Our mission statement is

‘Delivering wellbeing and opportunity in Leicestershire’

Adult Social Care Self-Assessment

March 2023

Foreword

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

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

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

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

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

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

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

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

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

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

About Leicestershire

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

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

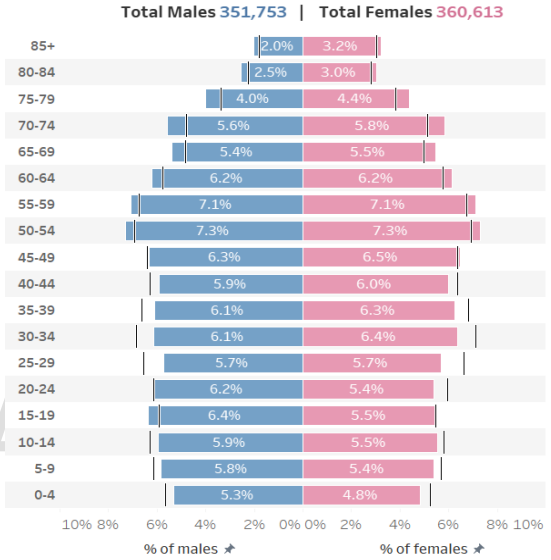
Life expectancy is significantly higher in Leicestershire than England. However, healthy life expectancy (how many years people are expected to live in a 'healthy' state) is only marginally higher than the national average and there are significant health inequalities in the county (Public Health England,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

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

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

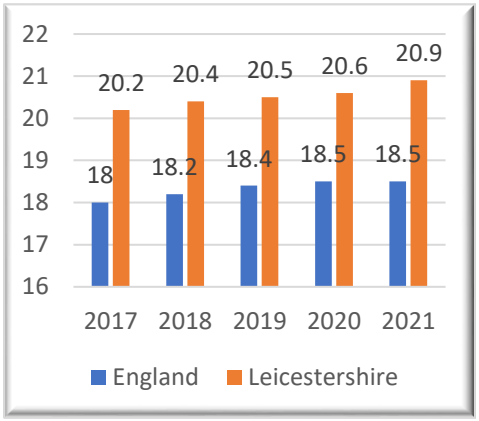
As shown in Figures 3 and 4, since 2018/19, the rate of requests for support from adults aged 18-64 has been consistently lower in Leicestershire than the national average. However, the rate of requests for support from adults aged 65+ has been consistently higher in Leicestershire than the average amongst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

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



Source: (ONS, 2021)

Figure 2: Percentage of Population



Source: (ONS, 2021)

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

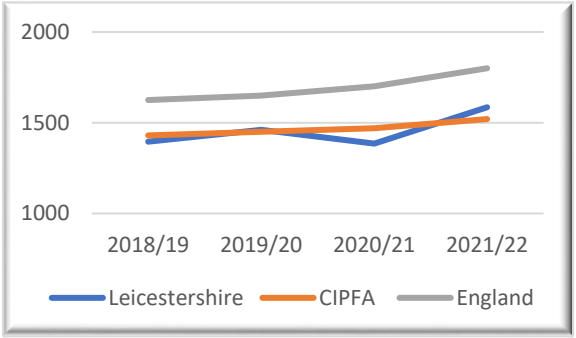
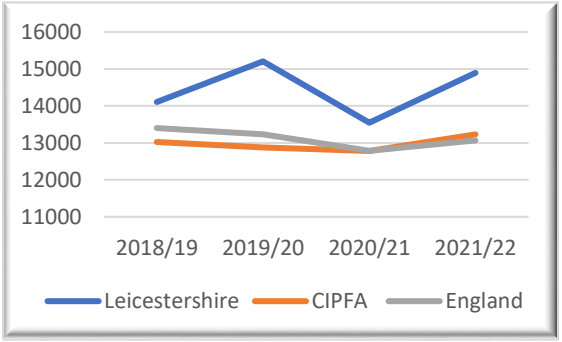


Figure 4: Number of Requests for Support Per 100,000 Adults Aged 65+



Source: (NHS Digital, 2022)

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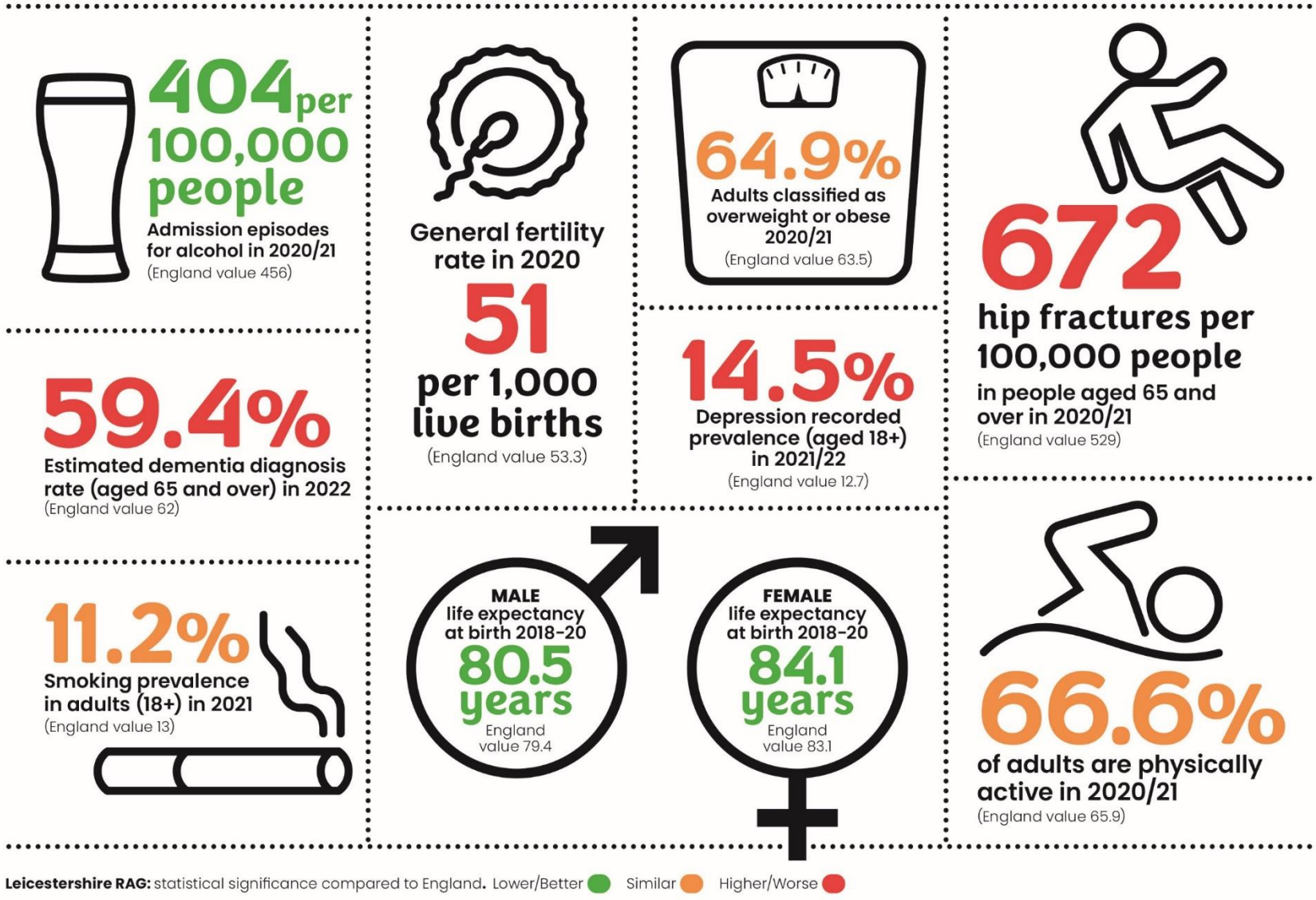
Figure 5: Overview of Adults' Health and Wellbeing in Leicestershire



Source: (Public Health England, 2023)

About Leicestershire County Council

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

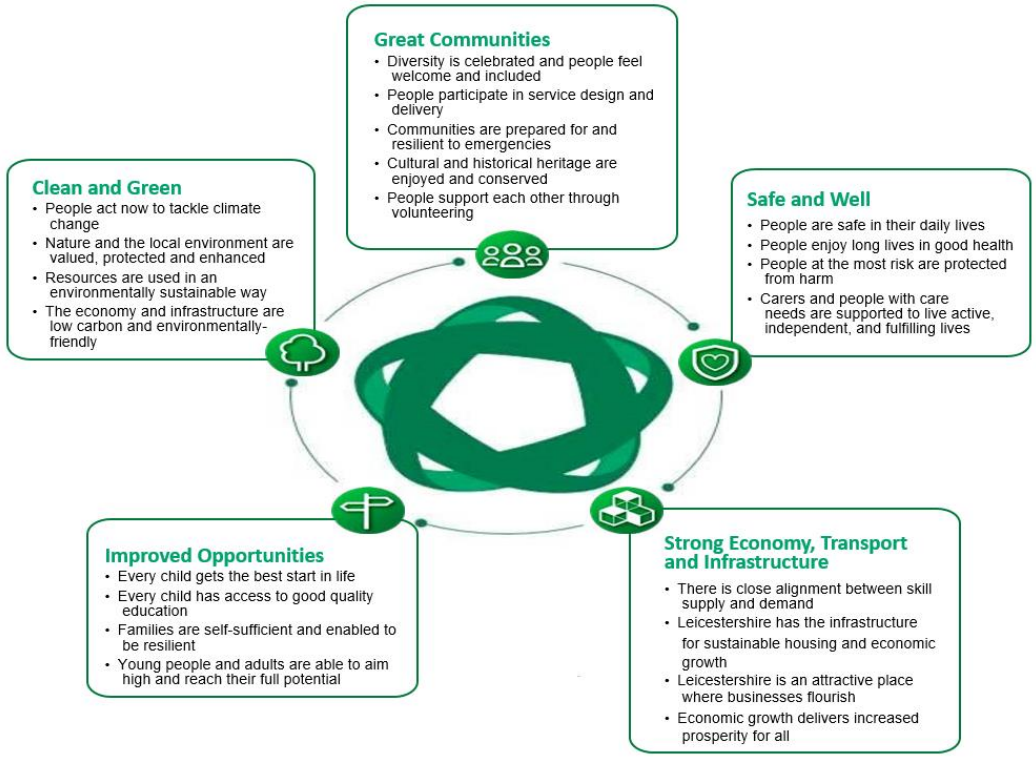
The Council's total revenue budget for 2023/24 is £504m. It has a strong track record in financial management, having been recognised by consultancy Impower as the most productive Council in England and Wales for three consecutive years, whilst being the lowest-funded County Council in the UK[1].

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

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

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

Figure 6: Leicestershire County Council's Vision for Leicestershire

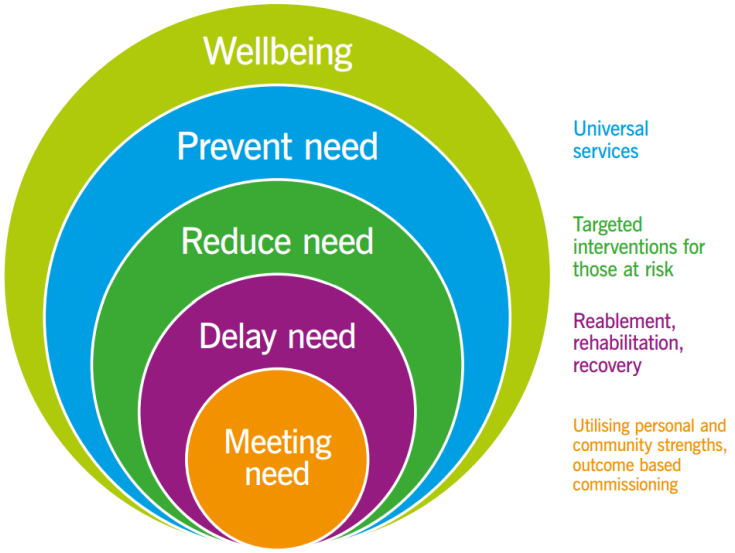


Source: Leicestershire County Council's Strategic Plan (2022-26)

Our Strategy for Adult Social Care

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

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



Source: (LCC, 2020)

Wellbeing and Prevention

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

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

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

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Reduce Need

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

Delay Need

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

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

Meet Need

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

Partnership-Working

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

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Target Operating Model

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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