Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: **THURSDAY, 13 NOVEMBER 2025**
TIME: **5:30 pm**
PLACE: **Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

Members of the Committee

Councillor March (Chair)
Councillor Cole (Vice-Chair)

Councillors Batool, Joannou, Kaur Saini, Orton, Russell and Sahu

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:

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If you have any queries about any of the above or the business to be discussed, please contact: Katie.Jordan@leicester.gov.uk or Julie.Bryant@leicester.gov.uk of Governance Services. Alternatively, email committees@leicester.gov.uk, or call in at City Hall.

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PUBLIC SESSION

AGENDA

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1. WELCOME AND APOLOGIES FOR ABSENCE

To issue a welcome to those present, and to confirm if there are any apologies for absence.

2. DECLARATIONS OF INTERESTS

Members will be asked to declare any interests they may have in the business to be discussed.

3. MINUTES OF THE PREVIOUS MEETING

Appendix A
(Pages 1 - 10)

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on Thursday 26th June have been circulated and Members will be asked to confirm them as a correct record.

4. CHAIRS ANNOUCEMENTS

The Chair is invited to make any announcements as they see fit.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

Any questions, representations and statements of case submitted in accordance with the Council's procedures will be reported.

6. PETITIONS

Any petitions received in accordance with Council procedures will be reported.

7. CQC REPORT

Appendix B
(Pages 11 - 144)

The Strategic Director for Social Care & Education submits a report to present the outcome of the Care Quality Commission assessment of Adult Social Care and the action plan developed as a result.

8. PROPOSAL TO IMPLEMENT THE CARE ARRANGEMENT FEE IN ADULT SOCIAL CARE

Appendix C (Pages 145 - 180)

The Director for Adult Social Care and Commissioning submits a report setting out the background on a proposal to implement an optional care arrangement fee.

The report also outlines the measures that will be introduced to support self-funders in their decision making, should this arrangement be introduced.

9. WORK PROGRAMME

Appendix D (Pages 181 - 186)

Members of the Commission will be asked to consider the work programme and make suggestions for additional items as it considers necessary.

10. ANY OTHER URGENT BUSINESS

Appendix A

Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 26 JUNE 2025 at 5:30 pm

P R E S E N T:

Councillor March – Chair
Councillor Cole – Vice Chair

Councillor Batool
Councillor Orton
Councillor Sahu
Councillor Kaur Saini
Councillor Russell

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129. WELCOME AND APOLOGIES FOR ABSENCE

It was noted that apologies for absence were received from Councillor Joannou and Kate Galoppi.

130. DECLARATIONS OF INTERESTS

The Chair asked members to declare any interests in proceedings for which there were none.

131. MINUTES OF THE PREVIOUS MEETING

The Chair highlighted that the minutes from the meeting held on Tuesday 6th May 2025 were included in the agenda pack and asked Members to confirm whether they were an accurate record.

AGREED:

It was agreed that the minutes for the meeting on Tuesday 6th May 2025 were a correct record.

132. MEMBERSHIP OF THE COMMISSION 2025/26

The Membership of the Commission was confirmed as follows:

Councillor Melissa March (Chair)
Councillor George Cole (Vice Chair)

Councillor Misbah Batool
Councillor Manjit Kaur Saini
Councillor Sarah Russell
Councillor Jenny Joannou
Councillor Hazel Orton
Councillor Liz Sahu

133. DATES OF MEETINGS FOR THE COMMISSION 2025/26

The dates of the meetings for the Commission were confirmed as follows:

26th June 2025
28th August 2025
13th November 2025
15th January 2026
12th March 2026
23rd April 2026

134. TERMS OF REFERENCE

The Commission noted the Scrutiny Terms of Reference.

135. CHAIRS ANNOUNCEMENTS

The Chair advised that she did not have any announcements to make.

136. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

137. PETITIONS

It was noted that none had been received.

138. CQC VERBAL UPDATE

The Strategic Director for Social Care and Education provided a verbal update on the CQC position.

It was noted that the initial draft of the report had been received six weeks ago for the purpose of accuracy checking. A detailed response, including comments

had been submitted. The draft report was over 50 pages in length. An accuracy check was completed and returned, but no further correspondence had been received at the time of reporting. No publication date or proposed amendments had been shared. The Commission would be updated as soon as further information became available.

In discussions with Members, it was noted that:

Members discussed the issue of factual accuracy within the report, querying whether it reflected inaccuracies, misunderstandings or disputed interpretations. It was confirmed that draft reports would be circulated and if any inaccuracies were identified a formal response could be submitted for review by CQC, which had happened. The response identified inaccuracies and omissions. Members expressed frustration that the report remained under embargo and that the timescale provided by the inspecting body was not helpful.

Clarification was given that the inspection process operated differently from others, with no clear timeframe or urgency for publication.
The potential involvement of a quality assurance team was raised. However, it was explained that no such team was in place. Instead, a moderation panel which comprised of other inspectors would carry out this role. Members queried whether the delay had implications for the organisation. It was noted that while all reports contain areas for improvement many of which were already recognised internally the absence of a published report limited the ability to move forward with clarity.

AGREED:

The report would come to a future meeting once received.

139. DEMENTIA SUPPORT ENGAGEMENT

The Head of Strategic Commissioning for Social Care and Education gave the commission an overview of the commissioned service for Dementia Support.

Key points to note were as follows:

- The reports set out the process of formal engagement which would be published on the Citizen Space consultation website.
- The purpose of the engagement was to understand the support and services required for those affected by Dementia. The aim being to gain an understanding from a broad mix of people.
- The Dementia Support Service was currently jointly commissioned, up until March 2026, with Leicester City Council, Leicestershire County Council and the ICB. An extension could give more time for a full review and proposals.
- The formal engagement work was being carried out by Leicester City Council, and it was hoped that there could be co-production with those

living with Dementia.

The Chair thanked the officer for the overview and welcomed questions and comments from the commission. Key points to note were as follows:

- There was an emphasis on early support of carers, this was delivered through the Dementia Support Service provider Age UK.
- Benchmarking with other local authorities had taken place to maintain the best model for Leicester. Commission members noted that Leeds City Council demonstrated success in gaining the voices of the people and it was agreed that this would be a good comparative source.
- Leicester had a strong record of co-production, and the wider engagement meant that more lived experience could be taken into account across the differing communities.
- The model ensured that contract figures could be reviewed separately, meaning Dementia and Carer contract numbers would not be accounted for twice.
- The contract totalled £464k annually, Leicester City Council contributing £116k. Figures could be shared with the commission showing the number of carers with specific needs, such as those caring for people with Dementia, carers with SEND or younger carers.
- Communications were being improved to help people to navigate and access support online. The commission suggested exploring how existing organisations, such as the over 50's support group The Silver Foxes, could signpost carers with Dementia to the service.
- There was a continued challenge in supporting carers with Dementia. Focus groups and communication assisted in this area so that reasonable adjustments could be made.
- Results of the engagement would be publicly available on Citizen Space and would be shared with the commission.
- The work was underpinned by the Equality Impact Assessment, and this could be shared with the scrutiny commission.
- Best Interest assessments could capture valuable information and learnings on lived experience could come back to the scrutiny commission.
- It was noted that those defined as 'Carers' did not always elect to use this title, and this could make engagement problematic.
- The commission suggested a broader scope to include other support groups where people might go on to develop Dementia, such as Parkinsons support groups.
- The commission raised the issue of efficacy of services and questioned if those requiring Dementia support might present as carers and not be counted towards figures for Dementia carer's assistance.

RECOMMENDATIONS:

- Dementia Support Engagement - To explore the community work in Manchester which captures the voices of local people.
- Dementia Support Engagement - Further consideration to take place on engaging with existing groups such as the Silver Foxes & Parkinsons

support groups.
- To consider similar strategies as Leeds and Manchester to gain the voice of the people.

AGREED:

- To provide figures on numbers of people being supported with Dementia and the numbers of carers with their own support needs.
- Results of the engagement would be shared with the commission.
- To share information on the Equality Impact Assessment with the scrutiny commission.
- To bring case studies on lived experience.

140. SOCIAL CARE AND EDUCATION QUARTERLY DASHBOARD

The Strategic Director for Social Care and Education updated the Commission on the new Social Care and Education quarterly performance dashboard designed to support scrutiny by offering improved access to data and enabling more effective oversight and questioning. It was noted that:

- The dashboard was initially created in Excel format and included a range of financial, workforce and performance metrics across Children's, Adults and Education services.
- Although the data had not yet been fully verified, it provided a working example of what the dashboard would contain and how it might be used.
- Plans were in place to eventually host the dashboard on a web page to improve navigation and usability over time.
- The dashboard aimed to show direction of travel and included comparisons with national data and statistical neighbour groups to help contextualise performance.
- It was intended to be updated on a quarterly basis, with some time lag in data availability expected.
- Key content would include financial information, budget variances, and a series of selectable graphs to help interpret trends.
- The dashboard would also provide context for local data, comparative analysis, and actions being taken in response to trends.
- Further detail would be included on external providers, such as CQC ratings, usage and cost data relating to the most frequently used and most expensive providers.
- Information on volumes across different care settings would also be included, covering both adult domiciliary care and children’s services, including those leaving care.
- A new set of statistical neighbour comparators had been introduced, including areas such as Birmingham, Coventry, Luton, Manchester, Nottingham and Wolverhampton, although it was noted that not all were considered directly comparable.

In discussions with Members, the following was noted:

- Members welcomed the transparency of the new dashboard and the opportunity it presented for improved scrutiny and questioning.
- Members noted the importance of having governance arrangements in place to ensure that patterns such as rising placement costs or increased use of unregulated settings were escalated and addressed.
- It was confirmed that the dashboard was intended to support strategic-level oversight, with operational data and early intervention continuing to be handled by service teams.
- The dashboard aimed to democratise access to information, allowing elected members and scrutiny bodies to examine trends independently and raise questions.
- Members asked whether a model similar to performance oversight panels used elsewhere, such as in Cambridgeshire, could be introduced locally to investigate red flag areas in more depth. It was explained that several forums were already in place, including departmental management meetings, lead member briefings and the Education, Health and Care Board, where performance data was scrutinised and turned into actions.
- It was acknowledged that historically, a wide range of performance information had not been made available on a regular basis. The dashboard aimed to change this and encourage broader challenge from different perspectives.
- Concerns were raised that the focus should not only be on monitoring but also on acting to improve long-term outcomes. Members asked whether outcomes, rather than outputs, would be measured and tracked.
- It was confirmed that outcome measures would be included where possible, and that the dashboard could evolve over time based on what data was available and what members wanted to see.
- Members highlighted the importance of ensuring the data supported a “triangulated” approach to understanding performance, and not be seen as a standalone source of truth.
- The limitations of comparative data were discussed, with members noting that some statistical neighbours were not truly comparable to the local context.
- There was support for the use of a live, accessible dashboard, but members raised questions about how to encourage regular engagement with the data beyond formal meetings.
- It was noted that there was a risk of drawing incorrect conclusions by focusing too narrowly on data without the broader context.
- A live example was shared of a past inspection in which unfamiliar data requests had revealed issues previously unconsidered, reinforcing the importance of diverse data perspectives.
- It was emphasised that the dashboard should be used to prompt questions and generate discussion, rather than as a tool to provide definitive answers.
- Questions were raised about agency staffing levels and whether there were plans to reduce reliance on agency staff in order to promote cost

savings and improve continuity of care. Agency use was minimised wherever possible, though some reliance remained in hard to recruit areas such as Level 3 social work roles. Across adult social care and safeguarding, fewer than 20 agency staff were in post at any one time within a workforce of around 470.

- Members welcomed the inclusion of workforce data but requested further breakdowns, such as distinctions between children's and adults' staffing, and between domiciliary and residential care provider data.
- It was explained that children's agency staffing had been prioritised due to higher levels of use, while it had not been a significant issue in adult services. However, members' suggestions could be explored further through the Commission's annual workforce item.
- A request was made for clearer time series data to avoid over-fixation on small changes. It was noted that the dashboard did contain time series graphs to highlight more statistically significant trends.
- Members supported the dashboard as a valuable starting point for improving scrutiny and emphasised the need to develop habits around year-on-year comparisons to better understand change over time.

AGREED:

1. That the report be noted and that members welcomed the idea of the dashboard.
2. The Virtual schools report to be circulated.
3. Rational between residential and domiciliary care to be added to the work programme.
4. Agency rates to be added to the next workforce item.
5. Diverse by design to be added to the work programme.

141. EARLY ACTION UPDATE - LEADING BETTER LIVES

The Head of Strategic Commissioning for Social Care and Education presented a briefing on the Leading Better Lives work to date. Key points to note were as follows:

- The 'Think Local Act Personal' approach had been adopted in terms of vision for the city and every person with care and support needs. There was an emphasis on doing what is important for people, including unpaid carers.
- Work was centred around co-production.
- When compared to other Local Authorities, Leicester did tend to support more people and this brought financial challenges.
- Early intervention was key.
- Work had commenced with the Ernst and Young Consultancy in the previous year. The aim was to create an ethos of one council one culture, early action and a strength based community.
- A significant exercise, including the Voluntary, Community and Social Enterprise (VCSE), had seen mass engagement across the city,
- The VCSE were invited to host focus groups and talk with people.

- An online survey gathered responses around; what was good, what should change and future aspirations. A rich data pitch was collected, capturing the voices of people and the communities. Lived experience was shared.
- There was an even spread of people across the workgroups, a third of people were from the Council, Police and Crimes Commission Office and NHS, a third from the people and communities and a third from the VCSE.
- The data was examined, and four prevalent themes were identified; loneliness, not feeling listened to, information signposting, use of online technology. Other themes included GP equipment and anti-social behaviour and this feedback was passed to the corresponding organisations.
- Co-produced action plans resulted in multidisciplinary meetings, drop-in sessions within local communities, information and guidance surrounding online support.
- The projects consisted of:

o Project 1 - Increase social inclusion – Public Health were leading on this, it was noted that they had an excellent infrastructure. This entailed door knocking and checking in with others, providing local tailored support. Pilot areas were being identified.
o Project 2 – The Head of Strategic Commissioning for Social Care and Education was leading with a task and finish group. The mission being to bring a city centre showcase event together on the 13th September, highlighting the significant work taking place. Invites were going out to the VCSE, NHS and other partners offering free pitches to promote their work.
o Project 3 – Consisted of multidisciplinary drop ins, working closely with the Housing and Enablement teams. This entailed front door work before people needed Adult Social Care involvement. Assistance offered included housing, income maximisation, debt recovery support via local drop ins.
o Project 4 – Collaborating with community leaders, it was known that there was a lack of people wishing to visit the city centre. Engagement and collaboration could take place via local events with community leaders, showcasing local services.

- The next steps were to work hard on the action plans and hold an all encompassing event on 20th October to review the work and consider how to take things further corporately.

The chair thanked The Head of Strategic Commissioning for Social Care and Education for the presentation and welcomed questions and comments from the commission. Key points to note were as follows:

- The engagement strategy was vital, and the aim was to make things as welcoming and attractive as possible. A corporate communications team was on board, and media coverage such as radio would be utilised. Street performers would be present and it was hoped that this would draw people into the city centre.
- Regarding evaluation of success and value, tick box questionnaires provided information, and data analysis of the dashboard was ongoing. The key revolved around interactions with people to ascertain what was

working for them.

- A grass routes wide approach within communities would aid sustainability for a long-term vision. It was recognised that wider work would be necessary in some more challenging areas were community leadership was lacking. The recruitment of the new Head of Communities would support in this area. Local events held in the area could help to meet cultural needs. A small budget was available for local activities such as the event held in the St Matthews area. Learnings would be taken from this event as to how to approach similar activities.
- It would be important to keep a flexible model in mind to promote learning and adaptability.
- Community leaders could be identified through the festival of engagement.
- There was a good history coproduction, for example with the Make it Real group and the work done with carers. There were different levels of work with people.
- Members of the commission praised the co-productive work and were keen for follow ups on the data passed to the NHS in relation to Person Centred Care Planning.
- It was suggested that links could be established with mental health cafes to combat isolation and loneliness. It was noted that The Director for Adult Social Care and Commissioning, being a member of the commission, chairs a task group connected to the public health arena.
- The commission highlighted potential misconceptions around the online presence of older groups. It was felt that whilst some older people may not use the internet, many did, so this medium should not be ignored.
- Breakdowns for work in term of city demographics were requested by the commission, for example with newer city communities such as the Turkish community.
- Local event promotion would be communicated as part of the ongoing dialogue with the communities and might also come through ward councillors. Matters remained open.
- The commission reflected how community centres can help to combat loneliness, and The Strategic Director Social Care and Education noted that the current consultation was aimed at establishing how best to use the community centres to meet the needs of the people.

RECOMENDATIONS:

- To bear in mind essential costs incurred within the voluntary sector.
- Leading Better Lives - To hold St Matthew's as an example of how to create impactful community events.
- Leading Better Lives – To receive and explore feedback from the community on the project impact.
- It was suggested that links could be established mental health cafes to combat isolation and loneliness.
- To receive follow ups on the data passed to the NHS in relation to Person Centred Care Planning.

AGREED:

- To provide breakdown figures on demographics engagement.

142. WORK PROGRAMME

The Chair reminded to Members that should there be any items they wish to be considered for the Work Programme to share these with his/her and the senior governance officer.

143. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 19:27

Appendix B

Care Quality Commission Assessment and Improvement Plan

ASC Scrutiny

Date of meeting: 13th November 2025

Lead director/officer: Laurence Jones

Useful information

- Ward(s) affected: All
- Report author: Laurence Mackie-Jones
- Author contact details: Laurence.jones@leicester.gov.uk
- Report version number: 1.3

1. Summary

1.1 This report presents the outcome of the Care Quality Commission (CQC) assessment of Adult Social Care and the action plan developed as a result.

2. Recommended actions/decision

2.1 The ASC Scrutiny Commission is invited to consider any recommendations in respect of the CQC Assessment and the action plan.

3. Scrutiny / stakeholder engagement

3.1 This paper is to be presented to the ASC Scrutiny Commission with a view to providing 6 monthly updates on progress.

4. Background

4.1 The CQC assessment of adult social care services commenced in October 2024 with onsite field work in February 2025. The report on the findings was published in July 2025 which is attached as **Appendix 1**.

4.2 The published report runs to some 50 pages and included no recommendations but does make observations on areas where improvement is advised. These are a mix of those for adult social care, for the Council as a corporate body in support of the ASC function and for the wider public sector systems that incorporates adult social care.

4.3 The report gives an overall rating of "Requires Improvement," with some areas needing development but also identification of promising signs of progress and areas of significant strength. People's reported experiences with social care were mixed — many appreciated the personalised, strengths-based approach taken during assessments and felt listened to by professionals. These positive encounters helped build tailored care plans that reflected people's needs and aspirations. While there were concerns about reduced face-to-face contact and some assessments being conducted over the phone, others acknowledged effective support and constructive communication from adult social care staff.

4.4 Access to information and navigating the local authority's systems was a challenge for some, especially for those unfamiliar with digital platforms. Nevertheless, there were examples of good practice, with some carers receiving helpful referrals and support through services like Age UK. People valued timely reviews and assessments when needs changed and praised the use of Care Technology and

minor adaptations that enabled them to remain independent at home. Although wait times and communication could be inconsistent, there were several accounts of responsive care and proactive follow-ups when services were in place.

4.5 The local authority demonstrated strong strategic planning through initiatives like 'Leading Better Lives' and 'Making It Real,' which focus on prevention, independence, and community support. While national data showed Leicester performed in line with averages for satisfaction and control over daily life, the city stood out in its uptake of direct payments, empowering people to manage their own care. Disparities in wait times across teams and lower levels of social contact were identified, but the council had already taken steps to address these challenges with clear commissioning plans and targeted strategies.

4.6 Operationally, the local authority had well-developed support systems such as crisis response, reablement services, and effective contingency planning to handle service disruptions. Their care market was responsive to demand, with no recent delays in accessing residential or homecare support. Governance structures were robust, and strong partnerships supported oversight and collaboration, although further improvements were needed in safeguarding and data quality. Staff development and learning from complaints were actively encouraged, reflecting the authority's commitment to improvement and providing inclusive, person-centred care for its diverse population

4.7 Partners in Care and Health (PCH) are a national organisation who report back to government through the Department of Health and Social Care (DHSC) on the local authority's progress post inspection and offer support for improvement. They reported to the DHSC that:

"While the Council is committed to using the CQC assessment to support ongoing improvement, there are significant concerns relating to factual accuracy and the lack of meaningful triangulation in the final report to support conclusions and ensure improvement work is targeted effectively. As a result, while the Council recognises some of the areas for improvement— many of which are already being addressed as acknowledged by CQC—the rationale for the overall rating and certain quality statement scores is not clear. This is particularly the case where no additional context or evidence has been provided to support and triangulate inconsistent findings, and the factual accuracy response provided by the Council simply led to some statements being removed, but did not result in any rescoring. In summary, the Council is taking a very pragmatic view in relation to the baseline assessment and moving forward in a way which reflects the mature, person-centred focus of the leadership team".

4.8 Many of areas identified in the report were already known to the local authority and subject to plans which have begun to make progress. For example, in respect of waiting times the "First Contact" service reported in in June 2024 that there were 700 people waiting for their initial contact to be progressed. As of 26 June 2025, there were 38 people waiting, with average wait times down to 2 weeks for the first conversation to take place. In Occupational Therapy in June 2024 there were 1116 people waiting for OT assessment. In June 2025 it stood at 288.

4.9 Since publication, ASC has conducted a process to develop an improvement plan in response to the final report including:

- Setting out key areas for improvement
- Cross-referencing actions with existing action plans and programmes
- Agreeing / reviewing priorities, scope and timescales

4.10 The department has identified six key areas for improvement:

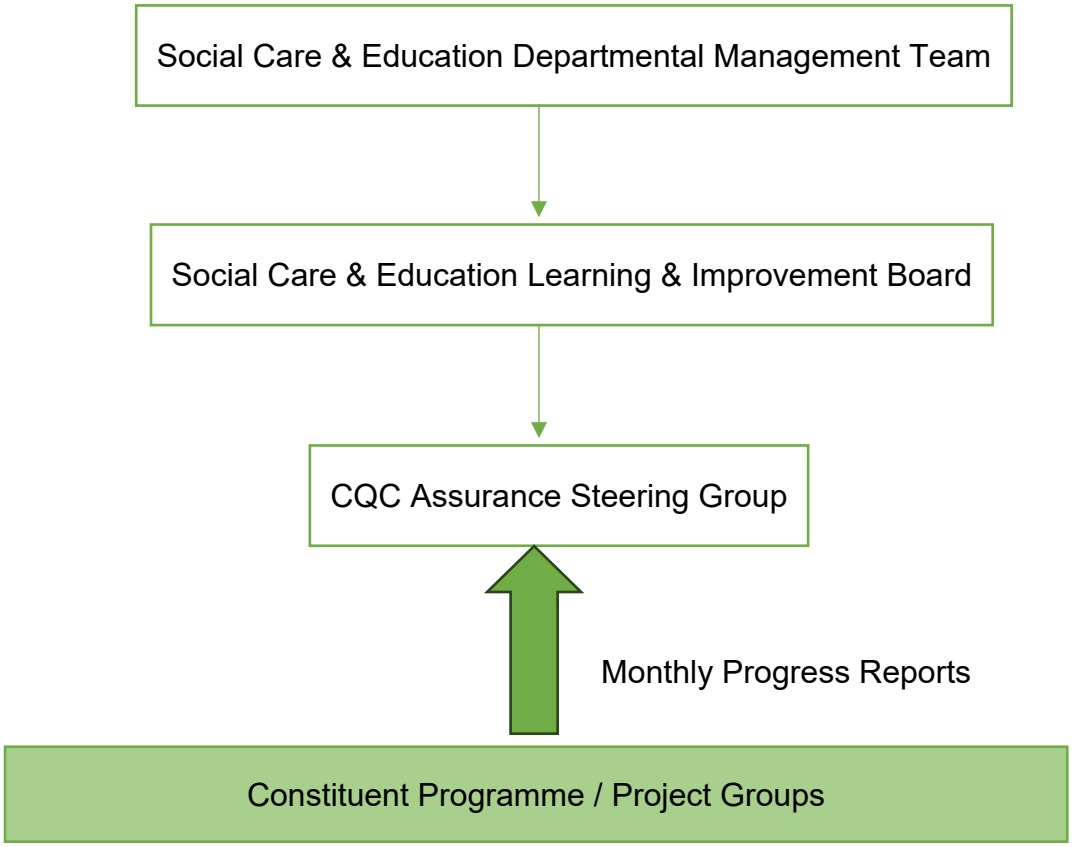
- Improving the experience of carers
- Accessible and improved information, advice, guidance, and Support provided by ASC and Advocacy
- Waiting Times and Timeliness
- Improved Data and Governance
- Safeguarding
- The care market and quality

4.11 The improvement plan is attached as **Appendix 2.**

4.12 The improvement plan details the actions that will be taken to make improvements across the six key areas. ASC will be prioritising the key areas of improvement in two phases, initially focussing on the experience of carers, waiting times / timeliness, improved data and governance, and safeguarding. That is not to say, that no action will be taken in respect of the other priorities.

4.13 The CQC Assurance Steering Group, set up originally to coordinate preparations for the assessment process, will now provide oversight of the delivery of the action plan, with monthly meetings receiving reports on progress.

4.14 The following graphic describes the overarching oversight of this process:



4.15 Six monthly reports will be provided to Lead Member, City Mayors, and Adult Social Care Scrutiny Commission.

5.1 Further Detail

5.1 The CQC provided ratings across 4 themes and 9 sub-themes, a summary of their rating and assessments for each area are shown below. This is presented without any additional commentary or comment and as the analysis from the PCH at paragraph 4.7 states there are concerns about the accuracy and triangulation of evidence leading to some of these conclusions. The overall "score" for the assessment was 56, just short of the 63 needed for a "good" rating. A score of 38 to 62 gives a "required improvement" rating.

Theme / Sub Theme	Rating
Theme 1: How the local authority works with people	
• Assessing needs	Evidence shows some shortfalls
• Supporting people to live healthier lives	Evidence shows some shortfalls
• Equity in experience and outcomes	Evidence shows some shortfalls
Theme 2: Providing support	
• Care provision, integration and continuity	Evidence shows some shortfalls
• Partnerships and communities	Evidence shows a good standard
Theme 3: How the local authority ensures safety within the system	
• Safe pathways, systems and transitions	Evidence shows some shortfalls
• Safeguarding	Evidence shows some shortfalls
Theme 4: Leadership	
• Governance, management and sustainability	Evidence shows some shortfalls
• Learning, improvement and innovation	Evidence shows a good standard

ASSESSING NEED

5.2 Leicester City Council implemented a strengths-based model for assessments and care planning, aligned with professional standards and aimed at person-centred, asset-focused support. Staff reported commitment to the approach, using tools that highlighted community resources, family, and technology. However, while some people felt heard and involved, others reported impersonal experiences, particularly with telephone assessments. Access to adult social care services was hindered by language barriers, digital exclusion, and unresponsive communication channels. Nearly a third of residents speak English as a second language, and many struggled with navigating the council's systems, feeling unheard and unsupported.

5.3 Significant delays in assessments and reviews were reported, with substantial disparities across different teams. For example, people referred to the learning disability team faced median wait times of 194 days, more than double those in locality teams. In January 2025, 2,749 people awaited reviews—over 1,200 of them for more than two years past the due date. Although efforts such as provider-led reviews and a new review team were underway, progress remained limited. The council's review rate was significantly below national averages, raising concerns about meeting care needs and increased risk due to lack of proactive follow-up.

5.4 Carers experienced long delays in assessments, with waits exceeding 700 days in some cases, despite low overall numbers on the waiting list. Feedback from carers was mixed—some felt included and supported, while others said they were overlooked or not offered assessments at all. National data highlighted high levels of financial strain and employment challenges for carers in Leicester, worse than national averages. Support for young carers was identified as particularly lacking. The council's prevention strategy included community services, assistive technology, and initiatives like "Getting Help in Neighbourhoods," aiming to support people with non-eligible needs through early intervention and community-based solutions.

5.5 Eligibility decisions were generally consistent and supported by clear staff guidance, with few complaints and none upheld. However, delays in financial assessments meant some people were billed for care without prior cost knowledge. Accessibility of financial and eligibility information was limited by the lack of translation or easy-read formats. Advocacy services were available, with timely referrals, but knowledge and use among staff varied. Advocacy was not well integrated into assessment and planning processes, raising concerns that people with complex needs might not be fully supported. The local authority needs to enhance staff understanding and embed advocacy more consistently to ensure compliance with Care Act responsibilities.

SUPPORTING PEOPLE LEAD HEALTHIER LIVES

5.6 The local authority in Leicester City has worked collaboratively with various partners to deliver services that promote independence and reduce the need for long-term care. This included initiatives such as care navigators, crisis cafes for mental health, and the restructured enablement service, all of which focused on early intervention. Through community engagement and projects like "Leading Better Lives," the authority gained valuable insights into residents' needs. A formal partnership with health services led to the creation of a dynamic support pathway, significantly reducing hospital admissions for people with learning disabilities or neurodevelopmental needs. Support for unpaid carers was also prioritised through commissioned voluntary sector organisations, although concerns remained about gaps in provision, particularly for young carers.

5.7 The authority demonstrated a long-standing commitment to reablement and intermediate care, including the Integrated Crises Response Service (ICRS) and the Reablement, Rehabilitation and Recovery Intake (RRR) service. These services helped thousands of people return home from hospital and regain independence, with the majority requiring no further care. The 'Home First' model was also instrumental in improving hospital discharge outcomes. Outcomes data showed Leicester performed better than the national average in supporting older adults to remain at home post-discharge, highlighting the effectiveness of the authority's intermediate care strategy.

5.8 Despite this, delays in occupational therapy (OT) assessments presented a challenge. Over 900 people were waiting for an assessment, with wait times extending up to 815 days. Although actions were being taken, such as re-triaging and introducing assessment hubs, staff highlighted the risk of escalating care needs due to these delays. The authority also faced temporary staffing shortages in its care

technology service, though the backlog was later resolved. Assistive technology remained a valued resource in helping people maintain independence, despite these operational challenges.

5.9 In terms of information accessibility, the local authority was taking steps to improve how residents receive advice and support. Co-produced resources and translations into multiple languages had been developed, but gaps remained in how consistently and effectively these were delivered. Many residents, particularly non-English speakers, did not receive assessments or plans in their first language. While most users found it easy to access information, a significant number of carers did not. On a positive note, direct payments were widely used and exceeded national averages, giving individuals and carers greater control over their care. The strong uptake indicated effective support from the authority, though continued monitoring is needed to ensure sustained accessibility and choice for all service users.

EQUITY IN EXPERIENCE AND OUTCOMES

5.10 The local authority in Leicester City used the Public Health Outcomes Framework alongside locally developed Joint Strategic Needs Assessments (JSNAs) to identify and understand the needs of its most disadvantaged populations, particularly focusing on ethnicity data. Their analysis revealed disparities in access and representation across different ethnic groups throughout adult social care pathways. For instance, White and Black working-age adults were more likely to engage with early contact and assessment stages, while Asian individuals were under-represented. Despite detailed ethnicity data, less was known about religion and nationality, and there were no clear plans to improve these areas. The local authority committed to co-production, aiming to engage diverse communities in shaping services and addressing barriers to equitable care.

5.11 To address health inequalities, the authority employed a Health Inequalities Framework and created roles such as Community Wellbeing Champions, who worked closely with community groups, voluntary sectors, and partners to share health information and promote wellbeing. While these initiatives helped improve health messaging and community participation, the local authority recognised ongoing challenges in engaging underrepresented groups. Various boards and forums ensured that some voices, such as those of people with disabilities and carers, were heard, but outreach to certain marginalized communities remained limited.

5.12 The local authority demonstrated a strong commitment to equality, diversity, and inclusion (EDI) within its workforce through training, forums, and task forces to embed EDI principles in care delivery. An in-house Active Bystander training was introduced to promote safe workplaces and empower staff to challenge inappropriate behaviour. Despite these efforts, partner feedback was mixed; some praised the authority's understanding of population needs, while others felt it lacked sufficient engagement with hard-to-reach groups, including asylum seekers, although recent strategic assessments had begun to address these gaps.

5.13 In terms of accessibility, the authority provided various language and communication support services, including an in-house Community Languages Service and specialist social workers for specific needs such as deafness. Collaborations with user groups helped improve the clarity and accessibility of information, although

much responsibility for sourcing accessible materials fell on individual staff. Challenges remained in providing assessment documents in languages other than English and supporting digitally excluded residents, which was significant given that 30% of the population spoke little or no English. The authority recognised the need for further development to ensure inclusive access to information, advice, and guidance for all residents.

CARE PROVISION, INTEGRATION AND QUALITY

5.14 Leicester City Council has a strong understanding of its local population's care and support needs, informed by a detailed 2023 Joint Strategic Needs Assessment (JSNA). The JSNA highlights issues such as housing shortages, mental health support gaps, and inadequate services for disabled individuals. It identifies key challenges including fuel poverty, rising demand for elderly housing, and unmet needs among unpaid carers. Community engagement through forums like 'Making it Real' further helps the authority shape services based on real experiences. However, despite positive survey feedback from service users, barriers to accessing care—such as cultural, financial, and geographic factors—remain prevalent.

5.15 The Council has developed several strategic plans to address service delivery gaps, including the Market Sustainability and Improvement Fund Capacity Plan (2024–2025), which focuses on nursing home availability and workforce support. Despite progress, there are inconsistencies in providing culturally appropriate care, particularly for Leicester's South Asian communities. Additional challenges exist around supported living, with low unit delivery against strategic targets, and high provider fees for learning disabilities and mental health placements. Collaborative initiatives like crisis cafes and housing plans aim to expand capacity, but more targeted and inclusive strategies are needed to meet the diverse demands of the city's population.

5.16 Leicester has made strides in ensuring care capacity, especially in residential and home care, with no current waiting times reported. Strategic development is underway to expand supported living, with 59 people currently on a waiting list. Short break services for carers are being reviewed, and new programs like 'CareFree' aim to enhance their wellbeing. However, respite care is more accessible for older people than for younger individuals or those with learning disabilities. The city has also used external placements where necessary, balancing proximity, service needs, and personal preferences to ensure continuity of care.

5.17 To maintain service quality and sustainability, Leicester City Council uses several oversight tools such as a Quality Assurance Framework, provider meetings, and collaborative improvement planning. While some services have improved ratings with local authority support, inspection data shows the city lags behind national averages for 'Good' rated services. Financially, while the Council distributes funds to support care providers, some partners report shortfalls and a lack of engagement with smaller local organisations. Workforce data reflects a relatively stable and well-trained sector, and future efforts will focus on recruitment, training, and retention. However, sustainability concerns persist around cultural inclusivity, contract management, and long-term provider stability.

PARTNERSHIPS AND COMMUNITIES

5.18 Leicester City Council has developed a wide range of partnership initiatives to align with both local and national objectives, focusing strongly on co-production and service user involvement. Boards such as the Mental Health and Learning Disability Partnership Boards, co-chaired by individuals with lived experience, played crucial roles in delivering Integrated Care System goals. The Joint Health and Wellbeing Strategy was overseen by a multi-agency Health and Wellbeing Board, drawing on the lived experiences of service users and carers. Notable initiatives included the Learning Disability and Autism Collaborative, which reduced hospital admissions through targeted prevention efforts and care quality reviews, and integrated services like 'HomeFirst', which improved outcomes for older people returning home from hospital.

5.19 The council adopted community-focused programmes such as 'Getting Help in Neighbourhoods' (GHIN), collaborating with trusted voluntary and community organisations to provide accessible support services like housing advice, food banks, and crisis cafés. They also partnered with health services to plan new care facilities for people with complex needs. A strong emphasis was placed on the 'Making it Real' framework, where co-production groups, comprising people with lived experience, contributed to decision-making in strategy, procurement, and recruitment. While these efforts were largely praised, some partners expressed frustration, citing a lack of genuine engagement and follow-up after consultations, suggesting a gap between consultation and true co-production.

5.20 Operationally, Leicester City Council created partnerships at system and local levels through groups like the Leicester Integrated Health and Care Group and the Carers Delivery Group. These alliances supported changes such as integrated domiciliary care and joint discharge arrangements. Although some effective collaborations were evident—like pooled funding through the Better Care Fund or improved health and housing outcomes via HomeFirst—issues persisted around communication, coordination, and formal agreements. Staff feedback highlighted both successful collaborations and challenges with inconsistent support from other local authority departments and services, particularly housing and prison services.

5.21 The council's engagement with the Voluntary and Community Sector (VCS) received mixed feedback. While over £2 million in grants supported community organisations through GHIN, some partners felt underappreciated, citing past decommissioning of vital services without replacements. Concerns included inadequate representation and communication with smaller VCS organisations, especially those supporting diverse or younger carers. Although leadership acknowledged these shortcomings and developed a VCS Engagement Strategy, criticism remained about the lack of clarity around how progress would be measured. Despite significant strides in integrated and collaborative care, the council faces ongoing challenges in ensuring that all partners feel equally valued and involved.

SAFE PATHWAYS, SYSTEMS AND TRANSITIONS

5.22 The local authority had established various pathways and flowcharts to support people through their care journeys, including referral, hospital, and transition

pathways. These tools were co-designed with partner organisations and integrated enablement and reablement principles. Safeguarding was managed through a multi-agency policy and procedure, though these lacked clarity around individual responsibilities and localised guidance, leading to inconsistencies. While high-level safeguarding risks were managed through a strategic dashboard and action plan, and staff received targeted training, not all mitigation strategies, such as the "waiting well" approach, were fully embedded across adult social care services.

5.23 To manage risks, the local authority used risk registers and collaborated closely with external agencies like the police and CQC. A multi-agency process was in place for managing providers of concern, using tools like the Intelligence Monitoring Matrix to track trends. Staff reported working effectively with partners to implement timely safeguarding actions, though some concerns were raised by partners about people struggling to navigate the system, including repeated assessments and inconsistent discharge information impacting post-hospital care.

5.24 Transition safety was supported by a “Preparing for Adulthood” strategy and various multi-agency case meetings aimed at safeguarding young people as they moved into adult services. This included joint planning with health, SEND, and housing partners. However, staff noted the transition process did not start early enough in practice, with some children lacking adequate support before the handover, resulting in gaps in care. Feedback from individuals and families was mixed, with some citing coordinated support and others reporting a lack of guidance and planning during transitions.

5.24 For contingency planning, the local authority had documented procedures in place to address provider failure and other emergencies, although these documents had not been updated recently, raising concerns about outdated information. Emergency duty and crisis response teams were in place to respond quickly to urgent situations, with the crisis response team meeting targets for two-hour interventions. These systems allowed for rapid provision of equipment or emergency respite care to maintain safety and avoid hospital admissions, demonstrating the local authority’s commitment to effective crisis management and continuity of care.

SAFEGUARDING

5.25 The local authority’s safeguarding systems were heavily reliant on the Multi-Agency Policies and Procedures (MAPP) outlined by the Safeguarding Adults Board. However, the absence of localised protocols and internal guidance created inconsistencies in managing safeguarding referrals across teams. While team leaders were generally responsible for processing and risk-assessing alerts, procedures varied widely in allocation and documentation, and staff lacked clear direction on handling different levels of risk. Though the MAPP offered a comprehensive framework, staff were more likely to consult line managers than the MAPP itself, demonstrating a gap in operational awareness and structured guidance at the local level.

5.26 Efforts to respond to local safeguarding risks included initiatives such as domestic abuse and trauma-informed support projects and Mental Capacity Act (MCA) training, commissioned in response to identified themes like neglect, self-neglect,

and abuse of older adults in home settings. While safeguarding adult reviews (SARs) informed some targeted training and practice changes, mechanisms for tracking learning outcomes and impact across the service were underdeveloped. Although briefings and training materials were disseminated, staff awareness and recall of learning from SARs varied. Furthermore, there were limited systems for tracking emerging trends or aggregating low-level concerns, creating a risk that important themes could be missed, especially with staff turnover.

5.27 Safeguarding enquiries under Section 42 were hindered by unclear responsibilities, inconsistent application of thresholds, and delays in closing enquiries. An audit identified that just 45% of threshold decisions were made within the targeted five-day window, and 75% of enquiries remained open after six weeks. Although the local authority maintained that triaged cases had appropriate safety plans, there was little evidence of robust governance or quality assurance to monitor progress or outcomes. Staff expressed confusion about managing enquiries delegated to other agencies, particularly in NHS settings, and did not consistently refer to MAPP for guidance. Partners also raised concerns about communication and the long wait times for Deprivation of Liberty Safeguards (DoLS) assessments.

5.28 In terms of making safeguarding personal, the local authority demonstrated a strengths-based approach and recorded high levels of achieved outcomes for individuals who were asked about their preferences. However, data showed a year-on-year decline in positive safeguarding outcomes, indicating the need for better engagement and follow-up. Although the authority outperformed the national average in providing advocacy for those lacking capacity, partners criticised the quality and usability of available safeguarding data. Plans were underway to gather more direct feedback from those with lived safeguarding experiences, which may support future improvements, but consistent application and evaluation of safeguarding practices remained necessary to ensure the safety and wellbeing of vulnerable adults.

LEADERSHIP

Governance, Accountability, and Risk Management Summary

5.29 The local authority had a well-defined governance structure for adult social care, with various layers of oversight including political and social care leaders, partnership boards, and coproduction forums. Governance responsibilities were sometimes embedded within specific strategies, such as the Adult Social Care Operational Strategy (2024–2029), which outlined oversight roles and success measures. While these frameworks provided a basis for accountability, the authority did not evaluate outcomes from the previous 2021–2024 strategy, making it difficult to assess long-term progress.

5.30 While meetings like those of the Health and Wellbeing Board showed strong follow-through on issues raised, scrutiny meetings in adult social care lacked sufficient follow-up on identified concerns. A case in point was the lack of action following a discussion on racial disparities in service referrals. This pointed to weaknesses in how scrutiny arrangements were used to drive improvement. Nonetheless, performance monitoring systems were in place, tracking both quantitative and

qualitative metrics, with regular audits and feedback loops built into oversight practices.

5.31 Staff feedback on governance and leadership was mixed. Some staff felt supported, while others highlighted gaps in management and inconsistent processes, which hampered effective practice. Partners shared similar sentiments, noting variability in leadership effectiveness across different areas. While some praised the authority's escalation procedures, others described the leadership as fragmented, leading to miscommunication. Safeguarding governance raised some concerns, with a lack of consistent monitoring of inquiry durations, and insufficient numbers of safeguarding audits.

5.32 There were further governance challenges in data management and risk identification. Leaders acknowledged inconsistencies in data recording, which compromised strategic decision-making. Risk registers failed to capture all known issues, such as overdue reviews. Although the local authority had robust information security measures and policies, a cyber incident in 2024 disrupted services and led to data loss. Despite this, essential services were maintained. Strategic planning documents were in place and showed efforts to co-produce initiatives with people with lived experience, though community engagement needed strengthening, especially for underrepresented groups.

LEARNING, IMPROVEMENT AND INNOVATION

Continuous Learning, Improvement, and Professional Development Summary

5.33 The local authority demonstrated a strong commitment to continuous improvement through external engagement, peer reviews, and the introduction of a Quality Assurance Practice Framework in mid-2024. This framework aimed to define and monitor good adult social care practice through regular audits and performance tracking, with results reported to oversight boards. Staff professional development was supported by a comprehensive plan that emphasized equality, diversity, and inclusion. Successful initiatives included the ASYE program and apprenticeships that transitioned into permanent roles, although staff requested more in-person and specialised training.

5.34 Peer learning and reflective practice were encouraged, but sharing of innovative practices across teams was inconsistent. Staff developed useful tools—such as easy-read templates and translated resources—but these were not always adopted more broadly, indicating a need for better dissemination of effective practice. Leaders identified learning needs through audit themes, practitioner forums, and regular staff engagement. A practice lead supported the shift toward strength-based, person-centred approaches, which staff appreciated. Despite a new data dashboard, further improvements were needed to capture accurate trends and inform improvement strategies.

5.35 The authority showed a strong focus on recruitment and retention through its “internal first” policy and career development opportunities, contributing to workforce stability. It also demonstrated meaningful coproduction by involving people with lived experience in strategy, service evaluation, and recruitment. While some concerns

were raised about representation in coproduction, groups like 'Making It Real' felt their input had real impact. Feedback was gathered through forums and shared in an annual assurance report. The authority was developing a workforce strategy and a ‘Diverse by Design’ initiative to further integrate learning into practice.

5.36 Feedback from staff and people using services was regularly sought, though leaders acknowledged the need for better systems to record and share this information. In response, new engagement groups and surveys informed action plans, addressing barriers like communication and the timeliness of support. The authority received and learned from complaints, most of which involved communication delays and unmet assessments. People said they felt informed about the complaints process. Improvements based on feedback included strategy updates and website accessibility enhancements. Overall, the authority showed a learning culture with clear plans to address identified gaps.

6. Proposed Outcomes to Track by November 2026

6.1 Nine key outcome areas have been identified to be achieved by November 2026. Annual incremental improvements will be then set for the authority to perform above national benchmarks over the coming three years. The initial outcomes are:

Theme 1: How the Local Authority works with people

Assessing Needs

1. Reduction in median and longest waiting times for assessments and reviews

- median wait for a Care Act assessment across all teams reduced from 135 days to 90 days
- for reviews: proportion of people overdue for a 12-monthly review by more than 6 months falls from its current level (706 median delay) to less than 10% of cases.

2. Equitable waiting times across teams / client groups

- The disparity between locality teams and specialist teams in waiting times should narrow to less than 5%.

Supporting people to live healthier lives

3. Improved accessibility and responsiveness of information, advice, and guidance (IAG)

- 90 % of users report (via survey) that they can “easily find information and advice about support in a way that suits me (language, format, channel).”
- All core care planning, assessment, and safeguarding documents should routinely be available in easy-read and the top 5 local non-English languages (or as requested) within 7 days of request.
- Corporate web pages should be capable of easy digital translation

4. Stronger prevention, early intervention, and support for non-eligible needs and for Carers

- Measurable increase in “prevention contacts” (e.g. care navigators, minor adaptations, self-help referrals) used before more intensive support is needed.
- A reduction in new referrals to long-term support where earlier intervention could have avoided escalation.
- A rising proportion of people supported to avoid entering higher-cost packages (e.g. hospital readmissions, institutional care) through reablement or enablement
- Increase the % of Carers accessing support groups or someone to talk to in confidence from 18.52% (SACE 2023/24)
- Reduction in the % of Carers facing financial difficulties and an increase in the % of Carers in paid employment

Equity in experience and outcomes

5. Improved equity in access, experience, and outcomes across protected and underrepresented groups

- The representation in assessment, safeguarding, and care provision should more closely reflect the demographic profile of ethnic, cultural, linguistic groups (closing the gap)
- The satisfaction with the experience of support from people of different ethnicities is broadly similar with a methodology in place to investigate variations

Theme 2: Providing Support

Care provision, integration and continuity

6. Increased uptake of direct payments

- Increase the uptake of personal budgets from 45% to 50% and to reduce the number of people ceasing direct payments for avoidable reasons (e.g. administrative issues) to nil.

7. Care Market and Quality

- New Home Care contracts commenced, with 100% good CQC ratings
- An increase from 50% good ratings in al regulated care for the entire market, not just those we contract with*
- A decrease from 14.5 % RI ratings in the regulated market for the entire market, not just those we contract with *

* Noting 34% of regulated providers in Leicester are awaiting rating by CQC

Theme 3: How the Local Authority Ensures Safety within the system

Safe pathways, systems and transitions; Safeguarding

8. Better safeguarding process performance and oversight

- All safeguarding alerts should have an initial outcome decision within 5 working days with full enquiry closure within 3 months (unless complexity and multi-agency involvement dictates otherwise).
- Governance and audit mechanisms ensure 100 % of safeguarding enquiries are routinely reviewed and lessons logged, with “no cases left without oversight.”

Theme 4: Leadership
Governance, management and sustainability; Learning, improvement and innovation

9. Data quality, performance management, and continuous improvement embedded

- Leaders routinely receive real-time, accurate data on key metrics (waiting times, outcomes, demographic equity, complaints), with less than 5 % missing or mismatched data.
- At least 95 % of social care teams participate in peer audit or case review cycles quarterly, with documented improvements or learning actions.
- Complaints and incidents produce actionable learning, and 100 % of cases of harm or complaint result in a formal action plan with tracking.

5. Financial, legal, equalities, climate emergency and other implications

5.1 Financial implications

There are no new direct financial implications arising from this report. Improvement work identified will be carried from within the existing budget.
Signed: Mohammed Irfan, Head of Finance
Dated: 30 September 2025

5.2 Legal implications

There are no direct legal implications that arise from this information sharing report. The strengths and the challenges are noted alongside the key action plans to address the key issues.
Signed: Susan Holmes
Dated: 30th September 2025

5.3 Equalities implications

The Council must comply with the public sector equality duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a ‘protected characteristic’ and those who do not.
Signed: Surinder Singh, Equalities Officer
Dated: 2nd October 2025

5.4 Climate Emergency implications

Service delivery generally contributes to the council's carbon emissions. Impacts of delivery can be managed through measures such as encouraging partners to use sustainable travel and transport options and use buildings and materials efficiently. In addition, work which encourages and enables sustainable behaviours such as increased levels of physical activity and healthy eating may have further co-benefits for tackling the climate emergency. Where relevant, information about the climate benefits of such actions could also be included in communications as part of the programmes. Where new accommodation is developed, opportunities should be taken to make the properties as energy efficient and low carbon as possible. This should be considered from the earliest stages of the projects, including through tendering processes and engagement with potential providers. Measures should include fitting high levels of insulation, low carbon heating and lighting, renewable energy sources and sustainable construction methods. Energy efficiency should also be considered as part of any refurbishment of newly purchased buildings. Alongside minimising carbon emissions, these measures would also significantly reduce energy costs for accommodation and should increase comfort levels for occupants.
Signed: Phil Ball, Sustainability Officer, Ext 372246
Dated: 24 September 2025

5.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

6. Background information and other papers:

2004 Adult Social Care Self Assessment

7. Summary of appendices:

Appendix 1 – CQC Assessment

Appendix 2 – CQC Action Plan

8. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

No

9. Is this a "key decision"? If so, why?

No

Care Quality Commission Improvement Plan 2025-2027

Theme (s)	Area for Improvement	Actions for Improvement	Commencement Date	Target Date	Lead	Deliverables	Outcomes to Track by Nov 2026
Theme 1: How the LA works with people – Assessing needs; Supporting people to live healthier lives. *Theme 2: Providing Support – Care provision, integration and continuity*	**Improving the experience of carers**	Establish new board and governance for the oversight of the delivery and review of the Carers Strategy, including Carers self-advocacy group	October 2025	December 2025	Carers Oversight Group	• Co-produced Carers strategy and delivery plan • Improved IAG offer to Carers • Community support is available for all carers including young carers • Increased number of Carers accessing commissioned support • Carers are assessed and supported effectively. • Reduced waiting times for carers assessments	**Stronger prevention, early intervention, and support for non-eligible needs and for Carers** • Increase the % of Carers accessing support groups or someone to talk to in confidence from 18.52% (SACE 2023/24) • Reduction in the % of Carers facing financial difficulties and an increase in the % of Carers in paid employment
		Commission a peer review on carers and following delivery develop an action plan to address any highlighted areas requiring attention	December 2025	TBC pending review	Carers Delivery Board		
Theme 1: How the LA works with people - Supporting people to live healthier lives	**Accessible and improved information, advice, guidance, and support provided by ASC / Advocacy**	Ensure Advocacy is sufficiently detailed in guidance for staff (on assessment, review, and care and support planning).	July 2025	November 2025	Practice Implementation Lead	• Telephony guidance reviewed and communicated to staff. • Automated Call Distribution system reviewed and messaging amended • Adult Social Care content transferred to new Leicester.gov.uk website. • Self-Referral, Professional Referral and Self-Review implemented. • Community Language Support options communicated to staff. • Improved performance against IAG maturity assessment • Reduced number of presentations to the front Door (through improvements to IAG) • Increased up take of advocacy support	**Stronger prevention, early intervention, and support for non-eligible needs and for Carers** • Measurable increase in "prevention contacts" (e.g. care navigators, minor adaptations, self-help referrals) used before more intensive support is needed. • A reduction in new referrals to long-term support where earlier intervention could have avoided escalation. • A rising proportion of people supported to avoid entering higher-cost packages (e.g. hospital readmissions, institutional care) through reablement or enablement **Improved accessibility and responsiveness of information, advice, and guidance (IAG)** • 90 % of users report (via survey) that they can "easily find information and advice about support in a way that suits me (language, format, channel)." • All core care planning, assessment, and safeguarding documents should routinely be available in easy-read and the top 5 local non-English languages (or as requested) within 7 days of request.
		Review and improve all access points, including the digital offer, to support improved navigation for people and ensuring this meets the needs of the diverse communities of Leicester.	October 2025	December 2026	Digitising Adult Social Care Group		
		Review IAG offer and develop action plan to address gaps and support improvements	January 2026	December 2026	Information, Advice and Guidance Group		

							• Corporate web pages should be capable of easy digital translation
Theme 1: How the LA works with people – Assessing needs Theme 2: Providing Support - Care provision; integration and continuity	**Waiting Times and Timeliness**	Establish effective identification and consistent recording of people who are waiting for an ASC action (including assessment, review and other key elements of their care pathway)	March 2025	1 April 2026 (changes made in line with annual reporting cycle)	Timeliness Performance Group	• Accurate reports will be available at team level, that identify people waiting for key activity – allowing for strategic decisions on action to address performance issues • People will experience broadly similar waits based on risk and need rather than the service area they are supported by • People will have a timelier response and will have clear information whilst they wait • Provider led reviews implemented.	**Reduction in median and longest waiting times for assessments and reviews** • median wait for a Care Act assessment across all teams is reduced from **135** days to **90** days • proportion of people overdue for a 12-monthly review by more than 6 months is no more than 10% of all reviews pending. **Equitable waiting times across teams / client groups** • The disparity between locality teams and specialist teams in waiting times should narrow to less than 5%. **Improved equity in access, experience, and outcomes across protected and underrepresented groups** • The representation in assessment, safeguarding, and care provision should more closely reflect the demographic profile of ethnic, cultural, linguistic groups (closing the gap) • The satisfaction with the experience of support from people of different ethnicities is broadly similar with a methodology in place to investigate variations
		Understand and address any inequity in waiting times across service areas	Nov 2025	April 2026	Timeliness Performance Group		
		Reduce waiting times and ensure people are 'waiting well'	March 2025	Nov 2026	Timeliness Performance Group		
		Implement Provider-Led Reviews	November 2025	November 2026	Contracts & Assurance		
Theme 2: Providing Support – Care Provision; integration and continuity	**Care Market , Provision and Quality**	Address market gaps through effective commissioning; and support quality and sustainability through consistency in assurance and oversight and the use of fair funding models.	October 2025	March 2031	Head of Strategic Commissioning and Head of Quality and Contracts	• Availability of respite for younger adults; and access to short breaks to support carers • Increase number of PAs • Increase the availability of suitable accommodation through delivery of 10-year accommodation strategy • Increased number of Carers accessing commissioned support • Increased number of providers offering cultural specialisms and offering culturally appropriate care • Improved CQC ratings in regulated provision • Reduced number of hand backs of contracts	**Care Market and Quality** • New Home Care contracts commenced, with 100% good CQC ratings • An increase from 50% good ratings in all regulated care for the entire market, not just those we contract with* • A decrease from 14.5 % RI ratings in the regulated market for the entire market, not just those we contract with * noting 34% of regulated providers in Leicester are awaiting rating by CQC **Increased uptake of direct payments** • Increase the uptake of personal budgets from 45%

							to 50% and to reduce the number of people ceasing direct payments for avoidable reasons (e.g. administrative issues) to nil.
Theme 3: How the Local Authority ensures safety in the system - Safe pathways, systems and transitions, Safeguarding	**Safeguarding**	Ensure learning from reviews is collated across the LA and embedded in practice	Sept 2025	Mar 2026	Learning and Development Manager	• Teams will have clear, specific guidance that has been co-produced with them • A single view of LA actions from reviews will be available and updated for assurance purposes • There will be 4 safeguarding specific audits completed each month (above 5% of activity) to inform quality assurance processes • Partners including providers will report confidence in their safeguarding work with us	**Better safeguarding process performance and oversight** • All safeguarding alerts should have an initial outcome decision within 5 working days with full enquiry closure within 3 months (unless complexity and multi-agency involvement dictates otherwise). • Governance and audit mechanisms ensure 100 % of safeguarding enquiries are routinely reviewed and lessons logged, with “no cases left without oversight.”
		Ensure detailed and consistent guidance for social work teams is in place including risk prioritisation and use of the LLR Multi-Agency Policies and Procedures.	Jan 2026 (due to recruitment)	Jul 2026	PSW and the Safeguarding Adult Practice Manager (once recruited)		
		Engage partners to understand any safeguarding pathway improvements required: • Making referrals (ease, feedback) • Thresholds	March 26	Oct 2026	Quality & Contracts Team		
		Complete safeguarding specific practice audits	April 2026	Ongoing	Safeguarding Adult Practice Manager/Quality Assurance Practice Manager		
Theme 4: Leadership - Governance, management and sustainability; Learning, improvement and innovation	**Data and Governance**	Improve the governance, quality and management of operational data to ensure leaders have oversight of accurate information out key risks	September 2025	April 2026	Performance Programme Board	• Establish Performance Programme Board • Review client level data requirements and develop recording guidance for staff • Review and identify key performance indicators • Review and amend standard performance reporting dashboards / reports • Develop and publish performance framework • Develop a suite of data quality reports • Develop data quality governance process.	**Data quality, performance management, and continuous improvement embedded** • Leaders routinely receive real-time, accurate data on key metrics (waiting times, outcomes, demographic equity, complaints), with less than 5 % missing or mismatched data. • At least 95 % of social care teams participate in peer audit or case review cycles quarterly, with documented improvements or learning actions. • Complaints and incidents produce actionable learning, and 100 % of cases of harm or complaint result in a formal action plan with tracking.

Leicester City Council: local authority assessment

How we assess local authorities

Assessment published: 16 July 2025

About Leicester City Council

Demographics

Leicester City is a culturally diverse local authority in the East Midlands. It has a total population of 379,780, with a significant portion of residents being of working age (18 to 64), numbering 245,587. The younger population (ages 0 to 17) accounts for 88,726, while the older population (65 and over) comprises 45,467 individuals. This demographic distribution highlights the predominance of working-age residents, followed by a substantial number of young citizens and a smaller proportion of elderly individuals. In 2021, Leicester City's health index score was 83.6, positioning it as the 9th lowest among 153 local authorities in the United Kingdom. This score is a composite measure that reflects various health-related aspects of the population, including physical well-being, lifestyle choices, and access to healthcare services. Furthermore, Leicester City ranks 19th out of 153 in terms of deprivation with a score of 9 on the Index of Multiple Deprivation placing it among the 20% most deprived areas in England. The ranking is based on the Index of Multiple Deprivation, which considers various factors such as income, employment, health, education, and crime. These rankings underscore significant socioeconomic challenges within the city, emphasising the need for targeted support and interventions.

The city boasts a rich ethnic diversity. Asian or Asian British residents form the largest ethnic group, comprising 43.40% of the population. White residents make up 40.88%, followed by Black, Black British, Caribbean, or African individuals at 7.80%. Those from Mixed or Multiple ethnic backgrounds account for 3.77%, while other ethnic groups represent 4.14% of the population. This cultural mosaic enriches Leicester City with varied traditions, languages, and perspectives, fostering a vibrant community. Understanding these demographics is crucial for promoting inclusivity and ensuring that services and initiatives are tailored to the diverse needs of the city's residents.

Leicester City is part of the Leicester, Leicestershire, and Rutland Integrated Care System (ICS). The local authority collaborates with healthcare providers, including the University Hospitals of Leicester NHS Trust and the Leicestershire Partnership NHS Trust, to address the healthcare needs of its population.

Politically, Leicester City local authority is Labour-led and has been under the leadership of the same City Mayor since 2011. The council comprises 54 councillors, with 31 Labour, 15 Conservative, 3 Green Party, 3 Liberal Democrat, 1 One Leicester, and 1 Independent councillor.

Financial facts

- The Local Authority's estimated total budget for 2023/24 was **£744,847,000.00.** Its actual spend for the year was **£753,646,000.00**, which was **£8,799,000.00** more than estimated.
- The local authority estimated it would spend **£187,848,000.00** of its total budget on Adult Social Care in 2023/24. Its actual spend was **£172,536,000.00**, which is **22.89%** of the total budget and **£15,312,000.00** less than estimated.
- For 2023/24, the local authority has raised the full ASC precept with a value of **2%**.
- Approximately **6505** people were accessing long-term Adult Social Care support, and approximately **1335** people were accessing short-term Adult Social Care support in the 2023/24 period. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

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

Overall summary

Local authority rating and score

Leicester City Council

Requires improvement

Quality statement scores

Assessing needs
Score: 2

Supporting people to lead healthier lives
Score: 2

Equity in experience and outcomes
Score: 2

Care provision, integration and continuity
Score: 2

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 2

Safeguarding
Score: 2

Governance, management and sustainability
Score: 2

Learning, improvement and innovation
Score: 3

Summary of people's experiences

Feedback from people regarding their social care experiences in Leicester City was mixed. Some people said their assessments were person-centred, with professionals taking time to understand the person's likes, dislikes, preferences, strengths, and wishes to create a strengths-based support plan. They also said that adult social care staff listened to them and their families, using the information to provide appropriate care and support, focusing on the person's strengths and achievements. However, some people said there was a lack of face-to-face support with some assessments having been conducted entirely over the telephone and face-to-face appointments being cancelled, which people said was disappointing.

Some carers reported a lack of support and choices during their assessments, with some saying they did not feel listened to and others reporting not being offered an assessment at all. Additionally, people described carers' support services being withdrawn and not replaced causing challenges in accessing information and advice. In contrast, some carers described receiving advice on accessible support as an unpaid carer, including a referral to Age UK for a benefits check. Some people told us family carers were offered a carers assessment during the assessment process, identifying support needs and the impact of the caring role to discuss and implement appropriate support options.

Navigating the local authority system was reported as challenging, with difficulties getting information by phone or not having the access or knowledge to navigate the local authority's online systems. Some people told us when using the telephone method of contact, they felt they were redirected to the online option of contact, with which they were not comfortable. Partners corroborated this and told us it was difficult to navigate the local authority website or get an answer on the telephone. People expressed the need for better access to information, advice, and guidance in a format that suited them.

There was mixed feedback regarding wait times for assessments and reviews. Some people described prompt responses and action taken by the local authority when needed, and that reviews took place when people's needs changed, with new outcomes discussed and agreed upon. People were positive about access to Care Technology and minor equipment which they said supported them maintain their independence at home. Other people reported long wait times for assessments and reviews and a lack of communication during the waiting period and follow up after their assessments, which they said made them feel unsupported.

Feedback for support during transitions was also mixed. Some people described a supportive and well-managed transition with support from knowledgeable staff, while others reported having had no transition pathway support and no support when exploring transitional support options.

Summary of strengths, areas for development and next steps

Local authority data indicated there were disparities in waiting times across teams. For example, people requiring support from the Learning Disability Team were likely to wait significantly longer than people requiring support by a locality team. There were long median wait times for assessments including Care Act assessments, Occupational Therapy assessments and carers' assessments. While the number of people waiting for a carer's assessment was small, the wait time was significant which suggested they were not being prioritised. There was more to do to ensure carers were identified and supported timely and well, including young carers.

National data for Leicester City reported peoples' satisfaction levels regarding care and support, and control over daily life, were similar to national averages, but social contact levels were lower than average. However, direct payments uptake was significantly better than the England average, which aligned with people having control over their daily lives. National data regarding waits for reviews for people receiving long term care was significantly worse than the England average, which was reflective of the local authority's reported number of people waiting for a review of their needs.

The local authority had embedded coproduction across adult social care and formed effective partnerships to support independence. They emphasised the importance of prevention and had several new strategies focusing on how they would achieve identified priorities to prevent, reduce and delay the need for care. Their 'Leading Better Lives,' 'Making It Real' and 'Getting Help in Neighbourhoods' initiatives provided community support and interventions, and advice and guidance for people across a range of services and support networks. Examples included crisis cafes across the city to support people experiencing poor mental health and counselling and wellbeing interventions.

The local authority had insight into their population and public health data was used to identify areas of inequalities. However, more needed to be done to reach their seldom heard and underrepresented communities. Better access to information, advice and guidance was needed to support their richly diverse population.

The local authority had effective care and support systems in place including their integrated crisis response team, reablement and enablement offers. Local authority data showed the positive impact these services were having, for example, by supporting people to stay at home or be discharged home from hospital. Their care provision market for residential, nursing and homecare support was meeting demand, with no people waiting for these services over the three months prior to our assessment. The local authority was aware of the need for additional supported living and extra care accommodation to meet demand. There were clear commissioning plans in place to address this, however progress towards targets was slower than the local authority had projected.

There were clear and effective processes for monitoring services and supporting them in the event of service disruption, with good examples of contingency measures resulting in successful outcomes. There were good working relationships between the local authority and the Safeguarding Adults Board, however, safeguarding processes required improvement to ensure a robust management and oversight.

There were clear governance structures with various partnership boards, forums, groups, and meetings which provided high level oversight of current status and risks that were identified on their risk registers. However, data management required improvement to ensure leaders had access to accurate and up to date information to make informed strategic decisions and monitor performance effectively and safely.

The local authority was committed to continuous professional development for their staff and gave examples of successful career development utilising internal pathways. They had systems in place to respond to and manage complaints and undertake learning from them.

Theme 1: How Leicester City Council works with people

This theme includes these quality statements:

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

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

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Assessment, care planning and review arrangements

The local authority in Leicester City had developed an assessment, review, and support planning practice model to support strengths-based working across adult social care. This model was grounded in the professional standards for social workers and occupational therapists, as well as Adult Social Care's Practice Principles.

Clear guidance was provided to staff to support them in conducting assessments, reviews, and support planning. This guidance considered eligibility and prioritised person-centred support. Staff reported that a strengths-based approach was embedded into their practice when assessing people's needs. This approach was integrated into their assessment tools, guiding workers to focus on the strengths of the person and their environment, including community assets, friends, family, and assistive technology.

Staff members were therefore well-equipped and committed to delivering strength-based practices. However, feedback from people regarding the local authority's strength-based approach was mixed. Some people reported positive experiences, and said they felt listened to and valued. Their information was used to provide appropriate care and support, and they said they were placed at the centre of a strengths-based assessment process. However, others said they faced challenges when their face-to-face assessments were cancelled and replaced with telephone assessments and reviews. This led to feelings of detachment from their care and support and a perception that the process was not truly person-centred. However, of those people who received face to face support, they described strength-based practice from the workers who visited them. This indicated a need for improvement by the local authority to ensure its strengths-based approach was carried through to practice.

Adult social care could be accessed in multiple ways, via telephone, email, or online. However, feedback from people and partners was predominantly negative regarding these access points. People told us they had difficulties navigating the local authority's website and, when attempting to use the telephone option, they said their calls often went unanswered or they were directed back to the website.

Partners told us people experienced language barriers, which prevented people's access to care and support considering Leicester City's rich cultural diversity. Information in non-English languages was not easily accessible, especially on the local authority's website. This lack of accessibility posed a challenge for the city's residents, especially for those whose main language was not English; this group comprised 30% of Leicester City's population in 2023. The city's high levels of deprivation further exacerbated access to care and support services with many residents facing digital exclusion, rendering them unable to access online advice and guidance.

Feedback from people highlighted difficulties they experienced in accessing adult social care through the local authority's online system. For example, one person told us when they attempted to request an occupational therapist assessment following a family member's fall at home, they received no acknowledgment or response. They said this made them feel unheard and undervalued, as well as deeply concerned about their family member's safety. Leaders told us that the adult social care online system sends out automated acknowledgements.

Several people reported being given direct contact details for their social worker. While this was appreciated by some, others found it challenging to reach adult social care when their assigned worker was unavailable or had left their position. This left people without the information they needed to contact the local authority. Leaders told us standardised letters were available for staff to utilise which should provide standardised contact details for people using services.

National data from the Adult Social Care Survey (ASCS) for 2023/24 showed that 61.21% of people were satisfied with their care and support and 76.22% of people felt they had control over their daily life. Both were similar to the England averages of 62.72% and 77.62%, respectively. However, 37.20% of people reported having as much social contact with people they would like. This was worse than the England average of 45.56%. This suggested that while Leicester City residents were generally supported in having control over their lives, there was a considerable need for improvement in facilitating social contact. The local authority had initiatives such as the 'Getting Help in Neighbourhoods' (GHIN) and 'Leading Better Lives' projects which aimed to support people at risk of isolation through interventions such as sports based mental health intervention and nature-based therapy. Nevertheless, the national data and feedback from staff and partners indicated more targeted efforts were required to ensure these approaches effectively reached and benefited the people who needed them most, including underrepresented groups.

Timeliness of assessments, care planning and reviews

In January 2025, there were 246 people awaiting Care Act assessments in Leicester City. The median waiting period for these assessments was 135 days, with the longest recorded wait time being 435 days. Data indicated significant disparities in waiting times between different teams. For example, people awaiting assessments from the learning disability team experienced wait times more than twice as long compared to those awaiting assessments from the locality team. The median wait time for the locality team was 94 days, whereas for the learning disability team it was 194 days. This, as well as feedback from people, highlighted a need for more timely and equitable assessments across all teams.

Feedback from residents and partners regarding the timeliness of assessments was mixed. While the local authority's crisis response team had a 2-hour response time and some individuals reported timely responses to support requests, others experienced long waits. For example, some people said they waited over 7 months without communication from the local authority. This lack of communication meant that people and families were required to chase referrals themselves. Without the local authority proactively exploring if peoples' needs had changed, risks to peoples' safety increased which could lead to negative outcomes, such as neglect.

Partners expressed concerns about the length of time Care Act assessments and reassessments could take and the impact on individuals. To address these issues, staff and leaders implemented a 'waiting well' approach in one service area, however it had not yet been fully embedded across adult social care.

In January 2025, of the 2,749 people awaiting a review of their needs in Leicester City, 1,274 of them waited more than 24 months past their 12-month review date. In the year up to October 2024, the median wait time for a review was 706 days, with the longest wait time recorded at 2,437 days. Data indicated significant disparities in waits for reviews between teams, particularly for individuals awaiting reviews from the learning disability team, where 60.7% of people waited more than 24 months for their review. In comparison, only 19.6% of people in the East locality faced such extended waits. This disparity highlighted the fact that reviews were neither timely nor equitable.

Staff reported that reviews had not been a focus for the local authority in recent years. However, the formation of a new departmental review team, which was in the early stages of implementation, was described by staff as a positive step forward as well as the development of proportionate approaches, such as provider-led reviews and self-reviews. Data from the Short- and Long-Term Support (SALT) report, covering March 2023 to April 2024, indicated that 35.79% of long-term support clients in Leicester City were reviewed (planned or unplanned), which was significantly worse than the England average of 58.77%. This corroborated concerns about the timeliness of reviews.

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

In January 2025, 16 people were waiting for a carers' assessment in Leicester City. The median wait time for these assessments was 119 days, with the longest wait time recorded at 703 days. This indicated that, although the number of people waiting for a carers assessment was small, the assessments were not being conducted in a timely manner. The local authority's aim was to complete carers assessments within 4-6 weeks (28 days – 42 days).

Carers' assessments were conducted by frontline staff, who reported capacity issues and the need to prioritise other tasks. Staff told us they were under significant pressure due to their workloads, which included other responsibilities such as safeguarding enquiries.

Feedback we received from carers regarding their experiences of assessments and care planning was mixed. Some carers reported being offered assessments as part of the assessment process for the person they cared for. Others said they were not offered assessments, or that assessments had been conducted or offered many years ago and the local authority had not offered an assessment or reassessment with them since this time. Some carers felt their assessments had not provided them with adequate support, and they said they did not feel listened to during the process. Conversely, others reported that their assessments had identified support needs, and they had been signposted to partners for support. This highlighted the need for a more consistent and responsive approach to carers' assessments and care planning to ensure all carers felt supported and included in the process of assessing their distinct needs.

National data from the Survey of Adult Carers in England (SACE) for 2023/24 showed that 18.52% of carers accessed support groups or someone to talk to in confidence, which was worse than the England average of 32.98%. In contrast, 7.55% of carers accessed support to keep them in employment, which was significantly better than the England average of 2.79%. However, 61.82% of carers experienced financial difficulties because of their caring responsibilities and 43.59% were not in paid employment because of their caring roles which were significantly worse than the England averages of 46.55% and 26.70% respectively. Social contact was as desired for 34.55% of carers, slightly better than the England average of 30.02% and 87.1% of carers had enough time to care for other people they are responsible for, similar to the England average of 87.23%. These statistics indicated that while some areas were performing well such as carers accessing support to keep in employment, there was more work to be done to ensure carers were assessed and supported effectively, particularly in areas such as accessing support groups, support to manage financial difficulties and impact on their employment potential.

Partners expressed concerns about the limited support available for young carers in Leicester City. The local authority acknowledged focus was needed to improve carers' experiences of support. For example, they were expanding their information and advice offer, collaborating across directorates to enhance the transition between children's and adult services for young carers, and developing short breaks options to support carers.

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

The local authority's commissioning strategy emphasised that prevention and early intervention lead to better outcomes for people. This strategy outlined various commissioning intentions, for example mapping and developing asset-based services and increasing the commissioning of assistive technology. Clear actions were noted with updates against each action, and many had been signed off as complete. Examples included refreshed strategies/plans and newly commissioned services to support people in the community, such as the taxi service which was used to support transporting people with social care needs to pre-arranged journeys to support them to meet their desired outcomes.

To enhance their early support offer, the local authority was in the process of implementing and communicating their revised adult social care online offer. Leaders also told us they were supporting the roll-out of the "Getting Help in Neighbourhoods" initiative and using the Leicester City Prevention and Health Inequalities Steering Group to provide direction and alignment in addressing health inequalities in the city. These measures aimed to improve and continue to support people with non-eligible needs under the Care Act 2014 through prevention initiatives such as the mental health crisis cafes.

Staff told us they provided advice, information, and signposting for individuals with non-eligible Care Act needs. For example, they referred people to fire services when a home required a fire safety review to ensure the individual could continue living independently. Additionally, staff signposted individuals to organisations such as Citizens Advice and the Royal Voluntary Service to support with benefits and finances queries of support.

The local authority also had an online directory of local resources including voluntary, community and independent providers for people to access and find information independently.

Eligibility decisions for care and support

The local authority provided clear guidance for staff to support them in assessments, reviews, and support planning. This guidance considered eligibility criteria to support a person-centred approach. The local authority website detailed Care Act 2014 eligibility criteria and included links to Care Act legislation with explanations to help people understand its meaning.

Leaders told us that practice audits were conducted to ensure Care Act eligibility was applied consistently. They also told us they take action to support staff with training and understanding Care Act eligibility when needed. These measures aimed to maintain high standards of practice and ensured that staff were well-equipped to deliver person-centred support in line with legislative requirements.

Over the last year, there were four statutory complaints made to the local authority regarding eligibility decisions. None of these were upheld, including one investigated by the local government ombudsman, which suggested Care Act eligibility had been applied appropriately by the local authority.

Financial assessment and charging policy for care and support

The local authority in Leicester City had a clear adult social care charging policy that provided detailed information on financial assessments, benefits, other costs, and expenditure, how to pay for care, and peoples' right to appeal. This information was available on the local authority's website, but only in English and in a standard format. There were no options to access this information in other languages or easy-read formats on the local authority website, making it potentially inaccessible to individuals whose spoken language was not English or who needed adapted communications to understand the information. Leaders told us the local authority web pages could be translated using browser functions, however, there was no advice or guidance to support people in doing this.

In January 2025, there were 78 people waiting for financial assessments, with a median wait time of 18 days and a maximum wait time of 69 days. The charging policy was on the local authority's website and stated that services are charged for from the date they commenced. Therefore, some people will have received a bill for 69 days of care having not known what the cost was prior to the commencement of their care. The local authority aimed to complete financial assessments within 20 days. This indicated that while the local authority was meeting its target for most assessments, there were instances where the wait times exceeded the target.

Provision of independent advocacy

Advocacy support and information was available in Leicester City. The local authority's website directed people to their commissioned advocacy organisation for further details and support. While the website offered an easy-read option, it did not provide translation into non-English languages, potentially limiting accessibility for non-English speakers.

Advocacy was not sufficiently detailed in the local authority's assessment, review, and care and support planning guidance for staff or their pathways and processes. For example, there was a brief paragraph in the guidance suggesting that advocacy be considered when people have 'substantial difficulty' understanding the process. However, there was a separate advocacy guidance available for staff to utilise.

Some staff said they found the process of referring people to the advocacy provider effective, with referrals being immediately acknowledged and advocates allocated within 3 days. This suggested that the commissioned provider process was effective. However, partners told us adult social care staff could lack understanding of advocacy and communication from them could lack pertinent information. Some staff said they were not using advocacy as part of their assessment process, which corroborated partners' concerns about a lack of understanding around advocacy and its appropriate use.

This could result in people not being fully supported or involved in their care and support planning processes. Focus was needed by the local authority to ensure staff across all service areas understood and proactively engaged advocacy support for people, as required under the Care Act 2014.

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

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

The local authority collaborated with a range of partners across the city to make available a variety of services, facilities, and resources aimed at promoting independence and preventing, delaying, or reducing the need for care and support. They established an Early Action Oversight Group to oversee projects and ensure a strong focus on preventative action. Through the Leading Better Lives project, they engaged with people across Leicester City, gaining insight into what independence meant for them and identifying people who needed support.

Examples of services and resources available to promote, reduce, and prevent care needs included the implementation of care navigators (joint funded with health) in the community, who could holistically assess needs and a person's environment to provide quick access to minor aids and adaptations. Additionally, the local authority worked with the voluntary and community sector (VCS) to provide crisis cafes across the city to support people experiencing poor mental health. They have also remodelled their enablement service, which they described as supporting people on the 'cusp' of needing care. These initiatives demonstrated the local authority's commitment to promoting independence for people and that it took proactive measures to support residents in maintaining their well-being and reducing their needs for care services.

In October 2022, a Collaborative partnership was formalised between the local authority and health partners to strengthen Leicester City's response to improving outcomes for people with a Learning Disability or Neuro-developmental need. This collective partnership work led to the development of a dynamic support pathway which significantly reduced the number of adults in this group being admitted to and residing in hospital. The local authority also had a refreshed learning disability strategy with a clear focus on prevention in line with Care Act requirements. Examples included provision of supported living to support people to live independently and better communication between partners to improve health and wellbeing and promote early intervention and prevention.

The local authority commissioned a voluntary community sector (VCS) partner to support unpaid carers. This organisation offered a range of services tailored to the support needs of carers. These included individual support, assistance in accessing carer assessments, respite care, information and advice, long-term emotional support, and guidance on benefits.

Despite these efforts, staff and people expressed concerns around a lack of support for young carers. Leaders told us young carers were supported by Children's Social Care, and they delivered support through young carers groups and activities, however, it was not clear how adults social care linked in with this. People said they were concerned about the recent closure of a community organisation that provided support for unpaid carers, noting that the services they offered, to their knowledge, had not been replaced. Therefore, while the local authority in Leicester City was collaboratively providing support for carers, areas requiring attention and improvement remained. Leaders told us one of their disability charities had been working with the carers displaced by the closure of the Carers Centre to understand how those carers could best be supported and ensuring they were redirected to the commissioned offers that were available.

Provision and impact of intermediate care and reablement services

The local authority provided a range of independent living services, which included the Integrated Crises Response Service (ICRS), reablement, enablement, care technology, and the Reablement, Rehabilitation and Recovery Intake service (RRR Intake). Both the reablement and integrated response services had been operational for over a decade, demonstrating the authority's long-standing commitment to supporting independent living.

In November 2023, the RRR service was introduced as an additional measure to further enhance the local authority's support offerings. This new service aimed to provide targeted assistance to people returning home from hospital. Leaders told us this new service expanded an existing targeted reablement discharge offer, in order to deliver a ‘default’ offer to everyone returning home from hospital, regardless of an established need for reablement.

The local authority had established partnerships with various organisations and partners to implement the 'Home First' model. This initiative focused on discharging individuals from hospitals directly to their homes to ensure a smooth transition and continuity of care. Feedback from partners indicated the local authority’s capacity to enable home discharges had significantly improved as a result of the shared implementation of the Home First model.

From January to December 2024, the local authority's 'Home First' program, which encompassed the Integrated Crises Response Service (ICRS) and the Reablement, Rehabilitation and Recovery Intake service (RRR Intake), supported a total of 6,126 individuals. Of these, 75.87% required no ongoing support following their initial assistance demonstrating the successful impact of this service for peoples’ independence

During the same period, 1,470 people received crisis support after experiencing a fall in their homes, only 4.9% of these individuals required hospital admission, with the vast majority receiving the necessary support to remain at home. Of those who received support from the local authority after a fall, 88.69% required no further care or support afterward. In addition, 107 individuals with double-handed care needs (people needing support from 2 people) were supported, and 71.03% of them experienced improved outcomes, for example, a reduction in their care needs.

Data from the Adult Social Care Outcomes Framework for the period between 2023-2024 indicated 2.51% of individuals aged 65 and above received reablement or rehabilitation services after being discharged from hospital. This figure was similar to the England average of 2.91%. Additionally, 90.38% of these individuals were still at home 91 days after discharge, which was somewhat better than the England average of 83.70%. These results demonstrated the local authority's commitment to supporting individuals to either remain at home or enable them to be discharged home from the hospital, which maximised their independence.

Access to equipment and home adaptations

The local authority had a dedicated occupational therapy (OT) team responsible for conducting OT assessments and supporting the promotion and maintenance of independence for people. At the time of our assessment, there were 903 people waiting for an OT assessment, with a median wait time of 220 days and a maximum wait time of 815 days.

To enhance the timeliness of these assessments, the local authority implemented new approaches within OT services. For example, it introduced an assessment hub and re-aligned OT services to the front door to adult social care. These initiatives were further supported by additional staffing capacity.

Leaders told us a worker had been employed to review the waiting list for OT assessments and to 're-triage' them where necessary, mitigating the risk for individuals whose needs may have changed while awaiting an OT assessment. Additionally, the local authority had care navigators who assessed people in the community and provided minor aids and adaptations to maximise peoples' independence.

Staff told us prolonged waits for OT assessments could mean people's needs increased during this time. For example, they said requests for minor adaptations could escalate to a requirement for more significant modifications which could potentially have been avoided with timely provision of lower-level equipment to help maintain independence. The delays were not aligned with the prevent, reduce and delay agenda and focus was needed by the local authority to ensure adequate and timely OT assessments. The local authority identified the need for improvements to ensure timely occupational therapy assessments, and work was ongoing to address this.

Staff told us how assistive technology enabled people to maintain independence at home, for example, the ability to take medication independently with the use of equipment. Users of technology also spoke positively about it, highlighting its role in supporting their independent living and wellbeing. According to the local authority, the care technology service faced significant challenges in 2024, including a 50% reduction in staffing capacity. However, temporary resources were implemented, allowing the backlog to be cleared. As of January 2025, there were only 11 referrals awaiting allocation, with the longest wait being 21 days. This suggested that the local authority had sufficient capacity to support people in this area in a timely way.

Provision of accessible information and advice

The local authority collaborated with the 'Making it Real Group' and the 'Leading Better Lives Group' (amongst other coproduction groups) to improve information accessibility and co-produce easy-read resources, including a new safeguarding adults' leaflet. Leaders told us local authority web pages could be translated using browser translation functions, however, there was no guidance to support people to do this on their website. Leaders also told us their Safeguarding Adults in Leicester information on their website was now (post assessment) available in 5 of the main languages used in Leicester City.

Local authority leaders told us social work teams could provide bespoke easy-read materials, and the responsibility for easy-read material provision remained with the adult social care teams. This could lead to duplication of work because resources were adapted ad hoc and had not been shared consistently across teams or the wider adult social care sector. Staff said they had a diverse workforce and used this diversity to aid in translating information. They also had access to interpretation and translation services when necessary.

The local authority stated that people and their carers could reach adult social care by phone, email, mail, web portals, and walk-ins and their teams could also accommodate bespoke options such as WhatsApp where needed. However, feedback from people stated that face to face appointments could be cancelled and replaced with telephone appointments, which was not their preferred option. Partners were concerned that people were signposted to digital solutions but did not have access to online services and therefore could not access these support resources. Carers also told us services commissioned by the local authority provided information which was available in various languages. However, they said information from the local authority, for example their assessments or support plans, were not provided in their first language. Staff confirmed they would send assessments and support plans to people in English, and none of the staff we spoke to had sent assessment or support plans to people in languages other than English, despite 30% of the population not speaking English as a main language. Therefore, this suggested further training may be beneficial to ensure staff are aware and encouraged to provide information in a way that is best for the person.

The local authority was working towards improving the accessibility to information and advice. Through their Leading Better Lives project, they discovered that people wanted easier access to information and support resources. In response, they were developing a survey to gather feedback from individuals who received Information, Advice, and Guidance (IAG) at their first contact. This survey aimed to assess the impact of the IAG provided. Additionally, they were conducting a Local Government Association IAG Maturity assessment and an Equality Impact assessment to identify strengths and weaknesses for information, advice, and guidance. There was an aim to use this information to create an improvement plan for how the local authority delivers IAG.

Furthermore, the Leicester City Joint Health and Social Care Learning Disability Strategy ('The Big Plan') set a vision for social care assessments, job applications, and other materials to be made available in easy-read formats for people with learning disabilities.

Data from the Adult Social Care Survey 2023-2024 reported that 69.71% of people who used services found it easy to find information about support, which was similar to the England average of 66.26%. However, data from the Survey for Adult Carers 2023-2024 reported that 43.90% of carers found it easy to access information and advice which was worse than the England average of 59.06%.

Therefore, while people could easily access information and advice by various means in standard English format, more needed to be done by the local authority to ensure people were aware of and had easy access to information and advice in a way that best suited them.

Direct payments

Local authority data indicated approximately 45% of all people who were in receipt of community care and support had taken up the option of direct payments. The local authority reported that over the last 12 months 139 people stopped using direct payments to meet their ongoing care needs. The local authority confirmed that, of these 139 people, 29 were admitted to residential care, 22 moved to 100% NHS Continuing Healthcare, 21 were using their direct payment with a contracted provider and moved to a commissioned service, 16 had a change of support needs, 15 had contributions arrears and were moved to commissioned support, 12 could no longer be supported by the direct payment provider and 9 were admitted to hospital. Therefore, the reasons suggested that the majority of cancellations for direct payments were for legitimate reasons and not through a lack of support from the local authority.

Data from the Adult Social Care Outcomes Framework and Short- and Long-Term Support 2023-2024 reported 64.17% of people aged 18-64 accessing long term support were receiving direct payments, which was significantly better than the England average of 37.12%. Furthermore, 29.49% of people aged 65 years and over were receiving direct payments which was also significantly better than the England average of 14.32%. Overall, 45.99% of people accessing long term support were receiving direct payments which again was significantly better than the England average of 25.48%. Additionally, all carers in receipt of support payments received a direct payment.

The evidence suggested a strong uptake of direct payments, demonstrating the local authority's effectiveness in empowering individuals to have greater control over how their care and support needs were being met. For example, a carer told us their family member was supported to access direct payments, which were then used to employ an external carer. This support enabled the individual to engage with their community and helped them to develop social skills, build confidence, and reduce social isolation. Additionally, the arrangement provided the primary carer with valuable respite, contributing to their overall wellbeing.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority utilised the Public Health Outcomes Framework and locally developed Joint Strategic Needs Assessments (JSNAs) to better identify and understand the needs of Leicester City's most disadvantaged populations. This process involved examining demographic patterns, protected characteristics, and trends over time. In 2022, the local authority conducted an in-depth analysis of its ethnicity data, which indicated disparities in representation at different stages of adult social care pathways. Additionally, they found that their data on ethnicity was significantly more comprehensive than that around religion and nationality. However, they did not outline specific steps for improving the quality of data on these latter aspects.

The local authority identified disparities in early contact and subsequent assessments. White, Black, and Dual Heritage working-age adults were disproportionately more likely to be the subject of initial contact, whereas Asian working-age adults were less likely. During the assessment stage, White individuals, particularly those of working age, were over-represented in the data. Conversely, Asian individuals across all age groups were under-represented, while working-age Black adults were notably over-represented in assessment activities. In terms of short-term support, there was an over-representation of White individuals and an under-representation of Asian individuals accessing these services. This suggested that the local authority needed to focus on ensuring people from underrepresented communities had access to the support they needed.

The local authority shared data on equity of access for safeguarding, which highlighted notable trends. White individuals were significantly more likely to be the subject of safeguarding alerts and enquiries, whereas Asian individuals were under-represented. However, older Asian and older Black individuals experienced proportionately higher conversion rates from alert to enquiry. Additionally, a considerably larger number of White individuals received care and support in residential or nursing care settings, which accounted for over 50% of all safeguarding alerts.

An analysis of the data revealed that adult social care services were not equally accessed by all. The local authority expressed their commitment to co-production to gather insights from staff and individuals within diverse communities. This approach aimed to shape the future of services, address barriers to equity, and gain a deeper understanding of the data's implications and the impact on people's experience of accessing adult social care.

The local authority used a Health Inequalities Framework to collaboratively work towards addressing unfair and avoidable disparities in wellbeing across Leicester City. Local authority strategies, such as the joint health and wellbeing strategy, outlined key priorities, for example, promoting healthy lives and healthy aging. However, the strategy lacked specific details regarding targeted initiatives undertaken by the local authority to support the underrepresented communities identified.

The local authority had Community Wellbeing Champion roles with organisations and individuals who actively worked within their communities to enhance health and wellbeing. These champions collaborated with the Voluntary Community Sector (VCS), faith organisations, health professionals, businesses, and other partners to share health information and promote relevant services. According to the local authority, this localised understanding of community needs supported efforts to reduce avoidable health inequalities and improve overall health and wellbeing across the city. According to the health and wellbeing and public health report the Community Wellbeing Champions initiative improved health messaging, built stronger community networks, supported in addressing health inequalities and increased participation.

The local authority actively engaged with community groups to understand and address specific challenges they faced. Examples of this included the Learning Disabilities Partnership Board, the Mental Health Partnership Board, and the Health and Wellbeing Board. Additionally, regular forums, such as the 'Big Mouth Forum' for children and young people with special educational needs aged 11-25, and the 'Parent Carer Forum,' ensured that the voices of those with lived experience were being heard. However, there remained a lack of engagement with underrepresented communities.

The local authority actively supported its workforce to promote equality, diversity, and inclusion (EDI) through a variety of initiatives, for example, training, inductions, supervisions, EDI forums, networks, and workforce surveys with feedback related to EDI. It also established task force groups to disseminate EDI priorities across the wider provider market. This was fundamental to fulfilling the Act's requirements for person-centered care and non-discriminatory practice. Additionally, the local authority implemented an in-house Active Bystander training program, designed to foster safe environments and equip staff with the confidence to challenge inappropriate behavior. Staff demonstrated a clear commitment to culturally appropriate practices, providing strong individual examples of good practice to illustrate this.

Feedback from partners about the local authority's ability to understand and engage with hard-to-reach and underrepresented communities was mixed. For example, some partners commended the authority for their strong understanding of current and future population needs, supported by information derived from various public health workstreams. However, other partners expressed concerns that the local authority was not doing enough to engage with underrepresented or hard-to-reach communities. They also told us the local authority was not adequately considering the voices of partner organisations regarding the need to target support for specific groups, such as asylum seekers. However, leaders provided evidence of a comprehensive Joint Strategic Needs Assessment for asylum seekers in the city and how they were working to address their needs. This was published in September 2024, and it is therefore too early to review.

Inclusion and accessibility arrangements

The local authority had access to the corporate in-house Community Languages Service, which provided qualified translators and interpreters experienced in delivering language support for a wide range of services. This service catered to non-English speakers and individuals with visual or hearing impairments, offering support to external organisations as well as the public. Services included translation, interpretation, telephone interpretation, Braille translation, audio (CD) production, and sign language. Additionally, the local authority employed specialist social workers to support the deaf and hearing-impaired community and to assist individuals who hoarded. This provided more bespoke support for people with accessibility needs.

The local authority collaborated with the 'Making it Real' group and 'Leicester Voices Together' group, with the aim of improving accessibility to information and to ensure it was easy to understand. This group comprised a diverse range of individuals, including people with learning disabilities and carers. Staff told us the local authority had made several improvements to information and advice based on their feedback. These changes included removing jargon and using 'plain English,' which they noted facilitated easier translation for individuals using translation applications. However, this was a work in progress and needed further development to ensure far reaching improvements around accessible information.

Staff told us the local authority had developed an SMS function to improve communication and provide accessible information to individuals receiving care. For example, staff could share hyperlinks via text to inform clients about how equipment worked. Staff told us they were able to provide assessments in large print to support those with visual impairments. Staff told us they had a diverse workforce and were able to utilise workers to support translation needs as well as engaging formal services. Staff were not aware of being able to translate assessment or review documentation into people's first or preferred languages, and resources were only sent out in English. Staff and partners also expressed concern for people who were digitally excluded and unable to access smartphones or the internet, which presented difficulties in accessing information. They described difficulties in getting to the right people via the telephone and said people were often redirected to the local authority's website which presented challenges for those who were digitally excluded.

The local authority demonstrated methods and resources for providing access to information. However, much of this responsibility fell on individual workers to source information, which was not always readily available. Opportunities remained to enhance inclusivity and accessibility, particularly in delivering information, advice, and guidance to non-English-speaking residents. This was a significant need, as non-English speakers made up 30% of Leicester City's population.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

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

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority had a detailed and informative Joint Strategic Needs Assessment (JSNA) which was dated 2023. It covered a wide range of health and wellbeing information and linked information to the social factors, demographics, and inequalities across the city. The JSNA was used by the local authority to identify health inequalities, gaps in services and identifying unmet needs. Additionally, the local authority used their coproduction groups and community engagement using their 'Making it Real' forum and partnership working to identify and understand the local needs for care and support.

The JSNA identified several unmet needs and service gaps within the community, such as housing, mental health support, and services for individuals with disabilities. It identified a critical need for improved access to these services and better coordination among different service providers.

Key challenges highlighted in the JSNA included the provision of adequate and appropriate accommodation, high levels of fuel poverty, and the growing need for housing to support an ageing population. Additionally, a significant portion of the population provided unpaid care, with 7.7% of residents offering support, many of whom provided over 50 hours per week. It also found that family carers often lacked adequate support and resources, impacting their ability to provide care effectively.

Life expectancy in Leicester City was notably lower than the national average, with significant disparities observed across the city. Furthermore, over 57,000 residents reported disabilities that limited their daily activities. The local authority was working to address these challenges to improve health outcomes and enhance the quality of life for all residents in Leicester City.

The JSNA identified there were barriers to accessing services, including geographical, financial, and cultural factors, which could prevent some people from receiving the care they needed. It identified the need for more focus on preventative measures and early intervention, which could help reduce the demand for long-term care.

Leicester City Council conducted annual surveys to gauge the experiences of people who used their adult social care services and biannual surveys for carers. The surveys highlighted areas of success, such as the positive impact of flexible and integrated support systems, and identified areas for improvement, including the need for better communication and accessibility of information. The local authority told us from these surveys that 85-90% of people agree or strongly agree that their support helps them live their life. Feedback from carers underscored the importance of respite services and emotional support to sustain their well-being.

Market shaping and commissioning to meet local needs

The local authority's Market Sustainability and Improvement Fund 2024 to 2025 Capacity Plan, published on May 3, 2024, outlined measures for winter 2024-2025, current capacity, and future capacity indicating where their areas of focus needed to be to meet adult social care demand going forward.

Leicester City local authority has implemented several measures to ensure sufficient nursing and residential beds for older people. According to their Market Sustainability Plan, the council had focused on addressing workforce pressures and supporting smaller, independently run care homes, which were more susceptible to rising costs and other challenges. They had also introduced annual fee increases to help providers manage inflationary pressures and maintain stability. The local authority's market sustainability plan identified that sourcing culturally appropriate nursing care was challenging. However, it also stated the market can meet the growth in demand for support services that are culturally appropriate to meet the increased demand from the South Asian communities which was contradictory. The plan stated they would ensure the market can meet the growth in demand for support, particularly double handed care and nursing home services that are culturally appropriate to meet the increased demand from the South Asian communities, but it did not state how they intended to do this. More work was needed to ensure market shaping was meeting the needs of Leicester City's diverse communities.

There were pressures on affordable placements for learning disabilities and mental health, with significant fee increases from some providers. Policy changes were being explored to address these challenges, including independent living alternatives.

The local authority's Supported Living and Extra Care Accommodation Strategy (2021-2031) targeted 551 units over 10 years, with 262 units by 2026. However, only 45 units had been delivered, with 182 planned for 2025. A revised demand and capacity modelling project indicated higher demand for supported living accommodation, necessitating focused strategy work. The local authority's briefing decision report, dated September 2024, outlined a programme management approach for delivering accommodation for people accessing social care with housing needs. The report noted increased demand and challenges in securing a delivery partner for key developments at 2 sites, proposing a new approach and various opportunities to secure necessary housing.

The Joint Integrated Commissioning Strategy for Adult Mental Health 2021-2025 aimed to prevent mental ill health and build resilience in people and communities. It focused on securing good quality housing, providing employment, education, and volunteering opportunities, and achieving parity of esteem between mental and physical health. Other commissioning initiatives for mental health support included crisis cafes, live well Leicester and talking therapies.

The local authority recognised diverse opportunities were needed to meet demand for supported living, extra care and mental health accommodation and support. Plans included embedding asset-based commissioning, increasing supported living and extra care placements, and supporting the Transforming Care Programme in 2024/25. Work was ongoing towards these plans, and collaborative efforts were showing improvements, however the local authority acknowledged they continued to face challenges in capacity, affordability, and culturally appropriate care, which required ongoing strategic efforts and innovative solutions.

Staff told us there was a lack of provision for respite and short breaks for younger people with care and support needs, and the local authority was collaborating with system colleagues to offer short breaks for people with learning disabilities, autism, and unpaid carers. A private company was also being commissioned to develop a short breaks service which was expected to be in place by the end of 2025. While neighbouring authority services were used in the interim to fill this gap in provision, logistical challenges arose for families, such as being unable to travel out of county to visit loved ones.

Leaders told us they actively engaged with a number of voluntary and community sector enterprises who supported people in relation to drug and alcohol misuse. However, staff and partners told us there was a lack of resources and capacity for mental health support, drug and alcohol misuse services, and voluntary/community services. This indicated a need for better engagement with staff and partners to ensure they were aware of what resources were available in relation to substance misuse and voluntary and community sector support. Concerns were also raised about the limited options for culturally appropriate care, such as placements accommodating specific dietary requirements and support for underrepresented communities. Cultural barriers to engagement for mental health needs were noted, with only a small number of residential care services meeting diverse cultural requirements. Positively, collaboration with partners had supported the development of support that met the population's cultural needs, for example, a female-only Islamic befriending group. Leaders were aware of the importance of integrating cultural appropriateness into contractual specifications and the quality assurance framework.

Staff supported unpaid carers with assessments, advice, information, and signposting but noted challenges such as the need for more local support groups to reduce travel barriers. Data from the Survey of Adult Carers in England reported 15.09% of carers were accessing support or services that allowed them to take a break from caring for less than 24hrs, which was similar to the England average of 16.14%. 41.51% of carers were accessing support or services that allowed them to take a break from caring for 1-24hrs, which was somewhat better than the England average of 21.73%. 14.00% of carers were accessing support or services which allowed them to take a break from caring at short notice or in an emergency, which was similar to the England average 12.08%.

In summary, the data and feedback from people and staff suggests that Leicester City is performing well in providing breaks for carers of people 65+, especially in the 1–24-hour range. However, there is still room for improvement in other areas such as support groups and respite/replacement care offers for younger carers and people with learning disabilities.

Therefore, while people had access to a range of local support services, there were identified gaps in the market that the local authority was working towards addressing. The main challenges included providing appropriate accommodation including meeting the outcomes of their supported living and extra care strategy and improving carers' support services and experiences.

Ensuring sufficient capacity in local services to meet demand

Leicester City Council reported a robust residential home market, meeting demand at banded rates which meant people/families were less likely to be required to make a payment to ‘top up’ their care. They were exploring policy changes to address fee increases and pressures around affordable placements for people with learning disabilities and mental health needs. There were no waiting times for residential or nursing care in the past three months.

Capacity concerns in the nursing market had improved and stabilised through focused collaboration with partners and providers. For example, fee rates had been maintained to ensure the viability of nursing beds. Discharge-to-assess nursing care placements through community hospitals had freed up long-term placement capacity. Additionally, there were no reported delays to hospital discharges due to service availability or capacity, and no waiting times for domiciliary home care in the last three months.

As of September 30, 2024, there were 59 people on the Supported Living waiting list, with an average waiting time of 3.3 months. The local authority had adopted a programme management approach to deliver 467 additional units over the next seven years, exploring various opportunities to meet peoples' needs for housing with supported living options.

In summary, Leicester City Council reported they had sufficient care and support capacity to meet demand in residential, nursing, and domiciliary home care services. However, a gap remained in capacity for supported living, which the local authority was addressing through strategic planning and development initiatives. There was little evidence to show culturally specific care services within Leicester City which was concerning given their large diverse population.

Leicester City Council provided various options for carers to arrange replacement care, enabling them to take a break from caring responsibilities. However, partners told us respite options were more readily available for older people compared to younger people. To further develop short break options to support the wellbeing of carers, the local authority was in the process of undertaking a respite review to assess if it was meeting carers' needs effectively. They were working in partnership with Public Health to deliver the 'CareFree' initiative, aiming to increase uptake. Additionally, they continued to work with carers to understand their needs and identify joint solutions.

The local authority also utilised the Accelerating Reform Fund (ARF) to provide grants for unpaid carers leaving the hospital, supporting them with practical and emotional assistance during stressful times. These efforts demonstrated Leicester City Council's recognition and commitment to providing carers with the necessary support and respite to manage their caregiving responsibilities effectively.

Leicester City Council reported various reasons for placing people out of area, including the availability of specialist providers and services, peoples' preference to support in community settings, and the shared lives provision where individuals chose to remain with foster carers after turning 18. Other reasons included personal choice around family networks and geographical trauma avoidance, as well as the availability of forensic placements funded by Health and the Local Authority in low, medium, and high-security forensic settings.

In the last 12 months, there were 73 out-of-county placements. Additionally, 243 people were placed in Leicestershire County but outside of the city, due to the small geographical size of Leicester City and its central location within Leicestershire County. These placements reflected family connections, suitability, and availability. Although technically out of area, they were managed in the same way as 'in area' placements for social work support purposes.

Ensuring quality of local services

The local authority had monitoring mechanisms in place to ensure the quality of local services. For example, a Quality Assurance Framework (QAF), electronic care monitoring for home care, quarterly monitoring for supported living, a quality and performance tracker, and monthly internal provider monitoring. Leaders stated these tools helped them maintain high standards and ensure compliance with established guidelines. Additionally, they used Intelligence Monitoring Records (IMRs) obtained from social work colleagues. We found that the Intelligence and Monitoring Records (IMR) Guidance was last reviewed in 2017 and therefore required a review to ensure it remained accurate and relevant. The records generated quality concerns, good practices, and safeguarding notifications to allow the local authority to build a picture of overall quality.

The local authority also gathered feedback from people receiving support during reviews by social workers or practitioners. This feedback was fed into the quality framework when required to enable the local authority to make judgements on risk and quality of services. There was also a Contract Management Governance Policy which had been developed to ensure arrangements were in place so that each contracted service was routinely monitored, ensuring contract compliance and acceptable levels of performance and quality.

Non-regulated services were monitored through a Quality Assurance Framework (QAF) or Contract Monitoring Framework (CMF), quarterly monitoring returns, quarterly provider meetings, and responsive visits. These visits could be conducted jointly with partners, for example, health professionals. The local authority also conducted health and safety audits through their corporate Health & Safety Team, as well as infection prevention control (IPC) visits by the IPC nurse within Public Health. When issues were wide-ranging and required intensive support, the Multi-Agency Improvement Planning Process (MAIPP) was initiated. This was a multi-agency response to providers of concern which brought partners together to make a safety plan for the service and the people using the service.

The local authority also hosted bi-monthly multi-agency Information Sharing Group meetings. These meetings facilitated information sharing, discussions of services of concern, agreement on further actions if needed, and identification of themes and trends. By incorporating these diverse monitoring processes, Leicester City Council aimed to ensure care and support services were of good quality and leaders had oversight of concerns in the sector. However, according to Care Quality Commission (CQC) data, Leicester City had a lower percentage of 'Good' and a higher percentage of 'Requires Improvement' rated residential, nursing and supported living than the England average. The percentage of Good rated domiciliary homecare services in Leicester City was also lower than the England average. However, there was some evidence of positive impact from support already provided to services. For example, in domiciliary care, the local authority supported four contracted providers with "Requires Improvement" ratings to achieve "Good" ratings by the CQC. Additionally, the number of residential providers rated "Inadequate" was reduced from four to one following support from the local authority. Support varied with staff giving examples of supporting with actions plans and provision of quality improvement cafes. The local authority also shared as of December 2024, 91% of their contracted homecare providers were CQC rated good or outstanding.

The local authority reported six placements subject to embargo or suspension. Reasons included concerns identified at Quality Assurance Framework (QAF) visits for the quality of care provision, flooding and renovation work, issues with pre-assessment and care plans, lack of appropriate referrals, lack of progress against action plans, and lack of effective management and oversight. One placement was restricted after concerns were identified through the Quality Assurance Framework, which allowed the provider to focus on necessary service improvements while maintaining financial viability.

We received mixed feedback from partners regarding quality monitoring processes. Some providers appreciated the support from the local authority; however, some felt the quality assurance process was inconsistent and impacted by delays when staff were on unplanned leave. For example, a partner told us they had to wait over 6 months for a report. Partners also told us support could vary depending on the quality team involved, with some visiting teams providing more consistent and supportive communication than others. This indicated there was room for improving consistency across the quality framework.

Ensuring local services are sustainable

The local authority collaborated with care providers to ensure the cost of care was transparent and fair. They did this through various methods, for example, commissioning a cost analysis exercise and provider engagement sessions.

The local authority complied with the funding conditions of the Market Sustainability and Fair Cost of Care Fund 2022/23, receiving an allocation of £1.06 million. They allocated 77% of this funding to contracted care providers in qualifying markets. Specifically, 69% supported fees for 65+ residential and nursing care providers, while 31% supported fees for domiciliary care providers. This allocation aimed to promote market stability and address cost pressures due to high inflation.

Partners reported that contracts did not cover the full costs expected by the local authority, resulting in a funding shortfall. However, leaders told us a funding methodology was applied to commissioned services to ensure that providers costs are met. Partners also noted that contracts had changed from three-yearly to yearly, reducing stability. Additionally, partners reported the local authority did not often engage with smaller voluntary community sector organisations, instead using larger national charities. This approach was felt to lack a personal touch, particularly in diverse communities like Leicester City, and partners felt this did not support the sustainability of smaller organisations. An example was given of carer support and the organisation being used to support carers, being predominantly focussed on older people, impacting the support for younger carers.

The local authority reported the early termination of two contracts for day opportunities. One provider gave notice due to a lack of referrals and high maintenance costs, while another failed to establish a service in Leicester City after relocating from another area. Additionally, two contracts for homecare and supported living were handed back in the last 12 months. One contract ended due to financial viability issues following a company buyout, and the other was declined by the provider due to staffing problems.

The local authority understood its current and future social care workforce. They identified key challenges such as recruitment and retention, skills development, and ensuring a competent and confident workforce. The local authority detailed how they would address the challenges. This included aims to enhance recruitment efforts and improve retention rates by offering competitive pay, career progression opportunities, and a supportive work environment. They also intended to further develop their offer of comprehensive training programs and continuous professional development to ensure staff have the necessary skills and qualifications.

Additionally, there was an ambition to develop a robust workforce planning framework to anticipate future needs, ensure a sufficient number of staff, and support staff well-being through initiatives such as flexible working arrangements, mental health support, and recognition programs. These measures aimed to create a positive and supportive work environment, enhancing staff satisfaction and retention.

The local authority also stated they aimed to collaborate with external partners, including educational institutions and healthcare providers, to create a pipeline of skilled workers and share best practices. By collaborating with these partners, the council aimed to ensure a steady supply of qualified professionals and improve overall service quality.

Data from the Adult Social Care Workforce Estimates reported a 7.06% vacancy rate for Adult Social Care (ASC) staff in Leicester City. This was similar to the England average of 8.06%. The ASC staff turnover rate was 0.17, which was better than the England average of 0.25. The ASC staff sickness absence rate was 4.24, which was better than the England average of 5.33. Additionally, 73.01% of ASC staff had care certificates in progress, partially completed, or completed, which was better than the England average of 55.53%. This data pointed to a stable and well-trained workforce in Leicester City's Adult Social Care sector

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority has established partnership boards, co-chaired by people with lived experience of mental health, learning disabilities, Autism and being an unpaid carer. The Mental Health Partnership Board and the Learning Disability Partnership Board played key roles in delivering the Integrated Care System partnership arrangements locally.

The Joint Health and Wellbeing Strategy focused on promoting wellbeing across the local authority and progress towards the strategy's priorities were overseen by the Health and Wellbeing Board. This forum included collaborative decision-makers and leaders from the local authority and its partners. It was further informed by the perspectives of patients, people who drew on services, and other partners, who contributed local expertise to enhance the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).

The local authority told us about their Learning Disability and Autism Collaborative which comprised of joint working and focus on reducing the numbers of adults and young people in hospital through initiatives such as working with health partners to support them in continuing to deliver the annual health checks prevention programme across primary care, continuing to review every death and developing a programme of work to ensure quality principles in hospitals and in the commissioned community services to ensure everyone has access to high quality care. This collaborative had significantly reduced hospital admissions for people with learning disabilities and mental health needs, demonstrating the impact of co-designed initiatives.

The local authority's intermediate care offer was part of their 'HomeFirst' service and was integrated with community health services (nursing and therapy) which facilitated multi-disciplinary working across a range of crisis and reablement / rehab services. There was evidence to suggest this service was effective and had a positive impact on enabling people to remain or be discharged home from hospital. For example, data from the Short and Long Term survey 2023-2024 indicated 90.38% of people aged 65 and over discharged home with reablement services were still at home 91 days later, this was somewhat better than the England average of 83.70%.

The local authority worked in partnership with health partners, voluntary organisations, and community groups to deliver the 'Getting Help in Neighbourhoods' (GHIN) scheme. The scheme worked with organisations who had strong community involvement to promote accessible, trusted services for the population. As part of the scheme, the local authority funded community-based projects that provided practical assistance, such as food banks, housing support, and debt counselling.

The local authority told us about their work in partnership with health partners supporting a new discharge to assess high dependency unit which would be providing intermediate care to people with high dependency needs characterised by advanced dementia and delirium. This was currently still in the planning phase.

The local authority adopted a 'Making it Real' approach which was created by Think Local Act Personal. 'Making it Real' aimed to improve the way everyday social care services were designed and delivered, bringing together people drawing on social care and people working within it. Their 'Making It Real' group was made up of people who use social care services or who care for someone who does, people with lived experience and people who worked in social care. Group members provided advice, support, and challenge to adult social care leaders on the local authority's co-production work.

Staff and leaders described positive relationships with coproduction partners. They valued the 'Making It Real' group and the ongoing work to ensure that people with lived experience had a voice in local authority strategies. Leaders told us 'Making It Real' and their coproduction groups were representative of the diverse local population. Coproduction groups were also involved with procurement and recruitment, and leaders told us they were held to account by their coproduction colleagues.

The local authority demonstrated a clear commitment to coproduction, which was embedded in its ways of working. There were several examples of effective coproduction and partnership working towards shared local and national objectives. While feedback from the local authority was positive regarding coproduction, feedback from partners reported some concerns. For example, some partners said they were consulted with, rather than engaged in true coproduction and there was a lack of communication post consultation.

Staff told us they engaged with trusted stakeholders in the community to support people receiving care. For example, staff said they worked collaboratively with GPs to increase their reach into the community. Staff told us about their engagement with the integrated health and care group and told us that this is a group of people from a range of stakeholders and communities who worked together to achieve better outcomes collectively across the whole system. This was corroborated by partners and examples were given to evidence aligned approaches such as the local authority supported an initiative for a vaccination programme for people in under-represented communities and crisis cafés around the city to support people with mental health needs.

Feedback from staff regarding the effectiveness of partnership working was mixed. For example, some staff members highlighted positive and effective relationships with health partners, citing examples such as the Mental Health Partnership Board and joint initiatives during periods of acute system pressures. However, other staff members reported challenges and ineffective working relationships with health partners, prison services and other local authority teams, such as housing. These difficulties involved inconsistent responses and unresolved funding issues, which resulted in delays for peoples' accommodation and care provision, and subsequently impacted the support provided to individuals.

Arrangements to support effective partnership working

The local authority had established partnerships with health partners at both the system level and locally, through the Health and Wellbeing Board and the Leicester Integrated Health and Care Group. These place groups supported operational changes, such as the creation of an integrated 'HomeFirst' service and a joint domiciliary care framework.

The Leicester Integrated Health and Care Group ensured alignment and demonstration of the values and behaviours established with its partner organisations. Its purpose was to support the Health and Wellbeing Board in providing leadership, direction, delivery, and assurance to fulfill its aim of achieving better health, wellbeing, and social care outcomes for Leicester City's population. This included improving the quality of care for children, young people, and adults using health and social services.

The Carers Delivery Group was responsible for highlighting the needs of carers and developing and delivering the joint carers strategy. The group was comprised of representatives from Leicester City Council, Leicestershire County Council, and Rutland County Council, as well as the Leicester, Leicestershire & Rutland Integrated Care Board. They worked alongside GP surgeries, Leicestershire Partnership NHS Trust, University Hospitals of Leicester, voluntary and community sector organisations, and Healthwatch. This represented a wide range of partners representing a diverse range of sectors ensuring a holistic view is captured and considered as part of the strategy.

There was no formal Section 117 contract in place; however, the local authority stated they were working with health partners to agree on this. They had a funding agreement for 8 weeks post-discharge from hospital, though it did not appear to be a formal contractual arrangement. Leaders told us there was work to be done to ensure effective and agreed working arrangements were in place.

Some partners told us that through various established partnership boards, they were able to review and provide feedback on joint working initiatives, such as the distribution of funding for the Accelerated Reform Fund. However, other partners felt they did not have an equal voice and emphasised the need for the local authority to recognise their contributions more to enable more effective collaboration. Leaders acknowledged a sense of despondency within the voluntary sector and were aware of the need to invest in this sector and improve engagement and communication, particularly with a focus on prevention as part of the local authority's reinvestment plans.

Additionally, as part of a feedback gathering exercise, the local authority asked staff to name one change they would like to see to improve their work. A prominent theme that emerged was the need for better communication between partners, departments, and agencies.

In summary, while the local authority had established collaborative partnerships and made progress in operational changes, challenges remained in achieving good working relationships with partners.

Impact of partnership working

The local authority participated in and led a number of joint strategies and governance boards through which there was opportunity for oversight and scrutiny. However, while some of the strategies were clear in their priorities and objectives, some were not explicit in how this would be reviewed and monitored for impact. For example, the local authority launched a new Voluntary and Community Sector (VCS) Engagement Strategy in September 2023 which was a 5-year plan (2023-2027). This detailed priorities which included developing a better understanding and relationship with local VCS enterprises. The strategy set out how the local authority planned to do this over the next 5 years including implementing outreach groups, creating toolkits, and establishing a VCS enterprise peer support group. It did not, however, detail how they planned to review progress or outcomes from the strategy.

There were positive examples of successful partnership initiatives using pooled funds, including the Better Care Fund. One notable example was the Integrated Crisis Response Team. This demonstrated a significant positive impact, with 75.87% of people receiving support in 2024 requiring no ongoing longer-term support, thereby maintaining their independence at home.

Furthermore, the reablement service showed a 30% increase in capacity, with a target to reach a 50% increase when fully mobilised. The Housing Enablement Team reported a 25% increase in people receiving housing support, and there was a 35% decrease in residential care bed usage compared to 2022 demonstrating their commitment to their 'Homefirst' initiative.

Staff and people also highlighted the collaboration between the mental health, learning disability, and autism partnership boards, which led to improved transport and information for people with additional needs, thereby enhancing accessibility.

Working with voluntary and charity sector groups

The local authority engaged with Voluntary Community Sector (VCS) to reach under-represented communities and consulted with the sector through partnership boards. The local authority told us people with complex needs, including those with mental health needs, benefited from joint partnerships and VCS working. For example, their Integrated Neighbourhood Teams approach and the 'Getting Help in Neighbourhoods' (GHIN) programme utilised multi-disciplinary approaches to support people in their communities engaging with local staff and services.

A key part of the GHIN project was its grant scheme, with over £2 million awarded to 51 local VCS organisations across the authority since May 2022. This initiative supported over 1,000 people across the city and enabled the growth of preventative arrangements for dementia, as well as the provision of crisis cafés.

Feedback from partners regarding the local authority's collaboration with voluntary and charity sector groups was mixed. Some partners praised the local authority for recognising the importance of charities and voluntary sector work, citing examples such as increased funding for foodbanks across the city. However, others said the local authority undervalued the voluntary sector, noting funding cuts and being treated as an afterthought.

Leaders acknowledged that several VCS organisations had been decommissioned in 2017 as part of a money-saving approach. Concerns were raised about the decommissioning of VCS carers support, with people expressing that the remaining organisation primarily focuses on older carers, although leaders confirmed the service specification for this organisation stipulated all carers were to be supported. People reported services that had been decommissioned had not been replaced which left them without the community support they were once receiving including support groups. Leaders acknowledged the need for better engagement and collaboration with the VCS sector.

Theme 3: How Leicester City Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

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

Safe pathways, systems and transitions

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Safety management

The local authority had pathways and flow charts in place to guide people and staff through their care journeys. These included referral pathways, transition pathways, and hospital pathways. Each pathway was designed in collaboration with partner organisations and incorporated considerations for enablement and reablement services where appropriate. There was also guidance around ordinary residence and transitions between services guidance.

The local authority had a pathway flowchart in place for managing safeguarding concerns and they utilised a multi-agency policy and procedure resource from the Safeguarding Adults Board (SAB) to inform their safeguarding processes. Although these policies and procedures were detailed and informative, they lacked specificity regarding individual responsibilities and contingency procedures if the designated person was unavailable. Additionally, there was an absence of localised procedures and guidance to assist staff in maintaining a consistent approach to safeguarding.

The SAB developed a high-level data dashboard and risk-rated action plan to highlight local risks. Leaders from the local authority were actively involved in the subgroups dedicated to managing safety and risk, ensuring they were well-informed about the current themes and priorities related to local risks and were taking action to address them. For example, extra training in mental capacity act management and the provision of Active Bystander Training.

The local authority had an adult social care and safeguarding risk register and an adult social care and commissioning risk register. These registers were updated three times a year and detailed current actions and controls in place to manage identified risks. Workforce challenges and demand outstripping capacity were recognised as risks, however, the waiting well approach had not been included as a mitigating factor. Although the local authority had introduced a 'waiting well' process/approach, it was not yet embedded across adult social care and thus did not effectively mitigate this risk.

The local authority had systems and processes in place to monitor and manage provider compliance and risk including due diligence and regular information returns. There was a multi-agency process for managing providers of concern with clear roles, responsibilities and process maps in place for all involved partners. Staff told us the local authority used an Intelligence Monitoring Matrix to track trends, concerns, and CQC ratings, ensuring that providers were closely monitored.

Staff told us the local authority worked in collaboration with the police, ensuring clear escalation routes were in place when needed. Service managers worked closely with multi-agency teams to implement immediate safeguarding plans, ensuring that adults at risk received timely support. These examples demonstrate the local authority's collaboration with partners to reduce risk and prevent abuse and neglect.

Partners told us that many people reported to them that they struggle to navigate the process of accessing adult social care and that people reported being confused about where to start and having to repeat their stories to multiple professionals. Partners also reported that information conveyed through the local authority systems during hospital discharge could be inconsistent and lack detail rendering them inaccurate of the person’s care needs which could impact the support they received post discharge.

Safety during transitions

The local authority had a Preparing for Adulthood strategy. It detailed aims, priorities and outcomes. It also detailed pathways for employment, independent living, inclusion, good health and partnership working which enabled staff to support people in these areas.

The local authority told us partnership working arrangements were in place to safeguard young people approaching and transitioning to adulthood. Joint Solutions and Complex Transitions Case meetings were attended by adult social care, Children and Young People's Social Care (C&YP SC), health, SEND and housing partners. They said they focused on young people in secure settings prior to discharge, avoiding further hospital admission, looked after young people and young people living with their families where there was a high risk of breakdown of family units. In collaboration with health partners, the local authority used a Dynamic Support Pathway (DSP) which ensured a person-centred approach to supporting young people approach transition to adult services. They also produced a process chart to ensure staff were clear about the pathway process for young people with Special Educational Needs and Disabilities moving to adult services.

The local authority's strategy was that the transition process started when a young person was aged 13 or 14 and there was a gradual process towards transition of services rather than a sudden change in provision. However, staff disputed that this happened in practice and told us they typically get involved 6 months prior to a young person turning 16 years old. Staff said some children did not have support in place before transitioning, which could contribute to gaps in support. They said earlier involvement could mitigate this risk and ensure smoother transitions for young people. We heard mixed feedback from people regarding their experiences of transitioning between children's and adult services. For example, some reported receiving good support with a multi-agency approach, while others felt they received little support and were left to navigate the transitions process themselves.

The local authority had established robust multi-agency pathways and comprehensive guidance to support hospital discharges. The process encompassed pre-discharge preparation, discharge planning, coordination with HomeFirst services, the discharge process, and post-discharge follow-up. There were procedures to prioritise urgent cases and provide effective support services. Examples of these included emergency duty, crisis response, and out-of-hours teams. The local authority was meeting targets to support people within two hours of referral to the crisis response team.

Staff reported having effective partnerships that enabled safe and efficient hospital discharges. Partners corroborated this view, describing the local authority as flexible and creative in addressing hospital discharge pressures. For instance, they utilised assistive technology and night sit-in services to keep palliative care patients safe upon hospital discharge until care provision could begin.

Contingency planning

The local authority had established operational processes and multi-agency policies in place for contingency planning regarding provider failure. This included procedures for staff to follow in the event of a provider emergency requiring urgent relocation of people. The procedures aimed to ensure the health, safety, and welfare of those involved and effective coordination and communication among all parties. The document included key contacts and process flow charts for easy reference. However, the last review was in 2017, and the 2018 review appeared to be incomplete, potentially rendering contact information outdated. The local authority provided examples of effective contingency plans in response to domiciliary care hand backs and care home failures.

Additionally, the local authority had effective emergency duty, out-of-hours, and integrated crisis response teams to support people in crises or outside of regular working hours when usual support mechanisms may not have been available. Staff reported that their duty teams prioritised urgent cases and could visit people the same day an urgent referral was received. Measures such as arranging emergency respite care or providing necessary equipment were in place to ensure safety. Urgent pathways could be activated in emergency situations to prevent delays in support. The Integrated Crisis Response Team responded to urgent cases within two hours and had support networks in place to enable quick support for people to support them maintain their independence and reduce the need for hospital admission, examples included provision of equipment.

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Safeguarding systems, processes and practices

The local authority used safeguarding adults board Multi-Agency Policies and Procedures (MAPP) as their documented policies and procedures. While the MAPP was informative and detailed across all areas of safeguarding, it required the lead agency, i.e., the local authority, to have localised procedures in place for managing safeguarding referrals. This included specifying who the lead decision maker was and what to do when the lead decision maker was unavailable. However, the local authority did not have localised procedures or staff guidance for 'in-house' safeguarding enquiries or for causing other agencies to undertake enquiries.

There was no guidance available detailing how each team processed safeguarding alerts. Some teams allocated alerts daily, while others did so weekly; some teams held alerts in folders on a risk-rating process prior to allocation due to capacity, while others allocated them directly. Staff mentioned that while some teams had a duty worker system to process alerts, others were managed by team leaders. However, all alerts had to be signed off by team leaders, who were responsible for risk assessing and ensuring the immediate safety of individuals, though the procedure was not documented.

Staff also explained that team leaders assigned risk to safeguarding referrals, but there was no guidance on what actions to take based on the assigned risk. For example, if a referral were assessed as low risk, it was unclear how long it would wait for allocation. Conversely, if something was assigned as high risk, it was unclear if immediate action was taken. Leaders stated that guidance for assigning risk was being co-produced but had not yet been completed.

Leaders told us team leaders were responsible for overseeing safeguarding enquiries within the teams and ensuring the Multi-Agency Policies and Procedures (MAPP) were being followed by staff undertaking the enquiries. However, team leaders were not conducting safeguarding audits at the time of the assessment, and staff told us safeguarding cases were not always considered during their supervisions. Leaders stated they were planning to introduce specific safeguarding audits, and that safeguarding was an area of focus within the practice audits undertaken. However, the practice audits, which covered all areas of practice, amounted to approximately 4-6 audits a month per service area and would not necessarily include cases where safeguarding has been supported.

Overall, the safeguarding processes for the local authority were not robust or explicit. While leaders referred to the MAPP detailed on the safeguarding adults board website, staff did not reference it when asked about policies and procedures, however they did refer to their line manager for support. There was significant responsibility placed on team leaders for managing safeguarding alerts, but they could not demonstrate robust oversight for ensuring the safe and effective management of safeguarding alerts and enquiries within teams. Although the MAPP was a detailed source of information and guidance, without localised guidance, it was difficult for the local authority to effectively oversee or evidence effective systems, processes, and practices for safeguarding people. As part of the CQC request for data around safeguarding, leaders reported that all safeguarding referrals waiting had been risk assessed by a suitably trained worker and those needing safety plans had them in place. Therefore, while processes were not robust and without risk, the people who were being supported had received the initial safety checks they needed to ensure their safety.

Some staff felt they were best placed to undertake safeguarding enquiries for individuals already allocated to them, while others believed independent scrutiny would be more objective. Some staff described feeling under pressure with workloads and expressed concerns about effectively undertaking safeguarding enquiries. However, most staff reported feeling well-trained and equipped to conduct safeguarding enquiries, with some having recently attended safeguarding training and applied professional curiosity in their approach. National data from the Adult Social Care Workforce Estimates for 2023/24 showed that 42.80% of independent/local authority staff completed safeguarding adults training. This was worse than the England average of 48.70% and suggested the local authority needed to improve staff uptake for safeguarding training.

Some partners expressed concerns regarding the safeguarding pathway, stating it was not easy to use and that they did not always know if the safeguarding referral had been submitted. Others said it was difficult to speak to a member of staff about safeguarding, and it was “frowned upon” to call before establishing all the facts. Some staff in certain service areas were unaware of how to make a safeguarding referral. Therefore, more needed to be done by leaders to ensure staff and partners were well-informed on how to raise a safeguarding concern and there was not a culture of blame.

The local authority worked closely with the Safeguarding Adults Board (SAB). Leaders from the local authority were engaged in and/or led subgroups and were aware of the safeguarding adults board priorities. They explained how they disseminated these priorities through the adult social care workforce. For example, the SAB had identified mental capacity act management as a priority. The local authority commissioned an independent training provider to deliver Mental Capacity Act training on a rolling programme, which was mandatory for adult social care staff, as well as providing masterclasses for Mental Capacity Act guidance. Partners told us the local authority collaborated with the SAB to ensure annual reports were used for reflection and progress tracking. Another partner described the local authority as a key influential, and active member of the board and noted the commitment from senior leaders who chaired subgroups and engaged across various teams, expressing confidence that people's safety was considered a priority.

The local authority stated the SAB was positively represented among statutory partners and was well-resourced, with funding agreements in place. There was a multi-partner agency agreement in place which aimed to produce a high-level dashboard to identify themes and trends, supporting each partner in driving improvements. This suggested strong multi-agency safeguarding partnerships were in place.

Responding to local safeguarding risks and issues

The local authority had a clear understanding of the themes and issues relating to safeguarding risks and issues in the city, including neglect as the most reported type of abuse, the most reported alleged abuse occurring in people's own homes, and the most reported abuse involving individuals aged over 65 years. The Safeguarding Adults Board (SAB) analysed safeguarding information across the area and identified priorities, such as support and management around domestic abuse and mental capacity.

In response to the themes identified, the local authority funded several safeguarding-related initiatives. Examples included Living Without Abuse, which provided early intervention for domestic abuse survivors, and The New Futures Project, which offered trauma-informed support for young women. Other initiatives included the development of Cuckooing guidance and a review of their current response to self-neglect. Weekly briefings, overseen by the learning and development subgroup, promoted awareness of local policies related to the risk of exploitation and cuckooing. Additionally, the learning and development subgroup commissioned Mental Capacity Act (MCA) training, with 24 sessions planned across the locality during 2024/25, aiming to reach 600 delegates.

Leaders stated they undertook targeted training for staff based on learning from safeguarding adults' reviews (SARs). In the last 6 months, leaders began revisiting completed review actions from SARs to check with practitioners that the actions taken have achieved the desired impact. An 'impact measurement' meeting with the local authority learning disability team included 32 practitioners. While the actions from the SAR related to someone with a learning disability, the learning points could be applied service wide. The meeting noted difficulties in identifying and aggregating low-level safeguarding themes. There were no formal systems or processes for monitoring safeguarding themes and trends for individuals, relying on individual workers who might miss or overlook themes, especially as workers left the organisation and cases pass between workers. This concern was being addressed through an incident process review. The document suggested extending the incident review process to supported living, although effectively identifying themes and trends for safeguarding incidents should have been applied universally. Another action from the SAR was to ensure assessments were regularly reviewed and updated for contemporaneous planning. Despite this stipulation, a backlog of reviews and waiting times indicated this was not happening in practice.

The local authority shared several overview reports from the safeguarding adults board detailing findings and recommendations from SARs. However, there were no local authority-specific documents or information evidencing actions taken in response to the recommendations, except for one impact report discussed above. Leaders told us the Principal Social Worker provided briefings to the Lead Members Briefing and City Mayor Briefing, specifically on Local Authority learning points and recommendations, however, they did not provide us with the content for the briefings, so we were unable to corroborate this.

Some staff were unable to describe learning from SARs and did not recall targeted or follow-up training. Others reported having opportunities to learn about SARs, engaging in refresher training, and easily accessing recent SARs. The local authority stated that learning from safeguarding reviews was widely shared using 7-minute briefings, which were also included in safeguarding adults in-house training and twice-yearly Safeguarding Matters briefings.

While there was evidence that the local authority had provided training courses for staff based on SARs, more action was needed to ensure appropriate actions were taken to address and meet recommendations from SARs, and to achieve the desired outcomes with service-wide impact and learning.

Responding to concerns and undertaking Section 42 enquiries

The local authority used the Safeguarding Adults Board (SAB) Multi Agency Policies and Procedures (MAPP) as their hub for information and guidance. The MAPP contained an adult threshold guidance document that clarified when concerns met the threshold to cause enquiries to be made. Local authority teams were managing safeguarding concerns differently. Staff told us safeguarding concerns were discussed and allocated informally within teams and there was a lack of structure for who was responsible for applying the threshold for enquiries. This was further complicated by the absence of localised guidance for managing safeguarding within the local authority.

Leaders identified a change in the conversion rate of safeguarding alerts to enquiries, prompting an audit of 50 safeguarding cases. The audit revealed inconsistencies in how the threshold was being applied. In response, leaders adapted local authority safeguarding training to address these gaps. However, this was a reactive measure, and there were no proactive regular audits of safeguarding practices aside from those included in overall practice auditing, which may not consistently include safeguarding cases. Leaders told us multi agency safeguarding audits were completed as part of the safeguarding adult's board objectives twice yearly. These consisted of the Principal Social Worker undertaking audits on 2 cases and relating to themes, for example, the chosen topics for quarter 3 and 4 2024 were safety, protection and safeguarding plans. While these were not regular audits on safeguarding practices, they were useful in providing the boards subgroup with a focus on potential areas for learning.

The local authority stated that their aim was for threshold decisions to be made within 5 days. However, data from the SAB report indicated that over a 12-month period between 2023 and 2025, an average of 45% of threshold decisions were made within this time. Additionally, SAB data showed 75% of safeguarding enquiries remained open after 6 weeks.

The local authority informed us that the submitted data did not accurately reflect the time taken for safeguarding enquiries, citing reasons such as long-standing enquiries not being closed in their system. This indicated a lack of robust governance and oversight for safeguarding enquiries that had been open for a long time, meaning the local authority could not ensure people's safety following their initial involvement.

More action was needed to ensure timely and effective safeguarding processes and management across adult social care. More robust governance and procedures were required to identify safeguarding enquiries not meeting the expected standards, or time frames, to enable the local authority to take timely action and ensure people remain safe. Without this, there is a risk of individuals being left at risk of harm or neglect for extended periods.

When the local authority caused enquiries to be made by another agency under section 42 of the care act, the MAPP confirmed the local authority retained responsibility for the enquiries and outcomes. However, staff were not clear how to manage the enquiries caused by another agency and said they rarely 'chased' information for these enquiries, which could lead to delays and may therefore be a contributory factor in the data showing that 75% of section 42 enquiries were still open after 6 weeks. Staff did not reference the MAPP as a source of guidance in safeguarding pathways and stated they would ask their manager what to do. This suggested a need for further staff guidance and support with regards to managing safeguarding enquiries.

The MAPP detailed the guidance for oversight processes for safeguarding enquiries in NHS settings, and additional guidance specified who the safeguarding lead was for the local authority, which was the Principal Social Worker for enquiries delegated to University Hospital Leicester. However, there were no details about who would take over this responsibility in the Principal Social Worker's absence. Leaders stated they would ensure enquiries received from NHS settings were sufficient when received, but this quality assurance was not built into a localised standard procedure. Leaders acknowledged that NHS and other agency enquiries could take a long time to complete, contributing to data on long-standing open enquiries, but little action had been taken to address this. Therefore, more robust management and guidance was required to ensure effective and timely safeguarding enquiries were undertaken in partnership with NHS settings.

While the quality and monitoring arrangements for safeguarding enquiries needed to be improved, leaders told us that from the audits that have been undertaken, they had not found anyone who had been left unsafe or without a safety plan where required. They stated that every concern reported was triaged by a suitably trained worker and the person made safe before being progressed.

A partner expressed concern with regards to the risk to people’s safety when safeguarding enquiries were left unallocated. However, leaders told us there were 22 people awaiting allocation for safeguarding enquiries at the time of the assessment, all of whom had been triaged and had protection plans in place. Partners reported poor communication and feedback with regards to safeguarding referrals and enquiries, particularly around outcomes. This does not support partners to apply a lesson learned approach to safeguarding.

There were 472 people waiting for DoLS assessments with a median wait time of 70 days and a maximum wait time of 429 days. The number of people waiting for DoLS assessments had increased from 430 people in September 2024, however, the median wait time had reduced from 147 days. The local authority told us they were utilising the Association of Directors of Adults Social Services (ADASS) risk tool for managing DoLS and that they had streamlined the DoLS documentation to support capacity in the team. However, more action was required to ensure people are not being unlawfully deprived of their liberty.

Making safeguarding personal

The local authority leaders told us their systems and training promoted and encouraged making safeguarding personal. Staff were committed to a strengths-based approach, recording outcomes for people and ensuring their voices were heard. They also co-produced an accessible leaflet to make safeguarding information available to the public.

Data from the local authority showed that over a 12-month period, an average of 75% of people were asked about their desired outcomes for making safeguarding personal, and of these, an average of 89% of outcomes were achieved. While the high percentage of achieved outcomes was commendable for those asked, more work is needed to ensure everyone was being involved in their safeguarding pathway to record and achieve desired outcomes. Data also indicated a reduction in the proportion of people achieving their desired outcomes year on year since 2020-21 (50.9% in 2023-24 vs. 62.3% in 2020-21). The local authority was undertaking work to understand this trend further.

Partners expressed concerns about the lack of usable, high-quality data for safeguarding, making it difficult to understand trends, such as the worsening reports of positive outcomes from safeguarding enquiries year on year. The local authority was planning to explore opportunities to use their resources to contact people with lived safeguarding experience to gain their views after a Section 42 enquiry was completed.

National data from the Safeguarding Adults Collection 2023-2024 indicated 93.33% of individuals lacking capacity were supported by an advocate, family, or friend during their safeguarding experiences in Leicester City, which was better than the England average of 83.38%. This indicated that people who lacked capacity were being appropriately supported during the safeguarding process.

Theme 4: Leadership

This theme includes these quality statements:

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

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

Governance, management and sustainability

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

The local authority had clear governance structures, including political leaders, social care leaders, a corporate management team, partnership boards, management teams, and coproduction forums and groups. While the governance structure shared with us did not detail each group's specific responsibilities, these were outlined within certain strategies. For instance, the Adult Social Care Operational Strategy specified that the directors for adult social care were the strategy owners, reporting to corporate governance structures, including the Learning and Improvement Board. This demonstrated a documented structure allowing for people to see where oversight and governance sits within strategies.

Governance arrangements were in place to oversee adult social care financial plans, strategy delivery, performance monitoring, and quality oversight. These included a Practice Oversight Board and a Learning and Improvement Board. The strategy also detailed measures of success against priorities and what 'good' looked like. As the strategy was dated 2024-2029, it was too early to assess the progress made to date. Prior to this strategy there was an adult social care strategy 2021-2024 which also detailed priorities and measures for success over the years. However, the new strategy did not evaluate the outcomes or impact from the previous strategy and there was no evidence submitted in relation to this, therefore we were also unable to assess the progress and impact made from the previous strategy.

The oversight boards and meetings were open and transparent, with published agendas and accessible meetings accessible to the public via recorded sessions. Regular scrutiny meetings were held, and reports were issued, indicating that discussions took place on current topics and concerns in adult social care. However, there was limited evidence that leaders were effectively following up actions from these scrutiny meetings. For example, in the papers for 14th November 2024, a discussion on "deep dive into race equity" identified that White, Black, and Dual Heritage working-age adults were disproportionately more likely to be the subject of a contact, whereas Asian working-age adults were less likely. Although the scrutiny notes acknowledged potential professional bias influencing referrals to Adult Social Care, there were no follow-up questions or actions added to the workplan to address the report's findings. This lack of follow-up was consistent throughout the meetings, indicating that scrutiny arrangements could be more robust to ensure effective triangulation of information and follow-up actions.

In contrast, the Health and Wellbeing Board meetings demonstrated more effective monitoring of issues discussed and raised. For instance, in the minutes for the meeting on 26th September 2024, an update on the Mental Health Programme Board noted confusion among the voluntary and community sector regarding an app used. An action was noted for a conversation to be arranged with the sector to discuss this and relay the information back to relevant teams. This consistent approach demonstrated effective oversight by the Health and Wellbeing Board.

The local authority had a performance framework that detailed performance monitoring across four quadrants: qualitative, quantitative, feedback from people, and feedback from staff. The framework specified how each measure would be monitored and the frequency of reviews. The local authority aimed to conduct practice audits for 5-6% of individuals supported, equating to 5-6 audits per service area monthly. The findings would then be fed into the practice oversight board, which identified themes and necessary actions.

Leaders said they ensured staff were applying Care Act eligibility through various methods. For example, supervisions, practice audit arrangements, management authorisations, and the use of a digital system, which had been developed with strength-based terminology and prompts for staff.

We heard mixed feedback from staff regarding governance and leadership. Some staff described their managers as supportive and available, while others reported they did not have a current manager or needed to seek support from managers in other teams. An example was given of a worker whose manager was unable to support on visits, while their coworkers had support from their managers on visits when needed. Leaders told us when a manager position was vacant staff were assigned to a covering manager. Additionally, staff felt that a lack of established processes affected their ability to perform their roles consistently and effectively. This, in turn, increased the time they required from their managers, as they often had to seek guidance rather than referring to established protocols.

We also heard mixed feedback from partners regarding governance and leadership. A recurring theme was that while some areas of adult social care exhibited strong leadership, others did not, leading to inconsistencies in working with the local authority. Some partners described the leadership as disjointed which could lead to conflicting messages. However, some partners praised the local authority for having clear escalation procedures and open lines of communication between leaders.

Governance for safeguarding enquiries required improvement. The local authority was not routinely monitoring the duration of Section 42 enquiries. Their governance approach involved a leader receiving a monthly report listing enquiries that had been open for longer than 28 days. However, we found that several longstanding enquiries were open without any action being taken to address them. Each team managed their own safeguarding alerts without robust guidance. Team leaders were responsible for ensuring consistency and Care Act compliance regarding safeguarding enquiries within their teams. However, they were not conducting safeguarding audits and could not provide evidence of governance arrangements for this. Leaders told us they aimed to introduce safeguarding audits.

Governance and management for data required improvement to provide accurate and consistent information for leaders and to ensure they had correct oversight of performance across adult social care. Local authority leaders recognised this as an area for improvement and cited inconsistent recording as a contributing factor to data-related issues. Leaders told us they aimed to revise reporting processes to prevent future discrepancies.

While practice audits had been implemented in June 2024, there was limited evidence for overall audits focussed on the local authority ensuring they were meeting their care act requirements. This issue was compounded by poor data collection. This limited information available to leaders and could impact on their ability to make informed decisions about where to focus resources.

Strategic planning

The local authority had strategies detailing strategic priorities across adult social care in place. A 5-year adult social care operational strategy, created in 2024 and running until 2029, outlined how the local authority planned to meet their Care Act duties in line with other strategies across adult social care. The local authority aimed to publish an annual report on the strategy and the progress made. The health and wellbeing strategy also detailed strategic priorities, each with a set of commitments and a delivery plan to track progress. Leaders said they were committed to ensuring strategies were co-produced with people with lived experience and those who draw on services.

The local authority used risk registers and data dashboards to inform strategic priorities. However, some data within the local authority was not reliable or accurate, and some risks were not included in the risk registers, for example, the extent of overdue reviews was not on the risk register. This meant leaders may not have been sighted on all risks across adult social care which could lead to un-informed decisions. Information from the Joint Strategic Needs Assessments and research findings from public health were well-utilised for informing strategic priorities. The local authority engaged with the community through various means including voluntary sector organisations and their 'Making It Real' group. However, we found that community engagement could be strengthened for underrepresented communities.

Information security

The local authority had arrangements in place to maintain the security, availability, integrity, and confidentiality of data, records, and data management systems. They provided information on their website explaining their data protection policies, freedom of information, and information governance and risk policies. Other key measures included secure systems, data sharing protocols and their information asset register. This suggested robust information governance measures were in place to protect peoples' personal details.

Despite these security measures, the local authority experienced a cyber incident in 2024 that compromised their systems and impacted the Care Technology Team (amongst others). This incident necessitated a system rebuild and resulted in the loss of some data. However, during this period, the local authority successfully maintained all essential services with no impact on people, demonstrating the effectiveness of their contingency measures.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

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

Key findings for this quality statement

Continuous learning, improvement and professional development

The local authority was actively engaging in sector-led improvement work, seeking external reviews from the Local Government Association and insights from other councils to understand challenges. Leaders participated in peer reviews and regional/national networks focused on outcomes for people.

In June 2024, the local authority launched their Quality Assurance Practice Framework, comprising four elements to define and measure good practice in Adult Social Care. This framework was measured by Team Leaders using a Quality Assurance Practice Form, introduced on 1st July 2024. The aim was to assess the quality of care for 5-6% of people drawing on care and support. Leaders told us they used a data dashboard tool to analyse audits and report them to the Practice Oversight Board.

The local authority produced a storyboard that consolidated all their professional development plans for local authority staff. The plan detailed how it incorporated equality, diversity, and inclusion supporting the workforce in their understanding and application of practice around equality, diversity and inclusion. Successful workforce initiatives highlighted in the plan include the ASYE (Assessed and Supported Year in Employment) program and effective apprenticeships that progress to permanent employment.

Staff told us that the local authority facilitated flexible and accessible training for staff, including locums, however they reported there was a need for more in-person and specialised training for example, training for supporting people with Parkinsons. Staff also told us the local authority encouraged peer learning through reflective sessions within teams. However, we found that effective practices were not consistently shared across different teams. Despite this, there were instances of innovative individual work observed within various teams, leading to positive outcomes for people who draw on support. For example, one team member developed an easy-read template to aid communication with the people they supported, although this tool was not adopted by the rest of the team or across the sector. Other workers were arranging for resources to be translated, but these were not then stored or shared for the rest of the sector to utilise in the future. This suggested more effective management for accessible information was required.

Leaders identified learning and development needs through various methods, such as themes from practice audits, a strength-based oversight group that met every six weeks, and a practitioner forum led by the principal social worker, which was also held every six weeks. Leaders maintained direct links to the workforce from the 'bottom up,' ensuring that staff voices were heard. They told us assessment and review training were mandatory for adult social care staff and was co-produced and delivered by people with lived experience.

The local authority had a practice lead working with staff to develop and improve practice and processes. Their aim was to transition from process-driven practice to meaningful, person-centred, and strength-based work. Staff were positive about this initiative and felt it resulted in better and more effective support for people.

Leaders told us a new data dashboard had been developed which brought together information which was shared with the leaders of the council. However, they stated further improvements were required to support identifying themes and trends, and drive improvement. This included supporting staff to use systems effectively to ensure systems could capture accurate data for analysis.

The local authority stated adult social care was an early adopter of the corporate recruitment policy of “internal first,” which helped to develop and retain staff who were representative of their local communities. There was evidence of career progression from frontline roles to Team Leader, Head of Service and into Director roles. This encouraged staff to stay and develop their careers with the local authority contributing towards a stable workforce.

Learning from feedback

The local authority was committed to coproduction and evidenced that people with lived experience were involved in the production of strategies, the evaluation of processes and services, and in recruitment processes. People described positive experiences of being involved with learning from safeguarding adults' reviews and procurement processes. For example, people said they supported writing interview questions for the tender in commissioning care providers. The Making It Real group felt their contribution was valued and saw the impact of their work, although they also identified more areas where the local authority could learn from communities. Some partners expressed concerns about people who drew on services not being involved in coproduction; however, the local authority told us the Making it Real group consisted of individuals who used Adult Social Care services, their carers, family members, and professionals from Adult Social Care.

The local authority shared a draft annual assurance report detailing strengths, weaknesses, and actions taken. Various forums, such as staff huddles and quality conversations, were used to gather information for learning and development. To improve, the authority was in the process of formalising feedback processes, developing a Workforce Strategy, and implementing the 'Diverse by Design' program with the aim to better utilise feedback and learning.

The local authority actively gathered feedback from staff through various methods to identify strengths and weaknesses for practices across adult social care, however, leaders were aware this was an area of improvement. For example, limited routes by which staff could provide feedback, feedback not being recorded effectively, and staff not being aware of the themes and trends collated from feedback. In response to this, leaders established a feedback and engagement group and utilised survey data to develop bespoke action plans for improvement, such as addressing barriers to strength-based practice by creating a forms group. In 2023-24, the local authority received 244 commendations and 71 complaints, with complaints mainly focused on communication and consultation. Leaders told us themes from complaints informed improvements. In 2023-24, the local authority concluded 57 formal statutory complaints, which was an increase of nine from the previous year but still below the pre-pandemic levels of 81 in 2019-20. Of these complaints, 33% (19 complaints) were upheld against the Council, including one specifically against a care provider, and 12% (seven complaints) were partially upheld. Common themes identified in the complaints included timeliness of actions and communications, waiting times for adaptations, delays in receiving support, carers assessments not being offered, and assessments not being reflective of needs. In response, the local authority detailed the lessons learned and actions taken to address these issues which included further staff training.

It was acknowledged that the people we spoke with were satisfied with their adult social care and support and said they had not needed to make a complaint to the local authority. However, people told us they felt well-informed about the complaints process and knew how to contact social workers if needed.

Partners told us there were several areas the local authority had made improvements based on the feedback and experiences of people who use services. For example, leaders developed a Home First discharge strategy based on evaluations of people's discharge experiences, which they obtained through surveys. Additionally, they made improvements to the local authority website to increase accessibility of information regarding domiciliary care.

Staff told us the local authority engaged with people who draw on support by contacting 15-20% of clients of a provider to gather feedback and ensure their needs were being met during the Quality Assurance Framework Process which was then fed into the process and acted upon accordingly.

The local authority demonstrated a culture of learning and improvement and were committed to gathering and using feedback from staff, people, and partners. Leaders were open about areas for improvement, and they had plans in place to undertake development in areas identified.

LEICESTER CITY COUNCIL

ADULT SOCIAL CARE

OUR SELF ASSESSMENT

September 2024

Contents

Section A: Overview and Summary

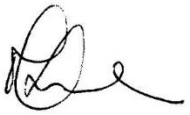
Our self-assessment seeks to tell a story about Adult Social Care (ASC) in Leicester, reflecting our strengths and our shared commitment to continual improvement for the benefit of the people our teams serve with passion and dedication.

This is a document written for wider stakeholders of ASC whilst also fulfilling the requirement of CQC Assessment Framework for Local Authorities. It complements the Local Account (public facing) and our Annual Assurance Statement (ASC management facing).

The reflections in the self-assessment have been co-produced with people who draw on support and staff. This version (September 2024) was refreshed following a workshop bringing together over 80 co-producers.

Key documents are referenced (IR- or E-) and an evidence list with supporting information is available for people who wish to explore any statements further.

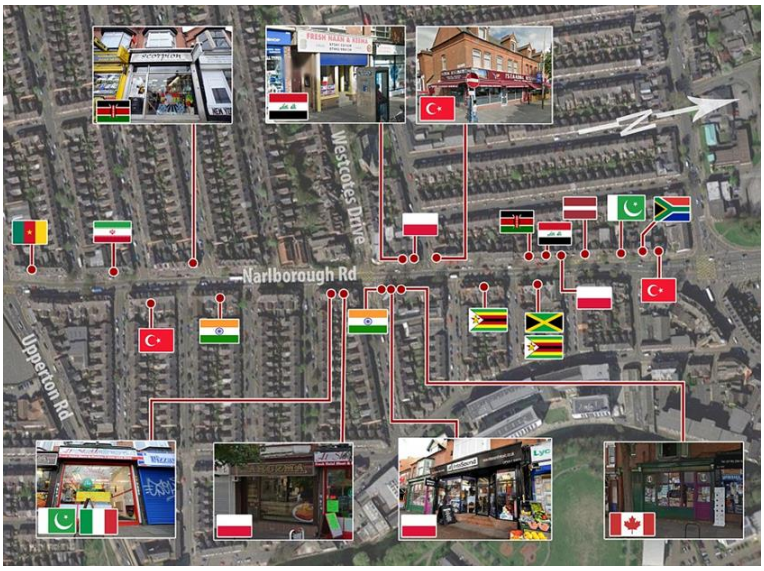
We aim to reflect an accurate picture of Leicester's ASC service in this document, as we celebrate what is strong and identify where further work is taking place to address areas that we are seeking to improve.



Laurence Jones	Ruth Lake	Kate Galoppi
Strategic Director	Director	Director
Social Care and Education	ASC and Safeguarding	ASC and Commissioning

About us: Leicester City Council and Adult Social Care

"We are Leicester Together"



People and Place
Leicester is a proud but modest city of superdiversity, as shown in the image above. We celebrate our unique history, as a city that welcomes new communities and embraces difference. We are home to 368,000 people, an increase of over 38,000 since 2011 (11.8% - highest of all ONS comparators). The entirety of that increase was of people born overseas.

We are the 3rd most densely populated area outside London. We are also the 32nd most deprived Local Authority (LA) area in England (of 317 LAs) and the 10th most deprived LA area for the proportion of older people living in income deprived households. Despite rapid population growth, the number of households only increased by 3.5% - one of the lowest.

Political and Financial Context for ASC
The Council has been a mayoral-led organisation since 2012, currently with a majority of Labour ward councillors (31 of 54).

The annual ASC budget has grown considerably over the years and is forecast to be £215.7m gross / £150.5m net, with the vast majority of spend focused on direct services to over 3 850 people who draw on support in the community and 1 200 who live in care homes. Whilst there is pressure linked to our demographic / economic

profile, we are taking positive steps to adapt our offer and approach, to maximise independence.

Our staff in ASC
The Strategic Director for Social Care and Education is both the Director of Adult Social Services and Director of Children's Services in a combined department. Two Directors support the ASC and Safeguarding / ASC and Commissioning divisions, working as an integrated ASC function.

The directly employed ASC workforce is 703 individuals (617 full time equivalents), with a profile that is reasonably reflective of our more established communities (IR36). Our turnover of staff is below the Council's corporate average and staff feel positive about working for us and are clear about their roles (E2). People are passionate about the city and about the jobs they do for the people of the city – this is often remarked on by people who have delivered peer reviews / inspections. Like many areas, retention and recruitment is a priority to ensure sufficient capacity to deliver compliant, high-quality ASC. As a result, we continue to focus on 'growing our own' qualified staff which has been successful.

The external workforce has a vacancy rate of 7.3% and a turnover rate 17.5%, with an ageing workforce and fewer young entrants. (Skills for Care data)

Systems and Partnerships
We work closely with local NHS partners; strategically as part of the Leicester, Leicestershire and Rutland (LLR) Integrated Care System (ICS) and operationally through local delivery teams that are in part aligned / co-located.

The Council has launched a new Voluntary and Community Sector Engagement Strategy, with priorities including Civil society; VCS – Insights, Importance, and Impact; Funding; Infrastructure support; Volunteering; Businesses and the VCSE (E3). This will provide a platform to build on our plans for cohesive neighbourhood teams that include a wider range of stakeholders.

Our care market consists of a wide variety of small and medium sized providers (E4). The well-known national providers have only a limited presence in the city. In 2023/24 there were 10,500 filled posts in the independent sector and a further 1,120 employed by direct payment recipients (Skills for Care).

We are fortunate to have engaged providers who work with us to develop better outcomes for people. The quality of our commissioned services is comparatively good, and we are working to support the wider care market to improve.

Our Vision and Strategy for ASC

Our Social Care and Education department has a shared vision:

"We are committed to supporting children, young people, adults, and families to live their best life, so they can be safe, be independent and be ambitious for themselves".

The ASC vision has been adapted from the Social Care Future statement:

"We want every person in Leicester to live in the place they call home with people and things that they love, in communities where they look out for one another, doing the things that matter to them."

ASC embraces a strengths-based approach as the foundation for all that we do. This is woven through our strategies and plans with the aim of embedding a culture that will improve people's experience of ASC and achieve good outcomes.

> **"Leicester City** are taking a systemic approach to support values led and strength based change. We have been delighted to see their efforts to drive serious strategic change in culture and practice. What we have observed and seen reported has been authenticated by local people we know who draw on support."
>
> Martin Routledge, Social Care Future

We have a 5-year strategy for ASC (E5), which was co-produced in April 2024, supported by an annual priority plan and service level plans. We have also co-produced our Local Account for 2023/4.

The connection between everyday practice, behaviours, priorities and vision is captured in a key single-page document: **Our Promise for ASC** (E6). This was co-produced with people who draw on support.

We have adopted Making it Real and use I and We statements to connect our strategy and the way we work to the outcomes that people wish to see.

There are supporting plans and strategies to address specific needs (for example our Learning Disability Big Plan Strategy (E7), the joint integrated commissioning strategy for Mental Health (E8), Living well with Dementia Strategy (E9) and the Joint Carers Strategy (E10), and our all-age commissioning strategy (E11).

Working effectively in partnership

Co-production partnerships

We have established partnership boards, co-chaired by people who draw on support, for mental health (E12), learning disability (E13), Autism (E14) and a Carer's virtual network. The Mental Health Partnership Board and the Learning Disability Partnership Board deliver the ICS partnership arrangements at place.

We have developed a Making it Real group, supporting our strengths-based approach, which is a forum of around 15 people with lived experience plus staff from ASC. We have recently completed work on a co-production framework for ASC, supported by a remuneration framework (IR35a / IR35d)

We have recently worked with people drawing on support to create a 'co-production coordination forum' that will be part of our formal governance framework.

System partnerships

Our partnerships with NHS colleagues are set out at system across LLR and also work at place, thorough the Health and Wellbeing Board (E17), and a refreshed Leicester Integrated Health and Care Group (E74), that has brought together two previous place-based groups (Integrated Systems of Care / Joint Integrated Commissioning Group). Place groups have supported operational change, for example to create an integrated HomeFirst and the joint domiciliary care framework. Our place-based partnerships include wider services such as public health and housing.

A Fuller Steering Group is developing our shared approach to integrated, proactive primary and community care through neighbourhood teams, and there are issue specific networks, for example to support our work with people who hoard, and people with entrenched street lifestyles.

Recent work with Social Care Future on Leading Better Lives has positively moved forward our preventative approach in partnership with the Voluntary and Community sector (see Working with People section).

Our key strengths

We would point to 4 key strengths.

A Strengths-based Practice Culture
We have worked hard to embed a whole service approach to strengths-based practice in our everyday work and we can see the impact of this approach in the extent to which people are positively reporting their experience. One person working in co-production with us reflected:

> At Leicester it is now different. There is change. Little changes at first with a big impact. A focus on co-production, working with those who experience the process, and asking them what they would like, how they would like it delivered and by whom. It is early days, but as a person who receives support, I have been proud to be part of this process. I have already seen the power the changes have had, how everyone feels better about the work they are doing and people are happier with the support they receive.
>
> https://www.caretalk.co.uk/opinion/making-everyday-co-production-real/

One of our workers has reflected:

> I used to focus on people's problems and how they could be fixed but I now start with what strengths have you got and focus on what people can do for themselves using what is around them. It feels absolutely amazing as a worker, helping people to meet their goals in different ways. People appreciate it too, they say they hadn't thought of things in that way and its made a difference to their lives.

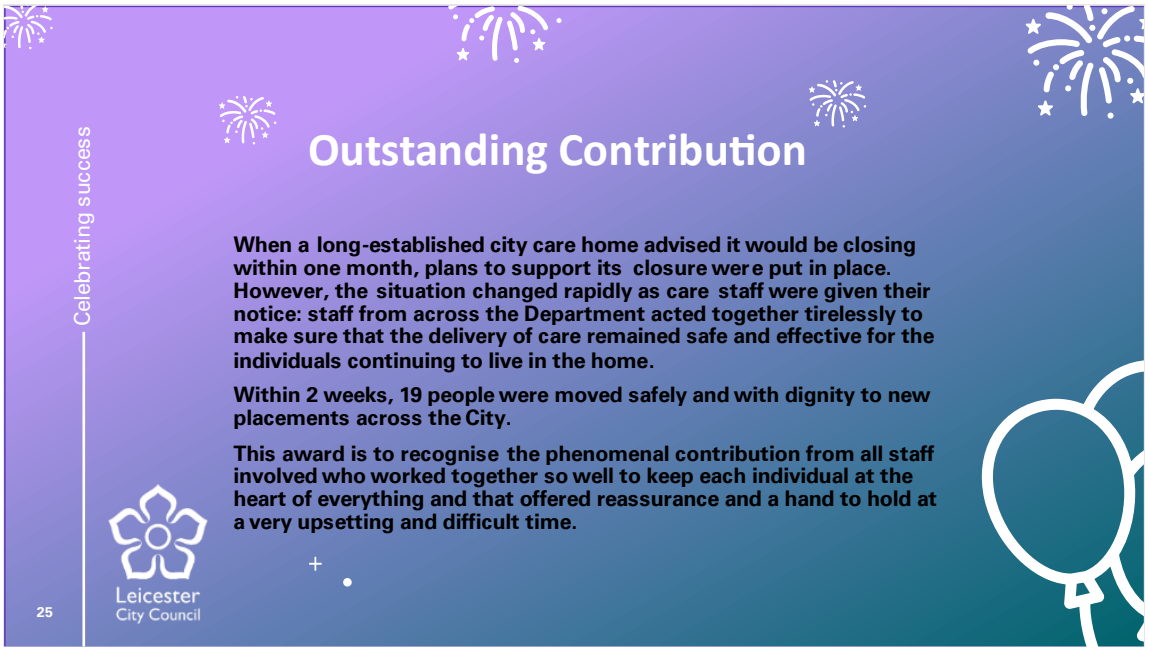
Delivering *HomeFirst* and Supporting Independence

We have integrated services across social care and health that help us to avoid admission to care / hospital and ensure people can return home quickly, which we call our *HomeFirst* offer. We also have services that support people with mental health and learning disability needs. Together, these services are promoting independence and wellbeing, that can be seen in our performance data.

> "thank you... for giving me all the help and encouragement to become a positive and confident [person] once again…I like to think that because of you and my own determination, I have come out on top"
>
> Feedback from a commendation

Working together to promote safety

Our formal safeguarding partnerships are well established, equal and focussed on making a difference. We are equipped to step in where services are at risk of not delivering safe services. Harm has been avoided as a result. Our contractual relationships with providers are built on trust, support and collaboration.



ASC Celebrating Success Award 2022

Effective leadership and management that fosters "More Good Days"

Leadership is stable and collaborative. Risks are managed within a clear framework and people understand their roles and have opportunity to develop. Staff are committed to Leicester as a place and have a tangible enthusiasm for their work.

As a result, our workforce stays with us and grow with us. 89% of staff say they are clear about what is expected of them and understand how their work fits into the organisation, with management and leadership support (E2).

"The support of my manager has made a huge difference in my role. Thank you for being approachable… for listening…for being encouraging"

Staff survey feedback

"The Peer team were universally impressed with the level of attachment to place shown by the people we met both within and outside the Council. The commitment, ownership and of colleagues in Leicester and key partners is an abiding impression."

Feedback from Peer Review

Our key risks and challenges

We would highlight 4 key areas that we are working to address:

Capacity and demand
We have a working group that is focussing on creating the capacity needed to complete all assessments / safeguarding enquiries and reviews in a timely and strengths-based way. Capacity within our OT service is a particular area of focus, with OT waits being the most significant area of pressure. (See Working with People)

Use of Resources
The growth in the numbers of people we support and in overall need, looks different to some comparator areas and we continue to work to understand the reasons for this. We are continually working to ensure best value and drive without impacting on the quality of care. (See Leadership)

Quality and resilience
While there are strong arrangements in place to oversee the quality of commissioned services, we are now increasing our focus on the quality and resilience within Leicester's non-contracted market, particularly the nursing care market. We are working with providers and NHS commissioners to strengthen this area. (see Providing Support / Ensuring Safety).

Carers
While we continue to develop support for carers, feedback confirms there is more to do, particularly to improve our offer to informal carers, through assessment, support and access to services that enable them to take a break. (see Working with People)

Our track record of improvement

We are an organisation committed to continuous improvement.

Redesigning our approach to social work
In 2020 we set out to deliver a review of direct payments (DP), recognising that whilst the numbers receiving a DP were high, not all experiences were positively

reported. Through co-producing a new approach, we have wholly revised our policy, guidance and communication with people who choose a DP.

Our approach to assessment, support planning and review has been similarly transformed.

> "I've got more flexibility with my direct payments than I've ever had"
>
> A person drawing on a direct payment for support

> "I love the new review - its brilliant, it made me really happy"
>
> A person's reflection on their review

Integrated *HomeFirst*

Having been an outlier for our performance in relation to Delayed Transfers of Care, we used our Better Care Fund (BCF) to transform our admission avoidance and discharge support. This is now nationally recognised as an area of good practice, with our reablement service offering support within 24 hours and our Integrated Crisis Response Service (ICRS) delivering support within 2 hours. We can point to performance information to illustrate this (E19).

> "Words are not enough to thank you for what you have done in helping my dad achieve what mattered to him in living his life and I am so grateful you took risks with dad to protect his independence and promote quality of life."
>
> Family member commendation

Transforming Care

In October 2022 a Collaborative was formalised between the ICB and LPT to strengthen our collective response to improving outcomes for people with a Learning Disability or Neuro-developmental need. Collective partnership work has resulted in significantly fewer adults in hospital. A dynamic support pathway has been successful in preventing admissions; the targets for people accessing their annual health check with their GP had exceeded the target at Q1 of 24/25, and LEDER reviews are consistently undertaken more promptly and learning is actively shared across the system.

Improving experience for people who draw on support

We understand that people in Leicester experience comparatively poor life outcomes, linked to deprivation and health inequalities. We believe that taking an inclusive approach that focuses on what matters to people will improve lives.
Our ASCOF 1J score, which measures the impact of adult social care services on the quality of life of people drawing on our support, saw year on year improvement in our score and ranking between 2016 and 2022 and remains above the regional and national average.

Section B: Self- Assessment against the CQC Themes

Working with People - Our Self-Assessment

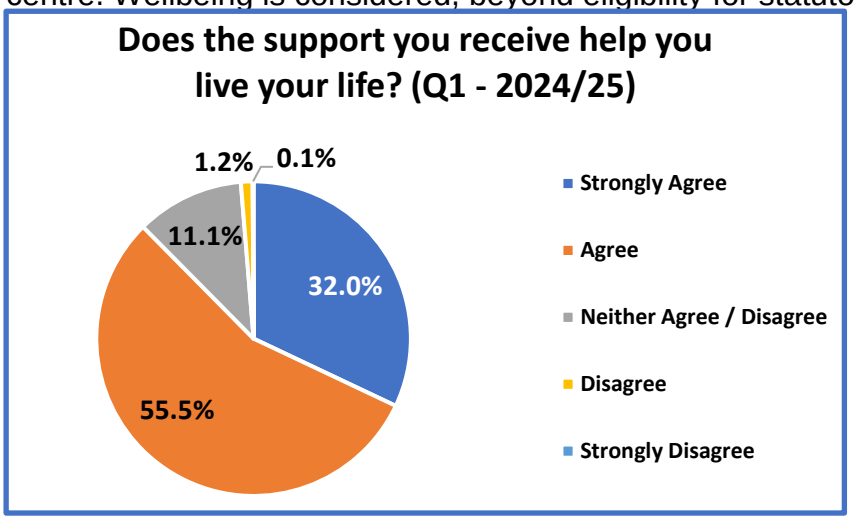
Summary
Our ambition We aim to listen to people to understand what matters to them, make connections, focus on wellbeing, build strengths and enable people to achieve the outcomes that are important for them. This strengths-based approach underpins our everyday work; we want people to tell us that they are supported as unique individuals, with well-coordinated care that makes a difference. **Our 3 key strengths in this area are:** **Our framework for assessment, care planning and review is person centred.** We co-produce support plans. Our assessment teams are appropriately trained, with the experience and knowledge necessary to carry out strengths-based assessments; people with lived experience co-deliver our core training. **We work closely with other professionals to ensure support is coordinated.** We have a timely, robust response to meeting immediate needs and an integrated approach to delivering services which promote independence. Our Integrated Crisis Response Service and approach to Home First within our hospital discharge work are good examples of this. We have Care Navigator roles, linked to Primary Care, that offer a holistic, coordinated service for emerging social, health and housing needs. **We are clear and transparent.** We are thoughtful about the language we use. Documents that are created for people who draw on support have been coproduced, set out in a way that is accessible, using everyday language. Our support planning approach uses the Outcomes and Support Sequence, so that people can see clearly what options have been considered to help them achieve their stated outcomes. **Our priorities for improvement are:** **We are working to minimise waiting times and ensure people wait well.** We have a system in place to prioritise activity based on risk and need, and we are also working with IMPACT to implement 'Waiting Well' packs. **We are working to further improve the experience of unpaid carers.** We are focusing on ensuring carers, and staff supporting carers, have greater access to information, training and the support that might be available via a carer's assessment.

We wish to increase opportunities for early support.
The work we have done to understand what people would want to experience in an early help offer is being shaped through our Leading Better Lives programme.

We have plans to further improve the experience of unpaid carers.
Carers, and staff supporting carers, will have greater access to information, training and the support that might be available via a carer's assessment. Work to develop carer-specific practice guidance will support us with this area for improvement.

What is our performance and how do we know?

Assessing Need
Our linked assessment framework places people and what matters to them, at the centre. Wellbeing is considered, beyond eligibility for statutory services.



This approach extends to commissioning, performance, finance and ICT to ensure processes support our practice ethos. Our approach to this has led the way for colleagues regionally and we have developed a national toolkit for enabling services, with SCIE (E21[1])

We have embraced Making it Real across the department (E22[2])
Our most recent peer review (November 2023) noted:

> "The 'Making it Real' initiative was well recognised across all staff teams and partner agencies. This was, and can be, a real area of strength for the authority as it continues its journey and centres the voice of people in its decision making and service design."
>
> Stuart Lackenby, DASS

We recognised in 2023 that capacity constraints at our 'front door' were impacting on the timely provision of high-quality advice and guidance. During 2023/4, we invested in additional staffing and realigned our enablement service to enhance

[1] SCIE Toolkit
[2] Making it Real Commitment

our ‘early help’ offer for people with emerging needs. We are seeing positive shifts in early outcomes at the front door. We have seen reductions in the numbers of people awaiting a DOLS assessment following the introduction of more streamlined processes, enabling Best Interest Assessors to double their productivity.

We operate a risk-based approach to prioritising work in line with the model developed in the East Midlands (E23). We have robust arrangements to respond to significant risks to people's wellbeing, while they are waiting for an assessment.

Our assessments and support plan documents are written for the person drawing on support. We have adopted the use of the Outcomes and Support Sequence in care planning, which enables both person-centred approaches and a focus on making the best use of statutory resources.

> “[LCC ASC] are able to pin down and demonstrate specific incremental and more strategic changes that have been co-produced with people leading to better outcomes and as a result lives. We think this is especially valuable not only to the people who receive care and support but to the workforce.”
>
> Martin Walker, TLAP

Our use of direct payments is a strength (E24) and we have worked hard, via co-production, to ensure that people using direct payments have a positive experience of choice and control (E25[3]).

Where people’s situations change, we conduct proportionate work to adapt plans. While our reported performance on overdue reviews is an area for improvement, we know that many people are being supported to reflect on, discuss and make changes to their support plan, and we could make better use of these opportunities to complete annual reviews.

Coordinating people’s support is a strength, particularly in relation to admission avoidance and hospital discharge. Our Integrated Crisis Response Service, brokerage service and reablement service provide support in a timely way. Services are co-located with community health partners and daily multi-disciplinary meetings ensure people’s support is coordinated at this point of change. Integrated discharge meetings take place in acute, community and mental health hospitals. Where people have complex and ongoing needs, such as people who hoard or who have street lifestyles, there are specific multi-agency partnerships established to ensure that our approach across services is well planned.

In supporting carers, we are an active partner in the Leicester, Leicestershire and Rutland Carers Delivery Group. We have a City Council group which will be responsible for overseeing the development of the Carers Strategy, ensuring the priorities for carers in Leicester are accurately reflected. We are currently reviewing our delivery under the existing Carers Strategy. We have recently undertaken a coproduced commissioning review of our carer support service, and

[3] Direct Payments Blog

a revised delivery model aiming to extend the reach of the service went live on 1st July 2024.

Audits are used to seek assurance that our approach is evident in practice. The introduction of a new Quality Assurance Practice Framework responds to feedback from a recent peer review and embeds an evidence-based approach to auditing practice.

Supporting People to Have Healthier Lives
Our focus is on improving people's health and wellbeing to prevent, delay and reduce need.

There is a good range of services in place offering people support to be as independent as possible. Our Home First services are enhanced by an assistive technology and integrated working with the NHS, for example on falls (E26). Both reablement and crisis services are rated Good by CQC, with some outstanding elements (E27[4])

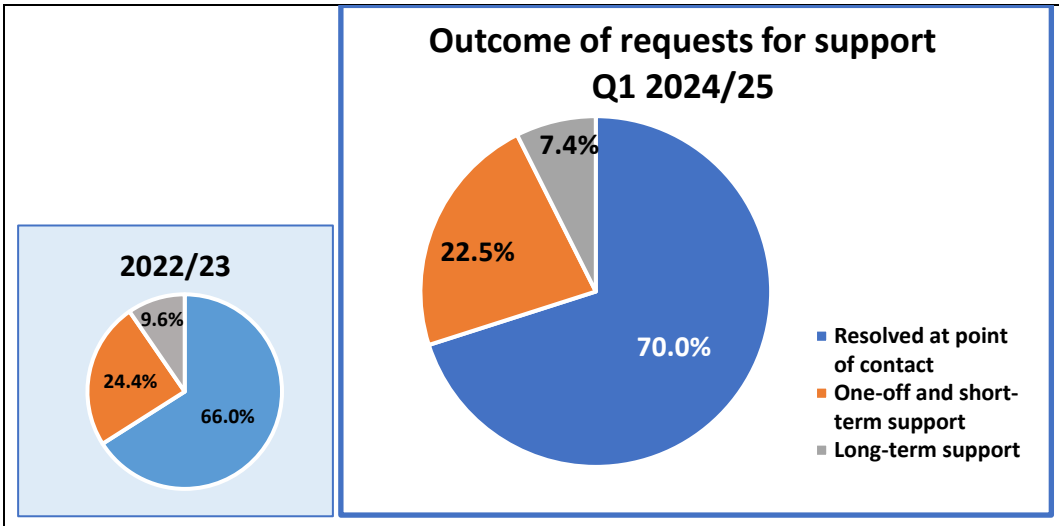
Performance data shows that they support people in a timely way and have a positive impact on people's independence.

Care Navigators have been embedded within primary care for over 10 years (E28). Their impact has been positive across a wide range of areas, as demonstrated by the holistic outcomes they achieve and the value placed on them by our wider colleagues in primary care (E29).

Our Leading Better Lives project is focusing on improving access to advice and information. Using the Working Together for Change methodology, we have co-produced initial actions that we will deliver with local people, VCS and statutory partners.

The proportion of people being effectively supported with early information and signposting has increased.

[4] Leicester City Council - Services - Care Quality Commission (cqc.org.uk)



There are a range of services that work with people before they have a need for ASC, helping us to identify people who have emerging needs including *LiveWell*, a holistic integrated lifestyle service, *Steady Steps*, a programme to reduce falls, *Let's Get Together* which aims to reduce social isolation and *Let's Get Growing* which aims to improve mental health and wellbeing through gardening.

Working with the ICB we have agreed a 3-year Health Inequalities action plan focusing on disadvantaged groups (E30). ASC has staff trained as Energy Champions to reduce the impact of fuel poverty, funded by Leicester Energy Action. Schemes like these seek to address the known challenges for our population, drawing on inequalities' information. (see Equity in Outcomes).

Equity in Experience and Outcomes

As a city of super-diversity, Leicester has paid attention to the needs of differing communities for many years. We seek information and use this to tailor our support to our population and those most at risk of not achieving good outcomes.

From our public health data, we know that people who draw on support experience greater poverty, poor health outcomes and report higher levels of isolation than in other cities and this information is used to inform strategic commissioning priorities.

We use ASC data to understand whether people's experience of ASC is equitable (E51). Building on work to introduce an Anti-Racism Test and Learn Group, we have expanded our approach and created an Inclusive Decision-Making Forum and framework. All service developments, change processes and financial plans are supported by Equality Impact Assessments and equality implications are included in all decision reports.

We have worked with IMPACT, the UK Centre for Evidence Implementation in Adult Social Care (E31[5]), hosting a facilitator who is working to understand the

[5] ImPACT Brief

experience of people from our diverse Black and Ethnic Minority communities in their use of direct payments (E32).

We have specialist social workers to support our Deaf and hearing-impaired community; also, to work with people who hoard (E33).

We have well established partnership boards and a Making it Real group. These relationships have directly impacted on the positive outcomes for people. For example, the Learning Disability Partnership Board was involved in creating approaches to Covid-19 vaccination, increasing take up and reducing harm. Members of the Making it Real Group co-produced our revised approach to reviews and designed supporting information (E34). Our Dementia Strategy (E9) was co-produced and includes a priority to engage with seldom heard groups.

ASC is engaged in regional work, via the Workforce Regional Improvement Group. An Equality, Diversity and Inclusion workshop in June 2024 identified two shared priorities, relating to the adoption of Diverse by Design and the creation of a community of support, which we are supporting in Leicester.

Priorities to Maintain and Improve

Maintaining what is Strong

We use regular performance reporting, our Practice Oversight Board and a range of supporting quality assurance processes to monitor our delivery of ASC, including ensuring that those areas which are strong remain so. Our Practice Implementation Lead works to address any barriers to the practice we wish to see, engaging with staff and people who draw on support.

We seek out external assurance, through sector led improvement, and in our partnerships – for example participating in a NHSE review of our arrangements for integrated discharge.

Improvements

To minimise waiting times we are:

- Recruiting additional staff to complete strengths-based reviews.
- Adopting new approaches within OT services, including an assessment hub and alignment of OT to our front door, to improve timeliness. This is also supported by additional staffing capacity.
- Developing proportionate approaches to review, including provider led reviews and self-reviews.

To improve our carers' experience we are:

- Expanding our information and advice offer, across all formats and including advocacy.
- Working across the council to improve the move between children's and adult services with young carers and parent carers, so that they can consider and plan for their future aspirations in terms of college, university, leaving home and ageing.

- Making use of the Accelerating Reform Fund to improve the consistency and effectiveness of Carers contingency planning. The Accelerating Reform Fund will also be used to improve the carer experience of hospital discharge.

To improve our early support offer we are:

- Implementing and communicate our revised ASC Online offer
- Support the roll out of Getting Help in Neighbourhoods
- Using the Leicester City Prevention and Health Inequalities steering group to provide direction and alignment to tackle health inequalities in the city.

Providing Support – Our Self-Assessment

Summary

Ambition
Our ambition is for people to be able to access the right support, at the right time. We want support to be high quality, person centred and joined up. We aim to ensure that we have a sustainable market in place that supports the needs and aspirations of the people of Leicester, delivering good quality, safe care and offering choice. This is reflected in our commissioning strategies, as a Council and at place / system.

Our 3 key strengths in this area are:

We understand the needs of our communities.
We have good market oversight, as reflected in our market position statement, and use our internal commissioning boards to review contractual performance and understand market gaps to shape future commissioning intentions.

We embed co-production throughout our commissioning cycle.
We work with people with lived experience and carers, in the co-production of our strategies and plans, the design and procurement of services, and the quality assurance of provision. We are focussed on our Equalities duties and seek to address the needs of people with protected characteristics.

We commission services in ways that promote market resilience, quality and the delivery of coordinated services.
We have a good track record of joint commissioning with partners both in the NHS and our neighbouring Local Authorities. Our arrangements with health partners are built on a strong foundation through the BCF.

Our priorities for improvement are:

We are working to improve the quality of care across the whole market.
Care provision has been reasonably stable over the last 3 years, but we are now beginning to see fragility in the Nursing Care market.

We wish to increase availability of accommodation options.
We need to grow our accommodation-related solutions for people as an alternative to residential care, to enable us to meet our ambitions for independent and supported living.

We wish to increase short breaks provision.
Carer strain and breakdown is an area we are paying attention to. that we are aware of. Some carers tell us that they find it difficult to access high quality replacement care for short breaks.

What is our performance and how do we know?

Care provision, integration and continuity

Coproduction is the cornerstone of our commissioning approach.

Where it makes sense to work at system, for example to secure sufficient capacity from our providers, we do so. This approach can be seen in our Learning Disability Big Plan Strategy (E7), the joint integrated commissioning strategy for Mental Health (E8), Living well with Dementia Strategy (E9) and the Joint Carers Strategy (E10).

Where we share priorities with partners in the NHS and our neighbouring authorities, we work together. As an example, we delivered a joint framework for domiciliary care, which is robust. The impact is evidenced in our low Await Care list (E36). We have commissioned Discharge to Assess services for our LLR system. Health funding has contributed to preventative support e.g. for mental health.

We use evidence through needs analysis and tools such as POPPI and PANSI to forecast demand and shape / commission services. Our Fair Cost of Care and Market Sustainability Plan has given us greater insight into the markets for home care, and residential and nursing care for older people, and as a result will help us to shape our markets more broadly, for instance expanding supported living further to manage the potential exits from residential care.

We take steps to ensure local people have access to a culturally appropriate and diverse range of services. We are working with people with neurodiversity, who are supporting our audit process for the Autism strategy, supported by our Autism Champion who is an expert by experience.

[what works?] “The community and a chance to be with people like myself and to know that I am not alone”

[what could be better?] “Maybe smaller groups? Groups for specific things so then everyone can have time to process and actually learn."

During the pandemic, people who used Personal Assistants (PA’s) told us that their carers / PA’s did not receive the same communication as carers who worked for agencies. We have since started to build a PA database, which allows us to communicate directly with PAs and understand the sufficiency of culturally appropriate PA capacity.

Workforce adequacy is integral to the safety and quality of services. We have a formal training offer to the external workforce (Leicester/shire Social Care Development Group / Skills for Care) (E37) and work with our LCC Employment Hub (E38) and Inspired to Care (E39). Additionally, we have active provider forums. Our contracted provider Quality Assurance Framework looks for evidence that these opportunities are being taken up by our providers.

We have a robust Multi-agency Improvement Planning (E40) process to support providers to rectify poor care. This is an area where ASC Scrutiny Commission have taken a keen interest (E41).

> "MAIPP has been an incredible support and resource to The Magnolia team and people who live there. The approach is fantastic, with a supportive emphasis and "can do" attitude."
> Katie, Operations Manager, Magnolia Care

Partnerships and Communities

We work actively to integrate care and support, both formally via joint commissioning and through collaborative approaches that enable an integrated experience.

Our intermediate care offer is part of our *HomeFirst* service. This is operationally integrated with community health services (nursing and therapy) allowing for multi-disciplinary working across the range of crisis and reablement / rehab services. There are excellent links with the city community alarm scheme, and we can demonstrate substantial impact in reducing harm from falls, avoiding hospital admission and in supporting people to be independent (E26). Our offer has expanded over time, using discharge funding, to support the LLR Unscheduled Care Coordination Hub, which is reducing ambulance demand and supporting people to stay at home (E42). We now have access to night care as an alternative to a short-term bed and have supported work on End-of-Life care, leading to a more joined up, sustainably commissioned model.

People with complex needs, including those with mental health needs, are benefitting from locality working, for example our Integrated Neighbourhood Teams approach and *Getting Help in Neighbourhoods (GHIN)* programme. These multi-disciplinary approaches support people in their communities, using local staff and services. A key part of the *GHIN* project is the grant scheme and over £2 million has been awarded to 51 local VCS organisations across LLR since May 2022. This has supported over 1000 people across the city and enabled the growth of preventative arrangements for dementia, as well as the provision of crisis cafes in the city.

We are working with our Housing department to deliver the ambitions in our 10-year accommodation plan. This is focused on the gap for people who exhibit behaviours that are challenging for staff, where people have substance misuse and mental health issues who are currently supported using temporary accommodation and where long-term housing solutions are needed.

Priorities to Maintain and Improve

Maintaining what is Strong

We use our partnership forums, including with providers, to support continuous improvement and maintain good quality. We have a Quality in Care team (E43) that is working with people in high-cost placements, and providers, to ensure outcomes are being delivered and quality is good.

Improvements

To drive up the quality and stability of care we are:

- Working with the ICB to address underlying issues relating to the cost of nursing care / Continuing Healthcare and Funded Nursing Care.
- Delivering quality cafes to registered providers.
- Exploring a shared quality framework with NHS.

To create more accommodation options we are:

- Building on our 10 year Supported Accommodation strategy with partners, refreshing our needs analysis.
- Working with external partners to secure housing solutions.
- Influencing planning and development opportunities corporately.

To further develop short breaks options and support carers we are:

- Undertaking a respite review to ensure we are best meeting need.
- Working in partnership with Public Health to deliver the *CareFree* initiative and increase take up.
- Continuing to work with carers to understand what would work well and identify joint solutions.

Ensuring Safety - Our Self-Assessment

Summary

Our Ambition
We will support adults with a social care need to manage risks positively and to be safe from harm and abuse.

This is supported by our adoption of 2 'we' statements:
"We know how to have conversations with people that explore what matters most to them – how they can achieve their goals, where and how they live, and how they can manage their health, keep safe and be part of the local community."

"We work with people to manage risks by thinking creatively about options for safe solutions that enable people to do things that matter to them."

Our 3 key strengths in this area are:

Working with our strategic partners.
The Safeguarding Adults Partnership and Board Office is well resourced, with funding agreements between statutory partners in place. There is positive representation at the joint Leicester and Leicestershire & Rutland (LLR) SAB's meeting, with good challenge provided by all, including the independent chair.

A shared framework for decision making.
The application of a shared decision-making framework for safeguarding (currently known as our LLR Thresholds document) helps all partners to identify concerns that require further investigation under s42 of the Care Act and enables them to be addressed promptly, minimising risk.

Responding to Provider Concerns.
We have developed a robust framework to respond to unplanned events, such as provider failure, to minimise the potential risks to people's safety and wellbeing.

Our priorities for improvement are:

We would like to gather more feedback from people who experience safeguarding.
The information we have from national survey results suggests that a higher number of people say they don't feel safe, but they are positive about the services they receive in making them feel safe and secure. Our understanding of this would be improved by more direct feedback from people.

Closing the loop on learning and actions.
We have introduced an approach to understanding whether action taken in response to learning reports (such as Safeguarding Adults Reviews) has made the difference we wanted to see. We would like to further strengthen our understanding the impact of our safeguarding adult work, by using these lessons learnt exercises more frequently.

Data and Proportionality.
Our data on the timeliness of safeguarding action is currently difficult to rely on, due to entry issues. This is being resolved but at the point of this self-assessment, some longs waits to allocation are reported, which are not reflective of our practice to ensure people are made safe in a timely way.
The data does reliably show that the number of Safeguarding Adult concerns which become a safeguarding enquiry has dropped over time. Further work is needed to determine whether the recording of alerts is proportionate, given the low conversion rate from alert to enquiry.

What is our performance and how do we know?

Safe Systems, Pathways and Transitions
Safety is a shared priority across statutory partners. We actively share information so that we can be held to account for our safeguarding contribution, and we use channels such as the Review Subgroup, Performance Subgroup and Audit Subgroup to explore risks and learn from adverse events.

We use risk registers to identify key concerns and set out mitigating actions. This includes provider failure, the adequacy of the workforce to meet demand, risks in relation to Deprivation of Liberty Safeguards (E44) and the stability of our Approved Mental Health Professionals (AMPH) services, by way of example (E44).

Partnership working arrangements are in place to safeguard young people transitioning into adulthood. Joint Solutions and Complex Transitions Case meetings are attended by ASC, Children and Young People's Social Care (C&YP SC), health, SEND and housing partners. We focus on young people in secure settings prior to discharge, avoiding further hospital admission, looked after young people and young people living with their families where there is a high risk of breakdown of family units. Working with health we use the Dynamic Support Pathway (DSP) - this ensures that the multidisciplinary team or the collaborative is focused on the young person at the centre.

In our Preparing for Adulthood Strategy (E45) we focus on independent living, life skills and travel training. The Parent Carer Forum (E46) creates a monthly platform for co-productive working and greater opportunity for transparency for those parents and informal carers working through transition with their young person. We use the Independence Resource Checklist (E47) to identify strengths and where extra support would promote independence. We use this data to forecast future demand and to identify gaps in services. Quarterly multiagency workshops are delivered, offering collaborative information and guidance for parents / informal carers who are supporting a young person.

Work has been completed on a new internal Transfer Guidance which enables service areas, teams and practitioners to be clearer about the pathways available for people who draw on support and are moving through our department.

Funding decisions between health and social care is an area we are working on with ICB colleagues across LLR, to agree an approach to s117 funding and positive progress has been made. Our funding agreement (E48) following the cessation of Discharge Funding has reduced disputes at the point of acute hospital discharge. Continuity in the context of hospital discharge is captured within the other themes.

A Strengths-Based Quality Assurance Panel which meets three times a week focussing on the quality of practice and the strength-based approach.

Providers at risk of failing are managed via Multi-Disciplinary Team (MDT) meetings. We have a team which can provide intensive support to providers, with a risk-based approach to the frequency of support visits. Where a provider serves notice, the Planned or Unplanned closure process will be implemented (E49).

The Contracts and Assurance Service hold monthly meetings to review intelligence on all regulated services and this informs our visiting schedules based on identified risk. We can point to recent, well managed closures or near miss events, where all those impacted moved successfully (where needed) and where harm was avoided.

Safeguarding
Staff understand that safeguarding is a priority. Alerts are triaged, protective measures are taken and enquiries made where required, with allocations based on risk.

Our Safeguarding Adults Board (SAB) has a strategic plan in place (E50[6]). Engagement and ownership from statutory partners works well, with shared responsibility for chairing SAB subgroups (E51[7]) This enables all safeguarding partners to be held to account for progressing work and actions.

The subgroups, mostly joint with the Leicestershire & Rutland Safeguarding Adults Board (LRSAB), are effective (E52) in supporting performance, policy & procedures, reviews, engagement, training and audit. A dashboard has recently been developed for the Safeguarding Adult Boards, to help the SABs take assurance about our partnership working and impact. The Principal Social Worker (PSW) sits on the majority of the sub-groups, ensuring any practice improvements specific to the local authority are progressed and reported into the Practice Oversight Board - for example the quarterly LLR multi agency safeguarding adult audit outcomes.

The Review Subgroup is responsible for commissioning and overseeing Safeguarding Adult Reviews (SAR) on behalf of the SAB, including the implementation of learning from reviews. Examples include the development of LLR Cuckooing guidance and the review of our current response to self-neglect.

6 Safeguarding Adults Board Strategic Plan
7 SAB Board Structure

Where individual management reviews (IMRs) are used as part of the SAR review methodology, the single agency learning from the IMRs is also monitored by the Review Subgroup.

Learning from reviews is also shared widely using 7-minute briefings (safeguarding-matters-issue-32-april-2024.pdf (lrsb.org.uk)), and is included in the safeguarding adults in-house training, in twice yearly Safeguarding Matters briefings.

We have recently started to revisit completed review actions, via SAR Impact Reviews to check with practitioners that the actions taken have made the difference that we were seeking to achieve. We would like to do more of these as new review actions are concluded.

We are sighted on new risks and new communities that may need support. Our "tricky friends" video (E25[8]), translated to Ukrainian to support Homes for Ukraine scheme, was shared externally as a good practice example. Social media is used to share awareness raising information in local languages. In Leicester we have produced leaflets in different languages and in easy read.

Our Multi-Agency Policies and Procedures (MAPP) (E54[9]) are maintained by the LLR SAB Policies and Procedures group; we have also developed several bespoke local documents/guidance.

A LLR Multi Agency Responding to Self-neglect (including hoarding) guidance has been produced, which will replace the VARM. This is in response to learning from SARs. Going forward, ASC will lead s42 enquiries where self-neglect is seen as presenting a serious risk of harm or death to the adult.

Safeguarding performance is reported regularly. We are aware that our s42 activity, including the achievement of outcomes, looks to be lower than average and this is being further explored, with changes to practice guidance where needed. We are currently completing work on a Safeguarding Adults Performance Dashboard aimed at Team Leaders/ Heads of Service, which will be shared with them monthly to help support them understand their key strengths and areas for improvement around safeguarding adults' performance, so they can take any remedial action. This will seek to resolve the errors we have in reporting on timeliness.
An audit on the application of the Safeguarding Adult Threshold guidance was completed in April 23. Repeated low level incidents are being acknowledged and, when they indicate a concern, they are being escalated for action.

We have established a small standalone team who receive all notifiable incidents submitted by care homes. We know that capacity constraints in this team are contributing to the longer median wait for s42 enquiry allocation following triage.

[8] Tricky Friends Video Link
[9] MAPP Policy

This team have supported the work to further review the effectiveness of the pathway, which has resulted in several changes being recommended and these are currently in progress. Recent investment has been agreed to expand this team's capacity considering work pressures.

Internal Practice Audits are used to identify opportunities for improvement and start with the person's experience of their contact with ASC. The framework provides clear expectations of practice for staff and provides assurance we are doing the right thing for people.

Changes were made to Liquidlogic to support practitioners to record what outcomes the person wants to achieve from the safeguarding enquiry. The Outcome and Support Sequence work reinforces this and revisions to safeguarding adults in-house training includes writing outcomes in person friendly language (E55).

Priorities to Maintain and Improve

Maintaining what is Strong

Our regular performance reporting helps us to maintain oversight of safeguarding and the safety of our pathways, including people's reported experience. Proactive and reactive training is provided by our PSW, which allows for rapid action where we see changes in reported performance or where issues arise from partnership discussions or reviews.

Improvements

To gather more feedback from people we are:

- Building on opportunities elsewhere in the department to draw on the voice of people with lived experience through the Making it Real group.
- Working with HealthWatch to explore opportunities to use their resources, contacting people with lived experience of safeguarding views after a s42 enquiry is completed.
- Working with the SAB to raise awareness of safeguarding through animations used in social media campaigns.

To enhance our work on closing the loop on lessons learnt we are:

- Working through the SAB to undertake further Impact Reviews.
- Formalising our use of lessons learnt exercises to inform our market management approach. (E56).
- Embedding our new Quality Assurance Practice Framework and audit tool, to ensure it is enabling us to measure the impact of what we do.

To increase our confidence about data and proportionate safeguarding we are:

- Reviewing the arrangements for provider referrals and ensure that quality and safeguarding matters are quickly triaged.

- Following up the findings of our PSW's deep dive which identified a small number of trends in 'over-processing' alerts into enquiries.
- Creating a robust service / team dashboard that enables data entry errors to be easily spotted and rectified, so data is more reliable.

Leadership - Our Self-Assessment

Summary

Ambition

Our ambition is described in our ASC Leadership Qualities framework (E95). We strive to have inclusive, collaborative leadership that enables people to thrive and deliver their best for the people of Leicester. We support this with effective management and governance, so that we understand how well we are delivering our ASC functions.

Our strengths in this area are:

A stable and experienced ASC leadership team.
Supported by an established corporate team, and within an ASC culture that focuses on outcomes for people, we have managers and staff who are highly committed to Leicester as a place.

Risks are well understood and managed.
We have a risk positive environment, based on evidence, where information about risk, performance and outcomes is used to inform strategy.

We co-produce with people to make improvements.
We are increasingly successful in co-producing strategy, services and processes with people who draw on support and carers. We are an active learning organisation that welcomes and participates in sector-led improvement activity.

Our priorities for improvement are:

Increasing understanding of governance and shared decision making.
We have effective arrangements in place, but we would like to improve the understanding of staff, at all levels, of the governance and management systems that exist to support their everyday work. We are working to help staff to connect their roles to the strategic ambition for ASC. We are also developing the voice of people who draw on support / carers within our formal governance arrangements.

Our use of resources.
We know that our use of resources looks different to other councils and have plans to reduce the growth in spend on long term support. This is having a positive

impact that can be seen in the 2023/4 financial outturn, informing budget setting for future years.

Growing the Learning and Development offer.
Staff are positive about the learning and development offer, and we know there is more to do to equip staff for the future. This includes the digital skills agenda and ensuring all sources of information about staff learning needs are drawn together in a workforce strategy.

What is our performance and how do we know?

Governance, management and sustainability
We are clear about roles and responsibilities and use available information to manage risks and improve outcomes.

Our approach to governance, where cross-staff forums and co-production groups work in support of the more traditional programme / assurance boards, reflects our ambition to foster leadership at all levels and a culture of collaboration. These are well developed and are having positive impact on the experience of people who draw on support, as well as enabling staff satisfaction (E19).

Our work within the ICS, in particular the Inclusive Culture and Leadership / Equality, Diversity and Inclusion workstreams, supports our ambition for 'More Good Days' for our diverse population and for a diverse, engaged workforce where difference is valued (E57).

We have a strong and stable leadership team with a diverse range of age, ethnicity and gender across the management tiers. ASC was an early adopter of the corporate recruitment policy of "internal first", which is helping to develop and retain staff who are representative of our local communities (E58), with evidence of career progression from frontline roles to Team Leader, Head of Service (HOS) and into Director roles. The senior team has a positive blend of local and wider experience, from across social care and health systems.

> "Leicester is a city with a strikingly diverse community who are supported by a loyal and committed staff team many of whom have been at the Council for significant parts of their careers. This strong sense of place is recognised and echoed by partners in particular Health."
>
> Peer Review Feedback Letter, November 2022

The corporate leadership team is a stable, experienced team. The ASC Scrutiny Commission has been actively engaged in providing challenge to key issues (E59[10]).

[10] ASC Scrutiny Commission Papers

Building leadership capacity is recognised as critical to the future success of the department. There are several leadership programmes in place (E28) for current and aspiring leaders and managers.

Governance arrangements oversee ASC financial plans, the delivery of strategy, monitor performance and support the oversight of quality (E60). These connected forums are well understood by ASC Directors, HOS or other staff who are involved in the groups. For example:

- Practice Oversight Board (E61)
- Learning and Improvement Board (E62)
- SCE Departmental Management Team
- ASC Early Action Oversight Group (E63)
- Strengths-based Oversight Group (E64)

The LA and ASC have a good overview of risks and a healthy approach to risk management, which has recently been refreshed to ensure clear links between strategic and operational risks (E65). All staff are required to attend a risk management training course (Identifying and Assessing Operational Risk).

Business continuity plans were tested during March 2024, because of a cyber incident of significant scale. ASC services continued to deliver all core functions, despite losing access to our usual business systems for 2 weeks.

ASC has supported external providers to develop their own plans.

"The risks associated with moving and handling have been carefully risk assessed and reviewed weekly with the local authority team to track changes and monitor outcomes. There is a clear common goal to improve wellbeing of our staff teams and people living at the service with positive outcomes."

Vishram Ghar Residential Home

Our use of resources is an issue that we understand and are addressing. We have developed a cost savings programme to address this. A Savings board oversees delivery of 4 key workstreams. Spend in year has reduced and plans are progressing.

We have a robust approach to systems management, with internal capacity to develop Liquidlogic, so that it is a safe and useful tool, both for practice and for reporting. Our strengths-based forms group enables us to translate changes quickly into practice, including across Liquidlogic. (E66)

"Information is more accessible to the people we work with, especially with the new printouts make the information much more straightforward and streamlined. The forms group has made our processes more straightforward and clearer.

We can make changes, small, or big, whenever they are needed. We're listened to."

Rachel, Yvonne and Steph - forms group members

Leadership, improvement and innovation
There is a strong commitment to learning in our organisation and we reflect on what we find and change approaches where this is needed. People who have conducted peer reviews have commented positively on this. We engage in research to support evidenced based practice. Our learning and development approach has been captured in a storyboard so that we can communicate this, and the impact, to staff and stakeholders (E67).

ASC has actively participated in sector-led improvement work, requested external reviews from LGA and proactively sought out insights from other councils as part of its approach to understanding financial challenges (E68). ASC leaders participate in delivering peer reviews, and are active in regional / national networks, including those which focus on outcomes for people (e.g. Social Care Future Community of Practice)

We seek to use a range of feedback to inform our priorities and plans, including from people who draw on support. Our Annual Assurance Statement (E69) draws feedback, performance and other information together. This is now used to support planning and to check whether outcomes are being delivered and that they are having the intended impact.

Tangible examples of change driven by feedback has been the work to revise our direct payments approach and changes to our review process. Actions taken as a result of complaints is evidenced in our reports, shared with the Lead Member (E70).

Our new approach to Inclusive Decision Making is set out under the section on Equity in Outcomes and Experience.

'Our Promise for ASC' (E6) describes the link between strategy, leadership and practice to deliver outcomes (E71). 15-minute briefings were used to socialise this. Staff who are not directly engaged with the various governance arrangements told us they were less clear about what they are. In response, we developed a governance pictogram and a storyboard describing how quality assurance operates in the department. (E72)

We know our approach to co-production makes a difference – Joey's story is one example of the impact of our work:

I overhauled the assessment, review, and support plan. I commented on the layout, size, colour, and format and it was much friendlier looking. All my suggestions were taken on board and incorporated. There is now a separate large print version.

Since co-producing the large print documents, as a person that receives support, I have now had first-hand experience of what I helped to co-produce. I could read it, it made me feel very proud, but most of all like I had been listened to.

Joey – Making it Real group member, February 2024

We have co-produced a ‘coordinating’ forum, with the chairs and representatives of the partnership boards and Making it Real Group, called Leicester VOICE Together. This will support coproduction in senior decision making.

We have a broad learning and development offer which is communicated regularly to staff through a monthly learning and development (L&D) newsletter (E73). Staff surveys show staff are positive about their growth opportunities.

There are multiple mechanisms to gather information – staff huddles, feedback questions in assessments and reviews, our groups which involve people who draw on support and carers, practitioner and manager forums and individual quality conversations (supervision). This is used to identify training needs where the Principal Social Worker (PSW) is aware of issues. We would like a more robust link between quality conversations / annual appraisals and make more use of this feedback.

We launched our Quality Assurance Practice Framework in June 2024. This framework is made up of four elements, to provide a transparent way to define and measure what good practice looks like across Adult Social Care. Each of 6 standards is aligned to several prompts that describe what practice looks like when it is excellent, good or needs further work. This practice is then measured Team Leaders using our revised Quality Assurance Practice Form, which was launched on 1st July 2024.

We have explored innovative / technological opportunities, for example Co-bots and Wyzan (in care homes) which have been useful learning experiences.

We have recognised that there is a skill / training gap for staff in relation to digital skills; action has been remitted to the Care Systems and Skills Governance Group.

Priorities to Maintain and Improve

Maintaining what is Strong

Management processes are well embedded and the routine of corporate and ASC reporting enables issues to be tracked, action to be taken and concerns to be resolved quickly. Additional leadership capacity, with 2 new Head of Service roles, and investment in quality assurance, will support us to drive our leadership and quality ambitions.

Improvements

To ensure that staff fully understand how their roles link to strategic intent we are:

- Creating service ‘plans on a page’ so that the strategic priorities are reflected in meaningful team level actions.

- Using the successful 15 minute briefing process to socialise our strategy and service plans.
- Creating service / team level monthly highlight reports, which help staff to understand their performance.

To address our use of resources we are:

- Building on the early successes of our ASC savings approach using project methodology.
- Participating in system work to review our use of CHC and FNC for people with complex needs.
- Using preventative opportunities described in earlier sections to enhance community solutions to early and emerging needs.

To grow our learning and development offer we are:

- Formalising processes for capturing feedback in quality conversations, annual appraisals and huddles.
- Taking forward the development of our Workforce Strategy.
- Implementing out the Diverse by Design programme, so that we can support the needs of our diverse staff group.

Section C: Our self-assessment process and sign off

Our self-assessment was first developed in January 2023, in collaboration with staff across ASC. It was shared with colleagues in the ICB prior to first submission to the region, and subsequently presented for comment at the Integrated Systems of Care Group and Joint Integrated Commissioning Board.

A refreshed self-assessment was produced in August 2023, for our Annual Conversation (part of our regional sector-led improvement approach).

In April 2024, a large co-production event took place with people who draw on support and carers, to review and refresh the self-assessment.

It has been re-presented to internal and external partnerships for sign off.

We continue to work with regional colleagues to refine and develop the self-assessment.

Appendix C

Adult Social Care Scrutiny Commission Report

Proposal to Implement the Care Arrangement Fee in Adult Social Care

Date: 13th November 2025

Lead Director: Kate Galoppi

Lead Officer: Adam Lacey

Useful information

- Ward(s) affected: All
- Report author: Adam Lacey, Senior Business Analyst, Social Care and Education
- Author contact details: Adam.Lacey@leicester.gov.uk
- Report version number: 1.0

1. Summary

1.1 Adult social Care arrange care and support on behalf of all people in our care, and this includes people who fund their own care.

1.2 The Care Act (2014) permits Adult social Care to charge an arrangement fee for this function under certain circumstances, and specifically to those individuals whose level of assets deem them responsible for funding their own care.

1.3 Leicester does not currently have such a fee in place, but further to research and other considerations a 6-week targeted consultation took place between 11th August and 26th September on the proposal to implement an optional care arrangement fee. The Care Arrangement Fee applies when the council is asked to arrange home-based care for people that pay the full cost for it (otherwise known as self-funders).

1.4 This report sets out the background to that proposal; presents the findings of the targeted consultation; and brings forward a refined proposal that has been adapted having listened to the feedback from people.

1.5 The report also outlines the measures that will be introduced to support self-funders in their decision making should this arrangement be introduced.

2. Recommended actions/decision

2.1 The Adult Social Care Scrutiny Commission is asked to:

a) Note the contents of this report and its appendices and provide comments as necessary.

b) Consider the rationale for implementing the Care Arrangement Fee, and the views that people consulted-with have about this proposal.

c) Provide comments on the proposal to introduce the fee.

3. Scrutiny / stakeholder engagement

3.1 This report has been created in cooperation-with subject matter experts in:

Social Work Practice
Adult Social Care Operational Finance

Adult Social Care Legal
Adult Social Care Brokerage

3.2 A 6-week consultation exercise has been completed with people that the Council have identified as being impacted by this proposal, should it be implemented.

3.3 The Lead Member for Adult Social Care and the City Mayor and their Executive Team have been consulted-with, with the recommendation to implement the new fee supported.

4. Background and options with supporting evidence

4.1 Rationale

4.1.1 Powers introduced with the Care Act, 2014 permitted local authorities to charge an arrangement fee in certain circumstances. Leicester City Council do not currently charge for the arrangement of care, but could under specific circumstances:

When a person is identified as paying the full cost of their home-based care* and asks the council to arrange this for them.

A person is identified as paying the full cost of their care when it is known that they have savings and or assets above £23,250 **or if they choose to not disclose their financial information as part of the process of assessment.*

4.1.2 Social Care and Education, like all Council departments, faces budgetary challenges. In Adult Social Care, targets to reduce operational growth, and with this, financial pressure are in place.

4.1.3 Arrangement fees charged by local authorities must cover only the costs that the local authorities incur in arranging care. Arrangement fees should take account of the cost of negotiating and/or managing the contract with a provider and cover any administration costs incurred – this has been calculated in 2025 to be a one-off fee of £165.47 that will rise annually with inflation.

4.1.4 Extensive research into Care Arrangement Fees has been completed and has identified that over 20 different local authorities currently charge for the service of care arrangement, with more considering-to. Fees vary across the different local authorities. An average fee of up to £282.70 was identified across 24 local authorities benchmarked-with. A summary of the research conducted can be found in Appendix A.

4.2 Consultation Proposal

4.2.1 A 6-week targeted consultation took place between 11th August and 26th September. The consultation was focused on people who would immediately be impacted by the proposal. A single proposal was consulted on:

A ‘Care Arrangement Fee’ is a new fee being proposed – to cover the council’s administration costs for arranging care and support.

4.2.2 If the proposal was to be approved, people that pay the full cost of their home-based care and ask the local authority to arrange it for them would be asked to pay £165.47 (£3.18 per week) in addition to the cost of their care.

4.2.3 The proposal if implemented would mark a change in the council's current approach to care arrangement (whereby no charge is made). Therefore, people were asked how they would be impacted should they be asked to pay the care arrangement fee.

4.3 Consultation Approach

4.3.1 A 6-week, targeted approach to consultation was taken, to ensure that people that would be affected by the proposal were given the opportunity to provide their views:

- Letters detailing the proposal, including a survey and frequently asked questions leaflet were posted to 234 people known to Leicester City Council (for paying for the full cost of their home-based care) – the consultation material can be found in Appendix B.
- The survey posted was also made available on the Council's online consultation hub (Citizen Space).
- A dedicated telephone helpline was set up to assist people with the completion of surveys, answer any queries, and to note any comments or concerns raised.
- A dedicated email inbox was set up (with details shared) to provide a supplementary route of contact for those that wanted to share their views or ask any questions, electronically.

4.3.2 Detailed correspondence was also sent to all city Councillors (including the Chairs of Scrutiny Commission) and local MP's to ensure that they were fully informed about the proposal, particularly to provide support to any constituent enquiries.

4.4 Consultation Findings

4.4.1 In total, 75 surveys were completed and returned, which represents a response rate of 32.1% - given the response rate for similar proposals regarding income, this is considered typical. This helps to provide assurance that the responses received are somewhat representative of the wider views of the people written-to.

4.4.2 The survey responses and comments received have been considered below. In addition to the survey, the findings also consider the nature of the calls and emails received regarding the proposal. The full findings report is available as Appendix C.

<u>Impact of paying an additional £3.18 more per week for care</u>

4.4.3 This question was asked to assess what the impact would be for people if they were asked to pay the Care Arrangement Fee. If the proposal was to be introduced, people that pay the full cost of their home-based care and ask the council to arrange it would be asked to pay £165.47 to cover the administration fees currently absorbed in council budgets.

4.4.4 People already in receipt of care arranged by the council would not be immediately impacted by the proposal – but could be asked to pay the fee should they want the council to arrange care with a new provider in future.

4.4.5 Nearly half of respondents (45%) reported that they would be able to manage paying the new, optional fee. 18% reported that paying the fee would affect them a little, limiting money for "extras or treats". The remaining respondents noted that the fee would affect them a lot, limiting money for essentials (19%) and/or they would reconsider asking the council to arrange care for them (18%).

Additional Feedback

4.4.6 Respondents were provided the opportunity to share additional comments about the proposal. Just 25 people (33%) provided additional comments – the qualitative analysis of these comments identified 5 key themes:

Key Theme	Explanation
Care alternatives (4 comments received)	Some respondents indicated that a new fee would make them reconsider asking the council to arrange their care in future. This would not necessarily lead to people having unmet care needs, but rather more people organising their own care.
Affordability concerns (11 comments received)	Several respondents shared that a new fee would contribute towards growing costs of living. Some specifically mentioned that the introduction of the fee could accelerate the depletion of savings and/ or assets. A depletion of savings and/or assets to below £23,250 would reduce the contribution made by the person towards their care, but increase the contribution made by the Council.
Fairness (6 comments received)	Some respondents commented on the wider 'unfairness' of social care support being means-tested. Some specifically mentioned feeling disadvantaged for having savings and/or assets. Whilst opinions shared are valid, decisions about means-testing for social care support are outside of this local authority's remit.
Value (2 comments received)	A small number of respondents were interpreted as questioning the value provided by the council, to justify the fee proposed. The fee proposed is competitively priced (in comparison to other local authorities), and for the modest fee, can provide assurances to people regarding care cost, quality, consistency and stability.
Payment preference (6 comments received)	Some respondents questioned the reoccurrence of the fee proposed (£165.47 annually). After considering these comments and consulting with legal support, the frequency of paying the arrangement fee is proposed to be

	reduced – to paying the £165.47 fee when a change in provider is requested by the person receiving support.

4.4.7 Whilst the concerns shared by respondents are valid and considered:

- The nature of the fee being optional,
- the value of the service provided (assurances on cost, quality, consistency and stability, as well as being competitively priced),
- the planned-for improvement in information, advice and guidance for self-funders, and
- the adjustments made to when the fee is made payable (only when services are provided),

are all offered as mitigation – especially for people mentioning affordability as a significant factor for their response provided in the survey.

4.4.8 An Equalities Impact Assessment has also been completed alongside engagement. Whilst the fee's implementation does not directly discriminate people based on a protected characteristic, there are risks identified that could impact people:

i) The introduction of a new fee will increase the cost of living for those that it applies to. The fee itself is approx. ~£3.18 a week, can be billed every 4 weeks (instead of an upfront expense), and is optional to pay.

ii) Should a person choose not to pay the fee and instead arrange their own care, the quality of it cannot be guaranteed, impacting the person and any carers dependent on it. A new, accessible information advice and guidance offer for self-funders will be created to better inform decisions made by people and their carers about arranging their own care.

4.4.9 With the above controls in place, the likelihood and impact of the aforementioned risks on people are both minimal. The Equalities Impact Assessment will also be updated 3 months into implementing the new fee to monitor these risks.

4.5 Options

4.5.1 Two options have been identified for consideration, in relation to the implementation of the new Care Arrangement Fee:

1) To continue in not charging a fee for the arrangement of care – to do nothing.

2) To implement a new, optional Care Arrangement Fee, chargeable whenever a person paying the full cost of their home-based care requests the council to arrange it for them.

<u>Option 1: To continue in not charging a fee for the arrangement of care</u>

4.5.2 This option would be to do nothing different in the council's approach to care arrangement. No fee would be imposed, and the cost of providing the service would continue to be absorbed into council budgets.

4.5.3 Implementing this option would not support departmental targets to reduce operational growth.

Option 2: To implement a new, optional Care Arrangement Fee – preferred option

4.5.4 This option would be to make a change in how the council approaches care arrangement:

- To make care arrangement a chargeable service whenever a person that pays the full cost of their home-based care asks the council to arrange it for them.
- For the chargeable service to be a one-off fee of £165.47 that is revised annually to be in line with inflation.
- For the fee to be charged when a person requests a new provider of care to be arranged by the council.
- To consider a 28-day cooling-off period when a fee is charged, to ensure the care arranged is suitable.

4.5.5 This option would see the Care Arrangement Fee implemented, under the guidance of The Care Act 2014 – whereby the administrative costs of arranging care are collected as a fee from people that use the service.

4.5.6 Care Arrangement Fees were originally proposed as an annual ongoing fee. Listening to the feedback shared by people (about value and fairness of an ongoing fee), and working with colleagues in Legal – the fee proposed is now one that applies only when a person asks the council to arrange their home-based care for them (only when a service is provided).

4.5.7 The fee itself would be optional to pay – if a person does not want to pay the council to arrange their care, the fee would not apply and the person would arrange their own care.

4.5.8 A review of the information advice and guidance offer available to people that pay the full cost of their care will be scoped into this – to inform better decisions made by people, their carers, and family that choose not to pay the fee proposed.

4.5.9 Implementing the fee to cover the administrative costs of arranging care (sourcing care, invoicing and quality monitoring) could deliver up to £19k towards council budgets in its first year of implementation, with up to a cumulative £113k by year 5.

4.6 Implementation of Changes

4.6.1 Subject to the decisions made this Scrutiny Commission, further work will be required to implement the proposal:

- Inform the people consulted-with, of any decisions made about the proposal.
- Work with colleagues in ASC Finance, IT and Social Work to design the practicalities of implementing the fee, including any guidance and communications for staff, people that draw on support, and their carers.
- Review ASC's Charging Policy to include information about the Care Arrangement Fee, in line with its yearly refresh – by April 2026

5. Financial, legal, equalities, climate emergency and other implications

5.1 Financial implications

The implementation of this new fee will generate additional income to the council – by £19k in the first year and then a cumulative £113k in five years.
Signed: Mohammed Irfan, Head of Finance
Dated: 31 October 2025

5.2 Legal implications

Care and Support Statutory Guidance (the Guidance) at 8.59 states '*Arrangement fees charged by local authorities must cover only the costs that the local authorities actually incurs in arranging care. Arrangement fees should take account of the cost of negotiating and/or managing the contract with a provider and cover any administration costs incurred*.' The items listed would fall under administration costs and the costs of negotiating and managing the contract. The proposal relates to non-residential care needs only which is in line with the Guidance. The Guidance at 8.59 specifically prevents states that charges cannot be applied where a person above the financial limit requires a care home placement.
Signed: Susan Holmes, Head of Law
Dated: 20th October 2025

5.3 Equalities implications

When making decisions, the Council must comply with the public sector equality duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not. We need to be clear about any equalities implications of the course of action proposed. In doing so, we must consider the likely impact on those likely to be affected by the proposal. Protected characteristics under the public sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation. It is important to note that income is not a protected characteristic under the Equality Act 2010. The report presents the findings of the 6-week consultation and seeks a decision on whether to introduce the proposed Care Arrangement Fee.

Arrangement fees charged by local authorities must cover only the costs that the local authorities actually incur in arranging care. Arrangement fees should take account of the cost of negotiating and/or managing the contract with a provider and cover any administration costs incurred. Local authorities must not charge people for a financial assessment, needs assessment or the preparation of a care and support plan. The cohort most likely to be affected by this fee will be people receiving adult social care, particularly home-based care and will be comprised of older adults and people with disabilities. In order to demonstrate that the consideration of equalities impacts has been taken into account in the development of the proposal and as an integral part of the decision-making process, an Equalities Impact Assessment has been undertaken and will be updated. It is important to ensure that the charging system is fair and transparent.
Signed: Surinder Singh, Equalities Officer
Dated: 13th October 2025

5.4 Climate Emergency implications

There are no direct climate emergency implications associated with this report.
Signed: Phil Ball, Sustainability Officer
Dated: 29h October 2025

5.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

6. Background information and other papers:

7. Summary of appendices

Appendix A – Care Arrangement Fee Research Summary

Appendix B – Consultation Pack

Appendix C – Consultation Findings Report

Care Arrangement Fee – Research Summary

What is a 'care arrangement fee'?

A 'care arrangement fee' is a new fee being proposed – to cover the council's costs for arranging care and support.

The Care Act 2014 provided powers to Councils to charge arrangement fees when a person:

a) Has savings and/or assets above £23,250.00
And
b) Asks the council to arrange their home-based care

How much will the fee be?

The care arrangement fee is proposed to be £165.47 in Leicester City. It is an optional fee, payable when a person who pays the full cost of their care:

a) Asks the Council to arrange their home-based care for them.

b) Asks for the Council to arrange a change in their provider of home-based care for them.

The fee will increase each year in line with inflation, and will be split into equal payments of around £12.73 every 4 weeks.

Provided is a summary of the local authorities that charge a care arrangement fee- providing a similar service to that provided by Leicester City Council.

Of the 24 local authorities that we have the fee information for, between £60.00 and £2,995.20 is charged per person as initial set-up fees, with additional £75.00 to £2,995.20 annual maintenance fees charged.

Average Initial Fee/ Set Up	Average Annual Fee
£282.70	£259.80

The averages calculated are medians, with anomalies removed (£60.00 and £2,995.20)

Below is a list of each local authority approached and the fee amount

Local Authority	Fee amount
Coventry	£262.15 (one off); with £143.00 annual fee
Southampton	£250.00 one off fee for each time a package of care is brokered
Derby City	£120.00 (one off): with £110.00 annual fee
Wolverhampton	£150.00 (one off); with £75.00 annual fee
Leicestershire	£281.00 (one off); with £281.00 annual fee
Barnet	£300.00 one off, looking to increase to £2000.00
North Yorkshire	£25.00 one off fee with ongoing £130.00 annual fee
Nottinghamshire	£161.20 yearly fee
Redcar And Cleveland	£175.00 one off fee with £371.80 yearly fee
Cheshire East	£100.00 one off fee with £260.00 yearly fee
Leeds	£260.00 yearly fee
Staffordshire	£400.00 one off fee with yearly fee of £182.00
Warrington	£60.00 one off fee with yearly fee of £260.00
Warwickshire	£315 yearly fee
Richmond And Wandsworth	£2995.20 yearly fee
Suffolk	£130.00 yearly fee
Isle Of Wight	£520.00 yearly fee
Lincolnshire	£445.00 one off fee with £104 annual fee
Wokingham	£207.80 one off fee with £140.60 annual fee
Solihull	£284.80 one off fee with £286 yearly fee
Kent	£352.00 one off fee with yearly £159.64 fee
Brighton & Hove	£336.00 one off fee with yearly fee of £105.04
Newcastle	£390.00 yearly fee
Reading	£352.70 one off fee with yearly £290.10 fee

Appendix B1 – Consultation Letter

Telephone: 0116 454 4400
Email: ASCConsultations@leicester.gov.uk
Date: 4 August 2025

Leicester City Council

Dear [NAME OF INDIVIDUAL],

Proposal to introduce a care arrangement fee in Leicester.

I am writing to inform you of a proposed new annual fee (of £165.47) for individuals with over £23,250 in savings and/or assets who ask Leicester City Council to arrange their care and support – we would like to know your thoughts about this proposal.

You are receiving this letter because you may have previously received help from the council to arrange care, or you are a relative, carer or representative of someone who may have.

The enclosed survey is part of a targeted consultation and includes more information about the proposed 'care arrangement fee'.

Your feedback is important to us, and we encourage you to share your views. No final decisions will be made until the city mayor and his executive team have carefully reviewed the results of this consultation.

The consultation will run for six weeks from **11 August to 26 September 2025**. There are different ways to give your views:

- complete the survey online by **26 September 2025**, at **consultations.leicester.gov.uk** – search for 'care arrangement fee proposal' – or alternatively scan the QR code with a smart device.
- or complete and return the survey sent with this letter using the enclosed freepost envelope by **26 September 2025** (no stamp required)
- or email us at ASCConsultations@leicester.gov.uk
- or phone the helpline on **0116 454 4400**

Yours sincerely,

Laurence Mackie-Jones
Strategic Director, Social Care & Education

Adult Social Care
Leicester City Council
115 Charles Street
Leicester
LE1 1FZ

Leicester City Council

Care arrangement fee proposal consultation

Please complete this survey and send it back to us by 26 September 2025.

Alternatively, you can complete the survey online at: consultations.leicester.gov.uk **or scan the QR code with a smart device.**

Leicester City Council is proposing to introduce a new 'care arrangement fee' to cover the council's administration costs when arranging home-based care and support for people who have savings and/or assets above £23,250.

Why is change needed?

The Department of Health and Social Care provided powers to councils in the Care Act 2014 to charge arrangement fees. Establishing a care arrangement fee will bring the council in line with the current guidance.

Other councils have either implemented a similar fee or have plans to do so soon.

What are we proposing?

A 'care arrangement fee' is a new fee being proposed – to cover the council's administration costs for arranging care and support.

The Care Act 2014 provided new powers to councils to charge arrangement fees when a person:

1. Has savings and/or assets above £23,250 (not including the property that they live in if they own it)

and

2. Asks the council to arrange their home-based care.

The care arrangement fee will be £165.47, which will be subject to annual review in line with inflation. People eligible to pay the fee will be asked to pay this fee each year, until they no longer require the council to arrange their home-based care for them.

The fee will only apply if you have asked us to make arrangements for your care. If you arrange your own care, this fee will not apply.

Why we are consulting

We are proposing to charge for a service that is currently offered free of charge. We want to hear your views on the proposed changes. No changes can be made until the city mayor and his executive team have considered the findings of this survey. The consultation will run from **11 August to 26 September 2025.**

If you want to talk to someone about the survey or you need support to complete it, please call our helpline on **0116 454 4400** or e-mail us at: **ASCConsultations@leicester.gov.uk**

Question 1

About you - Please tick the box that applies.

If you are filling this survey on behalf of someone else, please tick the box that applies to the individual.

a) I receive home-based care arranged by Leicester City Council that I pay for myself. ☐

b) I am the carer or representative of someone who gets help with care and support. ☐

c) I belong to an organisation that works with adults that receive care and support. ☐

d) Other (please state). ☐

_____

Your postcode

Please note: we collect postcode data to gain a better understanding of which parts of the city/county respond to our consultations. We cannot identify individual properties or addresses from this information.

Postcode _____

Proposal

What is a care arrangement fee?

The 'care arrangement fee' is a proposed new charge to cover the council's costs when you ask the local authority to arrange care on your behalf.

The Care Act 2014 provided powers to councils to charge arrangement fees when a person:

a) Has savings and/or assets above £23,250 (not including the property that they live in if they own it)

and

b) Asks the council to arrange their home-based care.

The care arrangement fee will be £165.47 and will increase with inflation. People eligible to pay the fee will be asked to pay this fee each year, until they no longer require the council to arrange their home-based care for them.

The fee will only apply if you have asked the local authority to arrange care on your behalf. If you arrange your own care, this fee would not apply.

What does the council want to change?

Making this change will bring us in line with national guidance, and help us to continue to provide a good quality offer to source and negotiate care for people.

This is currently provided as a free service.

How you may be affected by the change

People who have assets and/or savings above £23,250 and request the council to arrange their home-based support will see an increase to the overall cost of their care. This will be around £3.18 extra per week.

We want to understand what concerns people may have, if they were asked to pay this additional amount.

Question 2

If you were asked to pay £3.18 more per week for your care (a new care arrangement fee), how would this affect you?

Please tick all that apply.

a) I would be able to manage this. ☐

b) The change would affect me a little. This could affect how much I have for extras or treats. ☐

c) The change would affect me a lot. This could affect how much I have for essentials. ☐

d) I would think about whether I want to ask Leicester City Council to arrange my care for me. ☐

Question 3

Do you have any other comments about the proposed change?

Equalities monitoring

In order to meet your needs and improve services, we need to know a bit more about you. Please help us by completing this form which describes how you see yourself. If completing the survey on behalf of someone else, please fill in their details. This information will be kept confidential and is for our monitoring use only.

Ethnic background

Asian or Asian British

Bangladeshi ☐

Indian ☐

Pakistani ☐

Any other Asian background ☐

(Please state)_____

Black or Black British

African ☐

Caribbean ☐

Somali ☐

Any other Black background ☐

(Please state)_____

Dual/multiple heritage

White & Asian ☐

White & Black African ☐

White & Black Caribbean ☐

Any other heritage background ☐

(Please state)_____

White

British ☐

European ☐

Irish ☐

Any other White background ☐

(Please state)_____

Chinese

Chinese ☐

Any other Chinese background ☐

(Please state)_____

Other ethnic group

Gypsy/Romany/Irish traveller ☐

Any other ethnic group ☐

(Please state)_____

Prefer not to say ☐

Sex

Male ☐

Female ☐

Other ☐

(If other, what term do you use to identify your gender)

_____

Prefer not to say ☐

Gender Identity

Is your gender identity the same as the gender you were assigned at birth?

Yes ☐

No ☐

Prefer not to say ☐

(If other, what term do you use to identify your gender)

_____

Age

Under 18 ☐

18 - 25 ☐

26 - 35 ☐

36 - 45 ☐

46 - 55 ☐

56 - 65 ☐

66+ ☐

Prefer not to say ☐

Disability

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term effect (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day to day activities.

Do you consider yourself to have a disability, or a long-term illness, physical or mental health condition?

Yes ☐

No ☐

Prefer not to say ☐

If you have answered YES to the question above, please state the type of disability, impairment or health condition that applies to you. People may experience more than one type of impairment, in which case you need to tick more than one box. If none of the categories apply, please tick 'Other' and state the type of disability, impairment or health condition.

A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy ☐

A mental health difficulty, such as depression, schizophrenia or anxiety disorder ☐

A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches ☐

A social/communication impairment such as a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder ☐

A specific learning difficulty or disability such as Down's syndrome, dyslexia, dyspraxia or AD(H)D ☐

Blind or have a visual impairment uncorrected by glasses ☐

D/deaf or have a hearing impairment ☐

An impairment, health condition or learning difference that is not listed above (specify if you wish) ☐

Prefer not to say ☐

If 'Other', please state: _____

Sexual orientation

Bisexual ☐

Gay/lesbian ☐

Heterosexual/straight ☐

Unsure ☐

Other ☐

(Please state)_____

Prefer not to say ☐

Religion or belief

Atheist ☐

Buddhist ☐

Hindu ☐

Jewish ☐

Pagan ☐

No religion ☐

Any other religion or belief ☐

(Please state)_____

Prefer not to say ☐

Bahai ☐

Christian ☐

Jain ☐

Muslim ☐

Sikh ☐

Caring responsibilities

Are you a parent or carer of a young person aged 17 or younger?

Yes ☐

No ☐

If yes, what are the ages of the children in your care? (Please tick all applicable)

0-4 years ☐

5-10 years ☐

11-15 years ☐

16-17 years ☐

Are you a carer of a person aged 18 or over?

Yes ☐

No ☐

The information you provide in this final section of the survey will be kept in accordance with terms of current data protection legislation and will only be used for the purpose of monitoring. Your details will not be passed on to any other individual, organisation or group. Leicester City Council is the data controller for the information on this form for the purposes of current data protection legislation.

Thank you for completing the survey. Please return it to us in the enclosed prepaid envelope by 26 September 2025.

Leicester City Council

Care arrangement fee proposal consultation
Frequently asked questions

What is a 'care arrangement fee'?	A 'care arrangement fee' is a new fee being proposed to cover Leicester City Council's costs for arranging care and support under specific circumstances. The Care Act 2014 provided powers to councils to charge care arrangement fees when a person: 1. Has savings and/or assets above £23,250 (not including the property that they live in if they own it) ***And*** 2. Asks the council to arrange their home-based care.
What is home-based care?	This is care that is delivered to a person who is ***not*** living in a residential and/or nursing care home.
How much will the fee be?	The care arrangement fee will be £165.47. This is an annual fee to cover the council's costs for arranging care. You'll be asked to pay the fee until you no longer require home-based support. The fee will increase each year in line with inflation and will be split into 13 equal payments of around £12.73 every 4 weeks – this is approximately £3.18 per week.
What does the fee cover?	The care arrangement fee covers the operational costs for the council to arrange care. This includes officer time when sourcing, negotiating, invoicing, and checking the quality of the provider of your support.
What if I do not want to pay the fee?	The fee will only apply if you ask the local authority to make arrangements for your care. You can choose to arrange your own care and this fee will not apply. The council offers a specialist brokerage service that can help negotiate the cost of your care and may be able to secure a lower price than if you were to approach care providers directly.
Why does the council want to charge a fee?	The Care Act 2014 sets out that councils like Leicester City Council can charge for the arrangement of care and support. Charging a fee to people who can afford to pay for the full cost of their home-based care would help us to: • Continue to provide a good quality offer for sourcing and negotiating care for people. • Bring us in line with national guidance and other local authority practice.
Do other councils charge a fee?	Yes – our research into care arrangement fees identified 24 different councils that currently charge a care arrangement fee, with seven more considering introducing them in future.

	The proposed fee amount is less than what surrounding councils charge for a similar service.
How long is the consultation running for?	The consultation will run for six weeks. You will have an opportunity to share your thoughts on the proposal between 11 August and 26 September 2025.
If these changes are agreed what changes will people see?	If this proposal is agreed, those who have assets and/or savings above £23,250 and who request the council to arrange their home-based support will see an increase to the overall cost of their care. This will be around £3.18 extra per week. People can choose not to pay the fee and to arrange their care and support themselves.
If the proposals are agreed how soon will the changes come in?	Any changes would be introduced no earlier than April 2026.
Who can give their views	This is a targeted public consultation. We are especially interested in the views of people that may: 1. Have previously asked the council to arrange their home-based care and support. ***And*** 2. Have savings and/or assets above £23,250.
How can people give their views?	Letters and surveys have been sent to people (or their carers) that could meet the above criteria. There are different ways to give your views: • complete the online survey by 26 September 2025 at: **consultations.leicester.gov.uk** – or alternatively scan the QR code with a smart device. • or complete and return the survey sent with this letter using the enclosed freepost envelope by 26 September 2025 (no stamp required) • or email us at ASCConsultations@leicester.gov.uk • or phone the helpline on 0116 454 4400.
Who to contact for queries?	Adam Lacey Senior Business Analyst Social Care and Education 0116 454 4400 ASCConsultations@leicester.gov.uk

Care Arrangement Fee Consultation – Findings Report

Version	Date	Author	Comments
0.1	02.10.2025	Esther Elujoba and Lingges Shaswat	Report creation and shared with task giver for initial comments.
0.2	07.10.2025	Esther Elujoba and Lingges Shaswat	Report refinement after sharing findings with consultation team.
1.0	09.10.2025	Esther Elujoba and Lingges Shaswat	Report signed-off by Adam Lacey (awaiting final details of equalities monitoring)
2.0	21.10.2025	Adam Lacey	Report signed off for CMB publication

Executive Summary

Leicester City Council carried out a six-week targeted consultation, from 11 August to 26 September 2025, on the proposal to introduce a new annual care arrangement fee of £165.47 (equivalent to around £3.18 per week). This fee, made possible under powers given by the Care Act 2014, would apply only to people with savings and/or assets over £23,250 who request the council to arrange their home-based care.

The consultation was targeted at those most likely to be affected by the proposal (some 234 people), including individuals who pay for the full cost of their home-based care and currently or previously had their care arranged by the council, as well as carers, relatives, and representatives. Respondents were invited to complete a survey online, by post, via email, or by phone, giving them the opportunity to share their views on the proposed change.

This report provides an overview and analysis of the responses received. It highlights the key themes, concerns, and perspectives raised, which will support the City Mayor and Executive Team in making an informed decision on whether to introduce the fee – which could generate income towards departmental savings targets.

Introduction

The proposal to introduce a care arrangement fee reflects Leicester City Council's intention to make use of powers granted under the Care Act 2014, which allows local authorities to charge for the arrangement of care and support in specific circumstances. At present, Leicester City Council does not charge for this service, meaning the administrative work involved in arranging care is absorbed by the council at no cost to those who use it.

The proposed £165.47 annual fee would cover the council's administrative costs, including sourcing providers, negotiating fees, invoicing, and quality-checking services. The fee would be subject to annual review in line with inflation and would

only apply to people who both meet the financial threshold (savings/assets above £23,250) and choose to have the council arrange their home-based care. Those who arrange their own care would not be charged.

The consultation process aimed to gather views from individuals most likely to be affected by the proposal. Surveys asked participants how the proposed fee might affect them, whether they would reconsider asking the council to arrange care and invited any additional comments or concerns.

This analysis report brings together those responses to identify common themes and provide insight into public opinion. It will ensure that the voices of individuals, carers, and stakeholders are heard and considered as part of the council's decision-making process.

Survey Results

Survey Method of Return

A total of 234 surveys were sent and 75 were completed and returned with a response rate of 32.1%.

65 (87%) were returned by post and 10 (13%) were done online.

About Respondents

- **Individuals:** 56% (42 respondents) currently receive home-based care arranged by Leicester City Council that they pay for themselves.
- **Carers/representatives:** 37% (28 respondents) identified as carers or representatives of someone receiving care.
- **Other:** 7% (5 respondents) selected 'Other'.
    - 3 responses had provided no answer.
    - 1 response did not receive nor provide care.
    - 1 response arranged and paid home-based care by themselves.
- **Organisations:** None of the responses came from organisations representing people and/or delivering care to them.

Ward Information

Respondents were drawn from across Leicester, with 67 respondents providing postcode information. Although this information was sparse, representation from each of the 21 electoral wards in the city was achieved.

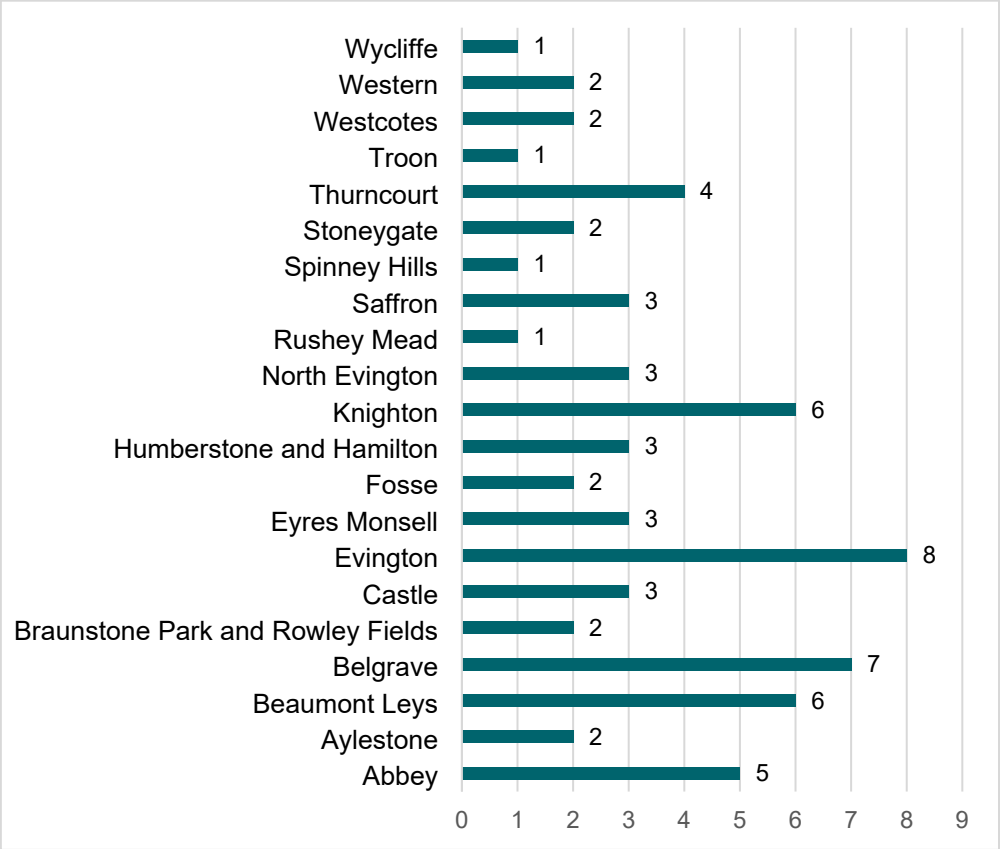


Fig 1. Survey Responses Received per Electoral Ward

Impact of the Proposed Fee

This was a multiple-choice question. A total of 75 respondents answered the question, but they could select more than one option, thus there were a total of 85 responses. Percentages in this section are calculated based on the total number of respondents.

This approach was taken because it provides a clearer view of how many people expressed each view.

When asked how paying an additional £3.18 per week would affect them:

- **45% (39 responses)** said they would be able to manage this.
- **18% (15 responses)** said it would affect them a little, limiting money for "extras or treats."
- **19% (16 responses)** said it would affect them a lot, limiting money for essentials.
- **18% (15 responses)** said they would reconsider asking the council to arrange care for them.

This highlights a mixed public opinion on the proposal: while many feel able to absorb the cost of the new fee, up to a quarter of the respondents expects an impact on their finances that would limit their money available for essentials.

It is worth noting that the Care Arrangement Fee proposed is an optional fee, whereby people will be given the choice to either pay for the council to arrange their care for them, or be asked to arrange their own care (where no fee will be applied).

This multiple-choice format indicated there is some overlap between the categories. The consultation identifies that this proposal has areas of concern which are affordability and service uptake by the council.

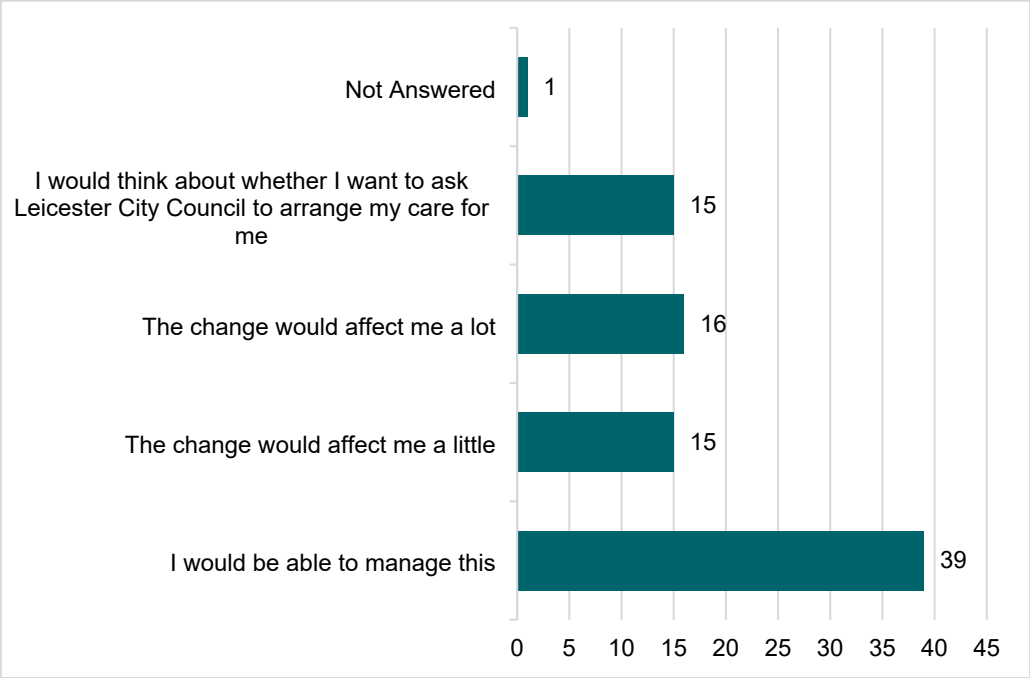


Fig 2. Total Count of How the Care Arrangement Fee Could Impact People

Comments received about the proposal

Of the 75 survey respondents, 25 (33%) provided additional comments. In our analysis, we observed five key themes:

Care Alternatives	Affordability Concerns	Fairness	Value	Payment Preference
•Potential reconsider council-arranged care •Seek alternative arrangements	•Potential financial strain experienced •Accelerate depletion of funds	•Means-tested social care •Disadvantaging savers	•Fee justification •Communication of benefits	•Questioned reoccurence of fee •Linked to value

Care Alternatives (4 comments received)

Some respondents shared that the introduction of a new charge may lead them to reconsider asking the council to arrange their care for them. In most cases, this was not about ending the care received but about seeking alternatives for its arrangement; such as people finding their own provider or making private arrangements.

It is worth noting that the responses did not highlight a potential risk of people cancelling care provision and having unmet care needs, however, the responses indicate a potential risk to the continuity of care should people choose to make alternative arrangements.

Affordability Concerns (11 comments received)

The most common theme raised was the issue of affordability. Several respondents described how their current care costs already place them under financial strain, with outgoings that meet or exceed their income.

Concerns were expressed that the proposed fee could accelerate the depletion of personal savings, potentially leading to earlier reliance on council-funded care once savings thresholds are reached.

One respondent noted that *"It won't be long before savings are gone and will have to claim everything off you to live."*

It should be noted that the proposed care arrangement fee would only apply to individuals who choose to have their home-based care arranged by Leicester City Council. Those who choose to arrange their own care privately would not be subject to this charge.

Fairness (6 comments received)

Some respondents commented on the process of means-testing social care support, noting that individuals with savings and/or assets are required to contribute more towards their care costs. A fraction of comments reflected the view that “people who have saved throughout their lives may feel disadvantaged compared with those without savings”.

Frustration with the fact that social care support is means-tested was interpreted in these comments – with some respondents referencing a lifetime of paying national insurance and income tax, only to have to pay towards the cost of social care when it is needed.

It is worth noting that social care support in England is a means-tested service, assessed according to an individual’s financial circumstances. This approach is set nationally and applies across the wider welfare system, rather than being specific to Leicester City Council. However, it is considered that paying an additional fee to arrange care could contribute towards public feeling of unfairness.

Value (2 comments received)

Some respondents questioned whether the level of involvement and oversight provided by the council justified the introduction of an additional fee. While several accepted the council’s role in arranging initial care packages, they felt there was limited visibility of ongoing monitoring or added value once care was in place. A few comments also referred to negative experiences relating to communication or case management.

This feedback suggests that further clarification would be beneficial regarding what the proposed charge covers and the value it provides. The council’s ongoing involvement offers several benefits to individuals who choose council-arranged care. These include:

- **Value for money**, with the fee itself being competitively priced in comparison to other local authorities providing a similar service.
- **Financial and safeguarding assurance**, offering assurances to people regarding care cost, quality, consistency and stability.
- **Consistency and stability** of care arrangements. The council’s continued oversight provides an additional safeguard for people who might otherwise face challenges managing care arrangements independently or identifying potential risks with care providers.

Payment Preference (6 comments received)

Some respondents proposed alternatives to the annual fee, such as a single upfront payment at the start of care or a reduced recurring fee to cover administration. This indicates that while opposition to the principle of the charge was common, some individuals may be more accepting of a restructured approach that reflects the level of ongoing council involvement.

Helpline and email enquiries

Consultation Helpline Responses

There were 15 calls received on the consultation helpline. Enquiries were mainly to seek clarification on the proposal, and how it would affect the caller.

For example:

Clarifying that the fee would not apply to people that have since moved into a residential care home to receive care.

Explaining that the fee would not be retrospectively charged for arrangement services already provided.

Consultation Email Responses

Two emails were received by the consultation team, including a Councillor enquiry about the proposal:

One email was responded with further clarification on how/if the fee would apply for the sender.

Another email was an (Councillor) enquiry made about the current delivery, cost, income generation and implementation date (should the proposal be approved).

Considerations and Recommendations

The consultation feedback suggests a need for the council to provide clear and accessible guidance on the purpose of the fee and what individual receive in return. Particular attention could be given to monitoring the impact on individuals with disabilities and those already experiencing financial pressure.

Recommendations:

- Consider a 28-day cooling-off period after care arrangement is provided, to allow individuals to settle into their new support, to give opportunities for changes to be made, free-of-charge.
- Strengthen communication about the rationale for the fee and the benefits of council oversight.
- To consider restructuring the fee amount, based on the value provided by the Council – i.e, to reconsider a reoccurring annual fee, and replace this with a fee at point of service delivered.
- Ensure monitoring arrangements are in place to assess the effect of the fee on individuals, particularly those with disabilities or complex needs.

Based on the analysis of the responses received, it is this consultation team's recommendation to continue with the proposal to implement the care arrangement fee.

Whilst findings indicate that some have concerns with the affordability of the fee, the risk of financial deprivation is somewhat mitigated by the fee's core principle: it is an optional fee, with people given a choice to pay for a service provided, or arrange care privately.

Equalities Overview

The demographic profile of respondents shows:

- **Age:** Of the 234 people sent the survey to share their views, 90% were aged 65+. Of the people that disclosed their age in the survey, 78% identified as 65+ years.
- **Sex:** Of the 234 people sent the survey to share their views, 58% were female, with 42% being male. Of the people that disclosed their sex in the survey, 63% identified as female and 37% identified as male.
- **Ethnicity:** Of the 234 people sent the survey to share their views:

  69% identified as White British, 23% as Asian British, 3% as Black or Black British, and 1% as having dual or multiple heritage, while 4% did not provide ethnicity information.

  In response to the survey, 79% identified as White British. 12% identified as Asian or Asian British (Indian), while 4% preferred not to state their ethnicity. The remaining respondents identified as White Irish, White European, Black or Black British, of dual heritage (White and Black African), or another ethnic group—each representing about 1% of responses.
- **Disability:** Of the 234 people sent the survey to share their views:

  75% reported having a physical disability, 12% reported a mental health condition including dementia, 7% reported a learning disability including autism, and 6% reported other vulnerabilities, such as brain injury or sensory impairments including hearing or visual loss.
- Of the people that shared their disability in the survey, 78% reported having a disability, most commonly physical impairments (52%) and long-standing health conditions (37%).
- **Religion:** Of the 234 people sent the survey to share their views:

  26% declined to provide their religious affiliation. Among those who responded, 38% identified as Christian, 16% as Hindu, 13% reported having no religion, 2% identified as Muslim, 2% as Sikh, 1% reported other religion, and 1% declined to answer. Less than 1% identified as atheist or Buddhist.
- Of the people that shared their religious status in the survey, 48% identified as Christian, 14% reported no religion, and 13% identified as Hindu.
- **Sexual orientation:** Of the 234 people sent the survey to share their views:

  72% had no recorded response to the sexual orientation question on their care records. Among those who recorded responses, 19% identified as heterosexual or straight, 5% preferred not to say, 1% were unable to state (potentially due to lack of capacity), and less than 1%

either did not understand the question. Less than 1% also identified as gay.

- Of the people that shared their sexual orientation, 70% identified as heterosexual/straight
- **Pregnancy and maternity:** The average age of the individuals contacted was 66 years, which is above the typical childbearing age.

Caring Responsibilities

- No respondents reported being parents/carers of children under 17.
- 17% reported being carers of an adult aged 18 or over.

These figures show that most responses came from older, White British residents with disabilities, broadly in line with the demographic most likely to be affected by the proposed change.

Adult Social Care Scrutiny Commission

Work Programme 2025-2026

Meeting Date	Item	Recommendations / Actions	Progress
26 June 2025	*Items TBC:* 1. *CQC update? (timeline)* 2. *Engagement on Dementia* 3. *Social Care and education quarterly dashboard* 4. *Leading better lives*		
~~**28 August 2025**~~			Meeting cancelled, CQC item moved to 13th November.
13 November 2025	*Items TBC:* 1. *CQC report* 2. *Care Arrangement Fees*		

Meeting Date	Item	Recommendations / Actions	Progress
15 January 2026	*Items TBC:* 1. Budget 2. Adults Safeguarding Annual Report 3. Self-neglect 4. Workers' Rights Bill 5. Quarterly Performance Update		
12 March 2026	1. CQC Action Plan Update 2. Loneliness and Social Isolation 3. Diverse by Design		
23 April 2026			

Director's suggestions	Chair's Suggestions

Forward Plan Items (suggested) 2024-25

Topic	Detail	Proposed Date
Dementia	To come back with lived experience Case Studies as per June Scrutiny meeting actions.	
Young Carers/Carers		
Supported Housing		
ASC Priority plan		
Neighbourhood Teams		
Internal work force? Unions? EM Care?		
Leading better lives?		
Diverse by Design	Added to Work Programme as part of the June 25 Scrutiny meeting actions.	
Examine rationale between residential and domiciliary care.	Following June 25 Scrutiny meeting.	
Agency Rates	Suggested at June 25 Scrutiny meeting.	

Item following OSC Revenue Outturn	Information to be provided on early intervention for working age adults requiring care packages in order to reduce demand and ensure that ASC remained financially sustainable. Prevention to be taken up as an ASC agenda item.	
