Gloucestershire County Council

Adult Social Care

Self-Assessment for

CQC Assessment

2024

Gloucestershire
COUNTY COUNCIL

Introductory Note

The Health and Care Act 2022 gives the Care Quality Commission new powers to provide independent assessment of care at a local authority and integrated care system level. This assessment will reflect the quality of care in a local area or system and provide independent assurance to the public of the quality of care in their area.

This self-assessment report provides a comprehensive overview of Adult Social Care services in Gloucestershire, outlining how the local authority meets its responsibilities under the Care Act 2014 and related legislation.

The self-assessment is structured around CQC's nine quality statements, which address assessing need, supporting people to live healthier lives, equity in experience and outcomes, care provision, partnership, and communities, safeguarding, safe systems, governance and management, and improvement and innovation. The self-assessment asks:

1. What are our strengths and our ambition?
2. How are we performing and how do we know?
3. What are our plans to maintain or improve?

The content is drawn from the last two years. All data is accurate as of end March 2024. Any names referenced in case studies have been changed.

Further detail is available on our Gloucestershire County Council Preparation for CQC Assessment webpages https://www.gloucestershire.gov.uk/health-and-social-care/cqc-assessment-of-gloucestershire-adult-social-care/

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1. Summary

1.1 Adult Social Care in Gloucestershire

Our Vision and Purpose

We make a difference by enabling people to help themselves and each other, doing everything we can to help people build resilience, thrive and live a good life

Our Mission:

- Collaborate with family, carers, people, communities to promote good health, independence, positive risk taking, and prevent harm
- Be involved when we're needed, at the right time, for right length of time. Champion people's rights, treating them with dignity and respect
- Promote social and community connections, enabling people to thrive, supporting independence, well being, and healthy lifestyles
- Act in a coordinated way that puts people at the centre, act on feedback and what people are telling us in a way that is responsive and flexible, listening to what is important to them.
- Challenge inequality and discrimination in all we do, poor quality wherever we see it, promote inclusion and communicate in an accessible and open way
- Do everything we can to support high quality services, making best use of intelligence, data and available technology, creating a learning culture to help improve what we do

Our Priorities:

- Ensure the way we assess individual need and deliver care and support are fit for the future
- Develop out approach to co-production with people with lived experience of disability and long term conditions
- Digitise, connect and transform services safely and securely
- Develop our approach to our statutory obligation to prevent reduce and delay needs for care and support
- Develop our internal and external workforce strategies focusing on recruitment and retention, learning and development, and digital skills and capability
- Develop our strategic commissioning priorities, supporting providers and supporting innovation
- Deliver the Adult Social Care outputs of the health and social care system transformation of urgent and emergency care,
- Deliver our Data and Intelligence and Quality Strategies, to improve oversight and decision making

Our mission and priorities are linked and have been designed from our self assessment and mapped to a number of strategic and national drivers. They are delivered largely through our long term Transfomation Programme or our Improvement Plan which is focused on 6 monthly rounds of improvements. For further information please see Appendix 4.1 Our Transformation Programme and Appendix 4.2 Our Improvement Plan.

1.2 How well are we performing? An overview

Strengths

1. There is clear political support for the Adult Social Care agenda. The Leader and Portfolio Holders understand the importance of the Council providing good quality support to local people. We have a relatively new leadership team who are able to capitalise on Gloucestershire's strengths to make the necessary changes for the future.

2. We have a diverse range of examples of good practice across all areas of service delivery, commissioning and assessment, thanks to enthuastic and values driven teams, as illustrated in our self assessment.

3. Joint work with health, particularly in commissioning, means that system relationships are strong and shared work is developing well

4. We are supported by resources for our Adults Transformation Programme and Improvement Plan with programmes of work aimed at achieving our mission (see Appendix 4.1 and 4.2).

5. We have introduced a strong governance and continuous improvement approach to support us to deliver on our vision and mission – see Appendix 5 for how our governance is structured.

6. We know ourselves and our areas for improvement – we recently invited the LGA to undertake a preparation for assurance peer challenge which validated our self-assessment – see Appendix 3 for the LGA Peer challenge report.

Areas for improvement

1. We need to develop our strategic overview of core priorities in key areas such as the prevention, reduction, and delay of needs for care and support, intermediate care, co production, and equity in experience and outcomes. Lack of focus on this has resulted in a plethora of initiatives and challenges in measuring their impact. We are starting to address this through a more strategic approach to priority setting.

2. We need to develop our core governance and infrastructure in key areas such as data and intelligence, policy process and strategy management, and digital and ICT, which has resulted in weakened line of sight of key areas such as our delegated functions and contract management, and our ability to evidence the outcomes of our work.

3. We need to build on good relationships and develop our shared priorities across the One Gloucestershire system to ensure we are well placed to deliver improvements related to our Care Act responsibilities and aligned on our strategic intent.

2. Context

2.1 About Gloucestershire

Gloucestershire[1] has a population of 646,627 and is made up of six districts: Gloucester, Cheltenham, Forest of Dean, Stroud, Tewkesbury, and Cotswolds. The county has a diverse population, which presents challenges for planning social care. The population pyramid indicates an ageing population, with more older individuals than younger ones. The gender distribution is almost equal, with slightly more females than males. Further information about our demographics can be found in Appendix 1 or demographic prevalence of needs of the different vulnerable people in Gloucestershire are captured on our Inform Gloucestershire website[2].

The Council's overall budget for 2023-24 is £560 million, which is used to deliver on the priorities set out in the council's four-year strategy – Building Back Better. The corporate strategy focuses on transforming Adults, Children's and Fire and Rescue services, as well as climate change, roads, growth, levelling up, investment and improving customer experience.

The Adult Social Care budget is £184 million, almost one third, plus £60m of joint NHS funding. The Council has almost 4000 employees, (including the fire and rescue service), of which almost one third work within Adult Social Care.

2.2 Addressing the challenges through systemwide working

The ICB is coterminous with the Council and has published its interim Integrated Care Strategy, which is the blueprint for delivering better health and care in Gloucestershire (Figure 1). This strategy builds upon the current Health and Wellbeing Strategy and One People Strategy, setting goals for the local system and improved health outcomes. It focuses on prevention, independence, resilience, and equity through collaboration with communities.

The Integrated Care Partnership and Health and Wellbeing Board have a close interface, described as 'operating with a semi-permeable membrane'. The Joint Health and Well Being Strategy[3] sets out priorities on housing, early years, healthy lifestyles, social isolation and loneliness, mental well-being, adverse childhood experiences, and physical activity to achieve the vision of Gloucestershire being a place where everyone can live well, be healthy and thrive.

The urgent need to address significant future growth in Gloucestershire is driven by an ageing population and increased dependency. To attract workers to the county, action is being taken now. Tackling inequalities and promoting good health and work are important for reducing the need for social care, benefiting the economy. These challenges align with the County Council's Building Back Better, and our One Gloucestershire Integrated Care strategies.

The Council and its providers are currently facing various pressures, such as inflationary increases, cost of living, and recruitment and retention, and the need to respond to wider system pressure such as flow through the healthcare system. The Vision 2050[4] highlights the future predictions for Adult Social Care and emphasises the importance of taking action to address workforce challenges. As a Council we invited the Local Government Association

(LGA) in November 2023 to undertake a Corporate Peer challenge[5], this has provided us with key areas of focus for improvement.

Figure 1 Integrated Care Partnership Plan on a Page

2.3 Adult Social Care: how do we know how we are performing?

In Adult Social Care we regularly review our performance at our monthly performance board and annually benchmark ourselves against our peer comparators utilising the LG Inform data packs, client level data and Safeguarding Adult returns (See Appendix 2.1).

Our key finance, performance and risk information is published on a regular basis and this can be found on our website Decision - Finance, Performance and Risk Monitoring Report (gloucestershire.gov.uk)[6]. Our published scorecards are also available on our website Council performance[7].

2.4 Equality, Diversity, and Inclusion

We have examples of good practice in providing culturally appropriate services and addressing the needs of those with protected characteristics. We know that 3.1% of the county's population live in areas of high deprivation, where males live 8.7 years less and females live 6.5 years less compared to the least deprived areas (as shown on the JSNA Infographic on Health Inequalities 2022-2023). We have a strong Public Health offer to oversee initiatives to reduce health inequalities[8].

2.5 Our Approach to Integrated Commissioning

Gloucestershire County Council and Gloucestershire ICB have an integrated commissioning function. This is led by a joint director across both organisations with a commissioning team covering health and social care. The purpose of integrated commissioning is to effectively design, manage, and deliver care and health pathways and services to meet the health and social care needs of residents of Gloucestershire. Integrated Commissioning delivers seven main functions:

- **System Leadership**: working effectively across boundaries with diverse groups of stakeholders, people and staff, acting as a change agent often in areas of conflicting priorities to improve and innovate.
- **Collaboration and Strategy**: Long term strategic planning, developed with people using services, professionals, and providers.
- **Contract and Commercial**: Commercially focused management of supply chains, providers, and contracts.
- **Market and Provider Support**: Support for providers to deliver services, develop their business, and provide high quality services, alongside the market shaping and sufficiency response needed for the whole population.
- **Quality and Practice**: The quality of support and delivery across services, with a particular focus on a preventative approach and good clinical practice.
- **Brokerage and Flow**: Connecting individuals with identified needs to appropriate care. Management of flow through block provision.
- **NHS case and assessment work**: This covers Adult Continuing Health Care, Children's Continuing Care, the Dynamic Support Register and Learning Disability and Autism case management.

Further information about our Integrated Commissioning Approach can be found in Appendix 6.

2.6 Our Assessment services and our model "Make the difference"

In 2019 we introduced our "Make the Difference[9]" assessment framework (Figure 2), based on the "Three Conversations" model across all of our locality and specialist teams (Figure 3). This focuses on 'what a good life looks like' for people and ways to promote and enable this[10], including through community connections and promoting citizenship and community participation. Our Mental Health Social Workers utilise the Integrated Narrative Assessment (INA).

Figure 2 - Make the Difference Framework
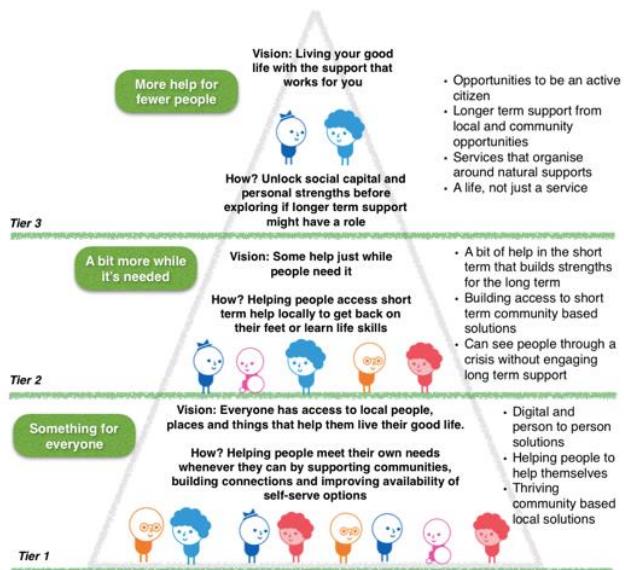
Occupational Therapy[11] (OT) is commissioned and delivered from Gloucestershire Health & Care NHS Foundation Trust as part of our integrated community teams (ICTs). ICTs bring together OTs with other healthcare professionals and reablement workers alongside GPs to provide care and support at a local level to help prevent emergency hospital admissions and support people to live at home.

Further information about our model of social care assessment and some of our assessment teams can be found in Appendix 7.

Figure 3 Pictorial Representation of our Adult Social Care Assessment, Inhouse Services and Specialist Teams
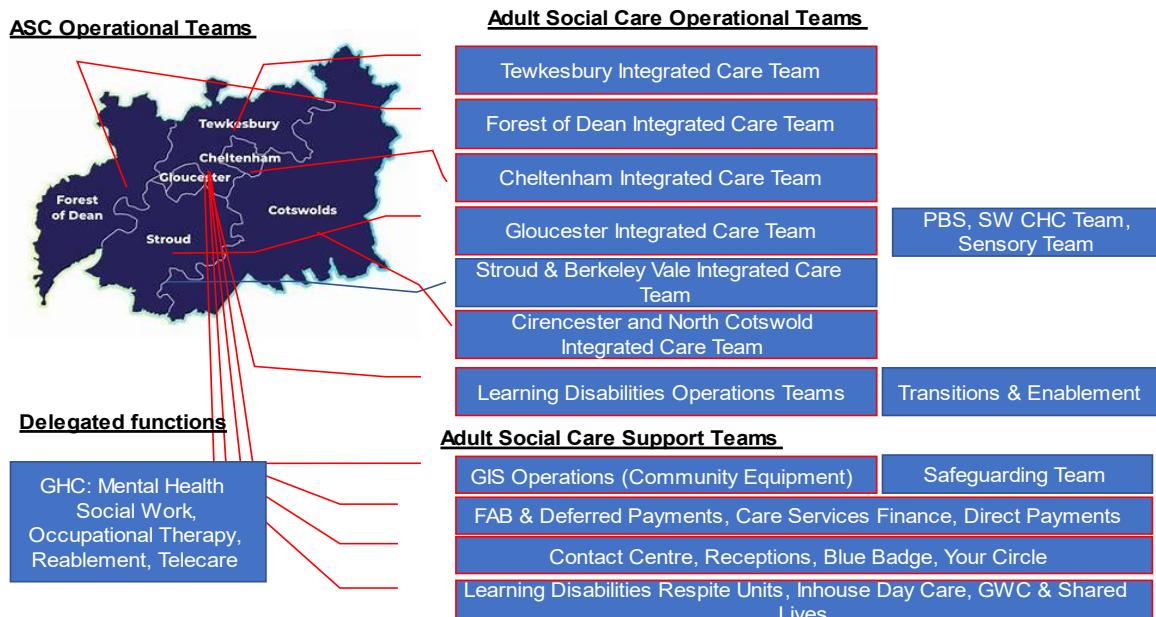
2.7 Our Approach to keeping people safe

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 concentrating 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. We have a centralised safeguarding team which acts as a single point of contact and single coordination point for all multiagency safeguarding activity, organisational abuse, advice, support and chairing as well as oversight of enquiries which are carried out by other teams.

The Gloucestershire Safeguarding Adult Board[12] (GSAB) three-year strategic plan (GSAB, 2022) is well informed by partners and was subject to consultation through Healthwatch. The GSAB holds partners to account through its annual self-assessment process and well-established series of sub groups. There are well-established information sharing protocols in place to ensure that concerns are raised quickly. Gloucestershire has an over-arching information sharing protocol (GISPA, 2016), the Gloucestershire Information Sharing Partnership Agreement (GISPA) and GSAB has its own information sharing policy.

Our Disabilities Quality Assurance team and peer review model with Inclusion Gloucestershire (local User led organisation) oversees quality of providers. We are developing this best practice model so that we can improve the assurance offer across the whole of the social care market.

Further information about how we keep people safe in Gloucestershire can be found in Appendix 8.

2.8 Our Approach to supporting unpaid carers in Gloucestershire

Gloucestershire Carers Hub[13] is a one stop shop for information and advice for carers supported by a comprehensive council website. We have worked with the Carers Partnership Board to develop a co-produced action plan focussing on improvements to support carers and we are using our Accelerating Reform Fund monies to further progress this work. Carer Aware is a discreet way of identifying that someone who is an unpaid carer so professionals can support them. Further information about the campaign can be found on this website. All of our key documents relating to unpaid carers can be found on our GCC Website and further information can be found in Appendix 9.

2.9 Our Approach to Co-production

There is no single, universal model of co-production and the way co-production is done in Gloucestershire varies in each situation depending on the task, context and the people involved. We have a strong commitment across the whole of our directorate to co-production and this is described in more detail in Appendix 10.

What has prevented us from excelling in this area consistently is a lack of understanding and support for co-production as a means to:
- gather qualitative data from the people who use our services
- design high quality services
- inform priority setting
- evidence achievement of outcomes

Recent peer challenges have told us:
"Underdeveloped understanding of co-production, approaches and processes that support co-production. …There needs to be a clearer statement of what co-production is, and work done by staff to understand what this looks like in their own work".

Following our peer challenge, we have reviewed our approach to co-production and have set out our strategic aims, including identifying this as one of our eight core priorities for the year. We have engaged partnership boards[14] focused on learning disability, autism, physical disability and sensory impairment, mental health, and unpaid carers. These groups are actively involved in our work and will be integral to the development of coproduction as a priority.

Watch this short video from our Chair of the Learning Disability Partnership Board and Co-chair on what they think of our partnership boards →

Video 1 - What our experts by experience say about our Partnership Boards

2.10 Our approach to managing risk

Our budgetary, business continuity and risk management processes are well embedded at team and service level and with system partners. We have improved how we manage these across the services over the past two years, enabling us to identify a number of high-risk areas particularly in our support services. We have a robust structure enabling the whole management team sight of our risk register, and a Directorate Risk Management group reviews and enables analysis and problem solving. Our key corporate risks and mitigating actions are outlined in our scorecard see Appendix 2.2. Alongside this there are weekly

leadership team (DASS, Directors and DPH) to support developing responses to emerging risks and issues.

The LGA Peer challenge (Sept 2023) said that *"GCC has implemented sound strategic risk management practices. There have been instances when mitigating actions were agreed upon and implemented successfully. Examples cited were workforce initiatives targeted on roles/areas with high vacancies and commissioning framework changes aiming to address insufficiency. These lead to tangible improvements in areas like market sustainability and workforce sufficiency".*

3. Our Self-assessment

The following information represents our most recent self-assessment against the CQC Local Authority Assessment Framework[15]. In writing this self-assessment we have sought feedback from our teams, our NHS Partners, Partnership Boards, Know Your Patch Networks, care providers and our VCSE colleagues.

Our self-assessment has been structured around each of the four CQC Themes and 9 quality statements. It shows are our strengths and ambitions, and our areas for improvement. Our identified improvements map to our Transformation Programme and our Improvement Plan, in Appendices 4.1 and 4.2.

3.1 Theme 1 - Working with People

Our ambition is…
- To make early intervention and prevention, together with strength-based working, part of all aspects of our work across Adult Social Care and in our proactive engagement with the developing Integrated Care System in the county.
- To work to further to embed our strengths-based approach, acknowledging the impact of the pandemic on our processes and workforce.
- To be better equipped to deliver and evidence improved outcomes for people in need of care and support.
- To make progress in achieving a golden thread through our operational and commissioning services evidencing how we achieve equity in experience and outcomes.
- To establish a 'two-way' dialogue and develop a coproduction culture so that we can engage, consult, and coproduce service changes with communities and people who use our services.
- To deliver a Technology Strategy: exploring the potential of technology to support carers and improve the quality of care that people receive.

3.1.1 Assessing needs

Our Strengths
- Make the difference model of strengths-based assessment and our Practice Quality Assurance Framework embedded and practice development practices for social care specialist staff.
- Transitions Service which supports people moving to adulthood with complex long-term conditions as well as our Complex care teams.

- Low Carers Assessment average waiting times (16 days vs 28-day target) and holistic support for unpaid carers.

Areas for improvement

- Waiting times for assessment are affecting people's experience across all our functions as demand and complexity outstrips our capacity.
- We hold significant debt, over half of which is older than six months. Our Fairer Contributions policy is under consultation, the outcome of which will have financial and practice implications. We are improving our financial assessment processes.
- Improving our access for people and carers to make it easier to navigate our systems and services, including a review of our Mental Health Social Care and Occupational Therapy services delegated to GHC to ensure consistency, clarity and the delivery of joined up services.
- Further development of our practice audit process to take a thematic approach when auditing the issues identified by the LGA Peer Challenge (Sept 2023) and ensure this feeds into our Quality Assurance Board.
- Develop our co production approach to care and support planning, in line with our Make the Difference model. Including a plan for embedding the voices of local people in the planning and design of Adult Social Care support, through co-production with diverse communities and those with protected characteristics.

Key Statistics

Activity	Working Well	Improvement
89,740 contacts to Adult Social Care (71466 through Helpdesk and Referral centres and 18274 through other teams); 52.8% via telephone, 30% via email, 5% online. This equates to 23,506 people subject of the contact. 56% were female. Gloucester had the biggest % of contacts 21.9%, followed by Stroud 18.59%.	Average wait time of seven days for Holistic Carers Assessment and sixteen days for Care Act compliant assessments carried out by Gloucestershire Carers Hub. On average 195 carers assessments are completed each month, taking on average 35 days to complete.	Carers Hub have 9370[1] unpaid carers registered, we recognise this does not translate to our ASCOF performance and we have commenced work around improving the data flows from the provider back to us.
On average 886 social work assessments are completed each month. For the rolling year by primary support reason this is broken down as: - Physical Support 70% 7426 (18-64 year olds 13% & 65+ year olds 87%) - Learning Disability 10% 1074 (18-64 year olds 18% & 65+ year olds 82%) - Support with Memory and Cognition 9% 996 (18-64 year olds 11% & 65+ year olds 89%) - Unknown 6% 583 (18–64-year olds 23% & 65+ year olds 77%) - Social Support 2% 254 (18-64 year olds 48% & 65+ year olds 52%) - Mental Health 2% 226 (18-64 year olds 40% & 65+ year olds 60%) - Sensory Support 1% 72 (18-64 year olds 31% & 65+ year olds 69%)	Social Work: The average number of days an pending an assessment is 37 working days. The trend for this is a downward trajectory (meaning people are waiting less time for an assessment)	From Q4 2022/23 to 1st March 2023/24 the number of up to date reviews has increased from 50% up to 67% but there is still work to do to ensure that a greater proportion of people receiving a service have an up-to-date review and that we have oversight of performance for clients receiving a service for a mental health condition. Occupational Therapy average days pending assessment; 63.5 days. On average 40% of referrals are resolved at the Integrated Community Team (ICT) referral centre and 34% are added to the OT waiting list. Longest wait is 19 months. Current number of people pending assessment is 1246.

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[1] Total number of active carers registered with Gloucestershire Carers Hub as of 31st December 2023.

70 formal complaints have been received for the 12-month period (on average 6 per month). 42 Complaints relate to communication, 17 to charging for a service, 5 relate to delay in decision making, 25 to quality or appropriateness of a service, 17 to delivery of a service, 19 to attitude or behaviour of staff. 4 Complaints received by the Ombudsman (3 closed after initial enquiry, 1 withdrawn).		Mental Health Social Work: average days pending assessment: for East Locality[2] is 131 days (longest wait is 151 days), for the West Locality[2] this is 146 days (longest wait is 354 days). 219 people are overdue a review (18 dated back to 2021) due to the challenges with recruitment prioritisation has been given to new assessments.
The average number of people pending a social work assessment in the last 12 months is 432.		

About our assessment services

We maximise the effectiveness of people's care by assessing and reviewing their health, care, wellbeing and communication needs with them. A simplified version of our pathway for assessment is available in Appendix 7 and this utilises a strengths-based approach which we have called our Make the Difference Model. To help the public and our partners understand our teams as well as assist with recruitment campaigns we have developed a suite of promotional videos about some of our Adult Social Care Teams which can be viewed here[16].

Our model focuses on 'what a good life looks like' for people and ways to promote and enable this[17], including through community connections and promoting citizenship and community participation. We ensure compliance with this model through huddles and 1:1 supervision, our practice audit programme and our training and development offer, including the suite of 'Make the Difference" training and ongoing support from the Principal Social Worker (PSW) and practice development team. Our supervision data is tracked and audited in our Operational teams. In our Mental Health services (commissioned and delivered by Gloucestershire Health & Care NHS Foundation Trust) we use an "Integrated Narrative Assessment" model. The two models are reflective of each other, and both use a strengths-based approach.

We know demand for Care Act assessments outstrips our current capacity and that the complexity of people we are working with has increased in acuity. This has resulted in a waiting list for all our assessment services. To keep people safe whilst they are waiting a full Care Act assessment, we have guidance for our staff in relation to how to risk stratify those people who are waiting (IR 5.7). This is managed by our Integrated Social Care Managers who have access to a pending monitoring dashboard which is accessible on Sharepoint. However, as part of our pathway for people and their carers we at every stage look at how we can prevent, reduce or delay by providing information and advice, short term services or link them in with Carers Hub or other universal services (see Appendix 7).

We invited the Local Government Association in to undertake a peer challenge in September 2023. They said about our operational teams *"… many dedicated and skilled staff committed to delivering good outcomes to the people of Gloucestershire…. The peer team read, heard and saw examples of some really good services delivered by staff who are passionate, and values driven."[18]*

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[2] East Locality = Stroud, Cheltenham, Tewkesbury and North Cotswolds. West Locality = Gloucester & Forest of Dean

Assessment waiting times
Waiting times for social care assessment are an issue for us and are regularly monitored by our Operational Management team and through our Performance Board. Reducing waiting times and optimising the experience of people and carers is a priority for us. For our social work assessment teams, the longest wait (in weeks) is in the Cheltenham locality (15.9 weeks), and the median longest wait times across all Operational teams is 9.7 weeks. The average wait for social work assessment (in days) is 30.9 days – see IR9 for further detail.

The overall picture for hospital discharges in Gloucestershire is challenging. We have a dedicated hospital discharge assessment team[19]. Specialist Mental Health discharges are undertaken by our Mental Health Social Work Team who are integrated with GHC.

We have a Trusted Assessor model within our Acute Hospital to support and facilitate timely and safe discharge from one of our two acute hospitals, they can undertake assessments on behalf of the care provider, liaise with the MDT and discharge teams and overall support providers. This is in partnership with GCPA (Gloucestershire Care Providers Association).

Mental Health Social Workers also take on the role of Care Co-ordination and actively link with other teams in GHC such as Complex emotional support needs team, Crisis Care Team etc and the Integrated high needs team in the ICB e.g. for those requiring Dynamic Support[20]. The Community Learning Disabilities Team[21] within GHC also provides training and support to the care market.

Waiting lists for Occupational Therapy input are an issue for us with the longest wait at 19 months in the Cotswolds Locality. Our largest waiting list is in the Forest locality with 293 people. On average 40% of referrals are resolved at the Integrated Community Team (ICT) referral centre and 34% are added to the OT waiting list. We have recently commissioned an independent review of OT services and are developing an urgent action plan to address the waiting list, and a medium-term improvement plan with GHC.

Approved Mental Health Professional (AMHP) Service
Gloucestershire County Council commissions the Approved Mental Health Professional[22] (AMHP) service from Gloucestershire Health and Care NHS Foundation Trust (GHC). This has developed into a 24-hour AMHP Hub of dedicated AMHP Specialist Practitioners working alongside a pool of community AMHP's. All referrals received in working hours are triaged immediately by an AMHP Specialist Practitioner. All referrals out of hours are responded to by a dedicated AMHP specialist practitioner covering 24 hours 7 days a week. There is no evidence of service delay leading to low, moderate, or serious harm to patients/service users. A commissioned App has also been implemented to improve the availability of Section 12 (MHA) medics and improve the timeliness of MHA assessments were delayed by medic availability.

3.1.2 Supporting people to live healthier lives

Our Strengths
- A number of integrated commissioning approaches delivering on a wealth of services supporting people to live healthier lives.
- Enablement service for people with disabilities and other joint system focus to address health inequalities working with Public Health in collaboration with the ICB.

- The strong VCSE role across our ICS partnership
- Know Your Patch networks strengthening relationships and community resources support our responsibility to prevent, reduce and delay ongoing care and support.

Areas for improvement

- Collaborative systemwide approach to commissioning of preventative services; including a review of our Occupational Therapy Services (delegated to GHC), development of a Prevention Strategy for Adult Social Care that compliments wider system initiatives, and development of an Integrated Equipment Strategy.
- Demand for our Home First (reablement) service outstrips capacity from GHC resulting in us having to buy additional capacity from the external care market through our hyper-localised dynamic procurement framework.
- Our current Telecare service is largely reactive and mainly supports hospital discharge rather than proactively targeting prevention and supporting us with demand management. We are procuring a new Technology Enabled Care service which will require significant transformation to implement.
- Further develop our approach to self-directed support which may include Direct Payments and individual service funds. This will require us to stimulate the market to create choice for people wanting to manage their own care and support.
- Further develop our Care Navigator Model to ensure it is interwoven with the wider system and supports consistent effective collaboration next to existing information, advice and guidance and social prescribing offers.

Key Statistics

Activity	Working Well	Improvement
42% of contacts through Adult Social Care Helpdesk led to no further action or signposting, advice or guidance.	Social Care quality of life score 19.5 compared with a peer group average of 19.0. 92.5% of people who use services say that those services have made them feel safe and secure compared with a peer group average 88.3%[3]	Adults using social care receiving a direct payment 11.7% compared with 25.6% peer group average. Carers receiving direct payment 4.6% compared with 73.9% peer group average[2].
The number of people using our services who found it easy to locate information about the support available to them (71.9%, down from 79.5% in 2021/22). Although performance has dipped, Gloucestershire remains as the top performer in our comparator group and are in the top quartile for the third reportable year running.	People who remain at home for more than 90 days following discharge from hospital into reablement/rehabilitation services, 93.9% of people compared with a peer group average of 83.7% of people.	In Feb 2024, 2141 people were waiting for Domiciliary Care package, 1274 were waiting for residential care and 966 were waiting nursing care. The average wait for brokerage of care is 12 days (this is an improvement from 19 days in April 2023) (IR21).
There have been 3051 Reablement requests, on average this is 254 per month.		The total number of requests for telecare equipment was 132 in the year with an average of 11 items issued per month. The response rate for the responder service[4] (provided by Gloucestershire Fire and Rescue) needs to be improved and we have asked for a responder service to be provided by our new provider of TEC services (when procured).

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[3] .Source – ASCOF Benchmarking data Appendix 2.1
[4] for those who have no family to respond in an emergency

In Gloucestershire 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. We do this initially via our Adults Helpdesk who will signpost people (where appropriate) to our online directory Your Circle[23] to help people find their way around care and support and connect with people, places, and activities in Gloucestershire. Adults Helpdesk provide signposting, information advice and guidance to help people live healthier lives. After the Helpdesk has undertaken an initial screening they may make a referral to a locality team, which a Duty team will then triage, and they will agree next steps with the individual or their representative (carers/family etc). This process is described in Appendix 7.

The Care Advice Line
Part of enabling people to live healthier lives is also around providing financial advice and assessment in relation to meeting social care needs. The Care Advice Line[24] (TCAL) are a commissioned service who provide people with advice, information, and support in relation to finances.

Feedback from people who have used TCAL recently included "***You've been a star. Thank you for taking the time to explain it so clearly." "That's amazing it really is. You certainly know your stuff! Thank you for your persistence in calling me.***"

Reablement and Intermediate Care
Reablement and Intermediate Care, are both provided by our Community NHS Foundation Trust Gloucestershire Health & Care (GHC) who provide specialist domiciliary reablement care, free for up to 6 weeks.

The two parts of the service work together or independently depending on the person's needs. Increasingly we are seeing these services supporting hospital discharges, leaving an emerging gap in step up reablement and intermediate care services.

Disabilities Enablement team
We support people with disabilities help themselves and to live healthier lives is through our Disabilities Enablement Team[25]. This team works with individuals, families, and providers to maximise independence and reduce reliance on paid support (see Appendix 7 for a case study).

Telecare
The current Telecare service[26] is operationally managed by GHC, but we are about to go to tender for a new provider. Our current Telecare service is largely reactive and mainly supports hospital discharge. The processes currently in place across the service are complex and in the past were supported by manual data management methods. Although an equipment logistics system has been introduced there continues to be a lack of good quality Management Information.

Technology Enabled Care re-procurement is a significant project within the Technology strand of our Transformation Programme. This move from the current offer to the use of Technology Enabled Care digital products, such as sensors and behavioural alerts, driven from data patterns and analysis, will enable early proactive interventions to resolve issues at an early stage before escalation is required, for example avoiding hospital admission or increase in care needs.

Community Equipment and Minor Adaptations

Minor adaptations are delivered by a commissioned provider and much of the operational processes are managed by the Integrated Community Equipment Services comprised of our inhouse community equipment provider and GHC. Our inhouse provider of Community equipment[27] supply, deliver, collect, repair, and refurbish a range of community equipment. They deliver on average between 10,000 – 12,000 pieces of equipment per month. They work in partnership with GHC to support clinicians with their assessment of suitability for equipment. Our inhouse provider (Gloucestershire Community Equipment Loans Service, previously referred to as GIS) is also a supported employer, offering a personalised model for supporting people with significant disabilities to secure and retain paid employment. This model uses a partnership strategy to enable people with disabilities to achieve sustainable long-term employment. An example of this is the Traineeship Programme which is supported by Department for Work and Pensions (DWP) and this programme is a way for people who have had difficulty finding employment due to disability or health condition to gain meaningful employment. For more information about this offer and some case studies of people who have been through the programme please visit the Forwards Website[28].

Healthy Lifestyles Service

Gloucestershire Healthy Lifestyles service[29] changes provider in April 2024 but currently has a range of low-level support to help people to maintain a healthy lifestyle from stopping smoking, managing your weight to being more active.

Be Well Gloucestershire (Mental Health Support App)

An A-Z of all the services[30] (statutory and VCSE) that are available to support people living with Mental Health Illness has been jointly commissioned and is called Be Well Gloucestershire.

Our Positive Behaviour Support Team

Following a review into the benefits of a Positive Behaviour Support (PBS) approach across a number of client groups we now have a dedicated PBS team[31] since 2022, to support our care provider market to effectively manage behaviours that could be deemed as challenging. This team work closely with the Community Learning Disability Team to also provide training and support to Care Providers. See Appendix 7 for a case study.

Community Autism Support and Advice Service (CASA)

We currently commission the Community Autism Support and Advice Service[32] (CASA). CASA provides support tailored to an individual from groups, drop-in hubs and 1:1 support. They can provide information, advice, guidance and signposting, a wide range of support interventions, support people to reach their potential including access to work and through peer advocates. The service will be recommissioned this year, commissioners are currently undertaking soft market testing and further engagement in co-production with stakeholders.

Reducing health inequalities for people with a learning disability

Gloucestershire has had a systemwide approach to increasing and improving the quality of annual health checks for people with a learning disability. This includes the training and workforce competency within primary care as well as resources for carers, the pre health check questionnaire and the health check action plan template used support the health check and what codes are recorded by GPs. The outputs from some of this work can be viewed on the One Gloucestershire Website[33]. The A-Z of Easy Read[34] and accessible resources has been developed and adapted following co-produced feedback, alongside a number of learning resources e.g. Tips for communication and e-learning on making adjustments which was also co-produced with experts by experience.

There are a lot of educational resources for professionals on G:Care[35] to support people with a learning disability. The Community Learning Disability Team also offer training to the Care Provider Market through our Proud to Learn initiative. This training for care providers compliments our e-learning offer on Proud to Learn with specialist knowledge to support people with a learning disability to remain healthier for longer.

Another example of the work in this area is the LeDeR Programme (learning from lives and deaths of people with a learning disability), Gloucestershire was part of NHS England's pilot in 2016 and has consistently been benchmarked in the top 10 areas across England for undertaking reviews of deaths and putting learning into action. Further information from ICB LeDeR webpages.

We jointly contribute to an annual celebration "Big Health Day" of the support available across Gloucestershire to support people with disabilities and this has been nationally recognised by NHS England.

System wide support for older people
We have developed a joint 5-year ICS Dementia Strategy which is aligned to the NHSE Dementia Well Pathway (not currently published). Our Dementia Advisor Service provided by the Alzheimer's Society is jointly funded by GCC and ICB and is a key countywide service providing support, information, advice and guidance to people living with dementia and their carers. In addition, we have the Dementia Training and Education Strategy[36], the Dementia Action Alliance[37] resources for people with dementia at the end of their life[38] and the Gloucestershire Bereavement Forum.

Our ICS Frailty Strategy follows a similar pathway approach focusing first on prevention and early identification of frailty and informing our community service models to include preventive and proactive care. It recognises the Adult Social Care aim to shift the focus in an older person's social care pathway to earlier and preventative approaches.

Teams such as Complex Care at Home, partly funded through the Better Care Fund, are skilled in enabling self-management approaches through personalised care planning. The team is multi-disciplinary including Adult Social Care Navigators to provide a holistic approach to prevention and intervention.

The Ageing Well programme oversees the Enhanced Health in Care Homes Framework (NHS England, 2023) which seeks to further strengthen NHS support to the care home sector. There is a Care Sector Support Team that can provide training on areas such as falls prevention, diabetes awareness and oral health etc.

By setting out a prevention strategy for Adult Social Care, we plan to define our role and responsibilities in the context of system wide prevention activity, set out a medium-term strategy to transform the Adult Social Care pathway to shift it towards prevention and align Adult Social Care with the health sector for holistic assessment and proactive preventative joint action.

3.1.3 Equity in experience and outcomes

Our Strengths

- A new role of Customer Experience Manager who is undertaking a full review of the Adult Social Care pathway from the perspective of people with lived experience.

- Pockets of good practice in relation to EDI and Co-production and initiatives seeing positive impacts for people; this is a priority for our Practice Development team.
- Innovative approach to supporting and stimulating VCSE and community connections through Know Your Patch Networks
- Willing and engaged partnership boards

Areas for improvement
- Accessibility of information – on our website, in printed form and in other languages.
- Identifying people who are more likely to receive poor outcomes with protected characteristics is a challenge for us because of data collection improvements required.
- Improve how we can incorporate feedback from people who use our services, unpaid carers, advocate and care providers into our improvement activity.
- Ongoing relationships with minoritised communities across the whole of the County
- Review of advocacy use and impact with a view to identifying improvements for people with lived experience.

Key Statistics

Activity	Working Well	Improvement
Older people (65 years and over) with a physical support need make up more than half of those supported by Adult Social Care (54%). People with a learning disability account for a quarter of people receiving support or care (26%), 18–64 year-olds with a physical support need made up around 15% of those in receipt of a service and people with a mental health need formed the remaining 5% of those supported. The balance of care between these groups has remained steady over time.	Our Complaint numbers are low but of the complaints we do receive a high proportion are due to communication. We are addressing this through mapping of the customer journey and making improvements in co-production (IR3).	We know that we have over representation of minority ethnic communities in those who are detained under the Mental Health Act within our Mental Health services. We have a joint action plan and research agreed to investigate the barriers to interacting earlier with mental health.
Around a quarter each of people receiving support for a mental health condition are aged 50-59 years (24%) and one-fifth are aged 60-69 years (21%). This is a slight over-representation compared with the overall adult population (19% and 15% respectively). The proportion of people supported for their mental health grows each decade from 11% for the 20-29 years olds to 24% for 50-59 year olds before beginning to reduce for older age groups.	Our County is characterised by a comparatively small population of ethnic minorities (excluding white minorities). The population of Gloucestershire is, however, becoming increasingly diverse. The population of ethnic minorities (excluding white minorities) increased by 63.8% between 2011 and 2021, from 4.6% to 6.9% of the population. The number of people classed as 'other white', which includes migrants from Europe, increased by 55.1%, from 3.1% of the population in 2011 to 4.5% of the population in 2021 (Equality Profile 2023[39]).	We continue to have significant gaps in our data around characteristics which are considered commonly collected and provided. In particular, relating to race.
		Care Act Advocacy referrals have remained consistent across each quarter of 2023-2024 (on average 124 new cases per quarter). 48% are closed within 3 months, 29% within 6 months and 13% over 6 months but less than 1 year. However, there have been some issues with the advocate ability to book in joint appointments with people and social care staff which further delays the process (IR18).

The Council's Equality Objectives[40] were approved in Sept 2023 (until 2027).

Our corporate approach to Equalities Impact Assessments
Our Corporate approach to Equalities Impact Assessments (EqIAs) for decision making have also undergone review and revision and this has been introduced with additional training and

support[41] for those completing them. These now include a broader range of factors relating to equalities, inclusion and levelling up. The revised EqIA template incorporates several significant changes, including six additional groups alongside the protected characteristics (this is on top of 'Care leavers / care experienced adults' which was added earlier in 2023 following Council Motion 917).

Adult Social Care Service User Diversity
We continue to have significant gaps in our data around characteristics which are considered commonly collected and provided. In particular, relating to race and other protected characteristics of sexual orientation, religion and/or belief, pregnancy/maternity, civil partnership and marriage and gender reassignment which are often considered to be sensitive personal characteristics and so disclosure rates are low. There is ongoing work being undertaken to raise awareness of the importance of conversations around protected characteristics and recording of personal data to equip staff with a strong understanding of how this information directly relates to good social work practice and the delivery of their assessment and planning work. Our monthly Practice Quality Audits now assess the recording of protected characteristics and how practitioners incorporate this information into assessment and care planning processes.

Read the full Adult Social Care diversity report[42] from 2022-2023 (IR 13.2).

We have a well-established Community Engagement Team to help us work in co-production with some diverse ethnic communities in some localities. Working alongside our NHS Partners (specifically in the Gloucester locality), this team worked to support us during the pandemic to ensure key health and wellbeing messages were reinforced alongside faith groups to ensure messages reached out as far and wide as possible and that messages were culturally appropriate and presented in an accessible way e.g. different languages.

The Community Engagement team and the Practice Development team support a range of engagement and learning activities around diversity and dementia, carers support, mental health, Adult Social Care assessment process. For over 10 years our aim has been to build stronger, more sustainable communities and in turn improve the health and wellbeing of local people, where we can draw upon, and stimulate the provision of, the diverse range of assets within each local community. This forms part of a System wide programme called "Enabling Active Communities"[43], which has recently been refreshed.

We jointly commissioned community-based research by the Black Southwest Network (BSWN) into Healthcare Inequalities. This report (Black South West Network, 2023) recognised that the public sector in Gloucestershire has taken positive action to work together with the voluntary sector and Black and Minoritised communities to understand what transformative action would look like in addressing health and social care inequalities. Findings from this report have been delivered.

Watch this video about some of the work some of our Community Engagement Team have been involved in with the ICB around mental health and community research that was undertaken →

Video 2 - Engagement about Mental Health with Diverse Ethnic

Mental Health engagement with diverse ethnic groups
In our mental health services, we have undertaken engagement work with Diverse Ethnic Communities (DEC), following a report around accessibility of local mental health services

for these communities, and work is underway to implement the Patient and Carer Race Equality Framework (PCREF) to ensure standards are met across these areas. We have also commissioned the University of Gloucestershire in collaboration with the ICB to undertake some community-based research with DEC.

Countywide Sensory Team

We have a dedicated Countywide Sensory Team who support adults with sensory loss (focusing on the needs of visually impaired providing practical support such as equipment and cane training) to enable them to live as independently as possible. We have also identified a number of staff across all of our locality team who have undertaken the OCN Level 3 training to support adults with dual sensory loss, the intention was that in doing so we would raise awareness of dual sensory loss in the context of our responsibilities under the Care Act to provide Specialist Assessments - i.e. improving people's access to assessment and relevant support.

Independent Advocacy

Independent Health and Social Care Advocacy is a service delivered by POhWER[44] ([Advocacy Services for Adults in Gloucestershire leaflet](#)) that is designed to deliver a combination of statutory advocacy roles for people who live in Gloucestershire. POhWER offer an information and advice support service.

Know your Patch Networks

Another element of our community investment is the [Know Your Patch Networks](#)[45] which bring together cross-sector partners to form a network for the needs of our communities and individuals. The six networks are hosted by community led organisations in the VCSE who receive investment for the administration of the networks. Know Your Patch Networks were established to create a better understanding of Adult Social Care and build trusted relationships across the sectors.

We have heard from the KYP Networks that *"Formal commissioning procedures are not the be all and end all. Time and a place for grant funding, is still incredibly important."* and *"We have the freedom to develop and deliver in our own way, working in partnership with xxx and collaboratively with other KYPN leads. It's a positive and helpful model of working, that enables us to innovate and adapt to the needs of the community."*

3.2   Theme 2 – How we support people

Our ambition is…

- To build a world class 'model' of short-term care (the 'Enhanced Independence Offer') together with NHS and other partners; improving the impact of short-term help to make sure people regain their confidence and independence whenever possible
- To work with independent care providers to address capacity gaps and over provision, and to make progress in creating the conditions for financial and market sustainability;
- To develop a culture of continuous improvement and quality assurance of commissioning, care and practice; having improved capacity and skills across our internal and external workforce;
- To be an effective partner within the ICS's urgent and emergency care response "Working as One" Programme.

3.2.1 Partnerships and Communities

Our Strengths

- We have willing and engaged Partnership Boards which are chaired by independent chairs and people with lived experience.
- We have a strong history of using Health Act flexibilities to deliver joined up services which is governed by our Joint Commissioning Partnership. Our Operational teams that are co-located with NHS and other colleagues tell us that really increases mutual understanding and generally quicker and easier communication and problem solving.
- Our Carers Hub have a pool of willing and engaged volunteers who support unpaid carers in their communities.
- A strong [Strategic Housing Partnership](#) and the work of our Specialist Housing Occupational Therapist has seen some positive outcomes.

Areas for improvement

- Support the Partnership Boards to define their position and influence within the GCC Governance structure. Clarify the lines of communication, decision making and accountability for and to our partnership boards; including setting out the renumeration and recognition of people who contribute to co-production activities.
- Set out our strategic approach to improving co-production, ensuring corporate support and clear policy for reward and recognition of people with lived experience for the work they contribute to.
- Coordinated approach to inequality, multiple engagements and feedback loop across the whole of the ICS.
- There is a need for better transport options, especially in rural areas, to support people's participation in meaningful activities and occupations.

Key Statistics

Activity	Working Well	Improvement
4508 calls to Carers Hub Welcome Team (April 23 – Dec 23). Resulting in 848 people supported by peer support groups, 2916 people accessing short break respite, 748 referred for counselling and 458 full care act compliant assessments carried out (see IR 33.5)	People supported into employment with a disability[5] (Q1 772, Q2 809, Q3 892).	We want to co-design our Insights structure to close the loop of feedback e.g. from Partnership Boards, Surveys, Healthwatch etc. This will then provide us with key qualitative data to support our transformation and improvement journey.
Our Home First organisations provide a discharge service supporting discharge of on average 100 people per month. They also provider a welfare call service to on average 750 people per month.	The latest Warm and Well report shows that over 2021-22, for every £1 of Warm and Well funding, £11.43 more in capital investment is brought into the region.	
	We conduct impact reports for example related to Thriving Communities,	

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[5] This is a corporate measure and relates to voluntary work as well as paid employment.

	Know Your Patch (KYP). The biggest impact areas for the grants awarded over the last few years are in relation to reducing social isolation, supporting children and families and meaningful occupation (having things to do).	

Our Partnership Boards

Our Partnership Boards have active representation from statutory partners, VCSE and people with lived experience across five Partnership Boards with enthusiastic and committed co-chairs. Co-chairs are people with lived experience and bring that knowledge and understanding into discussions and focus of the work of each Board.

Examples of how we work with VCSE

For people with disabilities we have a long-standing relationship with Inclusion Gloucestershire, who support us with our quality assurance of care provision and with Kingfisher Treasure Seekers Association who we commission to deliver low level mental health support[46] and Building Circles who we commission to deliver Sexual Abuse Prevention training to people with a learning disability across the county, one of the many unique aspects about the training is that it is peer led. We also commission the Gloucestershire Deaf Association to deliver the Deaf and Hard of Hearing Equipment Assessment Service and Q-Care to provide a floating support 1:1 support and a drop-in service for people with a sensory impairment.

The VCS Alliance[47] are key members of a number of our integrated transformation programmes of work and a Joint Memorandum of Understanding has been established to support working with people and communities across the integrated care system. How we capture insights from these organisations to inform our improvement work in Adult Social Care will form part of our improvement plan[48] on how we can work in co-production consistently across the system.

Commissioning includes a range of opportunities to invest in local community infrastructure not limited only to formal procurement. Grants and investment in infrastructure agencies, user led organisations and specialist services such as Citizens Advice demonstrates commitment to local agencies who are more likely to understand local community needs and deliver social impact.

Strategic Housing Partnership

Gloucestershire has an established structure for bringing together housing, health and care services. Senior officers from the six District Councils, Public Health, NHS Gloucestershire, Gloucestershire Health & Care NHS Foundation Trust (GHC), Adult Social Care Integrated Commissioning, and social housing providers are all represented on the Gloucestershire Strategic Housing Partnership (see IR23.1 for more information).

Employment and skills hub

GCC and GFirst LEP have worked together to develop a central resource around skills and employment with access to specialist coaches, tailored packages of support. This is called the Employment and skills hub.

Community Transport

The main Community Transport providers are Community Connexions, Lydney Dial-a-ride and Newent Dial-a-ride, and Cotswold Friends. Between them they cover the county of Gloucestershire. GCC invest £500k annually in community transport. The services are 'door to door' and provide transport to older, disabled or otherwise vulnerable people (this might be because they are rurally, socially, or financially isolated). However, stakeholders have reported access to accessible transport, especially in more rural areas to get to activities and fulfil daily living activities as well as social care workforce to be able to get to work is a real challenge. GCC has introduced a mini bus[49] on demand service in Cotswolds and Forest of Dean as a pilot. However, this bus is not a wheelchair accessible one, further needs analysis is being undertaken by our Transport colleagues within GCC.

3.2.2 Care Provision, integration and continuity

Our Strengths

- We have an in-house respite offer for people with complex needs and a learning disability, and an integrated reablement and community equipment services which contribute to our wider prevention agenda
- We have a strong quality assurance offer for those with disabilities and working age. The adults care provider market are utilising PAMMS IT system to help us manage risk.
- System wide digital transformation programme to deliver shared care record "Joining up your information"[50] (JUYI), work around digital literacy, supporting the digital offering of care providers and keeping digital records.
- Our provider portal supports improved communications with the market; it enables providers to see purchased care, documentation and contracts we have published. It also supports 2-way communication with us.
- We have a strong, engaged and willing systemwide transformation programme (Working as One) to improve system flow across multiple organisations.

Areas for improvement
- Ability to monitor and evaluate outcomes and impact of commissioned services.
- Developing an improved approach to assuring quality of the older person's care market
- Our In-house services need modernisation, including the procurement of a digital case recording system, the requirements for this are currently being scoped.
- Consistency, clarity and delivery of joined up services delivered by GHC to create the conditions for people to receive optimal experiences – in particular Mental Health Social Work teams and Occupational Therapy Teams. A review of these teams has commenced.
- We recognise that while there are a lot of support offers to the Care Provider Market, this can sometimes be confusing for providers, and we are working as a system to develop ways to improve access to support

Key Statistics

Activity	Working Well	Improvement
Between April 23 to Feb 24, the Care Navigators received 252 new referrals of which only 10% (n=24) required onward referral to Adult Social Care locality teams for more intensive social care input.	Our permanent admissions to care homes in the rolling year remain lower than the comparator group average (2022/2023).	25% of calls to 999 from care homes in relation to Falls with 21% conveyance to ED.
Fair Cost of Care exercise showed that the median cost per hour	Low numbers of people placed out of area on	Our data tells us that 53% of people who waited over two

identified for domiciliary care in Gloucestershire is above our standard contract prices and is also more than the mean actual payment per hour made across the county.	average 10 placements a month.	weeks for a service lived in the four rural areas of Gloucestershire which points to the increased difficulty of recruiting in those areas.

We have a good relationship with our care providers and utilise Gloucestershire Care Providers Association (GCPA), Provider Forum, monthly Provider Bulletin as well as our Provider Portal. In addition to this we have strong relationships with our community organisations through our Know Your Patch Networks[51] (KYPN) which bring together cross-sector partners to form a network for the needs of our communities and individuals.

Our Integrated Brokerage teams will work with individuals, family, care providers, safeguarding, social workers and CQC to ensure care provided meets the assessed needs and is delivered in line with contractual requirements and meeting regulatory requirements. We commission packages of care and contract on behalf of the ICB for Continuing Health Care through our Section 75 and Section 256 arrangements (see Appendix 6 for further information about our commissioning approach).

Our market position statement is out of date; the refreshed version is due to go to Cabinet Q2 2024-2025.

The opportunities have not yet been realised around our new bed-based contract (due to go to Cabinet for approval Spring 2024) which will build in greater assurance and escalation protocols, clarification of roles and responsibilities and the interdependencies across contract management, quality assurance concerns and safeguarding.

Hyper-localised and carbon footprint commissioning
Gloucestershire have identified via electronic call monitoring the ability to re-commission care packages to providers who have a significant footprint in an area. By focussing providers in a specific locality, they have the ability to deliver care more efficiently, effectively and sustainably. This process enables providers to work more flexibly with their commissioned hours to provide a personalised approach based on individual's needs.

Proud to Care
Our Proud to Care[52] team supports the external care market with the safe recruitment of care, works in collaboration with care providers around staffing resource requirements and works with Community Catalysts to support workforce. Our Proud to Learn platform supports the training, development, and retention of the external workforce.

Care and Support Directory
We publish annually a Care and Support Guide directory[53] which is available on Your Circle and provides written guidance (online or printed) on how to live well for longer, independently and in your own home as well as choices for when people choose to self-fund their care. The Guide explains how to access a wide range of services across Gloucestershire. Free copies of the guide are available from a range of venues inc Cares Hub, Hospitals, Libraries, GP surgeries, Age UK etc.

Systemwide Falls prevention and response programme
We have co-produced a comprehensive Falls Prevention and Response Programme[54] with our independent care providers and this will be implemented with care homes for older people in the forthcoming year. We have plans to further develop the programme for domiciliary care providers and care homes for people with Learning Disability and/or Physical Disability during 2024.

Care Navigators

Care Navigators, employed by GCC, work as key members of the multidisciplinary teams of Complex Care at Home and the South Cotswolds Frailty Service to provide timely response to an appearance of social care need. Their role is to work with individuals and families to resolve and provide solutions to a range of social issues that help maintain people in their circumstances and prevent deterioration in their situation.

Home First Model and support for system flow

Gloucestershire has significantly invested in the Home First model; this has provided additional resources of front-line workers and by utilising a blended model we have made available additional community domiciliary care capacity to meet demand. This is via a partnership between GHC and private providers and facilitated by our Integrated Brokerage system. Our system control centre (SCC), Transfer of Care Bureau (TOCB) and System Flow dashboard provide us with the information and tools to systematically work together as partners to offer patients the most suitable care pathway for their needs.

Part of this approach has also been to develop further working with the VCSE to support people going home via Pathway 0 or simple Pathway 1 to alleviate pressure. We have also increased resource into our Age UK / British Red Cross partnership to support both discharge and admission avoidance with health and social care and wider community engagement.

The Out of Hospital service offers short term practical solutions to facilitate a return home from hospital. As well as supporting the individual to adjust and regain confidence as they recover, the service will also offer longer term support through relevant community networks and resources of the provider or by contact with VCS groups and networks.

We have eight hospital step down flats in general needs accommodation and extra care housing. The Lead Housing Officer supports Adult Social Care colleagues to make best use of eight flats secured and funded to support hospital discharge across Gloucestershire for people unable to return home due to housing related issues access to funds e.g. to resolve deep cleaning or basic furniture.

Working as One Programme

Newton Europe[55] has completed a diagnostic of our system as it supports urgent and emergency care. This has shown that our rapid response, frailty, falls, discharge to assess and reablement offers could improve efficiency and effectiveness in the way they work together to focus on prevention, independence, admission avoidance and system flow. A programme of improvements are planned until 2025 and this is outlined in Figure 4.

Figure 4 - Working as One Programme Plan on a Page Oct 2023
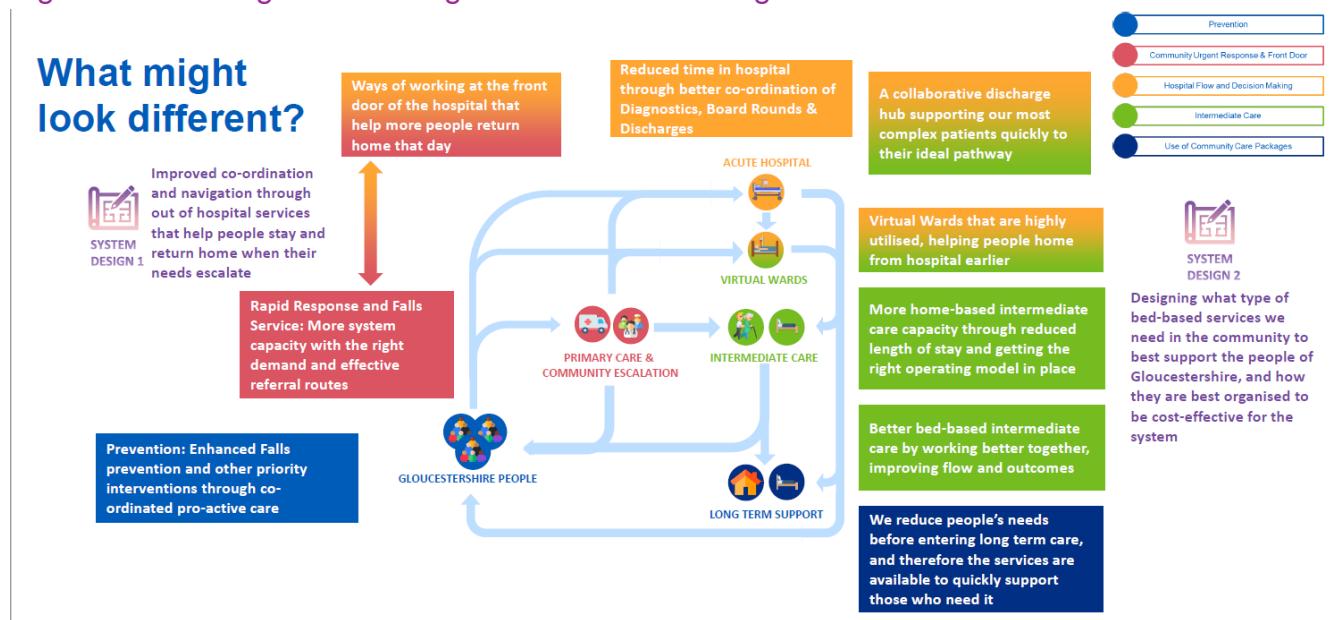
The LGA Peer Challenge Report noted that in relation to system flow *"GCC has consistently shown its dedication to working creatively with voluntary and community groups in order to offer services designed to enable individuals to stay at home or return home safely"*.

3.3   Theme 3 – Keeping people safe

Our ambition is….
The strategic plan for the GSAB identifies a series of priorities to improve:

- awareness and understanding of Adult Safeguarding among professionals and the public;
- prevention and responding to reports of abuse and neglect;
- learning and continuous improvement.

Additionally, our ambition is to
- Achieve greater leadership across the system in the area of severe and multiple disadvantage,
- To improve how we work with children's services in preparing for adulthood
- Further develop our work with people with complex needs, alongside Public Health and District councils

3.3.1 Safe Systems

Our Strengths

- Our Disabilities Quality Assurance team and peer review model with Inclusion Gloucestershire (local User led organisation) oversees quality of providers.
- Robust emergency planning and business continuity – we have extensive emergency plans, out of hours support, major incident response strategies and business continuity arrangements which is demonstrated in how we respond effectively to unexpected events such as critical incidents (pandemic, floods, provider failure etc). Our responses

to events show we can effectively maintain service delivery despite challenging circumstances.

- We have sound strategic risk management practices. This was highlighted as a strength by the Adult Social Care LGA Peer Challenge (Sept 2023).

Areas for improvement

- We are building our approach to quality assurance across the whole of the market.
- Patterns of low-level concerns are currently identified manually within the safeguarding SPA leading to duplication and inefficiency.
- There are a high number of into county placements into care providers in Gloucestershire, and our visibility of these people and their support is limited.
- Ideally planning for transitioning to adulthood should start from year 9, but we recognise that there is further work to do with Childrens Social Care, Health, and Education to help prepare young people and their families that services in adulthood will look very different and the focus will be on wellbeing and independence.

Key Statistics

Activity	Working Well	Improvement
Just over three-quarters of people receiving support or care felt safe (77.0%, up from 75.9% in 2021/22).	The vast majority attributing their feelings of safety to the services they receive from us (92.5%). This places Gloucestershire as the second-best performer in the peer group. Performance has been consistently in the top quartile for over 5 years.	We do not benchmark well with comparator peer group for adults with learning disabilities who live in their own homes or with family 66.8% compared with 75.2%. Whilst our performance in this area has improved from the previous year there remains concerns around data quality and whether our outturn reflects actual performance in this area as current data returns exclude people living in supported living accommodation.
28 Care Homes rated as Requires Improvement by CQC (3 without a rating). 17 Community Providers RI (35 community providers without a rating). 0 providers rated as inadequate.	Gloucestershire benchmarks well in most CQC domains for bed-based care (84.2% good or outstanding compared with 78% mean for SW and 77.4% for England).	We know we have a strong Care market for people with disabilities with an over provision especially in Supported Living Providers, this results in a safeguarding risk as placements are taken up from out of area placements usually with little foreknowledge and usually by individuals who have complex needs which puts pressure on our local NHS services. Whilst we don't know exact numbers of out of area placements into Gloucestershire, we believe this to be over 800 people.

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. This can be demonstrated through some of the initiatives as described in Appendix 7.

Mental Capacity Act (MCA)

Our approach to applying the Mental Capacity Act[56] to safeguarding is supported by a dedicated MCA Manager who also provides training on the MCA. If a person has no-one to support them and lacks capacity to consent to the enquiry or otherwise has a substantial difficulty participating, then an Independent Mental Capacity Advocate (IMCA) can be appointed and this is through an application to the Gloucestershire Advocacy POhWER

Service. There is a suite of MCA resources and leaflets including easy read resources available.

Out of county placements

We minimise placing people out of county by making sure we have opportunities within Gloucestershire. We have relatively low numbers of people who are placed out of county (IR 17.1). There is an annual face to face review process for these individuals, and anyone eligible for DoLS is prioritised.

Provider Closure

We have a Regulated Provider Closure Policy[57] which provides staff with a clear protocol to follow when a care provider is unable to meet care and support needs due to temporary interruption or permanent business failure. The LGA Peer Challenge also quoted that *"GCC has established and tested protocols to effectively respond to provider failure, providing an organised and planned response in cases when service providers cannot deliver as contracted, safeguarding those with a lived experience wellbeing in the process".*

Business Continuity

Our Business Continuity process[58] is part of the Local Resilience Forum (LRF) and we have emergency response plans to respond to various emergencies and work closely with the wider Council and District Councils to ensure Adult Social Care response in an emergency, these are tested in exercises[6] (Adult Social Care has 97% attendance in these exercises) as well as experience of using them for different emergencies over the years e.g. flooding. We have in total 30 plans (reviewed 6 monthly, as of March 2024 87% up to date) and impact assessments (reviewed annually, 100% up to date). The Corporate Leadership Team (CLT) has approved a policy (IR 25) programme of work on BCM which aims to thoroughly review, update and embed BCM across all Directorates. Regular updates are provided to the council's Business Continuity Management Assurance Board (BCMAB) and CLT.

3.3.2 Safeguarding

Our Strengths

* Our centralised safeguarding team ensures consistent decision making, risk assessment and coordination of complex enquiries and organisational abuse. They are a dedicated and experienced workforce from a range of professional backgrounds e.g. social work, police, sexual violence, mental health, health and this gives the team the depth of knowledge and experience to be able to triage cases quickly.
* We have a mature and well supported Adults Safeguarding Board with stable membership. Support from partners contributes to building strong partnerships across the safeguarding landscape that share information, resources and expertise e.g. The Independent Chair of GSAB is a member of Safer Gloucestershire[59], which joins together a number of the Community Safety Partnerships. The profile of adult safeguarding in this forum helps explore our safeguarding role in the wider community.
* Our Single Point of Access Team ensures feedback on safeguarding referrals is provided to professionals in a timely manner.
* Our Safeguarding portal for professionals provides an easier electronic route for professionals to report 24 hours a day, 365 days a year.

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[6] Exercises are face to face table top scenarios facilitated by the Councils Business Continuity Lead. Training covers areas of disruption and scenarios highlighted by the LRF, national risk register or organisational learning.

- We have good relationships with our system partners and agencies to share intelligence and concerns to keep people safe e.g. our Fire Safety Development Subgroup of our Safeguarding Adults Board.

Areas for improvement

- Establish a means of oversight across the whole safeguarding response pathway, including consideration of resources and use of data and technology.
- Timeliness in decision making regarding whether the section 42 criteria are met by the central safeguarding team is a known issue and has been verified in recent audits. This is due to increase in established safeguarding concerns as a result of the implementation of the Safeguarding SPA and the growing complexity of cases referred to safeguarding.
- Ensuring the voices of people from all communities across Gloucestershire are heard and responded to, and improving how we work with people with complex needs is outlined in our three-year strategic plan for GSAB.
- Develop a response to the challenges in the safeguarding response when individuals have Mental Health or Continuing Health Care needs, to achieve effective risk management.
- Develop our approach to working with people with lived experience of safeguarding processes to help us to improve person centredness in our safeguarding work.

Key Statistics

Activity	Working Well	Improvement
The number of concerns received in the in the year to end Feb 2023-2024 was 2663 which is 491 more than in 2022. A person's own home is the most likely place for abuse to take place and was recorded 62% of the time in the year to 31st December 2023.	84.7% staff that should complete their level 3 safeguarding training have (target 80%).	The current number of outstanding DoLS applications is 1765. This equates to an average 288 per month. Of which 7 are from 2015-2016. We have plans in place to monitor and risk manage the list of outstanding applications so that we are assured that the people who will benefit most from the protections offered by DoLS are able to access them in as timely a manner as possible.
The number of concerns raised has increased since the start of the Single Point of Access for the Safeguarding Service at the beginning of August 2023. From August to December 2023, 1184 concerns were received; this represents an increase of 41% on the same period in 2022 when 842 concerns were received. This increased again October 2023 – March 2024 to 2791. This equates to 461 per month on average.[7]	The average number of days to complete a S42 Enquiry over the last calendar year was 86 days. This is roughly 17.2 weeks or around 4 months. The percentage of S42 Enquiries open has been falling from 20% earlier in the year to closer to 12% (target 20%) The proportion of S42 Enquiries completed where the risk is removed or reduced was 66%	The conversion rate from Concern to Section 42 Enquiry has been 24% for the last 4 quarters. January, June and October of 2023 were well above this level at 29%, 33%, 30% and 26% respectively The conversion rate for the Southwest was 28% in 22/23 and England was 33% which is higher than both the Southwest and Gloucestershire.

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[7] Timeliness of decision making by the safeguarding adults team is an issue. A new role is being introduced to the team (Safeguarding Adults Support Officer) to assist with reducing the time safeguarding concerns remain with the team awaiting a decision.

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 concentrating 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. Further examples of how we can demonstrate compliance against this quality statement are available in Appendix 8.

The Safeguarding Team

The Safeguarding team is responsible for information gathering and decision making on whether a concern meets the criteria for a Section 42 enquiry, they also co-ordinate all organisational abuse concerns, provide advice and support to professionals, chair complex safeguarding meetings and maintain oversight of enquiries which are caused to be made by other agencies. There are robust links between the safeguarding team, commissioning, and quality teams and the CQC. The team has adopted the LGA/ADASS "making decisions" document as a framework for their decision-making. The specialist safeguarding team are available to provide expert advice and guidance as well monitoring and providing quality assurance of all enquiries "caused" to other agencies. Where a Section 42 Enquiry is indicated the safeguarding team pass to the relevant Adult Social Care operational locality teams (including the Hospital Social work Team) who will allocate a social worker to undertake the enquiry. The enquiry is supported, supervised and quality assured and signed off by a Social Work Manager.

Gloucestershire Safeguarding Adults Board

The Gloucestershire Safeguarding Adults Board (GSAB) meets quarterly and manages its work through a range of subgroups with involvement from a range of partners across Gloucestershire including Health, Police, District Councils, and Voluntary Sector. Key safeguarding risks and issues are identified through contributions from partners and through GSAB annual self-assessment audits and go through a peer challenge process with partners. The GSAB meetings offer an opportunity for members to seek assurance and challenge, with meetings being organised on themes and learning shared for professionals on the GSAB website.

Statement from Independent Chair of Gloucestershire Safeguarding Adults Board

"Gloucestershire has had a Safeguarding Adults Board in place since 2009, which reflects the strong ongoing commitment to Safeguarding Adults within the county. Much has been done over the years to strengthen and raise awareness of what constitutes abuse and neglect, and how to respond to it. Since its inception the Board has aspired and striven to protect and safeguard some of the most vulnerable members of our community through our Strategic Plans and the various sub groups, that sit under the Board.

We have taken every opportunity to learn through the learning events and Safeguarding Adult Reviews that we have undertaken locally and accessed through the National network. The assurance process is a real opportunity to raise further awareness of Adult Safeguarding and to identify areas where we can make sustainable and continuous improvement. This includes hearing the voices of those individuals who come into contact with professionals and the voluntary and community sector through safeguarding activity and the way we ensure that we can evidence the positive impact we are making through our data and quality assurance processes."

Safeguarding Adults Reviews (SARs)
Safeguarding Adults Reviews[60] are publicised across the partnership and published on our website in full (unless by exception it should not be published). As part of the SAR where possible the views of the person, their families and carers are collated and helps to shape the findings and recommendations.

Deprivation of Liberty Safeguards (DoLS)
We have a dedicated, highly skilled team who manage DoLS applications. We have robust mechanisms in place to check the quality of DoLS work in terms of appropriate prioritisation (by experience assessor leads) and assessments undertaken. The team has improved its arrangements for monitoring the waiting list with the introduction of DoLS Co-ordinator posts with the aim of ensuring that the people most in need of the protections offered by the DoLS are prioritised for assessment and authorisation.

Fire Safety Development Subgroup of GSAB
The Fire Safety Development subgroup of GSAB was set up in in 2014 response to an unusually high number of fire fatalities in the preceding year. This is a multi-agency group which focuses on minimising risks and learning from near mises/ fire fatalities by producing and implementing fire safety action plans.

Hoarding Forum
This includes people with lived experience of hoarding to identify ways of working more effectively with people who are at risk due to hoarding. In another initiative, in response to fuel poverty and the cost-of-living crisis the group has arranged provision of free slow cookers/heated fire-retardant blankets to people living with these issues. Working as a system we will be holding a Gloucestershire Hoarding Awareness Day in April with the Fire service, housing association, Hoarding UK, Environmental Health etc to share presentations, answer questions and talk about our multi-agency approach.

PREVENT
We recognise the importance of Adult Social Care contributing to work taken to safeguard vulnerable people at risk of radicalisation. Our teams support the multi-agency PREVENT agenda in Gloucestershire.

Self-neglect
We have a focus on self-neglect as part of our strategic plan and have held a number of professional development opportunities for staff. We have a best practice guidance to support staff. We are planning to introduce a Multi-Agency Risk Management (MARM) framework this year, as we have identified that there is a growing number of individuals who do not meet the criteria for a Section 42 Enquiry, however, are at high risk of serious harm. This will be co-ordinated by a dedicated post within the Safeguarding Adults team.

3.4   Theme 4 – Leadership, Governance and Innovation

Our Ambition is…
Purpose

- To get the fundamentals right – focus on quality, assurance, efficiency, effectiveness, delivery, sustainability, and accessibility across strategy development, implementing change and operational management.
- To develop our approach to engagement and co production so that we genuinely start working alongside and supporting local people and organisations to bring their ideas for care and support to life.

- To promote a learning culture of openness, transparency, and constructive challenge across the wider system and with our own teams

People

- As an employer aspire for the best for our teams, creating an environment where people are proud to work for us
- To develop that learning culture into one of continuous improvement, based on intelligence and an evidence-based approach

Place

- To develop wider understanding across the system of the role of Adult Social Care and public health, through an increased focus on communications and engagement
- To develop relationships with the ICB, in particular to play a leadership role the wider system conversation about the scope of the health and social care market, early intervention and prevention, engagement and co production and outcomes and well being

3.4.1 Governance and management

Our Strengths

- Feedback from stakeholders that we have knowledgeable and committed staff who are enthusiastic and dedicated to providing services which have an immediate and tangible effect of those with a lived experience.
- A new leadership team bringing stability, ambition, and a focus on continuous improvement. The LGA Adult Social Care Peer Challenge recognised the clear political support for Adult Social Care and *"The senior staff changes …are seen as positive by staff and partners"…*
- Our Transformation Programme provides focus on transformation of delivery and a foundation for future improvement.
- Strength in system working, our positive partnership arrangements in a coterminous system.
- Our Staff are clear what the expectations of them are, are motivated and rated the leadership of their team and service highly (Staff survey 2023)
- Our Portfolio Holders are engaged and supportive and have assumed a more substantial role to help us set priorities, give direction, monitor and challenge progress towards goals.

Areas for improvement

- Our approach to management and alignment of strategy, policy and procedure and guidance across the whole of the directorate and our multiagency approach should be strengthened.
- Ability to meet savings targets. Financial strategy allows for use of reserves as impact of slippage and emerging ability to meet targets are addressed and new areas of savings identified.
- Access to and use of data and intelligence limits strategic visibility, planning and decision making. Including further developing our governance of the use of nationally reported datasets
- Developing and evolving the role of the Principal Social Worker and Principal Occupational Therapist to take a strategic lead for co-production and prevention.
- Dependency on modernisation of the Council's ICT infrastructure.

Key Statistics

Activity	Working Well	Improvement
73.6% response rate to last staff survey (Nov 2023).	PDRs (Appraisals) across the directorate at 85.7% complete.	Our sickness absence rate is at 6.1% across the whole of the directorate (target 2%). With stress being the biggest factor (35.8%). This has remained fairly static over the last 12 months (Jan 2024).
78% of our staff are female, 9% come from a diverse ethnic background and 8% have a reported disability.	Reduction in the use of agency staff (45 in June 2023 and in December 2023 this was 33).	Whilst vacancy rates are generally reducing across the whole of the directorate, we have teams where this is higher than we would like where we struggle to recruit and retain staff e.g. Cotswolds team have a turnover rate of 21.4%.
Headcount of 1131 equivalent of 1010fte (Jan 2024).	Turnover of staff is reducing (Q3 22/23 this was at 15.6% and Q3 23/24 this had reduced to 11.1%).	

Political Support

Political leadership is shared between two Cabinet members, whose portfolios cover Commissioning and Operations respectively. The Cabinet Member for Commissioning has held that role since January 2020, and has provided political direction and leadership for reshaping of the care market, including the closure of a number of residential homes that were no longer fit for purpose in order to free up resources for more community-based care and specialist residential and nursing provision. The Cabinet Member for Operations was appointed in Q1 2023 following the retirement of the portfolio holder but previously held the position of chair of the scrutiny committee with responsibility for oversight of Adult Social Care. As a result, he brings an understanding of the issues facing the council and the sector. He also brings a wealth of experience related to Transformation and Data and Intelligence and has recently started to chair our Transformation Board.

Our corporate Finance Performance and Risk process is a quarterly process whereby the Directors assurance report and our management information is provided for support and challenge by the Leader and Chief Executive. This gives the Directorate leadership team face to face time and space with the Council's leadership. As a result of these, there is a good understanding of the challenges and opportunities facing the Council about Adult Social Care, and a strong commitment to supporting the changes required.

Staff views

We have mechanisms for collating staff views on their ability to provide the right level of support to promote independence; qualitative feedback is received as part of team meetings or through supervision, which are acted upon, for example feedback from staff has resulted in an improved pathway for in-house service provision. Overall engagement from the Adults directorate is good with a 73.6% response rate to the last staff survey (November 2023). The thematic feedback can be viewed in Table 1. GCC and NHS staff surveys are run separately and the data is shared via the HR and OD teams within the ICB at various meetings and have contributed to the creation of the ICB One People Strategy and associated action plans and interventions. Our numbers of staff whistleblowing are very small therefore we are unable to share details.

GCC has a widely publicised Speak Up If It's Not Right campaign which includes both internal and external mechanism for Whistleblowing. The Whistleblowing Steering group

meet every other month to consider any new disclosures and will have extraordinary meetings if and when required.

Employee voice groups have been operational corporately since 2017. In 2021 the staff survey identified the need to improve visibility of leadership, management of change and communication within the department. We implemented our "Adults in Focus" newsletter, all staff Q&A sessions plus an EDI focussed Directorate group. We are keen to build on this and are developing a refreshed communication strategy which has been published July 2023, which has been developed directly from feedback from our employee voice group. The 2023 staff survey results are now being discussed with teams and via our Employee Voice Group with the aim of creating team and directorate level action plans to address areas of improvement from April 2024.

We hold regular Safe to Speak Out events, where staff with protected characteristics meet with directors and share their experiences of working for GCC in a confidential safe space. Our Practice Development team have also been widely promoting the ED&I awareness and competency within our workforce to strengthen practice, some examples include the teams work around the Ally Group, which is aimed at supported those on Social Work Programmes and new to the profession, engaged our Black Workers Network to participate in the moderation process of newly qualified social workers and jointly hosted with Childrens Social Work Academy an annual anti-racist practice conference.

We acknowledge the importance of training staff to collect information in a culturally sensitive manner and approach potentially difficult conversations about sensitive topics. There are established staff networks which are sponsored by some of our Directorate leadership team, Staff networks include; the Black Workers Network, Carers Network, Dignity at Work Network, Disability Network, Prism LGBTQ+ staff network, and Young Employees Network, to promote equalities, diversity, and inclusion.

Table 1 - Summary of 2023 Staff Survey Key category areas and average score

Key Categories	2023 average category score
Change management	40%
Communication	51%
Career & progression	62%
Leadership	66%
Reward & Recognition	69%
Health & Wellbeing & Respect at Work	70%
Teamwork	71%
Job satisfaction & motivation	79%
Performance Direction/Management	80%
Equality & Diversity	81%
Working Here	82%

Our Governance approach
We have clear responsibilities, roles, systems of accountability and good governance (see governance structure in Appendix 5). We use this structure to manage and deliver good quality, sustainable care, treatment and support. Our leadership team at Director level have been in appointed in the last 3 and half years. This has provided the directorate with stability

following a period of interim support after a series of retirements. The LGA Peer Challenge team said *"The recent changes in the Adult Social Care leadership team where all senior staff are new appointments over the last eighteen months are seen as positive by staff and partners. There is a shared understanding that there is a real opportunity for transformation of the service by this new team."*

Adults Performance Board

We monitor through quarterly reporting to management and our performance board; establishment, vacancy levels, turnover, sickness absence, PDR completion, training for operations and in-house services. Corporately these dashboards are then reported through Corporate Leadership Team and to Councillors.   In addition, we have Knowledge, skills and resources as a pillar of improvement within our Adults Data and Intelligence Strategy (2023).

Finance

Our financial position has been stable in the past three years due to a significant savings programme, this is overseen by a Savings and Investment Board.

Governance of Adult Process and Systems (GAPS)

Governance of our processes and systems is through our Adult Social Care Processes and Systems Change Board (also referenced as GAPS), this forum ensures operational decision implementation including IT system functionality, performance information is captured correctly following process changes, supporting on data quality and improvement initiatives etc.

Our Organisational Development approach

The development of the wider leadership team across Integrated Commissioning, Operations and Public Health is continuing through a series of dedicated organisational development sessions that meet quarterly, where we have focused on our mission and values, our communications and our leadership style using the Insight Discovery model. Our organisational development lead supports our leadership and management programme of work and following a skills and competency audit we have commissioned a provider to deliver a programme of CPD for our senior leaders, and each has an individual learning plan to support their own development. The LGA Peer Challenge said this about our Operational Leadership *"Staff demonstrated frontline operational leadership that is instrumental in prioritising and successfully executing critical functions such as assessments, reviews, safeguarding responses and risk management. Through such strong guidance and management of frontline teams, effective responses can be provided for those with a lived experience with diverse needs."* Our Adult Social Care Operational Staff have access to CCInform and we can evidence strong use of this resource to support practice[8].

HR Support

HR Business partners liaise directly with relevant Head of Service at regular meetings and highlight teams/cases that require additional HR support. There are clear transparent procedures for managing informal and formal capability, conduct, sickness, and grievance procedures available on the intranet with HR and Occupational Health advice available daily in office hours. Management training is available via a yearly calendar of events. A new HR system is being implemented in 2024 which will include improved modules for performance management and PDRs.

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[8] We have been advised by CCInform that we are the highest users in the whole of the UK in Q1 2023

LGA Annual Health Check of Social Workers

LGA Annual Health Check (IR 36.3) – across all of the 8 employer standards we were graded the highest category (good), this represents an overall improvement since 2021-2022 where we achieved good in 7 out of 8 standards. The Survey asked Social Workers what the biggest challenges of Social Work were, our Social Workers commented: *"lack of care agency and care home capacity . . . increased demand for services . . . pressures on NHS affecting Social Care . . . shortage of care and shortage of Social Workers . . . change fatigue . . . increasing number of long-serving professionals leaving the sector . . . lack of consistency and unfairness in roles/rotas . . . slow recruitment into our team"*. When asked for their reasons for working in Social Work as part of this health check; comments from our social workers included: *"supportive team and shared values focussed on improving outcomes for vulnerable people in the community . . . feel valued by the team I work with . . . leadership willing to work with us to problem solve, "can do" attitude . . . they care about the well-being of their staff . . . they care about the outcomes in individuals and their families . . . a direct line management team who are supportive, who challenge respectfully when the challenge can benefit the people I work with"*.

3.4.2 Improvement and Innovation
Our Strengths

- We focus on continuous learning, innovation and improvement across our organisation and the local system with strong compliance with training offered through Learnpro and SAP.
- We encourage creative ways of delivering equality of experience, outcome, and quality of life for people through our practice development team and innovative approaches to commissioning.
- We offer training and development opportunities for all staff and clear career pathways for social care professionals, social workers, and managers.
- Partners and people with lived experience have avenues for influence through our partnership boards and through engagement and co-production activity conducted through our commissioning processes.
- The Adults ASYE programme invites NQSW's from Mental Health services to join in shared learning sessions to promote shared learning and future joint working relationships.
- We are active members of regional ADASS and Skills for Care networks, and the wider leadership team are supported to be part of the review team in LGA peer challenge reviews in other authorities.

Areas for improvement

- We know that our cumulative challenges with data and intelligence, combined with gaps at strategic level in visibility of the outcomes of co-production and feedback from people with lived experience, alongside partners and staff, mean that it is very difficult to assess how well we perform in improvement and innovation.
- An area of improvement for us in this area is around developing our research approach, we are active members of the Research 4 Gloucestershire and want to explore as a system how Social Care can contribute to community-based research.

Key Statistics

Activity	Working Well	Improvement
During the third quarter of the year 178 people across Adult Social Care Operations logged into CCInform. Top	Dementia Training for Social Care Staff	Autism training 53% compliance – 8 courses have

areas of research were related to Hoarding, Mental Capacity Assessments and the Care Act. We are one of the top users in the Country of this resource. (IR 36.6).	82.6% compliance (target is 80%).	been scheduled between April 2024 – July 2024.
	All mandatory role specific e-learning for operational staff is above 80% target (IR 36.4).	Low compliance with Corporate Mandatory Training (29%) from My Compliance training (e-learning platform used by corporate governance).

Our Workforce Strategy

Corporately there is a workforce strategy (IR 19.1) which runs from 2024 – 2027 and details our plans as an authority to meet the strategic aims and objectives of the Council and how we will support the workforce. The key focus of the strategy is digital skills, equalities, diversity and inclusion (EDI), recruitment and retention and agile working and runs through three pillars of Capacity, Culture and Capability. There is a training programme to support leadership and management, digital skills and EDI.

Workforce Transformation

Our Adults Transformation Workforce Stream (IR 36.1) is aligned with the corporate workforce strategy. Much of our Adult Social Care workforce development, learning, recruitment, and retention planning is supported through our Transformation programme which has a specific portfolio for our internal workforce. The priorities for this portfolio of work are:

- **culture** - ensuring that our organisational vision, values, and behaviours are embedded across the workforce
- **capacity** - plan so that we have the right number of appropriately skilled and experienced staff available to deliver services, and make GCC an employer of choice
- **capability** - cultivate a caring, committed, and competent workforce, that includes skilled and confident leaders at all levels

Adults Recruitment and retention

Our Adults Recruitment and Retention Strategy (IR 19.2) details the focus for the Adults Directorate. The action plans to achieve these aims are monitored through the Adults Transformation & Improvement Board. We have achieved many of our objectives including having a dedicated recruitment team for adults who have created a website for recruitment which has allowed us to optimise our social media based recruitment alongside the team attending over 50 recruitment events

Learning Management System

We are working towards having a single learning management system which offers a single platform for staff from across the system and enables review of attendance and evaluation of the training offer (we currently have two systems through SAP and Learnpro). We have a Training Programme (IR 36.6) which details the requirements for professional and mandatory training for each role within our operational teams.

Practice Development Team

With the oversight of the Principal Social Worker (PSW) this enables the team to provide regular input to the operational teams, joining team huddles to promote and maintain our strengths based model of practice and using their observations to inform future training and CPD delivery; in addition the expansion of the PD Team has enabled the expansion of the Social Work Apprenticeship programme and ASYE programme as well as increasing the number of training and CPD workshops directly delivered by the PD Team. The PSW

through the PSW regional and national network has opportunity to share innovation and learning with PSW peers as well as bringing back learning and innovation from peers and developments in Social Work from the Chief Social Workers office (DHSC). Our PSW has produced an annual report (which covers the last 2 years, IR 31.1) which sets out the PSW priorities and aims to provide a greater platform and visibility for social work leadership in Gloucestershire.

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In drawing this self-assessment report together, we would like to thank our teams for their input and engagement in its development.

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Gloucestershire Care Providers Association, Carers Partnership Board, Mental Health and Wellbeing Partnership Board, Learning Disabilities Partnership Board, Collaborative Partnership Board, Physical Disabilities & Sensory Impairment Partnership Board, Autism Partnership Board, Healthwatch Gloucestershire, Integrated Care Board, Age UK, Gloucestershire Health & Care NHS Foundation Trust and Gloucestershire Integrated Care Board.

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