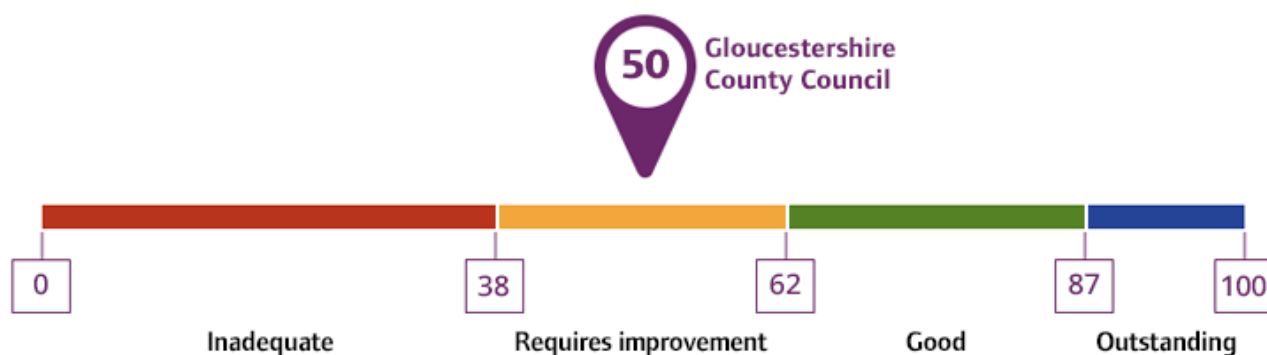


Overall summary

Local authority rating and score

Gloucestershire County Council

Requires improvement



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 2

Equity in experience and outcomes

Score: 2

Care provision, integration and continuity

Score: 2

Partnerships and communities

Score: 2

Safe pathways, systems and transitions

Score: 2

Safeguarding

Score: 2

Governance, management and sustainability

Score: 2

Learning, improvement and innovation

Score: 2

Summary of people's experiences

People's experiences of assessment were mixed. People experienced an adult social care system which was sometimes disjointed and did not always provide them with a timely response to their needs. People were not always informed of their choices or fully involved in their assessments. National data and local authority data showed people's experiences were a mix of positive and negative experiences, but there was often difference in experience depending on where people lived and the type of needs they had.

The local authority had made recent improvements regarding wait times, but this had not yet been sustained and people faced different wait times in different parts of the county. People with mental health conditions often faced a long wait for assessment, but people usually had support and treatment from health staff while they awaited a Care Act assessment from social work staff within these integrated teams. The waiting time for a mental health Care Act assessment had also started to decrease at the time of our assessment. People faced significant delays for financial assessments which meant they sometimes had to make decisions about their care without knowing what they would be charged. Sometimes calculations for charging were incorrect. The local authority was making improvements to their financial assessment process, but these had not yet had time to embed.

People did not always get a timely review of their care needs when they requested it and sometimes felt like reviews were used as an opportunity to reduce their support. People did not always receive information that was accessible to them. People from seldom heard groups and ethnic minorities said they did not always have opportunity to influence strategy, but there had been recent improvements in this area through an enhanced approach to co-production. Young people transitioning to adulthood did not always receive a smooth transition, but this was also a focus of recent improvement activity.

Unpaid carers were not always informed of their right to support. Carer assessments and support planning often happened separately to the person they cared for, which meant it was not always meaningful. Unpaid carers' experiences of support in the community was mostly positive, but we heard access to community provision could differ across different parts of the county.

When moving between health and community services, people usually experienced a joined-up approach and benefited from a strong partnership between the local authority and health partners. However there were inconsistencies in performance of some of the functions delegated to health partners, such as occupational therapy and mental health, which the local authority were aware of. People's access to voluntary and community provision was more mixed, with access to day services and activities being limited in some parts of the county.

People who went through safeguarding were kept safe, but there was limited use of data to understand people's experiences of safeguarding and national data showed a comparatively lower number of people went through safeguarding as would at other local authorities. People also waited a long time for an assessment of any applications made to deprive them of their liberty. People were given opportunities to provide feedback as well as to inform strategy, but this was limited and had not had time to develop before we carried out this assessment.

Summary of strengths, areas for development and next steps

The local authority was in the middle of a transformation of their adult social care services. There were gaps the local authority's oversight of some of its Care Act 2014 functions which the local authority was addressing through a wide-ranging data improvement strategy. Significant work had taken place to improve the local authority's use of data. However, this work had not yet led to sustained improvements in people's experiences in areas such as waiting lists, finding the right care provision or understanding and learning from safeguarding.

People often faced delays to assessment, care planning and reviews. The local authority had improved wait times significantly over the previous year, but there were still inconsistencies between localities about how long people might wait. The local authority took a risk-based approach and usually responded promptly to urgent need, but their data showed there could be longer waiting times in certain districts. Mental health assessments were conducted alongside health partners through integrated teams and data showed a significant difference in experience for people using these services, who waited on average over twice as long as people accessing services from the locality teams, but this wait time had recently started to reduce.

There were significant delays for financial assessments, and we heard multiple examples where people thought charges for care had not been calculated fairly. The local authority was undertaking improvement work on financial assessments in response to shortfalls in this area. There had been an increase in the numbers of rulings being upheld by the Local Government and Social Care Ombudsman (LGSCO) which related to delays to financial assessments or how charges were calculated.

We heard positive feedback about some of the work undertaken with people by enablement teams to delay future needs developing. However, there was a missed opportunity to use minor equipment and adaptations to prevent and delay need, with staff describing a disjointed system for procuring equipment. Occupational therapy (OT) was delegated to health partners and we heard about positive examples of joint working by frontline teams. However, staff also described a lack of coherence between social work and OT interventions at times, with social work staff often being unaware of an OT assessment having taken place.

The local authority delegated its unpaid carers' assessments to a commissioned provider and data showed unpaid carers had a timely assessment of their needs. However, this sometimes led to a disconnect between the assessment and support provided to unpaid carers and the support to the people they cared for. Waiting times for carers assessments and assessments of people with care needs differed, which meant they often took place at different moments in time and were not always meaningful. People and unpaid carers told us they were sometimes not sure if they had been assessed and they did not always receive choices when it came to planning their care or support. People and partners gave us positive feedback on the carers support groups on offer.

Work was underway to improve pathways for young people transitioning to adulthood and we heard feedback from people and partners that people had faced challenges during this transition in the past. The local authority had identified this as an area for improvement and had plans to start preparing for transition at an earlier stage to overcome some of the challenges we heard about.

There was a well-established Integrated Care Board (ICB) leading the work of the Integrated Care System (ICS) Partnership, and we heard examples of good joint working on the frontline with health partners to achieve positive outcomes for people around housing and hospital discharge, but we also heard hospital discharge was sometimes challenging. The local authority worked jointly with health partners in commissioning and there was a coherence in their strategic aims across the ICS area in areas like housing, use of technology to keep people healthy and improving urgent care.

There was good joint working at the frontline within integrated mental health teams but there were gaps in the sharing of performance data which the local authority was working to overcome. This meant the local authority had not been fully aware of the performance of this delegated function until shortly before our assessment.

The local authority had detailed data about their populations and health needs through its public health function. This information was used to inform commissioning decisions and develop strategic priorities with health partners, such as work to improve urgent care. However, plans to address gaps in provision had not yet fully achieved the local authority's ambitions.

People's access to care provision differed across the county, with people in certain districts facing longer waits for care whilst others had a more positive experience. The local authority was implementing new approaches to commissioning to overcome challenges they faced in these districts. This work had not yet fully overcome gaps in homecare provision. We also heard concerns from providers about the local authority's approach to monitoring of quality and payments.

The local authority kept the public informed of what was available to them in their communities and shared information about services with people. The local authority was working to enhance their offer of prevention services. There were established systems in place to understand local areas, identify gaps and source provision accordingly. The local authority was in the process of addressing some gaps in transport provision where they had identified people faced barriers.

The local authority's safeguarding data showed it was an outlier to comparable peers locally and nationally when it came to safeguarding concerns raised and enquiries undertaken by the local authority. The volumes of concerns received had started to increase, but there was a lack of evidence to show the comparably low figures of concerns were right and that concerns were always raised when they needed to be.

The local authority had identified they had fewer safeguarding concerns compared to peer local authorities but had not yet completed work to analyse this.

The use of data to inform safeguarding practice was limited and much of the work to improve this was at an early stage. There was a growing waiting list of applications under deprivation of liberty safeguards (DoLS) and work to improve data surrounding this waiting list and understand potential risks was at an early stage. Whilst frontline teams lacked insight into safeguarding data, they did benefit from feedback from regular practice audits which had been used to inform learning. The safeguarding adults partnership board shared learning across the partnership by using 70 specially trained staff to share learning with partners. However, the local authority had only recently started to share data with the safeguarding adults board, which meant the board's last strategy was developed without access to local authority data to inform it.

Staff sentiment about leadership was mostly positive and leaders were considerate of their staff with a focus on their development and wellbeing. Staff spoke positively about the training they were offered, and leaders were finding ways to enhance their learning and development offer to increase the numbers of staff who undertook professional qualifications. There had been a 'huddle' model for sharing learning and offering peer support which had drawn particularly positive feedback from staff. This had been used to improve consistency of practice in areas such as how staff followed the Mental Capacity Act.

There was a clear strategy in which the local authority had set out its ambitions across its Care Act functions, but particularly in improving quality, enhancing its approaches to commissioning and developing its use of data. There was an extensive data and intelligence strategy underway that was focused on the data needs of adult social care. The strategy had been underway for 12 months and the improvement work had identified and improved shortfalls. However, the local authority told us progress had been limited due to a longer-term need to review of systems and map processes. There were interim measures in place to improve the timely provision of data sharing and performance reports between partners.,