Leicester City Council: local authority assessment

How we assess local authorities

Assessment published: 16 July 2025

About Leicester City Council

Demographics

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

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

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

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

Financial facts

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

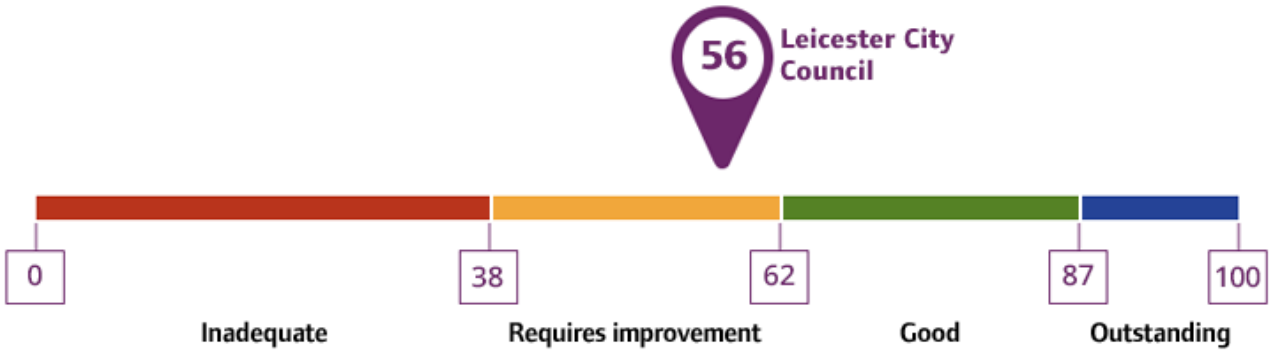
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Leicester City Council

Requires improvement



Quality statement scores

Assessing needs
Score: 2

Supporting people to lead healthier lives
Score: 2

Equity in experience and outcomes
Score: 2

Care provision, integration and continuity
Score: 2

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 2

Safeguarding
Score: 2

Governance, management and sustainability
Score: 2

Learning, improvement and innovation
Score: 3

Summary of people's experiences

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

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

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

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

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

Summary of strengths, areas for development and next steps

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

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

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

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

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

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

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

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

Theme 1: How Leicester City Council works with people

This theme includes these quality statements:

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

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

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Assessment, care planning and review arrangements

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

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

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

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

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

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

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

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

Timeliness of assessments, care planning and reviews

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Eligibility decisions for care and support

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

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

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

Financial assessment and charging policy for care and support

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

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

Provision of independent advocacy

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

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

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

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

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

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

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

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

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

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

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

Provision and impact of intermediate care and reablement services

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

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

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

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

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

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

Access to equipment and home adaptations

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

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

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

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

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

Provision of accessible information and advice

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

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

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

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

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

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

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

Direct payments

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

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

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

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

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

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

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

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

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

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

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

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

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

Inclusion and accessibility arrangements

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

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

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

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

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

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

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding local needs for care and support

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

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

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

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

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

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

Market shaping and commissioning to meet local needs

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

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

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

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

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

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

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

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

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

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

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

Ensuring sufficient capacity in local services to meet demand

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

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

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

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

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

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

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

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

Ensuring quality of local services

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

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

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

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

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

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

Ensuring local services are sustainable

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

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

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

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

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

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

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

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

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Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

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

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

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

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

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

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

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

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

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

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

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

Arrangements to support effective partnership working

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

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

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

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

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

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

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

Impact of partnership working

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

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

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

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

Working with voluntary and charity sector groups

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

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

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

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

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

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

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

Safe pathways, systems and transitions

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Safety management

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

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

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

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

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

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

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

Safety during transitions

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

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

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

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

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

Contingency planning

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

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

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Safeguarding systems, processes and practices

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

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

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

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

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

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

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

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

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

Responding to local safeguarding risks and issues

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

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

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

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

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

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

Responding to concerns and undertaking Section 42 enquiries

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

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

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

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

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

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

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

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

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

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

Making safeguarding personal

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

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

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

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

Theme 4: Leadership

This theme includes these quality statements:

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

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

Governance, management and sustainability

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

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

Key findings for this quality statement

Governance, accountability and risk management

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

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

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

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

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

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

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

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

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

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

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

Strategic planning

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

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

Information security

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

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

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

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

Key findings for this quality statement

Continuous learning, improvement and professional development

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

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

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

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

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

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

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

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

Learning from feedback

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

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

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

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

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

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

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