Slough Borough Council: local authority assessment

How we assess local authorities

Assessment published: 18 July 2025

About Slough Borough Council

Demographics

Slough is a town within East Berkshire and is 20 miles from central London with direct rail links and easy access to major road networks and Heathrow airport. In 2022 it had a population of around 159,182 (Office of National Statistics (ONS) 2022). By mid-2023 this had risen to 160,713. Nearly 28% of the population is aged under 18, compared to 21% nationally. Only 10% of Slough's population is aged 65 or over, compared to 18.7% nationally.

Slough is one of the most ethnically diverse local authorities in the country. In 2021, ONS data showed 46.75% of the population identified as Asian or Asian British, 36.05% identified as White, 7.57% as Black, Black British Caribbean or African, 3.98 as mixed or multiple, and 5.66% as other.

Healthy Life Expectancy is significantly worse in Slough for men (58.1 years) and women (60.3 years) compared to the England averages (63.1 and 63.9 respectively), which has the potential to see people needing health and social care interventions earlier in their lives and for longer. The mortality rates were above average for strokes, coronary heart disease, preventable cardiovascular disease and alcohol related deaths. They also had a rising number both of homeless households and people living in temporary accommodation.

The Index of Multiple Deprivation (IMD) ranked Slough 53rd out of 153 local authority areas in England, indicating high levels of deprivation.

Slough is a partner of the Frimley Integrated Care System (ICS) as 1 of 5 locality areas within East Berkshire, along with Bracknell Forest Council, Royal Borough of Windsor & Maidenhead, Hampshire County Council and Surrey County Council.

Since 1998 the council has been a unitary authority, functioning as both a district council and a county council. The local authority has been under no overall control since 2023, and is led by a Conservative minority administration, with backing from the Liberal Democrats.

Financial facts

- In 2023/2024 the Slough Borough Council's actual spend was **£273,087,000**.
- The local authority spent £56,305,000 on adult social care, which was **20.62%** of the total budget.
- The local authority had raised the full adult social care precept for **2023/24**, with a value of **2%**. Please note the amount raised through ASC precept varies from local authority to local authority.
- Approximately **2590** people were supported by adult social care in this local authority.

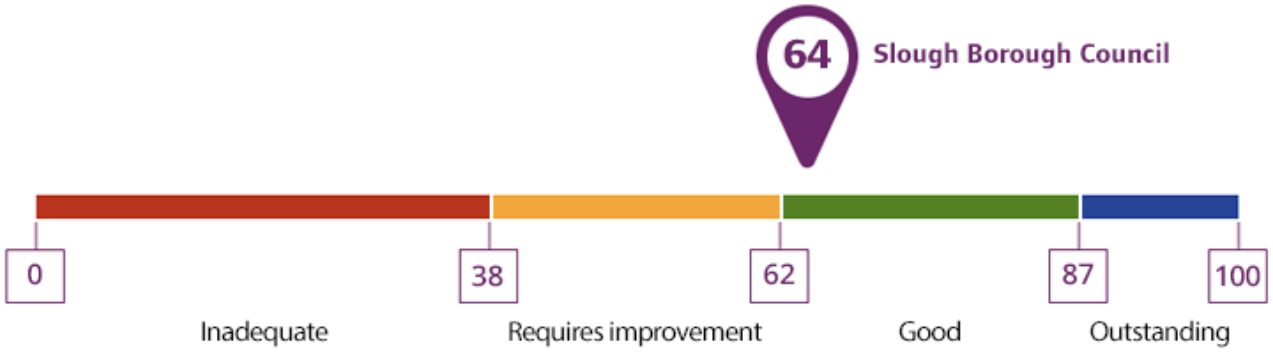
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Slough Borough Council

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 3

Care provision, integration and continuity

Score: 2

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 2

Safeguarding
Score: 3

Governance, management and sustainability
Score: 2

Learning, improvement and innovation
Score: 3

Summary of people's experiences

People who used adult social care services in Slough could access advice, information and support when they needed it, however some people wanted more non-digital options. Care and support were coordinated, and local authority staff and their partners collaborated with people to achieve positive outcomes. People experienced good communication with staff such as social workers and occupational therapists throughout the assessment and review process.

People received care and support which ensured their human rights were respected and protected. They were involved throughout the assessment and review process in decision making, and their protected characteristics under the Equality Act 2010 were understood and included in their care plans. Slough was very diverse, and staff had identified their diverse communities, understood their cultural needs well and the barriers to care and support. We heard positive examples of work being done with those communities.

People felt safe with the services they received, and they were supported to manage and understand the risks they faced. Data from the Adult Social Care Survey 2024, showed 81.25% of people who used services said those services had made them feel safe. People had the information they needed to understand safeguarding, what being safe meant to them, and how to raise concerns when they didn't feel safe, or they had concerns about the safety of other people.

Most people experienced a positive journey when they moved between services, such as from hospital to a care home or when moving in or out of Slough. However, we heard mixed experiences of those transitioning from children to adult services. There were clear arrangements in place to support staff to make transitions as seamless and supportive as possible.

We heard mixed responses from the unpaid carers we spoke with. Some carers had received Care Act assessments and felt they captured personalised outcomes and were supportive, whereas others did not, citing that more support was needed, and they were concerned about future planning. Several carers we spoke with had not received an assessment.

Summary of strengths, areas for development and next steps

Slough Borough Council was going through significant transformation. They issued a Section 114 notice under the Local government Finance Act 1988 in 2021. A Section 114 notice is issued when a council's spending is projected to exceed its income, requiring immediate budget-balancing measures while legally required services continue, and non-essential spending is paused.

The local authority recently asked to remain in intervention for a further 2 years, with the support of a commissioner. The current Chief Executive Officer who was appointed in April 2024 was appointed as a Managing Director Commissioner. This role means they will oversee the local authority's financial and operational recovery, taking on executive decision-making powers and are accountable to central government for the local authority's performance. However, we found the adult social care directorate had been protected from the significant impact of the financial situation with budgets increasing year on year showing recognition for the importance of continued investment in adult social care services. There was a lot of feedback from staff about a positive difference in the past 2 years. There was a sense of comradery in the face of adversity amongst the staff.

We found the adult social care directorate to be on an improvement journey. Slough appeared to be a local authority that knew itself and the people who lived there really well. The workforce was positively reflective of the communities they served as was the staff working in services commissioned by the local authority. There was lots of positiveness amongst staff; they felt valued and motivated. Staff felt supported in their roles and were positive about training and opportunities to progress their careers.

The leadership from the interim Executive Director of Adult Social Care was visible and their approachable leadership style was a real strength. We heard lots of positive feedback about the directorate leadership team. They clearly demonstrated an understanding of social work practices and the challenges. We heard how they listened to the staff and together they all understood where improvements needed to be made.

The national data from 2024 in relation to Slough was quite negative and on the whole Slough were performing worse than England averages in most metrics, however the findings from our assessment suggested an improving picture.

There was a person-centred and strength-based approach to assessments and good signposting. Staff were striving to achieve the prevent, reduce, delay agenda. There was a lot of focus from them on promoting independence and signposting to use of voluntary and community services. There was a high uptake of direct payments and creative ways of using them.

Waiting lists were low and waiting time was not long for most services. Some services had no waiting list at all. We heard of the 'waiting well' initiative, involving prioritisation, triage, risk rating, signposting and regular communication. However, the waiting time for reviews was over the 8-week target.

Carers assessments were being carried out through a duty system to avoid a waiting list. Staff told us there was good support for carers but in practice the feedback from carers was mixed. Staff and partners were positive about signposting and support for people with non-eligible care needs, but people's experience of that was also mixed.

Reablement arrangements were working well. There was good multidisciplinary input from social workers, occupational therapists and physiotherapists to provide support. The external agreement for provision of equipment was also working well. People were not waiting for access to basic equipment. However, the waiting time was longer for more specialist equipment and adaptations.

The website appeared to be a valuable resource for information and advice, and it was able to be translated, converted to large font, and had audio options. However most people and partners said they wanted more non-digital options. Staff felt Slough was digital where appropriate, but not over digitalising things, and were responding to the community for non-digital requests. There was a keen interest in looking at artificial intelligence and what improvements that can bring to frontline services.

Demand for services in Slough was increasing. Staff provided many examples of gaps in services such as a lack of respite for autistic people, and a lack of services for complex behavioural needs which they had recognised required investment. We also heard from staff about the improvement work being done following the identification of a gap in relation to culturally appropriate care.

We heard about widespread positive multidisciplinary working and partnerships with other statutory services which enabled teams to gain a greater perspective on people's situations and support needs. Overall partners spoke of positive relationships with the local authority; however some partners gave negative feedback, which included poor communication.

Scrutiny was adequate but there was no dedicated scrutiny panel for adult social care, instead the Cabinet's Overview and Scrutiny panel used separate task and finish sub-groups to support decision-making. There was a corporate risk board, and a directorate risk register which fed into the corporate leadership team.

There had been a lot of work done on developing strategies over the past 12 months to improve the delivery of safe, and good quality services. Leaders had fostered a data driven approach and were making good progress on the use of data to measure outcomes. Staff and partners told us the use of data had improved.

Staff were unanimous about the successful input of the Co-production Network in everything they had done. We heard there was a strong culture of listening to staff and people with lived experiences and they were involved in all manner of ways such as decision-making and strategies. The Co-production Network corroborated this with lots of positive examples.

Theme 1: How Slough Borough Council works with people

This theme includes these quality statements:

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

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

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Assessment, care planning and review arrangements

The local authority gave people easy access to care and support services through multiple channels, including by telephone, face-to-face, online and self-assessment options. People we spoke with confirmed this. A partner told us it was good that people could still contact the local authority by telephone and speak to someone. They said they didn't wait long for calls to be answered and were always directed to the right department.

The approach to assessment and care planning was person-centred and strength based. It reflected people's right to choice, built on their strengths and assets and reflected what they wanted to achieve and how they wished to live their lives. The records we reviewed demonstrated staff took a whole family, holistic approach and proportionately explored people's background to evidence what was important to them, and the most suitable, least restrictive support options. For example, we heard about one person where staff identified a college course that strongly matched the person's interests. This incentivised the person to overcome their fear of travelling as they were extremely keen to attend the course.

People we spoke with told us staff were helpful and there was continuity of allocated workers. One person told us the same social worker who supported the person in the community, was the same social worker who supported a transition to a long-term care home placement and carried out annual reviews. This was helpful as there was an established relationship and knowledge about the person and what was important to them.

People's experiences of care and support ensured their human rights were respected and protected, that they were involved throughout in decisions and their protected characteristics under the Equality Act 2010 were understood and were incorporated into care planning. For example, due to the close proximity to Heathrow Airport, the local authority supported a lot of people with no recourse to public funds. Staff told us about supporting people and families with adult social care and housing needs following a Human Rights Assessment. People were also supported with signposting to voluntary and community services, and to low level support from the Community Connectors.

Pathways and processes ensured people's support was planned and coordinated across different agencies and services. Staff told us about the duty system which saw allocated workers taking initial contact from people at the 'front door'. Through the duty system people received an initial strength-based assessment and where possible were provided with information or signposted to a relevant service to receive low-level support such as telecare equipment. The duty team triaged and prioritised cases and then made onward referrals across adult social care. For example, people with visual impairments were referred through the front-door process and assessed by a duty social worker or occupational therapist. If the person needed specialist support, a referral was made to the Rehabilitation Officer for Visually Impaired people. A partner told us the local authority staff engaged well with each other and did joint visits to support people if necessary.

An emergency duty team was established to provide out of hours support and was staffed by duty social workers and occupational therapists. The emergency duty team ensured people's support was planned and coordinated outside of standard working hours. There were robust systems in place to ensure handovers were effective and clearly communicated, with all actions recorded. Staff worked autonomously if services were required and said they were supported by an out of hours manager. For example, the local authority had a contract with a care home to provide respite beds in a crisis. The emergency duty worker had access to systems to arrange a placement out of hours and access to a list of approved providers who could support people.

The local authority had assessment teams who were competent to carry out assessments, including specialist assessments. Staff were qualified in their area of specialism such as Approved Mental Health Professionals, Sensory Impairment and Occupational Therapy. Staff were provided with lots of opportunities for specialist training, practice development and career development opportunities. All the staff we spoke with had manageable caseloads which varied depending on the complexity of cases. Managers oversaw staff caseloads and consulted with them about capacity for future allocation of work.

Despite our findings, the national data from the Adult Social Care Survey dated 2024 was less favourable. Only 53.92% of people reported being satisfied with care and support, which was worse than the England average of 62.72%. Only 35.16% of people reported they had as much social contact as they wanted with people they like. This was also below the England average of 45.56%. And only 64.84% of people felt they had control over their daily life, which was significantly below the England average of 77.62%.

Timeliness of assessments, care planning and reviews

Overall, assessment and care planning arrangements were timely and up to date. Waiting lists varied across the local authority depending on the team. For example, some teams told us their waiting lists were minimal or non-existent, such as for a reablement service. Other teams had longer wait times, such as longer-term occupational therapy. Data provided by the local authority in March 2025 showed there was no-one waiting for an assessment across the 2 main locality teams. However, data showed 12 people were awaiting an overview of their Care Act assessment but had received a strength-based assessment at the 'front door', and 29 people were waiting for a reassessment.

There were 7 people waiting for new Care Act assessments by the Community Team for People with Learning Disabilities (CTPLD), and 40 people waiting for an overview assessment or reassessment. The median time waiting on the wait list was 58 days against a target of 8 weeks. However, there were some people who had waited significantly longer (up to 119 days) for various reasons.

Data provided by the local authority in March 2025 showed the combined number of people waiting for a review across the 2 main locality teams and CTPLD was 404. The median wait time was 155 days which was well over the 8-week target. This could mean some people were not receiving care and support most appropriate to their needs. National data from the Adult Social Care Finance Report (ASCFR) 2024 showed only 43.15% of long-term support clients were reviewed (planned or unplanned) which was below the England average 58.77%.

The local authority was acting to manage and reduce waiting times for assessment, care planning and reviews. This included actions to reduce any risks to people's wellbeing, while they waited for an assessment. Staff said the local authority had a 'waiting well' procedure which ensured that risks were minimised whilst people waited for allocation to a social care practitioner. This was achieved through completion of a proportionate strength-based assessment to identify priority of need and risks. This sometimes resulted in people accessing short term support, such as, reablement or occupational therapy input. If an urgent care package was required, this would be arranged prior to a full Care Act assessment to ensure people were safe. Leaders said waiting lists were managed and checked regularly to assess whether people remained safe to wait. People were contacted to inform them that they were on the waiting list.

Providers told us assessments and reviews were not always timely or proactively arranged by the local authority. This included Deprivation of Liberty (DoLS) assessments, annual reviews and reassessments due to changes in needs. They added that when they notified the local authority of a decrease in a person's needs, the package of care was amended quickly. However, when they required an increased package, this took significantly longer, which often resulted in providers implementing support prior to approval to safeguard people. Other partners also fed back about long waiting times for assessments which affected people's outcomes.

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

The local authority told us they had brought the carers service back in-house as they thought this would represent better value for money and deliver improved outcomes. The funding was used to act as a single point of entry for all carers and to implement a triage approach to carers assessments and provision of support. Where need was identified, the in-house service would work with carers to develop support plans to ensure identified needs were met through access to local community, universal, and targeted services. Services included access to advice and information, peer support/carer networks, preventative services, training, short breaks and respite care, increased use of assistive technology, and direct payments.

Staff across all the teams we spoke with said they recognised the needs of unpaid carers as distinct from the person with care needs. Assessments, support plans and reviews could be undertaken separately or combined depending on the preference of the carer. For example, carers were supported to enable people with sensory needs to be more independent and engage in positive risk-taking. Carers assessments provided the Rehabilitation Officer for Visual Impaired people (ROVI) with a clear understanding of how to best support them. This sometimes involved signposting to voluntary and community services or a more specialist assessment by the ROVI, for example, training a carer to promote independence rather than providing full assistance for the person. Carers could also go with the ROVI and person with visual impairment to do community training, such as, travel training, so the carer could see for themselves how the person gained the independence and confidence to travel on public transport alone. Thus, alleviating fears and worries.

However, the documents we reviewed and the carers we spoke with provided mixed feedback of their experiences. Out of the carers we spoke with, 5 carers told us they had not received a carers assessment and 1 did not know whether they had or not. For 1 carer, the Care Act assessment documentation confirmed that a carers assessment had been explained and offered, however, when we spoke with the carer, they were not aware of carers assessments and the support available.

Another carer was supported by Slough's Community Mental Health team who had jointly funded posts by the local authority and Berkshire Healthcare NHS Foundation Trust. The support worker had provided information and advice and submitted support requests via self-assessments to access carers support for the unpaid carer. However, the carer told us there had been no substantive contact with a carers lead in the local authority, and the unpaid carer had not spoken with the practitioner who analysed the self-assessment and recommended eligibility for support in case any information had been misunderstood or misinterpreted.

Other carers who had received a carers assessment felt supported with it. The carers assessment captured personalised outcomes they wanted to achieve through carers support.

The waiting times for carer assessments varied across the local authority. Data supplied by the local authority in March 2025 showed there were no waiting lists for the East Locality Team and the Community Team for People with Learning Disabilities. The target timescale for these teams was 5 days, and these teams completed assessments on duty within that timeframe. However, there were 31 people waiting for assessments by the North and South Locality Team. Data showed the median wait time for a carers assessment by this team was 42 days, and the maximum wait time was 313 days. The target timescale was 8 weeks. Leaders told us there were 2 outlying cases dating back to 2024 which were being addressed. Across all teams, there were 105 overdue carers reviews in the 12 months leading up to March 2025. The median waiting time for a carers review was 124 days.

National data from the Survey of Adult Carers in England (SACE) 2024 metrics was not positive. For example, some of the indicators included, 69.81% of carers were experiencing financial difficulties because of caring, this was significantly below the England average of 46.55%, and 46.88% of carers were not in paid employment because of caring responsibilities, which was also significantly below the England average of 26.70%. Only 5.66% of carers felt they had control over their daily life, which was significantly below the England average of 21.53%. Only 18.87% of carers felt they had encouragement and support, which was significantly below the England average of 32.44%. And only 26.47% of carers were satisfied with social services, which was below the England average of 36.83%. However, on a positive note, 9.62% of carers were accessing training for carers which was better than the England average of 4.30%.

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

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. Staff were knowledgeable about the prevent, reduce, delay agenda and had embedded this into their ways of working to signpost and advise people with non-eligible needs, when they contacted the local authority.

Staff told us they signposted people to the local authority's website which contained an online directory of services, including voluntary and community services and signposted people to universal services such as the Citizens Advice Bureau. There were also dedicated staff who helped people maximise their welfare benefits.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was clear and consistently applied. Decisions and outcomes were timely and transparent.

We saw assessments were outcome focussed and clearly set out how the person would like their eligible outcomes to be met. Information about outcomes that were both eligible and not eligible for support were also set out in the assessment report.

A leader told us there were robust quality assurance systems in place to ensure effective practice and equitable support, such as a panel process which considered requests for support that exceeded a threshold amount. As part of this process, case records and assessments were examined. The panel process considered practice quality and funding, and took a holistic approach to determine whether the requested support effectively met the needs of people and carers. Staff confirmed the accountability and consistency of assessments, support planning and eligibility, and told us all Care Act assessments were maintained by managerial approval.

National data from the Adult Social Care Survey for 2024 showed 58.59% of people did not buy any additional care or support privately or pay more to 'top up' their care and support, which was below the England average (64.39%).

Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear and consistently applied. Decisions and outcomes were timely and transparent. The local authority told us there was a detailed a process and guidance in the staff practice handbook for referring for and completing financial assessments, for having early conversations about charging, and supporting self-funding people. Leaflets had been produced for staff to signpost people to, accompanied by an acknowledgement form for people to confirm receipt of the information. The documents we reviewed evidenced this process had been followed.

Data provided by the local authority in March 2025 showed there were 147 people waiting for a financial assessment. The median waiting time was 36 days. The target timescale was 2 to 4 weeks. The local authority highlighted that financial assessments completed outside of target timescales could be due to complex legal issues which required a significant amount of time to complete There was not a separate process for appeals against financial assessment decisions, these were handled via the complaints process. Data provided by the local authority in March 2025 showed 8 people had disagreed with their financial assessment during the last financial year. One related to a decision regarding deprivation of assets, which was upheld. Two related to delays, which were also upheld. The other 5 complaints were not upheld.

Provision of independent advocacy

Independent advocacy support was available to help people participate fully in care assessments and care planning processes. However, this was not always timely.

The feedback we received from partners was that there was a low number of referrals for advocacy support, which they felt was because local authority staff lacked understanding of their services which possibly meant not everyone was getting the support they needed. Partners also told us they had a good working relationship with local authority staff, they had lots of meetings and issues raised were promptly dealt with. However, frontline advocates found it difficult to contact frontline local authority staff; they reported slow responses were causing delays in service provision.

The staff practice handbook contained guidelines for when advocacy should be considered and how to request this through an external provider. There was a strong message to consider advocacy at all stages of the assessment process. Staff confirmed they utilised advocacy services to ensure people were fully supported and their voices were heard.

The local authority told us they proactively analysed the data returns submitted by the external advocacy provider to ensure appropriate referrals were being made and appropriate action was taken. The data they collected highlighted any inappropriate referrals and could evidence staff understanding of the use of advocacy.

Supporting people to live healthier lives

Score: 3

3- Evidence shows a good standard

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

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

The local authority worked with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support.

National data from the Adult Social Care Outcomes Framework for 2024 showed 61.02% of people who received short term support no longer required support. This was significantly below the England average (79.39%). However, during our assessment we found the local authority was working well to prevent, reduce and delay people's need for ongoing support.

Leaders told us about their prevention approach including the Care Act 2014 legislation and local approaches, such as their strategies aligned to the Slough Corporate Plan 2023-27 and the Joint Wellbeing Strategy 2020-25. One of their aims was to increase the number of people living independently at home and decrease the amount living in care homes. They said they had co-produced learning disability, older people, autism, carers and mental health strategies, each of which contained a strong preventative theme.

There was a range of preventative services in Slough, which were presented in 3 tiers. The first tier being primary prevention and wellbeing services, which included libraries, leisure centres, parks, citizens advice bureau, a carers coordinator and talking therapies. The local authority also provided voluntary and community sector infrastructure support and development, such as funding through the 'One Slough' community fund, a wellbeing directory of services, volunteer development and training, and community connectors. Community connectors used person-centred, strength-based conversations to match people into local voluntary and community services and the local authority's carer support service, which provided information, advice and support to maintain wellbeing and stay connected to the community through providing carer groups, events, training and befriending. National data from the Survey for Adult Carers in England 2024 showed 89.29% of carers in Slough found information and advice helpful which was better than the England average 85.22%. However, 3 carers we spoke with told us they felt they did not have any time for themselves, and all their time was devoted to the person they were caring for.

Second tier prevention services focused on secondary prevention and early intervention services to reduce reliance on services. These services included community equipment and assistive technology services, independence and wellbeing services such as smoking cessation and oral health, a responder service (emergency homecare), Disabled Facilities Grants for home adaptations, falls prevention, advocacy, and Hope College which was a centre for mental health education.

The third tier aimed to delay the need for longer term support. These services included a reablement service, a substance misuse service, a stroke recovery service, the community mental health team, and the 'Integrated Care Decision Making' service (which was both reactive and proactive) which helped people to remain at home with an integrated, personalised response to their health and social care needs.

The local authority had a Locality Access Point which provided a point of referral for people with potentially rapidly escalating care and support needs to provide joint assessment and integrated response to help people remain at home and avoid hospital conveyance by a direct route to a multi-professional, same day interventions from an integrated team comprising of nurses, matrons, social work practice leads and occupational therapist. The team was also linked with health and community services and facilitated daily huddle meetings to triage and provide advice on referrals.

Leaders told us about their 'Technology Enabled Care' newsletter and how they promoted the use of technology with social care staff to enhance people's wellbeing. Examples were provided, such as, a robotic cat, specifically designed to alleviate loneliness and provide solace. The newsletter also shared information about voluntary and community sector support to prevent loneliness in older people. The local authority held workshops for social care staff to provide practical guidance and support, which enabled practitioners to integrate technology enabled care more effectively in their work.

Leaders told us how they supported people with a disability into employment through the supported employment programme, which was funded by a grant from the Department of Work and Pensions. Approximately 11% of Slough residents defined themselves as having a disability which affected their day-to-day life and 3% of adult residents in the borough were economically inactive due to disability or long-term sickness. This programme supported people to become more independent and reduce social isolation which could lead to factors such as depression. This programme was supporting the local authority with the prevent, reduce and delay requirement of the Care Act.

A partner told us the local authority used data to inform strategies which improved health outcomes. We were informed the local authority was analysing the underlying macro factors leading to people at greatest risk of a decline in their independence and wellbeing, needing support from the local authority, with the aim of enhancing preventative services.

Another partner told us the local authority had developed a carers network and entered into significant contracting arrangements with voluntary and community organisations. There was a particular emphasis on prevention and promoting independence in the local authority's strategies, and encouragement to take up technology enabled care options.

Despite the preventative approach and the range of services in Slough, the national data from the Adult Social Care Survey dated 2024 showed the impact on people was not as positive as the England averages. For example, 57.81% of people said help and support helps them think and feel better about themselves, which was below the England average of 62.48%, and only 57.81% of people reported they spent their time doing things they valued or enjoyed, which was also below the England average of 69.09%.

However, some services were having a positive impact on well-being outcomes for people. The local authority's autism strategy focused on changing narratives, and promoting community access for autistic people, with risks assessed appropriately. Collaboration with the Integrated Care Board led to the establishment of a drop-in service at the local stadium, which offered solution-focused support for friendships, work, benefits, and relationships. A new group run by autistic people for their peers, provided a purposeful space for fun and engagement, while also hosting weekly employment surgeries at the library for support and advice.

A partner told us the criteria of need which Slough's Community Mental Health service worked with, was 'significant mental health need' rather than the traditional criteria of 'severe'. This enabled a greater reach and more preventative support for people whose needs for care and support may not have been being met.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services that enabled people to return to their optimal independence.

Reablement staff provided a flexible service to evaluate and identify possible reablement potential for people who required an interim bed or placement before returning home for up to 6 weeks. Early identification of reablement potential allowed people to be safely discharged to their home environment with appropriate care and support in place. For those without reablement potential but with long-term needs, an occupational therapist supported social workers in identifying equipment, adaptations, and assistive technology to ensure a safe discharge home.

The reablement service included a multi-disciplinary team with occupational therapists (OT's), physiotherapists, social workers and practice leads. Physiotherapists contributed to the team by supporting collaborative goal setting and goal attainment alongside OTs, which enhanced reablement interventions for people. Their skills in designing tailored exercise programmes complemented the techniques used by OTs, such as educational, compensatory, and adaptive strategies.

The team held weekly meetings which were documented and co-chaired by a senior OT and social work practice lead. Progression and interventions were evaluated using recognised outcome measures.

Therapy interventions were person-centred and based on collaborative goals set with people and their families. This approach ensured physiotherapists were involved in achieving positive outcomes. Each person was assigned an OT within 24 hours of entering reablement, and upon completing the assessment, the OT referred them to a physiotherapist to implement an intervention plan without delay.

The reablement waiting list had been cleared over the past 18 months due to effective resource management and screening. OT's used roadshows to help staff understand the reablement criteria and look for other solutions such as voluntary and community support and community connectors. Leaders reviewed staff rotas, examined allocations and revised targets to meet the demand and improve the duty response. There were sometimes outliers in target waiting times due to staff sickness, however, staff mitigated risks and maintained contact with people.

Providers told us the 6-week reablement service met people's needs, provided adequate assessments, and a seamless transition back into their services.

Data from the Adult Social Care Outcomes Framework (ASCOF) 2024 showed 4.80% of people aged 65+ receive reablement/rehabilitation services after discharge from hospital. This was better than the England average of 3.00%. However, only 75% of those people were still at home 91 days after discharge from hospital into reablement/rehabilitation. This was below the England average 83.70%.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. One person we spoke with told us they had received an occupational therapy assessment, which they felt was thorough, identified current and future needs and made them feel reassured a professional was working with them to meet their needs. Another person said equipment was provided when their mobility deteriorated when living at home and grab rails, a shower seat and assistive technology were provided in a timely manner.

However, access to specialist equipment took longer to arrange. One person told us they had been told it would take a very long time to get a walk-in shower adaptation and specialised toilet. The person was placed on the waiting list and equipment was offered in the interim.

As of April 2025, the longer-term OT support had a waiting list of 128 people. The median waiting time was 218 days. This had reduced over the past 18 months. Strength-based assessment processes at the ‘front door’ had improved practices. OTs sat with front-door staff to upskill them and provide timely advice and guidance, including signposting. They also provided training sessions and carried out demonstrations of equipment to support staff learning. People who needed more information about equipment received a call back the same day. Community connectors helped manage risks while people were waiting. The team used the 'waiting well' initiative to reduce risks whilst people waited for OT support, and people could also be supported by advocates to maximise their involvement in their assessment.

Every case was screened and triaged to be able to identify the most appropriate support using a strength-based assessment approach. The assessment was used to develop a support plan which promoted independence. This process ensured people were treated fairly and consistently in line with the eligibility criteria.

Where Disabled Facilities Grants (DFG) could improve outcomes and increase independence, people were referred to the independent living team (ILT) who managed DFGs. The OTs worked closely with their colleagues in the ILT to identify needs, feasibility of adaptations and ensure appropriate resource management. They also provided advice and guidance to people who wanted to self-fund major adaptations themselves. The team provided assessments for self-funding people to ensure equity in access.

Assistive technology (including falls equipment) was provided free of charge as part of the preventative approach to all people living in Slough. Assistive technology could be provided as part of interim risk management whilst people waited for a further assessment, active intervention or to reduce falls. Equipment could be provided to inform assessments and gather information to best coordinate individual support plans.

An external agreement was in place to cover the Integrated Community Equipment Service (ICES) which was commissioned with 6 other Local Authorities and 2 Integrated Care Systems across Berkshire and funded through the Better Care Fund. This arrangement ensured rapid access to a wide range of aids and equipment which was essential to supporting people to remain as independent as possible and remain in their own home. The ICES offered a range of loan equipment to support the reablement of people living in Slough and enable timely discharge from hospital. The equipment included provision of grab rails, walking aids, beds, seating and bathing equipment. The ICES aimed to deliver equipment within 3 days. In the 12 months up to March 2025, they made 1,879 deliveries, of which 95.3% were carried out on time, against a target of 95%.

Staff told us 18 months ago there were more challenges with people accessing equipment in a timely manner. However, this has improved. Equipment could be provided on the day as staff had access to equipment storage located in Slough. Delays were mainly related to equipment that required installation, such as grab rails. There was no waiting list for short-term services.

Providers informed us there was an out of hours OT service and the provision of equipment was readily available, particularly when individuals were discharged from hospital.

Leaders told us they had launched a dedicated webpage on the local authority website as part of a project to enhance the return rate of loaned community equipment so it could be recycled and reused. Increasing the return of equipment not only boosted stock levels to reduce waiting time, but also resulted in cashable savings for the local authority and protected the environment. To further promote these new facilities, they were actively disseminating information to all internal staff as well as to all stakeholders and providers across Slough.

Provision of accessible information and advice

Data from the Adult Social Care Survey dated 2024 showed only 51.76% of people who used services found it easy to find information about support. This was below the England average of 67.12%. Data from the Survey of Adult Carers in England showed only 44.44% of carers found it easy to access information and advice, which was also below the England average of 59.06%.

People told us they could not always easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included unpaid carers and people who fund or arrange their own care and support. Of the carers we spoke with, 3 told us they found it difficult to access information and said it was challenging to get in touch with staff at the local authority. One added that they thought information to support carers was not visible in community settings. The local authority shared a link to their website where information regarding support available to carers could be found. The webpage provided information to people about the support and services available for carers, including carers assessments.

The local authority told us about their online directory of local wellbeing services provided by Slough Borough Council for voluntary services which was a 'one-stop shop' where people could search for and discover health, wellbeing, and social activities and services in and around Slough (or virtually). It was both a resource for social prescribers to link people to services, as well as a tool for people to take control and navigate their own way through the website.

The local authority shared with us some leaflets they had produced covering topics such as, dementia awareness and Special Educational Needs for young adults, as well as links to websites such as Citizens Advice Bureau and Slough's Community and Voluntary Directory of services which people were signposted to from the local authority's website. Whilst the website was a valuable resource, the experience of people was that the local authority did not offer much in terms of information for those who could not access digital services.

Staff told us assessments and reviews could be translated into other languages upon request as well as easy-to-read versions and Braille. They also said the website had the ability to read aloud the content, make the font size larger and translate it to other languages.

Direct payments

There was good uptake of direct payments, and they were being used to improve people's control about how their care and support needs are met. People had ongoing access to information, advice and support to use direct payments. National data from Adult Social Care Outcomes Framework for 2023/24 showed 30.31% of service users received direct payments. This was better than the England average of 25.48%.

Data provided by the local authority in March 2024 suggested there were approximately 445 people in receipt of a direct payment. The median waiting time for direct payments was 6 days. Data showed 47.20% of people aged 18-64 received direct payments (better than the England average 37.12%), 15.81% of service users aged 65 and over received direct payments (similar to the England average 14.32%), and 97.84% of carers received direct payments.

Staff from the direct payments team visited people who wanted to explore receiving direct payments. The team explained the scheme in full, so the person could make an informed decision whether they would like to receive a direct payment. Social workers received training in direct payments and had initial conversations with people about direct payments during assessments or reviews. Leaders had identified the need for refresher training targeted at frontline social workers. Therefore, a practice development forum was held and specialist training provided.

We were given examples of where direct payments had been implemented, such as a young person with physical disabilities employing a personal assistant to support with access to university. Staff from the direct payments team supported people to recruit and employ personal assistants if required.

There were booklets to support people to understand direct payments which were available in accessible formats, and information could also be accessed through the local authority's website. Leaflets for carers were also available in adapted formats and through the website. Social workers were encouraged to take these leaflets out with them when completing assessments.

The number of people who had stopped using a direct payment to meet their ongoing needs in the last 12 months was 30. Reasons included, they preferred a commissioned service, they had moved to supported living/care home/shared lives/another area, they did not want the responsibility of managing a direct payment, they became a self-funder, they no longer required support, and they failed to comply with terms and conditions of a direct payment.

Equity in experience and outcomes

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

Leaders and staff demonstrated a good understanding of the local population and demographics. They had due regard for groups of people living in Slough who were more likely to experience health and social care inequalities such as ethnically diverse communities, people who sell sex, people who are homeless, people who misuse substances and alcohol, older people, and people who were neurodivergent. Work was being carried out to analyse equality data to identify and reduce inequalities in people's care and support experiences and outcomes. For example, the recently developed Mental Health Commissioning Strategy 2024-29, was assisting leaders and staff to understand and reduce barriers to care and support.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions. Equality objectives, and a co-produced Equality strategy, were developed to reduce inequalities and to improve the experiences and outcomes for people who were more likely to have poor care.

The Equalities in Commissioning Strategy 2023-2026 set out the local authority's position about ensuring commissioning practices aligned to the Equality Act 2010. The local authority sought to ensure all commissioning practices complied with the Equality Act 2010 and that protected characteristics, equality, diversity and inclusion considerations were embedded in practice.

Leaders had a good understanding of equality, diversity and inclusion (EDI) and collaborated with public health services. They had examined data focusing on demographics and health inequalities which had informed the equality corporate plan and highlighted issues such as ageing populations. They had reviewed statistics related to children, safety concerns, and healthy living to form a view about what the future may look like, and they worked with storyboards to proactively connect corporate priorities and equality objectives to practical implementation. They aimed to use data to enhance areas of good practice, incorporating community voices, youth parliament input, and the Co-production Network. There had been opportunities to engage with people regarding cultural, institutional, and individual challenges.

Leaders told us all strategies had an equality impact assessment carried out. They conducted a review on the impact and outcomes and shared the findings with the cabinet. For example, older people, carers, learning disabilities and autism strategies were all recently completed. There was a dedicated officer and a co-chair from the Co-production Network working on the impact assessments before setting priorities. For example, there was a focus on languages, and work was carried out on the website to translate information into different languages.

The Adult Social Care strategy 2024-29 had a strong focus on EDI, following recommendations from a Local Government Association (LGA) peer review. The interim Executive Director of Adult Social Care was the corporate sponsor for the employee REACH network. They told us there was a plan in place to conduct a self-assessment using a tool called 'Diverse by Design' developed by the LGA to measure where Slough were in terms of EDI.

Staff told us they were mapping out equalities data and ensuring the protected characteristic categories were accurate on their information system to capture equalities data. Staff told us their leaders often requested data in relation to protected characteristics and this was used to benchmark outcomes. We also heard how data on protected characteristics was used to inform the workforce strategy and when commissioning services, for example, translation services.

Local authority staff involved in carrying out Care Act duties had a good understanding of cultural diversity within the area and how to engage appropriately. The workforce was fully reflective of the communities they served, as was the staff of services commissioned by the local authority, which helped to ensure services were inclusive.

A leader told us health inequalities were known and acted upon in Slough. For example, all occupational therapy (OT) assessments were holistic and took EDI into consideration at all stages of the OT process including during referral. All staff were trained to recognise health inequalities and how best to support a person with connections to Public Health, voluntary services, community connectors, and social prescribers to achieve goals and positive outcomes. OT staff had participated and fed back on the sensory needs' pathway and assessment in terms of content, impact and the pathway used by the OT service as well as joint working on cases. The use of advocacy was built into all OT assessments to ensure they considered and appropriately supported those with advocacy or communication needs. Equally, the use of translation services was also built into assessments to support people with communication and language barriers.

The local authority proactively engaged with the people and groups where inequalities had been identified, to understand and address the specific risks and issues experienced. For example, it was recognised by senior leaders that their approach to sensory support required improvement. Steps taken to address this included the decision to bring visual impairment support back under local authority management and to employ a full-time specialist rehabilitation officer for visually impaired (ROVI) people. The ROVI role empowered them to go into the community and engage with people with visual impairments, especially those from seldom heard from groups. A new strategy for sensory support was also in development with people with lived experiences and other professionals involved.

Slough has a diverse population with a large number of people from Asian communities. Staff told us they had identified a challenge with mental health services reaching people in Asian communities. Perceptions of mental health often created challenges to accessing early interventions. For example, we heard about a person who was only made known to social services when their mental health had severely deteriorated. Their family had been managing the care themselves and were reluctant to involve professionals. A leader told us there were plans to develop outreach work to reach more seldom heard people. Slough Community Mental Health team was already reaching out to community groups and planned to expand this further.

Staff told us they felt digital exclusion was also a barrier to accessing care and support. It was felt people who do not have access to the internet or who aren't digitally enabled struggled to access information about services from the local authority. Staff said there was a task and finish group set up to address this.

One partner told us the local authority was undergoing transformation and within that the availability of accessible information had improved. However, another partner said there was little on offer for people who could not access digital services.

One partner said there was a lack of local authority face to face assistance for people if they had a question and were unable to use the telephone or digital services, and this was restricting their access to information and advice. They spoke about people waiting a long time on the telephone, lots of people unable to use digital services and some people not calling or using digital services at all because they lacked the funds or equipment to do so.

Staff and leaders had recognised digital exclusion was an issue in Slough. As part of the new transformation programme the local authority were planning to set up a new 'front door' service to the public on the ground floor of the local authority offices, to enable the public to walk-in and request help in person. It was felt this would reduce barriers to accessing support for people who were not or do not want to be digitally enabled, or for people who need in-person interpretation support.

Inclusion and accessibility arrangements

There were appropriate inclusion and accessibility arrangements in place so people could engage with the local authority in ways that worked for them, for example British Sign Language (BSL) or interpreter services. People and carers had the option of self-assessments, and staff could send the self-assessment forms to people in the language of their choice. Staff informed us of a readily available translation service for use over the phone and means to translate all documents and assessments upon request.

The records we reviewed showed the assessments contained prompts for staff to evidence communication needs. Communication needs were identified and recorded. For example, we saw consideration of the need for a translator, and information about sensory support, so the person's communication needs were considered and met.

Staff demonstrated a person-centred flexible approach to assessments and would meet people in various settings according to people's preferences and where they would feel most comfortable, such as in a café, via video call or at the local authority offices. There was a strong focus on getting to know a person and establishing a rapport to fully understand people's goals and aspirations. Assessments could be carried out over a period of time and several meetings to fully promote inclusion and accessibility.

Staff told us there were an array of resources they used to support people's engagement in the assessment and support planning process to meet diverse communication needs. As well as access to a language interpretation service, staff told us there were easy-read guides, and talking mats which used pictures and symbols to aid communication. Some staff members used BSL and Makaton (based on BSL using signs and symbols to support communication) to communicate with people.

The specialist rehabilitation officer for visually impaired people worked with other teams to ensure assessments were accessible and inclusive. Braille assessments could be provided upon request. Technology was used to audibly communicate the words used in the assessments. There was access to formal BSL interpreters, and some people had a package of care which included the provision of a BSL interpreter for specific hours per week to help them access living skills sessions, such as cooking or using transport. Staff could also access a voice amplifier for people who were hard of hearing when completing a Care Act assessment. The local authority website had the ability to present information in large print and there were also online audio options. The website could translate information into 70 different languages.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

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

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

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

Key findings for this quality statement

Understanding local needs for care and support

The local authority worked with local people and stakeholders and used available data to understand the care and support needs of people and communities. This included people who were most likely to experience poor care and outcomes, people with protected characteristics, unpaid carers and people who fund or arrange their own care, now and in the future.

The local authority told us the Joint Strategic Needs Assessment (JSNA) was what they used to assess the current and future health and wellbeing needs of their residents. The Joint Well-being Strategy 2020-2025 developed by the wellbeing board was based on the needs identified by the JSNA.

Leaders had a good understanding of the needs of the population, supported by the JSNA data. They had several other relevant strategies, such as, the Equalities in Commissioning strategy 2023-26, the Adult Learning Disability Strategy 2023-28, the Adult Autism Strategy 2024-29, and the Mental Health Commissioning Strategy 2024-29, to ensure the needs of the population were met. Leaders and staff were aware of their seldom heard from groups and had plans in place to improve communication and co-production with those groups.

The Equalities in Commissioning Strategy set out steps to strengthen the early identification of carers from Slough's diverse community including the underrepresented groups, so their particular needs could be more fully understood and addressed. This aligned with the local authority's recent insourcing of the carers service, so it was embedded within the wider adult social care team. There was now a commissioning officer who worked solely on carers services. A carers event was held in 2024, which involved partners and carers, to raise awareness on carers experiences, rights, and support.

Commissioners identified a need to further enhance culturally appropriate respite care. While staff reported having providers who catered to specific requirements related to religion, language, and food preparation, they aimed to create tenders that offered even more tailored services. For example, this could include providers with staff trained in culturally sensitive practices, such as caring for afro hair.

Despite Slough having a younger population, there were still major pressures, as data showed around 40% of people with dementia in Slough were without a formal diagnosis. According to the Slough Public Health needs assessment dated 2019, 5,575 people were recorded as having dementia. The local authority's Dementia Needs Assessment described the importance of the right care at the right time for people with dementia. They used the JSNA data to identify the needs of people in Slough with dementia and services to support them. The document demonstrated a clear understanding of the impact of dementia on people and their carers.

The JSNA data clearly demonstrated that unpaid carers, frequently unidentified or unsupported, experienced significantly higher levels of stress, social isolation, and mental health challenges. Recognising these findings, the Adults Mental Health Commissioning Strategy included proposals to improve support for unpaid carers through better access to respite care, psychological support, and dedicated outreach programmes. Further JSNA insights also suggested unpaid carers often missed routine health checks due to caregiving demands. This has led the strategy to propose flexible support initiatives, such as remote support services and home-based outreach visits, aiming to ensure carers could access necessary mental health care without disrupting their caregiving responsibilities.

Market shaping and commissioning to meet local needs

People had access to a diverse range of local support options which were safe, effective, and high-quality to meet their care and support needs. However, data provided by the Adult Social Care Survey 2024 showed only 61.33% of people who used services felt they had choice over services, which was below the England average of 70.28%.

The local authority worked closely with public health, housing, and the local Integrated Care System (ICS) to ensure their commissioning strategies were aligned with the strategic objectives of their partner agencies. The local authority's market position statement dated 2024-27 set out their ambitions to work with a wide range of partners and providers to enable more people to live in their own home for longer. Twelve commissioning priorities were identified, which included housing with support, care homes for people aged 65 and over, home care, carers respite and assistive technology.

The Older People strategy included an update after the first year of implementation. In November 2024 the strategy detailed the progress. Highlights included the establishment of the Older People Steering Group, with 17 partners including volunteers, carers, Co-production Network representatives, Healthwatch, charities, diverse groups across older people specialisms, operational partners (NHS and social care) and Public Health. The steering group agreed 6 priorities for delivery over 2023/24 which included social isolation, culture and intergenerational families, end of life care, housing options for older people, a digital and technology enabled care offer, and to live longer in good health.

Commissioning strategies included the provision of local housing with support options for adults with care and support needs. Slough had two extra-care housing schemes, and they worked closely with the provider who operated them to prioritise people and fill the vacancies. Recently the age requirement for extra-care housing was lowered from 55 to people aged 52 years and over, to support people with mental health needs who wanted the community aspect of social housing. Staff told us there was a lack of supported housing and plans to redevelop accommodation for adults with a learning disability had been halted and were now being developed into general needs accommodation. Commissioners were working on a new accommodation strategy and looking at improving housing provision. Leaders told us they were developing an Extra-Care Housing strategy to increase the provision across Slough and reduce reliance on residential care.

The commissioning framework included the use of data and feedback from services and people to improve services through commissioning. Staff looked at market shaping, performance, service delivery and any gaps in the community. Leaders told us they were using co-production to make changes in commissioning and improve services to ensure people's voices were heard procured services were needed in the area.

Staff and leaders demonstrated a clear commitment to the provision of services to meet the needs of unpaid carers, and commissioning strategies reflected an intention to improve this area of support. However, national data from the Survey of Adult Carers in England 2024 showed only 5.77% of unpaid carers were accessing support or services which allowed them to take a break from caring for 1-24 hours, which was significantly below the England average of 21.73%. Only 11.76% of carers accessed support or services allowing them to take a break from caring for more than 24hrs, which was similar to the England average of 16.14%. And only 9.80% of carers accessed support or services allowing them to take a break from caring at short notice or in an emergency, which was also similar to as the England average of 12.08%.

The local authority commissioned models of care and support in line with recognised best practice. For example, they commissioned for outcomes rather than commissioning tasks or services; providers had flexibility to deliver the service in ways which met people's preferences. Out-dated models of care were decommissioned as contracts ended to make way for newer models.

Commissioning staff worked closely with a group of frontline staff to set up a number of projects to promote and embed tech-enabled care. The aim was to look for technology which could support people to be independent in their own home and replace traditional task-based services. A commissioning technology lead was working on a project with a neighbouring local authority, using the Accelerated Reform Fund to provide digital solutions to support to unpaid carers. The commissioning lead told us they had set up daily multidisciplinary team meetings where staff could present cases and together, they would look at what support could be provided using technology and equipment to promote independence. They also gave advice and signposted staff to voluntary and community services. They told us the priority was the outcome for the person; however, many ideas had produced cost savings for the local authority. There were plans in place to upscale this support to include all adult social care staff.

Plans were in place to look at how the local authority could introduce a new model of virtual care. Providers had developed a 'virtual assistant' type device to support people to be more independent in their own homes. For example, people could use a device to remind them to dispense their medication, thus reducing the need for an in-person home care service, and empowering people to actively participate in their own care. There was a task and finish group setup to look at existing digital and technological options such as mobile phone apps that were already in existence to help support and train people to use them.

Ensuring sufficient capacity in local services to meet demand

There was not always sufficient care and support available to meet demand and people could not always access it when, where and how they needed it. Staff told us there were shortfalls in many aspects of adult social care and support, for example, adapted housing, respite for autistic people, services for people with learning disabilities and dementia with complex needs, nursing for younger adults with dementia or bariatric needs, and day services. Staff told us information about gaps in services were collected and escalated to the directorate leadership team to develop capacity as needed. Leaders told us they acknowledged and recognised the areas for development and plans were in place.

We heard about the challenges of sourcing support workers in the community for people who used BSL to communicate. We heard commissioning staff were aware of this gap and recognised improvements needed to be made. However, for one person who lived in residential care we heard how they were given an additional 8 hours per week of BSL support to help them engage with activities in the care home.

We were told the local authority closed down its day centres in Slough. However, there had been consideration about reopening some centres to bridge the gaps in service provision. We heard about occasional capacity issues when sourcing care provided by male home care workers. This was particularly a challenge when two carers were required. However, staff explained that most providers were able to address this need, and there was a mechanism for providing feedback to these providers which prompted them to recruit additional male staff to ensure such packages could be delivered.

A partner told us the local authority had block purchased beds at a supported living service for people with mental health support needs, and at a service for people with complex mental health needs to ensure adequate capacity of placements. Data provided by the local authority in March 2025 showed there was no wait for supported accommodation due to the lack of capacity.

Leaders told us they had sufficient home care provision and had block contracts in place with residential and nursing care home providers to ensure sufficient capacity. Capacity was kept under review and the local authority's market position statement informed the market about future commissioning needs and opportunities. Data provided by the local authority in March 2025, showed 97% of home care was sourced within 3 days. Only 12 people from 386 referrals waited longer, the maximum waiting time was 5 days. The data also showed on average, people waited 23.5 days for residential care and 23 days for nursing care.

In 2024, the local authority recognised their hospital discharge process often led to extended stays or reliance on interim care facilities due to gaps in immediate post discharge support. They set up a hospital discharge project which sought to address these challenges by ensuring people had access to the necessary support and technology to safely and smoothly transition back to their home environment.

At the time of our assessment, leaders told us there was no delay in care being arranged for people waiting to be discharged from hospital. The brokerage team worked with a priority list, with 'discharge to assess' and hospital avoidance cases being addressed first (usually within 24 hours). Reablement referrals were also prioritised. The local authority had block purchased beds for hospital discharge patients, which provided good capacity across all services. Providers aimed to deliver care within 24 hours. Frontline staff operated a duty system to ensure placements or packages of care were sourced without delay. The local authority also had 90 beds block booked with a provider of longer term support in case people required this.

The availability of care provision in Slough had improved in recent years following strategic changes to the commissioning team. Staff told us more providers were being approved which had led to the local authority being able to support people to move back from an out of borough placement to a placement within Slough.

Data provided by the local authority in March 2025 showed there were currently 114 people placed out of Slough. 21 of these placements had been made in the last 12 months. 30% of the out of borough placements were specialist placements due to no local provision available for people with a learning disability or mental health condition. 13% of people who moved out of Slough did so to be nearer to their family and social networks. 25% of people were placed elsewhere in the Southeast region, with 48% of those people in Windsor and Maidenhead, and Buckinghamshire, which was an extension of the local market, and often due to family choice.

Frontline staff told us there was good partnership working in place with commissioners to either support out of borough placements or bring people back to Slough, if they wanted this. For example, Slough contributed partial funding to support a person in completing their education while residing in another region. In another case, a person was supported to move back to Slough following a transition from children's services to adult social care and subsequently developed strong relationships with their family.

Where services were commissioned jointly with other agencies, there were systems in place for monitoring the quality of the services and the outcomes for the people using them. Leaders told us 50% of all out of borough placements had been reviewed in the last 12 months.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed.

Leaders and staff were committed to working with all care providers to achieve high quality, person-centred care services for people. They had a designated Market Management team which included a Quality Assurance (QA) team and a Contract Management team who worked closely with providers to monitor and support the delivery of good quality care, in line with their contractual obligations and against key domains as detailed in the Provider Quality Assurance Framework.

The Provider Quality Assurance Framework document set out the local authority's approach to monitoring commissioned care and support services for adults. The document applied to external and in-house providers within Slough and services commissioned out of borough. It provided a comprehensive approach for managing adult social care providers which provided both appropriate support and challenge. The Provider Risk Framework set out the process for monitoring and using a provider risk matrix to calculate risk indicator scores and weighting to determine the level of risk. The risk scores determined the frequency of monitoring visits, meetings and relationship management with the provider and escalation. The framework outlined the vision, aims and key principles which underpinned the local authority's approach for securing and maintaining a satisfactory level of quality in the delivery of commissioned services.

Staff informed us they had monthly meetings where high-level data was shared, priorities were discussed and reviewed. Each sector, such as home care or residential care, had a dashboard which included information and care performance indicators, such as a risk score, whistleblowing, suspensions, incidents and complaints. This was shared with managers and discussed in weekly quality assurance meetings. Staff said regular data in relation to hours and capacity was shared with purchasing colleagues, particularly to ensure enough service hours during winter pressure months.

When a provider was rated as 'Requires Improvement', the risk rating was updated, and the provider became a high priority. Staff demonstrated their support was a partnership with providers and not a blame culture. For example, a care home provider was rated as 'Requires Improvement' and had new admissions suspended. Another local authority pulled all its contracts from them, which left the provider financially unstable and at risk of closure. The QA team and contract management team worked closely with the provider as they recognised if this service closed, they would have lost 2 large care homes which would have had a substantial impact on other services and people. The service was able to stay open, appointed a new manager and positive outcomes were achieved for the provider and people using their services.

The QA team demonstrated partnership working through joint visits with contact management staff and frontline social workers. They told us they shared their quality improvement list with the 6 neighbouring Berkshire local authorities, as well as internally with frontline colleagues. We were also informed monthly multidisciplinary meetings took place with their East Berkshire colleagues and the Care Quality Commission (CQC) to discuss concerns, and new emerging risks. There was a Commissioning Market Management Board meeting held monthly.

As part of the quality assurance process, 'safe and well visits'" were conducted as initial checks. All information was collated and updated on spreadsheets, with 98% of home care providers monitored last year, as well as all nursing care and supported living. The toolkit and risk assessments staff used were newly developed and implemented but were comprehensive and enabled a multifaceted quality assurance process.

The local authority used a qualitative model of engagement for testing customer experience in care homes. It was a process carried out over two consecutive afternoons with the registered care home manager facilitating as much access as possible to family, staff and residents. This provided the local authority with rich intelligence about what it was really like to experience care and provided qualitative intelligence to underpin current and future commissioning arrangements. The tool was developed through "quality conversations" co-produced between commissioners, the Co-production Network, Healthwatch, care staff, people receiving care, and their families. Healthwatch also used a similar tool to feedback to the local authority about care homes.

Leaders informed us they had also developed a new provider workbook, which would be implemented in April 2025. This was to be completed monthly at first and quarterly thereafter. The new provider workbook included themes, such as, how many safeguarding incidents, accidents, and complaints had occurred with outcomes and trends, staff sickness hours, and use of agency workers.

Most providers told us quality assurance had increased in the last 12-18 months, but they usually had quality assurance visits every 2 years. They said quality assurance was thorough, a no blame approach, and used key performance indicators and data, such as, visit punctuality and complaints to assess quality in care. Providers were signposted to appropriate services, such as training, which created a collaborative approach to quality assurance, and motivated providers to achieve 'Outstanding' and 'Good' CQC ratings. Providers said they created their own service improvement plans which they provided to the local authority as part of this process. One provider told us the local authority had provided free, bespoke, end of life care training and coordinated specialist nursing training to improve quality.

Data provided by the local authority in March 2025, showed there were currently 3 supported living providers, 2 care homes and 1 home care provider suspended from accepting new referrals from the local authority for issues related to quality and safety. There were also 4 providers with a partial suspension, meaning staff should 'place with caution' until the next QA visit.

Ensuring local services are sustainable

The fair cost of care in Slough is part of a broader initiative aimed at ensuring sustainable and high-quality care services. In 2022, Slough Borough Council conducted a cost of care exercise to understand the actual costs of delivering care locally. This exercise focused on home care for adults aged 18 years and over and care homes for people over 65. The findings from this exercise were used to inform fee rates and improve market sustainability.

The local authority also developed a Market Sustainability Plan (MSP) to address challenges in the care sector and prepare for future reforms. The MSP helped the local authority understand the real cost of care and it encouraged collaboration with providers as part of gathering their feedback. This helped to ensure services effectively met local needs. Strategies were outlined to support recruitment and retention of care staff, which addressed workforce shortages and improved service delivery. The plan identified sustainability challenges, such as financial pressures and workforce issues, and proposed solutions to mitigate these. This helped the local authority to prepare for upcoming changes in the care sector and ensure Slough's services remained adaptable and resilient.

A leader told us staff had worked hard to build positive relationships and trust whilst getting providers a fair and equitable price, reviewing fees in detail and explaining to providers why decisions had been made. The local authority had written to all providers to start a formal process of agreeing a fee uplift that was feasible for the local authority and supported care agencies to provide effective care. However, providers told us they felt the decision-making process with regards to fee uplifts was slow, as they still did not have information regarding the 2025/26 fees.

We heard mixed responses from providers about whether the local authority's contracting arrangements were efficient; and if they provided stability for providers allowing them to plan ahead. For example, issues such as getting paid promptly for services provided, hindered their stability which could put their business at risk. However, one provider said their contract was due for renewal. The provider shared with the commissioners a range of choices based on the current financial position (relating to the National Insurance changes and referral numbers). They said they had lots of conversations with the local authority and felt listened to.

The local authority worked with providers and stakeholders to understand current trading conditions and how providers were coping with them. Engagement and monitoring arrangements enabled the local authority to get early warnings of potential service disruption or provider failure. Contingency plans were in place to ensure people had continuity of care provision.

Leaders told us no providers had handed contracts back during the term of a contract. However, several providers had exited the market when contracts came to an end. When contracts ended, the contracts management team worked closely with the service provider to ensure services were uninterrupted and people were kept safe. For example, one home care provider's customers were all supported with a direct payment so they could remain with the same provider. Providers confirmed they had absorbed packages of care from providers exiting the market and the experience in Slough was good with a seamless transfer of people and staff.

Providers told us they had a good longstanding relationship with Slough Borough Council built on mutual trust where they felt they could pick up the phone, talk to someone and work collaboratively to solve problems. The only instance where they did not get responsiveness was when contacting specific social workers.

The local authority understood its current and future social care workforce needs. However, we heard mixed responses from care providers about the support to maintain capacity and capability. Most providers stated the local authority did not provide support with recruitment and retention of their workforce. One home care provider out of 7 providers, stated the local authority had forwarded information and spoken with them about recruitment initiatives and available training.

The local authority provided us with information given to the Care Connected Provider's Forum in September 2024. This included the workforce strategy for adult social care in England, and the national picture, but did not include an overview of how this would impact on local providers or how they could influence the local agenda.

When we discussed zero-hour contracts with the QA and contacts management teams, staff said this was not a practice they supported. They gave an example of a provider who had employed a lot of sponsored workers and students which led to concerns raised by their operational colleagues. The provider was suspended from new admissions and the QA staff worked with the provider on an action plan. The contract management team told us the number of agency staff and zero-hour contracts were themes to be monitored in the newly developed contract monitoring workbook which providers would submit to the local authority monthly from April 2025.

Data from the Adult Social Care Workforce Estimates showed there was an adult social care staff vacancy rate of 11.79%, which was similar to the England average of 8.06%. The staff turnover rate was 0.13% which was significantly better than the England average of 0.25%, and the staff sickness absence rate was 6.67%, which was the same as the England average of 5.33%.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area.

The local authority had several strategies which promoted partnership working. For example, both the Health and Wellbeing Strategy and Adult Social Care Strategy created shared visions and collaborative working arrangements with the Frimley Integrated Care Board. There was a Health and Wellbeing Partnership Board which brought partners together to deliver the strategies. This was also supported by the Better Care Fund Delivery Group, which reviewed the use of Better Care Fund resources to ensure they were being used efficiently and effectively.

The Slough Wellbeing Board acted as the high-level strategic partner for the borough. Its aims were to strengthen partnership working across the borough to maximise resources and make a positive impact. The Health and Wellbeing Board focused on opportunities for joint commissioning between partners and co-production with the local population. Minutes from the Board's meeting in September 2024 showed plans were discussed in relation to redesigning and recommissioning the Integrated Health and Wellbeing Service over a period of 5 years, starting in April 2025. The aim was to enhance the effectiveness and responsiveness of the service to better meet the evolving needs of the community during the new commissioning period.

A partner told us adult social care and Frimley Integrated Care Board were working together in a Health and Social Care Partnership. We were told this was a vital platform for bringing leaders together. Adult social care colleagues were keen to use this partnership as a vehicle to bring strategies and plans to ratification before taking them to the Health and Wellbeing board.

People received a more seamless service when partners worked together to achieve positive outcomes. The local authority had integrated aspects of its care and support functions with partner agencies where this was best practice and when it showed evidence of improved outcomes for people, such as mental health services and hospital discharge.

The local authority's model for integrated care had clear signposting and a joined-up multi-agency, multi-professional system, for people to access timely, seamless and holistic care in the most appropriate place. Multi-disciplinary teams (MDTs) across health, social care, primary care and the voluntary sector, worked together, with a focus on anticipatory care of segmented populations at risk, and the availability of integrated Locality Access Points as a single contact point for professionals.

Leaders told us the Integrated Care Service provided wrap-around care for people at risk of hospital admission, or returning to their own homes. The team provided a variety of needs-led interventions dependent on people's needs. The integrated care team consisted of health and social care staff who were suitably skilled in carrying out needs-based assessments. The team was led by Place Leads with relevant qualifications in social work and occupational therapy.

Staff told us about their strong partnership work and positive professional relationships within the local authority and across multi-agencies, which enabled teams to gain a multidisciplinary perspective on people's situations and support needs. We were given examples of how Locality Access Points, which were a single contact point for professionals were particularly helpful in obtaining multidisciplinary input to support with complex issues.

Leaders told us the Integrated Care and Decision-Making team supported anticipatory care and the management and prevention of further deterioration of people with multiple and complex long-term needs with a multi-disciplinary approach. This was an integrated team with an occupational therapy presence, it also comprised of GPs, mental health nurses and district nurses. They could refer to the Independent Living team for major adaptations to reduce levels of dependency.

The local authority had jointly commissioned a provider of community equipment in partnership with 5 neighbouring local authorities and statutory health bodies across Berkshire. This joint commissioning enabled partners to deliver their statutory duties in a cost efficient and effective way.

The NHS Frimley Integrated Care Board worked in partnership and collaboration with Slough Wellbeing Board to pilot the Department for Work and Pensions and the Department for Health and Social Care plan, named the 'Work Well' programme, to establish or enhance integrated work and health strategies and explore cross-system working.

There was also an integrated service funded through the Rough Sleeper Treatment and Recovery grant called the Rough Sleepers' Substance Misuse Outreach Service which was commissioned in November 2022. The provision of drug and alcohol treatment and recovery services was in line with the local authority's priorities and objectives in the Slough Health and Wellbeing Strategy, such as increased life expectancy in Slough and a higher number of people managing their own care and support needs.

Arrangements to support effective partnership working

When the local authority worked in partnerships with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. Roles and responsibilities were clear.

The local authority and Frimley Integrated Care Board had a joint 50/50 funding agreement in place for s117 mental health aftercare care packages to avoid disputes and delays to care provision. Staff said this had been effective in practice. Additionally, there were positive relationships across the current teams which had contributed to a reduction in challenges related to funding decisions.

Approved Mental Health Professionals (AMHPs) told us about the arrangements they had in place for the out of borough placements. For these assessments there was a cross-border protocol (for the 6 Berkshire local authorities). For example, where a person was in Maidenhead, that local authority would complete an assessment. We were told this worked well to prevent hospital admissions. The only exception to this was whether the person had not received services in last 6 months or not living within 1 of the 6 Berkshire local authorities. In this scenario, Slough AMHPs would complete assessments.

Slough Borough Council staff had access to the Connected Care platform which enabled social care staff to access information from health partners and Locality Access Points used by their health colleagues. This ensured staff worked as a multi-access team creating a person-centred journey. The exception for this was with occupational therapy, however we were told this was a technological barrier and not an unwillingness to share information.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. The Better Care Fund (BCF) was a pooled budget, which had an integrated commissioning board who reported to both the Health and Social Care Partnership for scrutiny and the Health and Wellbeing Board for strategic approval. Leaders shared with us the BCF Narrative Plan 2023-24, which contained multiple examples of how the BCF had been used.

A substantial amount of BCF money had been specifically invested towards Care Act duties. This also included funding for advocacy services which provided a range of advocacy for people with health and social care needs, including Independent Mental Health Advocacy and Independent Mental Capacity Advocacy.

The BCF had been used to strengthen support for unpaid carers. The services funded were from the voluntary and community sectors which included services for young carers. It had also been used to provide access to one-off direct payments for unpaid carers to help with access to short breaks or financial support to help carers continue in their caring role.

A digital buddies programme had been launched to address health inequalities arising from digital poverty in Slough, through enhancing digital accessibility and people's IT skills. Key focus had centred around improving digital literacy and confidence, increasing NHS app utilisation, and reducing isolation and loneliness. As of June 2023, the programme had enrolled 176 participants, 40 of whom had made significant progress through the level system (basic, intermediate, and advanced), and with 50 new NHS app signups.

The BCF was used to fund the Community Connector roles, 2 of which were based in the community and 1 in the local hospital. Their role was to work alongside adult social care and hospital discharge teams to signpost to relevant voluntary and community services to facilitate timely and safe support. The BCF had also been used to fund the Slough Locality Access Point which was a single point of access to obtain an integrated and rapid response for complex issues, and prevention of hospital admission.

Slough's Community Mental Health team was a jointly funded team by the local authority and the Integrated Care Board (ICB). These jointly funded posts were well established. The team supported older adults and adult mental health services. The Mental Health Lead was a jointly funded post and sat within the local authority's extended leadership team structure as Head of Service for Mental Health. They ensured ongoing promotion of integration and had clear boundaries between the remit of NHS and the local authority.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. This informed ongoing development and continuous improvement.

The Better Care Fund Narrative Plan highlighted the impact of the partnership work involved within the Urgent Care Response service. Local authority data showed the service took over 370 referrals for Slough in 2022/23. The service provided prevention strategies with anticipatory care planning and enhanced healthcare in care homes. The Urgent Care Response service was said to have demonstrated significant success in keeping people at home through its rapid integrated response which avoided admissions to hospital. The 'call before you convey' campaign worked in partnership with the South-Central Ambulance Trust and was said to have been successful in reducing conveyances by promoting the Urgent Care Response service to first responders and paramedics.

A partner told us joint work led to the establishment of community hubs where people go to access services and information. We were told the community hubs needed strengthening but were developing and improving.

Another partner told us lead staff from the local hospital and local authority lead managers met twice weekly to monitor and evaluate the impact of partnership working in relation to safe hospital discharges. There were also regular meetings with Place Based Leads which Housing and Community Mental Health teams were a part of. Staff provided an example of when they had been able to support a person with advanced dementia to remain at home. They detailed working closely with health colleagues and relatives to discuss the desired outcome of the person remaining at home. This led to the provision of a hoist which was suitable for the environment and achieved the preferred outcome. This person was supported to remain at home and transfer from their bed, when they had previously not been able to.

Another partner told us about their experiences of joint working with the local authority. They told us the foundations for effective partnership working were in place, and it was a matter of continuing to build on the well forged relationships. For example, they had worked with housing staff to facilitate a video call with a person to discuss the housing support needed for people who were homeless. The provider told us this has been really successful.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charity organisations to understand and meet local social care needs. The local authority provided funding and other support opportunities to encourage growth and innovation.

Slough Borough Council and Frimley Integrated Care Board provided funding to 31 local voluntary and community sector groups through the development of the 'One Slough' Community Fund. These groups came under the themes of supporting health and wellbeing, tackling isolation and loneliness and alleviating the effects of poverty. Members of Slough's Co-production Network told us they were involved in the discussion forums and included in the panel process for deciding funding priorities as well as which voluntary and community sector (VCS) services received funding.

A partner who represented the VCS told us the relationship with the local authority was really strong. They said the relationship with their organisation felt respectful and equal, and they described the relationship with commissioners and adult social care frontline staff as fantastic. They highlighted how this relationship thrived during the COVID-19 pandemic, as Slough VCS's agility allowed them to lead efforts efficiently without the bureaucratic delays faced by the local authority. They said 'One Slough' had been nationally recognised which made them feel valued and respected.

A partner told us there was strong partnership work taking place between Slough local authority and VCS's, using joint funding and innovation funds to support smaller projects, particularly regarding prevention and areas that may traditionally be seen within public health, such as, smoking cessation, weight loss, alcohol support services, and community hubs.

One provider told us about their contract to support people with drug or alcohol issues. They told us commissioners had quarterly monitoring meetings and shared data in relation to aspects of the service. The commissioners had attended the service which they said was positive and supported the relationship. They felt commissioners were open to ideas and supported them with new initiatives. For example, they had developed a city centre community hub; this supported the agenda around homelessness and linked with other partners such as housing and drug support teams. The commissioners arranged a drug and alcohol conference bringing partners together including GP's. The conference focused not only on what the provider could do, but what the other partners could do, which changed a lot of perspectives and from this, new partnership meetings had formed.

Most VCS providers we spoke with told us about good partnership working and strong relationships with the commissioning team, which meant they felt connected and valued. There was also mention of regular meetings with partners and effective sharing of information to improve services. They felt joined up with other VCS partners and were invited to co-production and feedback meetings, which helped them establish links.

A minority of VCS providers said there was poor limited communication between the local authority and providers, with minimal face to face contact. They said there did not seem to be any meaningful engagement and there was a lack of partnership working. They also said there were limited joint provider meetings or forums, which not all providers were included in.

Leaders told us Slough had a really impressive VCS. Staff demonstrated good knowledge of voluntary services in the community. Staff said relationships with the sector had improved and the VCS were involved in co-producing strategies.

Theme 3: How Slough Borough Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

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

Safe pathways, systems and transitions

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

Safety management

Safety was a priority for everyone. Staff understood the risks to people across their care journeys. Risks were identified and managed, and the effectiveness of these processes in keeping people safe was routinely monitored.

Leaders and staff recognised Slough had high levels of deprivation and was a key factor in their ability to keep people safe. The local authority used an electronic dashboard system to monitor risk. Managers monitored these to ensure issues were escalated when necessary.

There was a 'waiting well' system in place for waiting lists, staff told us everyone on a list had a proportionate assessment and would have been signposted and referred to other services as appropriate, to minimise risks. People were informed of who to contact should their situation change, while they waited. Staff had a triage and rating system in place, based on priority and need. A risk matrix was used to help prioritise and allocate cases to frontline staff. When on duty, staff contacted people waiting on lists, using the risk rating system. If an urgent placement was required staff arranged an interim placement, to ensure the person was safe.

Waiting lists were monitored with management oversight to ensure people with the highest needs and risks were prioritised. There was a comprehensive process used out of hours to ensure people received the same level of service outside of normal working hours. Overall, people, partners, staff and leaders agreed this system worked well to keep people safe.

Staff confirmed there were trusted assessors in frontline social care roles, such as social work teams, who could assess people for low-level equipment and assistive technology, to minimise risks, and reduce, delay, and prevent the need for formal care services.

Staff told us the Locality Access Points enabled multidisciplinary assessment of people and support provision, which facilitated timely and safe hospital discharges. Staff contacted people 24 hours after discharge to assess how they were managing. This allowed the local authority to intervene at an early stage to ensure people were safe, as staff recognised hospitals were not ideal environments to assess people's needs, and a need for support may arise shortly after discharge

A partner said there were whole system escalation calls with the mental health trust and partners to look at who needed to be prioritised for discharge and how to overcome barriers to discharge, to ensure people with mental health conditions were kept safe.

There was evidence in the documentation we reviewed that risks were assessed as part of Care Act assessments. This included support in place to manage risk, as well as unmanaged risks which needed to be addressed. One person who had moved into a care home told us their annual reviews were carried out by the local authority in a timely manner. This tended to be the same social worker which provided continuity. There was evidence that reviews considered risks to ensure care provision remained safe and effective.

The East Berkshire Continuing Health Care Verification and Dispute policy described in detail the respective responsibilities of the Integrated Care System (ICS) and the local authority whilst awaiting the outcome of a dispute. This was designed to ensure no-one was left without appropriate support if statutory bodies were unable to agree on respective responsibilities. The policy encouraged flexibility and close collaboration in resolving disputes. It stated in 90% of cases, the disputed decision was resolved at the informal stage and a formal decision was made by a multi-disciplinary group.

Information sharing protocols supported safe, secure, and timely sharing of personal information in ways which protected people's rights and privacy. Local authority staff told us they had access to their health colleagues IT system which enabled GDPR compliant sharing of information and updates about hospital patients so all team members who needed to know about a person's situation and discharge progress had access to this information. All staff could enter updates onto the system, which allowed the multi-disciplinary team to discuss complexities in relation to discharges at meetings. This allowed for better communication between services and improved the safety and timeliness of people receiving care and support.

Safety during transitions

Care and support were not always planned and organised with people, together with partners and communities in ways which improved their safety across their care journeys and ensured continuity in care. This included referrals, admissions and discharge, and where people were moving between services.

For example, one young person and their unpaid carer we spoke with had not had a good experience of the transition process between children and adult services. The carer told us the direct payment had continued to enable the young person to receive support from the personal assistant (PA) they already knew. However, there was a gap of several months where they did not receive support from the PA as the direct payment had to be stopped and reinstated during the transition. This gap put pressure on the young person and their unpaid carer. They said the transition was uncoordinated and they were only informed 2 to 3 months prior to the college placement ending at age 24, despite being told previously they would be able to stay in the educational setting until age 25. Another carer told us their child had recently transitioned from children to adult services. They said the communication regarding the transition was poor and they felt they had to chase the local authority for information.

Staff told us there were challenges with the transition process. Problems had arisen in the past when the Special Educational Needs (SEN) team ended ECHPs, and people did not understand their rights under the Care Act 2014. This had led to people not understanding transitions to adult social care, and their child (transitioning to adult social care) did not have an education placement through an ECHP. However, we were informed progress had been made to address these challenges. For example, where a lack of communication between children's and adults' services was identified, the CTPLD manager worked with the SEN team to bridge gaps and create earlier communication for this process, including adult social care staff being included in SEN meetings.

The local authority had a Preparing for Adulthood protocol which emphasised planning for young people approaching adulthood should start early, use a person-centred approach, and focus on strengths, abilities and their desired outcomes. Tracking and planning by the Transition Forum was expected to start from 14 years of age, with a comprehensive assessment from 17 years of age. The local authority recognised some young people would not be ready for a move to adult services at age 18. Therefore, a 'staying put arrangement' beyond their 18th birthday could be agreed following a Care Act assessment to allow for further preparation time, with the Leaving Care team retaining responsibility.

There was no specific transitions team within Slough. Instead, all transition referrals were triaged through the Community Team for People with Learning Disabilities (CTPLD). If the person did not meet their eligibility of having a diagnosed learning disability, the referral would be triaged to the locality social work teams. Locality teams told us they had time to dedicate to young people in transition as they only had approximately 3 on their caseload at any one time.

Within the CTPLD, the staff had a transition catch up every morning to discuss current cases as well as a weekly transition forum to discuss more complex cases. The CTPLD manager for transitions worked closely with children's services and a tracker list of complex cases was identified and worked collaboratively on, from age 14. This ensured funding and pathways were in place for transition. There was also a transition meeting every 3 months to discuss and share updates on people known to children's services and who were likely to require a Care Act assessment.

In relation to the arrangements for hospital discharges, staff followed the Hospital Discharge Pathway. Care Act assessments were not carried out in the hospital. The initial assessments conducted in hospital were a proportionate and risk-based assessment to identify safety issues to support a safe discharge only. Care Act assessments were completed in the community within 24 hours.

Where reablement, rehabilitation or equipment was needed, the Hospital Social Work team referred people to the Discharge to Assess therapy team, which consisted of 3 occupational therapists (OT) and a discharge coordinator who triaged referrals. OT's assessed people at home within 3 days and referred on to reablement or the long-term OT team according to people’s needs. There was a duty process to meet urgent needs.

Wherever there was a transfer of care from hospital to the local authority community-based teams, there was consideration as to whether people with complex needs should be reviewed at a complex multidisciplinary team meeting which examined background information and current needs to prevent readmissions in the future.

The local authority had Community Connectors based in the hospital within Slough who received referrals from internal teams. The aim was to support the throughput of people in hospital who were medically fit for discharge by accessing support from voluntary and community services (VCS). This also helped to reduce reliance on formal packages of care. Types of support included VCS assistance with transport from hospital, welfare checks, emergency food parcels, short-term shopping calls and low-level equipment.

Most providers across home care, care homes and supported living services told us they had experienced the local authority working with their service to ensure people received coordinated, safe support when moving between different services. With regards to hospital discharge, providers told us the transition was effective, however some issues did arise which were sometimes beyond the control of the local authority.

A partner told us sometimes hospital discharges were disjointed when people left hospital and needed a care provider. They said sometimes people were discharged with incorrect packages of care that did not meet their needs. They added when people's needs changed this was not always communicated effectively which sometimes meant the care provider was unable to implement the support the person needed in a timely manner.

Specific consideration was given to protecting the safety and well-being of people who used services which were located away from their local area, and when people moved from one local authority area to another. Staff followed the practice guidance named the 'Continuity of Care' process in these scenarios. The practice guidance set out the local authority's expectations of arrangements for a person who needed to move to an address in another local authority with no interruption to the level of service provided. It addressed the importance of keeping the person at the centre of the process and working with their carers in either local authority area. Frontline social work staff told us they worked closely with colleagues across locality teams and local authorities if someone was to move address. Staff completed a transfer summary which they said was a comprehensive process which involved providing a chronology of the person's care journey.

Within the documents we reviewed, we saw a person had moved accommodation due to an increase in their needs. The same care provider was chosen to facilitate the new support package to ensure continuity of care and the best outcomes for the person. The person told us they had moved from a neighbouring local authority to live with their family in Slough. They said their first assessment was positive. They described the social worker as "very good" and said they helped them obtain all the necessary equipment needed to promote independence and safety at home for a safe transfer. Care was also increased to provide more support to the person and their unpaid carer.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for possible interruptions in the provision of care and support. The local authority knew how it would respond to different scenarios. Plans and information sharing arrangements were set up in advance with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing.

There was a seamless process with the out of hours (OOH) team which was provided by a neighbouring local authority across the 6 Berkshire local authorities. Social work teams liaised with the OOH team to flag cases of concern which might need input outside of standard working hours. Staff told us communication was effective. The OOH team had access to local authority funds and the approved provider list to meet urgent needs and arrange urgent short stay placements. The OOH team could also provide substantive support out of hours. A leader told us the quality assurance of the OOH service was achieved through contractual review meetings and oversight of data in performance reports.

The local authority's Provider Failure and Service Interruption policy described the local authority's responsibilities and approach to maintaining services to people, in collaboration with the Care Quality Commission and administrators. The policy identified roles and responsibilities for staff and the limits of the responsibilities of the local authority and other agencies.' In the documentation we reviewed we saw there were clear plans for contingency arrangements to ensure the local authority and providers would support people in case there was an emergency scenario. Providers told us when other provisions had closed, they had absorbed customers and staff, and the local authority staff had facilitated a safe and seamless transition.

Provider failure can be caused by several factors including deregistration by regulators, termination of contracts, loss of premises, or closure due to financial pressures. Leaders told us any alternative provision would be dependent on people's needs, and they aimed to provide a service as similar as possible to the previous one. Where the local authority considered the need to be urgent, they could exercise discretionary powers to meet people's needs without first conducting a care assessment, financial assessment or eligibility determination.

The local authority's Emergency Response and Recovery Plan provided comprehensive guidance on how its staff should respond to emergencies and contingencies, and support recovery, within its powers and responsibilities. It contained guidance on considerations of emergencies and recovery which extended beyond its geographical boundaries. Several diagrams, flowcharts, tables and templates helped staff to understand their roles and responsibilities. Leaders told us there had not been any occasion in recent years to activate emergency response procedures, such as severe weather, fires, floods or power/ utility failures.

The Slough Wellbeing Strategy 2020-25 created by the joint Health and Wellbeing Board contained an ambition related to contingency planning. It stated, the local authority was increasing the engagement and volunteering impact and improving community resilience, so communities were better prepared to cope with extreme events such as disease outbreaks or economic downturn.

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Safeguarding systems, processes and practices

There were effective systems, processes, and practices to make sure people were protected from abuse and neglect. The local authority had clear pathways for receiving and acting upon safeguarding concerns. National data from the Adult Social Care Survey 2024 showed 56.25% of people who used services felt safe, which was worse than the England average of 71.06%. The same data showed 81.25% of people who used services said those services made them feel safe, which was also worse than the England average of 87.82%.

The local authority had systems in place to ensure people understood what constituted safeguarding and how to raise concerns. For instance, they provided safeguarding information on their website and on the Safeguarding Adults Partnership website. The local authority provided various methods to raise concerns such as email, telephone and an online portal. There was also an emergency duty team to provide out of hours cover for safeguarding and provider failure.

Referrals came into a single point of access for the public, by email or an online portal. The Safeguarding Triage officers ensured concerns were reviewed in a timely manner and made decisions about when to open an enquiry under Section 42 (s42) of the Care Act 2014. A s42 enquiry is the action taken by a local authority in response to a concern that a person with care and support needs is at risk of or experiencing abuse or neglect, and as a result of those needs, is unable to safeguard themselves against the abuse or neglect. Staff told us all safeguarding enquiries were allocated to social workers to triage incoming concerns and followed the same paperwork to ensure a consistent approach. The local authority would prioritise contact for whom there had been previous s42 enquiries opened, depending on the nature of the concern, sending these to a priority inbox for triaging. There was a pathway of actions that may be taken following receipt of a safeguarding concern including screening, information gathering and undertaking an assessment or review if the information indicated it was required. Referrals which progressed to a s42 enquiry were allocated to workers in the teams to complete, each s42 enquiry was allocated to the safeguarding adults manager to provide oversight and ensure appropriate action was taken before moving to the next stage of the process.

The Safeguarding Adults Board (SAB) was independently chaired, and had representatives from across the partnership, including the local authority. The SAB had a duty to carry out Safeguarding Adult Reviews (SARs) in instances where a person or people have died as a result of abuse or neglect, or where a person or people experienced serious abuse or neglect. We heard the local authority undertook safeguarding audits, developed and shared action plans and provided feedback to the Safeguarding Partnership to report on progress in relation to learning from SARs and coroners' reports. The safeguarding partnership (comprised of key partners dedicated to safeguarding adults) had implemented a multi-agency high risk panel and tool. The panel met monthly to discuss cases where there had been a high level of risk identified but did not meet the s42 enquiry threshold. The meetings were attended by senior management from partner organisations to agree actions to support a risk management plan or review ongoing risks if all measures had been considered.

All staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively. We heard how staff were supported with shared learning from SARs. There were monthly learning sessions where situations were discussed and shared, with frequent sessions on specific areas, such as triaging concerns and thresholds for a s42 enquiry. Coroners' reports were also discussed as part of team meetings to support learning and development. Staff told us they had a monthly safeguarding forum; this was used to share knowledge and ensure consistency in approach towards safeguarding practices and processes from all teams. We heard how this had covered topics such as executive functioning and the practical aspects of undertaking a safeguarding enquiry.

For people subject to applications under Deprivation of Liberty Safeguards (DoLS), there was a separate team to manage applications. These applications were prioritised according to a DoLS priority tool. Data provided by the local authority showed 177 DoLS applications on the waiting list as of March 2025. The maximum wait for allocation was 761 days with a target of 7 days for urgent authorisations and 21 days for standard authorisations. The median waiting time was 96 days. We heard from a partner there was a gap regarding expired DoLS and unauthorised DoLS. We were also informed there were care homes with not enough DoLS in place. However, the local authority informed us they monitored waiting lists and prioritised according to the ADASS DoLS priority risk tool as well as plans to recruit to the DoLS team to increase capacity within the team in 2025/26.

Responding to local safeguarding risks and issues

There were systems in place to monitor the types of abuse and outcomes of safeguarding support. Lessons were learned where people had experienced serious abuse or neglect. We heard from a manager that additional training on executive capacity had been provided. Monthly adult safeguarding forums were held which facilitated staff reflection on cases and peer support. The local authority held a 'Safeguarding Week' where findings of coroners' reports, and key learning lessons were disseminated.

Staff described strong partnership working with colleagues from health, housing, the police and the fire service. They described how their work was audited, and learning was shared through team meetings and learning sessions. The local authority undertook an audit of safeguarding cases where domestic abuse was highlighted as a category of abuse. Several practice development points were identified, which included better understanding of the Multi-Agency Risk Assessment Conference process (MARAC); findings were shared at the safeguarding adults' managers forum.

Slough Safeguarding Partnership Board brought together statutory adult and children's case reviews to coordinate multi-agency learning and actions. Under the Care Act 2014, SABs have statutory responsibility for Safeguarding Adult Reviews (SARs). There was evidence the local authority acted to embed learning from SARs. Partners said they felt the local authority were active in confirming action plans from SARs had been delivered upon, although providers told us this learning was not shared with them.

Responding to concerns and undertaking Section 42 enquiries

There was clarity on what constituted a Section 42 (s42) safeguarding enquiry and there was evidence this was applied consistently. There was a clear rationale and outcome from initial enquiries, including those which did not progress to a s42 enquiry. The local authority adhered to a principle of no delay and ensured responses to safeguarding concerns were timely and proportionate to risk. Data provided by the local authority in March 2025 showed there were no waiting lists for safeguarding concerns awaiting initial review or for allocation of s42 enquiries. Local authority data showed 1170 safeguarding concerns were received in 2023-2024, with 11.11% progressed to an s42 enquiry. We heard local authority leaders had been working with agencies on improving referrals, and the conversion rate had increased.

There was a consistent referral and triage system to manage safeguarding referrals. Providers told us they felt the local authority conducted enquiries in a timely manner. S42 enquiries were allocated immediately after triage and were prioritised by the allocated worker. Safeguarding enquiries were allocated to the most appropriate worker based on the level of risk and complexity. Staff told us if an immediate concern was identified by duty workers triaging concerns, they were able to complete a visit that day to ensure the person was safe. We were told the Community Team for People with Learning Disabilities team had two duty workers which allowed 1 practitioner to complete an urgent duty visit whilst the other continued to triage incoming concerns.

Safeguarding staff said they received regular contact and information from the Quality Assurance team related to provider concerns or suspensions. Staff told us they were also able to raise low level concerns to the Quality Assurance team and had systems in place to highlight these.

Partners said they did not always receive an update when they referred a safeguarding concern, or when wishing to discuss safeguarding matters with a social worker. We were also told there were inconsistencies in determining what met the s42 threshold, and some providers found the safeguarding process was difficult due to challenges reaching staff to talk with and raise a concern. We were told inconsistency in approach and turnover of staff made it hard to establish professional relationships. However, one partner told us safeguarding processes had improved at the local authority.

Making safeguarding personal

The local authority's safeguarding strategy was in line with the sector-led approach 'Making Safeguarding Personal' to embed a culture which focused on personalised outcomes. The local authority's approach to safeguarding was person-centred with policies and procedures reflecting this ethos.

Safeguarding enquiries were carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. Information was provided to people to help them to understand safeguarding and what being safe meant to them. We saw evidence of information leaflets being provided in easy read formats to support people's understanding of safeguarding. Safeguarding guidance for staff contained clear step by step processes from concern stage starting with a conversation with the person at risk. This ensured safeguarding was outcome focused, and person centred.

People could participate in the safeguarding process as much as they wanted to, and people could get support from an advocate if they wished to do so. People were supported to understand their rights, including their Human Rights, and rights under the Mental Capacity Act 2005 and the Equality Act 2010. People were supported to make choices that balanced risks, with positive choice and control in their lives. Data from Safeguarding Adults Collection in England 2024 showed 85.71% of people in Slough who lacked capacity were supported by an advocate, family or friend. This was similar to the England average of 83.38%.

Staff told us they kept people's wishes and preferred outcomes at the centre of safeguarding intervention. Staff ensured they involved the person through the entire process, utilising family or advocacy where appropriate, and acting to ensure the persons views were reflected into strategy and outcomes. Staff told us how data on preferred outcomes were collected and recorded throughout safeguarding support. Staff said they focused on supporting people with positive risk taking, ensuring capacity was considered and supported carers and family to understand a person's right to make unwise or risky decisions if they had full capacity.

Theme 4: Leadership

This theme includes these quality statements:

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

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

Governance, management and sustainability

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

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

Key findings for this quality statement

Governance, accountability and risk management

Slough Borough Council had embarked on a significant improvement journey, guided by an ambitious transformation plan and informed by recommendations from a Local Government Association corporate peer review in 2024. The action plan supported the local authority in addressing interconnected challenges of financial sustainability and service improvement. They had demonstrated proactive engagement with the wider sector, seeking external support to define and navigate these issues, including through the peer challenge process.

The directorate leadership team maintained a clear vision for transformation and the actions following the peer review. They highlighted the recommendations tackled substantial concerns, with many actions already completed and others progressing. Achieving improvement required focused, coordinated efforts to overcome challenges related to capacity, governance, equality, and organisational culture, alongside the development of long-term transformation and improvement strategies. While the scale and complexity of these challenges were acknowledged, both the directorate leadership team and political leaders shared a strong commitment to change, providing a solid foundation for this work.

There were clear and effective governance, management and accountability arrangements at all levels, which provided visibility and assurance on the delivery of Care Act duties. There were also clear risk management and escalation arrangements, including escalation internally and externally as required.

The local authority had arrangements in place to improve person-centred care, support and customer experience. Adult social care's top-line objectives and key performance indicators (KPIs) were set out in the Corporate Plan and Corporate Management Information Scorecard under the relevant corporate objectives. Leaders said additional KPIs were being developed and would be included in the Adult Social Care Outcomes Framework. The scorecard was continuously monitored by the Directorate Leadership Team (DLT) and corrective action was taken where needed, which included introducing additional KPIs on a temporary or permanent basis as needed.

There were quality assurance processes in place which included continuous monitoring of performance across KPI's, built-in quality checks on individual records, such as assessments and support plans, and audits of individual and batched up records, which included individual supervision, safeguarding case files and carer's assessments. The team also used a best practice caseload monitoring tool to ensure safe workloads of varying complexities to enable safe practice. Practice leads and team managers approved Care Act assessments and completed case audits. There were two audit forms, 1 designed for a comprehensive case audit, and another for a shorter more focused audit. These were carried out by team managers and practice leads respectively, to identify strengths and areas for improvement in practice. Themes were collated and discussed at monthly management meetings.

Efforts focused on teamwork and collaboration as teams attended regular meetings, shared feedback, and built strong relationships across stakeholders. Professional roles were viewed as equal, and partnerships between the Principal Social Worker and the Principal Occupational Therapist enhanced practice improvement.

The Principal Social Worker and the Principal Occupational Therapist both felt they had a voice at strategic level. They attended a weekly meeting with their Head of Service to share ideas and hold operational discussions. They were required to provide a quality assurance submission to the interim Executive Director every 3 weeks, which was also an opportunity to share areas for exploration. They attended the Quality Assurance Board and were able to request a time slot at DLT meetings to discuss topics of choice.

Leaders were visible, capable and compassionate with clear roles, responsibilities and accountabilities. We heard lots of positive feedback about the interim Executive Director and the new DLT in relation to staff engagement, and the recent work on the culture and values of the local authority. Staff said the interim Executive Director had an inclusive and collaborative leadership style as well as genuine authenticity and open door policy. The Chief Executive Officer (CEO) joined as an interim in April 2024 to stabilise the local authority. The Corporate Leadership Team (CLT) were working towards securing permanent directors across the local authority to further improve stability.

Staff told us the leadership was really good and multidisciplinary team working was embedded. They told us they felt supported in their role with effective leadership, and managers created clearly defined roles for each member of staff and a cohesive working environment. They said the DLT were not afraid to make decisions, for example, the DLT insourced sensory support and carers services, following feedback from the workforce about the drawbacks of outsourcing. Staff added the DLT were listening to experts, people with lived experience and adapting their approach. Staff felt it was good to have positive challenge to get decisions right. Staff told us the leadership team genuinely wanted to make a difference to people.

Many staff had worked at the local authority for several years; turnover was not a major concern, as leaders said their teams were now stable. Recruitment had been challenging since the local authority issued the Section114 notice. However, locum social workers and occupational therapists were covering vacant posts with many having worked in Slough for years. Some of these had already been converted to permanent posts and there was a strong ambition from the interim Executive Director to convert many more.

A partner who represented the voluntary and community sector told us the adult social care leadership was strong, open and inclusive, and endeavoured to build good respectful relationships by seeing the value that the voluntary sector could bring to the local authority.

Other partners highlighted a lack of permanent social work staff, claiming nearly all senior staff in the local authority were in an interim post which was affecting services as strategies were not getting completed because of staff turnover. However, during our assessment, we found this was being addressed which had led to many improvements.

The local authority's political and executive leaders were well informed about the potential risks facing adult social care. These were reflected in the corporate risk register and considered in decisions across the wider local authority. A corporate risk register was held centrally, and within that there were specific adult social care items. There was a separate risk register which focused solely on adult social care issues such as safeguarding. Leaders were aware of the different types of risk such as financial, corporate, and individual people. The adult social care risk register was regularly reviewed by the DLT. Risks were rated by severity, using a red, amber and green format. Red risks were escalated to the CLT, which regularly reviewed and updated the corporate risk register. Meetings between adult social care leaders and internal auditors took place when needed to review risk areas. Internal audit themes were agreed in partnership annually.

Slough Borough Council did not have a dedicated scrutiny panel for adult social care. Instead, the Cabinet delegated responsibility to separate task and finish sub-groups for decision making. However, at present, under the section 114 notice, the CEO as the appointed Managing Director Commissioner held ultimate responsibility for decision making. The CEO told us the previous administration had decided the focus needed to be on improvement, and it was felt numerous scrutiny bodies would not be conducive to that. They said a Corporate Improvement Scrutiny committee had been set up but few reports pertaining to adult social care went to that committee. Although the CEO considered there was adequate scrutiny of adult social care, other leaders we spoke with considered that a separate scrutiny committee for adult social care would be beneficial and there were plans to develop one for adult social care and Public Health. They added the Government interventions were due to financial management and not adult social care performance. The CEO said a task and finish group which was set up to prepare for the local authority CQC assessment had recently examined performance and systems holistically.

The political leader for adult social care met regularly with the interim Executive Director to facilitate information sharing and discuss updates and issues in relation to financial budgets, pressures, improvement needed and cases. They told us there was a positive professional relationship.

Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to inform its adult social care strategy, allocate resources and deliver the actions needed to improve care and support for people and local communities.

Leaders told us about several activities which brought people together to work on policy and strategy development. For example, they had a strong coproduction network established in 2019 and multi-party strategy steering groups which brought staff, experts by experience and other partners together to work on progressing key strategies.

The local authority's Adult Social Care Strategy for 2024-29 outlined its vision for supporting people in Slough. The strategy focused on working closely with people and key partners such as health services, the voluntary and community sector, and care providers. It aimed to take a proactive approach to prevention and early intervention, ensuring people received timely support while improving options. The strategy relied on strong partnership working and collaboration across different sectors, with the local authority engaging with the coproduction network to help shape services and make decisions. By fostering inclusive cooperation and addressing long-term care needs, the strategy was designed to create a sustainable and effective framework for adult social care.

The Older People Strategy 2023-26 report outlined the financial, legal, and risk management implications associated with the strategy. To ensure effective implementation of the older people action plan, a new older people steering group was established to provide oversight. It was also proposed that progress against the action plan would be reported through the Slough Wellbeing Board. In addition, the Cabinet had committed to reviewing progress annually and considering any recommended amendments to the strategy.

The Slough Mental Health Strategy 2024-29 set out 7 key priorities for mental health services, reflecting insights gathered through collaboration with people, carers, and professionals via the coproduction network. The strategy acknowledged the diverse population and the impact of cultural, social, and economic factors on mental health needs. To ensure effective implementation, the action plan was aligned with these priorities and scheduled for delivery between 2025 and 2029.

As part of the mental health strategy development, an online survey conducted in October 2024 gathered feedback from 68 participants. The responses highlighted key areas requiring improvement, including early intervention, access to services, 24/7 crisis support, enhanced support for carers, and efforts to reduce stigma. Further engagement and consultation sessions produced 7 recommendations for inclusion in the strategy. These included the implementation of early diagnosis programmes in schools, improved mental health support during key transitional phases, enhanced signposting, and faster crisis response times. Additional proposals involved developing a comprehensive aftercare plan for people transitioning from hospital to community services, as well as expanding peer mentoring programmes and establishing safe spaces to support people in their recovery journey.

The Slough Adult Carers Strategy 2023-26 was developed with input from carers and partners, identifying key challenges such as the negative impact of caring on physical and mental health, financial hardship, inconsistent recognition of carers by healthcare services, the growing need for respite support, and the importance of peer support for isolated carers. Despite facing difficulties, including recruitment delays and capacity issues, the local authority reported positive progress in the first year of the Carers Strategy. Oversight of the strategy's implementation was assigned to the Carers Steering Group, with monitoring conducted at strategic, service, and individual levels. Success was measured through the accompanying action plan, which ensured accountability, and tracked outcomes via the local authority's performance monitoring systems, the Adult Social Care Outcomes Framework, a steering group, and the Slough coproduction network.

A partner told us unpaid carers had a strong voice within the local authority. They said assessments were done quickly and carers did get a service when needed. They said the local authority recognised the support families provided and understood family breakdowns caused issues for them, so were good at carers support.

The Adult Social Care Workforce Development Strategy was established as a corporate priority to support the vision for adult social care in Slough. This internal strategy outlined 5 key workforce priorities and detailed their implementation over a 3-year period, with oversight provided by the Adult Social Care Board. To assess its effectiveness, the strategy's evaluation and impact were set to be measured through an annual employer standards health check, periodic staff surveys, and focus groups. A delivery matrix, including measures of success, timelines, and assigned leads, were implemented to ensure progress was monitored and overseen by the Board.

The local authority was undergoing a digital transformation and had increased capacity in the data and performance team through recruitment to develop their data collection. Success would be achieved through further analysis and reporting on the customer journey, reviews of all metrics used to assess performance, and more data analysts developing electronic dashboards and reporting processes.

From a digital perspective, the IT team were looking for a better platform to capture and breakdown data. They were currently using multiple software systems, and some data was still being captured on spreadsheets. The IT team were looking at how they could capture as much data as possible using artificial intelligence (AI) and generative AI in line with the UK government's use of AI in health and social care settings.

Information security

The local authority had arrangements in place to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. Strict policies and procedures were in place for staff to follow.

Staff were clear on information security with the local authority's systems. They were aware of and knew procedures and described security password protocols. No-one could access the local authority systems without training. There were specific access levels so only certain staff could access aspects of the system. All staff signed a declaration form around information and security, confidentiality, locking screens, and printing. Audits were conducted of the systems so managers could check records when concerns were raised. IT staff said they were aiming to develop an information governance framework across the local authority which would further build on their robust data security.

IT staff said the local authority had an Information Governance Board who considered and approved any changes in data processes. The team also completed data protection impact assessments to assess and minimise risks and ensure GDPR compliance. The team said they would ensure all new processes were aligned with the local authority's data policies.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

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

Key findings for this quality statement

Continuous learning, improvement and professional development

Our conversations with people, partners, staff and leaders indicated the Councils financial situation had not had a significant impact on access to services, or the quality of support provided. A senior leader said there was an increase in resources directed to adult social care. Staff and leaders were motivated to deliver high-quality support by celebrating learning and practice outcomes, and by remaining open to new and improved ways of working.

Staff informed us at the end of the year, all heads of department gave a presentation on what the team had achieved and learned. We were told this inspired staff to deliver excellence in practice. Staff said there was a positive culture of learning, teamwork and support at the local authority. This facilitated the organic sharing of knowledge within and across teams to effectively support people and their carers.

The local authority underwent a Local Government Association (LGA) peer review in 2024 to assess how well they were performing. The report on findings highlighted a lack of progression opportunities for staff. Additionally, data obtained from a workforce survey showed mixed results in relation to this area. However, staff and leaders conveyed a strong learning culture which focused on continuous learning and improvement across all teams, with a clear commitment to supporting the progression and professional development of the workforce to ensure effective delivery of Care Act duties.

The local authority recognised areas for improvement as well as strengths. A Workforce Development Delivery Plan had been developed which set out the 5 priorities the local authority planned to focus on, these included: improved and embedded continuous professional development, a 'grown your own' approach to staff progression, inclusive recruitment, embedded strength-based practice and effective quality assurance. The pathway and requirements to progress from frontline staff to senior management roles were clearly set out.

A comprehensive training offer and progression opportunities were available to staff, which included formal accredited training and informal peer support such as, a buddy system, and practice development forums. Many staff had obtained a social work degree through the local authority's apprenticeship programme and subsequently progressed into management positions.

The workforce was diverse and reflected the diversity of Slough. Teams felt this supported their cultural competency, along with their comprehensive knowledge of faith based and cultural organisations in Slough. However, some staff hoped to see a more diverse directorate leadership team and aspired to progress to achieve this. The LGA peer review report findings recommended the local authority celebrate diversity, create an Equality, Diversity, and Inclusion (EDI) delivery plan and steering group. Leaders told us a workforce strategy would be published in May 2025, and reverse mentoring was part of the strategy. The local authority had a corporate EDI board, chaired by the Chief Executive Officer. The board openly looked at recommendations from the LGA review and had co-created an equality plan to deliver equality objectives.

Staff told us learning and development featured in supervision discussions. Staff said they had regular supervision which helped them to manage risk and ensured their workload was manageable. Staff felt able to communicate if their workload became challenging, and this was met with support. An employee health check survey corroborated this, highlighting safe and manageable caseloads.

Staff and leaders told us the section 114 status of the local authority had encouraged practitioners to think creatively about how to support people and their carers. Critical reflection was promoted through various methods, including the panel process to obtain approval for care packages, supervision and peer support. Staff had seen their practice become more strength-based and innovative which had improved outcomes for people. We were given examples of support plans directly linked to people's aspirations. One example included the use of direct payments to enable a person to achieve their dream of visiting Blackpool, rather than access a short stay placement in a care home to provide their unpaid carer with respite. This plan also supported their unpaid carer, who was able to access respite through staying in the same hotel.

The local authority was keen to drive an increased use of technology to promote independence and move from traditional service models towards innovative ways of meeting people's needs. Digital innovation was promoted through collaboration between the Community and TEC (Technology Enabled Care) Commissioning Manager, operational teams and steering groups to introduce new technology across the service. Staff could access a catalogue of TEC, and complex care and technology multidisciplinary daily meetings were established to provide a forum for staff to identify assistive technology options for people. Staff told us about their increased use of monitoring devices which used motion and environmental sensors to track daily patterns and raise an alert in response to changes in routine that could indicate a fall or increased risk of harm. The devices maintain people's privacy as cameras are not used. Access to this technology encouraged more people to remain in their homes.

The local authority led projects with other local authorities to support digital innovation, such as using their existing chat bot to develop strength-based self-assessments for people and unpaid carers. Online self-assessments were made available, further placing people and carers at the centre of the assessment and support planning process.

There was a mixed response from staff about the availability of mental capacity and executive functioning training, with some staff having accessed this training, whilst others had not. A leader said this training was more widely available to teams. A focused learning review by Slough Safeguarding Partnership identified improvements were needed in relation to mental capacity assessment practice. An action plan was developed following the results of the employee health check survey. The action plan included objectives to enable more protected time for continuing professional development and reduce administrative time for frontline staff. Leaders told us the local authority were exploring artificial intelligence to see how it could improve outcomes for people and reduce administrative tasks for frontline staff.

Co-production was integral to the local authority's approach to driving improvements. Co-production featured strongly in all areas of the local authority's work, including recruitment of staff and leaders, development of strategic priorities, and feedback to inform service development. People, partners, staff and leaders unanimously agreed co-production was embedded throughout the local authority's work. The LGA peer review commended the established Co-production Network, comprised of experts by experience. The local authority had also been recognised for their innovative and co-produced mental health services, 'Enabling Slough', which was jointly developed with Berkshire Healthcare NHS Foundation Trust and delivered by experts by experience. In Slough, people had the option to train as peer mentors, ambassadors, volunteers and gain paid posts as Lived Experience Practitioners post recovery and discharge from mental health services.

People and partners told us co-production at the local authority extended beyond surface level consultation to all aspects of coproduction, such as: design, design making, delivery and evaluation. Outcomes of co-production were measured through evaluation activities, such as, surveys and self-evaluation meetings to highlight what was working well and what needed to improve in co-production activities. The local authority clearly advertised the Co-production Network on their website, including what the group had been working on, and how people could get involved. The Co-production Network produced a staff guide to develop knowledge of what good co-production looked like and how this was vital to effectively supporting people and carers in Slough.

The local authority had plans to further develop and embed coproduction as set out in their Adult Social Care Strategy. Plans included strengthening governance arrangements and improving the EDI of co-production activities. Partners told us the local authority had a recent recruitment drive to ensure inclusive and diverse representation across all protected characteristics, as this was an area that was already strong but was agreed could be further improved. Partners told us the Co-production Network had access to EDI training through the local authority.

The local authority demonstrated awareness of strengths and areas for development and were accessing new technology and flexible support to improve outcomes for people. Staff and leaders were passionate about achieving excellence in practice and many methods were utilised to deliver this.

Learning from feedback

The local authority used feedback from people, staff and partners to improve service delivery. Staff feedback was actively sought through staff surveys and communication channels. Action plans based on staff survey results, were developed to drive improvements. Staff told us leaders were visible and there was a collaborative approach to leadership which felt non-hierarchal and enabled staff to feel comfortable to explore any workload pressures. Leadership visibility and spending time with frontline staff had been identified as an area for improvement in the staff survey. Staff also told us they had highlighted gaps in the training offer during a reflective group learning session. Managers acted on this feedback and arranged training on conflict resolution. Staff told us actors were brought in for role plays to equip staff to effectively manage hostility.

The local authority obtained feedback to understand people's experiences of accessing care and support. Feedback forms were sent to people who accessed adult social care support through the local authority, to identify what was working well and areas for improvement. However, we were informed there was no formal review process in place to assess outcomes and themes from these forms. Complaints were analysed by the Corporate Complaints Team, with high-level feedback shared with the directorate leadership team, and key learning points discussed in supervision with staff to reflect on and improve practice.

There were no Local Government Social Care Ombudsman (LGSCO) risk flags in place in relation to the local authority. This indicated the LGSCO had no concerns about complaint handling or failure to comply with LGSCO recommendations. There had been 1 detailed investigation by the LGSCO in 2024. This related to the failure of the local authority to adequately assess a person's needs, respond to requests for information, and to provide a clear route for challenging the assessment outcome. Following the findings of the investigation and complaint outcome; reminders about requirements of the Care Act were circulated to all staff, several briefing sessions were arranged to reflect in-depth on key learning lessons, in-person Care Act training was arranged (including refresher training), and a reassessment was offered to the person. The LGSCO data showed the local authority's uphold rate and compliance rate were both 100%, however, the data also evidenced 1 incident of late compliance.

There was evidence of learning from adverse outcomes. A coroner's investigation recommended the local authority could have liaised with the GP at an earlier stage. The local authority now had regular linked liaison with GPs to discuss complex cases. Staff and leaders told us learning from Safeguarding Adults Reviews and coroners' investigations were shared with teams through learning sessions, which encouraged critical reflection and highlighted best practice. Information provided by the local authority evidenced these learning sessions were also used to obtain staff feedback about learning and development needs.

Information provided by the local authority evidenced robust quality assurance processes were in place. Detailed case audits were completed to ensure Care Act compliance. Monthly audits of casework were conducted through random sampling, with learning points discussed in supervision. Themed audits were also carried out, with all audit findings discussed at a monthly casework quality audit meeting. This demonstrated learning from adverse outcomes and complaints were embedded at multiple points.

There was evidence feedback was used to coproduce service delivery. The Co-production Network updated information leaflets relating to direct payments and self-neglect, to ensure they were clear and accessible to people and their carers. This improvement was based on feedback indicating the original leaflets needed to be clearer.

Engagement events were held to develop the Autism strategy. These involved a wide range of partners, including experts by experience, unpaid carers, and VCS organisations. Strategic priorities and actions plans were suggested at the engagement events and were used to inform the Autism strategy.

Some staff and partners highlighted the financial challenges the local authority faced affected the extent to which the local authority could resource some service improvement suggestions, such as, those relating to improving the housing offer in Slough. However, many partners also told us there was true co-production and partnership in Slough. People felt listened to, and their feedback was acted on. Partners told us their feedback and contribution had a direct impact on services the local authority commissioned, such as, carers services being brought back in house, and the establishment of an Autism steering group.
