

# Hertfordshire County Council: local authority assessment

[How we assess local authorities](#)

Assessment published: 17 May 2024

## About Hertfordshire County Council

### Demographics

Hertfordshire County Council is a large County Council in a county with a population of 1.2 million people. There are 10 District and Borough Councils across the county. The county is a mix of rural areas with centres of population in the towns across the county. The population is mostly affluent with an Index of Multiple Deprivation score of 2 (1 being the most affluent) but there are areas of deprivation across the county with the additional challenges of transport networks in the rural areas.

The demographics of the population are that approximately 22% are aged 0-17 years, approximately 60% are of working age 18-64 years and approximately 18% aged over 65 years. The projections are for the increase in people over the age of 65 years over the next 10 years. The diversity of the population is that it is mostly White British with 28.2% of people non White British.

Hertfordshire County Council is located within the Hertfordshire and West Essex Integrated Care System.

The council is Conservative led and has a stable leadership team, including the Members and local authority staff.

## Financial facts

The Financial facts for **Hertfordshire County Council** are:

- The local authority estimated that in 2022/23, its total budget would be **£1,722,303,000**. Its actual spend for that year was **£1,777,950,000** which was **£55,647,000** more than estimated.
- The local authority estimated that it would spend **£446,605,000** of its total budget on adult social care in 2022/23. Its actual spend was **£456,287,000** which is **£9,682,000** more than estimated.
- In 2022/2023, **26%** 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 **14,325** people were accessing long-term adult social care support, and approximately **3015** people were accessing short-term adult social care support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

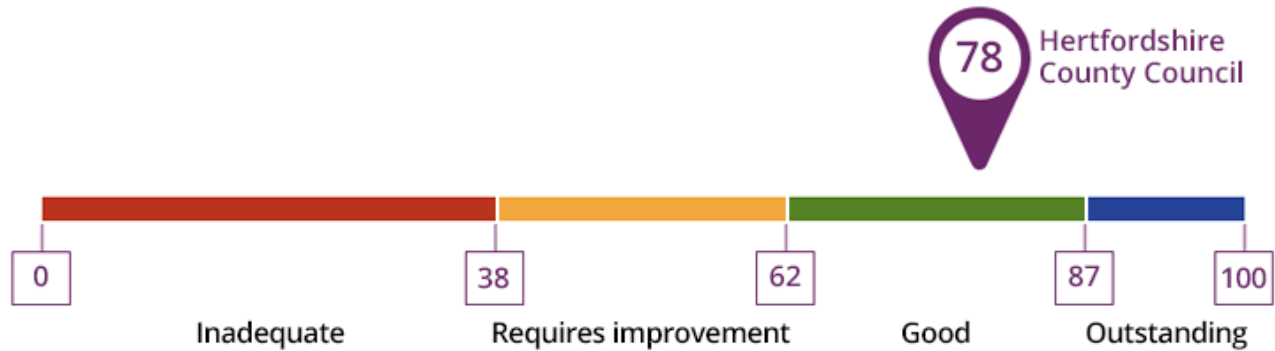
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# Overall summary

## Local authority rating and score

# Hertfordshire County Council

Good



## Quality statement scores

### Assessing needs

Score: 3

### Supporting people to lead healthier lives

Score: 3

### Equity in experience and outcomes

Score: 3

### Care provision, integration and continuity

Score: 3

### Partnerships and communities

Score: 4

### Safe pathways, systems and transitions

Score: 3

### Safeguarding

Score: 3

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## Governance, management and sustainability

Score: 3

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## Learning, improvement and innovation

Score: 3

# Summary of people's experiences

Overall, we heard positive feedback from people about their experiences of contact with and receiving support from the local authority. However, we did hear that some people, including carers, had waited considerable time for assessments and that this process had not been a positive experience for them. There were a variety of ways in which information about the services available could be accessed, including talking directly with someone in the Gateway team who provided initial contact and assessment. The website included signposting people to other organisations for support which some people told us was helpful for them.

People told us that the front line staff teams listened to them, understood their needs and developed care plans which reflected these. The front line staff teams had a very good understanding of the diverse needs of the communities that they were working in and had access to interpreters and translation teams where needed. There was a separate sensory team who supported people with sensory needs.

Carers told us that their needs were assessed in their own right as a carer and that there was good support provided through Carers in Hertfordshire. Some carers had found it difficult to find out about the support available to them and found the amount of information overwhelming at times whilst others told us that they had found it really helpful.

# Summary of strengths, areas for development and next steps

Hertfordshire is a local authority with a strong, stable, effective senior leadership in place. Key roles, including the Principal Social Worker are part of the senior leadership team which ensures that best practice and continuous improvement is embedded within that team.

There was a very positive culture across the organisation led from the senior leadership team and which all staff who spoke with us embraced and supported. Staff felt well supported by their managers and were positive about the risk management processes in place to ensure that their workloads were manageable whilst also ensuring that people received a service. There were good learning and development opportunities available for staff.

Connected Lives is the person-centred, values based approach to the provision of social care that is promoted by the local authority. This was clearly understood by the front line staff teams and was the framework in which they worked.

There was a real focus on preventative work to prevent or delay people needing more formal support. As a result of this the Gateway service had been introduced in the last year. This team provided initial assessment and support for people, including signposting to other organisations who may be best placed to provide preventative support. The local authority are continuing to review this aspect of the service and have commissioned an external review to identify any further improvements needed. There were waiting lists for assessment in all areas and this was linked to the 10% increase for requests for support in the last year. The local authority had plans in place to improve these and it was clear that the actions being taken were having a positive impact with further work to do.

The local authority were committed to hearing the views of people who use services and of involving them in the development of further strategies. There are 8 co-production boards, all of which are co-chaired by a person with lived experience. These feed into the overall strategic co-production board and it was clear that people's experiences and views had been incorporated in to strategies for improving service delivery.

The county of Hertfordshire is overall considered to be an affluent county but there are pockets of deprivation and communities where this has a real impact for people. The local authority, particularly the front line staff teams, had a good understanding of the needs of these communities and where people were most at risk of inequalities. There was a commitment across the organisation to reduce identified inequalities and reduce these. The Equality, Diversity and Inclusion programme for culturally competent care, Shaping our Services had been introduced in 2023 and was being rolled out across the organisation and with commissioned providers.

The data available for Hertfordshire shows that they are mostly above the England average. This was particularly true for the numbers of people who received short term support who did not require ongoing support and for the number of people who remained at home after 91 days since their discharge from hospital. Where the data showed a negative result compared to the England average these were very minor and recorded as 'no statistical variation'.

A real strength of the local authority was their excellent partnership working. This was in place across the teams within the local authority and with their external partners. There were clearly long term, strong, effective relationships with the NHS Trusts and it was clear that this had led to really positive outcomes for people. The relationship with the Voluntary, Community, Faith, Social Enterprise (VCFSE) sector was another strength with effective working relationships enabling the VCFSE Alliance to support smaller organisations to provide a service to people.

The local authority had clear commissioning strategies in place based on effective use of data and feedback from people about the needs within the community, including forward planning based on the demographic projections. There were very good relationships with the providers of adult social care services with them involved in discussions and planning around market shaping and the development of new services.

There were effective governance systems in place which meant that the local authority had a good understanding of areas in which they performed well but also those areas where there was a need for improvement. There was a culture of continuous improvement that was clearly understood at all levels of the organisation.

# Theme 1: How Hertfordshire County 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 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.

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

There were a variety of ways in which people could access information about the local authority's services, this included online via their website, telephone through the contact centre or via email. The website provided a range of information about assessment eligibility, including information for unpaid carers. In addition to written information about the assessment process it also provided videos, including one using British Sign Language, where the assessment process was explained. The website provided signposting to other organisations that may be helpful to people. We heard from some people that they found the website helpful, whilst others preferred to speak directly to someone which they had been able to do.

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The local authority had commissioned Herts Help to provide information and advice to people in addition to other organisations such as Age UK and Citizens Advice.

The local authority had recognised improvements were needed to ensure people who contacted them received prompt and timely advice. Last year the Gateway service was introduced. This service aims to prevent, reduce and delay need by ensuring people have access to a wide range of information, advice and support with the aim of preventing the need for more formal longer term support. The Gateway team is a multi-disciplinary team who are able to carry out assessments, including carers assessments and occupational therapy assessments. Where a person had more complex needs or were already known to the local authority, they were referred to the relevant frontline staff team.

Connected Lives is the person-centred, values based approach to the provision of social care that is promoted by the local authority. It encouraged staff to have conversations with people to consider their strengths and abilities, to identify what they would like their outcomes to be and to plan to meet those in way that respects the persons preferences and choice. People's human rights were considered as part of their assessment. This was particularly true for those who had no recourse to public funds to ensure that creative ways of providing support were considered where these linked to a person's human rights.

Connected Lives has three steps – Connect and Prevent, Connect and Enable and Connect and Support. The concept and values underpinning Connected Lives was widely understood by the range of frontline staff teams we spoke with. They were all supportive of the person-centred approach and felt that the three steps enabled them to better understand people's individual needs when carrying out assessments. They said that the recording systems were effective to ensure people's care planning was clearly documented and any changes in their needs were reflected.

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The frontline staff worked in multi-disciplinary teams which enabled them to liaise with colleagues swiftly to ensure the appropriate person carried out the assessment. Staff told us that they were able to carry out joint assessments with colleagues where this was in the person's best interests. The frontline staff we spoke with had a very good understanding of the roles of others within their teams as well as knowledge about the roles of other teams across the organisation and within partner organisations such as the NHS. This meant that pathways for a person's support were able to be much more effectively joined up with less opportunity for the support to be delayed or disjointed.

People who spoke with us had varying experiences of how easy it was to find information about assessments. Some had found the information publicly available easy to access whilst others had not known where to obtain information from. All spoke highly of the staff who had carried out the assessment once this had taken place.

People told us their care and support was specific to their needs and the local authority staff had taken time to understand them and what was important to them. This was confirmed by national data which shows that 81.45% of people receiving care and support felt that they had control over their daily lives. This is higher than the England average of 77.21% (Adult Social Care Survey ASCS).

Staff received appropriate training and support to enable them to carry out assessments appropriate to their job role, including specialist teams such as the sensory team. The local authority has had an ongoing challenge in recruiting suitable numbers of occupational therapists. As a way of reducing the waiting lists for assessments, other staff within the frontline teams had received training to do basic assessments so that the occupational therapists were available to support people with more complex needs.

## Timeliness of assessments, care planning and reviews

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The local authority had waiting lists for initial assessments and for reviews. However, there were clear plans in place to triage waiting lists and manage the risk for people. The data provided by the local authority showed there had been a 10% increase in requests for support compared to the previous year. The highest waiting list was for occupational therapy assessments, half of which were housing related, for example where a major adaptation was required. These assessments were taking on average 27 days but some people had waited for several months. On average, people waited for 10 days for an initial care assessment with some people having waited for much longer than that. The data shows that the waiting lists for assessments had reduced since last year which indicated that the steps taken to address waiting lists were being successful.

There was an effective triage system in place to ensure the risk for each person was assessed so that any immediate support needed to keep someone safe was put in place whilst they waited for a full assessment of their needs. The waiting lists were regularly reviewed by teams to monitor risk and prioritise anyone whose needs had increased.

The waiting lists and causes of these were well understood by senior leaders and included in the performance data provided to them by frontline teams. There were clear action plans in place to address the waiting lists, this included the recent recruitment of additional staff into the frontline teams as well as the provision of additional training. One of the lessons learnt from complaints about waiting lists for housing related occupational therapy assessments had been that people now received information about the predicted wait time so they were aware of this.

Staff teams looked for creative ways to address waiting lists. For example, the sensory team held 'drop in' sessions for people to attend where initial assessments could be carried out. This meant any immediate support which could be provided was done straight away whilst the person waited for a more detailed assessment.

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We heard mixed views from people about the wait for assessment. Some had waited many months with two people telling us that they had received initial contact from the local authority but then nothing further for a long time and then six months ago they received an apology for the delay and a subsequent assessment. Others had not experienced any delay in their initial assessment. Views were equally mixed with regard to whether people had received an annual review of their care, although national data showed that 86.03% of people receiving long term support had received an annual review which was higher than the England average of 57.14% (Short and Long Term Support SLTS).

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

The needs of unpaid carers were seen as distinct from the person they were caring for and assessment and support planning was in place for them as individuals. The local authority website contained specific information for carers and how to request an assessment. There were also links to the website for Carers in Hertfordshire who are the organisation commissioned to provide support to carers.

The local authority frontline staff teams were responsible for carrying out assessments for adult carers with Carers in Hertfordshire commissioned by the local authority's Children's service to carry out assessments for young carers.

The experiences of carers we spoke with about access to assessment and planning for support reflected that of people using services. Some people had found the process simple and easy to access with others waiting for long periods of time before receiving an assessment. We also found that carers did not always understand the partnership relationship between the local authority and Carers in Hertfordshire so were not clear about who they were receiving support from. The number of carers satisfied with social services was 37.55% which is very slightly higher than the England average of 36.27% (Survey of Adult Carers in England SACE)

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National data reflects these varying experiences as told to us by carers. For example, 37.65% of carers were accessing a support group or had someone to talk to in confidence which is above the England average of 32.37%. The number of carers accessing training for carers was 6.61% compared to an England average of 4.11%. However, 30.42% of carers reported not being in employment due to caring responsibilities and 45.88% of carers stated they were experiencing financial difficulties due to caring responsibilities, both of which are slightly higher rates than the England average (SACE).

The local authority's Carers Strategy (2022-2025) identified a five-point pathway agreed with health partners with regard to identifying and meeting the needs of carers, including young carers. This includes work with GP practices and schools. The local authority engaged with carers, one of these ways was through the carers co-production board which was jointly chaired by a carer and a local authority senior leader.

## 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 to help with non-eligible care and support needs. This included for people with no recourse to public funds.

Frontline staff teams had a good understanding and knowledge of services available in their area and were able to signpost people directly. They also referred people to Herts Help to provide advice and support to people about a wide range of issues. Herts Help is commissioned by the local authority to provide this service.

## Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. This was made available to the public through the local authority website.

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Data provided by the local authority showed that 11% of the total number of complaints made to the local authority in 2022/2023 were in relation to disputed charges and care costs. Learning from these complaints included additional training for staff to enable them to provide clearer financial information to people.

National data shows that 59% of people do not buy any additional care or support privately or pay more to 'top up' their care and support. This is slightly below the England average of 64.63% (ASCS)

## Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear and transparent. Staff teams received training about financial assessments and the need to ensure people using services, and unpaid carers were aware of the availability of direct payments.

The waiting lists for financial assessments was the highest that it has been since January 2023. On average people were waiting 13 days for a financial assessment but some people were waiting for longer. The local authority advised us that this was linked to the increase in requests for assessment over the previous year. The income and finance team had an action plan in place to improve this, including offering people telephone assessments. The data for this waiting list was contained within the performance data provided to senior leaders for monitoring.

## Provision of independent advocacy

The local authority commissioned external providers of advocacy services. There was one provider who triaged requests for advocacy and worked with the other providers to ensure that advocates met people's specific needs. National data showed that 91.89% of people who lacked capacity were supported by an advocate, family or friend which was considerably higher than the England average of 79.36% (Safeguarding Adults Collection SAC).

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# Supporting people to live healthier lives

## Score 3

3 - Evidence shows a good standard

## What people expect

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

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

## The local authority commitment

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

## Key findings for this quality statement

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

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The local authority worked with people, their partner organisations and the wider community to provide a range of services and resources to promote independence and prevent, reduce or delay the need for care and support. The strategies, including those agreed in partnership with health and other key partners included this as their focus.

For example, the 15 Year Vision for Adult Social Care and the Adult Social Care 4 Year Plan focused on the need for people to be able to lead healthy, purposeful, self-supporting lives, with the aim of this helping to prevent and reduce care and support needs.

The local authority commissioned a partner organisation to provide information and resources about the wide range of services available to people prior to a need for formal care and support.

The recently formed Gateway team gave examples of how they had been able to provide advice and signpost people for support. This team clearly had extensive knowledge of what was available in the community and where to signpost people. There were clearly strong links with other frontline teams so that where needed, referrals were made to other teams. The team was a multidisciplinary team, including occupational therapists. There was also strong partnership working with the Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations. For example, the commissioning team worked with a voluntary organisation supporting people with sight loss to set up a reading group in a library for people with visual problems.

We heard directly from people who had received advice and support to remain independent and prevent them from needing formal care and support. For example, one person told us about the equipment they had been provided with which enabled them to maintain their independence and return to work. Another person told us how they had received support and advice from several organisations which had worked well together with improved outcomes for the person. The person told us they had felt involved throughout the process.

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National data shows that 84.55% of carers found information and advice helpful which is in line with the England average ((SACE). However, we received mixed views from carers, with some telling us about positive experiences and others feeling that they had not received the advice that they had needed.

National data showed that 78.35% of people who had received short term support from the local authority no longer required ongoing support. This was slightly higher than the England average of 77.55% (ASCOF). The local authority had a real commitment to the need for good quality prevention services for everyone who needs it. As a result, they had recently commissioned an external review of their preventative offer.

The local authority had a technology enhanced care offer for people which had recently been reviewed by the Public Health team. One of their priorities was to increase this offer.

Frontline staff spoke very positively about the Early Intervention vehicle which was a county wide initiative to support people who have had a fall with the aim of preventing unnecessary hospital admissions. Another initiative in place to prevent hospital admissions was the implementation of the Prevent of Admissions service which was piloted in the East of the county in 2022 and rolled out across the whole county in 2023. The evaluation of the pilot highlighted positive outcomes for individual people, enabling them to remain at home as well as to avoid the use of emergency resources or admission to hospital.

## Provision and impact of intermediate care and reablement services

The local authority worked with partner organisations, including health, to deliver intermediate care and reablement services that supported people to regain and maintain independence. National data shows that 2.68% of people aged 65 years plus received reablement or rehabilitation services after discharge from hospital. This is in line with the England average (ASCOF).

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The integrated hospital discharge team told us about the arrangements available for people who required intermediate care or reablement services following a stay in hospital. They said that the commissioned services provided sufficient availability. Frontline staff who spoke with us felt that people had positive outcomes following reablement or rehabilitation. National data supports this with 83.65% of people aged 65 years plus remaining at home 91 days after being discharged from hospital into a reablement or rehabilitation service. This is above the England average of 82.18% (ASCOF).

## Access to equipment and home adaptations

Frontline staff teams told us about the partnership work with organisations to ensure that minor adaptations and equipment were provided for people to enable them to continue to live in their own homes.

However, there were waiting lists for people waiting for minor adaptations, these often related to the availability of external contractors, particularly in relation to the fitting of grab rails. The average waiting time was 12 days although some people had waited considerably longer. Staff told us that the waiting lists were regularly reviewed so that any urgent requests were prioritised.

The local authority had plans in place which were starting to address the waiting lists for occupational therapy assessments for more complex situations in relation to the provision of equipment and adaptations to people's homes which had been identified as a risk. One of the actions to address this was to have provided training for other staff to be Trusted Assessors to enable additional assessments to be carried out.

## Provision of accessible information and advice

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The local authority's website provided clear information for people to access information and advice on their rights under the Care Act as well as ways to meet their care and support needs. This included information for carers and those who fund or arrange their own care and support. The website had the option of being able to provide translations and easy read versions of information as well as a live BSL interpreting service. There was also information about how to contact the local authority if a person preferred to talk to someone directly. There were links to the websites of partner organisations for additional information.

The partner organisations, include HertsHelp provide the option for people to receive advice and guidance by telephone and were able to send out printed information to people if they required it.

There was a recognition that not everyone had access to the website and information about services were available in other locations in the community, such as GP surgeries and libraries. Frontline staff spoke about their responsibility to ensure that information in appropriate formats was available to all groups of people within the communities in which they worked. They said that they were able to easily obtain written information and advice for people in a range of different languages if required.

National data shows that 70.9% of people who use services found it easy to find information about support. This is slightly above the England average of 66.26% (ASCS). The number of carers who found it easy to access information and advice was 62.81% which is above the England average of 57.83% (SACE)

We received mixed views from people about how easy they found it to access information. Some found it easy to find the information they needed. However, some carers told us that they had found it confusing to understand the information that they had been provided as there was so much available. They also found it difficult to understand the link between the local authority and the partner organisations who provided support and services to carers.

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## Direct payments

The local authority had provided training to frontline staff teams recently about direct payments to ensure all staff were able to confidently speak to people and support them to make informed decisions about whether to choose to use direct payments. Staff told us that as part of the preventative offer, they were able to swiftly access a direct payment for people to pay for a one-off service or piece of equipment that would support them. There was a maximum amount which could be accessed and staff were able to do this more autonomously than the process for ongoing direct payments.

A year ago, the local authority put in place a new team to support people with the management of direct payments and individual service budgets. The redesign and commissioning of this service was done in co-production with people who used direct payments. The implementation of the new support service had reduced waiting times for direct payments.

We heard positive outcomes for people using direct payments. For example, a one-off direct payment had enabled a carer to have a break, and another person was able to use the direct payment to facilitate having culturally appropriate food whilst in hospital. These were really positive outcomes for those individuals.

The number of people who no longer use direct payments had reduced for carers over the last year and remained fairly stable in terms of people who received a service. The main reasons given for this was that the service was no longer appropriate or that the person had changed their mind about the use of direct payments. The local authority had a process in place to continually monitor the use of direct payments and reasons when these were stopped so that they could ensure that any issues could be identified and actioned.

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National data showed that 76.81% of carers received direct payments which is in line with the England average. There was an overall total of 30.09% of people using services who received direct payments which is slightly above the national average of 26.22%. There was a greater number of working age adults who accessed direct payments than those aged 65 years plus although both were above the England average (ASCOF).

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# Equity in experience and outcomes

## Score 3

3 - Evidence shows a good standard

## What people expect

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

## The local authority commitment

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

## Key findings for this quality statement

## Understanding and reducing barriers to care and support and reducing inequalities

The local authority had a good understanding of the changing demographics that had taken place in the area in the last few years and the impact that this had on requests for support and services. There was good partnership working with Public Health with regard to the predictions for further demographic changes over the forthcoming years. This had influenced strategies for the provision of services, such as the 15 Year Vision for Adult Social Care.

Strategies, such as the Hertfordshire Health and Wellbeing Strategy (2022-2026) reflected the partnership working with health and the VCFSE sector in relation to identifying those most at risk of inequalities and to have plans in place to address these. The local authority commissioned Healthwatch to carry out research to better understand how the support and information service was working. Healthwatch were confident that the local authority listened and took action following their feedback.

As part of the long-term plan to address inequalities, the local authority introduced their Equity, Equality, Diversity and Inclusion programme for culturally competent care, Shaping our Services in 2023. This strategy had been rolled out across the local authority and frontline staff confirmed that they had attended workshops to better understand the purpose of the strategy.

The Director of Adult Social Services was passionate about the need to identify those at risk of inequalities in health and social care and then to take action to address this. This was reflected in our discussions with frontline staff also. One member of staff told us diversity was a much bigger conversation that it had ever been before and that it was celebrated within the local authority.

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Frontline staff had a very good understanding of the communities in which they were working and who the people or groups were who were at risk of inequality of service in those areas. They told us about a range of work taking place, for example, a project supporting carers from the South East Asia region, as well as work taking place to ensure that the views of the Gypsy and Roma community were heard with regard to their needs.

Clear learning had taken place from reviews to identify where action was needed to address inequalities. For example, learning from work with people with a learning disability and the outcomes of Learning Disability Mortality Reviews (LeDeR) had led to the development of a Frailty and Learning Disability risk framework to identify people with a learning disability who are particular risk from additional health issues. The pilot of this framework had recently been evaluated and was being implemented across the county. Frontline staff told us that they found this really helpful in identifying risks in people where risks around frailty were not immediately obvious.

The focus on involving people with lived experience in co-production in the eight different co-production boards provided additional opportunities to identify groups and communities who may be at risk of inequalities in health and social care. The local authority had a commitment to engage with specific groups to encourage their involvement in the co-production boards.

Whilst there were many strategies in place which talked of people at risk of inequalities in with regard to health and social care there lacked one overall strategy which linked all of those together and clearly identified the work taking place with different groups and communities. Not all senior staff were entirely clear about what the priorities were in terms of the equality strategy.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions. This formed the basis of all strategies with regard to equity of provision of services.

## Inclusion and accessibility arrangements

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Frontline staff told us that they were able to access interpreters when needed and for the written word to be translated to ensure that communication was effective. This was confirmed from our discussions with the VCFSE although we were told that there was currently a shortage of British Sign Language interpreters. There were plans in place to address this and to provide suitable alternatives for people in the interim period.

The local authority website, and that of partner organisations, had the availability of translating information into other languages as well as altering the view to enable options for people in terms of accessibility.

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## 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 coordinated, and everyone works well together and with me.

## The local authority commitment

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

## Key findings for this quality statement

### Understanding local needs for care and support

The local authority worked with local people and stakeholders, and used available data, to understand the care and support needs of people and the communities they live in, including those from seldom heard groups. The Joint Strategic Needs Assessments clearly show the situation relating to people with a range of need, including those who were most likely to experience poor care and outcomes, as well as unpaid carers and those with protected characteristics.

The local authority had eight co-production boards which were all co-chaired by someone with lived experience. These covered a range of needs and all linked into the overall strategic co-production board. People with lived experience were involved in the development of specific strategies, such as the Dementia strategy. In addition, the co-production board for people with a learning disability recognised that they were not fully meeting the needs of autistic people who did not have a learning disability and so a separate co-production board was set up to address this.

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There were plans for further development of co-production focusing on the groups and communities who had more recently been identified as being at risk of not having equal access to services as others.

## Market shaping and commissioning to meet local needs

People had access to a range of diverse local services that were safe and provided good quality care and support. There was a variety of providers of residential, nursing and homecare services. National data indicated that 66.4% of people who used services felt that they had choice over the services they used. This was in line with the England average (ASCS).

The local authority worked closely with Public Health to ensure there was a good understanding of the population of Hertfordshire. Data was also obtained from the Joint Strategic Needs Assessments (JSNA). Generally, Hertfordshire is a fairly wealthy county with a score of 2 on the Indices of Multiple Deprivation (where a score of 10 is the most deprived areas). However, the local authority were aware of areas in the county where there was considerable deprivation and the causes of this. The local authority's Market Sustainability Plan and Market Position Statements reflected this understanding of the current population and were clear about the planning required for the services predicted to be needed. For example, the JSNA for people living with dementia predicted that the diagnosis rate for people in Hertfordshire was in line with the England average. Recommendations arising from this JSNA included the need for equitable access to diagnostic treatment and for an improvement in screening in care homes and extra care services. The local authority's Dementia Strategy was developed from information in the JSNA and involved co-production with people with lived experience.

Another example was that the JSNA for people with a learning disability predicted that in the next 10 years there will be a higher number of adults with a learning disability aged 65 years and over and less of working age. This information had influenced the development of housing strategies and commissioning strategies, including the development of supported living accommodation and support.

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Commissioning strategies and market shaping activity supported the sustainability and further development of services specifically focused on the needs of people now and those predicted over the next few years. The local authority's strategies were aligned with the strategic objectives of partner agencies such as housing and health. There was clearly partnership working in relation to the development of services for people with specific needs which the local authority had identified were going to be needed in the forthcoming years.

The local authority worked closely with the District and Borough Councils with regard to housing strategies and the need for good quality housing and the impact on social care was clearly understood by all involved. This work was incorporated in the 10 Year Supported Housing Strategy (2017-2027) and the Extra Care Housing Strategy.

This collaborative approach to commissioning and market shaping was also reflected in the strategies relating to the needs of unpaid carers. The JSNA for unpaid carers included recommendations. These were considered as part the consultation which took place in 2020 involving carers through Carers in Hertfordshire. Following this consultation the Carers Strategy was published in 2023. The strategy involves a five-year plan to develop and improve services for unpaid carers. This includes taking steps to find out the needs of carers from communities in which they may not have been identified as carers. One of the key priorities of the strategy is the provision of respite care. National data shows that the percentage of carers able to take a break in an emergency or for a period of over 24 hours was in line with the England average. However, the percentage of carers able to take a break for a period of between 1 and 24 hours at a time was 37.54% which was considerably higher than the England average of 27.61% (SACE).

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Commissioned care was based on recognised good practice. The commissioning strategies and market shaping plans were focused on, wherever possible, preventing and delaying people's need for more formal support. As a result, work had taken place on a partnership basis to increase the availability of supported accommodation with a new extra care housing service having opened in 2023 and a further one planned for 2024. In addition to this, there had been a recognition of the need for more nursing provision, including for those people living with dementia, and less reliance needed on residential provision. Again, partnership working was in place which had seen the opening of one new nursing home and further work planned in 2024.

The local authority commissioned homecare mainly through a number of preferred providers. Spot purchasing from providers who were not on the Framework was available where those providers were unable to meet the need or when a person's choice was to use another provider.

## Ensuring sufficient capacity in local services to meet demand

The local authority was proactive in identifying where services were required to meet people's needs and in working in partnership with health, providers and the voluntary and community sector to provide those. For example, the Framework for Community Opportunities for people with disabilities was developed through co-production with people with lived experience in recognition that what had been provided was no longer meeting people's needs. This led to a range of new services being commissioned and provided which are more flexible and accessible at a range of times across the day/week.

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Commissioning and market shaping strategies were focused on those areas where it had been identified that there was a need to further develop services. These included nursing homes, including for people living with dementia, supported housing including extra care housing and also services for working age adults with more complex needs and/or co-morbidities. The waiting lists for services reflected the challenges that the local authority was aware of. For example, in a three month period there had been 21 referrals for residential care for working age adults, all of whom had complex needs. At the time the data was collected there were 11 people waiting and the average wait was 39 days. There were 7 people on the waiting lists for supported living, out of a total of 46 referrals in that three month time period. The average wait was 37 days and was longer where people also had mobility needs.

The average wait for a homecare service was 14 days out of 1889 referrals during the three month period. The longer waits were all due to the specific locality where people lived as in some areas, for example rural areas, it was harder to recruit staff. The upcoming recommissioning of the homecare contract was expected to improve this.

Out of 262 referrals for residential or nursing homes for older people the average wait was 16 days and there were 10 people on the waiting list. The reason for 4 of the people waiting was a lack of preferred homes at the local authority rate. People gave us mixed views about how easy it was for them to find a suitable service for themselves or a relative.

The local authority worked very proactively with the Hertfordshire Care Providers Association (HCPA) with regard to market shaping and developing new models of care. This includes the current development of further nursing home provision.

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Hertfordshire Partnership Foundation NHS Trust provides the commissioning and provision of adult social care services for adults with a mental health need. The Trust used the same quality tool as the local authority to assess the quality of the services and reports concerns through the Hertfordshire Safety and Improvement Process. The local authority has oversight of commissioning through the Section 75 agreement that is in place. A Section 75 agreement is an agreement between the local authority and an NHS body which includes arrangements for pooling resources and delegating certain functions to the other partner.

There were 618 people who lived in the local authority area receiving a service from outside of Hertfordshire. Many of these were receiving a service from a provider very close but over the county border. The local authority had agreements in place with other local authorities which set out each authorities' responsibilities, this included the commissioning team's monitoring to include out of county placements. The frontline staff teams were responsible for carrying out reviews of people's needs as part of their Care Act duties.

The local authority had carried out a thorough review of the 80 people who had been placed out of county in the previous year. This showed that over half of the decisions to move out of county were due to the person's choice, mostly to be nearer to family and friends. Five people moved out of county as they felt they would receive more culturally appropriate care. There were 12 people whose needs could not be met in Hertfordshire. These people had complex needs and the local authority had already identified this type of provision as an area in need of improvement.

There were six people placed in out of county hospitals due to the complexity of their needs, including learning disabilities and mental health needs. There was a team responsible for reviewing the needs of these people and ensure their needs were being met.

## Ensuring quality of local services

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There were clear arrangements in place to monitor the quality of the services provided and to take action where concerns were identified. In September 2023 the revised Provider Monitoring and Assurance Framework was introduced which incorporates the Provider Assessment and Market Management Solutions (PAMMS) which had been in place previously. The provider monitoring and assurance team gathered the views of people using the service as part of their PAMMS assessment.

The local authority had been one of the first to use the PAMMS Risk Profile and Landscape Tool which brings together information about quality of services from a range of sources, including Care Quality Commission (CQC) ratings. It also includes information about local services and cost data to give a picture of adult social care across the county which enables the commissioning teams to make key decisions.

The number of CQC registered adult social care services rated as Good or Outstanding was around the same as the England average with ratings of nursing homes being slightly lower (74.7%) than residential care services (82.6%). 14.81% were rated as Requires Improvement and 2.22% rated as Inadequate. Almost 10% had not yet been rated. The local authority had already identified the issues relating to the quality of care in nursing homes and these had influenced the commissioning strategy for nursing homes.

The CQC ratings of home care services were 4.5% rated as Outstanding, 53.82% rated as Good, 10.07% rated as Requires Improvement and .35% as Inadequate with approximately 30% of home care services not yet rated.

## Ensuring local services are sustainable

The local authority had invested considerably in the provider market to support them to develop and maintain a good quality workforce. Providers were required to agree to the Hertfordshire Care Standard as part of their contract agreements. This set out the expected working conditions for care workers. This included ensuring a sustainable wage was paid which was competitive with local service industries. Also, that staff should receive sick pay, holiday pay and that travel was paid in addition to the staff salary.

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The local authority paid a rate to providers which ensured that their staff were paid above the Real Living Wage. Any recent fee increases to providers was with the express intention that staff wages would rise. The Hertfordshire Care Standard was monitored through routine contract compliance visits by the local authority.

All commissioned regulated providers were required to join the Hertfordshire Care Providers Association (HCPA) which worked very closely in collaboration with the local authority. The association channelled information to all providers and gathered information on behalf of providers to feedback to the local authority. Providers told us that there were very good relationships with the local authority and that they felt that HCPA, and therefore providers, were considered a key partner in terms of market shaping and ensuring standards of care and support were of a good quality. The regular engagement ensured that the local authority had a good understanding of the challenges facing the provider market and were able to consider these as part of their strategic planning.

Providers were involved in the Market Sustainability and Fair Cost of Care exercise. Providers had benefited from the local authority's commitment to ensuring that care workers were paid fairly and at a rate that was above the Real Living Wage. This helped to support providers to remain sustainable as they were better able to recruit and retain staff.

The provider monitoring and quality assurance team used a risk matrix approach to monitoring care services. There was a good understanding of the factors that cause provider failure and plans were in place to prevent this wherever possible. Partners told us that the local authority worked proactively with them to share information about risk and particularly in circumstances where there was provider failure and a need to find alternative services for people. For example, in the last year a provider of a large service for adults with a learning disability had closed with a high number of people needing to move within a short period of time. Partners told us the local authority worked well with them with a real focus on assessing people's needs and finding the right place for them that was of their choosing.

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In the previous 12 months, 6 supported living and 7 residential services had handed back contracts which affected 41 people. Again, the local authority worked with HCPA and partners to ensure suitable alternatives were found for people.

The HCPA said that the local authority has invested strongly in training for the wider social care workforce. On behalf of the local authority in 2023/2024 they provided training to 3,500 members of staff. This included working with the local authority to be one of the first areas in the country to roll out the Oliver McGowan training programme which is recognised as being a requirement for all providers/staff working with people with a learning disability.

This commitment to training of the adult social care workforce was reflected in national data which showed that 56.7% had completed the Care Certificate compared to an England average of 49.65%. The level of vacancies and rate of turnover was in line with the England average (Skills for Care Workforce Estimates).

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# Partnerships and communities

## Score 4

4 - Evidence shows an exceptional 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

There was a real commitment across the local authority to partnership working to enable strong and collaborative relationships with partner organisations which secured the best outcomes for people. The maturity and long term stability of the senior leadership team meant that this approach was consistently implemented and well understood through the staff teams. This was also consistent with the drive for continuous improvement in terms of meeting people's needs. The feedback we received from partner organisations was overwhelmingly positive about partnership working with the local authority.

The local authority worked in a very collaborative way with a range of partners. There was a real commitment to strong professional partnerships being key to ensuring that people's needs were met in a range of ways, particularly when accessing more than one service.

The Director of Adult Social Services and the leadership team set the culture and expectation around the commitment to effective partnership working. Feedback from staff and leaders at all levels was that whilst they had strengthened their relationships with partners during the pandemic it was actually the fact that there were already effective strong partnerships which enabled them to work very effectively together during that time.

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The post of Director of Health Integration was a jointly funded post with the Integrated Care Board (ICB). The postholder was part of the local authority senior leadership team. This supported the positive relationships in place with the acute Trusts and promoted the voice of adult social care in joint strategies agreed with the ICB such as the work currently being undertaken around people with complex health and social care needs.

The partnership working was really key to ensuring positive outcomes for people. For example, the integrated hospital discharge team was a jointly funded team with health. The team spoke very highly of the positive aspects of the integration of social care and health staff working collaboratively to support people to be discharged from hospital to the place that best met their needs with a person's own home always being the aim. They felt that the positive working relationships they had with those teams ensured that they were able to gain advice and guidance promptly when needed. For example, they were able to get prompt advice from specialist teams such as those supporting people living with dementia, specific health conditions or domestic violence which meant that people received a seamless service with limited delays.

The discharge team also worked very closely with partner organisations to ensure that any equipment was in place for those returning home. The team gave us several examples of the positive outcomes for people. This included people being able to go home on the day of their planned discharge as equipment was already in place to support their independence at home. For some people the availability of the equipment enabled them to retain their independence and reduced the need for formal homecare support. The data also supports this proactive partnership working with regard to positive outcomes for people. National data indicates that 83.65% of people aged 65 years plus were still at home 91 days after discharge from hospital which was higher than the England average of 82.18% (SLTS). The waiting lists for people waiting to be discharged from hospital were greatly reduced and targets for discharge were exceeded.

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One of the people we spoke with told us about their very positive experience of partnership working between the social worker and other organisations. They said that the social worker had co-ordinated the support with four other organisations to ensure a joined up service for the person where everyone communicated well. They had even provided all of the information in a written format which supported the person to share with their family the plans that were in place for their support. This meant that the person was able to maintain their independence and remain living at home. They told us that they had really appreciated the additional steps that the social worker had taken to ensure that all organisations worked together to meet the person's needs effectively.

The local authority teams worked very closely in partnership with their colleagues in the District and Borough Councils in relation to housing and are key partners in the strategic housing boards. This work has been key to the identification of where need is across the county and the subsequent planning and development of supported housing. This has led to the opening of one new extra care housing complex with another planned in the areas where the need had been identified.

In addition to this there is a mature, effective partnership with the Hertfordshire Care Providers Association (HCPA) which has also led to increased availability of homecare and of plans in place to provide a considerable number of additional nursing beds by the end of the year. Another result of the strong partnership working with HCPA has been to assist in the safe and efficient discharge from hospital to care homes where that was assessed as being the appropriate place for someone through the Impartial Assessor Service which carried out 1500 assessments from April to December 2023.

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Staff and senior leaders told us about the range of other organisations who they worked with in relation to developing strategies as well as directly working together to ensure people received the support that they needed. This included a range of organisations working together as part of the Making Every Adult Matter (MEAM) process which aims to support the most vulnerable people in communities. This is early in the pilot stage but has clearly had benefits for people who would previously not have received support from the range of providers in such a joined up way. People being supported by the MEAM process received consistent ongoing support from professionals working together in a joined up way. The support was provided for longer periods of time than was usual which was beneficial to people who were particularly vulnerable and whose needs had not previously been able to be met through short term support. Other key partnerships included the police, fire and other public protection bodies, particularly with regard to ensuring people's safety, both in preventative measures and through joint investigations where harm has been caused with clear lessons learned and shared.

The Learning Disabilities and Autism Strategic Partnership Board led the continued joint working under the Transforming Care programme. Through effective partnership working there have been improved outcomes for people. For example, Hertfordshire was meeting the trajectory for reducing the use of secure beds as people moved to more community based settings. This was really positive for those people who benefited from moving out of long stay secure hospitals. This was only possible through the ongoing partnership working between the local authority, the mental health Trust, care providers and housing partners.

We spoke with a range of partners who worked with the local authority and all of those who worked directly with them spoke overwhelmingly positively about the relationships in place at all levels of the organisation. We heard from more than one partner that they found the relationship with this local authority the most positive they had ever experienced. They spoke positively about the culture of the organisation and how staff were focused on meeting people's individual needs, always looking to be creative with partners about how this could be done.

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The focus on the importance of effective partnership working was present within the local authority as well as with external partners. All of the frontline teams who we spoke with were very positive about the benefits to the people they supported of working together effectively with their colleagues across the local authority. They felt that the multi-disciplinary make-up of the locality teams ensured that they had a wide range of knowledge within their own teams. Many staff also had a very good knowledge about the range of specialists within other teams, some of this knowledge had come about due to staff having worked in other teams and some as a result of shared learning events as well as the more formal directories.

## Arrangements to support effective partnership working

Where there was partnership working there were clear arrangements in place for governance, accountability, quality assurance and information sharing. The staff who we spoke with were very clear about their roles and responsibilities and that of the partners who they worked with.

For example, there was a Section 75 agreement in place between the local authority and the ICB to jointly commission services for people with a learning disability and those with mental health needs. The Section 75 agreement with Hertfordshire Partnership Trust enabled the Trust to carry out the delivery of social care duties to those with mental health needs. The integrated teams that were in place due to these arrangements worked effectively to improve outcomes for people. The frontline staff teams told us how positive it was to have learning disability nurses as part of the team. The nurses provided information and support to other staff as well as working directly with people with a learning disability. The integration of nurses in the front line teams improved communication between the professionals involved in a person's life and also reduced the number of them involved which benefited the person receiving support.

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The Better Care Fund (BCF) was used to fund integrated work, including the rapid response service which had been piloted in one area of the county but following evaluation was being implemented across the whole county. This was linked to one of the priorities of the fund which was to reduce preventable admissions to hospital and had successfully achieved this outcome. Other priorities were reablement and homecare, to improve carers services and to use assistive technology to improve services and maintain independence.

We received feedback from a senior leader who felt that the local authority was ambitious and were leaders in partnership working that had improved outcomes for people with the use of the Better Care Fund.

The strong partnership working between the local authority and the health Trusts meant that progress was taking place with regard to the use of shared care records. Staff told us of the positive benefits of this which included a lack of duplication, improved communication and a much clearer understanding of the overall support that a person needed and was receiving.

## Impact of partnership working

The local authority had systems in place to monitor and evaluate the impact of partnership working on the costs of social care and the outcomes for people. As well as formal governance systems the positive working relationships with partners meant that when any concerns or issues arose where possible these were able to be addressed more swiftly. Where there were Section 75 agreements in place there were separate governance arrangements in place for the agreements as well as for the work being carried out under those agreements.

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There were systems in place to gather the views of people who used services, this included through formal co-production boards but also through asking for direct feedback following a period of contact with the local authority. This enabled the local authority to monitor the effectiveness of their partnership working and to identify areas where improvements were needed.

## Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary, community, faith and social enterprise (VCFSE) organisations to understand and meet local social care needs. The Community and Wellbeing team commissioned the VCFSE sector and this had included commissioning services that support the organisations themselves, for example services to encourage and recruit volunteers.

The majority of people who we spoke to from the VCFSE groups were very positive about the relationship between themselves and the local authority. They spoke positively about the local authority's commitment to improving services and meeting people's needs. Where people did not speak so positively this was where the direct relationship was not with the local authority and so it was difficult to ascertain whether there really was an issue or whether the lack of direct communication was to be expected as the VCFSE Alliance had the relationship with the local authority and the smaller VCFSE groups.

Whilst there was excellent partnership working with clear positive outcomes for people when we spoke to individual people they were sometimes not clear who was providing their support and did not always understand that the service they received from the VCFSE sector was in fact commissioned by the local authority.

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The VCFSE Alliance had recently been formed which provided an overarching organisation for those smaller groups who provided a wide range of services within the community. One of the priorities for the local authority's partnership with the VCFSE Alliance was to better understand the needs of people within the different communities as they were very well placed to identify these, particularly with regard to where people may be at risk of not receiving services. The local authority involved the VCFSE sector in co-production and the development of strategies.

The Alliance told us that the local authority couldn't be more helpful to the voluntary sector and that they were always the first to support the sector. They said that they had very positive relationships with the local authority and spoke highly about the commissioners who really got involved and understood the issues rather than just contracting with them and then having no contact.

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## Theme 3: How Hertfordshire County 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 3

3 - Evidence shows a good standard

## 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

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The local authority had a good understanding of the risks to people across their care journey and worked proactively with health partners and other organisations to ensure systems to keep people safe during transitions were effective.

There were clear cross service protocols in place in relation to ensuring that when people moved from one service to another this was done in a safe way, including the escalation process where risks or problems were identified. In addition to this there were partnership agreements in place for specific situations. For example, a clear policy in relation to Continuing Healthcare funding and an agreement in place with the mental health trust regarding the transition of young people with mental health needs to adult services. Relevant policies and agreements included risk management and information sharing arrangements.

The local authority had clear guidance in place for staff with regard to the sharing of personal information in ways that protected people's rights and privacy. The local authority and health partners had safe shared IT access to people's care records which supported accurate information sharing and shared risk management.

## Safety during transitions

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The 0-25 Together team is a joint team comprising frontline staff from Children's and Adults social care teams. This is the team who support young people transitioning from children's to adult social care. Staff told us that planning for transitions to adult services usually started when the young person was 14 years old, and the aim was for them to have moved to adult services by the time they were 25. They felt that this longer period of time for staff to get to know the young person enabled them to fully understand their needs. In addition, they felt that it was best to transition people to adult services at 25 rather than 18 years of age as by then other transitions for people had usually already happened, such as leaving school or college and possibly leaving home and living more independently. Staff told us about working creatively in order to maintain stability and continuity of care for young people transitioning to adult services. For example, the use of direct payments to enable a young person to continue to be supported by a provider who was not on the local authority's adult's framework of providers but who was able to continue to meet the person's needs as they moved into adult services. Staff were also positive about the recent addition to the team of a Preparing for Adulthood practitioner.

The Transforming Care team worked closely with commissioners to develop bespoke services where necessary for people moving from long stay hospitals into more individualised services. They told us about the importance of building effective relationships with providers and staff in other local authorities where people were placed out of Hertfordshire. This was in addition to local authority staff remaining responsible for visiting the person placed out of county as a way of assuring the quality of the service provided and to ensure it continued to meet the person's needs.

The integrated hospital discharge team worked effectively to ensure that there were safe transitions for people moving out of hospital. The discharge to assess model worked well and partnership working was in place to ensure that minor equipment was in place prior to someone returning home.

## Contingency planning

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The local authority had contingency plans in place to ensure preparedness for possible interruptions in the provision of care and support. These were clear and ensured that there were plans in place to respond to different scenarios, such as another pandemic or major loss of utilities. They included information about where partnership working was required. The plan had been reviewed in 2023 and was clearly kept under regular review.

There was a specific contingency plan in place with regard to adult social care provider failure. This had been implemented successfully in 2023 when a provider of a large service closed this with short notice.

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# Safeguarding

## Score 3

3 - Evidence shows a good standard

## What people expect

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

## The local authority commitment

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

# Key findings for this quality statement

## Safeguarding systems, processes and practices

There were effective systems and processes in place to provide protection for people from abuse and to investigate safeguarding concerns that were raised. The local authority had reviewed the way they were dealing with safeguarding referrals a few years ago. They had implemented a revised centralised structure which all staff told us worked very effectively and which improved oversight.

There was clear partnership working with other organisations, such as the health trusts, police and care providers. Partners told us the systems in place were clear and there was effective oversight by the local authority of the progress and outcomes of investigations. There were information sharing arrangements in place to ensure this did not delay investigations.

The local authority worked in partnership with the Safeguarding Adults Board and other partners to identify the key safeguarding themes and risks in the area with plans in place to address these.

National data showed that 69.95% of people who used services felt safe which is in line with the England average (ASCS). In addition, the data shows that 88.42% of people who use services felt that those services made them feel safe, this is also in line with the England average (ASCS). The percentage of carers who felt safe was 82.20% which also showed no statistical variation with the England average (SACE).

Care providers were very positive about the knowledge of the safeguarding team and felt that they were well trained.

## Responding to local safeguarding risks and issues

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Lessons were learned when people had experienced serious abuse or neglect and action was taken to reduce future risks and drive best practice. Themes and trends were also identified through reviews of safeguarding enquiries. Frontline staff confirmed to us that learning was shared in a variety of ways, including bulletin updates and lunch time learning sessions.

There was a clear understanding of the safeguarding risks in the local area with plans in place to address them and share the learning across the local authority and partner organisations. For example, following the outcome of a Safeguarding Adults Review the increasing risks of 'cuckooing' were identified and improvements for organisations identified. Cuckooing is where people take over the home of a vulnerable person with the purpose of exploitation. This led to a specific pathway for concerns about cuckooing and changes to recording of these. Information is being developed for the public and professionals with an awareness campaign planned. The risks to people associated with being homeless and the contributing issues was an area where a thematic review was carried out following homelessness identified as an issue in three recent Safeguarding Adults Reviews. Recommendations from the thematic review were shared with all relevant partners, including the local authority.

The Principal Social Worker sits on one of the subgroups of the Safeguarding Adults Board in relation to Safeguarding Adults Reviews. This enabled them to identify any practice improvements which were directly reported to the local authority's practice governance board for oversight of learning to be shared across the local authority.

Providers of registered adult social care services were positive about whether learning was shared with them following safeguarding investigations with 63% of respondents saying that this 'always' took place.

## Responding to concerns and undertaking Section 42 enquiries

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All safeguarding concerns and referrals went to the safeguarding team where they were triaged and then decisions made about whether the eligibility for a Section 42 investigation was met. A Section 42 enquiry is a legal requirement under the Care Act 2014 for local authorities to make enquiries, or have others do so, if an adult may be at risk of abuse or neglect.

All Section 42 enquiries were passed to the locality teams to progress them with oversight from the safeguarding team practitioner. Staff said that the advantage of working in this way was that often the person was already known to one of the frontline teams and therefore it was more appropriate for someone they knew to carry out the investigation. Concerns were also passed to the frontline staff teams. All of the frontline staff we spoke with, including those in teams other than the locality teams had a good understanding of the safeguarding procedures and their roles and responsibilities within these.

Where safeguarding referrals related to someone using an adult social care service from a regulated provider the providers might be asked to investigate the referral. This decision was based on a risk assessment and where it did take place the safeguarding team retained oversight of the investigation.

The safeguarding team triaged all safeguarding referrals with good oversight from the safeguarding team manager which ensured that there was consistency with regard to the triage process and identifying those which met the threshold for an enquiry. The safeguarding team retained oversight and quality assurance responsibilities for the Section 42 enquiries and identified themes and trends from the outcomes.

There had recently been challenges in recruiting to the safeguarding team although action taken to address this had been successful with new appointments having been made. In the time in between this the local authority had employed agency staff on a consistent basis to manage the risks of staff vacancies.

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The number of safeguarding referrals received by the local authority had been increasing and the number of Section 42 enquiries has also continued to increase. For example, in 2021/2022 the percentage of referrals that went on to be triaged to meet the threshold for an enquiry was 44%, in 2022/2023 it was 47% and so far for this year (2023/2024) up to the month end of February 2024 it was 55%.

This had presented increased pressure on the safeguarding teams as well as the locality teams. The most recent data provided by the local authority (March 2024) showed that there were 46 concerns awaiting review and triage to assess whether they met the threshold for investigation. The local authority's timescale for triage was 24 hours and the average for doing this was 7 hours with the maximum wait 8 days. There were 33 referrals that had met the threshold for an enquiry which were waiting to be allocated within a frontline team and 958 active investigations taking place.

The safeguarding manager had good oversight of the situation regarding waiting lists and there was a risk management process in place to ensure that allocation waiting lists were monitored daily and anywhere the risk had increased was treated as priority.

One of the issues the local authority had identified as causing delays in safeguarding referrals being dealt with was those where information was missing. They had developed a new portal for professionals to use which prompted the person completing it for the necessary information for the referral to be triaged more promptly.

The frontline staff we spoke with said that providing feedback to the referrer was an important part of their processes. However, not all providers and partners felt that they did always receive an update about safeguarding referrals that they had made.

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The local authority had a very high number of Deprivation of Liberty Safeguard applications waiting to be reviewed. Again, they had taken a risk-based approach to this to ensure that regular monitoring of the waiting list took place to ensure that where risk changed all urgent applications were prioritised. Additional training had been provided to frontline staff to increase the number of staff who could complete the application approval process.

## Making safeguarding personal

Following a review of a complaint the local authority had received they had produced a factsheet for people involved in safeguarding investigations which explained the process and timescales involved. The aim was to improve people's understanding and also to manage expectations. The learning about the need to inform people from the beginning about the predicted timescales was shared with staff to ensure the person affected and other relevant people had that information and that they were then kept informed of any changes to this.

People who had been involved in a safeguarding investigation told us that they felt very involved in the process and that staff had been very helpful in explaining the process to them at all stages. They felt their views and wishes had been considered.

National data shows that 90.52% of people lacking capacity were supported by an advocate, family or friend during the safeguarding process. This is significantly above the England average of 83.12% (SAC)

As a way of identifying strengths and areas for improvement in terms of making safeguarding personal the local authority and the Safeguarding Adults Board have recently commissioned a piece of work to involve people who have been through the safeguarding process to obtain their views about the process. It is intended that the outcomes and any recommendations will be shared and influence future strategies.

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# 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

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There were clear and effective governance, management and accountability arrangements at all levels within the local authority. There were clear processes in place which utilised data and performance metrics as well as examples of people's experiences to bring to life the reporting of outcomes and performance. These provided visibility and assurance on the delivery of Care Act duties, quality and sustainability of services as well as people's experience. For example, the ASC Assurance Board reports provided good oversight with detailed analysis looking at variations in data and targets. Overdue progress was clearly tracked with a risk management approach taken.

There were clear and effective risk management processes in place. The risk register was reviewed and updated regularly. It was clear that the issues identified on the risk register matched those identified as priorities within the relevant strategies, for example, the need for additional supported accommodation. The senior leaders said that they were confident in the performance data that they were provided with and that this supported them in effective decision making.

There was a stable adult social care leadership team in place, all of whom were passionate about providing good outcomes for people. The leadership team was led by a very committed and motivational Director of Adult Social Care (DASS). The culture of the local authority was one which senior leaders, including the Chief Executive were proud of. The culture was clearly understood by staff at all levels and one which they found to be positive and empowering.

Staff told us that leaders at all levels were visible, capable and compassionate. Staff felt able to speak up and escalate risk. They told us that they regularly reviewed risk on their caseloads with their line managers and that the management of this was a shared responsibility. They described a flexible, safe and supportive culture. We heard that directors attended workshops with staff to hear about their views and that the DASS had been out on visits with the frontline staff teams. Staff told us that the senior leaders had been open with them in discussions about the current budgetary challenges and that this made them feel included and able to understand decisions that had to be made.

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The local authority's political and executive leadership were kept informed of the risks and the strategic priorities. There were good relationships between political parties and effective challenge took place, including at scrutiny panel. There was confidence in the leadership of the DASS and senior leadership team.

## Strategic planning

The local authority used information about risks, performance, inequality and outcomes to inform its adult social care strategy and to allocate resources. There was a real focus on hearing the views of people who use services, including unpaid carers and people with a learning disability. There were 8 co-production boards in place, each co-chaired by a person with lived experience. Information from these boards informed the strategic co-production board.

## Information security

The local authority had clear policies and procedures in place in relation to the security of information. This included the training requirements for staff to ensure they fully understood their responsibilities. The Caldicott Guardian role was held by the Director of Planning and Resources and they sat on the ASC management board. A Caldicott Guardian is the senior person responsible for protecting the confidentiality of people's health and care information.

The local authority and NHS had worked together to enable staff to access health records and vice versa as part of the ICB arrangements for the Hertfordshire and West Essex Shared Care Record. This was a result of excellent partnership working with the joint aim of improving care for people and making the system more efficient. Staff told us that this really helped with reducing the number of times someone had to repeat their story and also to improve integrated working.

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# 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

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There was an inclusive and positive culture of continuous learning and improvement across the local authority. Staff at all levels told us that they were supported to take part in learning and development opportunities. This included specific specialist training to enable staff to carry out their roles more effectively as well as professional qualifications. For example, the sensory team were trained to level 3 to carry out low vision assessments and a number of the team were trained to carry out level 5 assessments for deaf/blind people. There were a number of staff who had qualified as social workers having been supported by the local authority through the apprenticeship route. The local authority also has a researcher in residence who provides support to staff to combine research and study.

The Principal Social Worker was also the Director of Practice and Quality which enabled them to have oversight of the standard of the workforce as well as ensuring that learning from events was shared across the workforce. The inclusion of the Principal Social Worker in the leadership team ensured that the voice of social work was heard at that senior level. It also ensured that best practice and continuous improvement was embedded within the senior leadership team. Staff told us that learning from events such as Safeguarding Adults Reviews were regularly shared with them in a range of ways. They said that they had good opportunities for support through formal supervision as well as through peer group sessions which were often led by advanced practitioners and focused on discussion and learning through the review of real-life situations.

The staff told us that they were encouraged to work creatively, with partners where appropriate, to find solutions to improve people's outcomes where this may be proving a challenge. For example, we heard about an innovative solution for the support for someone from the Gypsy/Roma community which enabled them to maintain their cultural lifestyle as well as having specific social care needs met.

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The local authority engaged with others to develop innovative and creative solutions where an issue was identified. For example, the frailty risk assessment for people with a learning disability was developed with support from the local university and the Public Health team. This was in response to a strategic priority to reduce the health inequalities experienced by people with a learning disability.

The local authority was proactive in participating in peer review and sector-led improvement activity. The recommendations from the most recent LGA peer assurance review were seen to have been incorporated into relevant strategies and action plans, for example the review of the preventative offer. Another example was that the local authority had liaised with other local authorities whose national data about outcomes for carers was better than theirs with the purpose of learning and implementing that learning.

## Learning from feedback

The local authority were proactive in obtaining the views of people with lived experience as well as that of partners with whom they were working. There was clear evidence that people's views informed the development of strategy, improvement and decision making. For example, following feedback from carers, additional carers practitioners had been employed in frontline teams as well as a carers champion identified within each frontline staff team to ensure that there was a focus on carers. The sensory team had worked with partners to set up a sensory café where people could call in without appointments. This enabled action to be taken to address less complex requests for support in a much swifter, more effective way for the person themselves.

There were processes in place to ensure that learning happened when things went wrong and from examples of good practice. The principal Social Worker and the team working with them took the lead on disseminating information and learning. We could see that learning had been incorporated into the development of policies and strategies with swift action to improve processes where this could be done more quickly.

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The local authority took complaints seriously and looked for the learning opportunities within those. Data from the Local Government Social Care Ombudsman showed that 67% of complaints to them were upheld and that any recommendations for remedies were carried out in a timely way. The local authority data showed that there had been 101 complaints in the time period of April to September 2023 with 49% of these upheld or partially upheld. Analysis was carried out to identify the cause of the complaint and then learning shared either with the individual member of staff or with staff more widely, depending on the issue. In the same time period there had been 200 compliments and these were also shared with the individual and wider teams.

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