Gloucestershire County Council: local authority assessment

How we assess local authorities

Assessment published: 31 January 2025

About Gloucestershire County Council

Demographics

Gloucestershire County Council is an upper-tier local authority in the South West of England. The county council cover the county of Gloucestershire and they work with six district councils across the county. The county is made up of a mix of urban and rural settings, covering Gloucester City, Cheltenham, Tewkesbury, Stroud, the Cotswolds and the Forest of Dean.

Gloucestershire County Council was ranked the 128th most deprived local authority in England out of 153 local authorities, with different levels of deprivation and population across the districts, such as higher levels of deprivation in the more built-up towns, whilst there were less populated areas with pockets of deprivation within the more rural districts.

The county has an aging population, with 22.1% of the population of Gloucestershire aged above 65, which is slightly higher than the England average of 18.61%. Across the county, 93.1% of the population identify themselves as white and 6.9% identify from non-white ethnic minorities. Overall, 12.3% of the population identifies themselves as belonging to an ethnic minority which includes white minority groups. The demographics of the districts differ across the county, with a higher concentration of people from ethnic minorities within the urban centres of Cheltenham and Gloucester.

Financial facts

The Financial facts for **Gloucestershire County Council** are:

- The local authority estimated that in 2023/24, its total budget would be **£931,270,000**. Its actual spend for that year was **£970,113,000**, which was **£38,843,000 more** than estimated.
- The local authority estimated that it would spend **£202,820,000** of its total budget on adult social care in 2023/24 Its actual spend was **£236,392,000**, which is **£33,572,000 more** than estimated.
- In 2023/24, **24.37%** of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%.** Please note that the amount raised through ASC precept varies from local authority to local authority.
- Approximately **6935** people were accessing long-term adult social care support, and approximately **50** people were accessing short-term adult social care support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

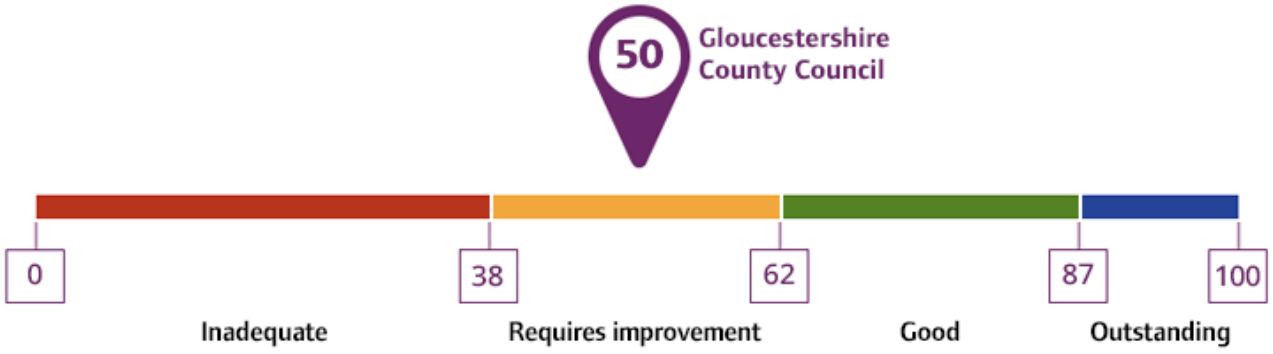
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

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.,

Theme 1: How Gloucestershire County Council works with people

This theme includes these quality statements:

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

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

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Assessment, care planning and review arrangements

People could easily contact the local authority's care and support services, but people's feedback about what they experienced was mixed. People spoke positively about their initial contact with the local authority when seeking assessment. There was a clear route for accessing an assessment through a frontline access team and people could access assessment by telephone or online. The frontline access team gathered information about people's needs, provided information and advice and ensured cases went to the right team.

However, we heard that sometimes people who had received an assessment were not aware they had been assessed and people told us they did not always feel they had been given choices when developing their care plans. National data from the Adult Social Care Survey (ASCS) for 2022/23 showed 61.45% of people were satisfied with the care and support they received, which was not statistically different from the England average (62.72%). The local authority was undertaking work to improve how they understood people's experiences of assessment through timely feedback, their current systems had not heard feedback consistent with what people told us during this assessment.

Staff followed a strengths-based model of assessment known as the 'Make the Difference' model, which encouraged a focus on people's strengths and independence from the point of initial contact through to assessment and review. An enablement team worked with people at an early stage to promote their independence and identify preventative services within the community, before people went on to receive a full Care Act assessment. Where older people and people with physical disabilities or long-term conditions required a full Care Act assessment, this was allocated to one of 6 locality teams aligned to the 6 districts across the county. A specialist team completed Care Act assessments for people with a learning disability and autistic people. There was an integrated mental health team for people accessing Care Act assessment to meet their mental health needs.

The 'Make the Difference' model encouraged staff to look at people's strengths and assets when conducting assessments and care planning, based on a '3 conversations' strengths-based approach to assessment. The '3 conversations' approach is a staged approach to assessment which has three distinct conversations which are used to understand what really matters to people and families. This is a relationship-based approach where practitioners listen to people and connect them to resources to maintain their safety, promote independence and provide proportionate and least-restrictive services. Staff focused on people's strengths with a view to promoting their independence in the examples of assessments we saw. Assessments also reflected a personalised approach and included information about things that were important to people, such as detail around their family lives and personal interests and how care interventions could help people to sustain these.

The assessments considered people's human rights and identity. However, whilst we saw examples of how staff were responsive to people's protected characteristics under the Equality Act 2010, we heard other examples where adjustments had not been made, for example where people required their care plan or information about their care in accessible formats like large print or easy read.

National data from the ASCS for 2023/24 showed 79.26% of people said they felt that they had control over their daily life, which was not statistically different from the England average (77.62%). Care planning was carried out in a way that involved the person, but we heard feedback there was sometimes limited choice available to people. Staff described how they worked with people to plan their care and support, but we also heard feedback from people and partners that care plans were sometimes implemented without people understanding their support. There was a brokerage function to support with planning and sourcing commissioned care. Staff said this usually worked well but we heard feedback from staff that there were sometimes delays in finding care for people in certain districts.

People and partners also said that people sometimes had difficulty getting their care reviewed, or that if they did, they felt it was used as an opportunity to reduce the cost of care packages. We heard examples from people and partners of care packages being reduced and people being unclear on the rationale for the reduction in their care. Local authority data showed that of 5692 changes to care packages following a review between April and November 2024, 977 (17%) resulted in a reduction in care. Leaders told us that their approach to care reviews was focused on ensuring that care packages were appropriately tailored to meet people's needs, using a strengths-based approach to assessments. The local authority was working to improve how they explained the rationale for any changes to care packages, ensuring that people fully understood the reasons behind adjustments.

This showed the feedback about reviews was not consistent with the majority of people's experiences following review but highlighted there were opportunities to improve communication around review outcomes. The local authority was working to improve this area.

A specialist team assessed people with needs related to mental health conditions. There was an integrated Community Mental Health Team (CMHT), which was commissioned and delivered under a section 75 agreement between the local authority and Gloucestershire Health & Care NHS Foundation Trust (GHC). A section 75 agreement is an agreement between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners. Social work staff in the CMHT were employed by GHC and worked alongside health colleagues in an integrated team. The team carried out assessments of people in the community and those coming out of hospital. These staff also undertook the role of care coordinator within the CMHT and worked closely with specialist health teams across GHC as part of this integrated approach.

Staff in the CMHT described how they planned and commissioned care in an integrated way, with health and social care staff working alongside each other to meet people's needs holistically. Examples seen showed how people benefitted from an integrated approach in which social work staff were able to easily involve health practitioners to meet their needs. Staff told us they felt well supported and had good access to training, that they were busy, but their caseloads were manageable.

The CMHT included staff who were approved mental health professionals (AMHP). An AMHP is a professional who assesses whether there are grounds to detain people under the Mental Health Act. This is where people need urgent treatment for their mental health and are at risk of harm to themselves or others. There were AMHPs across the CMHTs in localities and they were supported by an out of hours duty system. The local authority had AMHPs in place across other teams and localities in on-call roles to support the substantive AMHPs. Staff told us that although this function could also be busy, there were enough AMHPs available to respond to need during both working hours and out of hours. Local authority data showed there were no significant waiting times for AMHP assessments.

There was also a team for hospital discharge, staff in this team were employed by the local authority and were co-located with health colleagues. Social work staff worked alongside OT and health partners to discharge people from hospital. Staff described positive examples of working with people to get them home with the right care and told us they had a good relationship with the locality teams.

People with a learning disability and autistic people were assessed by a team of staff who were experienced and trained to meet their needs. This specialist team was separate to the locality teams and consisted of social workers who were trained and experienced in working with autistic people and people with a learning disability. The team worked closely with health partners at GHC such as OTs, speech and language therapists and learning disability nurses.

People spoke positively about the work of the learning disability team and the outcomes they had achieved with the right support. Examples of assessment showed staff worked in a strengths-based way and found ways to support people to develop their social support networks, follow their interests as well as seeking and gaining employment where they wished to do so. We saw examples of people's care being reviewed to check it continued to meet their needs.

Timeliness of assessments, care planning and reviews

There were waiting times for assessment, care planning and reviews, which meant people with eligible needs under the Care Act 2014 could wait a significant amount of time before their needs were fully met. Improvement work had started to shorten waiting times shortly before our assessment. The Department of Health and Social Care (DHSC) published statutory guidance, last updated in August 2024, which outlines how local authorities should meet their duties under the Care Act 2014. The statutory guidance says, 'An assessment should be carried out over an appropriate and reasonable timescale taking into account the urgency of needs and a consideration of any fluctuation in those needs. Local authorities should inform the individual of an indicative timescale over which their assessment will be conducted and keep the person informed throughout the assessment process.'

Staff and leaders described how they regularly contacted people who were waiting for assessment to identify if there was any change in need that meant they needed to prioritise the assessment. We also heard how people often had input from the enablement teams before their assessment, to reduce their level of need through promoting their independence. However, people could face a wait between contacting the local authority and having eligible care needs met because of waiting times for assessments and waiting times for brokerage at the care planning stage. Staff told us that any person who waited for an assessment for over 12 weeks was automatically prioritised.

Local authority data showed there were differences in people's experiences of waiting times across the county. The local authority had introduced a performance dashboard to provide better visibility of waiting lists and risk levels for leaders. This was used to plan resource across localities to respond to changes in demand, for example showing longer waiting times for the locality teams in the two urban districts of Cheltenham and Gloucester, where there was greater demand.

Local authority data for June 2024 showed the average waiting time for an assessment across the county was 47 days, but there was significant variation across the locality teams. Local authority data for June 2024 showed 12.5% of cases in the two city localities of Cheltenham and Gloucester had waited 100 days or more.

There had been recent improvements: local authority data showed a significant reduction in waiting lists and waiting times between September 2023 and September 2024. Waiting times had fallen over the course of the year, despite waiting lists having increased. Following a peak in requests for assessment in early 2024, by September waiting lists had been reduced to similar levels seen the previous year. By September 2024, local authority data showed the average waiting time had reduced to 35 days, which was a significantly lower average wait time compared to the same time last year. Data also showed that by September 2024 no person waited longer than 3 months, including within the two localities which had faced longer wait times previously.

Local authority data showed improvement work was having a positive impact on waiting times, showing a trajectory of reduction in waiting times over the course of a year across the county, but with significant variation between districts. The extent of improvement varied between districts meaning that the impacts were not felt across the whole county, particularly in the districts where there had been increased waiting times as recently as June. This showed more time would be required to demonstrate the improvements had been sustained across all the districts.

Local authority data showed waiting times for assessment in the Community Mental Health Teams (CMHTs) had started to decrease very recently. We heard how there had been challenges around receiving and sharing data between externally commissioned partners which impacted on the local authority's ability to monitor the performance of this delegated function. The local authority had interim systems in place to track referrals and performance in the CMHTs whilst improvement work addressed the issues with data sharing. People waiting for mental health assessment often had support and treatment from health staff within these integrated teams while they awaited a Care Act assessment from social work staff within these integrated teams.

Local authority data showed a gradual increase in the average days people waited for an assessment in the CMHTs between January and March 2024. Data showed waiting times for people in the East locality peaked at an average of 131 days, and in the West an average of 146 days. September 2024 data showed an improvement over the 6 months from March, with sustained reductions in waiting lists and waiting times. By September 2024, people waited an average of 50 days across both localities.

Staff described being able to implement care plans promptly when required, such as at hospital discharge or out of hours. There was an out of hours brokerage function, which staff spoke positively of and said this meant they could implement care plans rapidly where people required care due to urgent need. However, local authority data showed there were delays to non-urgent brokerage which could impact on the timeliness of care planning. In these cases, people's allocated workers would retain oversight of risk and escalate any changes in risk to the brokerage team to identify urgent options.

Local authority data for the 12 months to June 2024 said that 65% of brokerage requests waited less than 2 weeks, 24% waited up to 4 weeks, 8% waited up to 6 weeks and 2% waited up to 8 weeks. Further data provided by the local authority showed there had been increases in demand and that waiting times had remained stable despite these increases. However, alongside waiting times for assessment, delays to brokerage meant people sometimes faced a significant delay from the point of contacting the local authority to having their needs fully met.

There were projects underway to address known issues with capacity, such as using a localised commissioning model to overcome the challenges of commissioning homecare in some locations and increasing homecare and care home provision to address a known need. At the time of assessment much of this work had yet to demonstrate its impact on brokerage waiting time data and we heard feedback from staff that this was often a challenge to them meeting people's needs in a timely way.

People did not always receive a timely review of their needs. National data on Short and Long-Term Support (SALT) for 2023/24 showed 21.11% of people receiving long-term support had been reviewed (includes both planned and unplanned reviews) and this was a significant negative statistical variation from the England average (58.77%). Staff described prioritising reviews and working in a risk-based way, such as reviewing people's needs in response to concerns or contact about changes in need. However, staff and leaders acknowledged this was an area the local authority needed to improve upon.

The local authority was undertaking work to improve the timeliness of reviews, which had achieved some impact. Local authority data showed there was an increase from 50% in 2022/23 to 67% in 2023/24 of people having a recent review over the year. This meant 33% of people did not have their care needs reviewed within a 12-month period. There were 1,482 overdue reviews as of June 2024. The local authority had visibility of reviews and told us there were plans to improve the visibility, quality and accessibility of data across the whole of the directorate from operational teams to strategic leadership.

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

People's feedback and local authority data reflected a disconnect between the assessment of unpaid carers and the assessment of the person they cared for which sometimes caused confusion. The local authority commissioned a carers hub to undertake assessments of unpaid carers on their behalf and to offer support groups, activities and information and advice. However, staff told us this sometimes created a disjointed approach to assessments because they did not always know when a carers assessment had been completed. This impacted on their ability to ensure care plans were joined up, including making sure replacement care was co-ordinated with any support the unpaid carer received. Unpaid carers also told us about a lack of choice of support and we heard from voluntary organisations that unpaid carers were sometimes reluctant to seek an assessment because they assumed they would not be entitled to help.

Unpaid carers shared positive feedback about the approach of staff and some of the support available in the community through the carers' hub. This was consistent with national data from the Survey of Adult Carers in England (SACE) for 2023/24 which said 24.79% of unpaid carers said they were accessing a support group or had someone to talk to in confidence, which was tending towards a negative statistical variation from the England average (32.98%). The majority of unpaid carers we spoke with told us they felt unable to carry out their ordinary lives or continue with hobbies or interests because of their caring role. Whilst we heard some were able to take breaks and felt supported, other unpaid carers said they were unsure if their needs had ever been assessed or if the assessment was for the person they cared for.

Local authority data for 12 months to June 2024 showed a difference in average wait time for a carers assessment and an assessment of a person with care and support needs. People with care and support needs waited an average of 49 days for an assessment, whilst unpaid carers had an average wait time of 14 days. This meant carers assessments would be undertaken without an opportunity to consider any replacement care the person may or may not be eligible for, which meant this would not always be a meaningful assessment of the unpaid carer's needs or anticipated change in future needs.

The DHSC Care Act 2014 statutory guidance says, 'Carers' assessments must seek to establish not only the carer's needs for support, but also the sustainability of the caring role itself, which includes both the practical and emotional support the carer provides to the adult. Therefore, where the local authority is carrying out a carer's assessment, it must include in its assessment a consideration of the carer's potential future needs for support.'

The local authority told us that there was a system for staff to receive information about a carers assessment to join them up as part of their agreed process with the commissioned carers hub. However, staff told us this did not always work in practice. There was a disconnect between the two assessments which meant carers assessments did not fully consider future needs for support and any care the cared for person may or may not be eligible for.

National data from the ASCS for 2023/24 showed 42.35% of unpaid carers were satisfied with social services, which was tending towards a positive statistical variation from the England average (36.83%). However, the national average for this outcome area is low and showed over 57% of unpaid carers did not record feeling satisfied. ASCS data also showed 17.09%% of carers felt they have control over their daily life, which was tending towards a negative statistical variation from the England average (21.53%) and meant 82% did not feel they felt they had control over their daily lives.

The local authority had identified a need to improve data from their carers hub and they told us they were looking at ways to improve their understanding of the experiences of unpaid carers. There were carers champions within the teams and leaders carried out regular practice audits of carers assessments but they had not identified the same issues we did as part of this assessment. The local authority had also identified a need to improve their offer for unpaid carers who were aged over 65. There was consultation and co-production work underway to address this and the local authority told us about plans to use the Accelerating Reform Fund to improve the experiences of unpaid carers who were aged over 65.

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

People's feedback about provision to meet non-eligible needs was mixed, we heard about good links with community partners and voluntary groups that meant people were able to access support where their needs were not eligible under the Care Act 2014. Staff told us they worked closely with enablement teams, who mapped out and signposted people to support and helped them become more independent, including by meeting non-eligible care needs.

However, we also heard from people and partners that there was sometimes a lack of services for people with specific non-eligible needs, such as special interest and community groups. We heard positive feedback about the carers hub, but also heard unpaid carers with non-eligible needs struggled in some districts with accessing transport. National data from the ASCS for 2023/24 showed 79.26% of people felt they had control over their daily life, which was not statistically different from the England average (77.62%).

The local authority website had detailed information on the services people who did not have eligible care needs could access. This included services to help people remain independent within their homes and social or hobby groups to enable people to build their social support networks. The local authority told us how improving their prevention offer was a strategic priority and this would enhance their offer for people with non-eligible care needs. We heard about initiatives to address differences in availability of services between districts, such as a bus service to mitigate the impact of a lack of transport in some districts in the county.

Eligibility decisions for care and support

Assessments were structured so staff could assess people's needs against the outcome areas within the Care Act 2014 and establish if people had eligible care needs. The outcomes of assessments were shared with people. The local authority conducted audits of assessments to ensure eligibility decisions were consistently captured and assessed.

The local authority told us people could appeal eligibility decisions through their complaints process. Some people told us they had used the council complaints process to successfully appeal decisions around eligibility for care and support. A local authority report into complaints for 2022 to 2023 showed there had been 16 complaints made about Care Act eligibility decisions and where required, the local authority had revisited decisions to remedy errors. There had also been learning from these complaints, such as around accurate recording of eligibility and outcomes which were also monitored through audits of practice.

Financial assessment and charging policy for care and support

People faced delays to their financial assessments and calculations about care contributions were sometimes incorrect, which had a detrimental impact on people who could face unexpected charges for their care. Extended waiting times for financial assessment also increased the amount of debt the local authority held. The local authority was working to improve this at the time of assessment.

Feedback from people and partners about financial assessment was consistently negative. People said financial contributions sometimes left them with little money to live on. We heard more than one example where contribution calculations did not consider additional costs related to a person's disability, such as for additional laundry or mobility aids, for which people could reasonably expect to retain funds.

The numbers of complaints about financial assessments had increased. A local authority report into complaints for 2022 to 2023 showed there had been 6 complaints made about financial assessments and in that period only one referred to the Local Government and Social Care Ombudsman (LGSCO) which was upheld.

In the 12 months from September 2023 to September 2024, there had been 5 complaints about financial assessment and charging referred to the LGSCO and all 5 were upheld. These complaints related to both delays to financial assessment and miscalculations in people's contributions to care costs. In each case the local authority took action to remedy the situation with the people affected.

The local authority told us about work they had undertaken to improve their processes, information and advice about financial assessments. The local authority introduced additional guidance and a panel to look at how charges were calculated, including disability related costs. The local authority also told us about systems they had in place to prioritise assessments based on risk and to monitor cases where care was in place with no financial assessment, to avoid people facing unexpected charges. Alongside this, the local authority was undertaking work to review their policies and engage with people and partners to update their policies and processes. This had led to changes to how charges were calculated which would leave people with higher needs with more of their income.

Local authority data showed that over a 12-month period to March 2024, financial assessments took an average of 231 days to complete. Local authority data from September 2024 showed overall an average waiting time of 11 weeks, or 77 days, with 40% waiting less than 4 weeks. Whilst this showed an improvement, there were still significant delays to overcome through the improvement work.

Provision of independent advocacy

The local authority commissioned an external provider to deliver advocacy to people who required it. The contract included provision for Independent Mental Capacity Advocates (IMCAs), Independent Mental Health Advocates (IMHAs) and Care Act advocates. An advocate can help a person express their needs and wishes and weigh up and make decisions about the options available to them. They can make sure correct procedures are followed and challenge decisions made by local authorities or other organisations.

Safeguarding Adults Collection data (SAC) showed 100% of individuals lacking capacity were supported by advocate, family or friend which was a significant positive statistical variation from the England average (83.38%). Staff told us that for IMCAs and IMHAs, there was good access to advocacy for people when they needed it.

Staff and partners said there could sometimes be delays to referrals for advocacy and the local authority told us they had identified issues in booking advocates for visits for Care Act assessments. Local authority data captured the volumes of referrals and the time it took to close a case but there was not detail about the time it took to respond to referrals. The local authority had a strategic priority to improve the way they received and used data to monitor the performance of externally commissioned services, including advocacy. There was also work underway with the commissioned advocacy provider to increase capacity and improve access.

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

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

The local authority worked with people, partners and the local community to make available a range of services, facilities and resources to promote independence and to prevent, delay or reduce future needs for care and support. National data from the Adult Social Care Survey (ASCS) for 2023/24 showed 64.68% of people said their support helped them think and feel better about themselves, which was not statistically different from the England average (62.48%).

The local authority had led a number of initiatives as part of the system wide prevention activity to support people to maintain their independence and to stay healthy. These included focus on promoting healthy lifestyles, reducing frailty and support for people with drug and alcohol dependency. There were specialist resources for people with a learning disability and autistic people, such as a positive behaviour support team who worked with people to improve independence and reduce well-being risks, and other initiatives to improve accessibility of information and services, and to reduce health inequalities.

However, the LA recognised that they needed to improve the ways people navigated their systems and services, how they evidenced the impact of preventative services within Adult Social Care and supported people to live healthier lives, and the need for a more coherent strategy to support their preventative work.

There were established systems in place that people and staff could use, as well as work underway to improve this as part of the local authority's strategy. There was a detailed directory known as 'Your Circle' which signposted people to services in the community which would help to promote people's independence. People and partners told us there were sometimes gaps in this, which the local authority had identified and were addressing through their strategy.

The local authority gathered feedback on people's experiences of community services, such as those that supported people with their mental health, substance misuse or information and advice. People's feedback was positive about the impact these services had on improving their lives.

Unpaid carers gave mostly positive feedback on the support available to them in the community through the commissioned carers hub, but most of the unpaid carers we spoke with told us they felt unable to continue with hobbies or interests. However we also heard positive feedback about the information, advice, support groups and networks available to unpaid carers through the carers hub. National data from the Adult Carer Survey (ACS) said 89.53% of unpaid carers said they found information and advice helpful, which was a positive statistical variation from the England average (85.22%)

The 'Make the Difference' strengths-based approach and framework included a focus on strengths-based interventions at an early stage to increase people's independence and prevent and delay future need. We saw examples of where this was working well, such as the provision of information and advice, signposting to community commissioned services or the use of minor adaptations and equipment. There were also enablement teams who did outcome-focused work with people before an assessment to enhance their independence in areas such as managing their home environment and working with them to enhance their lives, such as enabling them to become more independent and confident using transport and participating in their communities.

The enablement teams worked with people to improve their independence. We heard how they connected people to community services, such as voluntary organisations, commissioned services and special interest groups to meet their needs. We heard an example of the enablement team supporting a person to move independently into their own home. We also heard positive feedback from staff about the impact the enablement teams had on people and their ability to delay and prevent future need, such as through helping people to learn bus routes or to develop their cooking skills. People and partners said that in some districts, community access could be an issue, because of a lack of transport links and the local authority had worked with district partners to overcome this through sourcing additional transport provision in those areas.

Partnership working was used to achieve shared priorities around prevention. The local authority worked jointly with partners on areas of shared focus within prevention, such as a joint five-year frailty strategy which focused on people's safety at home or avoiding hospital admission through the use of technology and equipment.

Staff told us about work they did with occupational therapists (OTs) to delay and prevent future needs from developing. The local authority commissioned Gloucestershire Health & Care NHS Foundation Trust (GHC) to carry out OT functions. The feedback about work with OT was mixed; some staff told us about positive examples of working jointly with OTs in a holistic way to increase people's independence with minor equipment or adaptations at home to prevent the need for more intrusive and restrictive interventions. Where teams were co-located, with local authority staff working alongside GHC OTs, we heard this worked well. However, we also heard that at times this could be disjointed, and that social work staff would not always know an OT had been involved until they visited a person and noticed equipment in their home.

The ‘Make the Difference’ framework outlined the local authority’s vision of a strengths-based approach to interventions that start from initial contact, including the use of minor adaptations and equipment to delay and prevent needs from developing. Inconsistent joint work between social work staff and OTs at GHC showed there was missed opportunity to fully achieve this ambition, because the model describes close communication between social work and OT staff to co-ordinate their interventions. Staff said these interventions were not always coordinated which created a barrier to the local authority fully implementing their ‘Make the Difference’ approach in the way it was intended when it came to delaying need from developing. The local authority had employed 4 OTs to support the locality teams and had appointed to a principal occupational therapist role to improve strategic oversight of OT to address the issues we were told about.

Provision and impact of intermediate care and reablement services

Reablement achieved good outcomes for people, but we heard there were gaps in capacity which the local authority was trying to overcome. The local authority commissioned GHC to deliver reablement services across the county, as part of an integrated reablement model funded through the Better Care Fund (BCF). We heard positive feedback about reablement that supported people to reach their baseline level of independence before looking at long term care. Short and Long-Term Support (SALTS) data for 2023/24 showed 91.18% of people were still at home 91 days after discharge from hospital with reablement. This was a positive statistical variation from the England average 83.7%).

There was not always sufficient capacity in the local authority's reablement offer to meet people's needs. The local authority told us how demand often outstripped capacity for reablement across the county. This meant they had commissioned alternatives to the GHC offer from the wider provider market and meant access to reablement was sometimes limited, which was reflected in staff feedback and national data. Adult Social Care Outcomes Framework (ASCOF) data for 2022/23 showed that 1.97% of people aged over 65 received reablement services after discharge from hospital. This was a tending towards a negative statistical variation from the England average (2.91)%.

The local authority had a reablement strategy and had identified an anticipated increase in demand because of the aging population in the county. The local authority was using new initiatives such as their hyper-localised commissioning model to improve access to homecare with a reablement focus. Hyper-localised commissioning is a model where a provider is commissioned to provide bulk hours of care within a small, defined local area, it is designed to overcome shortages in capacity that can be experienced in rural areas or areas where there is limited provision. Local authority and health data showed this work and other improvements had led to a gradual increase in people receiving reablement at the point of hospital discharge between November 2023 and October 2024.

Access to equipment and home adaptations

The local authority was aware of some shortfalls in the process for installing minor adaptations and community equipment in people's homes. The feedback we heard about equipment and adaptations was mixed. Staff described a process for ordering minor adaptations and community equipment that was difficult to navigate, with different providers commissioned for weekdays or weekends, with different expectations about delivery times. This meant staff sometimes had to work outside of agreed processes to obtain minor adaptations or community equipment if it was needed on a Friday when the provider would change the following day.

Staff and leaders told us they had been raising concerns about ordering community equipment since 2015, but that the commissioning contracts had continued to be renewed. Local authority data for March 2024 showed the average waiting times for delivery were over their service level agreement expectations, with the average delivery time of high priority equipment being 2.6 days, with the maximum time for minor equipment that month taking 10 days. However, the data did show a gradual reduction in waiting times over the 12-month period. The local authority told us about proactive work they had undertaken to improve access to minor adaptations and community equipment, such as an additional provider for weekends to respond to urgent need for equipment.

People sometimes waited for OT assessments. OT functions were delegated to GHC and the local authority told us the average number of days people waited for OT assessment was 63.5 days, with the longest wait having been 19 months. Data to monitor the performance of the OT contract was limited and was another area the local authority was working to improve as part of their data strategy. After the assessment we saw evidence to show OT waiting times had reduced further, with average wait times down to an average of 4.4 weeks by October 2024.

There were long-standing systems and processes in place, such as the Countywide Sensory team who delivered equipment to people with a hearing impairment. In hospital discharge, we heard about good joint working between social work and OT staff who worked alongside each other in integrated functions. Staff said equipment was ordered and installed alongside social care interventions to support discharge home from hospital.

Provision of accessible information and advice

People could not always access information and advice in a format that was suited to their needs. National data from the Adult Social Care Survey for 2023/24 said 74.6% of people who used services found it easy to find information about support, which was a positive statistical variation from the England average (67.12)%. There were areas of good practice, such as a commissioned dementia advisory service to support people living with dementia to access information and advice. There were also approaches to engagement and grant funding the local authority used to develop and provide information and advice to people and communities. However, we found some inconsistencies in the local authority's information and advice offer when it came to the accessibility of information.

People and community partners told us about examples where people with visual impairments who required large print did not receive information about their assessments and care plan in a format that they could read. In another example a person was registered blind but continued to receive letters from the local authority, despite having told them they were unable to read them. Staff told us important information about setting up a direct payment was not available in an easy read format, which meant some people may not have been aware of their rights and responsibilities when it came to direct payments.

The local authority website could be translated into a wide range of languages, but there was not a similar offer for people who required information in a paper format. This meant people who did not speak English but were not confident using the website could be disadvantaged. Staff described good access to translator services through the local authority arranged contract.

We heard feedback from unpaid carers that they thought they were not entitled to support because of having assets or income above the threshold at which they would be expected to fund their own care, despite the local authority's fairer contributions policy stating unpaid carers' services were exempt from charging. Replacement care to provide a break to an unpaid carer is usually not deemed to be a carers service because it is provision delivered to the person they care for, but direct support to the unpaid carer, such as through a carers direct payment, would be a carers service. Therefore these unpaid carers could be entitled to carers support they were not receiving and had not been fully informed of their rights to assessment and support.

Unpaid carers also told us they would often only find out they may be entitled to support from other sources, such as voluntary organisations, rather than from the local authority themselves. The local authority's last carers survey for 2021 to 2022 showed unpaid carers often felt tired, depressed and stressed with 69.47% of carers saying they suffered from disturbed sleep. This showed there were opportunities to better support unpaid carers to understand their rights through information and advice. The local authority told us they provided information and advice to unpaid carers through leaflets and through their commissioned carers service. They also had carer's champions within frontline teams to ensure staff were informed on this. However, the feedback we received showed these measures did not always ensure unpaid carers were aware of the support available to them.

The local authority told us how their own survey data showed there had been a reduction in people who said they found it easy to find information and advice, with satisfaction reducing from 79.5% to 71.9% in the last two surveys. The feedback we received showed work the local authority was doing in this area had not yet had its' desired impact, around both accessibility and ease of access to information and advice.

Direct payments

People said they had found direct payments useful, and we saw examples of these being used to enable people to plan their care in a personalised way. We heard about direct payments being used to encourage people to become more independent or have better choice over their life, including moving to live independently when they had previously been in residential care. National data from the Adult Social Care Outcomes Framework (ASCOF) for 2022/23 showed 11.71% of service users received a direct payment, which was a significant negative statistical variation from the England average (26.22%).

The local authority employed a direct payment specialist in each locality team, and we heard from staff there was no delay to setting direct payments up. The local authority monitored direct payment uptake which showed a consistent number of people took on a direct payment each month. The majority of people cancelling a direct payment did so because they no longer required it because of their circumstances, such as moving into residential care.

Partners described how the local authority had encouraged the use of personal assistants but that some people had been put off by the need to find and source care or activities, which was difficult in some parts of the county. Partners also said people often fed back that the hourly rate was not sufficient to find a personal assistant, which deterred people from using direct payments. The local authority had identified this as an area to improve and had plans to shape the market to improve the options available to people who may wish to purchase their own care through a direct payment. For example, a 'Community Catalysts' project had commenced at the time of our assessment which aimed to build smaller-scale care options for people as an alternative to larger homecare providers. This was designed to support people who may wish to purchase and self-direct their own support through a direct payment.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority undertook work to understand their communities and demographics, but not all this work was embedded or achieving the vision of the local authority. We heard positive examples of work the local authority was undertaking to help people to overcome barriers to care. Staff told us about work which was focused on improving engagement and empowering underrepresented communities to align health and social care services with community needs.

Health partners, staff and leaders described how health inequalities were a focus across the system. The local authority and health partners had used public health data to identify strategic priorities and address them through a Health Inequalities framework. The framework identified actions and interventions for key stakeholders to address health inequalities. For example, targeting support around awareness of cancer or diabetes towards communities or groups who faced health inequalities within these areas. The local authority and partners had established a Gloucestershire Race Collective which was a group who built bridges between ethnic minority groups and institutions to improve outcomes and reduce inequalities.

We heard positive feedback from people about work undertaken to improve the experiences of people from different minority ethnic backgrounds and faiths when using mental health services, in response to findings that people from black and minority ethnic backgrounds were more likely to be detained under the Mental Health Act. The local authority and partners had commissioned research to understand what barriers prevented people from black and minority ethnic communities accessing mental health services at an earlier stage to respond to this area of health inequality.

However, we heard from community partners that recent work to engage minority ethnic communities was at an early stage and there was no tangible change that these communities had seen yet. One partner said there were minority ethnic communities they worked with who would be fearful of being contacted by a social worker. They were not aware of any work to reach out to these communities to understand their concerns about accessing services. This showed the work had not yet reached the people or communities the local authority intended it to.

The local authority responded to emerging issues or concerns to promote equality and remove barriers. Staff told us about work the local authority had undertaken in response to feedback from community groups that Asian women had difficulty accessing services. Specific focus groups were set up to gather feedback from this group to inform the local authority's strategies and ultimately improve services. Staff told us this resulted in improved services in areas they were concerned about, such as wellbeing conversation events and diabetes awareness projects. However, we also heard from community partners that work to engage people from the local Asian community in developing new provision had not led to any significant changes in response to their feedback. Another community partner said people from minority backgrounds had been asked to attend repeated co-production sessions but did not hear any feedback about what had been done with the information they had shared at previous meetings.

Partners said the local authority's approach to co-production was often to reach groups through religious organisations and this sometimes excluded people from minority ethnic backgrounds who did not belong to a particular faith. The local authority acknowledged that improvements to co-production work was an area of recent focus and some of the impacts of this work had not yet been realised.

There was a strong focus on equality and diversity amongst staff, with leaders demonstrating a commitment to supporting staff and creating an inclusive environment. There were a variety of staff equality networks and initiatives to support staff from different backgrounds, such as staff from black and minority ethnic backgrounds. Feedback about this was positive whilst leaders acknowledged a desire to do more to increase representation of staff from minority ethnic backgrounds in leadership roles.

Staff and people spoke positively about the local authority's response to recent racially charged incidents, with examples of how the local authority had worked with people and staff from minority ethnic backgrounds to understand their experiences and to help them feel safer within their communities. Some of this was recent and instigated by the civil disorder, but there was longer standing work in place staff told us about. For example, work had been undertaken in the community to build a better rapport with people from the Pakistani, Bangladeshi and eastern European communities, which were known about through work the local authority had undertaken to understand their population and to identify barriers and health inequalities.

The local authority had developed an inclusive directory in 'You're Welcome Gloucestershire'. This website listed a wide range of activities and information for people with accessibility needs, ranging from practical activities and social groups as well as identifying venues and places where people could find autism-friendly and dementia-friendly spaces and activities. It contained activities to meet the needs of intersectional groups, like people with a disability who identified themselves as lesbian, gay, bisexual, transgender or queer (LGBTQ).

We heard positive feedback from community partners and people about some recent initiatives. For example, the creation of a social group for older people who identified as LGBTQ. There were initiatives across the partnership promoting inclusion for the LGBTQ community which was brought together by an LGBTQ partnership board. We heard positive feedback from people about how they felt more included and less stigmatised within their community than they had historically.

Public health data was used to understand demographics. There was a Joint Strategic Needs Assessment (JSNA) which included information about demographics and areas where people were or may face inequalities. The local authority's Director of Public Health published an annual public health report which provided a 'deep dive' into particular areas of need. The local authority's 2020 public health annual report was themed around health inequalities and had been used to inform some of the initiatives we heard about during our assessment.

The 2022 public health annual report looked at the importance of social connections and social capital, and showcased work such as warm spaces and work with organisations within the county to promote health and wellbeing. We saw how this was consistent with approaches in adult social care, such as the enablement teams who assisted people with accessing community support, or the 'know your patch' networks which aimed to connect people to both statutory and voluntary community resources.

Adult social care data was undergoing improvement work so it would be able to provide further insights. The local authority recognised that they needed to improve its use of data in adult social care to better understand their performance in relation to people from minority communities and seldom heard groups. A 2022/23 adult social care diversity report identified a need to improve the way protected characteristics were recorded and how data was used to understand people's experiences and identify any barriers they might face. For example, to improve how data could tell the local authority about if any particular group faced barriers to access or received different outcomes to other communities in areas such as waiting times, access or eligibility decisions.

Work had taken place to start to address this. Recent improvements through the adult social care data strategy provided staff and leaders with more detail of people's adult social care journey, including recent work to improve the 'feedback loop' and hear more from people about their experience. Auditing now also focused on improving how information about people's backgrounds and protected characteristics was captured by staff.

Much of this work was recent and had not fully embedded by the time of this assessment. There were gaps in the local authority's understanding of people's experiences through data and engagement which meant the local authority's ability to measure how much progress had been made against the public sector equality duty (PSED) under the Equality Act 2010 was limited. The PSED states public authorities, 'must consider, and keep reviewing how they are promoting equality in decision-making, internal and external policies [and] the services they provide'. Work was underway to improve data so the local authority could better understand the experiences of people accessing their Care Act functions. Enhanced use of data would improve the local authority's ability to consider and keep reviewing how they promote equality through the services they provided.

Inclusion and accessibility arrangements

The local authority had systems in place to provide information in inclusive and accessible formats, but we heard multiple examples of people not receiving important information in formats that were accessible to them. Staff told us about gaps in information available to people who did not speak English, if they were unable to access information online.

We heard about gaps in the local authority's accessible information offer from leaders, staff, partners and people. Staff described how information about setting up a direct payment was not available in easy read format, despite a significant proportion of these being used by people with a learning disability. We also heard examples of people who required information in large print being repeatedly sent information in regular print that they could not read due to a visual impairment. The local authority was aware of a need to improve its information and advice and its accessible information policy was under review.

The local authority had a translator service which frontline staff could call upon when visiting people and carrying out assessments. We heard that this service was timely and effective for staff to call upon when required.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

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

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding local needs for care and support

The local authority had undertaken strategic work, engaged partners and undertaken projects with frontline teams to understand local need. The local authority and partners had undertaken a Joint Strategic Needs Assessment (JSNA) which looked at health and social care needs alongside demographics data across the county to inform anticipated demand. We saw how this work, as well as data from adult social care and public health, was used to inform commissioning priorities, such as around enhancing complex care for older people in both homecare and residential settings or developing the workforce to address anticipated demographic challenges.

There was a new whole market position statement (MPS) for 2024 which set out how the local authority would respond to changes in demand as a result of changes in the population. For example, this MPS identified a need for more homecare and residential provision because of an aging population and the need to increase capacity and workforce. The local authority recognised where there were gaps in available data and their understanding. The MPS also described a lack of information about people who funded their care privately, which limited the local authority's understanding of the demand for community care.

The local authority also carried out smaller projects to understand the local market. Staff told us about a recent gap analysis in which they looked at homecare, including complex care in the community. Through this, they identified a need to review contract length which resulted in an improved training offer to provider staff, to better support providers to deliver complex homecare in the community. The local authority carried out impact reports to understand gaps in the community and voluntary sector so they could target grant funding to these areas. They told us how they had recently targeted funding to reduce social isolation and support people to find meaningful occupations after gathering feedback from community groups. These priority areas also aligned with the priorities of public health, which showed a coherence across the local authority in this area.

Market shaping and commissioning to meet local needs

People had access to a range of choices of housing and care or residential provision, but the local authority was still working to overcome gaps in homecare provision in parts of the county. We saw examples where care was delayed due to lack of provision, which was reflected in the local authority's data of waiting times for brokerage. Partners gave positive feedback around housing and care options, but also said some areas lacked sufficient choice, such as commissioned services for social activities for people. National data from the Adult Social Care Survey (ASCS) for 2023/24 said 69.00% of people who used services felt they had choice over services. This was not statistically different from the England average (70.28%).

The local authority had set out its commissioning priorities in a market position statement (MPS) and used this to develop strategies to meet commissioning need. The 'whole market position statement' the local authority had recently published set out the local authority's aims and expectations when it came to commissioning. It described plans to overcome challenges presented by the aging population in the county, including the anticipated impact on residential and homecare provision. It described an anticipated rise in demand for complex care at home and nursing care as well as workforce challenges, as people lived longer and the population of people aged over 65 grew. The MPS identified 6 core challenges and outlined 14 actions to respond to them. These included developing an all-age carers strategy, developing nursing or dementia care as well as refreshing approaches to prevention and refreshing joint approaches to housing and care models. This work was all underway at the time of our assessment but had not yet been fully implemented.

Whilst much of this strategic work was recent, there had been ongoing research into local need but we heard how the coronavirus pandemic had delayed some of this work from reaching implementation phase. The local authority had identified a need to renew commissioning strategies in response to their findings and there was work underway to address this. For example, the market position statement for people with a learning disability and autistic people was last published in 2014 and a new commissioning strategy was being worked on and due to be published after our assessment.

The local authority alongside health, housing and community partners had published a Housing with Care strategy in 2020. The strategy outlined plans to develop specialist housing across specialist groups, including development of extra care housing for older people and supported living services for working age adults. Through this strategy the local authority had implemented actions that were successfully meeting the needs of people with a learning disability and autistic people. The joint strategy focused on work with housing to develop the housing and care offer in the county, including development of more supported living. We heard from staff how these projects had increased the availability of specialist housing provision and led to instances of people moving to a more independent model of care after spending time in hospital or within residential provision. The local authority was able to meet demand for provision for people with a learning disability which meant out of area placements were rare, and usually only took place when people chose to move to a new area and not because of any shortfall in capacity.

The housing and care strategy had also led to the development of more extra care provision which helped to address challenges around community capacity and complex care at home. Leaders told us how housing could be a challenge across the county, with housing functions sitting within the district councils and housing had been an area of strategic focus for a long time. Staff and partners spoke positively about this work and we heard how it had meant people and staff had a variety of choices when looking at long term care options. Work was underway to refresh the housing with care strategy, overseen by the Gloucestershire Strategic Housing Partnership.

There was a well-established integrated commissioning model in place between the local authority and the integrated care board (ICB). The model encouraged innovative approaches to commissioning. We heard from partners, staff and leaders how work across the system enabled them to identify commissioning approaches, such as the use of technology, to overcome the anticipated increases in demand for community care alongside workforce pressures. For example, staff told us about a virtual ward initiative being jointly funded with health through the digital social care funding stream that was designed to overcome these types of challenges. We also heard examples from frontline staff of partnership working within commissioning for discharge home from hospital and finding people the right housing and care. The integrated model was well established across the ICS with an integrated commissioning director in post covering both the local authority and the ICB to ensure this work had shared strategic oversight.

Staff told us about different ways the local authority shaped the local market to ensure it stayed up to date with best practice. Staff described how the housing and care work had used best practice guidance to design services for people with a learning disability and autistic people. The local authority had recently decommissioned some residential care in order to recommission a model that would better meet current need and enable the local authority to commission services that were better designed for the use of technology, in line with the local authority's strategic ambition.

Providers gave us mixed feedback around the local authority's approach to market shaping. Providers spoke positively about the work the local authority had done to involve them in strategic planning through co-production and engagement, but we heard that concerns they raised were not always acted upon by the local authority and some mistrust had developed. The 2024 MPS outlined feedback from providers and presented these issues openly, but the feedback we received from providers showed they did not yet feel like issues they raised with the local authority would always be addressed.

The local authority was working to overcome challenges associated with their geography. The dispersed nature of some communities in more rural areas made it difficult to find and commission homecare because of the impact of travel time and availability of staff to carry out homecare calls. There were also specific capacity challenges around workforce in some of the urban districts, which the local authority was aware of and was working to overcome.

The local authority had recently introduced a hyper-localised commissioning model. This was a model of commissioning for homecare where one provider who is established in a small, defined local area is commissioned to deliver all or most of the commissioned care hours there, to provide better reliability to people who lived there because it intended to provide improved availability to staff. The local authority told us how the provider was commissioned for a block of hours which they used to meet local need. The local authority had also implemented this because it would improve environmental sustainability through initiatives with providers where staff used active travel such as bicycles to travel between calls.

The hyper-localised commissioning model was still becoming embedded and we did hear feedback that this had led to some challenges for providers when plans had changed in a region. The local authority and providers said they recognised the initiative was new and needed some time to develop. Despite being new, the local authority told us the hyper-localised commissioning approach had ensured that between August 2022 and October 2024, there had been a 40% increase in people receiving homecare services. Local authority data showed 26.2% of over-65s receiving homecare did so under this model.

Ensuring sufficient capacity in local services to meet demand

Feedback about the level of choice and availability of care provision was mixed. We heard some people were provided with choices when planning their care, but we also heard from unpaid carers and partners that provision for unpaid carers and from community services was sometimes limited.

Local authority data on waiting times for brokerage showed 34% of people waited three weeks or longer for care across the county, with longer waiting times in certain localities. There were also concerns shared by some staff that embargos on poorly performing homecare providers were lifted too early.

There was sufficient capacity in both residential and supported living provision for people with a learning disability and autistic people which meant people were rarely placed out of county and if they were it was due to it being their choice. The local authority monitored anyone placed out of county, including the reason for the placement. The local authority prioritised overdue reviews for people placed out of county.

Whilst capacity was good in some areas, we also heard about challenges. Partners said hospital discharge was sometimes delayed because of a lack of specialist provision for people living with dementia. Staff told us about occasional difficulties finding mental health provision and shared examples of situations where people's placements had broken down up to five times. There was strategic work to look at this as part of the integrated commissioning approach. We also heard about current initiatives to prevent placements from breaking down. For example, the local authority had a dedicated team to support providers in developing their positive behaviour support (PBS) approaches and training, to support providers of complex care.

The local authority had identified that current demand for reablement services through their Home First model was higher than their capacity. They used the hyper-localised procurement framework to commission providers from the wider market to deliver reablement to keep up with demand. However, staff and leaders told us there remained gaps in reablement provision. Leaders told us redeveloping the reablement model was a current strategic priority.

Community partners said day services and activity provision was a challenge in some areas, with people not having access to free or low-cost provision. We also heard that voluntary partners had struggles with funding, with some funding streams coming to an end. They told us how this had led to gaps in areas such as activities and essentials such as warm homes and food provision. The local authority told us they provided information to people and community partners about access to household support or warm spaces through their 'Know Your Patch' networks.

The local authority told us about a number of established and new initiatives with their voluntary and community sector, such as around low-level mental health support and support for people with a hearing impairment commissioned by the local authority to be delivered by community partners. Alongside this, we saw how grant funding had recently been used in areas such as to reduce isolation and improve outcomes for young families.

Ensuring quality of local services

Data showed that 83.78% of locations within the county were rated good or outstanding by the Care Quality Commission, with 16.22% rated requires improvement and none rated inadequate. The majority of people whose care was commissioned by the local authority were using good or outstanding rated services. The local authority told us in March 2024 they had 4449 people using good or outstanding rated services, and 810 people using requires improvement rated services.

There were teams and systems in place to monitor services and we heard how a service with a requires improvement rating would be closely checked. However, people said they were not always sure where to raise provider quality concerns and that action was not always taken when people or relatives raised concerns with residential services. The local authority told us they were working to improve their processes for providers of care to people who were aged over 65, to align them with their longer-establish processes for providers of care to working age adults.

There was a disabilities provider quality assurance team, who worked closely with providers of care to working age people, and an older person's contract management team who worked with providers of care to people aged over 65. At the time of assessment, work was underway to align these two processes because the local authority had identified inconsistencies in approach that they wanted to address.

These teams worked with locality and safeguarding teams to support providers and respond to any concerns about quality. The team carried out welfare checks or full quality visits in response to safeguarding concerns raised by teams. Providers received regular visits, with high-risk providers receiving visits at least every three months. For those performing well, risk levels were reduced, and follow-up visits became less frequent. The team also involved people with lived experience in their work and we heard how quality visits were completed by experts by experience.

There was a disconnect between how the local authority and providers understood electronic call monitoring systems worked. We heard concerns about how the local authority used electronic monitoring from every provider we spoke with. The local authority used an electronic system to monitor funded care hours to ensure they were being delivered as agreed, but providers felt this system was being used in a way that limited their ability to be flexible in how they used people's hours and that this could impact on choice.

The local authority told us the system was not introduced to work in this way, but they had taken action in situations where significant discrepancies had been identified. The local authority told us the system would not prevent a person from using their hours differently, for example to change daytime hours to nighttime hours if a person wished to choose a different activity. We saw evidence from contracts to show that monitoring was designed to allow flexibility for people and the local authority provided examples of where it had been used to enable personalised care for people. The feedback from providers demonstrated there was an inconsistency between provider understanding and local authority intention around electronic call monitoring.

Ensuring local services are sustainable

There was a visible strategy for ensuring services were sustainable, but providers faced some challenges around fees and invoicing. The local authority carried out work with providers to understand challenges in the market. We heard how commissioning processes focused on understanding a fair cost of care which considered costs for paying staff a living wage and providing sufficient training. Providers said this worked well in some areas but also that rates did not match the cost of the care they were commissioned to provide. The local authority was aware of this and told us they had considered cost of care when working out their rates. The local authority's 'Gloucestershire Market Sustainability Plan' published in 2023 included a cost of care exercise which found that the cost of care was significantly higher than the cost that the local authority paid providers across all areas, but more so in their bed-based care provision.

We also heard examples of late payments to providers, including one example in which a significantly large debt was accrued. The size of this debt could only have been absorbed by a larger provider and would have significantly impacted on a smaller provider's ability to continue operating. The local authority was aware that late payments were an issue and they told us work was underway to improve their process of paying invoices in a timely way.

The local authority had developed a Proud to Care team who worked with providers to promote sustainability by supporting them with recruitment, retention and training staff. The initiative was used to share best practice and showcase positive examples of staff proactive self-development in health and social care skills to support career development and share ideas.

Partnerships and communities

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. The partnerships with health were embedded with strong integration from a strategic level through to the frontline. We heard consistent feedback from local authority and health leaders that the layout of the One Gloucestershire integrated care system (ICS), which aligned with the local authority's boundaries, meant they were better able to work towards shared strategic priorities with health partners than other ICS' where there were multiple local authorities within a footprint.

We heard about productive and constructive strategic links, with leaders from the local authority and health partners regularly meeting and working jointly to achieve strategic priorities. There were ICS-wide approaches to frailty, end of life care and developing the provider market. There was also a system-wide mental health transformation programme underway involving all partners across local authorities, health, community and voluntary partners. The work outlined objectives around improving access to services, shortening waiting times and increasing access to specialisms. As well as looking to achieve local objectives, this joint strategic work was aligned to national objectives through the NHS Long Term Plan and the NHS Mental Health Implementation Plan.

The ICS had published a 2023 People strategy, in conjunction with the local authority. The strategy outlined shared themes and objectives in areas such as recruitment and retention, training, promoting equality and building a diverse workforce. The strategy had several working groups which reported into an ICS people board. We heard consistently from leaders and staff that increased recruitment and improved retention was a shared priority. Local authority and health leaders and staff jointly put on recruitment fairs as well as implementing shared approaches to delivering training to achieve this strategic aim.

Partners worked across the system to reduce health inequalities. The local authority's public health function was represented at the health and wellbeing board and we heard positive feedback about this from both the local authority and health partners. The Director of Public Health published an annual report about the health of the population. We heard about how the annual reports were well received and fed into shared strategic priorities such as around alcohol and weight management. Public health had recently undertaken analysis into life expectancy and healthy ageing in the county which provided detailed analysis of the health of the population and how this would impact on future health services. This was being used to inform health and local authority priorities.

There was a shared strategic priority around urgent and intermediate care, which formed part of the local authority's transformation strategy as well as being a shared focus of the ICS. We heard how partners played key roles in this, including public health who were supporting with data and analysing life expectancy, health and future demand. There were areas of challenge, such as around the use of reablement to improve hospital discharge rates. We heard from leaders about constructive and productive conversations in this area whilst the local authority and health partners looked at their reablement and Home First model to find ways to improve capacity which would achieve a shared objective for the partnership. Health partners also spoke positively about recent work around housing and the use of technology to avoid hospital admission.

There were partnership boards covering a range of priority areas in autism, unpaid carers, learning disability, mental health and physical disability and sensory impairment. We heard how these boards had been used to inform and agree strategic priorities in areas such as commissioning for people with a learning disability and unpaid carers. There was a Strategic Housing Partnership which was a body with representatives from the local authority, housing leads from each of the district councils, social housing providers and the integrated care board (ICB). This partnership had been used to implement plans to increase housing and care provision and the partnership were reviewing the current housing strategy at the time of assessment.

Arrangements to support effective partnership working

When the local authority worked with partners, there was an open and constructive partner relationship across the ICS. Feedback from staff, leaders and partners showed that understanding for system responsibilities and accountabilities was clear through shared strategies and partnership boards.

We heard positive feedback about working arrangements and relationships in integrated teams, but there were gaps in oversight of data and understanding performance. Recording systems were often incompatible and did not share data easily between partners. There were section 75 agreements in place for mental health and hospital discharge, as well as occupational therapy and use of the Better Care Fund (BCF). There were also formal agreement in place between the local authority and GCH around the use of reablement and hospital discharge. The feedback from both local authority and health staff was mostly positive. We heard examples of staff working together in an integrated way that ensured people's needs were met holistically with health and social care needs being considered as one.

However, there were gaps in strategic oversight of these agreements and this meant impacts on people in areas such as waiting list were not addressed promptly. We heard from staff and leaders that information sharing could be a challenge, with difficulty sharing data to monitor performance and staff said inability to access each other's systems could sometimes create barriers to effective partnership working. There were initiatives designed to overcome this. For example, staff told us about 'Joining Up Your Information', which was a shared care record system that provided an overview of people's health and social care records in one place. The local authority's data strategy was focused on improving the sharing of data to monitor delegated functions, and there had been improvements to the level of data available to the local authority before this assessment.

The local authority and partners across the ICS were involved in the 'working as one' programme plan which was a plan of improvements to urgent and emergency care. An initial detailed review had looked at the system and identified efficiency and effectiveness could be improved in areas such as prevention or system flow. The detailed review had been used to inform planning in this area. The implementation plan ran until December 2024 and was underway at the point of this assessment. We heard positive feedback about the arrangements and joint working in this area from health partners.

There were joint strategic approaches to commissioning, which was delivered through an integrated commissioning model. The model was extensive, and included health, adult social care and children's health commissioning. We heard how there was a shared focus between partners when it came to commissioning, however we also heard how the benefits of this had not been fully realised when it came to reablement or complex care, particularly in mental health.

The health and wellbeing board oversaw the Better Care Fund (BCF) and how it was used. BCF is a funding stream from central government which is intended for use for integrated projects that achieved shared outcomes around avoiding admission to hospital or hospital discharge. There was a shared strategy on how the BCF would be used, with a focus on shared priorities such as urgent care and improving services for unpaid carers.

The local authority's 2023 to 2025 BCF plan described how this funding was being used in areas such as falls prevention, expanding the use of virtual wards or increasing access to rapid response urgent community services, to avoid hospital admission and prevent future need. The local authority and the board monitored the impact of BCF and their monitoring tool showed they were on target to achieve targets in areas such as falls prevention and avoiding unplanned admissions. This showed the joint funding was having its desired impact. Our findings showed that use of the BCF had not yet achieved its aim around increasing access to reablement, but work was underway to address this.

Impact of partnership working

The positive impact of close working relationships across the ICS was a consistent theme of feedback we heard from staff, leaders and health partners. Staff described how within the integrated teams they were able to respond promptly to urgent situations, such as acute crises in mental health to avoid hospital admissions. We also heard about positive joint working between the local authority, housing teams and health to support people with complex needs to become more independent. Staff here also undertook training to become trusted assessors, which meant housing or local authority staff could undertake some tasks that an occupational therapist would have done previously. We heard how this had both improved efficiency and helped frontline staff across the partnership to better understand the work of each other.

There was a shared approach to provider quality through the ICS quality group, who maintained oversight of providers in the area and provided detailed reporting on any quality issues or concerns. The group was informed of safeguarding concerns as well as regulatory compliance, with regular information sharing between partners. Staff spoke positively about this, and we heard from health partners how this was something that worked well, with good sharing of information and intelligence to ensure that where people were funded by health, staff had access to information about the quality of provision to make informed decisions.

In other areas we heard about work having started, but the impacts not yet fully realised. For example, the integrated approach to workforce development to aid better recruitment and retention had led to gradual improvements in workforce within the local authority, but there was a lack of data to show its impact on the wider system. We heard from providers that workforce remained an issue in the provider market and staff told us there were vacancies in some of the integrated care functions. This showed that partnership working would take time to develop and embed to fully demonstrate its impact on workforce.

Working with voluntary and charity sector groups

Voluntary and charity partners gave mostly positive feedback about their work with the local authority and the ICS at a strategic level, but they also said co-production work had only developed recently. There was established work around safeguarding and improving outcomes for young people which the local authority drew upon the experiences and expertise of partners to achieve. There was also work underway across the ICS which partners were involved in to better understand changes in demand for mental health services.

The local authority and voluntary partners had established networks such as 'Know Your Patch' which brought together community, voluntary and local authority partners at a district level to understand the challenges at a local level. The feedback about this was positive and we heard how it was used to inform planning of services. Staff worked within roles in the local authority specifically to work with the voluntary and community sector and we heard about positive impacts of this through the work of the enablement team, who supported people to access these services.

There was a 'Your Circle' directory which drew together services from the voluntary and community sector to inform people of what was available in their communities. The local authority website contained detailed information for people about what was available in their district, and we heard from staff and partners how this was the result of work being done with voluntary and charity partners.

People, staff and partners described some gaps in community provision and the local authority told us about work they were doing to address this with grant funding. For example, gaps in transport in some districts were being addressed through a variety of initiatives, such as the provision of a bus as a pilot project in collaboration with voluntary partners.

Theme 3: How Gloucestershire County Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

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

Safe pathways, systems and transitions

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Safety management

Staff, leaders and partners told us that safety was a priority for everyone. However, gaps in data and provision meant oversight of safety was inconsistent. Staff and leaders felt there was oversight of safety, but they told us they sometimes had to work around barriers presented to them by shortfalls in data. We also heard from staff and leaders how lack of provision could sometimes cause people to be readmitted to hospital shortly after discharge and the measures being taken to address this through improving community provision had not yet been fully implemented. The local authority did not always have clear visibility of this issue due to gaps in data and data-sharing.

The local authority worked closely with partners to ensure safety in the system with aligned policies and procedures. Joint work to understand and ensure provider quality was well established through the joint commissioning partnership arrangements. We received positive feedback about the local authority's approach, which involved not only professionals, but people with lived experience too who spoke positively about being involved in this work.

The local authority did not have consistent pathways and processes in place for people who funded their own care. The local authority recognised they had a lack of data to understand the experiences of these people, including if there was sufficient capacity in the care market for them. Unpaid carers and partners were not always aware of their right to support with finding care even if they were a self-funder, or that unpaid carers could access support without a financial assessment. This showed this was not working as the local authority had intended, because people and unpaid carers were not always aware of their right to support which could place them at risk of not having their needs met.

Out of hours support staff said there was always cover and there were good links with the weekday services, which joined up with health partners and provided clear processes for staff to follow. There was out of hours support for people who experienced mental health crises, and we heard good feedback from staff about how this functioned.

Safety during transitions

Young people preparing for adulthood had a mix of positive and negative experiences when they transitioned from children's to adult's services. The pathway for young people transitioning to adulthood was a focus of improvement work at the time of our assessment. Partners told us young people and their families experienced challenges when preparing for adulthood. There was sometimes confusion about roles and responsibilities and feedback from staff showed this was consistent with people's experiences. People and partners described gaps in provision for young people after they reached adulthood, particularly in activities and short breaks. Whilst we heard about challenges for young people at transition, the local authority had received positive feedback about the process following recent improvements. We saw examples of multiple compliments from parents and providers about transition.

The local authority knew this was an issue and leaders said they wanted to get to a position where planning for adulthood started at an earlier stage, with a clear process and support in place for young people and unpaid carers. The preparing for adulthood strategy ended in 2023 and work was underway to develop a new strategy with children's services and partners. A December 2023 joint inspection by CQC and Ofsted of the local authority's special educational needs department (SEND) identified a need for earlier planning to ensure a more effective and efficient transition to adulthood. Leaders acknowledged a need to prepare young people and their families at an earlier stage and improve the links with children's services.

There was a team who assessed young people as they transitioned from children's services to adult social care. There were regular meetings between teams in Children's and Adult's services for planning, which usually started from 16 and a half years old. Where a young person had particularly complex needs then this work would start sooner. In mental health we heard that sometimes referrals came late to the CMHTs, which left the team with less time to prepare. There was also sometimes uncertainty about funding for children reaching adulthood, with staff not always knowing at an early enough stage whether funding should be joint with health.

People's experience of hospital discharge varied; teams often achieved good outcomes but where people had complex needs there were sometimes challenges. Hospital discharge teams worked with people when they were ready to return home. There were defined pathways for people depending on their level of need which staff understood. Staff described good links with health colleagues as well as the locality teams to ensure continuity of care and oversight when people returned home. The local authority used a 'home first' model for hospital discharge and this had been a focus of improvement work. The local authority had invested in community capacity and improved systems for accessing brokerage to increase the options available at discharge. Local authority data from November 2023 to October 2024 showed increased access to 'home first' support and improving outcomes for people who received reablement, with people requiring fewer care hours after a reablement intervention.

Staff also told us gaps in homecare provision had led to people who could be supported back to their homes needing to be discharged into care homes. The local authority was aware of the high demand for reablement or community-based care and told us they had commissioned homecare providers to address this, as well as implementing new approaches to commissioning which were aimed at improving capacity in more rural areas. The feedback we received showed this had not yet fully met this unmet need.

Partners said there were sometimes challenges in finding the right provision where people required residential care for complex needs, such as for people living with dementia. This meant people on these pathways could sometimes face delays to their discharge home. However, most feedback was positive and partners described a good choice of residential provision for people with a variety of complex needs related to their mental health, a learning disability or autism.

People were rarely placed out of the county unless it was their choice to do so. Where people were placed in provision outside the county, we saw there were systems for monitoring these placements through reviews and quality checks. Work was underway to get reviews up to date and people placed out of county were being prioritised in this work due to the potential risk.

Contingency planning

There were plans in place to respond to any urgent or unforeseen interruptions to service delivery. The local authority knew how to respond in certain scenarios, such as extreme weather or service failures. There were processes in place for staff to follow and these had been recently reviewed.

The local authority had a business continuity plan regarding all its services and for adult social care there were processes to follow in the event of a providers closing due to ceasing business, CQC enforcement activity or events such as fires or floods.

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Safeguarding systems, processes and practices

National data from the Adult Social Care Survey (ASCS) for 2023/24 said 71.46% of people who used services felt safe, which was not statistically different from the England average (71.06%). The same data also showed 91.17% of people who used services said that those services made them feel safe, which was a tending towards a positive statistical variation from the England average (87.82%).

There was a single point of access to ensure clarity across partners and the public about where and how to raise a concern. A safeguarding team progressed referrals and made decisions about when to open an enquiry under section 42 of the Care Act 2014. A section 42 enquiry is the action taken by a local authority in response to a concern that a person with care and support needs may be at risk of or experiencing abuse or neglect.

The local authority monitored safeguarding performance, with systems informing leaders about volumes of concerns or enquiries, types of abuse or how long enquiries took to conclude. They also used national data to compare performance against other local authorities.

National data *(*Safeguarding Adults data collated and published by NHS England in 2023/24*)* showed the local authority had 531 per 100,000 population for the numbers of safeguarding concerns raised, which was the third lowest of 16 comparable local authorities. The local authority had 137 section 42 enquiries per 100,000 people, which was the second fewest s42 enquiries compared with 16 comparable local authorities. The same national data showed 94% of safeguarding concerns went on to become section 42 enquiries which was consistent with comparable local authorities.

A 2022/23 performance report by the Safeguarding Adults Board (SAB) identified that an enhanced screening process at the point of referral could be screening out referrals that did not require a safeguarding response, and this may account for the lower number of safeguarding concerns than was evident at other local authorities. The local authority's Quality Assurance Board (2023/24 report) had also identified the need to explore and further understand the lower numbers of safeguarding concerns per 100,000 of the population with comparable local authorities.

At the time of our assessment, the local authority had not carried out detailed work to understand the relatively low numbers of safeguarding concerns received and subsequent s42 enquiries undertaken.

Leaders told us they used a recognised national tool for screening safeguarding concerns and they had compared the numbers with other local authorities and were satisfied that safeguarding concerns were being reported and acted upon when required. The local authority's own data showed a gradual increase in both the numbers of safeguarding concerns and section 42 enquiries from 2022/23 to 2023/24, and we heard about work to raise awareness of safeguarding, which could have been behind this increase. They told us they were satisfied reports were acted upon effectively through the introduction of the single point of access and their audit processes. Whilst this showed some assurance, it was limited and we did not see evidence of a robust analysis by the local authority to understand the potential risk that safeguarding concerns were not being effectively reported or that people at risk of or experiencing abuse and neglect were not always being identified.

Local authority data showed safeguarding concerns took between 2 and 4 days to respond to between October 2023 and March 2024 and this had reduced to an average of 2 days between April and June 2024.Staff told us they were able to respond promptly and worked in a risk-based way.

There was a multi-agency Safeguarding Adults Board (SAB) which was independently chaired. The SAB had representatives from across the partnership, including the local authority.

The SAB has a duty to carry out Safeguarding Adult Reviews (SARs) in instances where a person or people have died as a result of abuse or neglect, or where a person or people experience serious abuse or neglect. There had been 8 referrals for SARs made to the SAB for SARs in 2023/24. This represented a relatively low number of SARs undertaken when compared with the rest of the south-west region. Decisions about whether to undertake a SAR are the responsibility of the SAB, however, local authority leaders told us they were assured SARs were being carried out where required. They also told us that referrals were sometimes linked to other reviews, such as domestic homicide reviews or LeDeR (Learning from Lives and Deaths – People with a Learning Disability and Autistic People), which could account for the lower number of specific SARs.

The SAB and the local authority used a thematic document to share learning from SARs and from also from referrals which had not been taken forward as SARs. The document showed there was work undertaken to analyse SAR referrals and learn from cases which were not taken forward as SARs.

For people subject to applications under deprivation of liberty safeguards (DoLS), there was work underway to improve systems and respond to risk. There were over 1900 applications in the waiting list by September 2024, which was up from 1765 in March 2024. The oldest DoLS application was submitted over 5 years ago. The local authority was undertaking work to review the list to check applications were still valid and the data was accurate. Two new roles had been appointed to and these staff were focused on carrying out this work. Alongside this there were plans to improve data and oversight of the waiting list. Staff said they triaged cases and responded to higher-priority cases first, for example where a person may be actively seeking to leave a setting or there could be doubts about the person's mental capacity to consent to being there.

Leaders told us there was oversight of risk within the waiting list which team managers and senior leaders regularly reviewed, but leaders acknowledged that the current format presented a risk. The new case management system did not currently have the capacity to hold DoLS information so the team worked from a spreadsheet but there were plans to improve this and migrate DoLS to the new system after our assessment. The local authority had also appointed to roles within their DoLS team to address the waiting list.

Responding to local safeguarding risks and issues

There were systems to monitor the types of abuse and identify impacts on people. Information included analysis of the types of safeguarding concerns and outcomes by ethnicity to consider any equality impacts. However, staff said they did not use data to inform their practice, for example in looking at any themes in the types of abuse or the outcomes of safeguarding for people from any minority groups.

Lessons were learned where people had experienced serious abuse or neglect. Whilst there had been few SARs, the SARs recorded showed a review of what had happened and any learning from the review. Staff described strong partnership working with colleagues from health, housing, the police and fire service. They described how their work was audited but said there was not yet an established system to share learning from these audits to improve their practice. The local authority was in the process of implementing a new system of auditing to improve in this area. Staff said team meetings were used to share learning, and we heard about recent events in specific theme areas so there were opportunities used to share learning.

Responding to concerns and undertaking Section 42 enquiries

There was clarity about what constituted a section 42 enquiry and the local authority monitored this through data. Whilst the numbers of concerns and section 42 enquiries were low compared to peer local authorities, the proportion of concerns which led to section 42 enquiries was 94% which was consistent with peer local authorities in NHS England safeguarding data for 2022/23.

There was a risk-based system to triage concerns received by the safeguarding team. Roles had recently been introduced to respond to lower-level concerns to ensure specialist staff were able to undertake the more complex work. Staff told us there was a waiting list, but the data provided by the local authority did not indicate this. Staff told us they usually responded promptly and within 24 hours for the most urgent cases. Local authority data showed concerns moved from the single point of access team to the safeguarding team in between 2 and 4 days, this had come down to below 2 days by June 2024, but this did not show how promptly cases were picked up or their risk levels once they went to the safeguarding team.

There were quality assurance standards in place and safeguarding audits had recently been reviewed and updated. Staff described having regular audits of their work which they learned from, and leaders told us about plans to improve the frequency and detail of audits to enhance this. New audits had been implemented which looked at areas such as quality of records and consistency of section 42 decisions, to improve the local authority's understanding of quality and provide improved feedback and learning for staff.

Making safeguarding personal

Staff practice put people at the heart of safeguarding but the local authority's systems and processes did not always enable them to measure how they implemented a making safeguarding personal approach. The local authority was in the process of improving their system to better their understanding of people's wishes when it came to safeguarding outcomes. People had good access to advocacy. Safeguarding Adults Collection data (SAC) showed 100% of individuals lacking capacity were supported by advocate, family or friend which was a significant positive statistical variation from the England average (83.38%).

The local authority's quality board regularly reviewed data about people's outcomes after a safeguarding enquiry as well as carrying out 'deep dives' into particular areas to understand people's experiences of safeguarding and highlight learning for staff. We heard examples of good practice from staff, where they worked with partners and other teams to ensure a personalised approach to safeguarding. However, there was not always a clear feedback loop to understand the outcome of safeguarding and the impact on the person. The local authority undertook audits and had recently introduced a new audit tool to improve the feedback loop. Recent audits had identified that whilst records reflected the person had been involved in decision making and their feedback had been recorded, it was not captured in the right place which made it harder to analyse, so the local authority was not able to easily measure the impact of this work.

Theme 4: Leadership

This theme includes these quality statements:

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

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

Governance, management and sustainability

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

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

Key findings for this quality statement

Governance, accountability and risk management

There were governance arrangements in place which provided leaders with oversight of quality and practice. However, the local authority's use of data to understand their performance under Part 1 of the Care Act 2014 was not consistent. Leaders demonstrated an understanding of where the gaps were and we heard how strategic work was intended to address them. There were also interim measures in place to maintain oversight and reporting while the improvements to data were implemented. The local authority had a governance framework with systems for leaders and teams to understand performance and risk. There was a performance board with a quarterly system of reporting on a wide range of performance measures, such as staffing, volumes and outputs.

Performance was scrutinised by lead elected members of the council but we heard from elected members with roles in the opposition and scrutiny functions that they did not receive the same level of insights about performance. This impacted on their ability to fully scrutinise the local authority's performance in relation to adult social care and their duties under the Care Act 2014. The local authority was in the process of looking at ways to improve this and there was sharing of data outside of formal scrutiny processes, but feedback we heard showed this could be limited.

There had been recent data projects which had improved the level of detail presented to leaders and the performance board in areas such as waiting lists or delegated functions. The local authority had also undertaken annual benchmarking against national data, to compare performance with other local authorities nationally. The outcome of this work was compiled into an annual benchmarking report.

There was extensive work underway to improve data across the local authority. A data strategy for adult social care had been recently published and a council-wide data strategy was due to be published at the time of our assessment. Leaders and staff told us there were some areas of data improvement that could only be fully implemented once the local authority-wide data strategy had been realised, such as systems shared across departments for performance reporting. Our findings showed there were numerous areas where work had not yet had its desired impact because of improvements to data not yet becoming embedded and teams not routinely using data to inform performance in areas such as safeguarding or monitoring commissioned functions.

Leaders and staff described how recent improvements provided better visibility and reporting of risk and had been used to inform resourcing decisions based on demand in the different locality teams. However, this work had not yet had a significant impact on people's experiences with data showing that whilst waiting times for assessments had come down over the course of the year, they had only recently started to improve for people in two districts or people in the mental health teams. In areas such as deprivation of liberty safeguards (DoLS) or the monitoring of delegated functions like OT and mental health, work was at too early a stage to demonstrate a meaningful impact.

Staff use of data was inconsistent, with some staff being unfamiliar with performance data whilst others were involved in recent work to enhance the way they used and understood local authority data and their own performance. Staff from some teams told us they did not use data to inform their performance and practice, but we also heard from staff who were data champions and were being upskilled in data literacy to support their peers and contribute to the local authority's data strategy. The inconsistent feedback from staff showed that the benefits of this work had not yet been fully realised.

The local authority was enhancing its focus on quality and had recently improved the strategic influence of professional disciplines. The principal social worker role had been adapted to become more strategic and a principal occupational therapist role had been recently introduced at the same level in the organisational structure. These roles were newly appointed to, but we heard about a wide range of plans already underway to implement audits and improve reflective practice or training in response to learning themes. There was a focus on quality which was more established than the use of data to understand individual and team performance.

Staff told us they felt leaders were visible and accountable. We received positive feedback about leaders from staff and partners. We heard positive feedback about the senior leadership team from staff, including their visibility and approachableness. The local authority undertook surveys and reviewed staffing data to understand staff experiences and we noted a focus from leaders on the wellbeing of their staff. For example, staff sickness had gone over the local authority's target in 2023 and we heard from leaders how they were exploring the reasons for this and undertaking work to understand and improve staff wellbeing in response. There were a variety of staff equality networks which leaders led and championed. Senior leaders chaired some of these groups and spoke with passion about using the experiences of staff to inform anti-racist approaches and inclusivity in how the local authority met Care Act duties.

Local authority data showed this had led to improvements in record keeping of people's protected characteristics, which would contribute to improvements to how the local authority used data to understand the experiences of people from minority groups. Staff and leaders told us how leaders took an interest in how they could improve representation, as well as showing a compassionate and reflective response to recent riots and the impacts they had on staff.

There were risk management and escalation arrangements in place. There was a risk register which captured several organisational risks and rated them, including risks relating to waiting lists, data or external monitoring that we identified during this assessment. These risks were regularly discussed, and leaders were well briefed on these. Leaders felt the plans in place were sufficient to overcome these challenges but acknowledged some of this work had yet to become fully established or implemented.

Strategic planning

The local authority was in the middle of implementing a transformation strategy and improvement plan at the time of this assessment. The plan was wide-ranging and focused on several areas identified as strategic priorities, such as commissioning, prevention and co-production.

Whilst improvements to data were a strategic aim for adult social care, the use of data within the local authority's public health function was more advanced and we saw examples of it being used to inform strategy within the local authority and amongst partners, for example around commissioning or achieving shared strategic ambitions with health partners.

The local authority had identified a strategic need to improve the way data was shared to monitor their external contracts, because this information was not consistently used to inform strategic planning. The local authority's improvement plan included actions to review some of these arrangements and the local authority had identified a need to improve oversight of contracts as part of its adult social care data strategy. This showed a coherence between the various strategies being implemented, but also demonstrated that work in this area had not fully progressed.

Shortfalls in data meant the local authority did not routinely use data to inform strategic planning around its functions under the Care Act 2014. This meant use of data to inform strategy in areas such as carers assessments, mental health and occupational therapy was not as advanced. There had been some improvements, such as we saw there was better visibility of mental health waiting lists since March 2024 but improvements to waiting times were very recent. We also heard how the safeguarding adults board had no access to local authority safeguarding data for two years, which meant its most recent strategy was drafted without access to important local authority data around safeguarding.

Information security

There were systems and processes in place to ensure people's personal information was kept safe, but there were some gaps in the availability of external data. Staff described using systems to safely share data between the local authority and internal or external partners.

There were defined processes and policies around information governance and staff were knowledgeable around General Data Protection Regulations. There was a council-wide privacy notice as well as a notice for adult social care which clearly set out expectations about what information would be collected and held for people, for what purpose and for how long.

External data about delegated functions was not easy to collate and the local authority was working to improve this. We heard how performance data for mental health had to be manually entered into local authority systems because the social work staff within the Gloucestershire Health and Care NHS Foundation Trust mental health teams used an NHS system which could not report on Care Act duties. We also heard how this could sometimes provide difficulty for staff who could not access the system because they could not see all the information about a person's interactions with mental health services.

Learning, improvement and innovation

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

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

Key findings for this quality statement

Continuous learning, improvement and professional development

The local authority worked with people and partners but their approach to co-production was still developing. We heard positive feedback from people and partners about co-production, but we heard consistently that whilst this work was welcome, it was also recent and had yet to mature. Some partners said they had been able to instigate positive change, such as around provision for people with a learning disability and autistic people. In other cases, we heard that some minority ethnic groups had not yet been involved in co-production work.

People and partners involved in co-production said they sometimes had little direction from the local authority which meant they took it upon themselves to develop their own projects. We heard how attempts to influence local authority approaches to accessible information had so far not led to positive change. Some partners felt decision-makers were too 'stretched' with the ongoing transformation and described how co-production work sometimes hit a 'ceiling'.

The local authority proactively sought feedback through Local Government Association (LGA) peer challenge reviews. A 2023 LGA peer challenge review identified areas the local authority was working to improve, such as a need to improve the link between strategic commissioning and operational teams or make better use of data. These were both areas of which were subject to a lot of improvement activity at the time of our assessment but had not yet been fully implemented.

There was a learning culture in which staff had access to training to ensure they could deliver Care Act duties effectively. The local authority reported mixed feedback with regards to their learning and development offer with compliance high in some areas such as 82% for dementia training but needing improvement in other areas such as autism which had a 53% compliance rate. The local authority told us about various career pathways, programmes and learning sessions that were promoted as part of their learning and innovation drive. There was work ongoing with a local university to support new ways of encouraging more staff to complete professional qualifications and we heard positive feedback from staff about the support they had accessing this. The local authority had identified a need to improve staffing, and their data showed they had improved recruitment and retention of staff. Leaders told us about plans to improve this further by expanding their ability to develop their own staff and improving the local authority's ability to develop staff was key to achieving this. Local authority data showed this had reduced staff turnover rate and had reduced social work vacancies from 30% at the end of 2022 to 18.75% by August 2024.

Staff spoke positively about the training on offer, and we saw how this was targeted towards identified learning needs. Regular practice audits were carried out and we heard how the findings of these were used to inform areas of focus. For example, we heard consistently positive feedback about huddles that were introduced to support people with complex cases relating to the Mental Capacity Act. Leaders told us these had been introduced following findings in practice audits.

Learning was shared across the partnership, we heard particularly positive feedback about approaches to learning in hospital discharge. Staff said they had good training and development opportunities that they could access from across different providers, in response to current issues or themes. We heard positive feedback about some approaches, such as staff in housing who undertook training in equipment and adaptations to become trusted assessors which improved people's experiences by getting adaptations carried out quickly. We also heard about an innovative approach to dissemination of learning across the safeguarding adults board partnership with 70 staff undertaking 'train the trainer' training to deliver learning from the board about safeguarding themes. This approach meant 70 staff across partners were specially trained and signed off to be able to disseminate learning to their colleagues.

Learning from feedback

The local authority had systems in place to analyse and learn from complaints. In 2022/23 there had been 70 formal complaints and the local authority analysed these to look for themes. For example, the 2022/23 report identified themes around mental capacity assessments and we heard about improvements to staff training and support implemented in response.

National data from the Local Government and Social Care Ombudsman (LGSCO) showed the local authority had 7 investigations by the LGSCO which was lower than the average number for this type of authority of 12. The percentage of complaints which were upheld was 75% which was consistent with the average for this type of local authority.

The local authority conducted surveys of both staff and people in receipt of services and we saw this was used to inform strategic priorities. Staff survey results for December 2023 had a mix of positive and negative feedback from staff. The survey included positive scores in areas such as the support people received from line managers and the learning offer. However it also showed staff had some concerns around change management, and identified improvements needed in areas such as safeguarding and commissioning.

They also used learning from external surveys, such as the Local Government Association (LGA) Annual Health Check of Social Workers. The local authority told us how the 2021/22 results had picked up on themes around lack of homecare which had informed strategies in these areas. However, these strategies were ongoing and the issues raised had been improved but not fully addressed.
