Our mission statement is
'Delivering wellbeing and opportunity in Leicestershire'

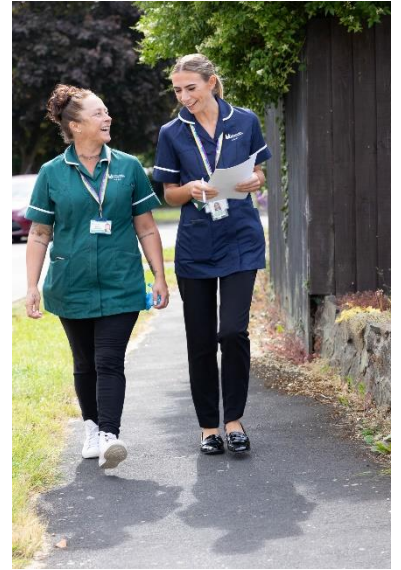Leicestershire County Council

Adult Social Care
Self-Assessment
January 2024

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

We are ambitious in our vision to deliver wellbeing and opportunity in Leicestershire and ensure that all adults living in Leicestershire, lead active, independent, and fulfilling lives. Implementation of The Operating Model (TOM) in 2019 led to significant improvements in demand and capacity management as well as cultural and process changes, which have improved outcomes for people by taking an independence first approach and placing people at the heart of all decision-making.

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

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

Safeguarding is embedded in 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 a strong track record in working with partners to deliver safeguarding priorities.

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

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

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

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

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

Jon Wilson
Director of Adults and Communities

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Councillor Christine Radford
Cabinet Member for Adults and Communities

1A. Working with people: Assessing needs

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

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1.1.	People can access our adult social care services through multiple channels, including our Customer Services Centre (CSC) phone lines, online self-referral, and professional referral routes. Telephone calls to our Customer Service Centre is the most used contact channel, however we are aware that people experience delays in speaking to an advisor. Our care and support assessment webpage provides people with information about the purpose of the assessment, eligibility, and how to apply. It includes our Online Self-Assessment which people can use to find out if they may be eligible for support. It also links to our advocacy webpage which explains how an advocate can support an individual and provides contact details for our jointly commissioned advocacy service. If a person is not eligible for Council support, we provide advice and information, and suggest appropriate agencies such as First Contact Plus, a Local Area Co-ordinator (LAC), or community groups that provide suitable support.	Our Customer Portal includes a Carers Assessment, through which carers can identify their eligibility for support. Use of the on-line Carers Assessment is increasing, with 639 assessments submitted during quarters 1-3 of 2023/24, compared to 584 submitted in 2022/23. Our on-line Financial Assessment gives people an indication of how much they may need to pay towards their services. In the first three quarters of 2023/24, 182 financial assessments were submitted, exceeding 138 assessments submitted during 2022/23. To the end of quarter 3 2023/24 the number of Contacts made to ASC were 17% higher compared to the same period in the previous financial year. Year-to-date comparison shows a 39% increase in contacts via telephone (15,042 in 2023/24 compared to 10,837 in 2022/23). Contacts via on-line self-assessment were up 30% (7,016 in 2023/24 compared to 5,417 in 2022/23).	Several initiatives are underway to improve people's experience at their initial point of contact with us. Change to our customer service centre operating model and implementation of the 3 Conversations approach are expected to increase capacity and responsiveness, providing people with a better experience when contacting us through the CSC. We are working to improve the ease-of-use of our website and on-line self-assessments. Feedback and recommendations from people with experience of accessing adult social care, is helping us to develop more user-friendly information on our web pages and video content. Carers information on our website is the next area we shall focus on. A review of the effectiveness of the LLR Advocacy Service has commenced with a view to a new model being procured by April 2024.
1.2.	We strive to ensure that our assessment and support planning is person-centred, and strengths based. This approach is the heart of our operating model (TOM) implemented in 2019. The model puts people at the centre of assessment and decision making and supports	IR 5 and IR 6 contains our assessment processes and pathways, and eligibility guidance. The Operating Model Brochure[R 1.1] outlines the improvements made to our processes through TOM, and our Practice Framework[R 1.2] outlines	We continue to put people at the centre of our practice, through embedding the Practice Assurance Framework[R 1.2] and building on TOM through the 3 Conversations approach. Our next step with 3 Conversations is a locality wide roll out across Blaby Oadby and Wigston

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	workers to ensure people can live as independently as possible. TOM introduced new processes to support practice such as, • weekly group supervision meetings • regular case progression supervisions • consistent and structured case recording approach • specialist administrative function • strengthened quality assurance mechanisms (Practice Development Cycle case audits) Running through our Practice Assurance Framework, processes and guidance are the core principles of developing 'a full picture of the person, their strengths, likes or dislikes and who and what matters to them' and considering how a person's needs can be met by building on their own strengths or support from family, friends or their communities. To further enhance our person centred and strengths-based practice, we are piloting the 3 Conversations approach, feedback from people who use our services and practitioners indicates that the approach has enhanced person-centred, strengths-based practice and levels of satisfaction. To support and enable staff to carry out their duties effectively and improve the quality of	how we quality assure care and support assessment and support planning processes. Results from our Adults and Communities staff survey [IR4] from November 2022-January 2023, show that 70% agreed that assessment and care planning arrangements are person-centred and strengths-based. 77% of respondents agreed that 'the wellbeing principle is embedded throughout the Council's care and support system and is clearly promoted in care and support'. During workshops, staff indicated that the person-centred approach had been strengthened by the introduction of TOM. Our recent survey of people receiving services[IR1], piloted from April-June through the annual review process, suggested that 65% of people feel in control of their care and support, and 57% felt they were listened to (34% were not sure and 0 said they weren't listened to). Feedback from people who have worked with the Mental Health 3C's team include; *"I trust her completely. She showed empathy towards my situation. Always did what she said she would do and more."* *"I honestly cannot thank you enough for your help and support. There needs to be more services like Three conversations."*	and Market Harborough including Home First, C&PD, and Domiciliary Review teams. Revised Care and Support Assessment and Support Plans are being designed to be a more proportionate record of the assessment conversations and be more representative of the persons views about their life and what they want to achieve. The roll out will consider the processes, case recording and performance reporting required to fully support the 3Cs model. Evaluation of the locality rollout is underway, a decision on the recommendations for the future roll-out of the model across the rest of the care pathway will be made in April 2024. The Mental Health 3 Conversations project is being expanded into other areas of Leicester city and Rutland, and in the county to Lutterworth, Melton and surrounding areas. Through our Practice Development Cycles (PDCs) we will continue to quality assure our care and support assessment and planning processes and identify and address any staff training needs. We have implemented a Managers Toolkit for Training[IR 36] which aims to encourage all care pathway staff to undertake training which supports their confidence and capability in carrying out their role. The effectiveness of the

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	practice, our Adult Social Care Training Offer[R1.3] and Delivery Plan[IR 36] set out our training priorities and developments, plus the mandatory and non-mandatory training for ASC staff (including specialist training).	As of July 2023, 62% of staff in the care pathway had completed care act duties training covering assessments and support planning, 82% had completed Care Technology Referrer training, 81% had completed the Mental Capacity Act core module and 74% completed the Carer e-learning module.	toolkit will be assessed through monitoring training completion rates. As outlined in the Adults and Communities Learning and Development Delivery Plan (2023/24)[IR 36], we will provide significant training support for our staff and external care providers across a wide range of areas related to care and support assessment and planning. New training programmes for 2023/24 include anti-racist practice, note-taking, analytical writing, and supervision.
1.3.	We aim to complete assessments within 28 days of allocation, although like many authorities, people may wait longer for allocation and assessment. In spring 2023 we implemented a new Planned Wait operational policy and guidance [IR 5] to support triage referrals to manage delays and associated risks. Unallocated cases are reviewed and prioritised on a weekly basis and people are contacted while they are waiting for assessment. We have been successful in reducing people's waiting times for assessment and reviews, recent data shows that waiting times for assessments have reduced over the past 12 months. We have also maintained	IR 5 includes our data on waiting lists for care assessments and reviews. In January 2024 the average wait for allocation was 51 days compared to 64 days in Jan 2023. The number of people waiting has fallen to 853 in January 2024 from 1,514 in January 2023. The number of people waiting over 28 days for allocation has fallen to 54% from 68% over the past 12 months. Of people in receipt of services for 12 months or more at the end of March 2023, 76% had received their annual review within 12 months of their previous review; considerably higher than the national average of 57%. This strong performance has continued into 2023-24 and at	We will continue to address the levels of unallocated cases and duration of waits and ensure we maintain contact with people while they are waiting for assessment. We are also working with regional colleagues and the University of Birmingham to deliver an IMPACT demonstrator to explore how waiting times can be reduced and how we can improve people's experience of accessing care. We will continue to identify and respond to immediate risk to peoples' wellbeing through our management of waiting lists and Crisis Response, Out-of-Hours Emergency Duty and 'see and solve' services as well as the Dynamic Support Pathway.

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	improvements in the delivery of annual reviews for people in receipt of long-term care. To respond to immediate risks to peoples' wellbeing while they await assessment, all teams operate an urgent function. Our out of hours Emergency duty team and Crisis Response and urgent 'see and solve' services, also respond to people with urgent needs. Additionally, Leicestershire Partnership Trust's Dynamic Support Pathway provides timely, multi-agency support for people with learning disabilities and/or autism whose health and wellbeing is deteriorating.	the end of the third quarter 73% had been reviewed in the past 12 months. From 1st April 22 – 31st March 23 the Crisis Response Service received 3,706 out-of-hours referrals. From 1st April 2023 to 31st December 2023 the service received 2,660 referrals. A case study by the Crisis Response Service[R1.4] demonstrates how the service responded quickly to an urgent referral, providing support which enabled the person to remain at home, respecting his wishes, while longer term services were put in place.	
1.4.	Financial assessments are conducted in accordance with the local charging policy and staff apply this consistently. We currently have a backlog of financial assessments, resulting in delays to assessment timescales, with average completion times of 65 days for the outcome of assessment. We are making progress to reduce the current backlogs and waiting times. People are billed for their assessed contribution on a 4 weekly cycle and can pay by direct debit or manually via the council's payment tools. Billing is an area that generates considerable manual processing and query handling. Improvements in this area are a key priority.	The total number of assessments undertaken in 2022/23 was 10,580 (excluding global uplift assessments); 34% were first assessments (new services) and 66% were re-assessments (annual reviews or respite assessments). These breakdown as follows, 31% nil cost, 58% variable cost, and 11% full cost. To the end of December 2023, the total number of assessments undertaken was 9,802 (excluding global uplift assessments); 28% were first assessments (new services) and 72% were re-assessments (annual reviews or respite assessments). These breakdown as follows, 26% nil cost, 62% variable cost, and 12% full cost.	We are prioritising actions to address the current delays with completion of financial assessments through allocation of additional resources to continue to clear our backlog. A programme to review the financial pathway is underway aiming to make significant improvements to assessment and billing processes, making better use of technology, and strengthening performance monitoring. This will provide a better experience for people who use services.

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1.5.	We aim to ensure that everyone in receipt of long-term community care receives a personal budget, ideally as a direct payment. The percentage of individuals in receipt of self-directed support and direct payments is higher in Leicestershire than amongst comparators. We endeavour to ensure Direct Payments are used appropriately, enabling people to choose support that works for them.	IR 7 Includes our documents outlining arrangements to offer and support people using direct payments. ASCOF 2022/23, shows the percentage of people in receipt of self-directed support in Leicestershire was 93%, at the end of December this had risen to 96%. However, the percentage of people in receipt of a direct payment was 36%, significantly higher than the average of 26% for England. For carers, during 2021/22 and 2022/23, 100% were in receipt of self-directed support. 99.7% received Direct payments in 2022/23, above the national averages of 89% and 78%. Our survey (May-June 2023) asked people 'Is there anything which would help you to feel more in control of your care and support?' 65% of respondents said 'no' and 31% said 'yes'. Suggestions for improvement include increasing the flexibility and accessibility of services.	In response to feedback from staff and people with lived experience we are reviewing our direct payments processes and guidance, to simplify them where possible. A task and finish group (including people with experience of our services) has reviewed and updated the guidance and agreements, which are due to be approved for use early in 2024. To support people to choose how to spend their direct payment on support that works for them, we aim to diversify the direct payments market by increasing access to personal assistants (PAs), through developing a comprehensive PA register, restructure PA salary rates, and establishment of a team to support people using DPs and recruiting PAs.

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1.6.	Prevention is a core element of our strategy. Alongside the Public Health prevention services,	83% of respondents to the staff survey from November 2022-January 2023 agreed that the	We will continue to identify opportunities to innovate and develop our prevention offer. A

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	we offer a range of services and measures that support people to be as independent as possible and reduce their need for formal support. These services are detailed in IR 8. Examples of recent developments in our prevention services include the launch of the new Care Technology Service in April 2022, our Care co-ordination service and digitalisation initiatives such as online self-assessments. TOM embedded an 'Independence First' approach across adult social care, it also helped us to increase the capacity of our Homecare Assessment and Reablement Team (HART) so that more people are able to benefit from reablement. Our locality Mental Health reablement workers achieve positive outcomes for people they work with. Commissioned Mental Health and Wellbeing Recovery Services also effectively support people with mental health conditions aiming to improve their wellbeing and prevent deterioration in their condition.	Council promotes innovative approaches to prevention activity, with comments highlighting the Care Technology Service, the 3 Conversations Pilot, Local Area Coordinators,. TOM increased the capacity of HART[R1.1]. The number of people supported has been on an upward trend since October 2021, with 3,491 people supported in 2022/23, exceeding the target of 3,203. In the period April to end December 2023, HART supported 3,329 people, indicating the service will exceed the annual target of 4,200. From April to end December 2023, the Care Co-ordination team completed 6,096 referrals. 60% were signposted, or given advice and guidance, 10% were referred to Care Tec or adaptations 1% were referred for reablement and 3% resulted in a commissioned service. Case studies from the team demonstrate how they reach people who otherwise may hit a crisis and provide support or appropriate referrals to help maintain their independence [R1.5, R1.6]. Mental Health and Wellbeing Recovery Service, Case studies [R1.7-R1.9] show the positive outcomes achieved.	review of the Council's prevention services aims to ensure we focus on providing the most effective types of prevention services. The Care Technology service will introduce technology in supported living settings that can increase a person's independence. Future developments include use of care technology in home care, extra care and supporting people with dementia and their families. Five care homes in Leicestershire are taking part in the 'Whazan' telehealth pilot. This exchanges information about residents' health between the home and clinicians. Action can be taken to address early signs of deterioration and avoid unnecessary hospital admission. We are also working with the Integrated Care Board to encourage providers to sign up to the Data Security and Protection Toolkit and introduce more care technology as part of Digitising Social Care (DiSC). We are working to ensure our Mental Health and Wellbeing Recovery Service is fully utilised, also work with partners in the Mental Health Collaborative, aims to improve the wellbeing and independence of people who are in contact with secondary Mental Health services.

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1.7.	We are committed to providing people with high quality information and advice about services, in a variety of formats, which enables people to find the most appropriate support for their needs. Financial information and advice is available in multiple formats and at various points within the adult social care customer journey. However, feedback from people who use our services indicates that it may not be straightforward for people to find out about support services. We are beginning to see improvement in this area, recent data indicates more people who contact our services are provided with information and advice, and we are seeing improved performance reflected in feedback received. Data also suggests that we have not been providing people with signposting, advice and guidance when they make contact with us, again this is something we are improving and is shown in recent data.	Our [Adult Social care and Health](#) web page is the starting point to find the information we have available. Our [paying for care](#) web page provides information about paying for support services, independent financial advice, benefits, direct payments and how to manage someone's financial affairs. The Council remains in the lowest quartile of authorities for the percentage of service users who found it easy to find information about services, however the latest ASCOF results show a significant improvement, rising from 57% in 2021/22 to 62% in 2022/23. Of the 48 survey respondents (May-June 2023) who answered the question 'Is there anything that could change to make it easier for you to get clear, accurate and up-to date information and advice about adult social care services?', 54% answered 'no', and only 25% answered 'yes' (the remaining 21% stated 'don't know'). Suggestions for improvements include having digital access to care plans and ensuring that Customer Service Centre advisors answer calls more quickly and have better knowledge about adult social care and community-based services. Our signposting data indicates an improving situation, from April-December 2023, 25% of contacts to adult social care services were signposted to universal services and/or provided	We are reviewing how we provide information and advice, with improvements being informed by members of our Engagement Panel. A mystery shopping exercise undertaken in August 23 demonstrated a need to regularly review our website content to ensure the information provided is accurate and relevant. Therefore, we are reviewing all our webpages to ensure content is accurate and up to date. A new a service overview and a popular topics landing page helps direct people to the relevant content. Feedback from people with experience of accessing adult social care is helping us to develop our web pages and new video content to ensure it is accessible and easy to understand. We are refreshing our printed information and advice about services. This includes a hospital discharge pack for carers plus leaflets, factsheets, and other materials to be shared with people via frontline workers and LACs. As part of a wider piece of work to review the finance pathway, our customer facing financial information is being updated with input from our engagement panel members to ensure the guidance is accessible for all. We are also working to improve the information and advice resources available to our Customer Service Centre (CSC) advisors. Developing our

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		with information and advice, compared to 13% in the same period in 2022.	Information and Support Directory, which lists local organisations and community groups offering support for a range of needs, the primary signposting resource for our CSC advisors.
1.8.	People have access to equipment and minor home adaptations through our Care Technology (CT) and Occupational Therapy (OT) services. OT's and CT assessors work with people to ensure the adaptation, equipment or technology provided meets the needs of each person. Documents outlining these services are included in IR9. The OT single handed care team has successfully identified support packages which, with the appropriate training and equipment can be delivered by one carer, creating a better, more personal experience of care. The OTs in the Lightbulb team work with district councils in planning the installation of major adaptations. The Lightbulb Service is a partnership arrangement which delivers adaptations, falls prevention, and supports transition from hospital to home. It has led to reductions in completion times for DFGs and reduced length of stay in hospital.	As of December 2023, the Care Technology Service supports 1,373 individuals and is achieving 58% of its target installations per week In 2022/23, the Occupational Therapy Team processed 3,664 referrals for minor adaptations and 1,019 referrals for major adaptions (from internal sources). The team also processed 1,708 referrals from external sources, including 98 Handyperson Applications, 1,463 minor adaptations requests from the NHS and 147 from the Red Cross/VISTA. Referrals to December 2023 are up on the previous year, with 3,242 minor adaptation referrals and 849 referrals for major adaptations. A recent case study[R1.10] shows how an OT assessment identified equipment and adaptations which have made a huge difference to an individual and his family *"My bathroom is now done and I've used the toilet & boy that is life changing... I've also took my first shower this morning & again I'm over the moon with it. I have to pinch myself to make me think is this really true… I will never ever forget what you have done for me."*	We will continue to provide effective Care Technology and adaptations services and monitor their impact. We will address the waiting times for referrals for both care technology and minor adaptations. A care champions network of 30 staff support colleagues to learn more about the assistive technology available. Care Technology Referrer Training is available to staff across the care pathway with highly positive feedback received from participants. We will work with partners to develop a five-year vision for the Lightbulb service from 2024 to 2029, the Lightbulb business case was presented to our Adults and Communities Oversight and Scrutiny committee for consideration, prior to finalisation and consideration by all partners in the service.

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		Our pilot survey of people (April to June 2023) indicated that respondents were satisfied with their Care Technology and Adaptations services. The Lightbulb Service produces regular performance data and annual plans and reports Showing the effectiveness of the services it provides. Completion times for Disabled Facilities Grant (DFG) applications have reduced from 30 to 18 weeks average across the County.	
1.9.	Our Homecare Assessment and Reablement Team (HART) provide highly effective support for people to regain optimal independence. HART works closely with system partners, through integrated multi-disciplinary (MDT) meetings and HART team leaders working on wards at University Hospitals Leicester to triage and support reablement discharges. HART consistently achieves excellent outcomes.	In 2022/23, 88% of people who received reablement had no ongoing services in place, putting Leicestershire in the top quartile for this measure. At the end of December 2023 this had risen to 90%. Following discharge from hospital to reablement between October and December 2023, 89% of people were living at home 91 days later; performance which again places Leicestershire in the top 25% of councils. Despite an increasing number of people benefiting from the reablement service during 2023-24, the high standard of outcomes noted above have been maintained; 90% needing no ongoing services, and 87% living at home 91 days post discharge.	Together with NHS partners we are developing an intake model to increase the number of people who benefit from intermediate care and reablement services when discharged from hospital. We aim to increase the number of people supported at home on discharge and reduce reliance on temporary beds. Recommendations to develop the intake model have been agreed and recruitment of staff is underway. A review of HART and the Crisis Response Service is underway to ensure the teams are aligned to the new model.

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		A case study shows how HART and Community Therapy services[R1.11] worked with an individual to achieve their goals to regain their mobility with no ongoing support needs.	
1.10.	Our Learning Disability and Autism Service community enablement workers are effective in supporting people with learning disabilities to achieve independence goals. A larger proportion of people with LD are in settled accommodation and in employment which enhances their quality of life.	In 2022/23, 9.1% of adults aged 18-64 with learning disabilities were in paid employment; significantly higher than the national average of 4.8%. The Council also performs well in the proportion of adults with learning disabilities who are living in settled accommodation; at 85.6% in 2022/23, above the national average of 80.5%.	Our Learning Disability and Autism Service will continue its work to support people with learning disabilities to live their best life and maintain independence in the community.
1.11.	Our commitment to supporting unpaid carers is reflected in the LLR Carers Strategy (2022-25)[IR 33] which aims to support carers to manage their caring role and maintain their wellbeing. We have in place a Carer's Passport Scheme, and are working to develop carer-friendly communities, and ensure carers are well-informed about wellbeing, care, and support. We identify carers through a range of channels including the Hospital Discharge Grant for Carers (HDGfC) scheme, our care and support assessment process and through our Care Co-ordination service referral pathways. We commission a Carers Support Service from Voluntary Action South Leicestershire (VASL) which provides information, advice and support for carers and a befriending service.	As of January 2024, 1,194 carers were in receipt of support from adult social care services with 1,179 in receipt of a weekly direct payment and 3 in receipt of community respite. During 2023/24 Care Co-ordinators identified 70 carers for assessments, they now receive one-off or weekly budget. The team also signposted carers to VASL and the HDGfC scheme. The number of Carer's passports issued between 1st January 2023 to 31st December 2023 was1,327, up 382 on the previous year. Between 1st August and 12th January 2024 the HDGfC scheme processed 151 applications for payment, each carer received an average of £372. The main reasons for the grant were for domestic services and help with transport costs.	We will continue to develop and deliver services which support carers as set out in the LLR Carer strategy, ensuring that carers are recognised and supported with their caring responsibilities. Our priorities continue to be to ensure our staff are able to identify carers and knowledgeable about the support available. We are working to improve the information available, which supports self-identification and access to support. Groups of carers are being invited to review the councils Carer's web pages to make sure the information is up to date, relevant and useful for our carers. We will continue to promote the HDGfC scheme, through social media and other channels with the aim to identify and support more carers across the county and reach more diverse communities.

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	Voluntary Action South Leicestershire (VASL) are supporting us with the Hospital Discharge Grant for Carers (HDGfC) scheme. VASL administer the scheme and process payments. The scheme has been publicised on our social media platforms and at public events including, the Learning Disabilities Conference, (Sept 2023), Festival of Practice (Oct 2023) and also at the Carers Rights Day (Nov 2023). 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. Council webpages offer information about support, such as Looking after Someone and Breaks for Carers. There is also a range of guidance and resources for staff to embed consistency in carer assessment and care planning processes. VASLs Support for carers website is an additional source of information and resources.	The scheme has identified 121 new carers, (80% of processed applications) all of whom wish to receive further support from VASL. Feedback shows how the scheme has benefitted carers, *"Thank you, because I work F/T I can't seem to get any help! Thank you for bring amazing and the grant will really help"* *"Did not realise there was this amount of help and support available, I am very happy with all we've been able to help with in such a short period of time."* *"My husband and I are so grateful for everything; we are both over the moon with the service that is provided. It's all about knowing what is available to you as a carer."* Carers responding to our recent survey, piloted between April-June, indicated that they were generally satisfied with the services they receive, with 82% of respondents stating that they were either very (64%) or fairly (18%) satisfied. The latest available ASCOF survey results for 2021/22, showed the percentage of carers satisfied with their support was above the national average, however it also indicated that carers sought more social contact and easier access to information and advice.	We will undertake further engagement with carers to find out more about their experiences and how services could improve. We will use this feedback to explore how to better support carers to have the levels of social contact they would like and enhance carers' access to respite. Additionally, we aim to increase the level of signposting to VCSE sector organisations and community based services and improve how the Department collaborates with and supports the VCSE sector. We have been awarded Accelerating Reform Funds (ARF), to support the following projects, • Continuation of Hospital discharge grant for carers • Carers assessment including carer identification, contingency planning • Shared lives If successful, these projects will commence in March 2024.

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

We support people to manage their health and wellbeing so they can maximise their independence, choice, and control, live healthier lives and where possible, reduce future needs for care and support

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1.12.	In the 2022/23 Adult Social Care Outcomes Framework (ASCOF) survey, the Council received poor feedback about people's experience of support services and quality of life. People's control over their daily life is similar to national and regional averages. These suggest we need to continue to work with our commissioned providers to ensure services are high quality and responsive to people's needs. Responses to our survey, April-June 2023, through the annual review process, indicated high levels of satisfaction with care and support but also provided some useful initial insights into how services improve peoples' care experiences.	The ASCOF survey 2022/23, shows the proportion of respondents who felt that they had control over their daily life is 78% (up from 76% in 2021/22 and just above the national average of 77%). The proportion of service users who reported they had as much social contact as they would like was 39%, a slight improvement from 37% in 2021/22, but below the national average of 44%. The proportion of service users satisfied with their care and support in 2022/23 was 60.3% (down from 63.4% in 2021/22), lower than the national average of 64.4%. Social care related quality of life increased slightly from 18.3 in 2021/22 to 18.5 but remains below the national and regional averages. While the Adjusted social care related quality of life - impact of ASC services, improved in 2022/23 to 0.413 (from 0.408 in 2021/22), above the national average of 0.411. Suggestions made through our review process survey, April-June 2023 included: • Ensure carer visit timings are consistent so people know when to expect their carer • Provide a regular newsletter to highlight 'what's on' in the local community	All our plans to improve, outlined throughout this Self-Assessment, set out how we intend to enhance peoples' experiences. We are piloting other methods to seek regular, feedback from people who use our services to learn from a wider range of experiences and views on how services could improve - using their feedback to shape our plans. Feedback obtained by our customer experience team, from people who use commissioned services, informs our contract management and quality assurance processes to help and support commissioned providers improve their service delivery.

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		• Ensure PA services are flexible and easily accessible in the evenings	

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

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support, and treatment in response to this

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1.13.	We undertake engagement with residents, and people who use our services to ensure that our services are tailored to local needs. We have signed up to Think Local Act Personal's 'Making it Real' Framework and commissioned 'Ideas Alliance' to review our co-production practices and support us to co-produce two projects (an information pack and embedding co-production in strategic planning of mental health services). We have an active Engagement Panel comprised of people with lived experiences of adult social care, who advise us on how to improve services and contribute to decision making. Panel meetings are chaired by the Department's Assistant Director for Strategic Commissioning. The Panel review our engagement plans to ensure we are being accessible and inclusive. Our Engagement Forward Plan sets out the current and upcoming engagement activity. The	Re-procurement of Extra Care services involved considerable engagement of Extra Care tenants and their families, through two rounds of engagement in 2021 and 2022. Findings from the Extra Care Engagement is included in this Cabinet report[R1.12]. Examples of the Engagement Panel's work in recent months include: • Guidance and 'top tips' on Engagement Methods • Improvement to engagement with Carers • Advising on engagement to inform commissioning of Supported Living • Better inclusion of young people with disabilities in Home Care commissioning • Advised on a Glossary of Terms for elected members, and the general public • Suggested possible topics for future learning and development of staff	Recent Engagement panel recruitment has increased membership to 25 people. Future recruitment to the Panel aims to increase representation from under-represented groups, such as people with lived experience of dementia, sensory impairments and mental ill-health and ethnic minority communities. We are piloting different ways to engage people who use our services on an ongoing basis, outside of formal and specific consultations. This is intended to gather more qualitative feedback from people's experiences across all our services, to help us understand how well our services work for people and how they could improve. The Strategy and Planning Team will continue to oversee the Department's Engagement Process and Forward Plan, working with the Engagement Panel to ensure that our engagement activities

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	supporting Engagement Process helps staff develop and implement engagement activity, encouraging staff to seek the Engagement Panel's input. The engagement process includes principles which were co-produced with Engagement Panel members.	Our Engagement Forward Plan, the supporting Engagement Process and an example of an engagement plan are included in IR 35.	are as accessible and inclusive as possible across our diverse communities. We will also review the recommendations from Ideas Alliance and identify lessons from the co-production pilots, to take forward to improve our co-production practice.
1.14.	In line with the Council's commitment to eliminating discrimination and advancing equality of opportunity, we undertake Equality Impact Assessments (EIAs) on any decisions about changes to policy or services. Our Department Equalities Group scrutinises EIAs to ensure that possible impacts on groups with protected characteristics are identified and mitigated. The communities we serve are increasingly diverse and we recognise the need for our staff to understand and be confident when having conversations with people from different minority groups. We have in place policies, guidance, and training to improve awareness and knowledge about the experiences of people likely to have poorer access and experiences. We need to ensure that the guidance and training is reflected in practice so that people feel their needs are understood, they have a good experience and achieve positive outcomes. Our Leicestershire Learning Disability Partnership Board and 6 locality groups works	Examples of recent EIAs are included in IR 12. In 2020, the Adults and Communities Department recognised that whilst the Council had an internal Trans equality policy to support trans staff, it did not have a customer-focussed policy. Departmental working group met with trans advocates to co-produce a trans and intersex inclusion action plan, one achievement was the co-production of a [Policy and Guidance on working with Trans and non-binary people](#). The Learning Disability Partnership Board is contributing to making the LD and Autism voices heard and included by the council. The group discussed their public transport experiences and issues with bus companies to bring about changes in transport. The group have also worked to improve the availability of accessible changing places. The group have worked with Leicestershire police to raise awareness and contribute to staff training and are working with the Community	We have developed our Adults and Communities Equalities Action Plan for 2023/24. This sets out our key equalities' priorities with a focus on anti-racism, mental health, disabilities, and LGBTQ+ and how they will be delivered including through events to raise awareness and consider equalities issues and opportunities. We will develop and Anti-racism strategy and work with corporate colleagues to adopt the LGA equality framework. We are also embarking on work to gain a better understanding of the impact of our policies and training on how our services are provided and the outcomes for people from different communities.

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	together to improve things for people with learning disabilities and their carers, sharing information about services and things to do in local areas. Started in 2001 the Board includes people with learning disabilities, their carers and people from organisations in Leicestershire.	safety team regarding Keep safe places for vulnerable people.	

2A. Providing Support: Care provision, integration, and continuity
We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

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

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2.2.	We encourage regular two-way dialogue between our service and care providers to share information and identify and address key risks and issues. Our Provider bulletins and forums as well as contract management and other forums provide formal and formal opportunities for discussion. We also engage with providers when reviewing services to ensure that their feedback is taken into consideration.	We host monthly provider forums, each focused on a particular type of care provision, and publish fortnightly provider bulletins, to keep providers up to date with the latest information which supports their services. An example of effective engagement of providers to inform service design is the review of the Extra Care services contract[R1.12]. Engagement with care providers in February 2023, provided positive feedback about how we communicate with them, including that we have regular, transparent conversations and that the monthly forums are considered useful.	We will continue to communicate with providers through these channels to share information and identify and address any key risks affecting the care market and therefore peoples' safety and wellbeing. We will continue to engage providers when reviewing and recommissioning services as part of our wider drive to increase co-production.
2.3.	Robust processes for provider contract management and quality assurance are followed to support and address concerns with the quality of service delivered by commissioned providers. Our quality and contracts team build strong working relationships with our providers. Through our procurement processes and contract management we ensure that providers meet minimum safeguarding standards and ensure that their staff receive appropriate training. Quality assurance and contract monitoring guidance support the team to carry out their role consistently, providing assurance that services are safe and person-centred. Feedback from	IR 18 sets out the processes and tools we use to monitor quality of commissioned services. Provider engagement in February 2023 indicated that providers value the support provided by the quality and contracts team through open and transparent dialogue and their involvement when things go off-track. 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 81% in Leicestershire in October compared to 71% East Midlands and 76% for England. 79% of all residential care homes in Leicestershire were rated either 'good' or	We will continue to improve the quality of commissioned services through effective and strategic contracts management and targeted quality improvement activity. We will maintain and build strong working relationships with providers encouraging open and honest dialogue. We aim to further embed the feedback obtained from quality experience officers to drive on-going improvement to commissioned services to improve people's experience of care.

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	people receiving care is routinely used to inform contract management discussions. Our Provider support and Positive Behaviour Teams offer direct support to providers at to drive improvement in service delivery and improve outcomes for people in receipt of care. In terms of the quality of provision among service providers, Leicestershire compares favourably with the East Midlands region and England.	'outstanding' by the Care Quality Commission and above the East Midlands rate (74%). Similarly, a higher percentage of home care providers were rated 'good' or 'outstanding' (63%) than regionally (58%), and in line with the national average (63%).	
2.4.	In Leicestershire we support more people to maintain greater independence through community based support, with a smaller proportion of people in residential placements compared to similar authorities. Leicestershire's residential care market is smaller per head of population than the national average. Although there is a strong self-funder market in Leicestershire and registered bed capacity in older adult care homes has been growing, Leicestershire has fewer nursing care homes than similar areas, resulting in fewer options for commissioning nursing placements. This is in part due to the low levels of NHS-Funded Nursing Care (FNC) and Continuing Healthcare (CHC) determinations by local health partners. Leicestershire has a diverse and growing home care sector which enables more people to have	In March 2021, Leicestershire had fewer residential care home beds and nursing care home beds per head of population aged 75+ than the regional and national averages. A detailed overview of Leicestershire's care market is outlined in our Market Sustainability Plan. In 2022/23, the rate of permanent admissions to care homes for people aged 18-64 was 12.1 per 100,000 population, lower than the national average. The rate of permanent placements for people aged 65+ has fallen to 552.8, below the national average. Looking more widely at the use of permanent residential or nursing care during 2022/23, there were 71 people aged 18-64 per 100,000 population supported this way compared to an average of peer group authorities of 117 per 100,000 population. The equivalent figure in	We are engaging with Health partners to explore why Leicestershire has comparatively low rates of people with FNC and CHC determinations. The Integrated Care Board and City Council are working with us to align commissioning practice and support market sustainability. A CHC Training package is being delivered jointly with City and Health. Our Accommodation Review Team are reviewing people in residential care to identify if FNC would be appropriate. Our short-term plans aim to increase use of Extra Care, while longer term investment in Extra Care capacity is underway. Through our Transforming Commissioning programme, we have introduced a nursing fee rate and develop the nursing market.

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	their needs met in their own home. At the end of January 2024, we commissioned homecare for over 2,700 people, an increase of 32% in 2 years; whilst having only 7 people awaiting provision.	Leicestershire for people aged 65 or over was 1,667 per 100,000 compared to a higher peer group average of 1,762 per 100,000.	
2.5.	We acknowledge the challenges providers face with recruitment and retention of staff particularly in rural areas of the county. Our 'Inspired to Care' (ITC) service has achieved success in improving recruitment and retention among the providers it works with. Inspired to Care promotes information, advice, and guidance to help providers improve their recruitment and retention practices. The service delivered an international recruitment conference for home care providers and shared an overseas recruitment toolkit. It hosted a conference on how to use social media for recruitment and provides resources on supporting staff wellbeing. The success of the annual Care Professionals of the Year awards 2023, which celebrates the work of individuals in the sector, indicates the positive impact ITC is having on the provider market. The service also has been successful in promoting caring as a career option through schools and job centres. ITC also provides training resources and job search resources to providers and individuals considering the sector.	Although in 2021/22 (the latest data available), 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 Market Position Statement. The Inspired to Care website provides access to the resources available. The Workforce Board highlight report[IR 19] sets out its achievements to date for the year. The Care Professionals of the Year awards recognise the outstanding work being done in the social care sector throughout Leicester and Leicestershire. In 2023, 610 nominations were received for the awards, a significant increase from the 155 nominations in 2022. The award ceremony was attended by over 270 people and watched by another 451 on Facebook live. A brief summary and photos of the event are on the Inspired to Care awards gallery, Short video available on Youtube and News article on Skills to Care website as well as articles from two local newspapers[R2.1, R2.2].	We will continue to develop the Inspired to Care offer and work with providers to support the workforce. An initiative is underway with Job Centres aiming to recruit those looking for other jobs into social care roles. We are also working with partners to implement 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 working with LLR partners across health and social care to scope workforce development initiatives across the system for care workers specifically focussing on career progression opportunities.

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2B. Providing Support: Partnerships and community

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement

Ref. Code	What do we know about the quality and impact of social work practice?	How do we know it?	Our plans for the next 12 months to maintain or improve practice
2.6.	We are committed to working together with our partners to develop and improve our services. We collaborate effectively with partners across LLR to address risks to the market and jointly-commission services where possible. We work with partners from health and other local authorities to deliver joint initiatives such as the Learning Disability and Autism (LDA) Collaborative, which aims increase the number of people with a learning disability and/or autism living in a community setting rather than an inpatient setting. We regularly share intelligence on risk factors with other agencies such as through 'information-sharing meetings' with quality, safeguarding, and continuing care teams from the Integrated Care Board (ICB) and representatives of the three local Healthwatch organisations to review and consider a collective response to risks affecting the market. Our strong working relationship with the Care Quality Commission (CQC), are supported by regular operational meetings and CQC participation in multi-disciplinary meetings relating to providers in escalation.	The Agreement on Sharing Information on Regulated Social Care Organisations provides an overview of the regular information-sharing meetings.	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. 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.
2.7.	One of our key partnerships is our Home First Services. The service works closely with NHS partners to respond to people in crisis and prevent hospital admission, to support hospital discharge, and help people regain	An overview of the Home First Service is included in IR 8. Row 1.9 above, show the effectiveness of the HART service in delivering excellent outcomes for	Development of the Intake model will strengthen the partnership working arrangements and enable more people to be supported to regain their independence and achieve positive outcomes.

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	independence. The service comprises the Discharge hub which works closely with Leicester's hospitals to triage and co-ordinate discharge arrangements. HART works with NHS rehabilitation and recovery services to support people's recovery and to regain independence.	people through the Home First partnership structure.	
2.8.	Joint-commissioning across LLR is facilitated by established infrastructure including system-wide partnership forums such as; Home First, Mental Health, and LD and Autism collaboratives and strategic partnerships such as Health and Wellbeing Board and Integration Executive. A Joint Commissioning Group (JCG) provides a strategic lead for our programme of joint commissioning between the 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.	The Health and Wellbeing Board, committee details its purpose and membership. The Joint Commissioning Group (JCG), terms of reference and workplan[IR 22] outlines the group remit and commissioning activity it oversees. The LLR Living Well with Dementia Strategy 2019-2022 sets out the ambition across LLR to support people to live well with dementia, and the LLR Carers Strategy (2022-25) sets out shared priorities to recognise, value, and support carers. The LLR Mental Health Wellbeing and Recovery Support Service will invest £1m per year over the next 5 years to provide advice and support for people's emotional and mental health.	We will continue our efforts to develop stronger joint working arrangements and relationships at all levels of the organisation, from the senior strategic level through to our operational teams. We recognise this an on-going process with some aspects of partnership working being more mature than others. Our recent staff survey 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.

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

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored, and assured. We ensure continuity of care, including when people move between different services

Ref. Code	What do we know about the quality and impact of social work practice?	How do we know it?	Our plans for the next 12 months to maintain or improve practice
3.1.	Our Young Adult Disabilities (YAD) team works effectively in partnership with Children's services to support young people with eligible needs as they move into adult services. We work with children's teams to identify young people early and start the planning and preparation needed to ensure a smooth experience for young people as they transition to adult's services. Our aim is to start supporting young people as they turn 17, to make choices to achieve the best possible outcomes for more independent living as an adult.	IR 24 includes our Preparing for Adulthood strategy and pathways/processes. As of December 2023, the average age at allocation was 17.48, (target 17), young people wait 12 weeks from allocation to assessment, (target 8 weeks). A recent case story[R3.1] demonstrates how the team successfully worked with a young person with a diagnosis of autism, ADHD, and dyslexia to prepare them for starting university.	Working with our colleagues in Children and Family Services and others we will review our systems and processes and people's experiences. We will consider how we can work together to support early planning and preparation which will improve outcomes for young people and ensure best value for the Council. This includes ensuring that assessments, and joint reviews of ECHPs, are undertaken in a timely manner.
3.2.	Our Home First service works closely with health services to provide seamless support to people when they are discharged from hospital. We take an MDT approach to assess referrals from the main Leicester hospitals, community and acute out of county hospitals. We identify and co-ordinate the person's support, prioritising independence through appropriate reablement and rehabilitation. Our Brokerage team ensure the right care is in place when required, sourcing care packages from contracted providers or other specialist services. Arrangements are in place for the Council to commission D2A and home care services on behalf of health. Our Crisis Response Service refers older people with mental health conditions or probable dementia to the Unscheduled Care Hub, where they are seen by an appropriate team to address	At the end of December 2023; 55% of people discharged received reablement, 8% received short-term residential (DTA) services, while 16% received home care or other community services, 3% residential and 17% received no services. Seven requests for home care were awaiting a PoC start date, the average duration for a request to be fulfilled was 4 days. In 2022, the Shared Care Panel reviewed 90 cases. From January to December 2023, the Panel has reviewed 184 Cases, indicating that more cases require escalation of the funding decision.	Our Home First Discharge Hub will continue to support peoples discharge from hospital, working with our colleagues in health to co-ordinate services which facilitate a seamless transfer. We recognise that too many people are discharged on Pathway 2 (D2A) and we are working with our health partners to ensure more people are discharged to their own home with appropriate support. We are embedding a new Discharge to Assess 7-day review approach across Home First services and enhancing our brokerage offer to support timely discharge. As outlined under Quality Statement 1B, we are working with NHS partners to develop an intake model to increase the number of people who receive intermediate care and reablement services on discharge from hospital.

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	their needs. This helps to support people in the community and avoid admission to hospital. With local authority and health partners across LLR, we developed and implemented a LLR Framework for Integrated Personalised Care (LLR FIPC). This supports delivery of person-centred care by enabling appropriately trained social care staff to undertake delegated health care tasks and vice versa. It builds on best practice and takes an MDT approach to support planning. Where an MDT cannot reach a consensus, cases are escalated to a Shared Care Panel, with interim support provided for the person.		
3.3.	We effectively manage the risk of provider failure through our robust contract management, quality assurance and provider failure processes. Our Quality and Contracts team build good working relationships with our providers supporting early identification of the risk of failure. Providers are required to have business continuity plans in place and support is provided to ensure they are robust. Information about risks associated with providers is shared with appropriate partners including the CQC. We effectively manage provider failure to minimise the impact on peoples' safety. We	IR 25 contains processes procedures and tools we use to manage provider failure and disruptions to services Established processes and reporting are in place to manage provider failures and ensure the impact on individuals receiving these services is well managed and their safety is maintained. A recent Case Study[R3.2] shows how we effectively responded to a provider failure and identified lessons to inform future practice. During engagement from November 2022-January 2023, 81% of staff agreed that we respond to unplanned events and emergencies (e.g. provider closure) to minimise risks to	We will continue to promote an 'open door' policy to encourage providers who are experiencing financial instability to approach the Council for a confidential exploration of their circumstances, with appropriate support provided where necessary. We will continue to follow established processes to manage provider instability and failure to ensure we provide a consistent and efficient response. We will ensure that each occurrence triggers a 'lessons learned' exercise and that this is used to iterate our procedures. In 2024 we will undertake an emergency planning business continuity exercise to test our

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	communicate with the provider as early as possible to develop plans to manage the risks to individuals receiving care and care workers. Communication with people using the service and their families is also undertaken to ensure they understand what we are doing to ensure their care services will continue. Lessons Learned exercises are used to develop and refine our approach to provider failure. As well as commissioned services, we also manage instability and failure relating to direct payment or self-funder services.	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 its involvement when things go off-track.	resilience to a large scale / multiple provider failure
3.4.	We are committed to ensuring Deprivation of Liberty Safeguards are completed in a timely way, effectively managing our referrals to reduce waiting times for assessment. Our Deprivation of Liberty Safeguards Service's best interest assessors work with people whose liberty is restricted, to recommend changes to their care enabling the person to have as much freedom as possible while staying safe. We received a significantly larger number of applications in 2022/23 than the England average, however we are making significant progress to complete applications and reduce the waiting list.	In 2022/23, we received 6,150 DoLS applications, 69% of which were urgent. We completed 6,460 applications, of which 43% were granted. Leicestershire received 1,003 applications per 100,000 adults, compared to the England average of 664. We completed 1,052 applications per 100,000 adults, compared to the England average of 638 achieving a higher completion rate than peers and regional authorities. At the end of 2022/23, 860 applications were not complete, a significant improvement on previous years and better than peers and regional LAs. Our 2023/24 Quarter 3 LIN report[R3.3] shows 2,240 live DoLS in place. 5,065 referrals received, and 5,089 referrals signed off, we have 743 referrals waiting allocation.	We are continuing to address the waiting list for the service to ensure people's freedom and safety are maintained in their care setting.

3B. Ensuring Safety: Safeguarding

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

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3.5.	In Leicestershire we are committed to keeping people safe from abuse and neglect, taking the approach that Safeguarding is everyone's responsibility and support our staff to recognise and report any concerns. To support staff to effectively investigate and respond to concerns about people's safety, staff use the LRSAB policies and procedures, alongside internal policies. Our learning and development courses also provide staff with knowledge and guidance to effectively report and investigate safeguarding concerns. Systems are in place to alert our Contracts and Quality team of safeguarding concerns involving managed provider services. Concerns are assessed to determine proportionate and appropriate action.	IR 28 includes the processes and guidance we use to manage safeguarding concerns and enquiries, along with our quality assurance processes. The Council's Safeguarding Adult Assurance Framework (SAAF) Audit 2023 [IR28] provides an assessment of the effectiveness of safeguarding governance and practice. As of 31st December 2023, completion rates for the staff who require safeguarding training are: Safeguarding Adults Digital Core Learning; 20%. Safeguarding Core Webinar; 47%, VARM training; 53%. Our survey indicated that 78% of staff agreed that the Council has a positive culture which focuses on learning and promotes opportunities to improve understanding of safeguarding.	We will continue to monitor and audit our safeguarding practice and undertake actions as necessary to ensure we maintain and improve the quality of our safeguarding practice We are taking steps to ensure more staff complete our safeguarding training courses to and ensure they are equipped to carry out their role effectively. One way we do this is through our Manager's Training Toolkit[IR 36] which supports managers to ensure individual staff complete the learning required for their roles. Through our quality assurance processes we will continue to identify any training requirements and address these by working with the Council's Learning and Development Service to develop the training offer. To support staff, we are piloting MCA assessment group training and discussion sessions with teams. If successful, this approach will be used for other training where appropriate.
3.6.	Across Leicester, Leicestershire and Rutland (LLR) we benefit from strong, well-established partnership governance arrangements which oversee a multi-agency approach to safeguarding. The two Safeguarding Adults Boards in LLR (Leicester City (LSAB) and	IR 26 contains links to the LRSAB's strategic plan and annual report. The LRSAB's priorities for safeguarding, outlined in its Joint Strategic Plan (2020-25), align with the Council's priorities for adult social care	We will continue to work with partners on the LRSAB to address the key priorities in its Joint Strategic Plan (2020-25) and Business Plan for 2023-25 which focusses on raising awareness of self-neglect, improved guidance and access to resources that enable practitioners to support

3B. Ensuring Safety: Safeguarding

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	Leicestershire and Rutland (LRSAB)), meet jointly, which strengthens collaboration and oversight of safeguarding adults across LLR. All partners are committed to the SAB and regularly attend meetings. The LRSAB works closely with Leicestershire's Community Safety Partnerships (SCPs) and the Leicestershire Safer Communities Strategy Board which coordinates delivery of safer communities' objectives in the county. Joint meetings with the Safeguarding Children Partnerships (SCPs) consider cross cutting issues such as Transitional Safeguarding. The Adults and Communities Safeguarding Adults Governance Group sets its strategic priorities in relation to safeguarding practices and processes within LCC. Robust links between the SAB and the Safeguarding Adults Governance Group ensure that safeguarding policies and procedures are consistent with LRSAB priorities.	including, strengthening engagement with people, understanding and identifying the barriers faced by diverse communities, ensuring effective joint-working to safeguard adults, and supporting prevention of harm and abuse. Our Safeguarding Governance group action plan[IR 39] outlines the actions currently underway to improve our safeguarding practice. DRAFT	people who self-neglect. Improve awareness and use of the Mental Capacity Act and assessment to safeguard people, and review how agencies work together to identify and respond to domestic abuse in older people and develop plans to address any issues that are identified.
3.7.	Learning from Safeguarding Adults Reviews (SARs) is used effectively along with the findings from regular case audits and thematic audits to develop safeguarding policies, procedures, training, and guidance. Learning from SARs is promoted through channels including the LLR SAB website, Safeguarding Matters Newsletter, 7-minute briefings and Safeguarding Matters Live	IR 27 includes the SARs, learning and action plans covering the past 24 months. There are currently five SARs in progress and two completed, awaiting publication. SARs and audits have led to development of training courses such as 'having difficult conversations' and 'professional curiosity.'	We will continue to learn from SARs, and annual and thematic audits, taking action to improve safeguarding practice.

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	sessions. Our care pathway newsletters and lead practitioner briefings also include learning from SARs to improve safeguarding practice.	Feedback from our staff is highly positive, with 80% of staff survey respondents agreeing that the Council uses SARs to identify failings, learn lessons and take action to drive best practice.	
3.8.	Whilst we strive to ensure that all people who use our services feel safe and are protected from harm and abuse, the national ASC survey, shows Leicestershire performs below comparators in terms of the percentages of people who reported feeling safe. However, the ASC survey and our pilot survey suggest majority of people feel our services make them feel safe.	65% of people responding to the 2022-23 ASC survey stated they feel safe. 85% people stated that services have helped them to feel safe and secure, which is in line with the national average. Over 90% of people responding to our pilot survey stated that our services made them feel safe.	Many factors influence how safe people feel in their communities, some of which are not influenced by social care services, however we will undertake further engagement with people who use our services to understand why they may not feel safe and identify how our services could help them feel safer. We will continue to support the council's strategic safe and well outcomes to ensure that people are safe and protected from harm,
3.9.	We work closely with people to ensure they participate as much as they wish to in Safeguarding enquiries, using the Making Safeguarding Personal (MSP) approach. Clear guidance is in place to support use of the MSP principles, with regular training, advice, and support provided through lead practitioner briefings. Managers use the 'Signs of Safety' approach (a strengths-based and collaborative approach to managing risk) during safeguarding meetings, which supports the MSP approach.	During 2021/22, 68% of people in Leicestershire were asked for and expressed their desired outcomes. During the same period, 93% of people in Leicestershire who expressed their desired outcome(s) stated that their outcomes were fully or partially achieved. As of December 2023, the percentage of people asked their desired outcomes had increased to 73%, a trend of improvement over the past year. The percentage who achieved their desired outcomes remained high at 95%.	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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3.10.	Safeguarding alerts are investigated promptly with actions taken to address immediate risks within agreed timescales. Alerts meeting the safeguarding threshold are sent immediately to the appropriate worker for an enquiry to be opened. If the threshold is not met, the concern may be routed through the Vulnerable Adults Risk Management (VARM) or case management process as appropriate. An audit carried out to ensure thresholds are applied appropriately has resulted in a change to staff guidance to ensure S42 enquiries are started as needed. Our conversion rate has been considerably lower than the national average, this was due to a change in 2018, which counted concerns for welfare as safeguarding alerts, resulting in an increase in the number of alerts but no corresponding increase in the number of S42 enquiries. This has been addressed in our systems and now concerns for welfare and safeguarding are recorded separately.	During the first three quarters of 2023-24 LCC received 1,273 safeguarding alerts and started 543 safeguarding enquiries, a conversion rate of 43%, higher than the latest known national rate (2022-23) of 32%. Risks to the individual were removed in 30% of enquiries while risks were reduced in a further 52% of enquiries. Current reporting shows, 43% of alerts had been open for up to 4 weeks (with 27% open for up to 2-4 weeks) and 24% had been open for over 3 months. 31% of enquiries had been open for less than 6 weeks, with 37% open for up to 3 months, 10% for 6-12 months and 10% open for over 12 months.	We will continue to investigate safeguarding concerns promptly and consistently. We will check that our updated our processes are followed to ensure concerns are investigated and recorded appropriately, through Safeguarding, VARM or other appropriate pathways. Cases will be monitored to ensure thresholds are applied and processes followed correctly. TOM quality and performance reporting now includes measures to support timely closure of safeguarding enquiries, this will provide us with greater oversight and improve our understanding of why enquiries may be open for longer periods of time.

4A. Leadership: Governance, management and sustainability

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4.1.	Adult Social Care sits within the Adults and Communities Department alongside Adult Learning services, and Library and Heritage services, all playing key roles in supporting people's wellbeing across Leicestershire. The current management structure was implemented in 2022 following an establishment review, with experienced leaders continuing in senior roles. The leadership team are supported by experienced heads of service and strategic service managers. Our corporate and political leadership structures are well established with stable leadership in place, creating a sound basis for clear strategic and operational management and decision making. Regular communication between senior management and staff ensures information is shared through a variety of channels and gives staff an opportunity to ask questions and provide feedback.	Our organisational structure charts and information about our teams are in IR 37. Examples of our communications channels include: • Care Pathway Update newsletter • Staff Briefings (virtual & in person) • A&C Staff News Intranet Page • Service and Team level meetings	We expect to maintain stability within the current senior leadership team, any change will be managed within the wider context of stability within the departmental and council leadership team. In response to staff feedback, we are developing our internal communications to better meet the needs of staff, ensuring they are well informed and have opportunities to provide feedback. We will also address staff perceptions suggesting the visibility of senior leaders could improve. Our Director and Assistant Directors will continue to meet with staff through a variety of forums, including our DMT Roadshow and our Assistant Directors will continue to attend service meetings and lead staff briefings.
4.2.	Adult Social care leaders have a clear vision to deliver care and support for people in Leicestershire. Our adult social care strategy 'Delivering Wellbeing and Opportunity in Leicestershire' defines our approach to deliver social care, focussed on our model to prevent, delay, reduce and meet needs. Our key aims are to ensure people receive appropriate support and remain independent in their lives.	A link to our Delivering Wellbeing and Opportunity in Leicestershire strategy, and current business plans are included in IR 30. The business plans detail how each service supports delivery of our social care strategy and the outcomes within the Council's Strategic Plan (2022-26).	Our adult social care strategy will be refreshed for 2025-2029 to ensure services continue to meet the needs of people in Leicestershire building on our person centred and strengths-based approach. The refreshed strategy will also align with and contribute to achieving the Councils priorities for Leicestershire.

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	Department and Service business plans are refreshed annually to support delivery of services outlined in the strategy while responding to new opportunities.		Delivery of our department and service plans is monitored through departmental governance channels and reported to the councils Outcomes Boards on a regular basis.
4.3.	Robust financial governance supports management of the financial challenges facing the service, from reduced budgets and increased cost and demand for services. The Council's Medium-Term Financial Strategy (MTFS) is refreshed annually setting out our 4-year financial plans. We work closely with our corporate finance business partner team to forecast budgets, based on growth predictions and inflationary pressures. Regular financial reporting is considered by DMT and presented to corporate and political governance groups. A Fair Outcomes Panel has been introduced to ensure costs of new and increased care packages achieve best value for the council, while ensuring peoples can achieve the most independent outcomes. Potential opportunities to deliver services more efficiently are identified both within the department and corporately. Implementation of larger or cross-cutting initiatives is carried out with the change expertise of our corporate transformation team.	The Council's Medium-Term Financial Strategy 2023/24 - 2026/27 shows its overall spend on adult social care has risen from 36% to 39% of net budget. The Councils 'Fair Funding' Webpage highlights that LCC is the lowest-funded county council in the UK and our call for change. Our staff survey provided positive feedback 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 our strategic priorities. We shall continue to work within the department and with corporate colleagues to identify and deliver initiatives that support more efficient ways to deliver adult social care services.

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4.4.	Well-established arrangements are in place to monitor the performance and quality and risks to service delivery. The department management team (DMT) meets weekly to consider strategic and operational matters including, performance, budgets, and risk. Reports are considered at quarterly Adults and Communities Overview and Scrutiny Committee meetings, which has oversight of adult social care duties and functions. The Adult Social Care risk register[IR 32] is reviewed regularly by the DMT. Risks which meet the corporate threshold are included in the Corporate Risk Register and reviewed by the Corporate Governance Committee. Our Corporate Business intelligence service support performance reporting through development of a suite of Tableau dashboards, and regular performance reports. DMT and overview and scrutiny committee review performance reports on a regular basis. Operational dashboards introduced through TOM support continuous service improvement. Performance data and outcome measures are reviewed by heads of service each week any emerging challenges are identified and action is taken to address concerns.	DMT meetings, held each week, focussing on Finance & Performance, Transformation, strategic decision making, plus a Senior leadership team meeting. The purpose of each meeting is outlined in A&C Management and communications structure [IR 31]. Adults and Communities O&S Committee Meetings and YouTube Channel. Recent reports to the committee include an update on Implementation of the LLR Carers strategy, Joint living well with dementia strategy, Market sustainability and improvement fund, the LLR SAB annual report, and Managing Demand in Adult Social Care. The Corporate Governance Committee meets every two months, the most recent papers are available on our website: Risk Management Update Nov 2023 and Corporate Risk Register Nov 2023. An Annual Delivery Report sets out overall performance each year. Use of the Adults and Communities operational and performance Tableau dashboards remains high with over 400 individual staff members making around 9,500 views per month on average during 2023.	We will continue DMT and SLT meetings to monitor performance and risks, maintaining strong links and regular and open communication with the Lead member and Scrutiny Committee, ensuring full oversight of delivery of adult social care services. We shall continue to monitor and update and review our risk register in line with our corporate risk management process. We will learn from and share good practice through the corporate 'risk champions' network. We will continue to embed a data driven approach to monitoring and managing service performance, ensuring staff at all levels understand the need for accurate and consistent recording to improve evidence-based decision making. We will work with our business intelligence team to refine and develop our Tableau performance reports. We shall continue to make effective use of data and insights from services through our Improvement Cycle processes to inform continuous service improvement.

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4.5.	The Council has a strong commitment to eliminating discrimination, advancing equality of opportunity, and fostering positive relations in its communities. The Equalities Strategy supports this commitments and includes priority actions, such as working with partners to increase community cohesion, tackle hate crime and ensuring that services are accessible and inclusive. Adults and Communities has its own Equalities Group (DEG) which develops and delivers our action plan. The DEG also reviews Equality Impact Assessments to ensure any impacts of service developments are identified and mitigated. Staff worker groups (Disabled Workers Group, LGBT+ Staff Network, Diversity Champions Network, and the Black, Asian and Multi-Ethnic Network) provide opportunities for officers who share protected characteristics to discuss issues, promote development, and offer moral support and guidance. There is a strong learning and development offer for staff around EDI, with high training completion rates in the Department.	IR 12 contains documents that outline the council's commitment to Equality, Diversity and Inclusion. The Leicestershire Communities Webpage 'Leicestershire Equalities Challenge Group': Includes terms of reference, meeting documents and newsletters. Examples of staff guidance and tools in place to support equalities, diversity, and inclusion include: • Equality Impact Assessments[IR 12] • Support with Hate Crime and Incidents [R4.1] • Menopause Support [R4.2] Council Webpage An Inclusive Workplace summarises the Council's equalities commitments and accreditations. • Stonewall Top 100 Employers Index • Disability Confident Employer • British Sign Language Charter • Race at Work Charter • An 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. The training available to staff includes 'Promoting Fairness & Respect' (86% completion rate in the	A revised LCC Equalities Strategy and plan will be developed, led by the Corporate policy team. Our Department Equalities Group (DEG) will continue to develop and deliver our departmental Equalities Action Plan[IR 12], identifying actions to further equality and diversity in our workforce and our services. This includes a focus on raising staff awareness about the DEG, equalities priorities and providing resources to support consideration of equalities issues at service and team level. We are developing a Race strategy, and delivering anti-racism training to staff. We shall also work with our corporate colleagues to adopt the LGA Equality Framework for Local Government Considering how we can use data to develop robust reporting to show change in equality of experience and outcomes for people. We will also increase uptake of training in areas of 'Managing Disabled Staff,' and 'Menopause Awareness' which only 1/3 staff have completed. Guidance has been created for Care Pathway Managers to support them to ensure their teams complete mandatory training on a rolling basis, to

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		Department, increasing from 71% in January 2023), Managing Diversity, Equality and Respect' module (remains at 76%) and 'Unconscious Bias' training, which is completed by all ASC managers. 75% of our staff survey respondents agreed that equalities and diversity are embedded throughout the Council and the Department. This is considered a strong area by staff, although workshop comments suggest that greater awareness and engagement with the work of the Departmental Equalities Group would help to embed the principles more consistently. Staff Survey results indicate that disabled staff are less satisfied than average and feel less able to speak up and challenge.	be monitored in supervision sessions. Departmental dashboards have been developed to assist managers to track completion of training within their teams. The Council's Disability Task and Finish Group has developed an action plan to improve disabled staff representation and development.

4B. Leadership: Learning, improvement, and innovation

We focus on continuous learning, innovation and improvement across our organisation and the system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research

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4.6.	Adults and Communities has a strong focus on continuous professional development which supports our workforce and delivery of high-quality services. Working with our corporate	Engagement of Community Support Workers led to a revised model, whereby new CSWs commence as trainees on Grade 8, progressing to Grade 9 following completion of a diploma in Social Care. A Grade 10 Senior CSW role was introduced to reflect the responsibilities and case	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. We will continue to explore opportunities to enhance the personal development of our staff to ensure that they are

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	Learning and Development team, we offer a wide range of training and development opportunities. We offer several schemes which provide development opportunities: • Step up into social work, a degree apprenticeship for existing staff • ASYE (Assessed and supported year in employment) programme, for newly qualified social workers • Best Interest Assessor and Approved Mental Health Professional training, for level 2 qualified social workers. • Trainee Community Support worker programme provides mentoring to support learning and developing into the CSW role. Managers also follow the corporate Annual Performance Review (APR) process and Supervision Policy to support and develop staff, with guidance available for managers to support performance management[IR36].	complexity managed by senior CSWs, and their role in inducting, mentoring, and overseeing trainees. 47 CSW trainees are currently being supported to undertake the diploma in social care Two cohorts have graduated the social work apprenticeship scheme, 15 of our CSW's are now registered with social work England. Learning and Development Adults and Communities Delivery Plan 2023-24[IR 36]. The overall completion rate for mandatory training[R4.3] increased from 55% in January 2023 to 81% at the end of December 2023.	able to develop further competencies and fulfil their aspirations. Introduction of a new Transfer policy[R4.4] will enable workers to apply for equivalent roles in other teams, through a shortened selection process giving them an opportunity to broaden their experience.
4.7.	We seek to innovate and develop new ways of working, learning from others to deliver service improvement. This is demonstrated through service transformations such as implementation of TOM in partnership with Newton Europe, digitalisation of services and increased deployment of assistive technology in partnership with Hampshire County Council, and	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.	We continue to work with partners to deliver change such as the Regional and national work to improve waiting (IMPACT). Priority actions identified through recent Peer Reviews and the Annual conversation are being delivered through our service plans and other initiatives.

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	the 3 Conversations approach with Partners4Change. Sector-led improvement plays a role in our learning and innovation. We work with partners through East Midlands Association of Directors of Adult Social Services (EM ADASS) forums. We also participate in peer review processes including the EM ADASS Annual Conversation. Our peer review in 2022 examined how effectively our information advice and guidance provision contributed to our aims to promote wellbeing and independence. The findings and associated action plan were reported to Overview and Scrutiny Committee. The Annual Conversation 2023, supported preparations for CQC assessment. Findings from the Annual conversation were incorporated in our Improvement plan and reported to the Overview and Scrutiny committee.	TOM Brochure[R 1.1] outlines the achievements delivered through implementation. This LGA Case Study outlines the Council's digitalisation partnership with Hampshire County Council. The Council leads and chairs several regional development forums including the regional IMPACT project, the CHC network, and the care markets network. The Department Improvement Plan[IR30] includes projects that are currently in delivery. Progress with these projects is reported through the appropriate governance route, while overall progress with the Improvement Plan is monitored and reported to DMT and Scrutiny committee on a regular basis.	We will continue to participate in the EM ADASS SLI process to learn from good practice and drive improvement activity.
4.8.	We have taken steps to increase the extent to which we engage with people and learn from people's experience of services through surveys, specific engagement activity and complaints. We are also developing our co-production activity, involving members of our engagement panel and seeking external support to enhance our capability to co-produce effectively.	In addition to the annual Adult Social Care Survey (ASCS) and the biennial Survey of Carers in England (SACE), we also use the following methods to seek feedback from people; Our Engagement Panel, Continuous Satisfaction Monitoring survey, and pilot Survey of people who use services through our annual reviews, as well as feedback from the 3 Conversations pilots.	We intend to test different methods to obtain people's feedback to ensure the quality and quantity of feedback provides strong evidence to inform planning and decision making. We will further develop our processes to critically assess the feedback received and use the learning in service planning to deliver improvements to our services.

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		We are testing a new telephone survey carried out during practice development cycles. An example of recent engagement and consultation for a specific piece of work is our engagement for Dementia Strategy[IR30 and R4.5].	
4.9.	We are committed to supporting the wellbeing and resilience of our staff, through a range of resources available and manager support. As a Mindful Employer, the Council provides and promotes wellbeing support information, resources and training for staff and managers. Our Learning and Development team provides Mental Health First Aid training to develop a network of Mental Health First Aiders (MHFAs) who can support colleagues' wellbeing. The Council also provides in-house counselling with trained wellbeing advisors, these are available to all staff, including managers and MHFAs who 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)[R4.6] demonstrates our commitment to the Charter and our plans to improve further. In the 2023 Staff Survey, 57% of Adults and Communities staff stated that they feel stress does not affect their performance (lower than the Council average of 61%). The proportion of Adults and Communities staff who stated that they felt their work-life balance was right, was 77% compared to 80% across the Council. The Council Employee Wellbeing Service provides a range of services which support wellbeing. Services are promoted through regular wellbeing bulletins and 'Support with Mental Health'[R4.7] intranet pages. The 2023 Staff survey indicates 94% of Adults and Communities staff know how to access the wellbeing services. For A&C staff in 2022/23, 50 new referrals were made to the staff counselling service, and 541 counselling sessions were	The Department will seek to improve staff wellbeing by promoting the wellbeing support available and encouraging managers to maintain frequent communication with their teams. Development of trauma informed practice will further support staff to manage their wellbeing. The Corporate Wellbeing Plan for 2023/24 is being finalised and A&C leads are being identified to support promotion and engagement in delivering the Plan.

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		delivered. Data for 2023/24 Q1 shows an increase in new referrals (18 compared to 10 in 22/23) which suggests promotion of the service may be increasing uptake. From 2013 to the end of September 2023, 152 A&C staff have attended the MHFA 2-day course, with 19 staff completing the course in 2023. Between 2016 and the end of September 2023 the MHFA Awareness course was attended by 106 A&C staff, with 11 staff completing the course in 2023.	

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