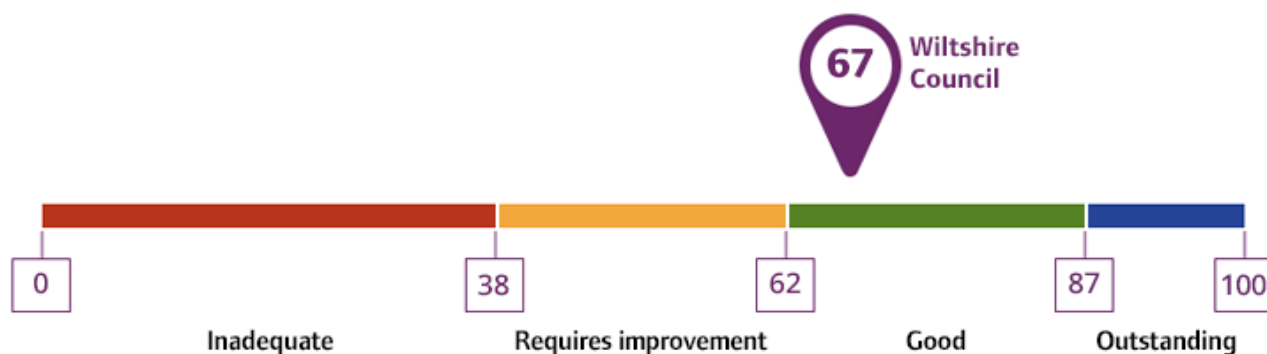


# Overall summary

## Local authority rating and score

Wiltshire Council

Good



## Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 3

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## Care provision, integration and continuity

Score: 3

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## Partnerships and communities

Score: 2

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## Safe pathways, systems and transitions

Score: 3

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## Safeguarding

Score: 2

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## Governance, management and sustainability

Score: 3

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## Learning, improvement and innovation

Score: 3

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# Summary of people's experiences

There was mixed feedback about adult social care and services in Wiltshire. People told us the local authority had an improving culture of 'doing with' people, rather than 'doing to', so people felt involved in decisions about their care and support needs. Strength and asset-based approaches were being embedded in both staff practice and processes, with the aim of improving people's experiences and focusing on their wellbeing. These were ongoing developments to enhance choice, and support people to take risks when planning and agreeing care. People consistently told us the quality of the care services they received was good in Wiltshire.

People had access to approaches and options to prevent, reduce and delay their need for care and support. Feedback was consistently positive about reablement and enablement services to prevent, reduce or delay people's needs for care and support. However, there were gaps in mental health services when a person did not meet the threshold for support under the Care Act.

There was excellent feedback about staff skills and attitudes people told us staff went above and beyond when working alongside people with care and support and their carers in Wiltshire. However, there was mixed feedback in relation to processes, such as waiting times, ways to contact staff post initial contact, accessible information and financial assessment processes. For example, one person told us they had waited more than 2 months for an assessment and were still waiting at the time of our CQC assessment, they needed assistance to leave the house and join support groups that had been offered to them but had no way to access this. Another person told us they had specialist advice in a way that worked for them, this had focused on what they could achieve and improved their independence. The local authority was acting on feedback and complaints to improve experiences for people, for example to improve the accessibility of contacting staff and reducing waiting times. There were people awaiting assessment and authorisation of deprivation of liberty applications, the wait for this specialist assessment was being managed based on presenting risks. People were referred to advocacy services when they needed it. Young people and their carers told us their experience of transitions from children to adult services was improving.

The local authority sought to listen to people who were most likely to experience inequalities in their experiences or outcomes. There were gaps in engagement between some groups of people and the local authority, such as people from smaller ethnic minority groups and people with a visual impairment. The local authority recognised the gaps and was committed to improve the way it listened to these groups. The local authority funded Healthwatch to independently hear the views of local people. There were many ways people could be involved in co-production or share feedback, including forums, councils and Wiltshires own 'Pioneers' and 'Innovators' programme. The local authority funded organisations to work with people in different ways, for example, to hear their voices including through art and music. People with care and support needs gave examples of how they shaped and improved services and strategy.

Feedback from unpaid carers was mostly positive. Carers told us they felt supported, and they were aware of opportunities to be involved in co-production projects. Carers used direct payments to support them in their role to care.

## Summary of strengths, areas for development and next steps

There was good leadership at Wiltshire Council and an 'always improving' ethos. The local authority demonstrated its corporate message, 'Our Identity and One Council' and how this fed into its 'living well' and 'whole life' strategies. These were supported by organisational structures, for example housing services were embedded in the adult social care directorate, and the commissioning directorate had an all-age approach. There were strong internal links between adult and children's social care. Children's services in Wiltshire were rated 'outstanding' in 2023 by Ofsted. The adult social care directorate was keen to take the learning from children's services and apply it in adult social care.

The transformation of adult social care programme (TASC) aligned with identified areas of development and provided assurance there was the necessary support to facilitate this work. There was a focus on providing the right care in the right place and developing a skilled workforce. Elected members were visible and involved in performance and outcomes groups and boards, enabling them to have direct discussions with teams and leaders.

The local authority had reduced waiting lists to assess people's care and support needs using a 'waiting well' approach. This provided people with information or access to local services whilst waiting for an assessment of need. Staff risk assessed people waiting for an assessment and prioritised those most in need. Ongoing plans and monitoring evidenced waiting lists were reducing and improvements continued to develop. Senior leaders utilised resources realistically such as budgets and staffing with targets for longer term actions to be effective and sustainable.

Promoting people's independence was part of everyday practice when people first contacted the local authority. There were arrangements to prevent, delay or reduce needs for care and support to improve population health, and reduced the demand on health and social care services. For example, the adult social care Prevention and Wellbeing team reduced the volume of referrals coming to the 'front door' through preventative work. Wiltshire had a well-established therapy-led reablement service that was meeting the needs of the local community. This community approach avoided people unnecessarily being admitted into care homes or hospitals. There was also specialist enablement offers for people with learning disabilities, autistic people and people with mental health needs. There were notably some gaps in resources for veterans experiencing a mental health crisis. There were arrangements for interpreter services, and staff training to understand cultural diversity and engage with people appropriately.

There was market shaping and commissioning to meet local needs. The self-funding population in Wiltshire was a competitor in the care provider market due to the large number of people who paid privately for their care. People in Wiltshire had access to high quality support and there were no known overall concerns around provider capacity to meet demand. There was quality monitoring of local services. However, managing risk could sometimes take priority over people's choice, this meant people's voices and desired outcomes were not always at the forefront when commissioning suspensions happened. The local authority worked with other local authorities to support out of area placements. There was an accommodation strategy to identify priorities for market development including specialist dementia care.

The local authority was working to involve smaller voluntary sector services and support the wider workforce through stronger partnerships. Strategic relationships with care providers and health and integrated care system leaders continued to evolve to improve working together. However, working relationships with partners were not always positive, there was a need for improved communication, transparent sharing of data and analysis and strengthening of shared principles. For example, hospital discharge services were under review and there were differing perspectives across the local authority and partners on how transformation could improve system working and positively impact people's outcomes. Partners told us the local authority was passionate about improving people's outcomes and prevention was high on their agenda. There were good foundations in place with partners to further develop relationships.

Staff and senior leaders were committed to safeguarding people with care and support needs. There were consistent ways of working to respond to initial safeguarding concerns. We had mixed feedback from staff and partners in relation to section 42 enquiries to share recommendations and learning which as a result would reduce risks to people. Senior leaders acknowledged areas for improvement in the safeguarding vulnerable people's partnership and had appointed an independent scrutineer to hold the partnership to account. There was improvement work ongoing around deprivation of liberty safeguard wait lists including those in the community, and the risks this had on people, unpaid carers and partners.

Workforce was an area the local authority was proud of. Internal recruitment and retention strategies had been successful in enabling the right mix of skills and numbers of staff to deliver care act responsibilities. Staff were supported to be confident and evidence-based practitioners. The local authority sought feedback and learning from people and partners, this fed into strategy, and shaped operational practice. Transformation work was supporting improvements around people's choice and embed strengths-based approaches, such as growing direct payments, independent living and technology-enabled care offers. This aligned with the adult social care vision, 'We all deserve to live our lives our way'.

The local authority knew themselves well. Internal workforce, leadership, governance, and performance management was strong. The Director of Adult Social Services (DASS) had been in position for 18 months, the Principal Social Worker for 7 months and the Chief Executive Officer (CEO) was appointed in July 2024., Both the CEO and DASS had worked in Wiltshire Council for over 10 years and there was stability in the political support for over 24 years. The developments in leadership roles were seen as a positive to adapt to change and focus on innovation.