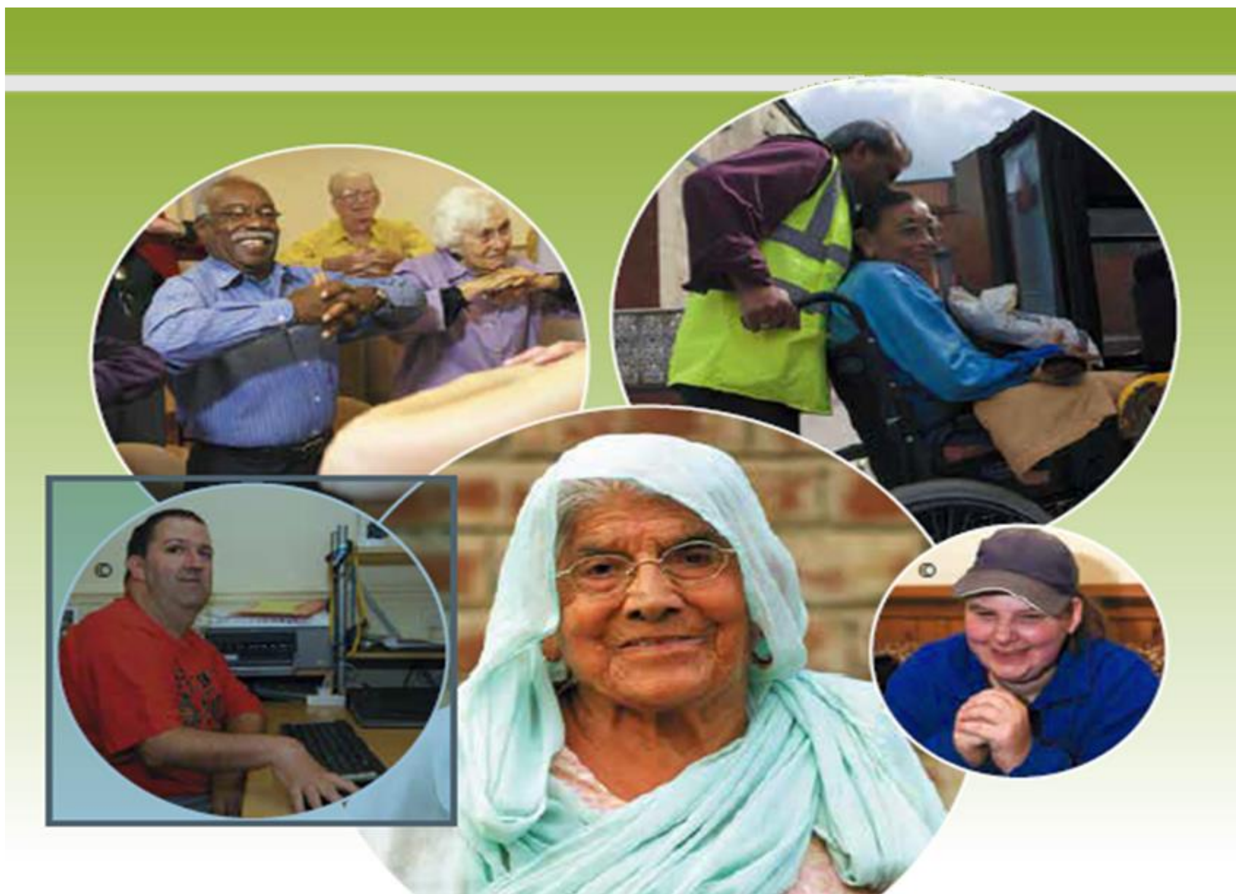
LEICESTER CITY COUNCIL

ADULT SOCIAL CARE

OUR SELF ASSESSMENT

MARCH 2023



Contents

Section A: Overview and Summary 3
- About us: Leicester City Council 3
- Our strategy for ASC 5
- Working effectively in partnership 6
- Our key strengths 7
- Our key risks and challenges 9
- Our track record of improvement 10

Section B: Self- Assessment against the CQC Themes 12
- Providing Support - Our Self-Assessment 12
- Working with People – Our Self-Assessment 18
- Ensuring Safety - Our Self-Assessment 23
- Leadership - Our Self-Assessment 28

Section C: Our self-assessment process and sign off 34

Section A: Overview and Summary

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

In staying true to our principles of co-production, the format has been shaped by our wish to ensure it meets accessibility standards. This means graphics, charts and illustrations have been kept to a minimum. It felt important to us that, if we are asking people to help us develop the content, we should remove any barriers to their being able to do so.

We hope you build a sense of Leicester's ASC service from this document.

About us: Leicester City Council

"We are Leicester Together"

Leicester is a proud but modest city of superdiversity. The image above shows the diversity found in just a small area. 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 have people working for us who 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.

We are a city with challenges. Despite rapid population growth, the number of households only increased by 3.5% - one of the lowest. 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.

The Council is a mayoral-led organisation, with a very significant majority of councillors being Labour. For the last 4 years, our corporate 'plan' has reflected the delivery of political commitments, supported by the Joint Health and Wellbeing Strategy of the Health and Wellbeing Board (E1[1]) and our clear ASC 3-year strategy (E2).

The annual ASC budget is £194m gross / £129m net, with the vast majority of spend focused on direct services to people who draw on support. As we describe further, we have a spend profile that has seen considerable growth over recent years, linked to the numbers of people we support and the increase in their needs once they start receiving long-term support. Whilst some of this is undoubtedly linked to our demographic / economic profile, we also understand that we have opportunities to change this trend by adapting our offer and approach.

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. Our management structure is 'flat' with Heads of Service / Operational Leads directly managing Team Leaders / first line managers (E3).

The directly employed ASC workforce is 894 individuals (771 full time equivalents), with a profile that is reasonably well reflective of our more established communities (E4) (acknowledging this is not so for the Director team). Like many areas, workforce challenges exist, with difficulties recruiting some groups of professional staff and ensuring we have sufficient capacity to deliver compliant, high-quality ASC. However, 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 (E5). The external workforce has high vacancy rates (13%) and high turnover (24%), with an ageing workforce and few young entrants. (Skills for Care data)

We work closely with local NHS partners; strategically as part of the Leicester, Leicestershire and Rutland (LLR) Integrated Care System (ICS) and operationally

[1] Health and Wellbeing Board

through local delivery teams that are in part aligned / co-located. The Directors are visible and active in supporting the ICS Leadership work (E6).

The Council has recently launched a new Voluntary and Community Sector Engagement Strategy, with priorities including: Civil society; VCSE – Insights, Importance, and Impact; Funding; Infrastructure support; Volunteering; Businesses and the VCSE (E7). This will provide a platform to build on our plans for cohesive neighbourhood teams that include a wider range of stakeholders.

Our demand profile, and especially the greater extent of growth in need and use of resources (long term support), has some differences to comparator councils. In part this will reflect the deprivation, poor health and poverty in Leicester; however, we know that there are opportunities for us to positively influence this trend.

Our care market consists of a wide variety of small and medium sized providers (E8[2]). The well-known national providers have only a limited presence in the city. Some 3,980 people draw on community care services, and a further 1,336 live in care homes. In 21/22 there were 12,000 filled posts in the independent sector and a further 1,000 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. This was very evident during the Covid-19 pandemic. However, quality across the care market is below that we would wish to see for our population and below the average for our statistical neighbours, and this is an area of focus.

Our strategy for ASC

ASC embraces a strengths-based approach as the foundation for all that we do. This is woven through our strategies and plans. We can see this is beginning to develop into a culture that will improve people's experience of ASC and achieve good outcomes. Nonetheless, we recognise there is much more to do.

> "**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

The connection between everyday practice, behaviours, priorities and vision is captured in a key single-page document: Our promise for ASC (E9). This was co-produced with people who draw on support and it is a Leicester version of the practice framework approach adopted across the East Midlands.

We have a 3-year strategy for ASC (E2), which has been refreshed for this final year of its lifespan, and an annual business plan for 2023/24. This is supported by service level plans, which are being developed during the first part of the business year.

Our ASC vision is aligned to the wider Social Care and Education departmental vision. This is described in the 'why' of Our Promise'

[2] Market Position Statement

WHY are we doing this?	Social Care and Education Vision	We are committed to supporting children, young people, adults, carers, and families to be safe, be independent, be ambitious for themselves, and live the best life they can.		
	Adult Social Care Vision and outcomes	We want every person in Leicester to live in the place they call home with the people and things that they love, in communities where they look out for one another, doing things that matter to them.	Improved morale and satisfaction for people working in Leicester.	More sustainable use of resources.

We understand that people need different things from us, depending on their individual circumstances. This is described in the 'who' of Our Pormise.
We aim to ensure long term decisions are not taken at points of crisis or change. Our staff are our main resource and Our Promise reflects a commitment to work well together.

WHO is this for?	People drawing on support	People who may need advice or support	People with longer-term needs for support
		We listen to people to understand what matters to them. We make connections and build relationships to improve people's wellbeing and independence. We avoid planning long-term in a crisis.	We work together, using the strengths and resources around the person and from informal and formal services, to achieve their chosen outcomes.
	People working in support	We listen to each other to understand what matters. We work well together, innovate and look for solutions, thinking creatively. We keep it simple and reduce bureaucracy and red tape.	

Our high-level priorities have been consistent themes for several years but are now reflected in 5 priorities, and in language that works for people who draw on support and for staff. These are described in the 'what' of Our Promise.

WHAT are our aims?	Our priorities 2021-2024	Starting with what's strong	Staying at home	Being safe	Successful transition	A learning organisation
		We will focus on what people and those around them can do to promote wellbeing, self-care, and independence.	We will improve the opportunities for working age and older people to live at home, in their community.	We will support adults with a social care need to be safe from harm and abuse.	We will work together to improve support for young people and their families as they become adults.	We will listen to what we are being told, using this to develop and ensure the right support is arranged for people.

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.
The strategic plan covers the 4 domains within the (draft) CQC assurance framework and the more detailed implementation plan (E10) sets out the specific actions we are taking to achieve this vision.
There are supporting plans and strategies, including a programme to deliver the ASC Reforms (E11) and a Market Sustainability Plan (E12).

Working effectively in partnership

Our partnership infrastructure is evolving as we develop and embed co-production.

We have established partnership boards, co-chaired by people who draw on support, for mental health (MH) (E13), learning disability (LD) / Autism (E14) and a Carer's Group. The Mental Health Partnership Board is now linked formally to the ICS as the place-based element of the LLR Mental Health Partnership. Similarly the Learning Disability Partnership Board is effectively supporting the new ICS arrangements for LD/A which is driving forward this important agenda, building on the successes of the Transforming Care Programme.

More recently, we have developed a Making it Real group, supporting our strengths-based approach, which is a forum of around 30 people with lived experience plus staff from ASC. These forums are active and engaged groups, that have delivered tangible difference – in designing services, supporting procurement, developing new approaches to social work and helping to deliver support that people feel enables them to live their lives (E15). These are detailed within the relevant theme.

We know that there is more to do, specifically in creating a formal governance framework that better links the voice of people into decision making boards, and in completing our work on designing a framework for co-production and remuneration.

Our partnerships with NHS colleagues are set out at system (ICS and partnership) level (E16) and also work at place thorough the Health and Wellbeing Board (E17), a Joint Integrated Commissioning Board JICB (E18) and Integrated Systems of Care ISOC (delivery) Group (E19). Built initially on Better Care Fund (BCF) delivery, these have developed over time and enabled the delivery of jointly commissioned services including domiciliary care and pathway 2 discharge support. ISOC has supported operational change, for example to create an integrated HomeFirst offer which includes mental health services, resulting in excellent admission avoidance services and good ASC discharge performance (D20) through effective promotion of independence.

At system, we have a Fuller Steering Group, 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, people with entrenched street lifestyles and Transforming Care.
Our place-based partnerships include wider services such as public health and housing. We benefit from the direct integration with children's services and community safety, supporting work on SEND / Transitions and our approach to newly arriving families and individuals.

Whilst there are groups with VCS representatives and other local services, we know that our breadth of representation across our partnerships needs expansion.

Our key strengths

The self-assessment expands on areas of strengths, where we feel we are creating good outcomes for people, and evidence is included in the body of the report. Using the voice of people to illustrate these, would wish to highlight:

A Strengths-based Practice Culture
We have started to embed a whole service approach to strengths-based practice in our everyday work. This embraces all aspects of ASC and its enabling services within the wider council. Our journey of co-production is developing but we can see the impact of this approach in the extent to which people are positively reporting their experience. One person working with us has 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/

Delivering HomeFirst and Supporting Independence

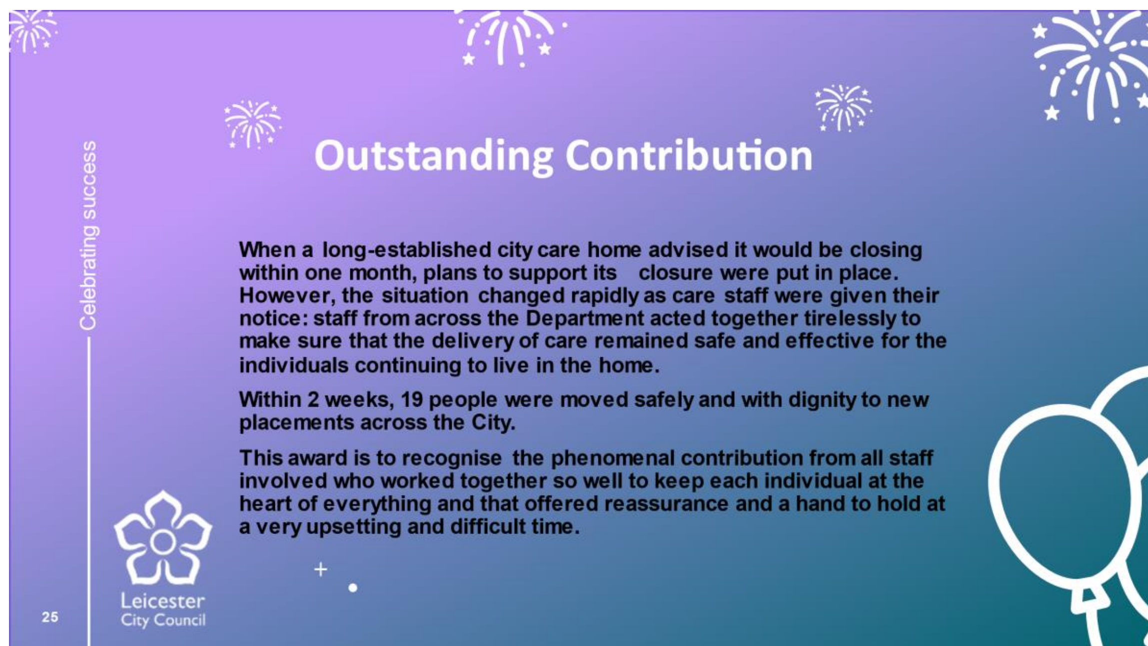
We have integrated services across social care and health that help us to avoid admission to care / hospital and ensure people can return home quickly, which we call our HomeFirst offer. We also have services that support people with mental health and learning disability needs. Together, these services are promoting independence and wellbeing. 78.3% of people who had short term support did not require any ongoing support as a result and 92.6% of people who accessed reablement were still at home 3 months later.

"thank you .. for giving me all the help and encouragement to become a positive and confident [person] once again. I cannot stress enough what you have instilled in me, from your kind hearted sessions and calls … I have been following all the positive steps we always spoke about …. 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.



ASC Celebrating Success Award 2022

Building relationships with our providers and fostering innovation

During the Covid-19 pandemic, our relationship with our providers was strengthened through collaborative approaches to managing risk. This has remained and we have drawn on this to build creative solutions. Examples would be the development of provider led reviews, provider engagement in creating new support plans and work to pilot new technologies.

"The adoption of technology to conduct multi-disciplinary meetings with health, CQC the police and other parties has allowed us to effectively mitigate major safeguarding issues, allowing us to

accommodate for complex cases which present with needs that are beyond the normal scope of care both for those needing care from our host authority and those from outside. This ease of work has had a direct impact on how many of these cases we can take on, allowing for normally difficult placements to be placed."
Clarendon Mews Care Home

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 we have a tangible enthusiasm for our work.

As a result, our workforce stay with us (our turnover rate 7%, well below the corporate average) and grow with us. 94% of staff are clear about what is expected of them and understand how their work fits into the organisation (E5).

"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, Sept 2022

Our key risks and challenges

As with all councils, there are significant challenges arising from financial uncertainty and pressure, workforce pressures and the scale of demand, reform and the connected risks in our partner agencies, such as NHS.

We would highlight the key risks and challenges as:

Capacity and demand
We appreciate that we are not able to fully deliver the requirements of the Care Act, in relation to timely assessments and annual reviews. We are also unable to reduce the number of people awaiting a Deprivation of Liberty Safeguards assessment. Capacity also impacts on our ability to fully embed the positive changes we are making at the pace we would wish, so that all experience is good, all of the time. We try to mitigate the risks of this, but it should be reflected as a key challenge.

Use of Resources
Our growth in need / support is different to other areas and is a key pressure. We need to find solutions that reduce the use of statutory resources.

Quality and resilience
The quality of care within Leicester's market, and the risks associated with increasing fragility, should be acknowledged as a key challenge and risk to people's outcomes / experience.

Carers

Looking across all the themes, we would highlight the need to improve our offer to informal carers, from assessment, to support and access to services that enable them to take a break. Not supporting carers well is a risk to our ability to support people at home and to reducing the use of statutory resources.

Connections
We acknowledge the challenge of developing wider strategic and neighbourhood partnerships, including with the VCS, that build strong, inclusive local networks, addressing the needs of our super-diverse communities and reflected in our workforce.

Our track record of improvement

We are an organisation committed to continuous improvement, and we can learn and build on work that has made a difference to the outcomes we can achieve.

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, experience wasn't positively reported. The impact of considering things from the perspective of people who draw on services was dramatic. This resulted in a wholescale revision of our policy and procedures, and the communication materials we sent, and also led to Leicester City Council (LCC) signing up to Making it Real and embracing the framework across all our work. Our approach to assessment and review has been transformed. Whilst data looks similar (in terms of the % of people using a DP), feedback indicates improvements in experience and the wider benefits of adopting this approach can be seen through our strengths-based performance framework (E15).

"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
Leicester ASC was at one stage a negative outlier for its performance in relation to people leaving hospital. We worked across our system, via the BCF, to create an integrated approach to admission avoidance and discharge. At the last point when Delayed Transfers of Care were reported, we were in the top 5 performing Councils nationally. This approach is now embedded in our HomeFirst services. The number of people waiting to leave hospital are routinely below 20 at any point, who are moving on very quickly to their usual place of residence in most cases - with our reablement service offering support within 24 hours and our Integrated Crisis Response Service (ICRS) delivering support within 2 hours. We have included performance information to illustrate this (E21).

"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. This builds on the successes of the Transforming Care Programme, delivering the vision that all people with a learning disability &/or neuro disability will have their fundamental right to live good fulfilling lives, within their communities, with access to the right support from the right people at the right time. Collective partnership work has resulted in significantly fewer adults in hospital, with numbers reducing substantially - ensuring many more people are able to live in a less restrictive setting and experience more fulfilling lives; in addition the targets for people accessing their annual health check with their GP is already being exceeded in 22/23, and LEDER reviews are consistently undertaken more promptly and learning is actively shared across the system (E22[3]).

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. Whilst it is difficult to point to individual projects or initiatives to improve people's experience, 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, was the second highest in England in 2021/22, with year on year improvement in our score and ranking since 2016/17.

[3] LG Inform - Social Quality of Life Data

Section B: Self- Assessment against the CQC Themes

Providing Support - Our Self-Assessment

Summary – what is our ambition, what are our three strengths, what are our priorities for improvement?
Our ambition is set out in 'Our Promise for ASC'. **In summary we 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** (E9). **Our strengths in this area are:** Our approach to assessment, care planning and review is person centred, strengths based and creates a framework that enables people, from all of the different communities across the city, to have support that makes a positive difference. Our assessment teams are appropriately trained, with the experience and knowledge necessary to carry out strengths-based assessments, including specialist assessments. We work closely with other professionals to ensure support is coordinated across different agencies, with a focus on care at home. We have a timely, robust response to meeting immediate needs and an integrated approach to delivering services which promote independence. **Our priorities for improvement are:** To improve the experience of unpaid carers, so that needs assessments are undertaken in a timely way and carers have greater access to information, training and support. To improve accessibility to information and advice and to increase opportunities for people to maximise their own wellbeing. The work we have done to understand how our different communities access and experience ASC points to early engagement, rather than formal assessment / support, being the area of most noted disproportionality between communities (E23). To develop a clear co-produced approach to prevention, in a way that engages people from our disadvantaged communities and reduces inequalities. Whilst we feel that our approach to assessment, care planning and review is strong, we recognise that we are not always delivering this in a timely way. We

prioritise activity based on risk and need, but some people are waiting too long for assessments and our annual reviews are not up to date. This is an area we wish to address.

What is our performance and how do we know?

Assessing Need
We believe that our performance in systematically delivering an approach to assessment, support planning and review that enables people to live the lives they want and respects individuals' uniqueness, is strong. This is reflected in the improvements seen in measures of social care impact on quality of life (E15) and in feedback from people (E22). We have embraced Making it Real across the department (E24[4])

ASC has adopted whole service strengths-based approaches to social care practice, supported by enabling functions in commissioning, performance, finance and ICT. Our approach to this has led the way for colleagues regionally and we have developed a national toolkit together with SCIE (E25[5])

We have fundamentally changed documentation to support a linked assessment model, reducing process and instead focussing on conversations, what matters to people and what they wish to achieve (E26).

We have developed this collaboratively, with staff and people who draw on support / carers, through our Strengths Based Oversight Group (E15) and our Making it Real group (E27)

We have created a learning and development programme for all members of staff who conduct assessments and reviews, which includes training delivered by people who have lived experience of ASC and carers (E28).

Audits are used to seek assurance that our approach is evident in practice. These show that involving the person in one of the most commonly cited areas of strengths (although we know that this is not yet happening 100% of the time). The governance approach and evidence is described further in the Leadership theme.

A Strengths-Based Practice Implementation Lead co-ordinates work, identifies and removes barriers and is helping the whole staff group to move away from a transactional care management approach and instead adopt person centred ways of working.

We have adopted the use of the Outcomes and Support Sequence in care planning, with a view to supporting best practice, best use of resources and best outcomes (E29). Our most recent peer review (October 2022) noted that the approach was positive but practice was yet to show impact on demand for statutory services (E30). Audits (E31) also show us that this is not embedded in all work that we do. We have therefore (Jan 2023) introduced a mandatory process

[4] Making it Real Commitment
[5] SCIE Toolkit

for staff to evidence their use of the support sequence before seeking approval for a long-term care package. This is supported by audit tools embedded in the assessment and review. It is too soon to demonstrate impact.

We have a Performance Framework for Strengths Based Practice that draws together a range of information that tells us what impact we are making (E15). We know the new approach is making a difference to staff and to people who draw on support. Over 85% of people that provided feedback agree or strongly agree that our support helps them to live their lives. Our staff surveys (E32) show us that staff are feeling positive about the changes and how this helps them to do their best work. We also align feedback from people who draw on support (such as complaints and commendations) to 'I and We' statements.

This information also tells us which areas we need to pay attention to, so that we can continuously learn, respond and monitor for impact.

"[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 (E22) and we have worked hard, via co-production, to ensure that people using direct payments have a positive experience of choice and control, as this was not previously the case (E33[6]).

However, we also know that too many people are not receiving their planned annual review and some people, with lower needs or risks, are waiting too long for an assessment (E22). In addition, capacity constraints at our 'front door' have resulted in too few people receiving high quality advice and guidance, so that their issues can be addressed without them needing to progress to statutory assessment and support planning (E30). Our plans to address these issues are set out below.

Recognising this is an issue of concern, we operate a risk-based approach to prioritising work in line with the model developed in the East Midlands (E34). We have robust arrangements to respond to immediate risks to people's wellbeing, while they are waiting for an assessment.

Our Integrated Crisis Response Service, brokerage service and reablement service provide support in a timely way where this is needed; this is expanded on below when reflecting on how we support people to have healthier lives. There is a consistently low volume of people awaiting care in the community and people the numbers of people who are ready to leave hospital stay low (typically no more than 20 at any point) and move back to their usual place of residence quickly (typically within 48 hours or sooner (E35).

[6] Direct Payments Blog

"There is significant variation between integrated care systems (ICSs) too, with average delays exceeding 3 days in [redacted] ICSs, and less than 1 day in nine ICSs, including [redacted] Leicester, Leicestershire and Rutland (0.68)."
Why are delayed discharges from hospital increasing? Seeing the bigger picture - The Health Foundation

There are sufficient residential options available, if needed, on the same day.

Supporting People to Have Healthier Lives
There are pockets of strength, with some good local services delivering support that improves wellbeing, reduces need and promotes independence.
However, we do not yet have a joined-up approach to prevention. There are opportunities, with proposals to develop a system wide approach, set out in the plan below.

Public Health commissions LiveWell, a holistic integrated lifestyle service. There is a Steady Steps programme to reduce falls. 'Let's Get Together' aims to reduce social isolation and 'Let's Get Growing' aims to improve mental health and wellbeing through gardening. Funding from the ICB has supported a 3 year Health Inequalities action plan, with schemes which will deliver improvements to wellbeing across a range of disadvantaged groups (E36). This is at an early stage of delivery but we will know how this is making a difference from impact reporting to our 'place' group, ISOC. (E37)

Our integrated HomeFirst offer is a strength, which is recognised by partners and receives positive feedback from people who draw on support and carers. We note this in the regular commendations received (E38). HomeFirst includes our reablement and ICRS. We can see from data that they support people in a timely way and have a positive impact on people's independence and their ability to remain at home or be discharged from hospital in a timely way. Activity and impact data is reported to ISOC with stories about people's experience (E39). They are a core component of our BCF. Both services are rated Good by CQC, with some outstanding elements (E40[7])

Part of this offer is Technology Enabled Care (TEC) and that enables some good joined up working, for example across our emergency alarm scheme and response services for falls (E39). We are making inroads to expanding our offer. We have a strategy with key priorities, identifying how it be delivered (E41), but are not yet confident that we are systematically using TEC to its full potential. We have recently trialled Co-bots (supportive exoskeletons for people who are moving and handling) within the HomeFirst service and are now trialling them in a care home setting (E42). This is providing useful learning about how to deploy new technologies.

Care Navigators have been embedded in preventative work within primary care for over 10 years (E43). 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 (E44).

[7] CQC Rating

Across the lines of enquiry, we understand that we are not yet providing timely or sufficient information, advice or support to carers. Our carers data from the ASCOF survey would point to this being the case (E22). Our direct offer has reduced due to financial constraints, so previous incentives (via a one-off annual carers payment) to identify and assess carers have been lost. Our core offer is a contracted service. The majority of support to carers is provided via services to the cared for person. We understand that our personalised support to carers data looks healthy via ASCOF 1Ciib (E22) but this activity relates to a small minority of carers. Our plans to improve this are noted below.

Equity in Experience and Outcomes

There are some positive and strong approaches to working with groups who may have poor care or be seldom heard. We have specialist social workers to support our Deaf and hearing-impaired community and to work with people who hoard (E45) and those who have entrenched street lifestyles.

We have well established partnership boards and a newer 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 (E46). Our Dementia Strategy (E47) was co-produced (E48[8]) and includes a priority to engage with seldom heard groups.

We are working with IMPACT, the UK Centre for Evidence Implementation in Adult Social Care (E49[9]), hosting a facilitator who is working to understand the experience of people from our diverse Black and Ethnic Minority communities in their use of direct payments (E50).

We use data to understand whether people's experience of ASC is equitable (E51) and take this learning into our internal forums supporting equality, diversity and inclusion, such as the Anti-Racism Test and Learn Group (E52).
All service developments, change processes and financial plans are supported by Equality Impact Assessments and equality implications are included in all decision reports.

Within our system, the 'Core 20 +5' work is driving our health and wellbeing strategy and plan.

There is more that we can do to make best use of available information, so that we are systematically focussing on reducing inequality, and to connect to local communities.

[8] Dementia co-production video
[9] ImPACT Brief

What are our plans to maintain/improve our performance in this area?
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 and to further improve where we can. To address the improvements needed for carers, we are an active partner in the Leicester, Leicestershire and Rutland Carers Delivery Group which has membership from across the ICS and which has developed a strategy coproduced with carers of all ages. We have a City Council group which oversees our work with carers, identify and address areas for improvement and which will be responsible for overseeing our place-based delivery plan for the Carers Strategy. We are currently putting together our delivery plan with carers to ensure that it responds directly to their priorities. To address the priorities developed in the LLR Strategy and which will be pursued on a local basis we have plans to: • Complete the Practice Guidance for staff • Ensure that our adult social care services are aware of and include young carers that may be involved in supporting the person receiving care • Ensuring carers can access the information they need; in the formats they require. This includes making sure information is available to those who may not be able to access information during usual office working hours • Refresh of internet pages to ensure information is clear, pages are easy to navigate, and language used isn't "too corporate" which includes information for Young Carers. • Including information on advocacy and getting carers voices heard. • Support carers to be able to access a broad range of services within their local communities, including voluntary/community led organisations, helping to support their wellbeing and alleviate social isolation • Work 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 • Ensure carers are informed of technology solutions that can support them in their caring role and work with carers so that they are reassured and confident about using technology and / or gadgets To address the improvements needed in delivering accessible information and diversion from statutory services at point of contact, we have plans to: • Implement / communicate our revised ASC Online offer from April 2023 • Maximise the opportunity this presents for greater self-help / self-assessment • Address the digital skills confidence gap in the workforce • Continue to recruit additional staff and support those now in post to have strengths-based conversations that divert people from statutory services

To address improvements in our approach to prevention, we have plans to:

- Work with system colleagues to deliver the new Health, Care and Wellbeing strategy
- Build on emerging ICB plans, to take a proactive approach to early support using population health management, drawing on our existing strong resources in primary care and integrated neighbourhood team footprint
- Engage our existing forums for co-production in shaping preventative work
- Ensure the steps taken to embed the outcomes and support sequence approach are having the impact we expect to see via audit
- Continue to support the roll out of Getting Help in neighbourhoods (MH) – as referenced in theme 2

To improve our position regarding timely assessments and reviews, we have plans to:

- Continue to recruit additional staff to complete strengths-based reviews – many are now in post
- Draw on useful analysis from our cost of care process, to target key areas where reviews may lead to reduced use of care
- Continue work with our care market, to deliver provider-led reviews in appropriate circumstances
- Roll out the new self-review process, via the ASC Online offer from April 2023

These are a high-level summary; detailed plans will support these intentions. Some plans are current and in delivery with oversight arrangements; some require development as a result of reflecting on our self-assessment and will be built into the refresh of our strategy and implementation plan.

Working with People – Our Self-Assessment

Summary – what is our ambition, what are our three strengths, what are our priorities for improvement?
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 coordinated. 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 strengths in this area are:** 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 have a good track record of joint commissioning with partners both in the NHS and our neighbouring Local Authorities. This supports effective provision for people that delivers joined up care, provides value for money, and is effective in supporting a sustainable market.

We embed coproduction throughout our commissioning cycle, working with people with lived experience in the co-production of our strategies and plans, the design and procurement of services, and the quality assurance of provision. with people who draw on support. In doing so, we are focussed on our Equalities duties and seek to address the needs of people with protected characteristics.

Our arrangements with health partners in delivering joined up services are built on a strong foundation (BCF). Whilst we do not use pooled budgets extensively, we work together to ensure people have integrated support when working on shared priorities. Our approach to the delivery of HomeFirst (Rehabilitation, Reablement and Recovery or RRR) is holistic, demonstrates impact and is nationally recognised.

Our priorities for improvement are:

The quality of care from our local provider market is not as good as we would wish. Whilst reasonably stable over the last 3 years, we are now beginning to see fragility in the Nursing Care market.

There are not yet sufficient accommodation-related solutions for people as an alternative to residential care to enable us to meet our ambitions for independent and supported living. We will also be reviewing these ambitions as we refresh our needs analysis for the 10 year strategy, reflecting on the insights from our market sustainability plan.

Whilst we have good oversight of the workforce through the data from skills for care, and our insights / intelligence from providers, there are issues of recruitment, retention and turnover that present a challenge to the sustainability of the market. We are looking at opportunities as a system to support this and will be considering a ‘one workforce’ approach.

Our relationships with providers beyond the NHS and with neighbouring Authorities, is not as strong as it could be / under-developed.

Carer strain and breakdown is a risk that we are aware of. Whilst our strategy and our commissioned service for support this area, we are aware that there is an issue for Carers in accessing high quality replacement care for short breaks.

What is our performance and how do we know?

Care provision, integration and continuity

Our approach to strategic development has, for several years, been one of co-production. We have worked to develop plans that make sense at place and at

system, with several Leicester, Leicestershire and Rutland (LLR) strategies, supported by local delivery plans.

This can be seen in our Learning Disability Big Plan Strategy (E53), the joint integrated commissioning strategy for Mental Health (E54), Living well with Dementia Strategy (E55) and the Joint Carers Strategy (E56). The foreword in our Carers strategy is written by a Carer who says

"And that's where this strategy could, and should, and will if we follow it, take us. A team. Working together."

We are working with people with neurodiversity, who are supporting our audit process for the Autism strategy. We have appointed an Autism Champion who is an expert by experience and is facilitating feedback from autistic adults on our self-assessment against the national strategy so that we can triangulate the findings to influence our strategy.

People with lived experience shared their experience of support for neurodiversity.

[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."

This valuable feedback has shaped the service specification for the attention deficit hyperactivity disorder (ADHD) support.

Where we share priorities with partners in the NHS and our neighbouring authorities, we work together, with LCC most often taking the lead in joint commissioning work. As a result, we delivered a joint framework for domiciliary care, which is robust and where we have very few difficulties securing support for people, despite exponential growth in demand over the last 4 years. We have commissioned Discharge to Assess services for our LLR system. The impact is evidenced in our Await Care list (E35).

Commissioning services with Leicestershire County provides consistency in provision and quality for residents across the sub-region, evidenced in our dementia care and advocacy arrangements. Joint commissioning has supported funding and enabled us to retain preventative support e.g. for mental health, with the ICB contributing 90% of the funds to maintain this provision. Jointly funded posts support this work.

We use evidence through needs analysis and tools such as POPPI and PANSI to forecast demand and shape / commission services. This is evidenced through our all our All-Age commissioning strategy and our 10-year independent living strategy that sets out against different needs the numbers and types of accommodation needed to support independent living over the next 10 years. Our Fair Cost of Care and Market Sustainability plan has given us greater insight into the markets for homecare and Residential and Nursing care for older people, and as a result will help us to shape our markets more broadly, for instance in expanding

supported living further to manage the potential exits from residential care that we should expect and to support mental health discharges.

Our capacity for support in our home care and residential care markets is sufficient to meet demand (FCOC / MSP), and capacity Tracker; but we are experiencing challenges in capacity of nursing care and supported living.

We have supported our external workforce and seek to ensure staff are well trained and that the workforce is sustainable and equipped to meet people's needs. This is evidenced in our formal offer (Leicester/shire Social Care Development Group / Skills for Care) (E57) and work with our LCC Employment Hub (E58) and Inspired to Care (E59). Additionally, we have active provider forums (E60). Our Quality Assurance Framework looks for evidence that these opportunities are being taken up by our providers.

"I feel that our relationships with Leicester City have strengthened over the past two years. We have been fortunate to take part in two pilots.
We have the Bariatric reablement pilot, we have received training and equipment to support these residents. Other agencies come and support with the manual handling issues to hopefully get these residents able to return to their own homes."
Aaron Court Care Home

We learn from feedback and act up on this: 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 will allow us to communicate directly with PAs and, by capturing demographics, we will better understand the sufficiency of culturally appropriate PA capacity.

However, whilst we work hard to put the right support arrangements in place, the quality of our providers is challenging. We work directly with providers who are not delivering high quality care – often supporting them proactively before regulatory action is required. We have a robust Multi-agency Improvement Planning (E61) process to support providers to rectify poor care.

"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

Performance information and risks are made explicit in our reporting (E62). This is an area where ASC Scrutiny Commission have taken a keen interest (E63[10]).

The provision of replacement care is not enabling carers to take planned breaks or manage in unplanned situations as well as we would like. Performance information (E22) and feedback from staff would point to carers feeling less satisfied that we'd want. There are challenges in securing short breaks for people with complex needs. This includes where people have culturally specific needs. Our plans to improve this are set out below.

[10] Scrutiny Webpages

Partnerships and Communities

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 RRR 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 (E39). Our offer has expanded using discharge funding, to support the LLR Unscheduled Care Coordination Hub, which is reducing ambulance demand and supporting people to stay at home (E64). We now have access to night care as an alternative to a short-term bed, and have supported work on End of Life care, including for Leicestershire county residents. Our BCF supports our work across the health and care interface (E65).

Our joint working with other agencies and community partners would benefit from further development. Although we do work at a strategic level with our Housing department (E66), we still experience challenges in securing accommodation for people to support the ambitions in our 10 year plan, particularly so for those with more complex needs. There is not yet adequate supply of suitable options, in particular for those who exhibit behaviours that are challenging for staff, where people have substance misuse and mental health issues. People may be placed in temporary accommodation and remain there too long and there is not always a coordinated approach to supporting these people between ASC and Housing teams.

We do have a robust joint working arrangement for people who have entrenched street lifestyles, with a specialist social worker (who is currently Social Worker of the Year for her work in this area) (E67[11]).

We have a shared vision for creating neighbourhood teams, established via our joint work through the ICS design collaboratives, but the involvement of services beyond health and care, in particular with the Voluntary and Community Sector (VCS, is still being developed. Our collaborative arrangements for mental health have supported capacity building within the local VCSE sector with over £1m being invested into a getting help in neighbourhoods grant programme that has supported over 1000 people across the city. This funding provision has also enabled the growth of preventative arrangements for dementia and supported the provision of crisis cafes in the city.

What are our plans to maintain/improve our performance in this area?

To drive up the quality of care and stability within our provider market we plan to

- Set out a programme of work to understand the quality concerns
- Work with ICB to address underlying issues relating to the cost of nursing care / CHC and FNC
- Roll out our new Quality in Care team (E68)
- Review our core contracts

[11] Social Worker of the Year Press Release

- Deliver quality cafes to registered providers
- Consider a shared quality framework with NHS

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

- Complete a respite review
- Continue our work in partnership with Public Health to deliver the CareFree initiative, promoting this widely in order to increase take up
- Continue to work with carers to understand what would work and identify joint solutions

To create more accommodation options we will:

- Continue to build on our 10 year Supported Accommodation strategy with partners, refreshing our needs analysis building on our insights through the FCOC and MSP exercise
- Work with external partners to secure solutions

To support the workforce we will:

- Finalise our workforce strategy and delivery plan
- Continue working at system to support the agenda and explore opportunities for one workforce
- continue our training plan, and our arrangements to support recruitment and retention that we have The Employment hub and Inspired to Care

To extend the range of partnerships we have in communities we will:

- Continue work with ICB to deliver proactive, anticipatory Integrated Neighbourhood Teams that have relationships across care, health, other statutory agencies and local VCS / people – see Fuller Steering Group programme for detail (E69

Ensuring Safety - Our Self-Assessment

Summary – what is our ambition, what are our three strengths, what are our priorities for improvement?
Our ambition is set out in two key 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 strengths in this area are:**

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 SAB and Leicestershire & Rutland SAB meeting with good challenge provided by all, including the independent chair.

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

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:

Currently there is no specific mechanism for gaining feedback from people who have lived experience of safeguarding (and their carers / independent advocate) so we have little to draw on that is the direct voice of people. The information we have from national survey results suggests that a higher number of people say 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 enhanced by more direct feedback from people.

We need to better understand the impact of our work by using lessons learnt exercises.

What is our performance and how do we know?

Safe Systems, Pathways and Transitions

Safety is a shared priority across statutory partners. Specific reference is made to safeguarding (Care Act) in the section below. 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 and Audit subgroup to explore and learn from adverse events.

We use risk registers to identify key concerns and set out mitigating actions. This highlights our risks in relation to provider failure, the adequacy of the workforce to meet demand, our risks in relation to Deprivation of Liberty Safeguards (E70) and the stability of our Approved Mental Health Professionals (AMPH) services, by way of example (E71).

Partnership working arrangements are in place to safeguard young people transitioning into adulthood (E72). Joint Solutions and Complex Transitions Case meetings are attended by ASC, Children and Young People's Social Care (C&YP SC), health & SEND partners. We focus on young people in secure settings prior to discharge, avoiding further hospital admission and breakdown of family units. We use the Independence Resource Checklist (E73) to identify strengths and where extra support would promote independence. This is a fairly recent

introduction, but we aim to use the data to forecast future demand, understand how best we can build on preventative services and to identify gaps in services.

The Transitions work above includes the offer of intensive support into universal services, to promote the young person's independence without the need for paid services. We also work alongside the young person to reduce risk, where there are complex family dynamics

Partnerships have been enhanced by our work in collaboration with SEND partners, young people and parents under the Preparing for Adulthood Strategy (E72). There is a focus on independent living, independence living skills and travel training which aims to look at the information for young people and families, gaps in support and how best these are managed.

The Parent Carer Forum (E74) creates a monthly platform for co-productive working and greater opportunity for transparency for those working through transition.

Continuity in the context of hospital discharge is captured within the other themes

Funding decisions between health and social care can be a challenge. This is more likely to be a feature in MH and LD work, where high-cost packages are required for complex individual needs. Our funding agreement (E75) following the cessation of Discharge Funding has reduced dispute at the point of acute hospital discharge.

We do work to a ‘solution first / funding agreement later approach’. There is evidence of this in practice records (E76).

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. (Our Multi-agency Improvement Planning Process is referenced above in ‘Working with People’). Where a provider serves notice, the Planned or Unplanned closure process will be implemented (E77).

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

Our Safeguarding Adults Board (SAB) has a strategic plan in place (E78[12]), which is being refreshed following a development event in February 2023 (E79). Engagement and ownership from statutory partners works well, with shared responsibility for chairing SAB subgroups (E80[13]) This enables 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 (E81) in supporting performance, reviews, engagement, training and audit.

Strong elements are the impact that audits have, in identifying improvements and delivering these via training, process or practice change. An example would be the management of strategy meetings, where police involvement has increased following an audit identifying inconsistency (E82) in identifying criminal concerns.

The learning from reviews is translated into clear action and tracked for delivery (E82). We have recently started to revisit completed review actions, via SAR Impact Reviews to check with practitioners that actions taken have made the difference that we were seeking to achieve.

Whilst the SAB was adaptive to ensure the Covid impact was managed during 2020 – 22, it did lose some of the routine reporting on performance, which is being re-established as a priority (E79).

We have a LLR information sharing agreement in place (E84[14]) for safeguarding adults & children; this has resulted in reduced barriers from partners in accessing information to support risk reduction.

We are sighted on new risks and new communities that may need support. Our "tricky friends" video (E85[15]), 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.

Our Multi-Agency Policies and Procedures (MAPP) (E86[16]) are maintained by the LLR SAB Policies and Procedures group; we have also developed several bespoke local documents/guidance including Adults at Risk of Exploitation – Cuckooing; Persons in Positions of Trust; Causing Enquiries to be made.

The interface between adult safeguarding and the LLR Vulnerable Adult Risk Management (VARM) approach (E87[17]) needs to be clearer. This has been

[12] Safeguarding Adults Board Strategic Plan
[13] SAB Board Structure
[14] LLR Information Sharing Agreement
[15] Tricky Friends Video Link
[16] MAPP Policy
[17] LLR & Vulnerable Adult Risk Management Interface

highlighted via several Safeguarding Adults Reviews and multi-agency audits and is work in progress via the procedures group.

Safeguarding performance is a core element of the ASC balanced scorecard (E62) and quarterly performance reports to the SCE Leadership Team and Lead Member (E88). 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.

Practitioner feedback and outcomes of multi-agency audits (E89) demonstrate good understanding of assessing immediate risk and immediate protection plans (E90).

Work has just started on embedding the Outcome and Support Sequence (see Assessing Need) which requires practitioners to evidence that they have used the Support Sequence to develop a plans and strategies directly with adults at risk when developing a safety plan. This is in the early stages, so impact isn't evidenced yet.

We use data to improve pathways and ensure we have resources to manage significant concerns. We worked with providers to create a pathway for reporting notifiable incidents in care homes (E91). This was launched in July 2019 with the aim of reducing low-level incidents in care homes being reported incorrectly as safeguarding concerns (as evidenced from a data deep dive in 2018/19). This has had a direct impact on reducing the overall numbers of safeguarding concerns as seen in the SAC returns. This work will be extended to supported living and domiciliary care; the latter being planned for May 2023 onwards.

Further work is needed to develop staff guidance on how to respond to large scale Organisational Safeguarding enquiries.

Safeguarding Multi Agency Audits findings provide some opportunity to understand how Making Safeguarding Personal (MSP) is being implemented and learning is used to support training and practice development as a single agency (E92).

Internal Practice Audits (previously called Case File Audits) show reoccurring themes around case recording, application of Mental Capacity Act (MCA) with limited evidence that the actions in place to address them have been fully effective or sustainable. Plans to improve this are noted below.

Changes have been made to Liquidlogic (Nov 2022) to support how practitioners 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 (E29). It's too early to demonstrate sufficient evidence of impact;

however, feedback from practitioners supporting the Liquidlogic Forms group has been positive (E93).

What are our plans to maintain/improve our performance in this area?

To build on work to ensure safe transitions we plan to:

- Provide workshops for parents of young people with SEND needs in how best to prepare and support young people who are transitioning into adulthood. These workshops are planned to begin in April 2023

To address the gaps in gaining feedback from people who have lived experience of safeguarding we will:

- Develop quality audits specifically which look at MSP and Safeguarding Practice and sample several enquiries to better understand practice themes
- Build on the opportunities elsewhere in the department to draw on the voice of people with lived experience through the Making it Real group.
- Explore using Health Watch to contact people with lived experience of safeguarding views after a s42 enquiry is completed.
- The SAB to build on the work completed on raising awareness of safeguarding through animations used in social media campaigns by developing a mechanism to test its impact.

To improve our understanding of impact and lessons learnt we will:

- Via the SAB, complete Impact Reviews for all completed SAR's
- Ensure that the use of lessons learnt exercises to inform our market management approach will be formalised (E94). Once in place this will be used to help manage and predict provider failure in the future.
- Continue to use the themes from our monthly programme of self-audit and formal practice audit within which safeguarding practice is covered
- Further develop our Practice Audit Framework to measure the impact of what we do for the individual, families and communities and link to actions with measurable impact
- Review the effectiveness of changes made to Liquid Logic in Nov 2022 on how practitioners record what outcomes the person wants to achieve from the safeguarding enquiry.

To support safeguarding in our external provider sector we will:

- Complete work started to analyse CQC reports and use this to develop a tailored support package for these providers and the wider market to help improve performance.

Leadership - Our Self-Assessment

Summary – what is our ambition, what are our three strengths, what are our priorities for improvement?

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 ASC leadership team, supported by an established corporate team and within an ASC culture that focuses on outcomes for people. Staff are highly committed to Leicester as a place.

Risks are well understood and managed, in a risk positive environment. Information about risk, performance and outcomes is used to inform strategy

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

Our priorities for improvement are:
Whilst we have effective arrangements in place, we need to improve the understanding of staff *at all levels* of the governance and management systems that exist to support their everyday work and help them to connect their roles to the strategic ambition for ASC. The voice of people who draw on support / carers is not as well developed as it needs to be, within our formal governance arrangements.

There is more to do, to ensure that we have embedded a learning culture, which draws in sources of information that shape the learning and development approach. This includes the digital skills agenda.

Our use of resources is different to other councils, including some which are ‘comparators’. This is a challenge as we seek to deliver services within an increasingly difficult financial context. We are aware of this and actively working to understand why this is and have plans to reduce the growth in spend on long term support.

Whilst the Local Authority has a strategy and aligned objectives regarding improving outcomes for unpaid carers, it is evident that this is not resulting in carers feeling well supported. This has been covered in theme 1 so is acknowledged against this theme but not repeated in this section.

What is our performance and how do we know?

Governance, management and sustainability
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 still developing but are having positive impact on the experience of people who draw on support, as well as enabling staff satisfaction (E15).

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 (E6).

ASC has 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 (E4), 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. This stability has resulted in good relationships being formed with Trade Unions and with partners both inside and outside the organisation. The BCF was used as a platform for integration across ASC and Health and this has had lasting impact in the strength of partnership with (now) ICB colleagues.

"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 (E96[18]).

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 (E97). 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)

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.

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 (E98). This is evidenced in the risk registers that

[18] ASC Scrutiny Commission Papers

are kept for each service area, where risks are escalated to a high-level corporate risk register.

Within ASC each project has its own risk register, with high level risks escalated appropriately. An example would be our approach to managing the impact of the ASC reform agenda, which has substantial risks relating to capacity, finance and ensuring legal compliance. Our Plan on a Page (E11) has been a useful way to capture the extent or work needed and communicate this to the Council's senior and political lead leadership, and other stakeholders. Internal audit has given positive assessments of the management of key risks, including the ASC reforms programme (E99).

All staff are required to attend a risk management training course (Identifying and Assessing Operational Risk)

ASC has worked with the corporate Risk Team to review business critical activities and ensure our plans are robust in the event of business continuity issues or major incidents. 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

Understanding and managing risk has led to improved outcomes. An example would be the risk escalated regarding training for ICRS staff in health competencies. This was mitigated, then resolved and as a result, people continued to benefit from joined up coordinated care outside of hospital.

Leadership, improvement and innovation
We seek to use a range of feedback to inform our priorities and plans, including from people who draw on support. Our new Annual Assurance Statement (E100) approach 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 (E101).

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

- Practice Oversight Board (E102)
- Programme (E103) and Performance Board (E104)
- ASC Reforms Board (E105)
- Strengths-based Oversight Group (E102)

We introduced dedicated time to work as a leadership team across SCE on our ‘wicked issues’ and have recently refreshed the approach to become more structured (E106).

Whilst we have structures in place to support inclusive decision making, with an appropriate governance framework, there is more to do to ensure that staff understand these and that there is a strong voice of the person focus.

‘Our Promise for ASC’ (E9) describes the link between strategy, leadership and practice to deliver outcomes (E107). 15-minute briefings were used to socialise this but staff who are not directly engaged with the various governance arrangements are less clear about what they are. We know this from feedback from staff at workshop events (E108). Plans are noted below.

Presently, ASC does not have direct representation from carers or people with lived experience on any formal decision-making boards.

We have a broad learning and development offer which is communicated regularly to staff through a monthly learning and development (L&D) newsletter (E109).

However, we recognise that the systematic gathering of information to inform our L&D offer is not fully developed.

There are multiple mechanisms to gather information – staff huddles, feedback questions in 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, but we are not wholly assured that the plan is fully reflective of all the development need we should address. We could have a more robust link between quality conversations / annual appraisals and make more use of feedback.

We have recognised that there is a skill / training gap for staff in relation to digital skills. This has been a priority discussion at Wicked Topics Forum (E110) and actions remitted to the Care Systems and Skills Governance Group.

Our use of resources is a concern that we are addressing. This was highlighted in the LGA work we requested in 2022, in our sector led improvement feedback and will be seen in our Use of Resources report (E97). The key issue is the volume of support provided to people, coupled with the rate of growth in need. Our strengths-based approach is intended to mitigate this. Spend in year has reduced but there are factors we need to address to shift this trend further. Plans are described below. We have worked with several councils who appear to manage their long-term care costs differently, to learn from what they are finding is helping.

What are our plans to maintain/improve our performance in this area?

To ensure that staff fully understand our governance and management processes, we plan to:

- Develop a governance plan on a page
- Create service / team level monthly highlight reports which help staff to understand their performance

To ensure that the voice of people is directly heard in our decision-making processes we plan to:

- Conclude work on our co-production framework and a supporting remuneration policy
- Support the chairs of the networks (of people who draw on support / carers) to co-produce an approach to inclusive decision making in ASC

To strengthen our approach to systematically using information that should inform our L&D plan we plan to:

- Formalise processes for capturing feedback in quality conversations, annual appraisals and huddles.
- Conclude the Workforce Strategy that is in development

To address our use of resources linked to long-term support and growth in need we plan to:

- Use the learning from others in relation to early / preventative opportunities
- Embed the outcomes and support sequence making staff more directly aware of the financial impact of their decisions
- Develop a therapy and reablement-led approach to reviews in specific areas (home care increases, double handed care)
- Participate in the agreed system work to review our use of CHC and FNC for people with complex needs

Section C: Our self-assessment process and sign off

Our draft self-assessment was developed in collaboration with staff across ASC.

A full day workshop in January 2023 brought together 80 staff, representative of the range of roles across the department. Thematic table discussions were used to draw out their perspectives about how ASC was performing against the lines of enquiry in the checklist, and sources of evidence were captured.

16 Theme leads worked together to complete the templates and develop the stage 2 information. Final versions were brought together to produce the overall self-assessment in draft.

The draft self-assessment was shared with the stakeholders* listed below, who were asked to review it, comment and advise us if it was reflective of the ASC organisation that they knew from their own experience.

The self-assessment has been endorsed for submission by Sir Peter Soulsby (City Mayor), Councillor Sarah Russell (Deputy Mayor, Social Care and Anti-Poverty) and Alison Greenhill, Chief Operating Officer.

Name	Relationship to LCC / organisation if applicable	Reflective comment [it is our hope that you can endorse this as a story you recognise]
Rachna Vyas, Chief Operating Officer, NHS LLR Integrated Care Board	NHS LLR Integrated Care Board	Leicester City Council and NHS partners across Leicester have a strong history of working in collaboration in order to best serve our communities. The examples provided in this document evidences the strength and depth of partnership working underway to deliver efficient and effective services for the people of the City, particularly across the areas of safety, equity, leadership and providing support.
*		Due to time constraints, further engagement will continue as part of the QA process