

Leicester's Adult Social Care Annual Report

Adult Social Care Local Account 2015-2016



If you need help reading this publication or require it in a different format please contact 0116 454 1000 or email customer.services@leicester.gov.uk

Introduction

Welcome to our sixth Adult Social Care Local Account. This report covers the period 1st April 2015 to 31st March 2016 and looks at how our services performed during that time and also sets out some of our future plans.

Vision

During 2014/15 work was undertaken to update our vision for Adult Social Care (ASC), making sure it is relevant, and reflects current challenges and opportunities. It has been agreed that from 2015/16 the purpose of ASC in Leicester will be *“to protect and empower the most vulnerable people in Leicester”*.

Due to increasing demand and reducing budgets, it will be necessary to define how ASC will respond to the challenges. Therefore, the following principles have been adopted:

- Resources will be prioritised to the most vulnerable and to agreed priorities.
- Packages will be designed with service user centre stage, based on an asset not deficit model.
- Our focus will be to help people to help themselves.
- We will begin assessments by building on the strengths of families, communities and services.
- Where outcomes can be improved we will co-locate, integrate or partner with others and jointly commission services with Health where it delivers efficiencies and adds value.
- Meeting need in a different way:
 - Extra Care & Supported Housing
 - Shared Lives
 - Promoting Independence
 - Greater use of community assets
 - Enablement
 - Few people in receipt of services; more people supported by community assets.

We will achieve this by co-ordinating services into three levels:

Prevention – This relates to universal assets, including information, advice and guidance, and support provided by family and friends and the local community. These will not be funded by ASC. We anticipate that many people contacting ASC will be able to be assisted by directing them to universal preventative and community services.

Intervention – These are low level support that stop, reduce or delay the need for ASC support. Some of these interventions will be funded by ASC, such as reablement, whereas others will be funded by Public Health and provided by voluntary and community sector (VCS). We will offer this opportunity to the majority of people who appear to have care and support needs, with the aim that a majority of people will have their eligible needs fully addressed through such interventions.

Specialist – Support will be available to people assessed as being eligible for ASC assistance and given a personal budget to purchase support, including domiciliary care, residential care and supported living services. It is envisaged that a small proportion of people seeking ASC assistance will require statutory, ASC funded support on a long term basis.

During the year further work was undertaken to agree our future priorities and develop an operational plan to deliver them, along with our core business. These priorities are set out at the end of this report.

Adult Social Care and Health Needs in Leicester

One of the main ways that we find out what services people in Leicester need now, or are likely to need in the future, is by carrying out a Joint Strategic Needs Assessment (JSNA). The latest data shows that the number of older people in the city is growing, and is going to continue to grow.

- **Over 60s** - It is predicted that the number of people who are aged over 60 in Leicester will go up from the current level of 47,700 to 59,300 by 2025. This is an increase of nearly a quarter.
- **Over 85s** - The number of people aged 85 or over in Leicester will increase from 5,100 to 9,000 by 2033. This is an increase of 79%.

- **Over 90s** - The number of people aged 90+ is estimated to increase from 1,700 to 3,900 by 2033. This is an increase of 129.5%.

Further predictions are detailed below:

	2015	2020	2025
Total population aged 18-64	217,600	219,100	219,900
Total population aged 18-64 predicted to have a learning disability	5,375	5,410	5,434
Total population aged 18-64 predicted to have a moderate physical disability	15,347	15,642	15,731
Total population aged 18-64 predicted to have a serious physical disability	4,285	4,414	4,455
People aged 18-64 predicted to have a common mental disorder	35,026	35,207	35,292
Total population aged 18-64 predicted to have alcohol or drug dependence	13,061	13,197	13,287
Alcohol:	7,401	7,470	7,511
Drugs:			
<i>Source: PANSI</i>			
Total population 65 and over	40,200	44,700	50,700
Total population aged 65 and over predicted to have a learning disability	830	930	1,058
Total population aged 65 and over with a limiting long term illness whose daily activities are limited a lot	12,012	13,203	15,100
Total population aged 65 and over predicted to have dementia	2,908	3,191	3,655
Total population aged 65 and over unable to manage at least one mobility activity on their own	7,484	8,232	9,358
Total population aged 65 and over unable to manage at least one domestic task on their own	16,499	18,126	20,650
Total population aged 65 and over unable to manage at least one self-care activity on their own	13,563	14,911	16,957
Total population aged 65 and over living in a care home with or without nursing	1,565	1,704	1,975
Total population aged 65 and over predicted to have depression	3,455	3,831	4,336
<i>Source: POPPI</i>			

In Leicester we also have a very diverse population. This means we have to make sure that our services are suitable for people from a wide range of different cultural and social backgrounds.

Finally, carers do a critical job in helping people who are elderly and vulnerable to live independently for as long as they can. But we also know that many carers are aged over 65 themselves, and so carers sometimes have need for support too.

The Care Act

The Care Act, introduced in April 2015, replaces most current law regarding carers and people being cared for. It outlines the way in which local authorities should carry out carer's assessments and needs assessments; how local authorities should determine who is eligible for support; the new obligations on local authorities; and how local authorities should charge for both residential care and community care.

The Care Act is mainly for adults in need of care and support, and their adult carers. There are some provisions for the transition of children in need of care and support, parent carers of children in need of care and support, and young carers. However the main provisions for these groups (before transition) are in the Children and Families Act 2014.

The Better Care Fund

The Better Care Fund (BCF) was announced by the Government in June 2013, to support health and social care services to work more closely together. Leicester City will have access to £23.261m of this fund which has been formed from existing commissioning budgets.

The Leicester City BCF is a collaboration between Leicester City Clinical Commissioning Group and Leicester City Council, supported by local health and social care partners including Leicestershire Partnership NHS Trust, East Midlands Ambulance Services, University Hospitals of Leicester NHS Trust, SSAFA Care and Leicester City GP practices.

The BCF formally commenced in April 2015 and the fund is being used for the patients that are likely to benefit from it most: patients who are aged 60 years of age and above; younger adults with three or more health conditions; and anyone with dementia. Our combined efforts mean that Leicester citizens will benefit from a more positive experience and a better quality of care.

Services

We provide a wide range of adult social care services for people in Leicester. Some of the services are provided by our own council staff, but a lot of them are 'commissioned' or bought from other organisations.

When we commission services, we write a clear specification saying what services we want to be provided, how we want them to be provided and what standards we expect from the services. Then we invite organisations to bid to provide the services, and we choose the ones that can provide the best services for the best value. Then when an organisation is providing a service, we make sure they are providing them properly, by monitoring them. This monitoring includes asking people who are receiving the services whether they are happy with the service they are getting. Some adult social care services are also monitored and inspected by a national organisation called the Care Quality Commission.

This section tells you about each of the main services we are responsible for, some of which we provide directly, and some of which we commission.

Single Point of Contact - The Single Point of Contact receives referrals for all new contacts to Adult Social Care from hospitals as well as the community. We provide Information Advice and Guidance and work with people to explore their circumstances to enable them to maximise their independence and safety. Where appropriate, we work in a person centred way to provide short term solutions to their needs and pass on cases to locality social work teams for further assessment. We recorded 12,105 contacts in 2015/16.

Assessments - We carry out assessments to find out whether people have needs that the council should support. These are called 'eligible needs'. We work to the national eligibility criteria, which was introduced with the Care Act 2014. Assessments focus on what people can do or could do, with some support. Our assessment process includes time for people to receive services that help to increase their independence, before we conclude whether people have eligible needs that require council services to be provided.

If people do have eligible needs, we provide them with a personal budget, and we put together a support plan with them. If their needs are not eligible for council support, we can also give them information about how they can find other services.

This year we completed 4,910 assessments of new clients. We also review people's needs on a planned basis, to look at how well the services being provided are meeting the individuals' outcomes. This year we completed 3,114 reviews of existing clients.

Preventative Services –

We work with the voluntary sector to provide services across all client groups including carers, people with mental health problems, those with dementia, HIV/AIDS, older people and those with disabilities to provide low level preventative services that help people maintain their independence in the community.

- **Minor adaptations** – 3,822 minor adaptation recommendations were processed during 2015 – 16. These recommendations included mixture of single and multi- items such as stair rails, grab rails, half steps, levelled door thresholds and lighting improvements.
- **LeicesterCare alarms and assistive technology (AT)** - Assistive Technology allows an individual to perform a task that they would otherwise be unable to do. AT includes a wide range of devices from simple 'standalone' items such as picture memory phones to more high tech 'telecare' items such as fall sensors and epilepsy sensors.

2,339 AT referrals were completed and 3,349 AT devices provided during 2015-16. This supported 1,915 service users, of which 1,509 were new to the AT service.

The Telecare service we provide is known as LeicesterCare. LeicesterCare facilitates timely hospital discharges and avoids admissions into both hospital and residential care, and enables people to live their lives as independently as possible. LeicesterCare provides a 24 hour emergency alarm monitoring service to approximately 4,700 service users. Alarm calls can be raised directly by the Service Users or by automatic sensors detecting events such as falls. LeicesterCare will liaise with the Integrated Crisis Response Service to provide a prompt response to alarm activations, reducing the impact on ambulance services and other acute services. During the year the LeicesterCare service handled over 156,300 calls.

- **Reablement** - The Reablement Service provides support for people within their own homes. It is based on short-term assistance from care Reablement Assistants and health professionals working together to improve service users' independence. Reablement supports an individual to regain skills and confidence, and where appropriate makes use of aids, equipment and assistive technology. We helped 1,769 people who were new to our service during the year.
- **Integrated Crisis Response Service (ICRS)** – This service brings together Adult Social Care and Health staff to support people who are experiencing a crisis in their own home, preventing admission to hospital or a care home. The service is available 24 hours a day, 7 days a week and responds within 2 hours. The service is short-term and is available for a maximum of 72 hours. ICRS have handled over 5,000 referrals during the year.

Independent Living Support (formerly known as Housing Related Support) - These services provide non-statutory support to help people who live in supported accommodation, sheltered housing (run by housing associations) and people living in the community. The support helps people to maintain or develop skills that empowers them in their everyday lives and enables them to continue to live independently. During 2015-16 we reviewed the approach to better collect the data as a consequence there is a considerable increase in the number of hours provided in the region of 51,833 hours of support via these services (up from just over 16,000 in 2014/15).

Domiciliary Support (formerly known as home care) – We commission (buy) personal care services for people to enable them to maintain or regain their independence and remain living in their own home for as long as possible. 'Personal care' covers things like washing, dressing, preparing meals or helping to manage money. As at 31st March 2016, there were 1,731 people receiving domiciliary care commissioned by the council, representing 18,000 hours a week. Over the year 2015-16 as a whole, 2,586 people used this service, representing an average of 18,364 hours a week of care across the year as a whole.

Carers – We provide a variety of services and support for people who provide unpaid support to family or friends who could not manage without this help. We provided support to 2,257 carers and undertook 2,150 carer's assessments. The outcomes of the assessments were that 62 (2.7%) carers received support via a one off Carers Personal Budget. 2,088 (92.5%) received information and advice. 351 carers received training through both internal and external training programmes. In addition to the training they provide, the voluntary sector supported a total of 436 carers through a variety of provision on behalf of the Council.

Shared Lives – This is a scheme whereby an adult who needs support and/or accommodation moves in with or regularly visits an approved Shared Lives carer, after they have been matched for compatibility. Together, they share family and community life, promoting independence and improving the person's health and wellbeing. The

outcomes can be very positive with people reporting being settled, valued with a sense of belonging often for the first time in their lives. Shared Lives can also be a valuable stepping stone for a person to get their own place. The number of people accessing Shared Lives services is 44 service users, in addition there are 3 County users accessing our services.

There are 29 long term placements (including 1 County user) of those long term placements 13 people access Day Services and 6 of that 13 access occasional respite. We also have 2 people who access respite. There are an additional 16 people accessing day services (including 2 County users).

Sheltered Housing - We provide an Adults and Social Care & Housing related support service to tenants in Sheltered Accommodation to help maintain independence and reduce reliance on other formal services. There are approximately 410 tenants in 14 sheltered housing schemes across the city. In 2015/16 a total of 10,181 contacts were made with tenants, of which 2,103 resulted in a referral to other services. The total number leading to an intervention/outcome was 1,430.

Extra Care Housing and Supported Living - These are buildings that have self-contained apartments with either staff on-site, or in one case, on-site care. They are designed to be accessible to meet people's needs, including those people using mobility aids and wheelchairs. There can be a range of communal facilities that encourage the tenants to interact with each other as a community. An additional 176 people with a range of needs including mental health needs or a learning disability were supported this year.

Residential and Nursing Care - The council places people who are unable to live independently into residential and nursing care homes. This includes older people who are very frail and have significant needs, and also people of working age with significant learning disabilities, mental health problems or physical disabilities. All care homes are inspected by the Care Quality Commission and are also assessed by the council using a Quality Assessment Framework. During 2015/16 we supported 235 people in nursing care and 1,365 in residential care.

Dementia Services - We directly provide a Dementia Care advisor service which offers advice, guidance and care management to everyone diagnosed with Dementia (and their carers) within the last 12 months. The service goes to around 800 people. We commission (buy) a dementia support service from the Alzheimer's Society which offers advice and guidance to people with dementia and their carers along with advocacy, dementia cafes and training for carers of people with dementia. This service goes to around 300 people.

Community Opportunities (previously known as Day Services) – Adult Social Care funds a range of activities, largely in the voluntary and community sector, that enable disabled and older people to learn new skills, play an active role in the community and to maintain their independence and wellbeing, whilst enabling family carers to do have a break from their caring role. In 2015/16, there was a 30% decrease in the number of people accessing these services where the council had arranged the support. A contributing factor is that more of our customers are choosing to arrange their own care and support through the use of direct payments.

Substance Misuse - We contract a number of providers to provide adult and young person's substance misuse services these include information, advice and guidance, specialist harm reduction interventions such as needle exchange services and psychosocial/pharmacological treatment interventions. In addition there is a wet centre providing day care facilities for treatment resistant drinkers and a housing –related support service providing supported accommodation and floating support for those individuals in contact with substance misuse services where the risk of homelessness is a barrier to recovery.

Key outputs include: almost 1,500 adults receiving treatment for drug misuse; over 500 adults receiving treatment for alcohol misuse; nearly 200 adults receiving treatment for a combination of alcohol and (non-opiate) drug misuse; and over 100 young people (under 18) received treatment for drug and/or alcohol misuse.

Transition - The Transitions Team works with young people who are leaving school and who have been identified as having a disability and are eligible for an assessment under the Care Act. The team works with young people, their families and carers, schools, health colleagues and Connexions to assess the young person's needs and provide support if required to enable them to live as independent a life as possible. About 70 young people were supported in 2015 -16. The team is responsible for undertaking assessments, carers' assessments and for undertaking Safeguarding investigations.

Safeguarding - We have a duty to Safeguard Adults who are in need of care and support, are less able to protect themselves as a result of the need for care and support and may be at risk of or experiencing abuse or neglect. This is a duty under the Care Act 2014. We will work with the person at risk, their carers/family and other agencies to work together to reduce the risks to the adult and others and to improve their wellbeing. We will ensure the Adult's wishes are always at the forefront of the work we do. This year we received 1,873 safeguarding concerns into the department and completed 763 Safeguarding Enquiries/Investigations.

Achievements

In our Adult Social Care Annual Report 2014/15 we said we would do a number of things to meet our priorities going in to 2015/16 and beyond. This section tells you what we have actually done.

Implement the Care Act and prepare for further changes due to funding reforms - We successfully implemented the Care Act and recent feedback from peer reviews indicates that the Council is meeting its statutory duties and staff have a good understanding of the new legislation including the principle of wellbeing.

Manage within the resources available to us, by focussing on prevention, supporting people to access community and universal services and reducing demand for statutory services - We have reviewed our information and advice services this year to ensure the offer is relevant. We have also introduced a new customer portal to allow people to assess their own needs and find support that might help them to meet their needs.

Reconfigure our staffing structures, to support an improved user experience and support staff to be productive and to deliver high quality social work services - We completed a review of our structure this year and have now implemented a new care pathway. This commenced in March / April 2016 so we are reviewing its early outcomes.

Improve performance management and financial management, ensuring managers have the necessary tools to be held to, and hold their staff to account - We continue to work on a performance framework and have developed tools for managers to use to understand their activity and its financial impact. There is further work to do in this area now that our organisational review has concluded

Integrate services for those young people in transition to adulthood / adult services - We continue to seek an integrated transitions service and will work with children's services to develop an agreed approach.

Review commissioned services, ensuring that the range, quality and focus of services are able to match eligible need and our preventative responsibilities - Reviews are ongoing to ensure that commissioned services reflect eligible needs and our preventive responsibilities.

Support integration by aligning and co-locating some services with health partners - Our crisis response service is now co-located with health partners at the Neville Centre and this is enhancing joint working. To ensure a coordinated response for people needing urgent support, locality social work teams now share the same client base as community health services, linked to GP practices. We are now working to integrate our points of contact with health services in the city.

Reduce a reliance on residential care, so that older people can remain in a home of their own and to ensure younger adults have the opportunity for ordinary lives - We reduced the number of older people entering residential care during this year, by focussing on promoting independence and community packages of support.

Review packages of care and ensure support plans are focussed on reducing dependency - This has not been achieved in this year due to capacity and demand for unplanned / urgent work, as well as the reorganisation of our teams to allow them to focus on planned activity. This is a priority for 2016.

Implement an enablement model of support to promote the independence of people with a range of needs, particularly mental health / learning disability - An Enablement service has been created and commenced on 1st April 2016.

Train and develop our staff so that they are enabled to meet our priorities and deliver the practice / demonstrate the values that underpin our purpose - Training in this year has focussed on key issues such as Mental Capacity and in preparation for the changes to our care pathway, such as supporting staff to take on a new role in Enablement.

Complaints

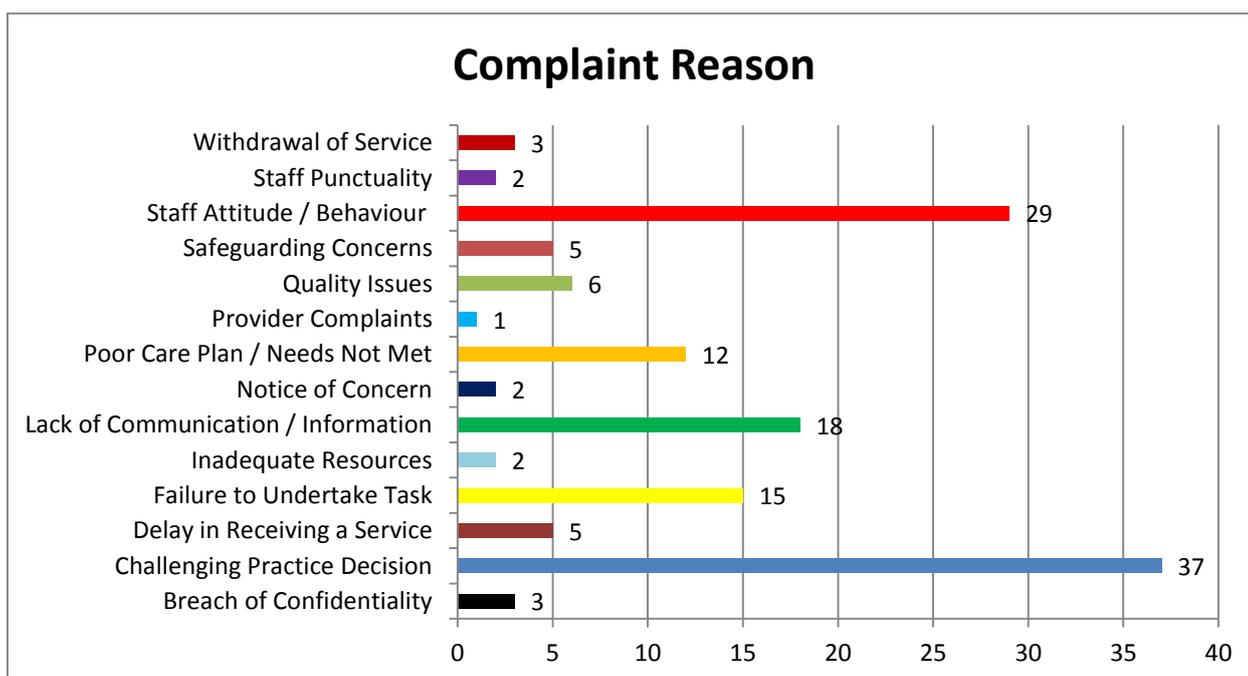
We know it is really important for people using our services to be able to pass on their experiences – good or bad.

Many of the complaints that we receive are informal and are settled within the relevant services. However, we do run a formal complaints procedure as well. Complaints give us very valuable feedback about the adult social care services that we provide and through this we get a picture of which areas are performing well, and where we need to give more attention.

The number of formal statutory complaints recorded in 2015/16 was 81: an increase of 4% compared to 78 received in the previous year. 79 of these complaints progressed to a conclusion and from these 13 were upheld, 14 were partially upheld, 1 was withdrawn and 1 progressed further as a safeguarding investigation. A total of 52 complaints were not upheld.

During 2015/16, 10 decisions by the Local Government Ombudsman were recorded in relation to complaints about Adult Social Care services. Two enquiries were referred back to us so we could respond to them in the first instance. Out of the 10 complaints, 2 complaints were upheld with maladministration and injustice. A further six long-standing complaints opened in the previous year by the Ombudsman were also formally concluded in 2015/16 and these were all upheld.

For each complaint that we receive, we record the reason/s for it. The table below shows which aspects of our adult social care services have been highlighted by the complaints reported to us in the last year (some complaints have more than one reason recorded).



As an organisation we are always looking to make improvements to our services as a result of customer feedback. For all complaints that we consider, we review what individual actions may be needed to avoid the same circumstances arising again. For example, where complaints have identified a worker's practice as the issue, action may be taken to address matters during supervision or we may identify further training to support and improve future practices.

We also consider whether there are any broader themes emerging for the Department to reflect on as a whole. During 2015-16 we noted that some of the more general themes arising from complaints received by the Department were in regard to delay, communication and the quality of information recorded in particular. These themes included such matters as:

- The timeliness of actions
- Appropriate monitoring of timescales
- Ensuring recorded information is accurate, factual and representative of discussions
- Incorporating evidence into recording

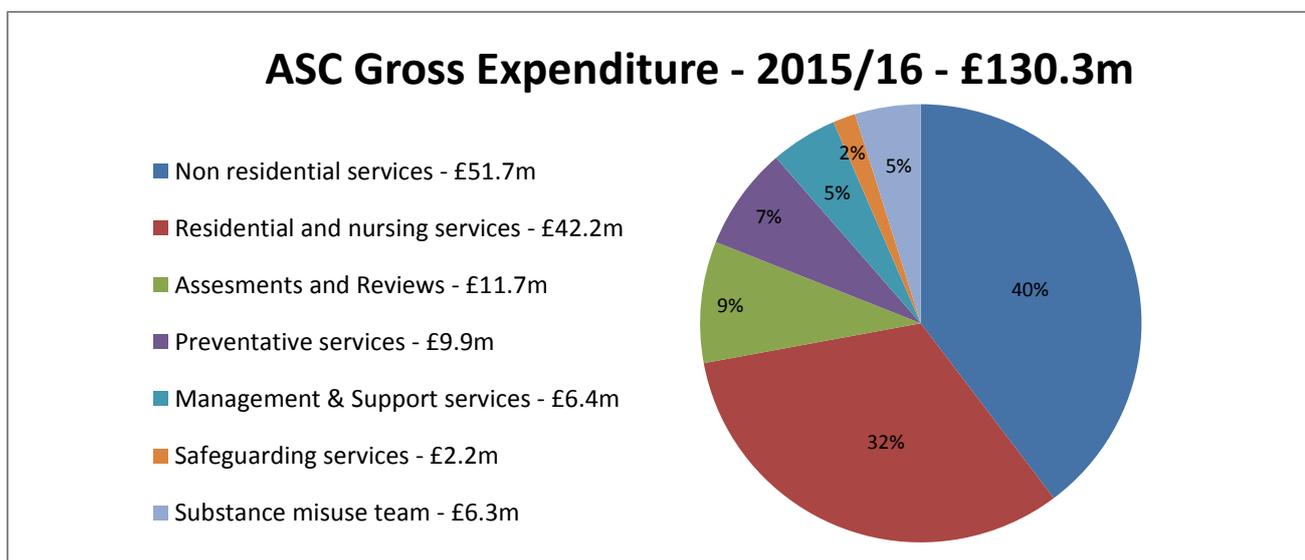
- Noting actions taken in recordings
- Updating contact details
- Providing suitable information prior to and after actions have been taken in a timely way
- Explaining processes that we have to take clearly to the service user or family
- Making sure roles of teams or officers are fully understood
- Giving clear idea of timeframes where possible and details of any potential financial implications
- Clarifying significant actions in person or in writing and not over the phone.

In the next year we will be using our recently established Professional Standards & Governance Board and Team Leader’s Forum to actively look into the feedback that we receive from customers about our care pathways and services, making sure that clear quality standards are in place for our officers to work to.

We are also very pleased when we receive positive reports from our customers about the work that we do and we formally record these comments as commendations: a total of 158 staff commendations were received in 2015-16.

Finance

Each year the Council sets a budget for Adult Social Care; this details the money that is available to spend on different services. The following chart shows the breakdown how the budget was spent in 2015/16.



Performance

We use a number of performance measures to help us manage adult social care. The main measures we use are from the Adult Social Care Outcomes Framework (ASCOF) This is a set of 22 measures created by the government that have to be used by all councils that provide adult social care services. We also use a number of ‘local indicators’ that address priorities for us in Leicester.

What are we doing well?

We have a high percentage of service users and carers receiving self-directed support, giving them increased choice and control over the care they receive. At 31st March 2016, 98.7% of service users received self-directed support with 44.3% receiving direct payments. This marks an improvement from the previous year. At the same point 100% of carers received a direct payment.

Delayed discharges (when a patient is ready for transfer from a hospital bed, but is still occupying a bed) from hospital have reduced significantly from last year. In 2015/16 there were 6.0 delayed discharges per 100,000 population compared to 13.0 in 2014/15. The percentage of those delays which were attributable to Adult Social Care also reduced from 4.3 per 100,000 population to 1.7. This makes Leicester one of the most improved areas in the country for this measure.

For the second year running, fewer people over the age of 65 were admitted to residential or nursing care. In 2015/16 258 people (equating to a rate of 653.7 per 100,000 population) compared to, 287 people (equating to a

rate of 734.1) admitted in 2014/15, in 2013/14 the figure was 291 people (equating to a rate of 750.9). Having said that, we want to drive much more improvement on this measure in future years.

The percentage of service users with a learning disability or in contact with secondary mental health services living independently continues to improve. 71.7% of those with a learning disability and 62.1% of those in contact with secondary mental health services were living independently, compared with 69.8% and 35.8% respectively in 2014/15.

We have continued to significantly increase the use of Assistive Technology. 1,910 services users were supported with assistive technology in 2015/16 compared to 1,762 the previous year and 1,534 the year before that.

We are continuing to improve our Early Intervention and Prevention services, with more people signposted to other services or receiving one off services. In 2015/16, 69.2% of initial contacts did not require a full assessment and long-term support compared to 63.1% in 2014/15 and 47.8% in 2013/14.

Historically, our performance in reablement services has been very high, but in 2014/15 this dipped. However, in 2015/16 the proportion of older people who were still at home 91 days after discharge from hospital into reablement services increased from 84.3% in 2014/15 to 91.5%, our best performance since the introduction of this measure. The proportion of older people offered reablement services following discharge from hospital though fell from 3.6% to 3.1%.

We also showed a small improvement in another measure for reablement outcomes, with more people becoming fully independent. In 2014/15, 54.0% of people leaving reablement services were fully independent with no further need for Adult Social Care services, compared to 53.8% in 2014/15 and 46.4% in 2013/14.

What are we doing less well?

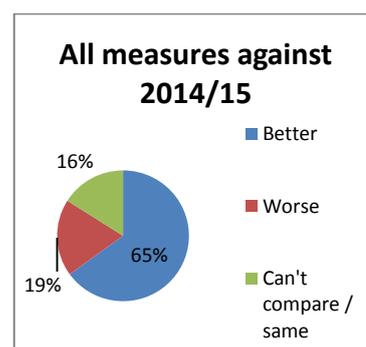
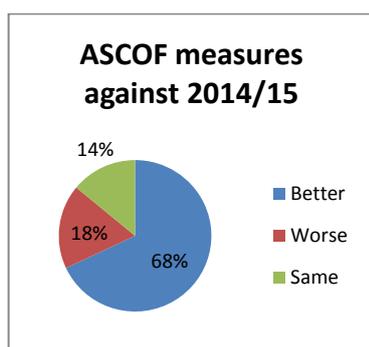
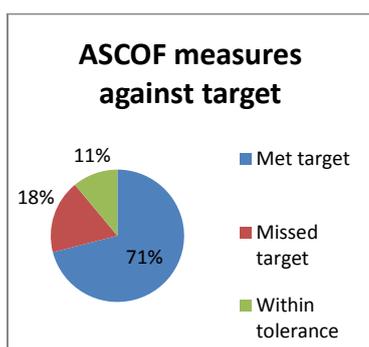
We need to improve the number of people with a Learning Disability who are in paid employment. Our performance has dropped from 8.8% in 2012/13, 7.7% in 13/14 and 6.9% in 14/15 to 5.2% in 2015/16.

Fewer carers (54.4%) received needs assessments or reviews and a service or advice and information than in the previous year (when there had been a significant increase to 48.3.7% of carers for 2014/15 compared to 28.4% in 2013/14).

While showing some improvement, our performance on the ASCOF measures derived from the national ASC User Survey remain poor. Of particular concern is the measure (3D1) relating to how easily service users are able to find information about services. We failed to show any improvement on this measure and we remain well below our comparator authorities.

We need to make sure more service users are having their care packages reviewed on a regular basis. Due to other pressures on our services, we were only able to review 40.4% of service user’s packages over the year 2014/15 compared to 68.4% in 2013/14. 2015/16 saw some improvement, with 54.5% of service user’s packages reviewed but we remain well below our 2013/14 position.

Performance summary:



Future Plans

The way we deliver Adult Social Care in Leicester will have to change in coming years. As previously stated, we are facing tremendous financial pressures and will have to do things differently and in some cases do less. At the same time we are committed to delivering the best services we can and improving those things we have not been doing as well as we would like. Our priorities for 2016/17 are:

- Improve the experience for our customers of both our own interventions and the services we commission to support them.
- Implement a preventative and enablement model of support, to promote wellbeing, self-care and independence and recovery into an 'ordinary life'.
- Improve the opportunities for those of working age to live independently in a home of their own and reduce our reliance on the use of residential care, particularly for people with learning disabilities or mental health support needs.
- Improve our offer to older people supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care.
- Improve the work with children's social care, education (SEN) and health partners to continue to improve our support for young people with care and support needs and their families in transition into adulthood.
- Continue to develop our understanding of the benefit to our customers of what we do, and to learn from this information so as to improve and innovate.

Healthwatch Leicester

Healthwatch Leicester is an independent community watchdog. It was set up at the last year to help the people of Leicester get the best out of their local health and social care services.

Adult Social Care welcomes Healthwatch Leicester as a valuable addition to the city's network of health and social care organisations and respects its role as an independent champion of our service user's and carer's interests. Adult Social Care has begun to develop positive links with Healthwatch throughout the year and will look to build on this in the future.

They can be contacted as follows:

Email: information@healthwatchleicester.co.uk

Website: www.healthwatchleicester.co.uk

Twitter: @HealthwatchLeic

Post: Healthwatch Leicester, Clarence House, Humberstone Gate, Leicester LE1 3JP

Phone: Helpline: 0116 251 8313
General Enquiries: 0116 251 0601

How to contact Adult Social Care

Internet: <http://www.leicester.gov.uk/your-council-services/social-care-health/adults/about-our-adult-social-care-services>

Portal: <https://mysupportneeds.leicester.gov.uk/web/portal/pages/home>

Phone: 0116 454 1004 (Monday to Thursday 8.30am – 5.00 pm. Friday 8.30 am to 4.30 pm)

Email: customer.services@leicester.gov.uk

Visit / Post: Leicester City Council, Customer Service Centre, 91 Granby Street, Leicester, LE1 6FB

Opening hours:	Monday:	8.30am – 5.00pm
	Tuesday:	8.30am – 5.00pm
	Wednesday:	9.30am – 6.00pm
	Thursday:	8.30am – 5.00pm
	Friday:	8.30am – 4.30pm