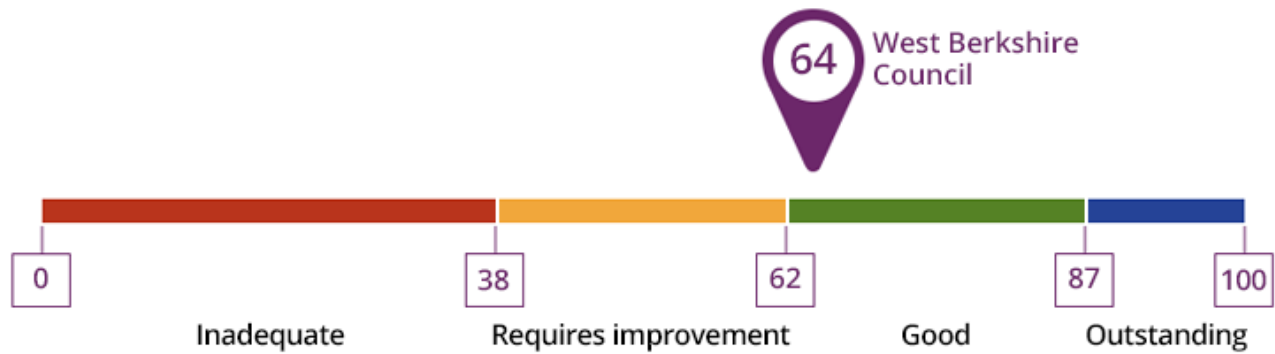


Overall summary

Local authority rating and score

West Berkshire Council

Good



Quality statement scores

Assessing needs

Score: 3

Supporting people to lead healthier lives

Score: 2

Equity in experience and outcomes

Score: 2

Care provision, integration and continuity

Score: 2

Partnerships and communities

Score: 2

Safe pathways, systems and transitions

Score: 3

Safeguarding

Score: 3

Governance, management and sustainability

Score: 3

Learning, improvement and innovation

Score: 3

Summary of people's experiences

People's experiences of support from West Berkshire local authority were largely positive. People told us social workers were supportive, listened to them and developed care plans that met their needs. Teams were aware of different cultural, and diversity needs and accessed translation and interpreter services to provide support and care plans in people's own language. There was a sensory team that could provide specialist support around sensory needs.

Access through the contact centre was good and people were put straight through to a locality team who could speak to them about their needs. There was online information and access to support, but people told us this was not always accessible and described the website as 'clunky'. It was not easy to translate web pages and some people told us it was not accessible for autistic people.

Carers said support provided by the local authority was good, however we did have some feedback that initially accessing the support was not always clear. Some carers told us they had not originally identified themselves as carers and did not realise what support was available. The local authority was working to improve the identification of carers in the area.

West Berkshire is a largely rural and affluent area, however there are pockets of deprivation. We heard that people in isolated rural areas faced barriers to accessing support, particularly if they did not have access to computers and the internet, and there was more need for outreach with people from the local authority in the community, and use of more traditional communication for example through leaflets etc. The local authority was aware of the digital barriers to accessing care and was working to address this.

Summary of strengths, areas for development and next steps

West Berkshire is a local authority going through change, with recent changes in political leadership as well as the change of Director of Adult Social Services (DASS). The impact could be seen across the work of the local authority in meeting its Care Act 2014 duties. There was a strong positive, open learning culture within the local authority. Staff liked working for the local authority and described leaders as approachable and supportive. There were good systems in place to support learning and development of staff, including learning from feedback from people using services and when things went wrong. There was a culture within teams of understanding people's experiences and considering diversity and the needs of seldom heard and discriminated against groups. However there was work to do at a strategic level, including involving people and shaping the future of adult social care to meet all people's needs.

On the whole the national data for West Berkshire was positive or in line with national trends. There was positive feedback from carers on support from the local authority, there was more work to do to identify carers and make them aware of the support available to them. There was a relatively stable care market, and the quality of care was good. Models of care tended to be traditional including home care residential and nursing care and we did not see evidence of significant innovation in delivery. The local authority was aware of where they had gaps in services, and there was a desire to do more work to develop new models of services promoting independence. However, most of this work was reactive to pressures rather proactive market shaping. The current focus was on financial sustainability of the authority and addressing budget pressures. As the local authority begins to develop their strategies, consideration needs to be given to better understanding of the data, demographics and population need, particularly at community level to be more proactive to shape the care market to ensure sustainability over the next 5-10 years in line with demographic change that will also impact on budgetary pressures in the future.

There was also a need to have more focus on preventative work in West Berkshire. There were negative trends in the data for the number of people who have short term care that becomes long term. This indicated that where short term care was put in place, this was not supporting people's return to independence and was therefore resulting in long term care needs. In addition, there were high numbers compared to neighbouring authorities, of people of working age with long-term care needs. This was unusual in a relatively healthy and affluent area with low levels of deprivation. We found more work was needed to align strategies to focus on prevention and reduction in care needs which would address some of these concerns in the data. The local authority was aware there was work to do on strategies and this was part of the transition still ongoing to align with the new political leadership under the new DASS.

The local authority had identified they needed to develop their work with the voluntary sector as well as embed co-production across the authority. This was a view shared with us by partners and people. The local authority had produced an Equality, Diversity and Inclusion framework but the report itself noted there was a lack of clarity around the action and communication within the authority. Incorporating actions from the framework along with the development of co-production and work with the voluntary sector would support detailed understanding of community needs and inform the long-term strategy development and market shaping. This includes identifying, involving and meeting the needs of people who are at risk of experiencing poorer health and social care outcomes as a result of one or more protected characteristics and those people who are seldom heard.

There was a low number of people using direct payments, although within some teams such as when people were discharged from hospital and in the transitions team, there were examples of where they had been used positively to promote independence. We heard that the process was complex and cumbersome and was a barrier to supporting a personalised approach to meeting people's care needs that direct payments could otherwise facilitate. The local authority had been proactive in initiating a review with Association of Directors of Adult Social Services (ADASS) to understand how the use of direct payments could be improved across the authority to deliver better outcomes for people, promoting their independence.

Partners spoke positively about relationships with the local authority. West Berkshire was seen as a proactive partner. The safeguarding partnership across Berkshire West was a mature and effective partnership, and there was strong partnership working with health around hospital discharge. Other partnerships were in the early stages of development and further work was needed to embed these within governance and move towards a position to take forward joint strategies and commissioning to support the local authority in delivering their Care Act duties. One area that was particularly difficult for the local authority was Continuing Health Care Funding where the local authority consistently had a low number of positive decisions. The local authority was working with health partners and the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care Board (ICS) to try to understand why this was the case to improve outcomes for people in the local authority. There was a clear desire to bring resolution in this area from both staff and leaders and frustration as there were elements of the work required outside of their control.

The work to develop strategies around market shaping, prevention, co production and the voluntary and community sector are a key priority to meet future needs and ensure the local authority can be proactive in the face of increasing changing demand. The issues relating to access to direct payments and continuing health care cause additional barriers to people in accessing personalised care and these need to be resolved. Partnerships need to be strengthened and developed to enable more joint approaches both with strategy and funding, to address these challenges learning from the integrated model of hospital discharge and effective joint working in safeguarding.