Adult Social Care Care Quality Commission Self-Assessment

APRIL 2026

Improving your Care

West Berkshire Council

Contents

"Oh yes, they helped me, it is not easy coming out of hospital in your eighties and you have some problems. You know they came in and they made me walk, that helped me. They were lovely, every one of them was cheerful. The service was fantastic; they were absolutely super-duper. It was an enormous benefit to me, and they got me back on the rails you could say".

A Reablement customer

1. Overview and Executive Summary

West Berkshire Council was pleased to receive a 'Good' rating for our last Care Quality Commission (CQC) assessment. As well as providing an opportunity to celebrate the good outcomes for the people who draw on our care and support, it also helped us to focus on areas which need to improve. Good progress has been made against almost all key areas identified at the time, and we have also been able to move forward significantly on new areas to make the most of emerging opportunities and innovation.

We are also very pleased to note the good results from our latest data release relating to the Adult Social Care Outcomes Framework (ASCOF). This shows a great deal of positive outcomes driven by the hard work and dedication of our workforce. We are committed to building on this strong performance and addressing any deficits.

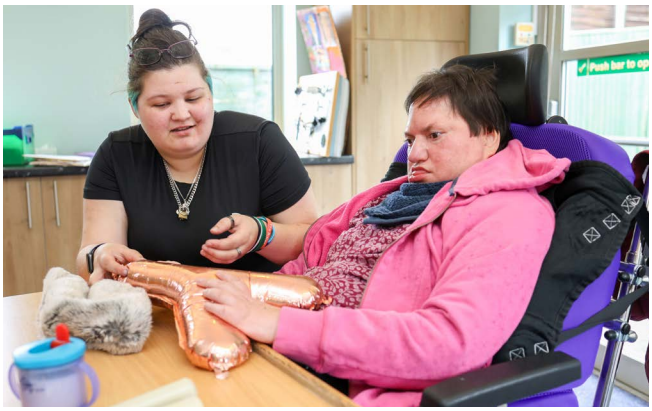
We are lucky that West Berkshire is an excellent place to live with a mostly healthy and affluent population. Small pockets of deprivation exist, and we are strongly committed to addressing the impact of that deprivation alongside our colleagues and partners. Our ageing population is testament to the opportunities in the district to live a long and healthy life.

We have extremely strong relationships with a whole range of key partners, and we recognise entirely that we can achieve more when we work together. This includes both formal and informal arrangements across multiple priority areas.

We work within clear and robust arrangements relating to governance and accountability, with good oversight from our Executive Leadership team and our Elected Members.

Governance arrangements have been strengthened by the establishment of a dedicated Health and Adult Social Care Scrutiny Committee. We also benefit from an engaged and experienced elected member whose Portfolio includes Public Health.

We are committed to ensuring that we have a skilled, motivated and well supported workforce with a positive culture. Our evidence base gives us strong assurance that our people are enthusiastic about their work and highly effective at what they do.



We are committed to listening to the people who draw on our care and support, and to ensuring that our services reflect both their needs and their preferences. We have introduced improved systems to collect their feedback and adapt services accordingly. We have undertaken targeted work with key groups, including carers and those who might struggle to access services for a variety of reasons. We are committed to working in a Preventative approach to achieve better outcomes for people and to better manage our available resources.

We are a confident and ambitious Adult Social Care department working alongside equally skilled colleagues across Commissioning, Housing, Public Health and beyond.

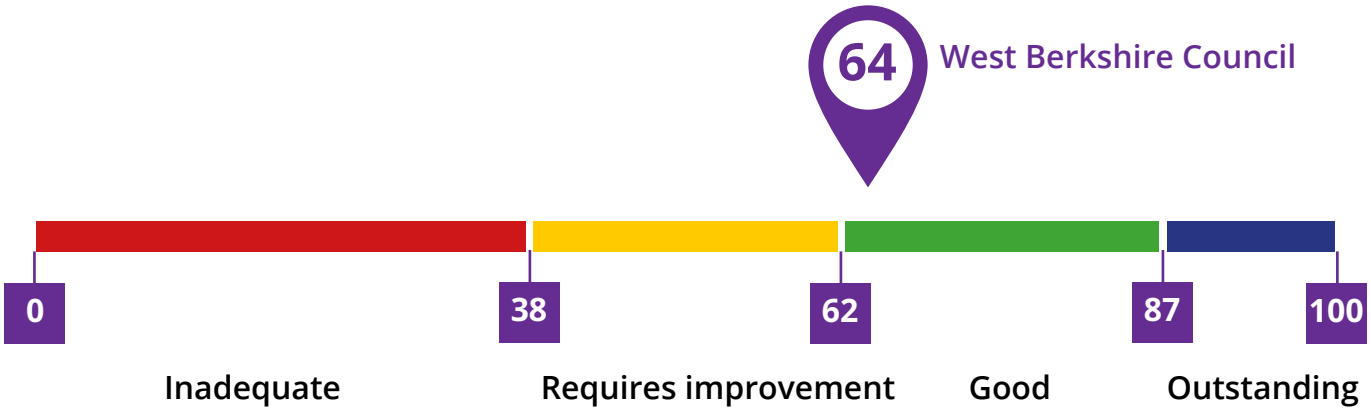
2. Our last CQC report

West Berkshire Council received notification in December 2023 of a planned CQC Assessment. The on-site visits took place in February 2024, and the final report was published 17th May 2024.

The Assessment process was a positive one, and the report was accepted without challenge.

The summary findings of the 2024 report were as follows:

The overall rating was **Good** with a score of **64**.



Quality Statement scores were as follows:

Assessing needs	Score: 3	
Supporting people to lead healthier lives	Score: 2	
Equity in experience and outcomes	Score: 2	
Care provision, integration and continuity	Score: 2	
Partnerships and communities	Score: 2	
Safe pathways, systems and transitions	Score: 3	
Safeguarding	Score: 3	
Governance, management and sustainability	Score: 3	
Learning, improvement and innovation	Score: 3	

The Assessment gave council staff an excellent opportunity to reflect on the positive work being undertaken, celebrate good outcomes and identify opportunities for future improvement. Staff feedback was that the assessment activity had been well received and was conducted in a respectful and positive way.

The report was taken through the council's governance cycle, which provided further opportunities to increase wider understanding of the work being delivered within council services. It was accompanied by an action plan to take forward improvements in line with the report findings. Updates on the delivery of the plan have been taken to the Health and Adult Social Care Scrutiny Committee, which was formed partly in response to the report's recommendations regarding governance and oversight.

A summary of the issues raised in the 2024 Assurance report is provided here:

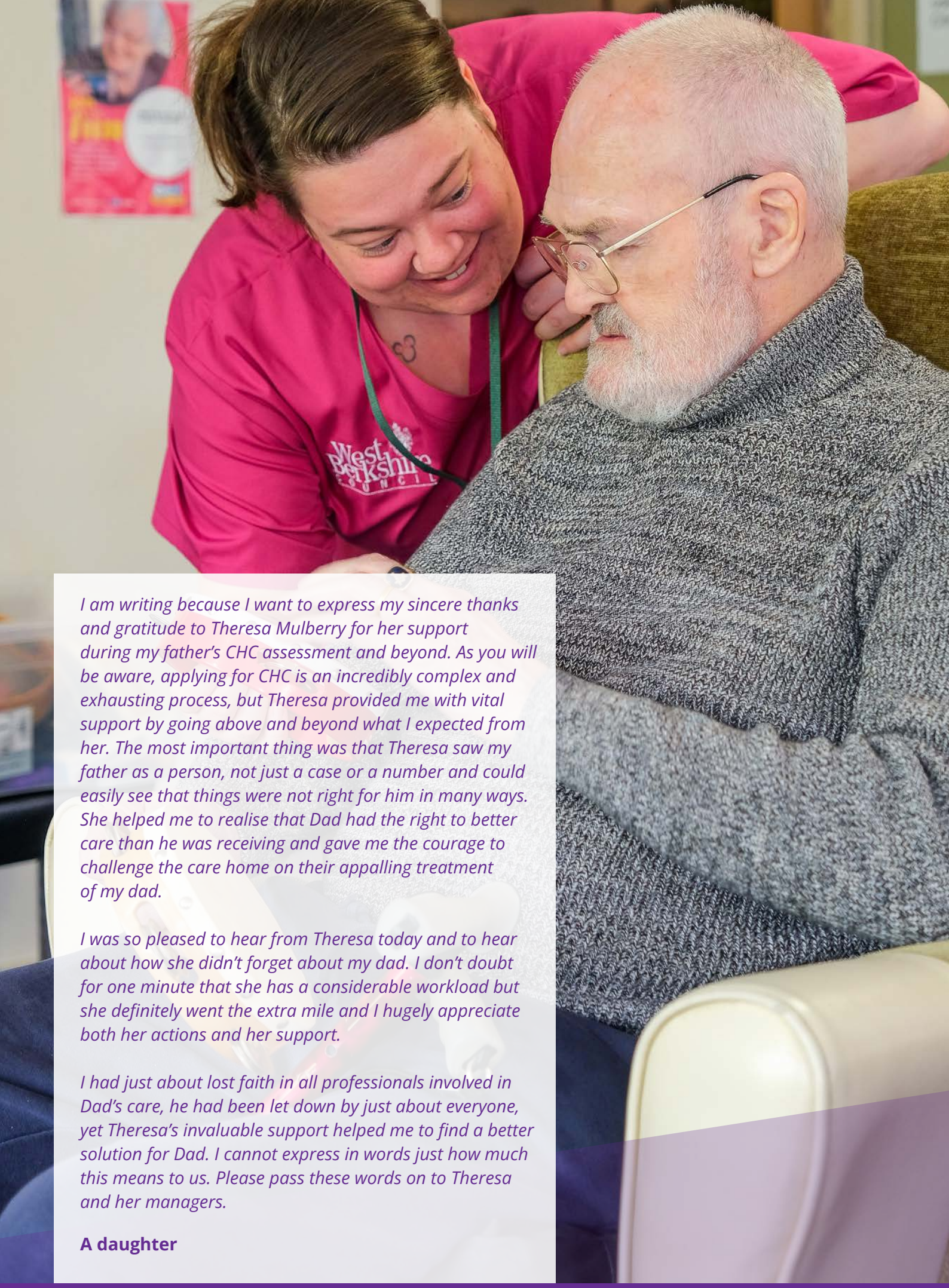
Issue	Action	Action	
Some online resources were 'clunky' and not accessible to all.	Review relevant pages; engage with user groups to seek feedback; identify and implement improvements.	All ASC webpages were reviewed using co-production with groups of users and changes made including making the pages more accessible, in plain English and easier to navigate.	
Some carers not aware of available support.	Develop guidance notes for social care staff; deliver briefing sessions.	Delivered briefing sessions for staff to raise awareness; web pages reviewed; new online self-referral for carers developed using co-production model.	
Some barriers to access for people in rural communities.	Review resources; liaise with community centres/ libraries and other community resources. Print and distribute documents identified through the review process.	New 'Let's Talk' programme instituted to provide outreach into communities. Printed documents distributed to key locations.	
There was a low number of people using direct payments. There was also a backlog in the waiting time for reviews of direct payments.	Task group has been identified and is following up on advice provided by the Local Government Association. The Task group will identify measures which are likely to include changes to staffing structure and system.	LGA/PCH review took place and provided advice. The team has been increased in size with a view to changing processes. There has not yet been a change in the numbers, and this remains an area of focus.	

There were negative trends in the data for the number of people who have short term care (reablement) that becomes long term.	Detailed review and analysis of the data will be undertaken. Insights will be shared with the Service Director/s of Adult Social care for them to identify associated actions.	Our threshold for accessing Reablement is low, as we deliberately want to offer this service to a large group of people where we think there may be benefit. This performance indicator is likely to change as a result of changes to the Health contractual arrangements.	
More focus needed to be placed on measuring impact and savings of preventative work for example, which could improve outcomes for individuals as well as help reduce future costs of an aging population and address the high numbers of working aged people with long term care needs.	Detailed review and analysis of the data will be undertaken. Insights will be shared with the Service Director/s of Adult Social Care for them to identify associated actions.	A briefing paper was shared with the Executive group to set out the range of prevention activities and the benefits across the system. Additionally, an updated Prevention Strategy is in development in conjunction with the Integrated Care Board and Public Health colleagues. This will set out the measures of impact.	
Consideration needs to be given to better understanding of the data, demographics and population need, particularly at community level.	Detailed review and analysis of the data will be undertaken. Insights will be shared with the Executive Director for People (Adults) for action.	We now have an updated Joint Strategic Needs Assessment as well as a refreshed Market Position Statement. A detailed Mental Health Needs Assessment has also been undertaken.	
Care largely delivered through traditional models of care such as care homes, nursing homes and home care.	Review Market Shaping/ Commissioning arrangements to identify resource requirements and improved approaches.	A refreshed Market Position Statement has been published, and work has begun to change the relationship between the Commissioning function and the provider market. A 'Business Partner' model is being developed.	

Further work was needed with partners to work toward joint commissioning, this included ongoing work with the integrated care board in relation to Continuing Health Care funding.	Review Market Shaping/ Commissioning arrangements to identify resource requirements and improved approaches.	Changes in the Integrated Care Board, including the need for them to very significantly reduce their operating costs, have made this difficult to progress. Some progress has been made on the pathway for CHC casework.	
The local authority needed to do more work in collaboration with people and partners to promote and support innovative and new ways of working to improve people's social care experience and outcomes.	Review Market Shaping/ Commissioning arrangements to identify resource requirements and improved approaches	We have had several reviews by the LGA, including Review of Leadership, Review of Workforce Strategy and Information and Advice Maturity assessment. The Market position Statement has been refreshed to invite new partnerships. External expertise (Triple Value Impact) has been brought in to support innovation in the way that we meet needs. The new Memorandum of understanding with the voluntary sector supports better partnership working. Swift have advised on our in-house care home provision.	
Partly because of the Covid-19 pandemic some of the goals and aspirations of previous strategies had not been met.	Review Market Shaping/ Commissioning arrangements to identify resource requirements and improved approaches	An ongoing review by the ASC Management team of processes/ procedures/ policies and strategies continues to review and adjust appropriately. Issues are raised with partners as appropriate.	
The local authority had identified they needed to develop their work with the voluntary sector as well as embed co-production across the authority.	Develop a Memorandum of Understanding with the voluntary sector which reflects the report.	A Memorandum of Understanding has been agreed and adopted; it was developed collaboratively and has led to higher levels of engagement with the sector. We have undertaken more co-productive activities (e.g. web page review/ Carer self-assessment.	

The report identified a lack of clarity on the action taken by the local authority in relation to addressing equality issues and said better communication in this area was required.	Ensure that ASC supports the delivery of the EDI framework.	A range of forums and activities support this issue. The publication of an updated JSNA provides good data. The Let's Talk programme provides better access to council services. The Carers Group/ Autism Partnership Board/ Learning Disability Partnership Board support better services to key groups. Targeted interventions on high-risk groups and places (e.g. the racing community) have been delivered. The Target Priority Group meeting co-ordinates our work with people with overlapping needs. More still needs to be done.	
Assessment and care planning arrangements were not always timely and up to date. Some people were waiting a long time for assessment.	Issue to be kept under review and addressed using insight from Local Government Association consultant	The LGA review helped to identify the best approach and training was delivered on the back of their findings. This target has been impeded by the insolvency of our Community Equipment Provider and issues with our case management system, both of which are being managed.	
Advocacy support was not always immediately available which meant people had to wait which resulted in delays to assessments.	Commissioning arrangements to be reviewed.	Performance monitoring arrangements have been improved. These included some focus on IMCA functions for nearby secure unit. Performance is much improved following an initial period of challenge.	
Voluntary sector carers organisation felt they could be used more in service development.	Engage with service providers and agree future arrangements	A new Carers Strategy has been written in collaboration with the Carers Group which includes voluntary sector providers.	

One way communication with the voluntary sector with missed opportunities for joint-working.	Develop a Memorandum of Understanding with the voluntary sector which reflects the report. Review the approach to voluntary sector commissioning.	A memorandum of understanding has now been adopted with representatives of the voluntary sector. This has been accompanied by improved engagement and representation.	
Small care quality team with concerns about resourcing.	Review the care quality function and resources.	The team has been reviewed. No changes were made to staffing levels.	
Measurement of impact beyond the BCF and hospital discharge was limited as there was still work to be done to develop impactful partnership working with fully integrated joint commissioning across health and care.	Review data monitoring arrangements; maximise impact of Locality Integration Board.	The new Client Level Dataset is supporting better understanding of volumes, performance and impact. Work has been undertaken in partnership with the ICB on Neighbourhoods and Prevention. The LGA Review of the Health and Wellbeing Board will support more impactful interventions.	
Members understood their roles but were still in the process of learning the detail.	Provide additional support, advice and information to relevant members, notably the Portfolio Holder for Adult Social Care and the chairs for the Scrutiny Commission/ Health Scrutiny.	New Health and Adult Social Care Scrutiny Committee has formed and reviewed multiple items regarding Adult Social care. Regular briefings for Portfolio Holder continue.	



I am writing because I want to express my sincere thanks and gratitude to Theresa Mulberry for her support during my father's CHC assessment and beyond. As you will be aware, applying for CHC is an incredibly complex and exhausting process, but Theresa provided me with vital support by going above and beyond what I expected from her. The most important thing was that Theresa saw my father as a person, not just a case or a number and could easily see that things were not right for him in many ways. She helped me to realise that Dad had the right to better care than he was receiving and gave me the courage to challenge the care home on their appalling treatment of my dad.

I was so pleased to hear from Theresa today and to hear about how she didn't forget about my dad. I don't doubt for one minute that she has a considerable workload but she definitely went the extra mile and I hugely appreciate both her actions and her support.

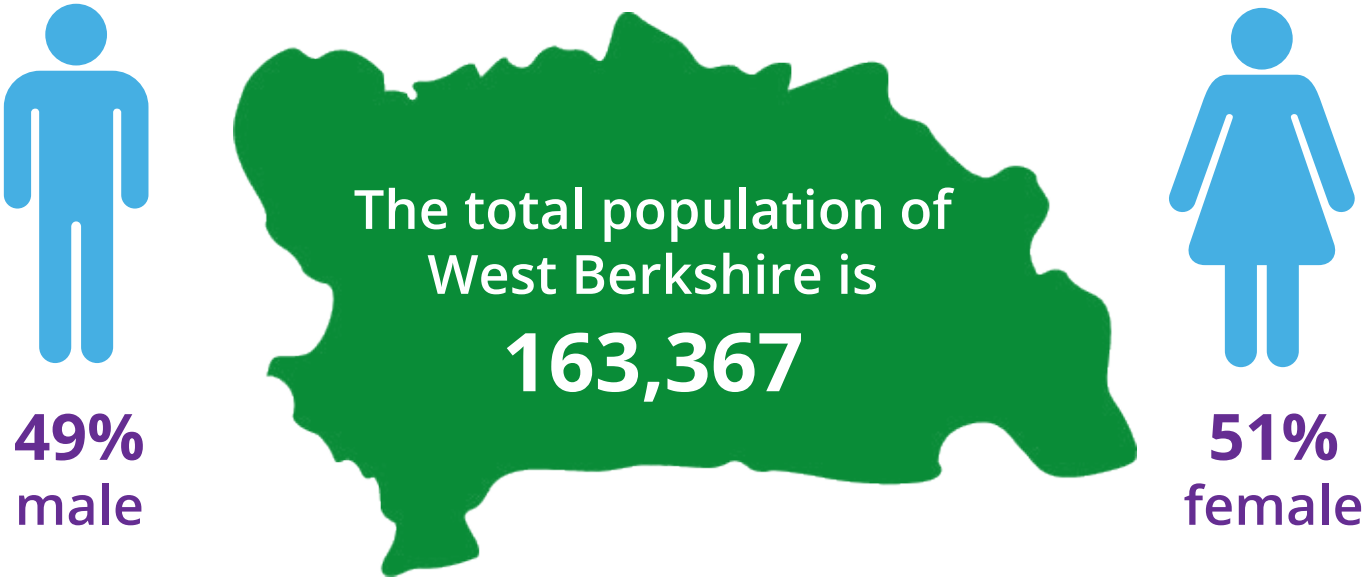
I had just about lost faith in all professionals involved in Dad's care, he had been let down by just about everyone, yet Theresa's invaluable support helped me to find a better solution for Dad. I cannot express in words just how much this means to us. Please pass these words on to Theresa and her managers.

A daughter

3. About West Berkshire

Our place and people

West Berkshire is an excellent place to live, with strong indicators relating to health, living standards and satisfaction

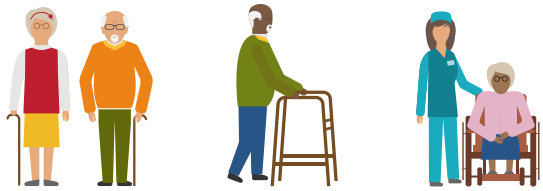


Age range

95,185
of the populations are aged 18-64

32,857
of the population are aged 65+

In the latest census 2011 to 2021, there was an increase of
33.8%
in people aged 65 and over in West Berkshire.



The geography is mainly rural, with a few centres of population, e.g. Newbury, Hungerford & Thatcham. There are good transport links including the M4/ A34 and rail. A fuller description of the district is available here and a summary of key elements is below.

Your district in facts and figures - West Berkshire Council

The population is relatively affluent and healthy. 2025 data showed that West Berkshire is one of the least deprived areas in the country ranked at 257 on the Index of Multiple deprivation (where 1 is high).

Local Deprivation Explorer - Download all data

There are, of course, pockets of deprivation and this deprivation can be particularly impactful on people when located within relative affluence. Adult Social Care has an important role to play in mitigating the impacts of deprivation, alongside partners.

The district has relatively high numbers of older adults, and this is the main area of growth over recent years. The number of people aged 65 to 74 years rose by around 4,100 (an increase of 31.7%), while the number of residents between 35 and 49 years fell by around 4,000 (11.2% decrease). The over 90 population increased by 23%.

In many ways, this growth is a positive story, showing that West Berkshire residents are able to live long lives and that services make the district an attractive place to live for older adults. It does, of course, create additional demand on services.

In 2021, 50.9% of West Berkshire residents described their health as "very good".

In 2021, 91.9% of people in West Berkshire identified their ethnic group within the "White" category (compared with 94.8% in 2011). The relatively low numbers of people coming from a global majority ethnicity can make it challenging to tailor services accordingly, but on a positive note the adult social care workforce is more ethnically diverse than the local population.

There is a positive job density in the district (i.e. there are more jobs than there are people). This is a good position, although it does create challenges for social care employers. Additionally, the cost of housing is high, again making it difficult to attract people into the district in relatively low paid roles.

Our council

West Berkshire Council (WBC) is a Unitary Authority in the South East of England. There is a strong Liberal Democrat majority following the local elections in May 2023.

A new Council Strategy was agreed in October 2023.
Council Strategy 2023-2027 - West Berkshire Council

The strategic approach seeks to reduce silo working and priorities all have a crosscutting quality. One priority – 'A Fairer West Berkshire with Opportunities for All' has particular relevance to Adult Social Care, but others are also relevant (e.g. 'Thriving Communities with a strong local voice').

There is a strong culture of delivering high quality performance across multiple services and engaging proactively with the local population. Governance oversight is effective and informed by external review (e.g. Local Government Association, Chartered Institute of Public Finance and Accountancy, etc.). The financial context is challenging, and the council is in receipt of Exceptional Financial Support as are many other Upper Tier and Unitary councils.

Our local partners

The council is committed to effective partnership working across all key areas.

West Berkshire sits within the newly formed Thames Valley Integrated Care System (ICS). Previously, we sat in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS. The Thames Valley ICS will need time to form up and develop effective working relationships but there is already a well-established culture of joint working across the patch. We work collaboratively with Acute (primarily Royal Berkshire Hospital, Great Western Hospital and North Hampshire Hospital) and Community services (primarily Berkshire Healthcare Foundation Trust).

We have an agreed Health and Wellbeing Strategy across the Berkshire West geography (which includes Reading Borough Council and Wokingham District Council). The Priorities are to:

- Reduce the differences in health between different groups of people.
- Support individuals at high risk of bad health outcomes to live healthy lives.
- Help families and children in early years.
- Promote good mental health and wellbeing for all children and young people.
- Promote good mental health and wellbeing for all adults.

Berkshire West Health and Wellbeing Strategy 2021-2030 - West Berkshire Council

We have an effective Health and Wellbeing Board, which has recently been reviewed by the Local Government Association with a focus on making the Board more impactful. There was good engagement in the review with a clear improvement plan.

The Locality Integration Board is a sub-group of that Board and supports further partnership work across Adult Social Care, Health, the Voluntary Sector and so on.

We aspire to have an improved relationship with our voluntary sector and to that end we have developed a Memorandum of Understanding with key representatives of the sector.

Council and Voluntary Sector unite under Memorandum of Understanding - West Berkshire Council

From April 2026, West Berkshire established a new Safeguarding Adults Board (SAB), following withdrawal from the tri-borough Berkshire West SAB. This creates opportunities for a greater focus on our local population and the issues they face. We will continue to work collaboratively with neighbours to share learning and resources.

We work with Thames Valley Police, Royal Berkshire Fire and Rescue Service and others in a variety of forums including the Community Safety Partnership, Domestic Abuse Board, MAPPA meetings, etc.

I would like to pass on my sincere thanks and praise for one of your team as an end user of the adult social care service.

My wife and I have power of attorney for my mother and father in-law who unfortunately were placed into care during April 2025. Initially respite care and eventually permanent placements for both.

I have been liaising with Holly Gratton who has been a tremendous help in guiding and explaining us through the process from initial financial assessment at the end of 2024 and every step of their eventual full-time placement in during April 2025.

Holly has shown great empathy, patience and knowledge to help us throughout this difficult time and we felt reassured Holly had a full understanding of both parents' needs. This has been a great comfort to us knowing help was at hand.

Can you please pass on our sincere thanks to Holly for all the help over the last 6 months or so.

A family member

4. Activity and Performance

Volumes of activity in 2024/25

In 2024/25 we had the following demand picture:

- **8806** requests for support.
- **50.5%** of requests for support were resolved at first point of contact through provision of good information, advice and signposting.
- **737** Care Act assessments for long term support carried out.
- A further **1770** assessments for short term support (includes specialist assessments and assessments for equipment provision through our Trusted Assessors).
- **1676** reviews for individuals were completed.
- **40** individuals were successfully supported through transitions from Children's

Support for carers

- **1055** individuals were identified during 2024/25 supporting adults with care and support needs and/or receiving a carer's assessment.
- **146** carer's assessments carried out.
- **183** carers received services and a further **583** carers were provided with information advice and signposting.
- **123** carers received respite services

Short term services

- **565** people provided with supportive equipment to assist with daily living.
- **845** items of Technology Enabled Care (TEC) equipment provided.
- **265** people coming out of hospital; were supported with reablement services.

I am writing to you to express my deepest appreciation for the work that Jules does for TPH, and the team around her at WBC. TPH have 140 patients with acute, intensive, complex needs, and numerous daily Safeguarding issues.

However, Jules has been nothing but exceptional. She is committed, dedicated, hardworking and continuously has provided brilliant advice to TPH. I cannot express how absolutely lucky TPH are to have her working with us. I know she has great management support around her, which she has often stated.

Lead Forensic Social Worker

Adult Social Care Outcomes Framework (ASCOF)

West Berkshire Council performs well on most of the ASCOF indicators. The following reflects the report received in January 2026.

The high-level summary is as follows:

- 1st Quartile for 8 indicators
- 2nd Quartile for 6 indicators
- 3rd Quartile for 9 indicators
- 4th Quartile for 2 indicators

West Berkshire Council is in the top quartile for the following indicators:

- Carer-reported quality of life
- Overall satisfaction of carers with social services
- The proportion of people who receive long-term support who live in their home or with family, aged 18 to 64
- Proportion of carers who report that they have been included or consulted in discussion about the person they care for
- The proportion of S42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed
- Proportion of people who use services and who reported that they had as much social contact as they would like (service users)
- The proportion of staff in the formal care workforce leaving their role in the past 12 months
- The percentage of residential adult social care providers rated good or outstanding by CQC

We are very pleased to note this strong performance. It is particularly good to note the positive results relating to carers, where we have used a co-productive approach involving our voluntary sector partners and people with lived experience. It is also very reassuring to see the good outcomes in relation to keeping people safe.

Improved staff retention is the product of multiple factors, including a change to the remuneration package as well as improved communication and engagement approaches and the introduction of Magic Notes.

Of the two indicators in the 4th quartile, we recognise the weak performance relating to Direct Payments despite our efforts to improve. We believe changes will in due course improve performance. However, we have reservations about the indicator relating to Reablement. Our threshold for accessing Reablement is low, as we deliberately want to offer this service to a large group of people where we think there may be benefit. We will, nonetheless, look to make improvements. We also anticipate that our performance will improve significantly due to a change in the commissioning arrangements for reablement provided by external providers.

The full table is reproduced on the next page.

ASCOF - West Berkshire Council Performance over time / Ranking 2024-25

		Indicator	West Berks 2022/23	West Berks 2023/24	West Berks 2024/25	England 2024/25	LA Ranking 2024/25	Quartile 2024/25
Objective 1: Quality of Life	ASCOF 1A	Social care-related Quality of Life (out of 24)	19.3	19.8	19.2	19	63	2nd
	ASCOF 1B	Adjusted quality of life score based on responses to the ASC Survey	0.431	0.438	0.421	0.419	68	2nd
	ASCOF 1C	Carer-reported quality of life	No Carers Survey	7.6	No Carers Survey	No Carers Survey 7.3 in 2023/24	24 *(using 2023/24 results)*	**1st**
	ASCOF 1D	Proportion of service users who are extremely satisfied or very satisfied with their care and support	69.3	72.1	67.1	65.1	52	2nd
	ASCOF 1E	Overall satisfaction of carers with social services	No Carers Survey	44.9	No Carers Survey	No Carers Survey 36.7 in 203/24	24 *(using 2023/24 results)*	**1st**
Objective 2: Independence	ASCOF 2A	The proportion of people who received reablement during the year, who previously were not receiving services, where no further request was made for ongoing support			62.8	77.1	**116**	**4th**
	ASCOF 2B	The number of adults aged 18 to 64 whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 population	13.6 (13 new admissions)	9.5 (9 new admissions)	12.5 (12 new admissions)	17	45	2nd
	ASCOF 2C	The number of adults aged 65 and over whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 population	663.8 (211 new admissions)	648.3 (213 new admissions)	563.2 (189 new admissions)	592.5	63	2nd
	ASCOF 2D1	The proportion of people aged 65 and over discharged from hospital into reablement and who remained in the community within 12 weeks of discharge			60.3	60.7	**90**	**3rd**
	ASCOF 2D2	The proportion of people aged 65 and over discharged from hospital, who received reablement services			3.7	5.7	**90**	**3rd**
	ASCOF 2E	The proportion of people who receive long-term support with a learning disability, who live in their home or with family, aged 18 to 64	80.5	80.4	80.9	81.4	97	**3rd**
	ASCOF 2E (2a) *NEW for 2024/25*	The proportion of people who receive long-term support who live in their home or with family, aged 18 to 64			85.8	77.4	22	1st
	ASCOF 2E (2b) *NEW for 2024/25*	The proportion of people who receive long-term support who live in their home or with family, aged 65+			59.2	60.3	93	**3rd**
Objective 3: Empowerment - information and advice	ASCOF 3A	Proportion of People who use services who have control over their daily life	78.7	83.5	74.6	77.3	114	**3rd**
	ASCOF 3B	Proportion of carers who report that they have been included or consulted in discussion about the person they care for	No Carers Survey	74.7	No Carers Survey	No Carers Survey 66.4 in 2023/24	12 *(using 2023/24 results)*	1st
	ASCOF 3C1	Proportion of People Who Use Services Who Find It Easy to Find Information About Services (Users)	70.2	72.4	66.2	67.8	98	**3rd**
	ASCOF 3C2	The proportion of carers who find it easy to find information about support	No Carers Survey	61	No Carers Survey	No Carers Survey 59.1 in 2023/24	60 *(using 2023/24 results)*	2nd
	ASCOF 3D (1a)	The proportion of care users who receive self-directed support	99.9	99.3	98.4	82.4	83	3rd
	ASCOF 3D (2a)	The proportion of care users who receive direct payments	14	13	12	24.5	**147**	**4th**
Objective 4: Safety	ASCOF 4A	Proportion of people who use services who feel safe	73.9	75.8	70.5	70.1	77	3rd
	ASCOF 4B *NEW for 2024/25*	The proportion of S42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed			95.5	91.2	35	1st
Objective 5: Social	ASCOF 5A 1	Proportion of people who use services and who reported that they had as much social contact as they would like (service users)	41.9%	47.7%	49.4%	45.4%	26	1st
	ASCOF 5A 2	Proportion of **Carers** who use services, who reported that they had as much social contact as they would like (carers)	No Carers Survey	28.40%	No Carers Survey	No Carers Survey 30% in 2023/24	84 *(using 2023/24 results)*	3rd
Objective 6: Workforce	ASCOF 6A *NEW for 2024/25*	The proportion of staff in the formal care workforce leaving their role in the past 12 months			18.4	23.7	33	1st
	ASCOF 6B *NEW for 2024/25*	The percentage of residential adult social care providers rated good or outstanding by CQC			90.2	80	24	1st

5. Theme 1: How the Local Authority works with People

Our strengths

During the reporting year 2024/25, ASC received 7 times more compliments than complaints, indicating a positive impact on the majority of the people who drew on our care and support. Some of the compliments have been included in this report. Additionally, quality monitoring, including statutory surveys, indicate high levels of satisfaction from those we support. We take complaints very seriously and are able to resolve the great majority successfully. In 2024/25 only 1 complaint progressed to the LGSCO. There is very strong evidence that we achieve positive outcomes and that people have a high level of satisfaction with the service on offer.

Our Annual Complaints Report identified some areas for focus. Contextually, these were not always numerically significant, but they provide opportunities to improve our service and as a result they were highlighted for further work.

They were:

- Complaints about care planning/ staff response
- Complaints regarding the transition from Children's Services to ASC

In response, there was further training with staff relating to their care management work and investment in the Transitions Team to manage the levels of demand in terms of both volume and complexity.

We have undertaken a good amount of work to involve the people who use our services to help develop our offer. Our review of webpages drew on a very engaged user group, so we are more confident that they are fit for purpose. A selection of carers also supported us to develop an online carers' self-referral process, using innovation funding. We have introduced an improved 'feedback loop' so that people who have drawn on our care and support can let us know their experience.

We have also relaunched our Directory, and this is informed by user feedback too. In addition, we have introduced the West Berkshire Directory Champion Scheme, through which professional partners across the district receive training and support to enhance their ability to assist individuals who are isolated or not digitally connected. This ensures that residents who may otherwise experience barriers to accessing information are supported to find relevant services, resources, and community opportunities.

Co-production event for webpages

I have only this morning been singing praises that West Berkshire have met with us to help shape the adult social care website pages.

Alex Kaardal, Learning Disability Partnership Board

We continue to use the Three Conversations Practice Model, which focuses on people's strengths and seeks to reduce dependence on statutory services. We have delivered a round of refresher training for front-line staff, and the data indicates that the model is well understood and used.

Approximately 4% of people who approach us from the community (rather than hospital or through the Transitions pathway, for example) end up with a long-term service.

Improved and expanded audit activities provide reassurance that the model is being consistently applied. The model strongly encourages finding creative solutions which are co-produced with the person with care and support needs and their carer where applicable. It steers us away from a 'tick-box' approach driven only by statutory eligibility considerations.

Preventative approaches are at the heart of our work with people. This comes in many forms, starting with the above improved Information and Advice offer, as well as the Three Conversations model. It is complemented by active work with partners in the Voluntary and Community sector as well as with other providers such as our Leisure centres. We work closely with colleagues in the Communities team including their outreach model (Let's Talk) and Public Health (such as on our Community Wellness Outreach Service – more detail below).

We have worked hard to maintain our Community Equipment offer through a period of significant turbulence, always looking to reduce dependence and enhance people's ability to manage safely in their preferred setting. We are clear on the importance of preventative work in both achieving the best outcomes for people, managing the council's budget, and managing the impact on partner services such as Health.

Case example

Mrs W, an 83 year old woman living independently, was admitted to hospital with a urinary and kidney infection, alongside reduced cognition and abdominal pain. Following discharge, she required support with washing, dressing, mobility, and medication management due to reduced strength, unsteadiness, and short term memory difficulties. A reablement pathway with OT involvement was initiated to help her regain independence.

An OT assessment identified goals around personal care, medication management, and safe mobility, including returning to outdoor walking. Reablement practitioners supported Mrs W daily to rebuild confidence and functional ability. The OT liaised with her son regarding purchasing a four wheeled walker, arranging a hearing test, and monitoring medication. Strategies such as written prompts were reinforced to support memory and independence. A review of her care needs led to planning for the safe cancellation of her care package.

Mrs W successfully regained independence in washing, dressing, medication management, and mobility. Her son agreed to purchase a suitable walker and arrange a hearing assessment. With all goals achieved, her reablement package ended and she was able to continue living at home without ongoing care.

We draw on a range of data to identify how to best meet the needs of our community. We benefit from a refreshed Joint Strategic Needs Assessment which provides very helpful information about the health of the district. Public Health have undertaken a very detailed Mental Health Needs Assessment which provides a comprehensive overview of adult mental health and wellbeing across the district, including consideration of a range of factors such as individual, social, economic and environmental factors. This assessment shone a light on mental health inequalities relating to ethnicity, sexuality and neurodivergence.

The Mental Health Needs Assessment identifies the following groups as having higher needs:

- Adults aged 40–60, especially men, who are less likely to seek help and more likely to experience work-related stress and emotional dysregulation.
- People with severe mental illness (SMI), who face significant health inequalities and higher mortality rates.
- Ethnically diverse communities, who experience barriers to culturally appropriate care and higher rates of discrimination.
- Travelling communities, including Gypsy, Roma and Irish Traveller families, who face stigma, isolation, and limited access to services.
- Liveaboard boaters, who experience social exclusion, lack of continuity in care, and housing instability
- Farming and racing communities, who face unique occupational stressors, stigma and rural isolation.
- Unpaid carers, including young carers who are at risk of chronic stress and emotional exhaustion.
- LGBTQ+ individuals, who face higher rates of anxiety, depression and suicidal ideation due to stigma and exclusion
- People living in poverty or deprived areas, where mental health challenges are compounded by financial stress, housing insecurity, and limited access to services
- Neurodiverse individuals, including those with autism and ADHD, who often face inappropriate referrals and lack tailored support.
- Perinatal women, with 23.5% estimated to experience mental health conditions during or after pregnancy.

We are benefiting from closer links between ASC and Public Health, which sit under the same Executive Director and Portfolio Holder. The Public Health team includes a nominated lead for ASC and enhanced data analytic resources. Their insight supports better decision-making and service design.

A range of responses are used to meet the differing needs of our population. These include:

- The Community Wellness Outreach Service has targeted work on under-represented groups with a particular focus on cardio-vascular health to support a preventative approach and avoid people becoming dependent upon services. The service commenced in January 2024 and is contracted to end June 2026. To February 2026, the service has delivered 3,352 full NHS Health Checks to people at 37 different locations in our communities, with 73% of these being in agreed priority groups. 118 engagement events with 3,063 attendees have been held across the district, engaging with our communities, offering health checks and providing lifestyle and Cardio-vascular Disease guidance.

- We work with Housing colleagues, Health partners and Addiction services to provide a joined-up response to people with overlapping needs including homelessness, mental health needs and substance/ alcohol use through the Target Priority Group meeting.

- Targeted work has been undertaken with the Racing community in Lambourn, following some deaths by suicide. Heightened risks were identified due to the nature of the lifestyle, and support was offered to stables and their staff.

- The LIFT platform has been commissioned. This is the 'Low Income Family Tracker' and supports families to maximise their income particularly through accessing all available welfare benefits.

- Under the 'Let's Talk' banner, ASC staff have supported colleagues to reach out to communities, especially in rural areas. We have also worked closely with libraries to make it easier for people to access our services, by providing our leaflets, posters, and training librarians how to support people to get information from the West Berkshire Directory.

- We have developed an All-Age Autism Strategy to better meet the needs of autistic people.

- A Domestic Abuse and Suicide Risk Support Toolkit has been developed to reduce the risk to survivors of domestic abuse.

- The Let's Talk programme provides outreach to communities to provide practical support and signposting. The monthly data for January 2026 (as an example) is as follows:

We have launched our Co-production webpages and set up an ASC-focused Community Panel.
[Co-production in adult social care - West Berkshire Council]

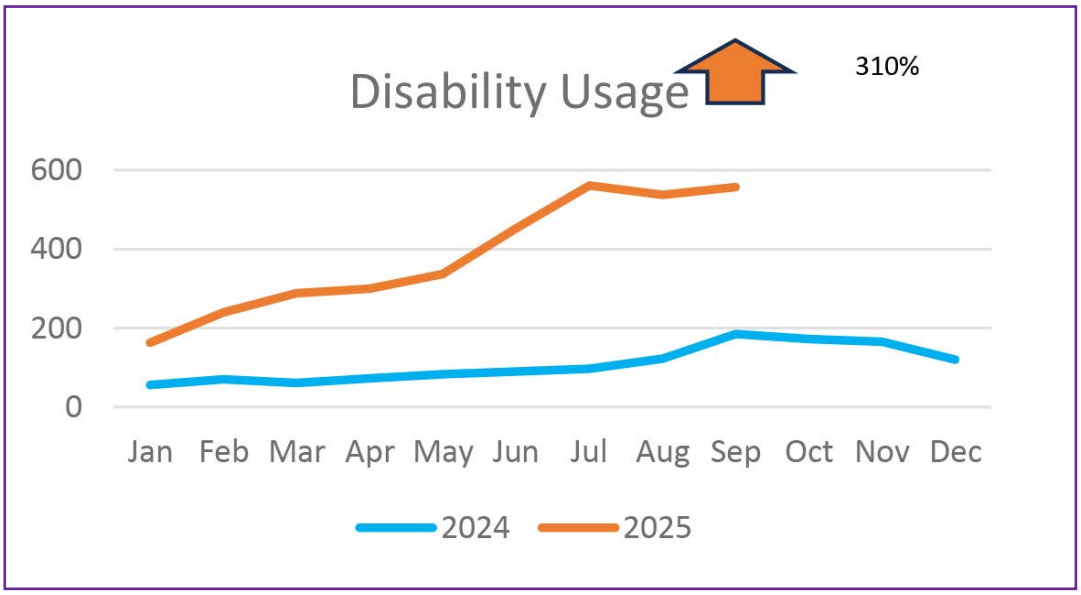
A selection of ASC leaflets

We listen actively to partners relating to a range of key areas. For example, there is an active and vibrant Learning Disability Partnership Board, as well as a Carers Strategy Group and Autism Partnership Board hosted by our Principal Social Worker. These forums help to ensure that our service is responsive to the experiences of people in our community.

Although the insolvency of our Community Equipment provider (NRS) created very substantial difficulties, we were very positive about our response to manage the crisis. West Berkshire Council is the lead Commissioner on behalf of all Berkshire authorities and Health partners. As such, there was a major impact on our people in managing the issues and bringing in new providers. For a period of time, this included standing up an 'in-house' offer, under which our Transport Team were distributing essential equipment. The Emergency Response has been independently reviewed and the findings were that the crisis was well managed.

We work to maximise the impact of services for groups with specific needs, for example our Leisure Provider is now offering bespoke sessions for people with Learning Disabilities and offering outreach to people who might struggle to get to the available centres. This has led to an increase in the take-up of these preventative services.

Data from Everyone Active



The targeted Exercise Referral Programme

WEST BERKSHIRE CONTRACT

Exercise Referral Programme

Sessions are friendly inclusive and open to all
Whether you're a member or not, we're here to support you on your way to a more active lifestyle

everyone ACTIVE

Monday	Tuesday	Wednesday	Wednesday ctd	Thursday	Friday	Saturday
Senior Circuits 9.30am-10.30am Mortimer	**Senior Swim** 10am-11am	**Cancer Rehab** 9.30am-10.15am	**Falls Prevention** 12.45pm-1.30pm	**Senior Swim** 8.30am-9.30am	**Cardiac Circuits** 9.15am-10.15am	**Cardiac Rehab** 9am-10am
Falls Prevention 10am-10.45am	**Senior Circuits** 10am-11.30am West Ilsley	**Cardiac Rehab** 10am-11am	**Senior Swim** 1pm-2pm	**Falls Prevention** 9.30am-10.15am	**Senior Circuits** 10am-11am Pangbourne Village Hall	
Senior Circuits 10.30am-11.30am Mortimer	**Senior Swim** 11am-12pm	**Senior Circuits** 10.30am-11.30am Theale	**Escape Pain** 1pm-2.30pm	**Walking Football** 9.45am-10.45am	**Falls Prevention** 10.20am-11.05am	
Falls Prevention 10.45am-11.45am	**Good Boost** 1pm-1.45pm	**Wellbeing Circuits** 10.45am-11.30am	**Falls Prevention** 1.30pm-2.30pm	**Senior Swim** 9.30am-10.30am	**Walking Netball** 10.30am-11.30am	
Escape Pain 11am-12.30pm		**Seated Exercise** 10.45am-11.30am	**Senior Swim** 2pm-3pm	**Health Walk** 10.30am-11am Thatcham	**Senior Swim** 10.30am-11.30am	
Community Cafe 11.30am-12.30pm Mortimer		**Cardiac Rehab** 11am-12pm	**Walking Football** 3pm-4pm	**MSK Circuits** 10.30am-11.15am	**Cardiac Rehab** 10.30am-11.30am	
Cardiac Rehab 12pm-1pm		**Walking Football** 11am-12pm	**Cardiac Rehab** 6.30pm-7.30pm	**Cardiac Rehab** 11am-12pm		
Good Boost 1pm-2pm		**Cardiac Circuits** 11.30am-12.30pm		**Walking Football** 11am-12pm		
Good Boost 1pm-1.45pm		**Falls Prevention** 11.30am-12pm		**Community Cafe** 11am-11.30am Thatcham		
Cancer Rehab 1.30pm-2.30pm		**Falls Prevention** 12pm-1pm		**Senior Swim** 1pm-2pm		
Cardiac Rehab 6.30pm-7.30pm				**Good Boost** 2pm-2.45pm		

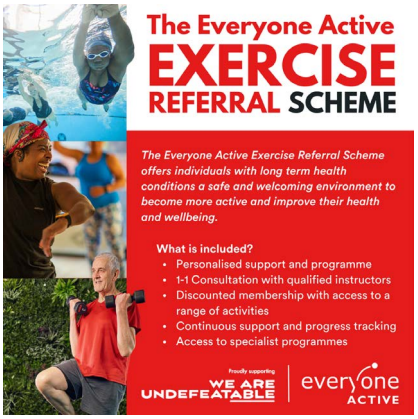
Key
Northcroft Leisure Centre
Kennet Leisure Centre
Cotswold Leisure Cent
Willink Leisure Centre
Hungerford Leisure Centre
The Lambourn Centre
Downlands Sports Centre
West Berkshire Community

Book online at www.everyoneactive.com

*Timetable correct at the time of print – January 2026

Additional activities may be available during school holidays. Sessions subject to change please check the website for more information.
Contact Callumyates@everyoneactive.com with any questions or enquiries

Everyone Active Outreach/ Inclusive offers



Anne's review notes arrived this morning and Anne and I read through them together.

Now this isn't being sent to keep you sweet or to leave you feeling big headed, although I don't think you would feel this anyway but I've been in care for most of my career and found your notes written is a personal and person-centred approach than I've ever read before.

I think the way you have broken down each issue and activity in a clear and again person-centred way using language that can be easily understood by others is refreshing.

I hope that you are able to pass on the above skills to other social workers and professionals as I think it would be very much appreciated by clients and those you are responsible for going forward.

A carer

Areas we are focused on

We are extremely motivated to reduce waiting times and to improve our performance relating to Annual Reviews. We invited an LGA review, which gave us useful feedback, and we delivered refreshed training on the back of their findings. We are using an enhanced audit approach and we monitor performance actively through our Performance and Operations Group, using our Datazone reports. We are seeing some improvement in this area. It is one of the Council's Strategic Priorities to ensure that people receive timely assessments.

We have been hampered in our efforts by three key areas.

- The insolvency of our Community Equipment provider (NRS) had a major impact on both senior managers and front-line staff. There was major disruption to the supply of equipment and we lost our 'trusted assessor' function. We now have a good level of service from our new suppliers (Millbrook and Livity Life) and this area of work is returning to normal.

- We have now introduced a new case management system, Mosaic, and are working hard to ensure we realise the benefits of this change. It has been a very significant change and has taken a great deal of effort from very many staff and colleagues. We are looking to introduce additional functionality in the coming months.

- The council is receiving Exceptional Financial support and difficult decisions have been made relating to funding.

We have received advice from the LGA on how to improve our performance relating to the number of people receiving direct payments. We have made some changes to the team but due to some turnover in personnel we have not made the progress we expected. This area remains under review.

6. Theme 2: Providing Support

Our strengths

We have very strong relationships with a whole range of partners, both internal to the council and external. Our external partners include statutory services, such as Health, Fire and Police, and non-statutory partners including care providers and the voluntary sector. We know that we can achieve more when we work in a collective and coordinated way. We also know that the people we work with expect services to talk to each other and work in a joined-up way. It makes their experience so much better when we achieve that.

One of the areas where this is particularly important is in supporting hospital discharge and this is an area of strength. We have well established partnership arrangements supporting timely, safe and effective discharge. There is similar joint-work to avoid hospital admissions wherever possible too.

Hospital discharge work has been affected by the Community Equipment disruption mentioned above, but the impacts were well managed. The local system (pan-Berkshire/ Health and Social Care) responded collectively to the NRS insolvency, and we are proud of the way we came together to manage a major risk to our service provision.

Case example

The person with lived experience was admitted to hospital after falling from his mobility scooter. He has a history of Post Traumatic Stress Disorder linked to a serious assault, which contributes to absence seizures and impacts his confidence and daily functioning.

A trauma informed, person centred, strengths-based approach was used throughout reablement. The person with lived experience was discharged home with four care calls a day support and telecare. Practitioners explored his interests, particularly woodwork and model making, to promote wellbeing and rebuild confidence. He was signposted to community-based activities including Eight Bells, the Community Furniture Project (as a volunteer), and Men's Shed to support social connection and purposeful activity.

Reablement was gradually reduced as the person with lived experience regained his independence. He now lives safely at home without formal support, maintaining his wellbeing through meaningful community networks and activities.

One of the key services used to facilitate discharge is our Reablement Service. This service achieves exceptionally high levels of customer satisfaction and makes a material difference to people's lives after a stay in hospital. It is one of the Council's Strategic Priorities to grow the Reablement Service. A recent customer survey (January 2026) gave the following results:

Reablement Survey:

How likely are you to recommend the service to someone else?

Extremely likely:	**95**
Likely:	**12**
Neither likely or unlikely:	**1**
Unlikely:	**1**
Extremely unlikely:	**0**
Skipped:	**2**

Overall, how satisfied are you with the service?

Very satisfied:	**101**
Satisfied:	**10**
Not satisfied:	**0**

Reablement colleagues

We have well established partnership arrangements, including our Health and Wellbeing Board and Locality Integration Board. A recent multi-agency LGA review of the Health and Wellbeing Board provided clear advice on how to make the Board more impactful, and that advice has now been implemented. New priorities have been set and will be closely monitored. The Locality Integration Board benefits from strong relationships and good engagement from a range of partners. The local system jointly developed multiple bids for Innovation Funding, for example relating to Neighbourhoods and Prevention.

Our Commissioning functions were an area of weakness in our last CQC report. Since then, there has been a review of the Commissioning structure and some new appointments have been made in key roles. The service has also grown in size. This has led to greater clarity on the approach and greater focus on the necessary actions. The service has identified a Strategic Partner to progress our commissioning work and we have also undertaken an LGA Review which has given us excellent insight into how to develop further. The service continues to run a Provider Forum to share insights and provide support to the sector. A refreshed Market Position Statement has been published which sends a clear message to suppliers/ potential future partners. In addition, a February Summit on Commissioning yielded some very helpful results. We work actively with our Planning Department to encourage new developments to accommodate care providers. We have also conducted a targeted event with providers and stakeholders working with Adults with Learning Disabilities. This ensured that we have a clear understanding of the needs of people with Learning Disabilities to support further market engagement. In attendance were people who draw on care and support, parents, provider organisations, health partners and advocacy services.

Learning disability engagement event

There are positive signs in the provider market. West Berkshire has a high proportion of providers which are rated 'Good' by the CQC. We also have good levels of sufficiency in the domiciliary care sector, with no waiting times for new packages of care.

An Awareness Raising event

We are undertaking a range of activities relating to community equipment following the onboarding of two new providers – Millbrook & Livity life. We raise awareness of new technologies in the telecare arena (including our Companion Pets offer). We have also relaunched our Directory so that our residents can more easily navigate the range of services and community assets available to them.

Case example

Mrs D is a resident living with advanced dementia. She experiences anxiety which can lead to behaviours which challenge. She has a strong attachment to her cat.

Her condition, and subsequent symptoms, combined with age-related frailty and a history of falls, has made completing her daily activities increasingly unsafe and increased her dependence on her live-in carer. Mrs D frequently walked to the bottom of her garden to look for her cat in his favourite spot, which posed a significant fall risk and heightened her carer's responsibilities and related costs.

To address these challenges, the OT Assistant arranged installation of a galvanised rail along the garden to enable Mrs D to walk more safely and independently. Additionally, after consulting her daughter, she provided Mrs D with a black and white Robotic Companion cat resembling her own cat.

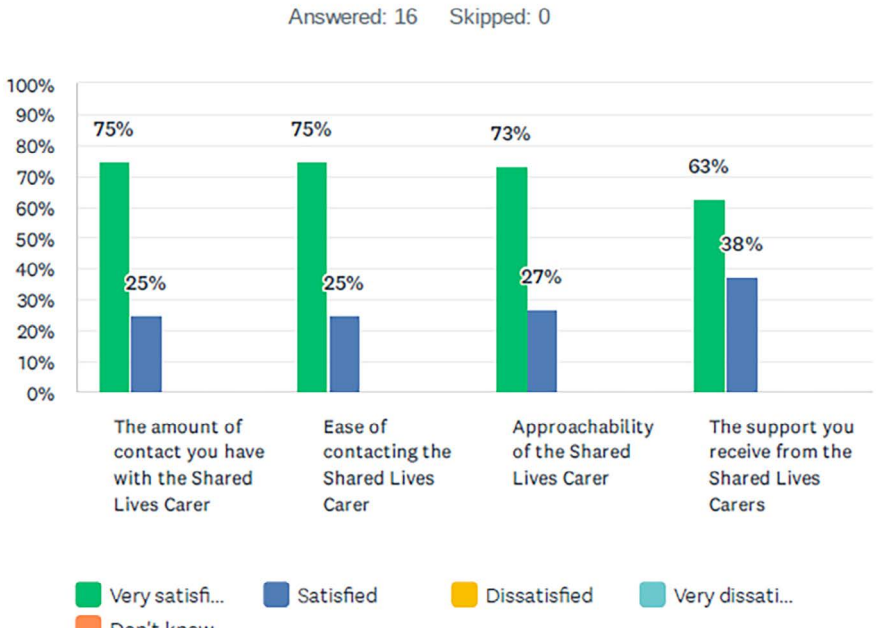
This intervention successfully reduced her anxiety, particularly in the evenings when her Robo cat could sit within eyeline on a nearby sofa or purring in Mrs Ds lap and minimised her need to walk to the garden unsupervised. These measures improved Mrs D's safety, well-being, and independence while alleviating pressure on her carer. Her daughter was very happy and stated that Mrs D "loves the cat", highlighting the positive impact of these person-centred interventions.

We have benefited from some external consultancy (Triple Value Impact) to maximise the benefits we can gain from digital innovation. This has led to procurement of new technologies – Howz and Vocala – and a programme to use them to provide better and more cost-effective support to people. This will be a significant programme of work.

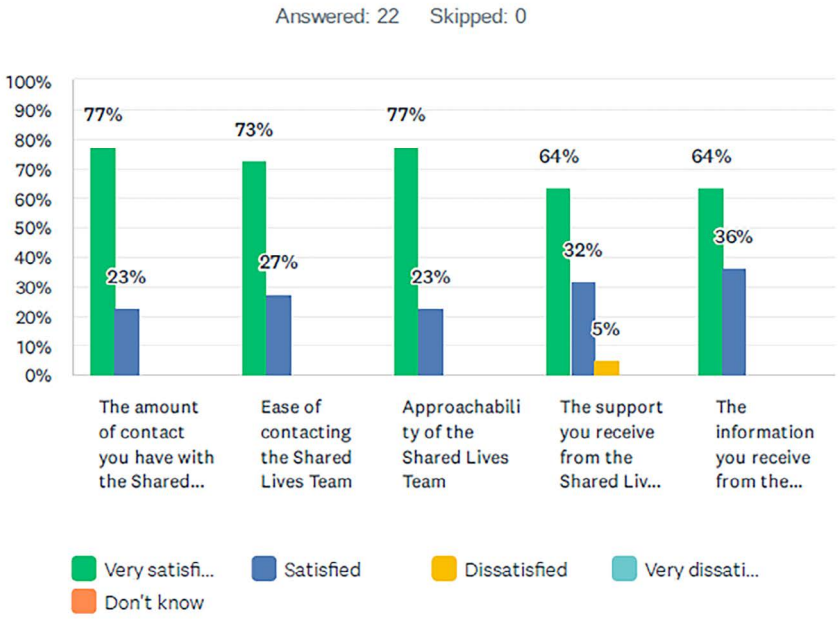
We have a vibrant and effective Shared Lives offer, which delivers excellent outcomes for a good number of people.

We undertook a survey relating to the Shared Lives service in 2025. Key data points are below:

We asked unpaid family members "Are you satisfied with the support offered by your Shared Lives carer?"



We asked our carers "Are you satisfied with the support you receive from the Shared Lives team?"



Case example

Kathy, a long-term Shared Lives resident, had no known contact with her biological family and was believed to have no living relatives nearby. Supporting her emotional wellbeing and sense of belonging remained a priority for the Shared Lives team.

The Deputyship Officer reviewed historical records and liaised with external agencies, identifying a potential family link, Kathy's niece. Working with Care Management and the Service Lead (acting as Caldicott Guardian), the team ensured all decisions followed confidentiality, safeguarding, and data protection principles. Once approved, contact was made sensitively through the Shared Lives Officer, who then connected the niece with Kathy's carers and supported early communication.

Kathy was delighted to learn she had family and expressed excitement about reconnecting. Plans are now underway for a supported visit, with Shared Lives Carers, Care Management, and Deputyship working together to ensure her emotional wellbeing. The case demonstrated strong teamwork, safe information sharing, and person-centred practice, leading to a meaningful reconnection for Kathy.

We also benefit from three in-house pan-disability Resource Centres.

These offer an excellent range of services, with good coverage across the district (Hungerford, Newbury and Calcot).

The ASC Portfolio Holder's visit to one of our Resource Centres

Case example

For Richard and Tina, who share a cosy three-bedroom home, everyday routines had slowly become a source of worry, strain and, at times, danger.
Richard's mobility challenges meant that something as simple as getting into the bath placed him at constant risk of falling. For Tina, who supports him daily, the fear of an accident was never far away.

We used the Disabled Facilities Grant to provide:

- *A dropped kerb and hardstanding, enabling easier access to the property*
- *A new ground floor WC, converted from the understairs cloakroom*
- *A full first floor bathroom adaptation, including a level access shower*

The changes have brought them peace of mind. Tina was determined that their home shouldn't end up looking clinical or hospital-like and she provided input to the final design. The changes mean she can step back in the knowledge that Richard is safer.

Areas we are focused on

We will take forward the learning from the LGA Review of Commissioning and the Commissioning Summit.

We will continue to make use of innovation in the sector, including new technologies.

We will develop our relationship with the provider market through our new Strategic Partnership.

I wanted to contact you to say thank you so much for helping with Mum.

You were so kind and I valued your gentle and supportive manner. I really appreciated the way in which you listened attentively to my concerns and worries, at such a difficult and worrying time for our family.

It was definitely the right decision for mum to go to [care home], her physical needs are now being taken care of in a way I couldn't provide. Emotionally she is much better and has a new lease of life. Although she can't join in with many activities, she is able to join in with some activities (enjoying the singing) but is also happy to just watch the comings and goings.

Thank you so much.

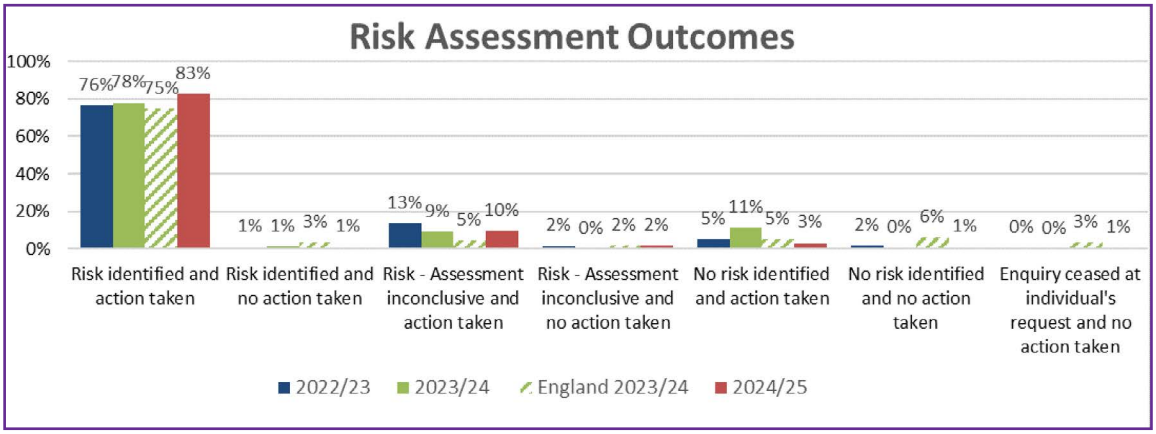
A daughter

7. Theme 3: How the Local Authority ensures safety within the system

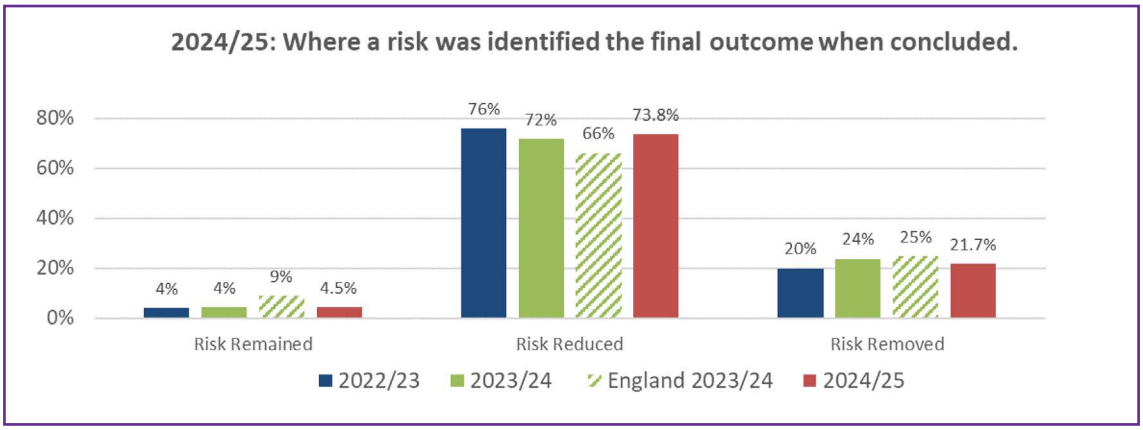
Our strengths

Our last CQC report was very positive about the work we undertake to keep people safe. We believe that it continues to be an area of strength. Safeguarding casework in audited by our Safeguarding Service Manager, Principal Social Worker and others. The outcomes on safeguarding interventions are reported on a quarterly basis and reviewed by our Senior Leadership Team. The data shows positive impact in keeping people safe as well as good compliance with the principles of 'Making Safeguarding Personal' by co-designing action plans. The Annual Report is here:
10. WB Safeguarding Performance 2024-25 Annual Report 002.pdf

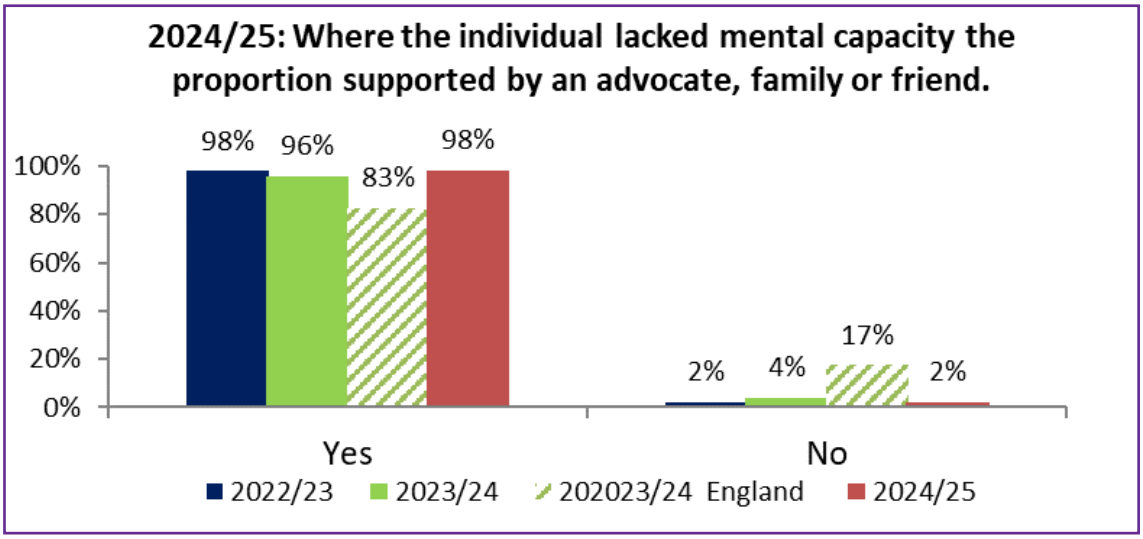
Concluded enquiries by risk outcomes 2022/23 – 2024/25



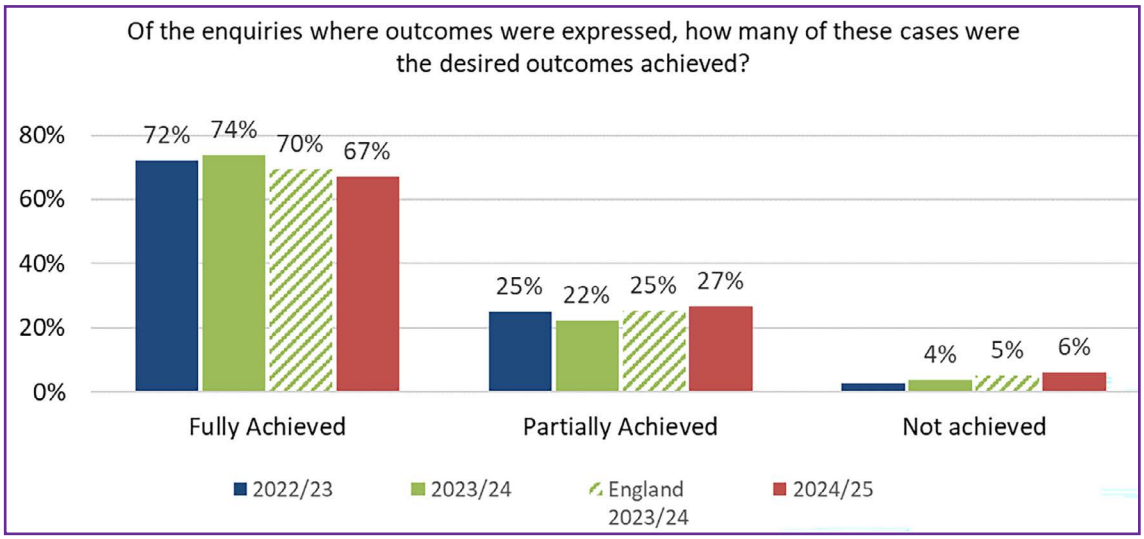
Concluded enquiries by result 2022/23 – 2024/25



Concluded enquiries by advocacy provision 2022/23 – 2024/25



Concluded enquiries by expressed outcomes achieved



We have introduced a new West Berkshire Safeguarding Adults Board, following the ending of the Tri-Borough Board. This will support us to have a clearer focus on the particular needs of West Berkshire's population. We will continue to link closely with neighbouring authorities and will keep our new arrangements under review.

There is good joint working between our Safeguarding Board and the leads on Community Safety, Prevent and Domestic Abuse. The Executive Director for ASC also chairs the Domestic Abuse Board.

We have set out above how we support people to leave hospital and return home safely. Performance against our Better Care Fund targets are monitored closely by our Locality Integration Board and the Chair of the Health and Wellbeing Board.

Case example

The person with lived experience was discharged from hospital under the Joint Care Pathway, and it became clear that long term care would be needed to maintain safety and stability at home. Assessment also revealed that the person with lived experience wife, acting as the main carer, was experiencing significant strain and was at risk of carer breakdown.

A comprehensive assessment informed the development of a tailored long-term package of care designed to support both the individual and his wife. Additional practical support, including a cleaning call, was arranged to reduce pressure on the household and help the wife manage her caring responsibilities more comfortably.

The person's long term care needs were safely met, and the wife experienced reduced stress and improved ability to cope. Both individuals now have a more sustainable level of support, contributing to a safer and more manageable home environment.

We have made significant additional investment in our Transitions team, which continues to deliver strong performance in this complex area. The team maintain a strong focus on person-centred planning, enabling young people and their families to work collaboratively as they move from children's service into adults. Through effective coordination and multi-agency working, the team supports safe transitions and promotes continuity of care, ensuring young people come into adulthood with clear and well-planned support in place.

Our Specialist Mental Health team (SMHT) is also effective in delivering prompt and skilled responses to people in crisis, alongside other statutory partners. The DASS has chaired the Regional Mental Health Leads network on behalf of ADASS.

We continue to provide strong response times for Mental Health Act Assessments (MHAA) work, ensuring appropriate and timely information is handed over to the Emergency Duty Team to maintain a seamless service both in and out of hours. We also have very positive working relationships with colleagues in the PMS (Psychological Medicine Service) as well as teams in Older People's Mental Health, Community Mental Health for Adult and Responsible Clinicians.

Joint "clinically ready to discharge" meetings are held on the ward, with a clear focus on ensuring timely and safe discharges from the local psychiatric hospital. Berkshire Healthcare NHS Foundation Trust introduced MADE (Multi Agency Discharge Event) into the acute mental health setting last week. Although previously used on general wards, the approach has now been adapted for mental health.

MADE brings together senior clinical and operational staff from community, mental health, social care, and acute services to unblock complex cases and support patients to move to the most appropriate environment. By the end of the week, the event had achieved its aims, demonstrating strong partnership working.

The SMHT also works closely with the Crisis Team in Newbury. The Crisis Resolution Home Treatment Team has expressed their thanks for the advice provided, including guidance when individuals were not eligible for assessment under the Act and when alternatives to hospital admission were explored.

The team has received positive feedback from people with lived experience, particularly for early support and signposting, for example financial guidance and referrals to Breathing Space for debt support. Families have also expressed gratitude for ensuring pets are cared for when a loved one is detained in hospital. Although this is a duty on Approved Mental Health Professionals under the Act, families appreciate the follow up, especially when admissions become longer term.

We have strong partnership working with the ICB in relation to Section 117 Aftercare services, and the joint funding panel meets weekly. We have seen an increase in s117 cases. In West Berkshire, we use a matrix to support consistent decision making, ensuring people with lived experience receive the right level of support with an appropriate balance between health and social care needs.

Joint working within the panel enables open discussion and resolution of any disagreements about support levels or costs. Costs are considered objectively, focusing on value for money, appropriateness, comparisons with similar providers, and whether the package meets the individual's needs. The matrix provides a fair and consistent approach for each person. It was reviewed in 2024 and will be reviewed again in 2026 to ensure the evidence and information used remain robust for both joint funders and the individual.

Joint reviews give a full picture of the individual's current situation, allowing the matrix to be updated accurately and efficiently. This strengthens communication between organisations and helps reduce delays. Reviews also enable us to monitor changes, make necessary adjustments, improve quality of life, promote independence, and consider step down accommodation or services as the person stabilises and progresses.

We are using a new approach to support people with overlapping needs consisting of a combination of homelessness, substance/ alcohol use, mental health needs and safeguarding risks. These people are at escalated risk of harm, and they require a joined up system response to achieve the best outcomes. This requires input from Housing, Public Health, Safeguarding, Addiction and Mental Health services.

We also undertook targeted work with the Racing community in Lambourn following raised concerns relating to suicide risk. A Summit in February brought together expertise from Public Health and Voluntary Sector providers to share meaningful insights with representatives from the Racing community. The event was very well attended and there were clear benefits in terms of clarifying the available support offer and making useful connections to embed awareness within the community.

Areas we are focused on

We will need to undertake some targeted work to embed the new Safeguarding Adults Board arrangements and ensure its effectiveness.

We know there is growing demand to support young people transitioning into adulthood. We will continue to monitor that demand, and our ability to respond in a timely and effective way.

Please forgive me for contacting you directly but I would like to pass my sincere gratitude for assigning Tom Tremlin to my case.

Tom has not only demonstrated dedication to his profession in every contact but done so in a manner that highlighted his care and hard work in trying to help me overcome the new challenges I face.

As such, I would be very grateful if Tom's efforts could be recognised, if appropriate, in a formal manner by his line manager.

A person supported to leave hospital

The visit of the Chief Social Worker for Adults, the President of ADASS, the Chief Executive of ADASS and Deputy Director of Department of Health and Social Care

8. Theme 4: Leadership

Our strengths

Since the last CQC report, we have established a Health and Adult Social Care Scrutiny Committee. The committee has received multiple reports from ASC representatives, and this has led to greater understanding and oversight amongst elected members. Papers have of course also been reviewed by our Corporate Board, Senior Leadership Team, Executive and full Council as appropriate. We have regular briefings with our Portfolio Holder (and shadow Portfolio Holder) to ensure that they are fully briefed on all key issues affecting the service.

We have been very active in seeking support/ review from LGA/ Partners in Care and Health. They have advised on the following:

- Review of Leadership
- Workforce Strategy
- Information and Advice Maturity Assessment
- Commissioning
- Health and Wellbeing Board

We have also drawn on external consultancy to benefit from their expertise (e.g. Triple Value Impact and Swift).

The Council undertook a survey of Employee Engagement. This gave strong reassurance that the ASC staff group are well trained and motivated, with high levels of satisfaction. The survey also indicated that front-line staff had quite low levels of confidence that senior leaders fully understand their day-to-day work. In response, we have undertaken a programme of 'reverse shadowing', which appears to have made a material difference on this issue. This involves senior managers spending time with front-line practitioners while they undertake their work.

Reverse Shadowing sessions

The council has also undertaken a survey on 'psychological safety' which provided reassurance that staff are able to speak up on issues affecting them. A regular 'Employee Engagement Forum' takes place, giving staff a chance to highlight issues to senior management. The Service Director for ASC is one of the management representatives. Our Values are Integrity, Customer Focused and Fairness. Our Behaviour Framework is a key plank in setting our organisational culture:

Delivery Through Collaboration

Effective Communication and Engagement

Customer Excellence

Responsibility and Accountability

Continuous Learning and Recognition

Managing Change

There has been a focus on communicating with staff through a range of measures:

- Principal Social Worker Annual Report
- Service Director's Newsletter
- Directorate Briefings
- Drop-ins with Senior Leaders
- Let's Chat (with the Chief Executive/ Leader)

Our Service Lead sits on the Executive Board of the National Association of Financial Assessment Officers (NAFAO), who represent the views of the other Local Authority members and aim to influence any changes to the charging for care legislation that the Department of Health & Social Care make. She also sits on the Advisory Board of the Society of Later Life Advisors (SOLLA), to help influence the advice that Financial Advisors are giving around paying for care.

On innovation, ASC led the introduction in West Berkshire Council of Magic Notes, which has been extremely well received by staff and is making a positive impact on our recruitment and operational efficiency.

We are also innovating (as above) through our programme on digital tools (Howz/ Vocala). We have delivered phase one of a major programme to introduce a new case management system (Mosaic).

We have shown system leadership through our engagement with Health (e.g. Health and Wellbeing Board, Innovation Fund work) and the voluntary sector (development of the Memorandum of Understanding).

We have ensured that our workforce is supported and effective through a number of areas of work:

- We have conducted a Supervision survey to ensure that this key area of practice is being effectively used and to identify any necessary actions.
- We have conducted a Training Needs Analysis.
- We have established a Principal Occupational Therapist post.
- We have supported staff to develop professional qualifications through the apprenticeship scheme.
- We have offered Approved Mental Health Professional training.
- We have introduced a Market Supplement Payment, leading to better recruitment and retention and a reduced use of agency staff.
- We hold regular forums, such as the Social Worker Forum, and Learning events, such as the Quarterly Learning Event, hosted by the Service Director for ASC.
- We undertook a round of Succession Planning work, under which our Team Managers could develop their understanding of the Service Manager role, and gain valuable experience.

Becky, an award-winning Apprentice

The Supervision Survey was conducted in December 2025. It indicated good performance in this critical area of work.

90% of respondents have supervision at least every 7 weeks. Most sessions are between 30-90 minutes. There was good evidence that supervision consistently delivers against key standards:

- Uninterrupted sessions
- Clarifies roles and responsibilities
- Challenges people to work in a non-discriminatory way
- Provides an opportunity to reflect on work
- Enables staff to manage workload
- Identifies training needs
- Supports the management of stress
- Can be used to express concerns
- Provides positive feedback

The Principal OT at an awareness raising session

There is a strong support offer to staff, including an Employee Assistance Programme (EAP), which is a confidential, independent service that anyone can use - whether or not work is the main issue.

Support includes:

- Talking through stress, anxiety and low mood
- Support around uncertainty, change, and workload pressure
- Help with personal, family or financial concerns
- Advice on sleep, resilience and managing overwhelm

In addition, a Mental Health First Aider programme ensures that colleagues are available to give a first line response to people experiencing mental health challenges.

Management information and oversight have also been improved, by:

- Introducing an improved Feedback loop for people who have drawn on a service from ASC
- Expanding the casefile audit regime.
- Introducing and monitoring the Client Level Dataset

At West Berkshire Council, our training and development offer isn't just a list of courses, it's a commitment to helping every colleague grow, thrive, and feel equipped for the future. We focus on practical, high impact learning that builds confidence, strengthens teams, and supports long term career progression.

In an average year, there are 180 training courses delivered internally which are available to all ASC staff. There are also many opportunities to access external courses. A programme of 'bite-size' or 'lunch and learn' sessions is in development.

There are also 40 e-learning modules for ASC staff on our Learning Hub.

ASC staff can access a wide range of resources via Care Knowledge, journals, reports, books, webinars, blogs, etc. and this is widely utilised. Around 300 ASC staff receive the weekly emails from Care Knowledge which detail the latest content. More than half of these people regularly access the site, visiting around 500 separate resources each month. This is also an excellent way to log Continuous Professional Development. ASC staff can also access a number of free webinars via Making Research Count.

Monthly emails are sent to all ASC staff highlighting all the learning opportunities coming up that month. An Adult Social Care Training Programme is produced each year and added to throughout the year to include all that is available.

In an average year, 15 to 20 people achieve qualifications (BIA, PEPS, ILM, Diploma, etc.). The opportunity to undertake the Apprenticeship Degree in Social Work and in Occupational Therapy is open to staff each year.

Requests for funding of training or qualifications are welcomed throughout the year and are considered by our Workforce Development Board.

ASC staff are encouraged to share their knowledge through team meetings or by facilitating learning events. We wish for all staff to embrace a culture of continuous development and to all play a part in supporting this.

Our Principal Occupational therapist meets regularly with each OT team leader and has made it her mission to know each OT individually to enable her to tailor learning and development opportunities personally.

She has begun delivering regular best practice workshops to enhance learning for the Occupational Therapy cohort which aim to improve service delivery. Topics to date have included 'Reablement approaches and equipment provision' and 'Recording' with the next set to cover 'Equality, Diversity and Inclusion' with specific reference to West Berkshires marginalised groups demographic.

The quarterly OT meetings are also a place to share learning and development. They feature a different area of practice for exploration each time with the teams deciding on the content they need, researching and delivering it themselves.

An Occupational Therapy Training Event

Areas we are focused on

We need to continue our focus on Budget management, in light of the council being in receipt of Exceptional Financial Support

Development of an updated ASC Strategy to provide clarity on our priorities.

Dearest Alex

Once again thank you from the bottom of all our hearts for the part you played in all our lives and for the help that you and your team have given us in our time of need! We will always think of you as our guardian angel and wish you and your loved ones all the very best in this world.

Mum and dad are very happy and loved at [care home]. Their 62nd anniversary and both their birthdays were celebrated with all other residents and staff.

I am on a business trip right now, and for the first time in 12 years I feel good, because I know they are being looked after. Thank you once again.

A son