression as part of the wider CLC offer.
45. CLC providers will continue to make use of community assets such as libraries, cafés, and swimming pools, which will continue to be encouraged.

Call-off Process

46. Under the new contract, a call-off process will be developed, which is the mechanism through which new care arrangements are commissioned. In line with the Home Care call-off processes additional resources will be required to manage the brokerage of CLC services.
47. The call-off process will be developed to promote best value by balancing individual needs of people, the cost of the provision, location and distance and the individual's desired outcome.
48. There is a fine balance between people's individual assessed support requirements and their need for personalised services against the cost of provision to the Council. While CLC services are subject to the floor and ceiling rates process, the Council cannot place a cap on the overall cost of care to meet an individual's assessed unmet needs. All services will be commissioned in line with the County Council's Fair Outcomes Policy.

Day services

49. Successful day services will share the following information with the Council:
 - The names of their services;
 - The locations of their services;
 - The primary support needs each service can provide;

- The needs each service is able to meet.

50. Where a person requires transport to access CLC services, this is commissioned separately to CLC provision and is co-ordinated by the Council's supported transport service. Each individual transport requirement is run using a competitive process. Transport will only be commissioned to services which meet the person's needs and are cost-effective to the Council, considering the rates and location of the service.
51. The new contract will consider location and transport needs as part of the call-off process to ensure the most cost-effective solution is in place which meets individual needs.

Personal Assistants

52. Under the new contract, PA providers will be required to specify the types of support they offer, the primary support areas they can cover and the districts they operate in.

Absences

53. Absences are allowances made within the cost model for occasions where a person does not attend a planned commissioned service for any reason. Under the current framework, absence costs are built into the rate as a percentage, and providers cannot charge for absences.
54. However, absence arrangements have remained a consistent challenge as many providers feel the current arrangement does not adequately compensate them.
55. Under the new contract, the absence component will be removed from the standard rate. Instead, providers will be compensated for individual absences, subject to the absence payment criteria.
56. Under the new absence payment criteria, providers may charge for short term absences, for example where services are cancelled within 24 hours of the scheduled start time and only for that period. This is consistent with the Home Care arrangements.
57. Under the new contracts, those providers operating on the Council's contract will continue to be prohibited from charging above banded rates for Direct Payments. Additionally, providers will also be obligated to follow the absence payment criteria for Direct Payment arrangements.

Market sufficiency

58. There are recognised shortages of PAs within certain areas of Leicestershire, including Market Harborough and Melton Mowbray.
59. Due to these shortages, the majority of non-framework PA packages are commissioned externally via Direct Payments through non-framework PA agencies, and their rates are higher than the framework rates. For example, many providers charge in excess of £25 an hour.

60. Commissioners have engaged with the market and are actively working to increase availability, particularly in areas with limited-service coverage.
61. Particular focus will be given on developing new/expanding provision for some older people's provision (for example, people with advanced dementia) and adults with mental health needs in rural communities of the County.

Aligning rates across provision (Council commissioned and Direct Payments)

62. When the new contract begins, all existing Direct Payment packages will continue by default, as the contract is between the individual and the provider. At the individual's next annual review, workers will seek to source services at Council rates.
63. This approach ensures consistency with rates paid and best value for the Council when paying for provision whether this is through the contract or via a Direct Payment.

Engagement

64. Engagement is actively maintained and continuously pursued as part of an ongoing commitment to improvement and incorporating a diverse range of stakeholder groups.
65. The CLC Provider Forum is a group comprising current framework providers and those not presently operating within these arrangements. This forum conducts in-depth discussions on specific areas of change, ensuring providers can express their perspectives on proposed developments.
66. Providers have been engaged on changes to the service model and have been given the opportunity to feed into proposals (in particular the absence arrangements and progression).
67. People who draw on CLC services have been engaged over the past two years to gauge their views on services, changes that they would want to see and those parts of the service that they value.
68. Continuous Satisfaction Monitoring is used by the Department to engage with individuals receiving services. The data is collated and used to inform service development. This process includes:
 - Mandatory Service Reviews – Regular assessments of care and support provided to service users, to ensure quality and effectiveness.
 - Enhanced Review Forms on the Council's adult social care case management system.

Resource Implications

69. The introduction of pricing differentials within the procurement for CLC may result in a saving to the Council in the region of £150k per annum depending on the bids received and the ability to place people in services at the most cost-effective rates.

70. There are also potential savings linked to the introduction of the new service level (1:5 ratio) but this is difficult to quantify.
71. Due to the introduction of price competition, additional resources will be required to manage the brokerage of CLC services. The costs for this will be considered once the call-off process has been determined.

Procurement implications

72. The estimated contract spend for this procurement is circa £50 million over five years (25/26 price points) with annual inflation inevitably taking this spend above this figure.
73. The previous CLC tender attracted circa 30 bids. It is anticipated that a similar number will be received during this procurement.
74. Bidder sessions will be held with interested parties. The bidder sessions will enable prospective providers to ask questions about the opportunity, and these will be added to a publicly accessible clarification log.
75. With the support of the Engagement Panel, work is underway to co-produce questions by people who receive CLC services and carers to ask in the method statements.
76. Where current providers do not bid or are not successful in being awarded a contract, they will be able to retain their current care until the person is reviewed. At this point, the person can consider a direct payment to continue with the incumbent provider or have their care moved to a contracted provider.

Legal implications

77. The agreement will be drafted by the Council's Legal Services under the new provision of the Procurement Act 2023 and legal advice is being provided on an ongoing basis by the Legal Services team.
78. The Director of Corporate Resources and Director of Law and Governance have been consulted on the contents of this report.

Timetable for Decisions

79. A report will be presented to the Cabinet in December seeking approval to commence procurement of a new CLC contract. Subject to the Cabinet's approval, the tender will be published in February 2026 for commencement on 31 August 2026.
80. The following details the key dates for the recommissioning of CLC:
 - Advert Published: February 2026;
 - Advert closed: March 2026;
 - Contract award letters issued: May 2026;
 - Provider Mobilisation: June to August 2026;
 - Contract Commencement Date: 31 August 2026.

81. The Cabinet and this Committee will be updated with the result of the procurement exercise following the award of the contracts.

Recommendation

82. The Committee are asked to provide comments on the approach to procurement of the CLC contract.

Background papers

- Leicestershire County Council Strategic Plan 2022-26 - <https://www.leicestershire.gov.uk/sites/default/files/field/pdf/faq/2022/4/12/Appendix-B-LCC-Strategic-Plan-2022-26.pdf>
- Delivering Wellbeing and opportunity in Leicestershire – Adults and Communities Strategy 2025-29 - <https://resources.leicestershire.gov.uk/adult-social-care-and-health/our-approach/policies-and-strategies>
- Report to the Adults and Communities Overview and Scrutiny Committee: 7 June 2021 – Procurement of Community Life Choices Services <https://democracy.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6462&Ver=4>
- Report to the Cabinet: 22 June 2021 - <https://democracy.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=6444&Ver=4>
- Report to the Adults and Communities Overview and Scrutiny Committee: 1 November 2021 – Update on the Provision of Community Life Choices Services (Day Services) <https://democracy.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6464&Ver=4>
- Report to the Cabinet: 14 December 2021 – Provision of Community Life Choices Services (Day Services) <https://democracy.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=6449&Ver=4>
- Report to the Adults and Communities Overview and Scrutiny Committee: 7 November 2022 - Update on the Provision of Community Life Choices Services (Day Services) <https://democracy.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6842&Ver=4>
- Report to the Adults and Communities Overview and Scrutiny Committee: 1 September 2025 – Overview of Community Life Choices (Day Services) <https://democracy.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=7854&Ver=4>
- Report to the Cabinet: 12 September 2025 – Home Care for Leicestershire Procurement <https://democracy.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=7879&Ver=4>
- Fair Outcomes Policy for Adult Social Care <https://resources.leicestershire.gov.uk/sites/resource/files/field/pdf/2020/2/18/Fair-Outcomes-Policy-for-Adult-Social-Care.pdf>

Circulation under the Local Issues Alert Procedure

83. This report will be circulated to all Members of the County Council.

Equality Implications

84. There are no equality implications arising from this report, although the provision of services described in the report meet one of the strands of the Council's general equality obligations set out in the Public Sector Equality Duty to advance equality of opportunity between people who share and people who do not share a relevant protected characteristic.
85. An Equality Impact Assessment will be completed as part of the procurement process.

Human Rights Implications

86. There are no human rights implications arising from this report as people with eligible social care needs will remain eligible for CLC services.

Health implications

87. A 'Health in All Policies' form has been drafted and considered to ensure health inequalities are tackled wherever possible through this commissioning process.
88. Where a person has Continuing Health Care (CHC) needs, the Integrated Care Board will fund those individuals through the CLC contract.

Environmental implications

89. The delivery of CLC PAs requires workers to travel from a base to the persons home and onto local community settings. Where possible people will be supported to use public transport, in particular as part of a travel training programme.
90. The transport provision for CLC Day Services is provided by the Council's In-house service. The service operates an efficient matrix which aims to maximise route optimisation and reduce individuals' travel time.

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