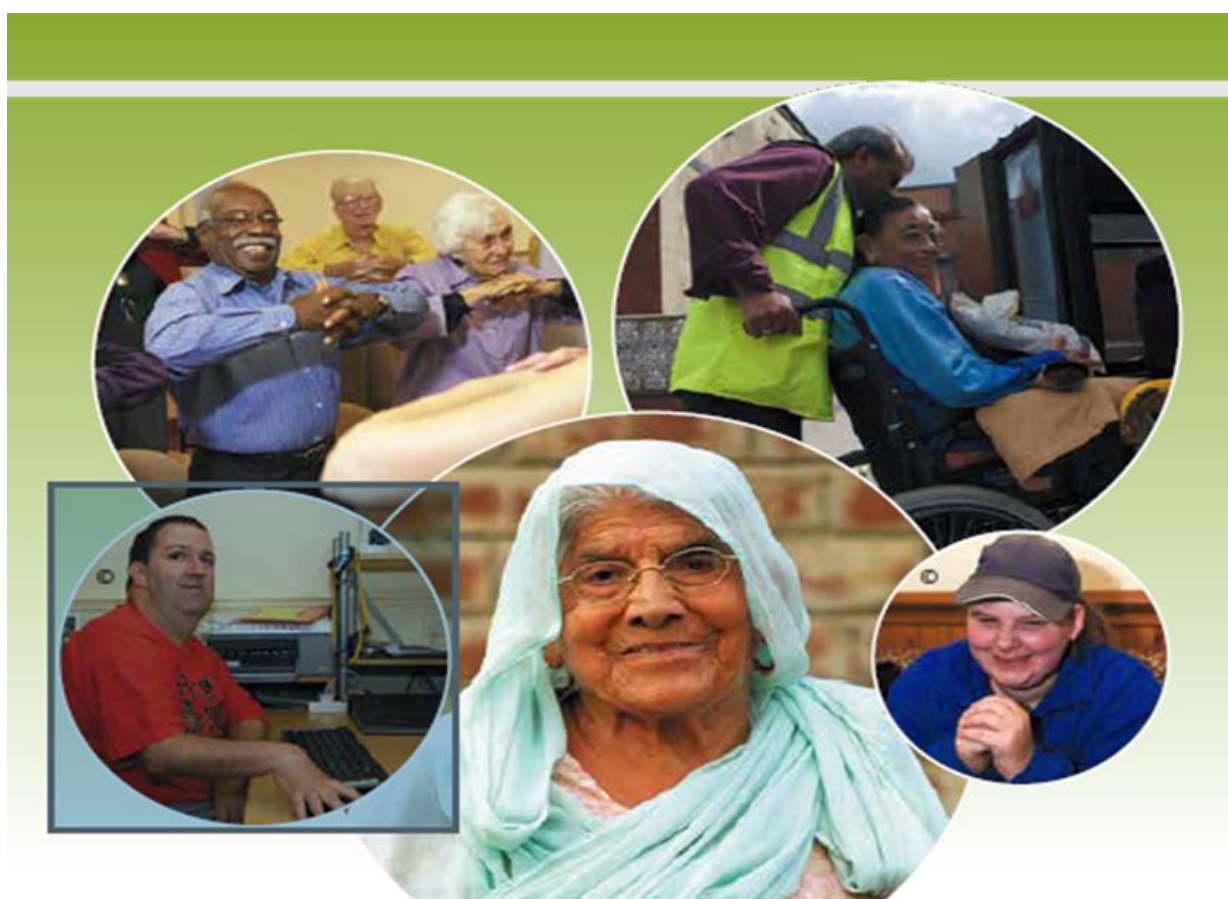


LEICESTER CITY COUNCIL

ADULT SOCIAL CARE

OUR SELF ASSESSMENT

September 2024



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Section A: Overview and Summary

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

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

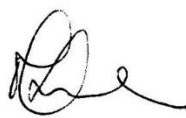
The reflections in the self-assessment have been co-produced with people who draw on support and staff. This version (September 2024) was refreshed following a workshop bringing together over 80 co-producers.

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

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



Laurence Jones
Strategic Director
Social Care and Education

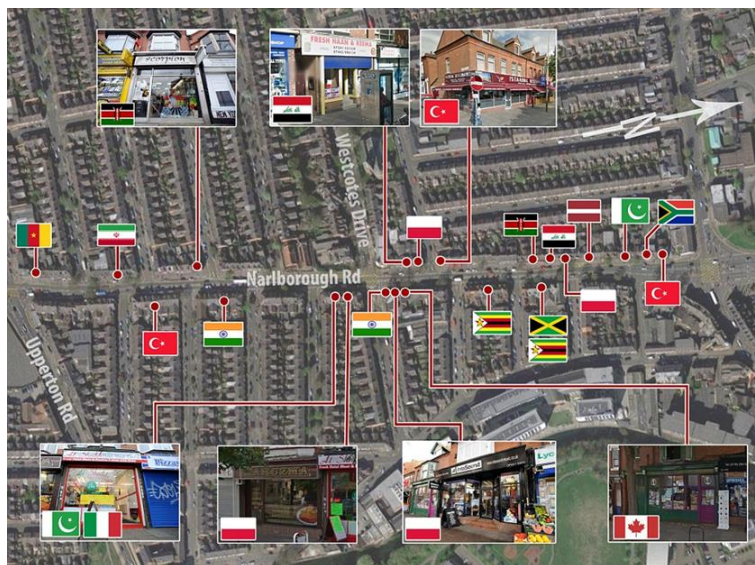


Ruth Lake
Director
ASC and Safeguarding



Kate Galoppi
Director
ASC and Commissioning

“We are Leicester Together”



People and Place

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

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

Political and Financial Context for ASC

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

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

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

Our staff in ASC

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

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

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

Systems and Partnerships

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

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

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

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

Our Vision and Strategy for ASC

Our Social Care and Education department has a shared vision:

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

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

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

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

“Leicester City are taking a systemic approach to support values led and strength based change. We have been delighted to see their efforts to drive serious strategic change in culture and practice. What we have observed and seen reported has been authenticated by local people we know who draw on support.”

Martin Routledge, Social Care Future

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

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

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

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

Working effectively in partnership

Co-production partnerships

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

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

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

System partnerships

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

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

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

Our key strengths

We would point to 4 key strengths.

A Strengths-based Practice Culture

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

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

<https://www.caretalk.co.uk/opinion/making-everyday-co-production-real/>

One of our workers has reflected:

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

Delivering *HomeFirst* and Supporting Independence

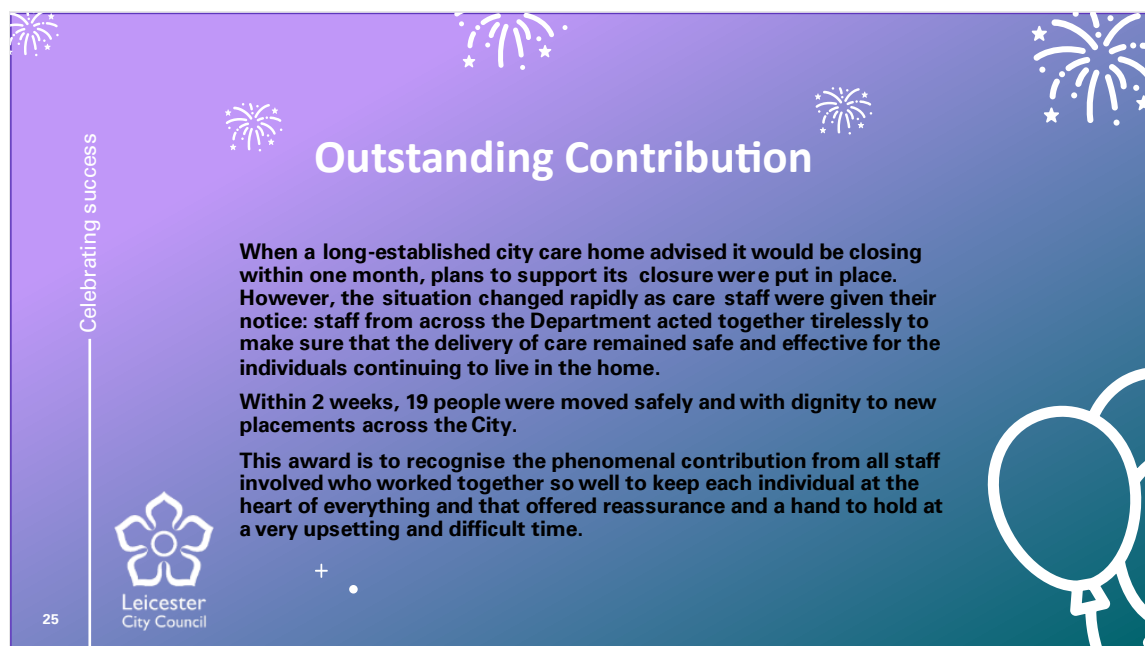
We have integrated services across social care and health that help us to avoid admission to care / hospital and ensure people can return home quickly, which we call our *HomeFirst* offer. We also have services that support people with mental health and learning disability needs. Together, these services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

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

Feedback from a commendation

Working together to promote safety

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



ASC Celebrating Success Award 2022

Effective leadership and management that fosters “More Good Days”

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

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

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

Staff survey feedback

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

Feedback from Peer Review

Our key risks and challenges

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

Capacity and demand

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

Use of Resources

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

Quality and resilience

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

Carers

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

Our track record of improvement

We are an organisation committed to continuous improvement.

Redesigning our approach to social work

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

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

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

“I’ve got more flexibility with my direct payments than I’ve ever had”

A person drawing on a direct payment for support

“I love the new review - its brilliant, it made me really happy”

A person’s reflection on their review

Integrated HomeFirst

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

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

Family member commendation

Transforming Care

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

Improving experience for people who draw on support

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

Section B: Self- Assessment against the CQC Themes

Working with People - Our Self-Assessment

Summary

Our ambition

We aim to listen to people to understand what matters to them, make connections, focus on wellbeing, build strengths and enable people to achieve the outcomes that are important for them. This strengths-based approach underpins our everyday work; we want people to tell us that they are supported as unique individuals, with well-coordinated care that makes a difference.

Our 3 key strengths in this area are:

Our framework for assessment, care planning and review is person centred.

We co-produce support plans. Our assessment teams are appropriately trained, with the experience and knowledge necessary to carry out strengths-based assessments; people with lived experience co-deliver our core training.

We work closely with other professionals to ensure support is coordinated.

We have a timely, robust response to meeting immediate needs and an integrated approach to delivering services which promote independence. Our Integrated Crisis Response Service and approach to Home First within our hospital discharge work are good examples of this. We have Care Navigator roles, linked to Primary Care, that offer a holistic, coordinated service for emerging social, health and housing needs.

We are clear and transparent.

We are thoughtful about the language we use. Documents that are created for people who draw on support have been coproduced, set out in a way that is accessible, using everyday language. Our support planning approach uses the Outcomes and Support Sequence, so that people can see clearly what options have been considered to help them achieve their stated outcomes.

Our priorities for improvement are:

We are working to minimise waiting times and ensure people wait well.

We have a system in place to prioritise activity based on risk and need, and we are also working with IMPACT to implement 'Waiting Well' packs.

We are working to further improve the experience of unpaid carers.

We are focusing on ensuring carers, and staff supporting carers, have greater access to information, training and the support that might be available via a carer's assessment.

We wish to increase opportunities for early support.

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

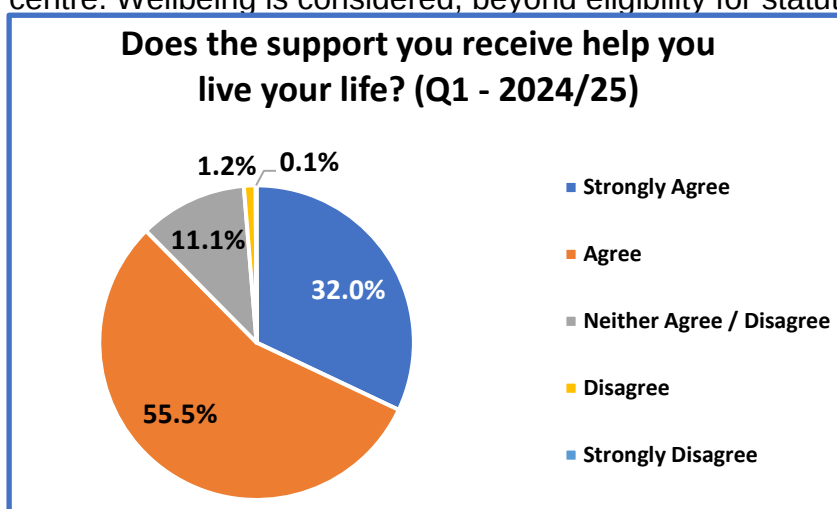
We have plans to further improve the experience of unpaid carers.

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

What is our performance and how do we know?

Assessing Need

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



This approach extends to commissioning, performance, finance and ICT to ensure processes support our practice ethos. Our approach to this has led the way for colleagues regionally and we have developed a national toolkit for enabling services, with SCIE (E21¹)

We have embraced Making it Real across the department (E22²)

Our most recent peer review (November 2023) noted:

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

Stuart Lackenby, DASS

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

¹ [SCIE Toolkit](#)

² [Making it Real Commitment](#)

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

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

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

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

Martin Walker, TLAP

Our use of direct payments is a strength (E24) and we have worked hard, via co-production, to ensure that people using direct payments have a positive experience of choice and control (E25³).

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

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

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

³ [Direct Payments Blog](#)

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

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

Supporting People to Have Healthier Lives

Our focus is on improving people's health and wellbeing to prevent, delay and reduce need.

There is a good range of services in place offering people support to be as independent as possible. Our Home First services are enhanced by an assistive technology and integrated working with the NHS, for example on falls (E26). Both reablement and crisis services are rated Good by CQC, with some outstanding elements (E27⁴)

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

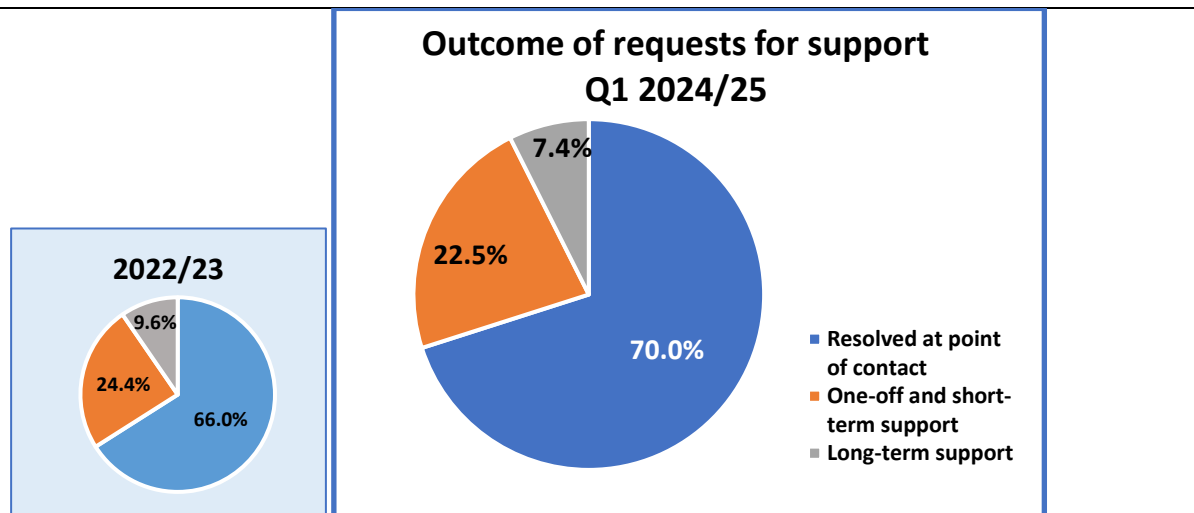
Care Navigators have been embedded within primary care for over 10 years (E28). Their impact has been positive across a wide range of areas, as demonstrated by the holistic outcomes they achieve and the value placed on them by our wider colleagues in primary care (E29).

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



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

⁴ [Leicester City Council - Services - Care Quality Commission \(cqc.org.uk\)](https://www.leicester.gov.uk/cqc/)



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

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

Equity in Experience and Outcomes

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

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

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

We have worked with IMPACT, the UK Centre for Evidence Implementation in Adult Social Care (E31⁵), hosting a facilitator who is working to understand the

⁵ [ImPACT Brief](#)

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

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

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

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

Priorities to Maintain and Improve

Maintaining what is Strong

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

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

Improvements

To minimise waiting times we are:

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

To improve our carers' experience we are:

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

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

To improve our early support offer we are:

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

Providing Support – Our Self-Assessment

Summary

Ambition

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

Our 3 key strengths in this area are:

We understand the needs of our communities.

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

We embed co-production throughout our commissioning cycle.

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

We commission services in ways that promote market resilience, quality and the delivery of coordinated services.

We have a good track record of joint commissioning with partners both in the NHS and our neighbouring Local Authorities. Our arrangements with health partners are built on a strong foundation through the BCF.

Our priorities for improvement are:

We are working to improve the quality of care across the whole market.

Care provision has been reasonably stable over the last 3 years, but we are now beginning to see fragility in the Nursing Care market.

We wish to increase availability of accommodation options.

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

We wish to increase short breaks provision.

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

What is our performance and how do we know?

Care provision, integration and continuity

Coproduction is the cornerstone of our commissioning approach.

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

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

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

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

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

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

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

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

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

“MAIPP has been an incredible support and resource to The Magnolia team and people who live there. The approach is fantastic, with a supportive emphasis and “can do” attitude.”

Katie, Operations Manager, Magnolia Care

Partnerships and Communities

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

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

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

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

Priorities to Maintain and Improve

Maintaining what is Strong

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

Improvements

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

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

To create more accommodation options we are:

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

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

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

Ensuring Safety - Our Self-Assessment

Summary

Our Ambition

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

This is supported by our adoption of 2 'we' statements:

"We know how to have conversations with people that explore what matters most to them – how they can achieve their goals, where and how they live, and how they can manage their health, keep safe and be part of the local community."

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

Our 3 key strengths in this area are:

Working with our strategic partners.

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

A shared framework for decision making.

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

Responding to Provider Concerns.

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

Our priorities for improvement are:

We would like to gather more feedback from people who experience safeguarding.

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

Closing the loop on learning and actions.

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

Data and Proportionality.

Our data on the timeliness of safeguarding action is currently difficult to rely on, due to entry issues. This is being resolved but at the point of this self-assessment, some long waits to allocation are reported, which are not reflective of our practice to ensure people are made safe in a timely way.

The data does reliably show that the number of Safeguarding Adult concerns which become a safeguarding enquiry has dropped over time. Further work is needed to determine whether the recording of alerts is proportionate, given the low conversion rate from alert to enquiry.

What is our performance and how do we know?**Safe Systems, Pathways and Transitions**

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

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

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

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

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

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

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

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

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

Safeguarding

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

Our Safeguarding Adults Board (SAB) has a strategic plan in place (E50⁶). Engagement and ownership from statutory partners works well, with shared responsibility for chairing SAB subgroups (E51⁷) This enables all safeguarding partners to be held to account for progressing work and actions.

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

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

[6 Safeguarding Adults Board Strategic Plan](#)

[7 SAB Board Structure](#)

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

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

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

We are sighted on new risks and new communities that may need support. Our “tricky friends” video (E25⁸), translated to Ukrainian to support Homes for Ukraine scheme, was shared externally as a good practice example. Social media is used to share awareness raising information in local languages. In Leicester we have produced leaflets in different languages and in easy read.

Our Multi-Agency Policies and Procedures (MAPP) (E54⁹) are maintained by the LLR SAB Policies and Procedures group; we have also developed several bespoke local documents/guidance.

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

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

An audit on the application of the Safeguarding Adult Threshold guidance was completed in April 23. Repeated low level incidents are being acknowledged and, when they indicate a concern, they are being escalated for action.

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

⁸ [Tricky Friends Video Link](#)

⁹ [MAPP Policy](#)

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

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

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

Priorities to Maintain and Improve

Maintaining what is Strong

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

Improvements

To gather more feedback from people we are:

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

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

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

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

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

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

Leadership - Our Self-Assessment

Summary

Ambition

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

Our strengths in this area are:

A stable and experienced ASC leadership team.

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

Risks are well understood and managed.

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

We co-produce with people to make improvements.

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

Our priorities for improvement are:

Increasing understanding of governance and shared decision making.

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

Our use of resources.

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

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

Growing the Learning and Development offer.

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

What is our performance and how do we know?

Governance, management and sustainability

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

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

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

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

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

Peer Review Feedback Letter, November 2022

The corporate leadership team is a stable, experienced team. The ASC Scrutiny Commission has been actively engaged in providing challenge to key issues (E59¹⁰).

¹⁰ [ASC Scrutiny Commission Papers](#)

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

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

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

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

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

ASC has supported external providers to develop their own plans.

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

Vishram Ghar Residential Home

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

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

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

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

Rachel, Yvonne and Steph - forms group members

Leadership, improvement and innovation

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

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

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

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

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

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

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

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

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

Joey – Making it Real group member, February 2024

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

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

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

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

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

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

Priorities to Maintain and Improve

Maintaining what is Strong

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

Improvements

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

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

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

To address our use of resources we are:

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

To grow our learning and development offer we are:

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

Section C: Our self-assessment process and sign off

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

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

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

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

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