

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

There was a culture of performance within the local authority where clear data and people's experiences were used to understand the local authority's delivery of Care Act duties. The local authority had worked over the last year to adapt their data reports to ensure performance was easy to track for councillors, including the lead member, shadow lead member, and chair of the overview and scrutiny committee. This allowed for timely challenge and monitoring.

There were links between the local authority's internal and political governance systems and the Durham County Care Partnership Executive. This included system senior leaders from the health trusts and Integrated Care Board, representatives from the voluntary and community sector, Healthwatch, the Durham University. The group focussed on system management and finance pressures and improving outcomes for people in the county.

The Principal Social Worker (PSW) had regular meetings with the Director of Adult Social Services (DASS). They were part of the oversight and assurance group and quality assurance board as well as with regional work. This ensured there was visibility and assurance from and on practice. However, strategic managers for the appropriate operational area oversaw fitness to practice issues in the local authority, supported by the Human Resources. We heard that the PSW was not involved in this. The role and responsibilities for adult principal social worker guidance from the Department of Health and Social Care (published July 2019), indicates that PSWs are responsible for advising the DASS on fitness to practice issues when they occur. There was a risk that these were not overseen in a way in line with recommended good practice.

There was a stable adult social care leadership team with clear roles, responsibilities, and accountabilities. Staff felt that leaders were visible, capable, and compassionate. The DASS had an open-door approach. Staff were able to influence the focus on practice development sessions through their suggestions. Social work forums, staff roadshows, and heads of service events were all described as ways staff felt supported. Staff felt able to raise concerns and understood where to go to get help.

The local authority's political and executive leaders were well briefed about many of the potential risks facing adult social care. Councillors felt they were provided with the information they needed to effectively understand their portfolio or function. Councillors from both the administration and opposition supported and believed in officers and were keen ambassadors for people. Adult social care did not appear to have a strong focus in scrutiny. Health issues were dominating overview and scrutiny committee and the health and wellbeing board. The significant change for the Integrated Care System and any concerns that this would destabilise any existing integration arrangements in County Durham contributed to this issue.

There was some reflection that there was limited involvement of people who use services in the governance systems that managed adult social care activity. The Health and Wellbeing Board meetings, for example, had previously rotated around community venues but had settled in County Hall in recent years. This was seen as a potential barrier to people's involvement and a limitation of the governance system in understanding the communities of County Durham.

Risks were reflected in the corporate risk register and considered in decisions across the wider council. This had been a recent shift for adult and health services, who had been seen as very stable and consistent in terms of budget. Senior leaders were keen that the council was not complacent about adult and health service performance and leaders were aware of the risks to the service and people's experiences and outcomes. Partners told us that the local authority was proactive and robust in their self-assessment and assurance processes, for example through challenge clinics.

Strategic planning

The local authority used information about risks, performance, some inequalities information, and outcomes to work with partners to develop the Joint Health and Wellbeing Strategy. This provided a focus on the key challenges highlighted in their Joint Strategic Needs Assessment and Assets (JSNAA) through to priority actions that were well monitored and tracked. These impacted on the experiences of people who used health and social care services and formed the backbone of very early preventative work within the county. Deep dives into the needs assessments were explored with people and organisations in the community. Action plans were co-designed with these groups, for example in the way the Ageing Well workstream began considering ageing from age 50, rather than 65.

Strategies, such as the workforce strategy, market shaping and sustainability planning, and technology enabled care (TEC) strategy were driven by data and insight and were increasingly including people through co-production. For example, we heard about the virtual carers project, which aimed to provide information, advice, and guidance to carers in a virtual arena, which was accessible at any time for carers. In these pieces of work, we saw clear analysis to support the allocation of resources and actions that were progressing. Partners and providers reflected that the local authority took a proactive approach to managing risks, for example in its internal and care market workforce, to reduce the impact.

There was not an overarching strategy that focussed on the needs of people who use adult social care services in County Durham. Many of the initiatives and areas of good practice, such as the work with the local authority's prison population, or in supporting first time entrants to the county, felt compartmentalised. An overarching strategy may have supported the activity of the directorate to feel cohesive, ambitious, and focused.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. This included training for staff, and updated training where issues were identified, such as in recording Mental Capacity Act assessments. Easier access to mental health partner systems was recognised as something that would improve people's outcomes and reduce risk of missing information in either source system.

Some personal information was shared across social care services and the NHS, primarily through NHS numbers to maintain data safety. Privacy notices in line with the General Data Protection Regulations (GDPR) were available on the local authority's website for each of the services within social care and health. General principles were summarised on the website in plain language to support people to understand them. People were informed of their information rights. Contractual arrangements supported information security. The local authority was a partner in a recording system with the Integrated Care System called the Great North Care Record which some staff teams had access to and used regularly.