Swindon Borough Council: local authority assessment

How we assess local authorities

Assessment published: 06 February 2026

About Swindon Borough Council

Demographics

Swindon is a town in the South West of England with a population of 238,417. It has an Index of Multiple Deprivation score of 4 (10 is the most deprived) and it is ranked 107 out of 153 local authorities, with 1 being the most deprived and 153 being the least deprived.

The proportion of people aged 18-64 is 61.50%, which is slightly higher than the national average (60.51%). There are more people aged 0-17 (22.22%) than the national average (20.80%) and fewer people aged 65 and over (16.28%) than the national average (18.69%). The majority of people (81.46%) are White (national average, 81.05%) and the largest minority ethnic group is Asian and Asian British (11.96%, national average: 9.61%).

Swindon Borough Council is located within the Bath and North East Somerset, Swindon and Wiltshire Integrated Care System which serves a combined population of 940,000.

It is a unitary authority and has a leader and cabinet model of democratic governance. It has been run by a Labour administration since May 2023. It received an 'Inadequate' Ofsted rating following the last inspection of its children's services in July 2024. A monitoring visit in September 2024 showed progress was being made.

Financial facts

- The local authority estimated that in 2023/24, its total budget would be **£292,811,000**. Its actual spend for that year was **£325,791,000**, which was **£32,980,000** more than estimated.
- The local authority estimated that it would spend **£88,735,000** of its total budget on adult social care in 2023/24 Its actual spend was **£92,020,000**, which is **£3,285,000** more than estimated.
- In 2023/2024, **28.25**% of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2**%. Please note that the amount raised through ASC precept varies from local authority to local authority.
- Approximately **2710** people were accessing long-term adult social care support, and approximately **775** people were accessing short-term adult social care support in 2023/2024. Local authorities spend money on a range of adult social care services, including supporting people. No two care packages are the same and vary significantly in their intensity, duration, and cost.

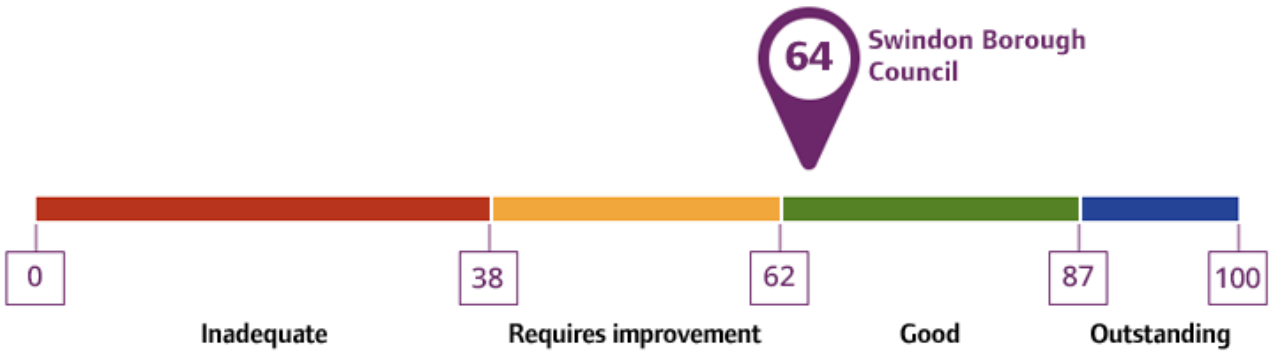
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Swindon Borough Council

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 2

Equity in experience and outcomes

Score: 2

Care provision, integration and continuity

Score: 3

Partnerships and communities

Score: 3

Safe pathways, systems and transitions

Score: 2

Safeguarding

Score: 3

Governance, management and sustainability
Score: 3

Learning, improvement and innovation
Score: 3

Summary of people's experiences

People's experiences of support and assessment were mixed, with some people having strength-based assessments and others reporting gaps in long term planning with some people reporting long waiting times. National data showed fewer people were satisfied with care and support than the national average. We also saw lower numbers of reviews of people's care plans had taken place, compared to the national average, although the local authority told us this had recently improved.

There were also significant numbers of people waiting for a Deprivation of Liberty Safeguards (DoLS) assessment, which could have an impact on them. We saw some evidence of an impact of long waits for occupational therapy assessments. Risk mitigation measures were in place and the local authority had taken steps to improve these areas around assessment and review. Unpaid carer feedback was also mixed around understanding what support was available and access to support and only 27.81% of unpaid carers received direct payments.

There was support for people's wider needs through the Live Well service which co-located social care services with other support and advice organisations, in the community. There was positive feedback on the advocacy service. Although the nationally published data on advocacy during safeguarding processes was much lower than the national average, more recent data gathered since the assessment showed a significant improvement. Access to equipment and adaptations had been inconsistent and direct payments feedback was mixed, in terms of the ease of the process.

The local authority had a 'My Care My Views' survey which has been referenced in this report. They cared about feedback from people and had a strong vision and approach to improve co-production and services for people. They also had plans and a clear intention to meet the diverse needs of their population.

People generally had access to care services that met their needs, however fewer carers had access to short-notice or emergency respite services than the national average. When a person needed support to leave hospital, or to avoid admission, there was an effective system in place. Although information was not readily available in a shared record and work was ongoing to achieve this.

Summary of strengths, areas for development and next steps

We saw changes had been made over recent months that were having an impact. Staff and leaders were very positive and gave good examples of their work. Clearly there was strong leadership and staff morale in place which will underpin continued improvements.

Staff were consistently positive in terms of Swindon's vision of everyone having 'a home, a friend and a purpose' and the local authority was aware of the challenges in assessment and care planning and had taken steps to improve. The 'My Care My Views' survey identified a need to improve engagement and decision making. A new quality assurance (of case records) system was implemented in 2024 and showed some improvements. There had been significant waiting times in assessing a variety of needs, including Care Act, occupational therapy, DoLS and financial assessments, although more recent efforts, over the last few months, had brought these waiting periods down.

We heard several examples of initiatives to prevent, delay or reduce needs for care and support. Staff consistently referenced the LiveWell offer (a community resource with co-located services) and an intention to meet the diverse needs of the population. There was an alignment of work between the local authority and partners, particularly in relation to hospital discharge and reablement services. Although there had been some challenges in relationships with parts of the VCSE (Voluntary, Community and Social Enterprise) sector.

The local authority intended to strengthen reablement for people with learning disabilities and mental health needs and this was outlined in a draft strategy. There had been significant waits in occupational therapy availability, and feedback on the ease of access to direct payments was mixed. They had taken steps to improve their approach to equality, diversity and inclusion, but this work was at an early stage with limited impact. There was a recent refresh and launch of co-production strategies and plans, with a clear intention to improve work in this area. Translation and accessibility considerations were evident and there were many examples of staff working with communities and people to address their needs.

Overall, the commissioning arrangements worked well. There was generally sufficient capacity available to meet people's needs and a new Quality Assurance Framework was a positive development to drive and monitor provider improvements. The local authority used a model where the lead home care provider managed the sub-contracting of home care. This was working well and demonstrated a good partnership in service delivery. Further support for providers with recruitment and retention was highlighted as an area for development.

There was mixed feedback on the availability of the out of hours, emergency duty service from staff and partners. We heard about perceived resourcing issues around Approved Mental Health Professional (AMHP) personnel.

The feedback from staff during the assessment was generally positive and demonstrated the culture was informed by a learning and improvement environment.

Theme 1: How Swindon 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

People could access the local authority's care and support services through multiple channels, including online and self-assessment options. The Initial Contact Team (ICT) was the first point of access to Adult Social Care and there were online and telephone options available. ICT had streamlined internal referral processes which had prevented people having to repeat their story.

The local authority's people survey 'My Care My Views' (June-October 2024) analysis, showed many people felt supported and advocated for, yet some reported a lack of involvement in decision-making, delays in decisions, and low levels of social worker engagement. The local authority's strategic intention was clearly to promote choice, control and personalisation, and improve advocacy and direct payments. Various policies and strategies such as the Care Planning and Personal Budgets Policy (June 2024) and the Adult Services Strategy (2024–2029) focused on maximising independence and strength-based approaches before offering funded interventions.

A person-centred approach was evident in some assessments, for example we reviewed records where staff had researched medical conditions to enhance their understanding of people's needs. Records also showed some positive outcomes, including supporting people with budget planning, sourcing advocacy for young people, and utilising the Team Around Me (TAM) model. A TAM meeting may involve a multi-disciplinary team to plan, with the person requiring support at the centre. However, there were some gaps in long-term planning and there had been some risks for those awaiting assessments.

There was a 'Live Well' service, which acted partly as an entry point to the council services in the community and which primarily gave people access to services related to wider needs, for example debt, homelessness, and support around domestic abuse. Community teams also aligned with Primary Care Networks (PCNs), and Occupational Therapy was embedded at the front door with ICT.

An internal Quality Assurance (QA) framework had been refreshed in 2024 which had introduced case audits and a Red, Amber, Green (RAG) rated priority matrix. Staff described holistic, person-centred assessments and this included strength-based approaches across all teams. Some partners reported better collaboration and communication with social workers, including by improvements such as Artificial Intelligence (AI) supported notetaking. The local authority had implemented risk prioritisation measures across all its community teams to manage assessments, reviews, and safeguarding, with the longest waiting times having been in Deprivation of Liberty Safeguards (DoLS) and Occupational Therapy.

Mental health assessments prioritised support networks, employment, and independence, with social workers conducting assessments and facilitating community interventions. Mental health social workers were brought 'back in-house' having been integrated under a Section 75 arrangement (a joint service arrangement where social worker teams are integrated with clinical teams in the NHS) and staff and leaders said this had worked well for social care assessments and care planning.

Referrals were reviewed by an Advanced Social Worker or Assistant Team Manager, who assessed risk prioritisation based on urgency, safeguarding needs or unpaid carer breakdown. People at highest risk received daily contact until allocation to an appropriate worker, which had been prioritised as soon as possible. Amber-rated cases had been classified as medium priority, with protective factors, and allocated within six weeks. Green-rated cases had typically been allocated within three months. Staff consistently described the waiting-well approach and providing welfare checks and joint visits to assess risk.

However, the Adult Social Care Survey (ASCS) (2023-2024) found only 53.64% of people were satisfied with care and support, which was lower than the national average (62.72%). More positively, a similar proportion of people (79.48%) felt they had control over their daily life as the national average (77.62%). Likewise, a similar number of people (42.79%) reported they had as much social contact as they wished, as the national average (45.56%).

Timeliness of assessments, care planning and reviews

The local authority had made progress in addressing delays in assessments and reviews, but challenges remained. While feedback from people we spoke to was generally positive, some people had experienced prolonged waiting times. For example, records we reviewed showed that a long waiting list for occupational therapy assessments had left some people without contact during the waiting period. However, once assessments were conducted, generally appropriate interventions were arranged. More recent 'waiting well' initiatives, such as a waiting well letter, had been implemented. Partners also reported mixed experiences, with some reporting delays and others noting prompt local authority responses.

The Adult Social Care Finance Report (ASCFR)/Short and Long-Term Support (SALT) (2023-2024) showed only 22.50% of long-term support clients had received reviews which was below the national average (58.77%). Some partners raised concerns about assessment delays, lack of planning, and difficulties in accessing care for those with complex needs. Others said home-based assessments and integrating social workers into discharge coordination teams had improved assessments. The local authority said, after our assessment, that more recent data submissions they had made showed an improvement in the proportion of reviews. They said their Client level Data (CLD) for 2024/2025 showed 57% of reviews had been undertaken.

The self-assessment showed, as of October 2024, more than 2,400 people were waiting for an assessment or a review, which included Deprivation of Liberty Safeguards (DoLS). In November 2024, assessment waiting lists for Care Act assessments and reviews included 1,257 people waiting for a Care Act Review with a median wait of 0 days and a maximum of 356 days. There were 213 people waiting for a Care Act Assessment, with a median wait of 3 days. The local authority told us the longest waits (409-410 days) were due to cases where a person had not required a Care Act assessment and the worker had left, which caused them to be placed back onto the waiting list. Themes contributing to longer delays included staffing vacancies and sickness issues, as well as those designated as lower priority.

More recent data provided by the local authority from March 2025 showed: Carers Assessments had an average wait of 0 days; OT Assessments averaged 142 days, with 427 people waiting; Care Act Assessments averaged 38 days, with 144 people waiting; Care Reviews averaged 31 days, with 1193 people waiting.

We found the local authority was acting to manage and reduce waiting times for assessment, care planning and reviews and this included actions to reduce risks to people's wellbeing, while they were waiting for an assessment. However, we saw cases where long waits had impacted negatively on people.

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

People we spoke to highlighted issues in unpaid carer assessments and care planning, with some unpaid carers saying they struggled to contact services and felt overwhelmed by paperwork. Most unpaid carers said they had received an assessment or review within the past two years, though some had been uncertain about the process. Unpaid carers expressed mixed experiences regarding respite care, some had received emergency carers' cards or grants, while others had lacked access to services. While some people reported access to support groups, others reported they had little personal time for activities they wanted to do.

Care homes, emergency funding, and informal family support were used for unplanned respite. Some records we reviewed demonstrated positive engagement, such as timely assessments, supportive staff and direct payment arrangements that had enhanced support to unpaid carers. However, other unpaid carers had struggled to access resources, with some unaware of the commissioned carers' service.

In the 12 months prior to October 2024, 998 carer reviews had been completed, with 72% handled by the carers centre. It had offered various services, including an unpaid carers telephone support line, statutory assessments, emergency support, and training. Plans had been made to develop an unpaid carers booklet with essential information.

Staff consistently said unpaid carers were considered as part of the assessment process. The electronic recording system used by the local authority included prompts for unpaid carers needs to be considered, without which assessments could not proceed. An unpaid carers lead had worked alongside the commissioned carers centre and staff reported a good working relationship with the centre. We heard local authority staff carried out carers assessments at the same time as assessing a person requiring support, to avoid adding a person to a waiting list. Separate assessments had also been provided when requested and people also had the opportunity to self-refer to the carers centre.

For young unpaid carers, assessments were conducted by the carers centre, with a lead from children's services coordinating their support and carers' breaks. Occupational therapists had supported unpaid carers by making referrals to social work teams for assessment. The Initial Contact Team (ICT) also recognised unpaid carers' needs, offering assessments and working with the reablement team. Staff said carers assessments were offered in accessible locations such as libraries and coffee shops.

The results from the Survey of Adult Carers in England (SACE) (2023-2024) found the local authority performed generally the same as the national average in assessments for unpaid carers. However, two specific metrics showed positive results. Significantly more unpaid carers (95.24%) had enough time to care for others they were responsible for, than the national average (87.23%) and more unpaid carers (70.93%) felt involved or consulted as much as they wanted to be in discussions, than the national average (66.56%).

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 demonstrated a strong understanding of the Human Rights Act, applying it for example when people had no recourse to public funds. In such cases, they had attempted to source as much support as possible. This had involved multiple Voluntary, Community and Social Enterprise (VCSE) sector organisations. Staff had signposted people to specific asylum seeker and refugee services, food banks, and other support which for example had provided daily meals.

Staff had supported young people who did not meet Care Act eligibility by referring them to the Live Well service for support. They had worked with care leavers for example, offering social activities and fostering positive engagement. Link workers had helped those experiencing isolation by identifying their interests and directing them to resources. Staff had also ensured other people without Care Act eligibility, but with clear care and support needs, were signposted to voluntary organisations and the Live Well service for appropriate referrals and ongoing support.

A partner service providing independent advice, reported that referrals from the local authority had risen significantly. In 2024, they had handled around 1,200 referrals from local authority and health professionals.

Eligibility decisions for care and support

The Adult Social Care Survey (ASCS) (2023-2024) found a similar proportion (67.25%) of people did not buy additional care or support privately or pay more to top up their care, compared to the national average (64.39%).

Staff and leaders said initial conversations with people consistently focused on general Live Well services. Support such as shopping assistance and furniture moving was available to everyone, regardless of Care Act eligibility. Eligibility for further support was later assessed during a Care Act assessment. Live Well services had been co-located with other provisions, including befriending and unpaid carer support to make them accessible to the community.

The Adult Social Care eligibility page on the local authority's website explained how they determined support eligibility following a care assessment. The Assessment and Eligibility Policy, updated in June 2024, which detailed the local authority's approach and criteria for determining care and support, was accessible and clear.

Financial assessment and charging policy for care and support

The local authority's My Care My Views survey analysis (June-October 2024) found 157 people knew how much money was available for their care, while 35 didn't, and 71 were unsure. People gave mixed feedback about financial assessment and charging. Some reported swift action when their circumstances changed, while others felt uniformed and confused. Some people said information about costs of care packages was not communicated well to them by the local authority. However, the local authority told us there had been no appeals in the relevant period for Care Act assessment, support and care funding.

Staff said financial assessment delays had not impacted on care arrangements, which had been promptly put in place when needed. Difficulties had arisen for some people who had not always understood their financial contributions. Some financial assessments had been completed using joint visits with social workers and financial staff, particularly in safeguarding cases, which demonstrated the provision of supportive discussions regarding financial implications.

Local authority data from November 2024 showed 768 financial assessments had been completed in the previous 12 months, with a median wait time of 35 days and a mean average of 65 days. The longest waiting time had been 409 days. Local authority targets required allocation within two days and completion within two weeks of receiving full information. The most common reasons for longer waits were delays in financial representatives providing required documents and legal paperwork processing.

In November 2024, 21 people had been on the waiting list for a financial assessment, with a median wait of 4 days and a maximum wait of 27 days. By March 2025, waiting times had increased with an average wait of 12 days and a maximum wait of 39 days, affecting 37 people.

There was guidance for staff on funding approvals in the Quality and Risk Forum and New Placement Panel Guidance, detailing authorisation levels, supervisory roles, and framework compliance. We also saw a leaflet for people called 'paying for care' which provided financial assessment details, explaining when contributions were required or exempt.

Provision of independent advocacy

Feedback on the commissioned advocacy service was positive, with people valuing their involvement and the support they had provided. Staff had strong links with the service and described advocacy workers extremely positively and noted their quick turnaround times. Staff said advocates challenged them with knowledge, options, and risks, and created a strong partnership. Staff said they had actively worked on complex cases, ensuring continuity and maintaining an independent voice for service users. We saw examples of them using creative person-centred methods of engaging with people to build a relationship and understand their views and preferences. The local authority had also used the advocacy organisation to improve accessibility and involvement in the Learning Disabilities Partnership Board, ensuring people with lived experiences of services had an active voice in strategy and service development.

In 2023, figures showed the advocacy organisation supported 1,074 people, including 423 new referrals. A Safeguarding Improvement report (November 2024), however, had recommended greater use of statutory advocates, with new guidance issued to ensure more consistent advocacy in safeguarding cases (S42 enquiries). Data had shown 40 referrals per quarter, but recent figures indicated that advocacy requests had increased to cover all S42 enquiries.

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

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

The local authority commitment

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

Key findings for this quality statement

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

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

We saw examples of people being supported with their wider needs such as by referring to volunteering and cooking classes. Staff said the local authority's 'Live Well' service in the community worked well as a multi-agency collaboration to support people in a prevention focussed way. It facilitated preventative health initiatives, including social prescribing, smoking cessation, hospital discharge support, and welfare services. Live Well also facilitated psychological and practical support to people around hoarding and self-neglect.

We heard many other examples of programmes designed to keep people well, for example a 12-week care home fitness program, which had culminated in an Olympic-style event. The Transitions Team assisted young people with housing, benefits, and food access. A Communicator Guide service supported people with dual sensory loss, ensuring independence and personalised support. Local VCSE organisations engaged seldom-heard groups and worked with the local authority on falls prevention.

Strategically, leaders had aligned local authority strategies within the local place arrangements (Integrated Care Alliance (ICA)) around health inequalities work and there were strong joint links to the Health and Wellbeing Strategy in improving wellbeing. The Health and Wellbeing Board had prioritised preventative care within the wider Integrated Care System (ICS) joint forward plan. The local authority-wide 'Fairer Swindon' plan had promoted 'stronger communities'.

The Adult Social Care Survey (2023-2024) found the local authority performed in line with national averages on a range of metrics related to wellbeing. For example, 63.32% of people said help and support helped them think and feel better about themselves (national average 62.48%) and 71.62% of people reported that they spent their time doing things they valued or enjoyed (national average 69.09%). It also demonstrated preventative services were having a positive impact on well-being outcomes for people, for example it found 84.47% of people who received short-term support no longer required support, which was similar (statistically) to the national average (77.55%).

The Survey of Adult Carers (2023-2024) found a similar proportion of unpaid carers (18.12%) were able to spend time doing things they valued or enjoyed as the national average (15.97%) and a similar proportion of unpaid carers (86.87%) found information and advice helpful as the national average (85.22%).

Provision and impact of intermediate care and reablement services

The local authority's intermediate care and reablement services had improved discharge efficiency, supported independent living, and strengthened multi-agency collaboration. Even though in 2023-2024, only 1.71% of people aged 65 and over received reablement or rehabilitation services after hospital discharge, which was below the national average of 2.91%, 85% of people aged 65 and over remained at home 91 days after discharge, which was the same (statistically) as the national average (83.7%) (ASCOF/SALT).

The Home First Discharge to Assess (D2A) model, introduced in May 2024, significantly improved hospital discharge efficiency, avoiding admission and reducing hospital stays. Partners reported excellent working relationships and a successful partnership over the last few years in achieving this. The Transfer Hub and Home First pathway prevented delays, while the Urgent Care Response Team supported an early intervention approach. The Care Transfer Hub multi-disciplinary team (MDT) enabled therapist-led assessments, ensuring home-based support was well-integrated into community services. The Home First discharge model successfully lowered home-care demand, reducing required hours from 10,900 (Dec 2022) to 10,200 (March 2023).

Intermediate care provision included: 11 residential beds, 12 nursing beds in a block contract and 8 spot-purchased beds funded by the ICB. The Live Well Hub, in partnership with VCSE organisations, provided deep cleans, befriending services, and community support, ensuring people had the resources to maintain independence. Coordination with hospital trusts enabled integrated discharge planning, ensuring smooth transitions between health and social care.

Access to equipment and home adaptations

The local authority's access to equipment and home adaptations had both strengths and challenges. While some people reported significant delays in obtaining Occupational Therapy (OT) assessments and mobility aids and sometimes waiting over a year, others found that urgent cases were escalated and managed well. For example, a person while waiting a long time for an assessment, had moved into a care home to meet their needs before their assessment was completed. Individuals classified as low risk were generally informed of substantial waiting periods.

Staff feedback indicated efficiency in some areas. The occupational therapy teams exercised autonomy in supporting people, and equipment ordering was generally processed within five days, with urgent cases fulfilled the same or next day. Housing staff played an active role in planning home adaptations, collaborating through monthly panels to ensure accessibility, such as the construction of adapted bungalows. There was also a 'Technology for Independence' initiative to reduce reliance on direct care.

For major adaptations, the Disabled Facilities Grant (DFG) process was managed effectively, though obtaining builder quotes sometimes caused delays. At the time, 44 open cases were progressing at different stages, and the grants and OT teams remained engaged with applicants. Trusted assessors facilitated rapid equipment delivery and enacted prioritisation for urgent cases. The local authority recognised improvements were necessary in providing equipment and provided information about the community equipment service transitioning to an in-house service in April 2025.

The local authority maintained close ties with housing teams to assess accommodations before individuals moved in, ensuring adaptations met residents' needs. In a 2024 project involving accessible flats, OTs worked alongside housing colleagues to assess requirements and implement necessary changes before residents took occupancy.

Overall, access to equipment and adaptations was inconsistent. While structured processes and collaborative efforts had led to positive developments, there had been lengthy wait times and sometimes unclear communication.

Provision of accessible information and advice

People could 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. The local authority's My Care My Views survey (June-October 2024) found most people knew how to access information, though some were unsure. The ASCS (2023-2024) showed the proportion of people who used services who found it easy to find information about support (64.49%) was similar to the national average (67.12%). 86.87% of unpaid carers also found it easy to access information and advice, which was better than the national average (59.06%) (SACE 2023-2024).

Staff and leaders said the local authority had improved website accessibility, ensuring key documents were available in multiple languages and easy read formats. Information had been accessible via website, phone, email, voluntary sector hubs, and community libraries. The feedback from people we spoke to was generally positive. There was some positive feedback about culturally appropriate information and workers giving clear information, although some people experienced confusion when using the local authority's website. Partners also reflected concerns around accessibility of online information, due to some people reporting issues with accessing digital resources, although they said there was a collaboration between the VCSE and the local authority to provide advice and support around debt and poverty. The commissioned Carers organisation, Live Well Hub, and VCSE organisations were provided at a satellite site to the council which had improved access to services, information and advice.

Direct payments

The local authority's My Care My Views survey (June-October 2024) had shown that Direct Payments (DPs) had significantly improved quality of life indicators, including control, safety, and self-esteem, with recipients reporting improvement. However, some people we spoke to said they had found the DP process stressful and overwhelming, expressing frustration at the complexity and time required to complete forms and set up payments. We heard about some long delays in sourcing a personal assistant through the local authority's commissioned organisation. Others had chosen instead to self-fund care. Unpaid carers also told us a local authority commissioned organisation held onto DPs, rather than paying them directly. This restricted some flexibility of the choices unpaid carers were able to make.

National ASCOF/SALT data (2023-2024) showed 27.81% of unpaid carers received direct payments. 35.53% of service users aged 18-64 received direct payments (national average, 38.06%), however only 8.46% of service users aged 65 and over received direct payments (national average, 14.80%). Partners reported an increase in service users struggling with DP debt and others voiced concerns about the length of the DP approval process.

Staff said direct payments were positively used and supported flexibility, allowing people to source care arrangements more independently. We heard the DP team had historically been short-staffed which had led to delays in reviews. The local authority had introduced 'Express Direct Payments' to make the process easier. This enabled people with existing carers to receive funds within days rather than waiting for standard processing times. There had been other efforts to increase DP usage which had included a roadshow, team meetings, training sessions, and a mandatory briefing for staff. Staff said they had shortened documentation, making information more accessible and allowed time for recipients to review details at their own pace. Additionally, the local authority had explored Prepaid cards to streamline payment management and had learned from other local authorities. Staff identified Direct Payments as beneficial for personalised care, particularly for young people who preferred flexible schedules over structured care packages. We heard some creative and flexible examples where direct payments had been used effectively.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

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

The local authority commitment

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

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

Following a peer review, the local authority refreshed its internal Quality Assurance Framework in 2024, embedding regional practice standards with a dedicated Equality, Diversity & Inclusion (ED&I) component. The local authority had enhanced its collection and analysis of ED&I data, recognising gaps in ethnicity reporting, with 27% of people with no ethnicity recorded on their recording system. Improvements to the data gaps included providing guidance for teams on data recording, integration of ED&I into Senior Leadership Performance meetings and compliance tracking in the Data Governance forward plan. The local authority's Information and Advice Policy (2024) had identified people from ethnic minority groups, homeless people, and those who were digitally excluded as priority groups facing accessibility barriers.

Partners said the local authority was aware of growing demand, such as a growing financial hardship issue in the most deprived areas of the local authority. Some partners reported satisfaction at the local authority working with them to address specific issues and inequalities, and they said they were now being recognised in the local authority's priorities. We heard the local authority had engaged with partners around initiatives to co-produce with different populations. People we spoke to said there was an underrepresentation of ethnic minority communities in service planning and some partners had also urged the local authority to strengthen outreach efforts to ensure equal access to services.

The local authority acknowledged that while various strategies had addressed health and social care inequalities, there had been no single overarching framework unifying cross-cutting priorities. In response to feedback from the peer review, leaders had begun to develop an Equality, Diversity & Inclusion (ED&I) framework in collaboration with the South West Principal Social Worker network.

Leaders highlighted the strategic efforts in the Swindon Plan. Efforts had included supporting asylum seekers and the warm welcome to Ukrainian refugees. Leaders and staff recognised the impact of the Live Well service for marginalised communities and people, despite limitations in recorded population data. The Joint Strategic Needs Assessment had estimated that 45% of the local authority's population had a long-term health condition, with 67% of affected people in employment, compared to an overall employment rate of 77%. Additionally, one in three residents over 65 had been living with at least one disability and 18.5% of the population were from an ethnic minority group.

The Health and Wellbeing Board (HWB) had focussed on health inequalities alongside the NHS, and leaders described reaching underrepresented communities during the Covid-19 pandemic response. They had utilised the Joint Strategic Needs Assessment (JSNA) to influence Adult Commissioning Strategy priorities, emphasising social value in commissioning decisions. Partners had actively used population data to understand local demographics and identify inequality risks. There were 'Community Connections' forums facilitated through Live Well which reached different communities effectively. The approach to health inequalities had identified key areas where health disparities had affected residents. The action plan had included efforts to re-establish the Health Inequalities group. Future priorities focused on wider determinants of health (wider factors affecting the health and wellbeing of a person, such as housing, employment and access to green spaces).

The local authority appointed a Gypsy, Roma, and Traveller officer and a new policy had ensured fair access to housing pitches, with GP engagement and plans for digital inclusion and book clubs. Staff had identified isolation within the Bangladeshi community and noted a low engagement with local authority support. Staff said people had relied on other local organisations, which specialised in supporting asylum seekers and refugees, instead.

Some people we spoke to raised concerns over autism awareness, emphasising the need for accessibility improvements in local authority services. A multi-agency Learning Disability Partnership Board had been formed to engage people with lived experience in shaping service priorities. Recommendations from a JSNA had included local training programs, improved ethnicity data collection for people with learning disabilities, and employment opportunities to support independent living. The local authority had identified that one in five working-age adults with a learning disability had been living in unsettled accommodation, highlighting this as an area requiring improvement.

The Making Carers Count project, funded by a national organisation, had expanded outreach to underrepresented groups, increasing representation of Asian/British Asian unpaid carers at the Carers centre. Asian unpaid carers had remained the largest underrepresented ethnic minority group.

The Adult Services Strategy (2024–2029) had emphasised the need for culturally responsive services. Plans had included developing community profiles to improve awareness of cultural differences, language needs, and religious considerations. The Community Connections Forum had strengthened ties between faith and community leaders, supporting cost-of-living relief efforts and fostering direct engagement with residents. These relationships had facilitated pop-up vaccine clinics in places of worship and enhanced winter safety awareness.

Inclusion and accessibility arrangements

The local authority had prioritised inclusion and accessibility, making adjustments to improve public engagement and service delivery. Feedback from the My Care My View survey had revealed difficulties in providing feedback to the local authority, particularly for people with communication challenges. Staff had reported that the forms were not accessible, prompting leaders to adjust the format, replacing star ratings with symbols. To improve accessibility for the survey, the local authority had introduced easy read, plain text, and modified scoring for neurodiverse people. A working group had simplified survey questions for people with learning disabilities, with advocacy groups ensuring appropriate adjustments. The My Care, My View survey had been identified as the local authority's richest data source for understanding equity, experiences, and service outcomes. It had also been offered to unpaid carers and people seeking information and advice, ensuring wider representation.

Efforts to support diverse communities had included the Carers Centre's research, which had examined barriers faced by South Asian communities. The initiative had focused on enhancing inclusivity, ensuring services were more culturally sensitive and accessible.

The Let's Talk Swindon sessions had encouraged resident engagement, hosting interactive workshops in libraries and community halls. These events had included short presentations from local leaders, followed by discussions on health, wellbeing, and social inclusion, which leaders said reinforced the Fairer Swindon initiative.

The Transitions Team implemented reasonable adjustments based on audit feedback, such as numbered question sheets for an autistic person. They supported people with learning disabilities and autistic people, working with link workers to find suitable care services. Creative approaches included gradual introductions to care home staff and incremental face-to-face meetings with new professionals, reducing social anxiety. They actively ensured young voices were considered in all assessments and reviews, employing picture-based communication tools. These helped young people with learning disabilities to express themselves, leading to better service outcomes. However, a partner said accessible information standards had not yet been fully embedded and suggested streamlining information-sharing with partners.

British Sign Language interpreter services were quickly bookable online. Staff coordinated interpretation and translation support, ensuring that language barriers did not prevent access to essential services. We heard an example where staff used technology to support a person discharged from a specialist hospital who did not speak English. Digital tools had facilitated real-time communication, enabling collaboration between the care home, social worker, and brokerage team, ensuring a comprehensive assessment and care plan.

Staff generally reported no issues in accessing interpreters, with telephone and face-to-face translation services readily available. They had recently assisted people by providing language interpretation support to help people communicate their needs and make informed decisions. Staff consistently confirmed the availability of easy read documents. The Learning Disabilities Team had ensured easy read accessibility, using another tool to translate documents. They had also developed customised materials, for example photographic representations had been used instead of generic images, which had improved engagement and communication. The Learning Disabilities Team had used emojis, flashcards, thumbs-up/down gestures, and social stories to ensure people could participate in assessments. A best practice model had been adopted, conducting multiple visits to complete assessments in homes, day services, or family homes.

An emerging technology group within the council had explored AI-driven translation tools, improving accessibility for non-English speakers. Staff praised the AI notes tool used for support plans and assessments. For example, the Transitions Team had successfully conducted a carer's assessment using a face-to-face interpreter, later translating the assessment into a different language using the AI tool. The unpaid carer had expressed appreciation for the tool, as it had simplified the process.

The Working Together Plan (also available in an easy read version) represented a first step toward co-production, ensuring service users' feedback influenced future decisions. We found the local authority was committed to co-production, but this was at an early stage.

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: 3

3 - Evidence shows a good standard

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 had identified challenges in meeting the needs of an ageing population and a rising population of young people with care and support needs. The Joint Strategic Needs Assessment (JSNA) projected a 5% population increase from 2020 to 2030, alongside a 55% rise in over-60s by 2040. Dementia was identified as a key issue, with cases expected to grow from 2,400 to 3900 by 2040. The Market Position Statement (2023-2028) used JSNA data to prompt investments in dementia care and learning disability services. The local authority had increased mental health support and supported living options, including new bungalows and an expanded Shared Lives program and a new nursing home with 40 beds was planned. A focus on expanding supported living led to specific projects.

The Health and Wellbeing Board (HWB) had worked to strengthen partnerships and improve service efficiency and encouraged service co-location. The Health Inequalities Action Board had advanced data collection and engagement with communities, including from local ethnically diverse communities. Partners said there had been some challenges with move-on options for people with mental health difficulties who had been in hospital. We found the local authority had however engaged with partners to improve parity between mental health and acute hospital care and focused efforts on earlier patient transitions.

Market shaping and commissioning to meet local needs

The local authority demonstrated a commitment to shaping the market to provide a diverse range of safe, effective, affordable, and high-quality care and support services. According to the Adult Social Care Survey (ASCS) (2023-2024), 70.09% of people who used services felt they had choice over the services they received, similar to the national average of 70.28%.

The Adult Services Market Position Statement (2023-2028) outlined key market-shaping strategies, including a ten-year lead provider contract for home-care. The local authority focused on resource efficiency through community-based commissioning.

Commissioning decisions were influenced by Joint Strategic Needs Assessment (JSNA) data, which helped guide investments in dementia care and learning disability services. This resulted in the development of a 40-bed nursing home and an expansion of supported living provisions. The local authority experienced increasing complexity in care needs, particularly in mental health, and autism services. To coordinate care packages commissioning staff worked closely with social workers and financial teams to ensure placements were responsive to individual needs.

The local authority aimed to commission care models in line with best practice. Some partners reported limited local authority support, however others highlighted positive changes following a recent commissioning restructure. However, some said earlier contract extension notifications would allow providers more time to plan.

The Draft Adult Services Commissioning Strategy (2025-2028) aimed to improve commissioning through: Mental health service reviews, co-designed with health partners; Housing and care assessments, focusing on supported living, extra care housing, and nursing care; Collaboration improvements, ensuring transparency and timely service mobilisation.

The local authority had placed specific emphasis on unpaid carers after it experienced some difficulties in the process of recommissioning the carers service. The process was paused after the existing carers organisation pulled out and as a response the local authority developed a new commissioning strategy. SACE data (2023-2024) found fewer unpaid carers (8.90%) had access to short-notice emergency respite than the national average (12.08%). 12.16% could take a break lasting more than 24 hours (national average 16.14%) and 24.66% accessed short term respite, which was more than the national average (21.73%).

Ensuring sufficient capacity in local services to meet demand

Overall, there was sufficient capacity in care and support services to meet demand, ensuring that people had choice over their care service and location. There were no reported waiting times for services, with an average wait for a home-care service being 4 days. Likewise, no delays were recorded for residential or nursing placements. There had been some delays in supported living services, which had mainly stemmed from individual preferences in choosing specific providers. A lead home-care agency oversaw sub-contracting for homecare and there were no reported capacity or availability issues.

The local authority had 167 people placed in care settings out of area, 132 in residential settings and 35 in supported living placements. Over the past 12 months, 23 new out of area placements were made, primarily for residential and nursing care (21), with two supported living placements. The main reasons for these placements were individual choice and a limited availability of specialist and complex care facilities within the local authority area. In the previous year, 198 nursing and residential care admissions were made, of which 11% were out of area. Historically, many people had chosen locations in Wiltshire, Oxfordshire, Berkshire, or Gloucestershire, often aligning with family locations. However, increased provision within the local authority had prompted reviews to determine whether people wanted to return. Staff said some people and their families prioritised location over Care Quality Commission (CQC) ratings when choosing care homes out of area.

Emergency respite beds were arranged in nursing and residential care when needed. Spot purchases also ensured availability when standard beds were unavailable. In one example, a unpaid carer experiencing language barriers required an emergency placement and interpreters were sourced.

Partnerships with voluntary, community, and social enterprise (VCSE) organisations facilitated access to social opportunities, volunteering and supported housing for people with learning disabilities and autistic people. Local authority commissioners worked closely with these organisations to address specific learning disability needs, leading to a tender for supported living providers and the development of a new model. Respite options were available through direct payments, Shared Lives, and VCSE groups.

The local authority managed five flats supported by community teams, offering short-term accommodation for those transitioning to permanent housing. A regularly convened prevention panel prioritised emergency housing needs. The local authority had extra-care housing for people with housing with care needs.

The Dynamic Support Register helped identify providers for people in crisis and ensured adjustments were made. In one case, a person received 24-hour care at home, preventing inappropriate temporary accommodation.

Partners and staff said there were some gaps in mental health services and support for autistic people. Other partners said respite care was not always available, especially during busy periods.

Ensuring quality of local services

The local authority monitored and maintained quality standards across local care services using a risk management approach, multi-agency oversight, and ongoing performance reviews. Four care homes had been placed under embargo due to serious concerns: one residential home faced safeguarding concerns with police involvement. Another had received a CQC letter of intent, indicating significant service issues. A third faced governance and practice concerns affecting care delivery and a nursing home was embargoed following CQC warning notices.

The Market Quality Assurance and Risk Management Process categorised providers into Standard, Watch, or Hold, with monthly multi-agency reviews focusing on providers with concerns. A risk matrix was used effectively to prioritise concerns about providers.

The Safeguarding Adults Team collaborated with Contract Quality officers, conducting joint visits to assess concerns. Social workers also participated in evaluations of providers. The Quality Assurance Team worked closely with safeguarding, commissioning, and health teams, gathering intelligence to enhance provider assessments.

A new Quality Assurance Framework (QAF) was scheduled for Cabinet approval in February 2025. Interim measures ensured that providers rated Requires Improvement or Inadequate were closely monitored. For out-of-borough placements, the local authority followed ADASS (Association of Directors of Adult Social Services) guidance, liaising with host authorities and the CQC to ensure service quality remained consistent and effective.

The lead homecare provider managed quality assurance for providers that were subcontracted and employed specialised managers to oversee contracts, compliance, audits, and reporting. Findings were regularly shared with local authority commissioners. Monthly reviews ensured trend analysis, interventions, and improvement planning across subcontractors, assessing quality assurance, safeguarding, training, complaints, and service-user feedback. It involved assessing their performance against Key Performance Indicators (KPIs). When concerns arose, joint visits between the lead homecare provider and the local authority quality assurance team were conducted to facilitate corrective action.

Ensuring local services are sustainable

Providers at risk of failure were considered within a steering group, which had regular meetings to monitor concerns. The local authority also followed up on necessary improvements, ensuring ongoing service stability. Collaborative efforts with providers ensured cost transparency, with contracting arrangements supporting provider stability and enabling long-term planning. Engagement and monitoring mechanisms helped identify early warnings of service disruption or provider failure, allowing contingency plans to be put in place for continuity of care.

Providers participated in annual fee uplift discussions beginning in October, reporting that the local authority listened to their concerns. We heard one supported living contract was handed back as a provider changed its service towards providing children's services. Feedback from providers was mixed, with some feeling engaged by the local authority, while others less engaged.

The local authority's care home market included 18 providers operating outside the local authority, while four operated exclusively within The local authority. Out-of-area placements came from limited local capacity to accommodate complex needs.

Partners reported there was limited support for provider workforce recruitment and retention. The local authority had improved recruitment efforts by focusing on local communities, aiming to build a workforce aligned with residents' cultural and language needs. The local authority understood its current and future workforce needs. Skills for Care Workforce Estimates (2023-2024) indicated that 52.19% of adult social care staff had a care certificate in progress or completed, close to the national average of 55.53%. However, the vacancy rate stood at 11.96%, notably above the national average of 8.06%. Staff sickness absence rates were similar to national figures at 4.39 days (national average: 5.33), as was the staff turnover rate 0.27 (national average: 0.25).

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 collaborated effectively with the local Integrated Care Alliance (ICA) and the wider Integrated Care Board (ICB). The Health and Wellbeing Board (HWB) had also provided leadership to local partnerships with its 10-year strategy. The Better Care Fund (BCF) and Section 75 agreements were monitored through monthly governance meetings. Although fairly new, the ICA Delivery Plan (2024-2025) set out five-year objectives for service integration and the Integrated Neighbourhood Teams Report (September 2024) focused on coordinating person-centred care. The Home First model, developed with health partners, had improved hospital discharge efficiency, integrating Occupational Therapists and reablement teams to reduce admissions and promote independence.

Forums in the partnership looked to shape inclusive services, including for transgender, young, older, and disabled unpaid carers. Healthwatch had been involved with work to tackle inequalities and enhance engagement with marginalised communities. The Transitions Team coordinated support in partnership, ensuring young people had integrated health and social care. The Live Well team worked with community and faith groups. The local authority's 'A Friend, A Home, A Purpose' policy and approach integrated housing, adult services, and commissioners to improve allocations and incorporated discharge coordination. The local authority's provider forum involved service representation and incorporated views into local strategies.

The Dementia Strategy was co-produced with health partners and ensured regular data and performance reviews influenced commissioning decisions. The Locality Winter Plan (2023-2024) involved partnership planning for periods of high demand and system-wide resilience. The BSW Academy Strategy aimed to unify health and social care workforce planning across the wider area. The Mental Health, Learning Disability, and Autism Inpatient Plan (June 2024) was also co-designed with health partners.

Arrangements to support effective partnership working

The local authority maintained a strong network of partnerships to coordinate services effectively. Hospital discharge and admission avoidance were very effective, with 90% of placements arranged within 12 hours under the Home First model. Homecare availability was sufficient and extra care housing was available and managed separately by the housing team. Because of Home First improvements, leaders said they had eliminated the need for delayed transfer meetings, previously taking place three times per week. Home First and Urgent Response teams worked well with GP surgeries and hospital at home services, engaging in daily discussions with health partners to coordinate care. This meant people experienced joined up working, reduced the need to tell their stories more than once, and supported them to continue living at home.

The local authority maintained well-established partnerships across residential, nursing, mental health, and learning disability services, with escalation meetings ensuring complex care placements were handled efficiently. Occupational therapists (OT) collaborated closely with social workers, ensuring young adults transitioning into housing received timely support. OTs worked directly with health staff, sharing office space for improved coordination. Social care teams received regular housing updates, supported by monthly coordination meetings. The Learning Disabilities Team collaborated with Liaison nurses in health settings, ensuring annual health checks, cancer screenings, and simplified NHS correspondence for people they supported.

The local authority and mental health trust had reverted from having an integrated team arrangement, to working as separate teams effectively. Monthly quality monitoring meetings and weekly hospital meetings ensured coordination between acute wards, mental health social work teams, and community mental health teams (CMHTs). Partners said multi-agency discharge meetings (MAID) and quality performance discussions were accountable and thoughtful.

The multi-agency discharge hub facilitated safe and efficient hospital discharges, including to reduce unnecessary admissions. It included: acute and community health teams, social care professionals, transport services, therapists, trusted assessors, lead providers, Live Well and a dedicated hospital broker from the local authority's commissioning team. Integrated Neighbourhood Teams (INTs) strengthened community-based care, working within the BSW ICB framework and adopting best practices from successful models. The Team Around Me (TAM) project engaged stakeholders across all local health and care partners including the VCSE and Live Well.

Leaders said they had led a reset in unpaid carer support, working alongside partners, with a contractual review undertaken following a stalling of commissioning. There were monthly meetings with the Carers Centre, discussing trends and concerns. Healthwatch contributed to initiatives around local authority engagement with marginalised groups and assisting in joint strategic needs assessments. The Live Well Community Connections Forum provided engagement opportunities.

Feedback from partners was mixed in terms of engaging strategically with the local authority. Some actively participated in co-production, service development, and feedback, reporting good communication. Others said they struggled with strategic engagement, interacting mostly with care staff. They sought higher-level collaboration to ensure better alignment with their community's needs. Partners reported improved local authority engagement and collaboration had become more efficient. However, co-production efforts faced challenges, with some people feeling consulted on pre-developed plans rather than actively shaping strategies.

Impact of partnership working

Joint efforts between the local authority and health partners had supported people in maintaining their preferred living arrangements, avoiding care home placements where possible. Leaders, partners and staff said joint working through the COVID-19 pandemic had strengthened relationships between the local authority and health colleagues. In particular, the development of the Home First model in collaboration with health partners had allowed for more efficient hospital discharge and reablement services.

There were some good examples of partnership working. We heard one example where staff had successfully advocated for a person, securing a supported living provision that had dramatically improved their wellbeing and overall quality of life. The local authority had also worked with a VCSE organisation and engaged with people from a minority ethnic community which had ensured that people from diverse backgrounds had access to the support they needed.

Leaders had collaborated with the Integrated Care Board (ICB) and there was effective cooperation and coordination between regional stakeholders. Formal evaluation systems had been put in place to monitor the impact of partnership working, ensuring accountability and effectiveness. These included Better Care Fund (BCF) outcome tracking, No Criteria to Reside statistics, and joint reviews of housing and adult social care services, which had also contributed to enhancing telecare provisions.

The Live Well service had engaged with local communities. By working closely with community and faith groups, they had identified service gaps and encouraged co-production and problem solving. Integrated Neighbourhood Teams and the Team Around Me initiative, had engaged people and unpaid carers and the Safeguarding Partnership had brought together statutory partners, health providers, education settings, criminal justice services, and voluntary sector organisations.

Occupational Therapy staff had strong partnerships with housing, Community-Led Teams, Live Well services, and VCSE groups. Overall, partnership working had facilitated integration and efficiency in individual care outcomes and they had allowed more preventative approaches for people.

Working with voluntary and charity sector groups

Relationships between the local authority and parts of the VCSE sector had been affected by commissioning decisions. However, efforts to strengthen relationships had been made, particularly through the commissioning strategy. Leaders reported significant improvements in relationships with the sector which had partly been strengthened through regular meetings with agencies delivering key contracts. We heard about larger events being held around particular issues, such as unpaid carers, which had engaged the sector.

Some partners said they had long-standing relationships and contracts which had been unaffected, others said they participated in VCSE forums, although they said meetings had been less frequent. There were VCSE services in the community, the Live Well team had a partnership with an advice organisation which effectively targeted seldom-heard communities. For example, they had visited local Gypsy, Roma and Traveller sites to provide guidance around available support which had built trust and engagement.

Some VCSE partners said the local authority's response times could be slow and there were some concerns about poor communication. This had sometimes led to frustration with partners. Others, however, gave positive feedback about collaboration which had for them remained strong.

Theme 3: How Swindon 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

The local authority demonstrated a commitment to safety across care journeys, though some gaps remained in ensuring risk awareness and communication.

The local authority's homecare contract model ensured responsive demand management, with safe and timely hospital discharges. No capacity issues were reported, highlighting its stability. The Home First Team, established in 2023, offered seven-day community-based support, coordinating discharges through multi-disciplinary teams. An operational review in September 2023 showed performance improvements, with 90 people per month supported through Home First instead of remaining in hospital.

To prevent hospital admissions and manage short-term crises, the local authority provided four 'step-up' beds (community bed-based care that provides support to a person between home and hospital, to avoid a hospital admission) in residential and nursing care homes. Additionally, 16 'step-down' beds (bed-based support for people to leave hospital and receive rehabilitative support, if they cannot go home immediately) across various settings supported the Discharge to Assess (D2A) process, ensuring thorough evaluations before people transitioned to appropriate provisions.

A Trusted Assessor within acute hospitals worked closely with care providers to ensure safe discharges back to residential and nursing homes, reducing inappropriate placements. Social workers could update inpatient records, supporting continuity of care. Two daily calls between the local authority and inpatient teams facilitated real-time information sharing, though digital platforms were not integrated. Additionally, the Integrated Care Alliance Discharge Process provided escalation pathways for delays.

Partners' feedback was mixed in this area, some said people experienced stress and confusion due to unclear communication from the local authority regarding care arrangements. We heard some unpaid carers felt excluded from discharge planning. There were also some reported challenges navigating interactions with multiple professionals, contributing to uncertainty in safeguarding and care journeys. The local authority, after the assessment, provided information about carers' assessments and forums where unpaid carers were consulted and positive case studies on supporting carers' needs around discharge.

An Integrated Care Record had been planned for some time, however partners said progress had stalled, delaying improvements in information sharing to support people across different care settings effectively. Leaders said this was in development and were progressing with this work at pace.

The Market Position Statement (2023-2028) emphasised maintaining acute hospital bed capacity through step-down and D2A pathways, ensuring people had access to the appropriate next stage in care. The AMHP (Approved Mental Health Professional) Service operated a hub system with daily duty shifts, ensuring continued support and risk monitoring, although staff and partners fedback they felt the numbers of AMHPs available on shifts was low and there was some concern from partners about the service availability of the local authority's Emergency Duty Team out of hours. The local authority provided additional evidence after our assessment to show that numbers of AMPHs were not low.

Safety during transitions

The local authority had established care and support pathways to facilitate safe transitions and continuity. The Transitions Team implemented a referral process involving children's services, adult social care teams, schools, the Child and Adolescent Mental Health Service (CAMHS), and self-referrals, starting at age 14. Early engagement ensured gradual adjustments before transition at 18 (or 16 for children in care). Preparation for adulthood was further supported by forums and transition pathways, offering structured planning stages. People praised the Transitions Team's professionalism and patience, ensuring people settled into routines through supported living providers, care agencies, and day opportunities. The local authority maintained regular engagement with parent unpaid carers, providing reassurance and explaining available support. The Market Position Statement (2023-2028) recognised the need to support young people with autism spectrum disorders, mental health needs, learning disabilities, and Attention Deficit Hyperactivity Disorder (ADHD).

The Transitions Team hosted successful roadshows in 2023 and 2024, connecting services with families. Based on feedback, the 2025 event would be smaller, with an emphasis on early referrals.

Records we reviewed demonstrated examples of smooth hospital discharge transitions, with care packages arranged before discharge, ensuring continuity. Older people benefited from consistent social worker assignments during hospital stays, reducing difficulties associated with changing social workers. We found the Mental Health Team used a strength-based approach.

Partners and staff raised concerns about possible recruitment challenges in the Emergency Duty Team which had resulted in out of hours shifts being under-resourced impacting safe and timely responses. The local authority provided additional evidence after our assessment to demonstrate shifts had not been under resourced.

Mental Health Act assessments, out of hours, averaged four per month, with 90% involving Section 136 detentions (when the police can take a person to or keep them at a place of safety), often leading to acute hospital transfers due to capacity limitations in Health-Based Places of Safety (HbPoS).

The Home First Team shifted assessments from hospital to home settings, improving care planning and adjustment periods. Social prescribing services were also available and helped to address social isolation and practical needs, ensuring a smoother transition.

The local authority prioritised safe transitions and continuity through multi-agency collaboration and early planning initiatives. However, some gaps remained in out-of-hours and emergency duty arrangements.

Contingency planning

Recent improvements meant unpaid carers without a formal unpaid carer assessment were identified and supported in emergencies, including respite care. In the past if they had not been formally assessed, because they may have declined an assessment, they would not be known to services out-of-hours. We heard of a case where an urgent call involved an unpaid carer unknown to adult social care. They had been provided with an emergency card, which allowed the Emergency Duty Team (EDT) to facilitate the respite necessary for an unpaid carer's hospital care. Previously, the personal details of emergency card bearers had been inaccessible to out-of-hours teams. Leaders said to achieve this they had established a shared electronic system, enabling details to be accessed when needed.

The EDT covered both Adult and Children's Social Care and operated during evenings and weekends. Effective collaboration with the Initial Contact Team ensured responsiveness and smooth handovers. There had been ongoing recruitment challenges for additional Approved Mental Health Professionals (AMHPs), however the team included two trained AMHPs, with an assistant team manager undergoing AMHP training.

The Capital Limits guidance provided procedures for staff to follow when people neared the financial threshold for care funding. Processes varied between people in care homes and those living in the community, with the Initial Contact Team facilitating appropriate referrals to relevant teams. However, the local authority had not implemented early financial assessments consistently to identify funding risks, which could have minimised distress and urgent interventions for some people.

The Adults Provider Failure Procedure outlined risk reduction strategies, eligibility conditions, and resilience measures, underpinning the local authority's role in emergency planning. It detailed activation processes, monitoring systems, and safeguarding protocols in the event of major failures. Leaders within the local authority and Integrated Care Board (ICB) played a central role in managing provider failures and they said they had strong relationships, flexible commissioning, and robust quality control. We saw an example of business continuity planning having worked well at an internal service which had experienced a full power outage.

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

The local authority had established safeguarding systems, processes, and practices to protect people from abuse and neglect, demonstrating both strengths and areas for improvement. The local authority had implemented pre-triaging at the front door to ensure cases of abuse or neglect were directed to safeguarding and this had led to fewer inappropriate referrals.

A multi-agency safeguarding approach involved daily huddle meetings where police and partner organisations analysed referrals and made joint decisions. The Multi Agency Safeguarding Hub (MASH) team included specialists in children's services, police, data analysis, and included business support. Practitioners had access to safeguarding guidance. MASH, co-located with Children's MASH and Police in 2024, collaborated with the Integrated Care Board (ICB). Appropriate professional decision making determined whether cases warranted Section 42 enquiries, with initial reviews completed within 24 hours and full completion within five days. A Section 42 enquiry is the action taken by a local authority in response to a concern that a person with care and support needs may be at risk of or experiencing abuse or neglect. Referrals underwent daily review, urgent cases received same-day evaluations, and risk assessment tools ensured consistency.

Safeguarding had no waiting lists, with efficient triage, allocation, and weekly case monitoring. There were thematic audits, including dip sampling of Section 42 enquiries. A risk profiling tool launched in March 2024 standardised assessment protocols and quality was assured through regular audits.

Partners reported slow referral feedback and some difficulty reaching social workers following a safeguarding contact. Information provided by the local authority after the assessment showed there was recently average of 7 working days for feedback to be given. There had been some reported issues with the online safeguarding referral form, which had led to referrers losing the information, which they said discouraged them from completing the forms. However, the local authority told us, after the assessment, this was part of good compliance with information governance, and they had provided training to partners. We also heard about slow responses via phone and email leading to frustration from those seeking urgent support.

The local authority maintained safeguarding communication with registered service regulators, participating in biweekly provider risk meetings. The Safeguarding Partnership (SSP) and Community Safety Partnership (CSP) provided strategic oversight involving statutory and voluntary sector representatives. In April 2025, an independent scrutiny member was appointed to further strengthen governance around safeguarding.

The SSP Adult Safeguarding Policy outlined safeguarding procedures. The SSP Quality Assurance Framework mandated quarterly thematic audits to evaluate early intervention effectiveness and governance standards. Overall, the local authority had structured safeguarding systems in place, ensuring multi-agency coordination and risk management.

The Adult Social Care Survey (ASCS) (2023-2024) found somewhat fewer people (67.25%) who used services felt safe than the national average (71.06%). Similarly, 82.53% of people who used services said those services made them feel safe, which was slightly lower than the national average (87.82%). A similar proportion of unpaid carers (81.88%) felt safe as the national average (80.93%) (SACE 2023-2024).

Despite effective safeguarding practices, data from March 2025 showed significant Deprivation of Liberty Safeguards (DoLS) application backlogs, with an average wait time of 285 days and a maximum of 1,407 days. At the time, 427 people awaited assessments. The local authority informed us of further improvements following the assessment, prior to the publication of this report.

Responding to local safeguarding risks and issues

The local authority responded to safeguarding risks with structured systems and ongoing learning. To strengthen safeguarding practices, Safeguarding Adult Review (SAR) learning was shared through provider forums, roundtable discussions, and the Safeguarding Partnershp's email updates. A provider practice survey was scheduled for analysis in April 2025 to evaluate improvements.

There was oversight of safeguarding, focusing particularly on self-neglect cases. The Transitions Team incorporated SAR learning into its approach, especially regarding mental capacity and cases involving people under 18. Monthly meetings within the Safeguarding Adults Team ensured policy updates were reflected in practice. One SAR led to the formation of a learning group, fostering reflective supervision and staff briefings. Additionally, a Quality Assurance subgroup, chaired by the Independent Representative, focused on implementing necessary safeguarding changes.

A newly launched tool for the SSP Board enabled real-time tracking of safeguarding progress, replacing the previous dashboard. Integrated health metrics monitored statutory safeguarding functions, policy implementation, and risk trends. The Market Quality Assurance and Risk Management process facilitated strong collaboration between MASH and the Quality Team, with weekly monitoring of safeguarding concerns.

A peer review in December 2023 assessed Adult Social Care's safeguarding practices, recognising effective learning dissemination and multi-agency collaboration. There was a dual Safeguarding Board structure, incorporating both children and adults safeguarding. The local authority informed us that in 2024-2025 they had progressed and closed 21 SAR actions across seven reviews, with one action remaining active.

The Safeguarding Partnership Assurance, Audit & Case Review Action Tracker introduced a structured approach to tracking SAR recommendations, detailing responsible people and completion timelines. The Market Quality Assurance and Risk Management process facilitated collaboration between MASH and the Quality Team, ensuring safeguarding concerns were identified and addressed through weekly reviews. While SAR learning was widely shared, there was mixed feedback on its implementation. Some staff reported not receiving learning, briefings or discussions on SAR cases. Partners reported mixed experiences, with some confirming regular safeguarding meetings while others said they were not involved.

Reports identified shortages in trauma-informed support for women and a rise in domestic abuse and trauma-related cases. The local authority had conducted a SAR on cuckooing and recognised its emergence as a safeguarding concern. The SSP Multiagency Policy and Guidance on Responding to Self-Neglect (June 2024) outlined intervention principles for severe self-neglect cases, incorporating a Self-Neglect Welfare and Safety Plan to ensure person-centred approaches. The SSP Quality Assurance Framework (2024-2025) prioritised audit-based learning, ensuring safeguarding improvements were systematically reviewed. Some work had taken place to address these concerns, such as a new domestic abuse service which started in October 24 and a therapeutic specialist joining the Live Well service to support people with neglect and hoarding.

Responding to concerns and undertaking Section 42 enquiries

The local authority had a structured approach to Section 42 (s42) enquiries, ensuring clarity in criteria and consistent application, though some challenges remained in feedback and oversight. There was, however, a clear complaints policy and a specific safeguarding partner escalation policy.

The Initial Contact Team managed initial safeguarding screenings, immediately reviewing referrals before escalating cases to MASH if they met the criteria. The Safeguarding Adults Team followed a structured intake model. If MASH determined a case warranted an s42 enquiry, it was assigned to a community team if the individual already had an allocated worker, otherwise it was managed by the central Safeguarding team.

Clear protocols ensured consistency in handling s42 enquiries. New care home Registered Managers were required to attend training sessions if a safeguarding referral involved their care setting, reinforcing understanding. For s42 enquiries, intelligence gathering extended to GPs and hospitals and involved thorough risk assessments. The local authority strengthened safeguarding safety plans through regular audits and social worker training.

Safeguarding referral data from November 2023-2024 showed a median wait time of 1 day, with a maximum wait of 7 days. For s42 enquiries, the median completion time was 20 days, with a maximum of 285 days across 687 cases. Improvements included an s42 checklist implemented in October 2024, which required a manager sign-off and updates for referrers. However, partners noted inconsistencies in the communication of safeguarding outcomes, despite solutions introduced to address transparency. Some reported regular safeguarding meetings, while others experienced gaps in feedback following investigations.

The Threshold Guidance standardised safeguarding decision-making across agencies, ensuring a uniform approach to risk assessment. The MASH Standard Operating Procedures (2024) outlined screening protocols, enquiry procedures, and s42 actions, complemented by visual process diagrams. The Adult Safeguarding Policy Guidance reinforced multi-agency safeguarding responsibilities under the Care Act 2014.

The local authority had improved s42 enquiry turnaround times, completing 78% of cases within two weeks. As of November 2024, the average wait for an enquiry was three days, with a maximum wait of 52 days and there were no waiting lists for initial safeguarding reviews. By March 2024 the maximum wait was 3 days.

Making safeguarding personal

The local authority demonstrated efforts to make safeguarding personal, ensuring people's voices were heard and their circumstances considered, though some gaps remained in advocacy. Staff engaged with people to ensure their voices were captured in assessments, particularly in cases involving people who lacked capacity. Strong links with contracted advocacy organisations reinforced Making Safeguarding Personal (MSP) principles. Staff said they created safe environments for service users, such as meeting a young person in a setting where they felt most comfortable. These person-centred approaches fostered trust and encouraged open discussions on safeguarding needs.

The local authority gathered feedback through their survey at the end of safeguarding interventions. There had been work done to adapt this survey for Section 42 enquiries, further embedding person-centred safeguarding practices. Partners acknowledged these initiatives as positive steps in MSP implementation. National data showed, however, only 51.11% of people lacking capacity were supported by an advocate, family member, or friend, much lower than the national average of 83.38% (SAC 2023-2024). This highlighted a need for strengthened advocacy provisions to ensure those unable to express their views independently received appropriate support. Since the assessment, the local authority told us referrals to advocacy during the safeguarding process had seen a significant increase. In 24/25 86% of adults who lacked capacity were supported by an advocate during the safeguarding process.

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: 3

3 - Evidence shows a good standard

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

The local authority demonstrated robust governance, leadership, and risk management, fostered a collaborative culture, with transparent decision-making. Oversight and strong leadership and accountability were evident. Governance, accountability and risk management processes were in place.

The leadership team emphasised its person-centred approach and commitment to independent living and this leadership was evident throughout staff teams. They benefited from political support and cross-party collaboration, ensuring effective strategic governance, scrutiny and oversight. New leadership arrangements in 2023 had generated new appointments and work to create stability by focusing on reducing staff turnover reduction, permanent role conversions, and career progression investments.

Leadership fostered dual responsibility and partnerships across Adult Social Care and the NHS, ensuring public health integration in commissioning. Leaders regularly engaged in joint forums, leveraging data-driven decision-making to reinforce service alignment. The Health and Wellbeing Board (HWB) leadership positioned HWB as a central policy driver, addressing inequalities. Integration efforts focused on unifying priorities and positive outcomes of this had been seen in its Home First work, for example.

Managers reviewed caseloads regularly and ensured Newly Qualified Social Workers (NQSW's) undertaking the ASYE programme held appropriate caseloads. Supervision conversations remained open, providing consistent managerial support across departments. The corporate risk register was scrutinised, ensuring follow-up transparency. The local authority had introduced a dashboard to track key safeguarding indicators, which was intended to help provide live information to the Safeguarding Partnership.

Escalation meetings, chaired by senior managers, addressed risks in brokerage, contracts, quality assurance, and service planning. Monthly quality and risk management meetings involved CQC, health, fire services, and social care partners, ensuring oversight. Fortnightly risk reviews used a provider risk matrix to inform strategic decisions. Governance meetings were scheduled monthly, aligning with the Adults Quality Assurance Framework to reinforce compliance across in-house and commissioned services. The Adult Services Operations Governance structure, last updated in November 2024, outlined existing forums, leadership roles, and meeting purposes. Leaders led case audits, thematic analysis, improvement plans, and quarterly Adults Practice Quality Forum sessions. Regular performance updates and governance meetings ensured compliance, service quality, and improvement actions.

There were monthly finance oversight meetings, analysing the impact of commissioning and brokerage on Adult Social Care's financial position. Weekly meetings oversaw placements in high-cost settings so they were only approved in exceptional circumstances.

The Adult Services Risk Register (November 2024) identified 13 risks, detailing mitigation actions and review processes. Data support had introduced weekly 'waiting well' reports, offering insight into people waiting and allowing better risk prioritisation. SARs were added to the executive risk register, with planned actions split into 3, 6, and 12-month phases, though completion remained pending.

The senior leadership team fostered an open and responsive culture, ensuring approachability for staff. Teams avoided silo working, maintaining strong interdepartmental relationships. Monthly staff drop-ins encouraged informal discussions, reinforcing leadership visibility and employee communication. The local authority retained dedicated staff, continuing to deliver strong service outcomes.

Teams cultivated a supportive work environment. The mental health team for example had transitioned locum staff into permanent roles and reinforced peer collaboration. This supported service sustainability and continuity. The Transitions Team was fully resourced and managed transitions with structured processes, ensuring timely case resolution.

Governance, leadership, and risk management within the local authority were structured, collaborative, and improvement-focused, ensuring multi-agency integration, workforce development, and safeguarding oversight.

Strategic planning

The local authority demonstrated a structured and evolving approach to strategic planning, focusing on service integration, risk management, and long-term development. The Swindon Plan set overall local authority objectives to reduce disadvantage, improve financial equity, and address disparities in life expectancy and social justice.

The Adult Services Commissioning Strategy (2025-2028) was in progress, reviewing mental health and learning disability provisions to identify gaps. Work on intergenerational Extra Care models was underway. The Adult Services Strategy (2024-2029), developed with health, police, and social care sectors, aligned with the Health and Wellbeing Strategy (2023-2033) to improve health outcomes. The Adult Workforce Strategy (2024-2027) focused on staff recruitment, retention, and career progression to meet workforce challenges in the area and maintain sufficient capacity. Apprenticeship programs supported the internal workforce development, while workforce priorities emphasised well-being, training, and leadership development.

The local authority's scrutiny structure was streamlined, consolidating seven committees into five, with Adult Social Care scrutiny placed with the Children's and Education agenda. This duality was mirrored in the Safeguarding Partnership and in the Emergency Duty Team. The local authority had undertaken significant work over the last two years in children's services, following an Inadequate rating in its Ofsted inspection.

While the Learning Disability Partnership Board contributed to future service discussions, some partners said they felt there was limited co-production involvement in the Learning Disability Strategy. Other partners emphasised the need for stronger joint commissioning between the Integrated Care Board (ICB) and the local authority. The Bath Swindon and Wiltshire (BSW) Mental Health Strategy (2024-2029) was overseen by the Bath, North East Somerset, Swindon, and Wiltshire Mental Health Strategic Programme Group. Technology partnerships with another local authority supported Technology Enabled Care (TEC). An Artificial Intelligence (AI) ethics policy was set for rollout, reflecting ongoing efforts toward digital transformation and innovation.

Information security

The local authority used data across the system to assess and manage risk, integrating it into team operations, forums, and quarterly leadership meetings. Data was used strategically and meaningfully in practice. The local authority developed pathways and systems to gather local data, informing strategic planning appropriately. Weekly data reports updated teams on waiting times, while managers could request additional reports as needed. They also had live oversight of case data through the local authority's electronic case management system.

Data supported workforce management, with Human Resources staff participating in quarterly meetings to discuss capacity, sickness levels, and training needs. Frequent data sharing provided Adult Social Care teams with a comprehensive view of their performance, aiding planning. Staff had direct access to caseload monitoring, improving case management efficiency. Core data sets fed into strategic decisions and business planning, enabling the local authority to evaluate impact and outcomes for the people they supported.

Staff described key systems used for case and financial management. Brokerage staff relied on the case management system, while another electronic system was used by the brokerage team to verify invoice payments. The Mental Health Team accessed the system used by the community NHS mental health teams, with AMHPs granted full access for urgent and crisis work, though general staff had read-only permissions for security reasons. Intermediate services used systems at the acute hospital for secure access to confidential records and data management. The NHS Mental Health Trust and the local authority had an agreement covering social work staff access to the Trust's mental health electronic patient record system for timely and secure information sharing.

There was direct access to multiple case management systems, including mental health trust records, the lead home-care provider's system, and the Carers Centre's data platform. Governance, support, and guidance was centrally managed by the council IT service desk.

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

The local authority demonstrated continuous learning, improvement, and professional development through structured workforce initiatives, robust quality assurance frameworks, and staff training, development and engagement programs.

The local authority invested in workforce growth through apprenticeships, ASYE programs, and practice educator training and also allowed their internal regulated service staff to apply for social work apprenticeships. Specialist training, including autism and cultural awareness courses, reinforced trauma-informed practice and sensory impairment learning, were provided and readily available. The Equality, Diversity, and Inclusion (EDI) Training Suite had introduced mandatory annual training, reinforcing staff awareness on inclusion practices. A study on dementia in people with learning disabilities from ethnic minority communities had involved workshops, task groups, and unpaid carer interviews, assessing care pathways. An action plan had been drafted to improve dementia support for neurodiverse and culturally diverse communities.

Leaders had introduced direct practice and supervision observations, which involved staff and service user feedback, reinforcing reflective practice. Leaders hosted 'All Ears' meetings, ensuring staff voices were heard. A recent OT survey had shown positive feedback, which had been shared and celebrated internally. An occupational therapy-led Care Act Review Team pilot was scheduled for April 2025 and aimed to assess service timeliness improvements.

The Quality Assurance (QA) framework had changed from single-form reviews to six-month case journeys which had improved the assurance process by tracking handover practices and service user experiences. Each team had monthly case audits which were assessed, RAG-rated and escalated through senior forums for assurance and improvement. The Mental Health Team strengthened reflective practice through case supervision, enhancing strength-based conversations and outcome recording.

A quarterly Practice Quality Forum, introduced in November 2024, provided a platform for complaint data analysis, best practice sharing, and training identification. Topics included exploitation, cuckooing, and strategies for engaging people refusing services. The Supervision Development Program, launched in September 2023, targeted Advanced Social Workers and OTs, aligning with Post-Qualifying Standards for Social Work Practice Supervisors. For three consecutive years, adult social care reported the highest support levels in annual staff surveys. A monthly staff call with over 600 attendees fostered team collaboration and workplace recognition, reinforcing a positive culture. The 'Kit Kat Award' celebrated internal innovation and performance.

Following a peer review, leaders acknowledged data team capacity gaps, prompting the appointment of a Transformation Director to enhance data intelligence and leadership. AI ethics policies were set for rollout, and technology partnerships were developed, although shared records were still in progress.

People said the 'Let's Talk Swindon' sessions, led by political and senior executive leaders had been effective in consulting and engaging with people. However, partners raised concerns over VCSE communication and involvement. Other partners commended co-production efforts but said feedback mechanisms required stronger integration into service improvement. There was a co-production work stream which was fairly recent, but demonstrated clear commitment from leaders and staff to co-produce with people who need care and support.

The 2024 People Manager Survey revealed that while 90% of staff received regular supervision, only 59% completed a performance development review in the past year, highlighting the need to improve performance development review (PDR) completion rates. The local authority embedded continuous learning, innovation, and workforce development into its professional practice. Staff said there was an excellent level of training and support for their development. Following our assessment the local authority told us the performance development review completion for 2025 had increased to 81%.

Learning from feedback

One Local Government and Social Care Ombudsman complaint in the last 12 months had exposed failures in a capacity assessment and safeguarding investigation, leaving a person at risk for eight months. The local authority's delayed response had taken 30 days instead of 10 which led to an apology and financial compensation.

The My Care My View survey had led to improvements in feedback accessibility, offering both online and paper forms. Leaders said people's feedback directly shaped team plans. The Emerging Technology Team had worked with experts by experience to develop AI-generated easy-read documents, ensuring inclusive decision-making. Following provider feedback, the local authority had adjusted its supported living framework to better accommodate complex needs.

The local authority had coproduced a supported living tender with people with learning disabilities and mental health conditions. A Preventative Tech project had launched in 2024, introducing sensors to assist people navigating public transport, promoting independence without caregivers which involved a review process, involving case studies. To address concerns from people with lived experience, providers and local authority staff had organised an event under the National Stay Up Late campaign, which had led to the creation of monthly activities under 'Make It Happen Swindon', attracting 120–150 attendees.

Findings from a LGA (Local Government Association) peer review had highlighted areas for improvement, including better co-production, clearer unpaid carer identification, improved risk recording beyond safeguarding cases, and a stronger focus on Equality, Diversity & Inclusion. There was evidence of improvement and learning activity having taken place as a result of the peer review.
