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:

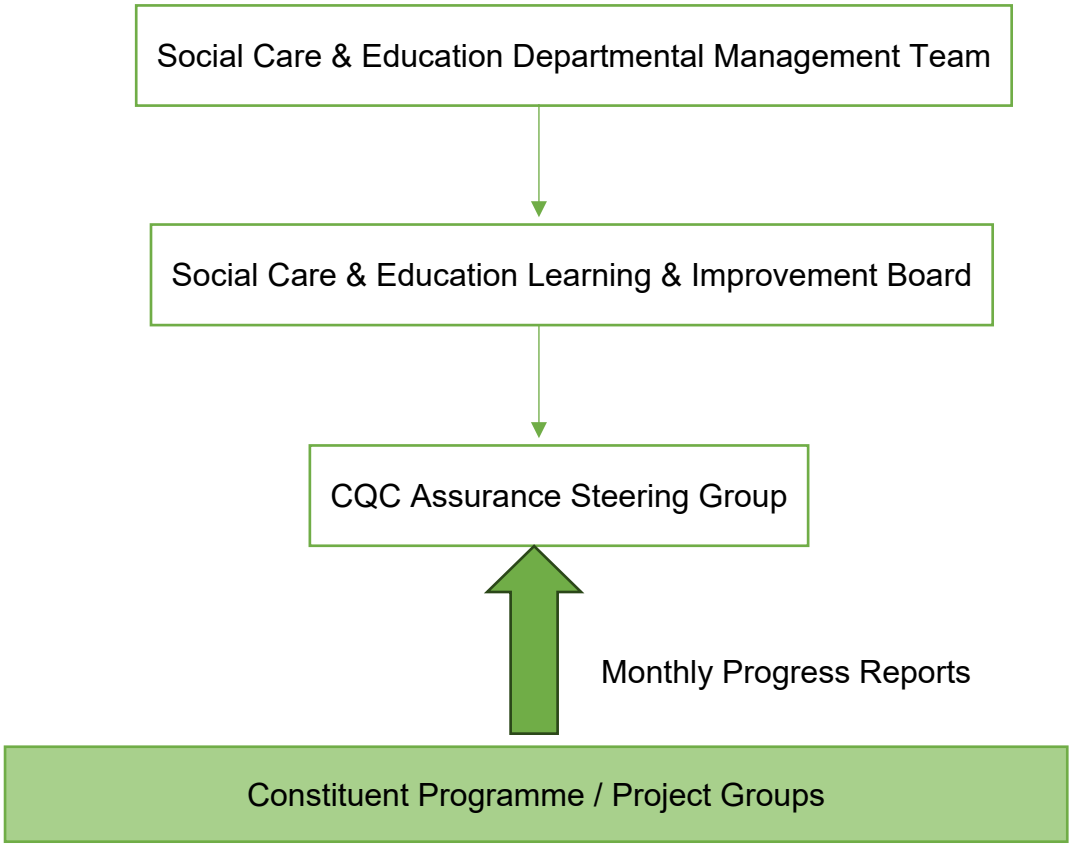
- Improving the experience of carers
- Accessible and improved information, advice, guidance, and Support provided by ASC and Advocacy
- Waiting Times and Timeliness
- Improved Data and Governance
- Safeguarding
- The care market and quality

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