

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

A 2024 Surrey local authority Practice Framework outlined core standards which linked directly to the Care Quality Commission quality statements. This was a framework of audits and learning which linked from front line teams, the Principal Social Worker and Principal Occupational Therapist to the senior leadership team, on to a Quality Assurance Board. The senior leadership team monitored this via quarterly reports.

The Principal Social Worker held the responsibility for leading practice standards, ensuring excellence in service delivery to people through effective interactions and diligent performance by practitioners. They had aimed to increase their visibility and accessibility through meetings, events and direct communication, to foster cohesive and informed teams. They contributed to the strategic leadership of the organisation to develop and implement social work practice and standards, aiming to develop a high performing social work workforce, embracing cultural change and improving on strength-based practice for the people of Surrey. They connected with staff using a wide range of methods and there were currently 24,500 open cases managed by 374 registered social workers, under their quality assurance oversight. There was a rising demand on adult social care, due to the high volume and complexity of cases which had far exceeded what had been anticipated and was a significant concern.

The Principal Occupational Therapist (OT) was also head of the local authority training academy and they worked strategically with leaders to promote and support the work of around 100 OT's. Examples of this included producing a business case for OT's to lead in reablement, supporting career development and succession planning. There had been a decline in the number of OT quality audits completed by local managers, this had been identified as an area for improvement and a new quality assurance framework was being produced.

Surrey had been going through a period of transformation which was being reviewed to drive this forward and feedback from leaders was they were still on a journey with this; however, were assured by monthly reports to the corporate leadership team which set out data and performance of the service. During this time changes had been communicated to staff. The transformation programme was said to be a combination of transformation and continuous improvement, building on some of the strengths already in place, for example, prevention, delaying care, and enabling people to live independently. Plans were designed to add more value, however, to also make greater impact and improve services. These included better capturing of outcomes for people, devolving decisions to communities and maximising the use of digital technology and data.

Lead members said it was a real privilege to be working in relation to adult social care and they believed Surrey had an outstanding service but with huge challenges ahead. Areas such as mental health took up a lot of time and the difference in what they could provide in adults services as compared to children's services was marked. The local authority held a corporate risk register with adult social care at the forefront of this and as the biggest area of priority and concern. Lead members felt they were going in the right direction with Surrey in terms of performance monitoring, investment and transformation. Reablement and technology were significant areas for investment.

Good structures were in place to keep lead members informed of key information in relation to adult social care. Regular meeting took place to review performance data along with opportunities to meet with and challenge, senior leaders. Lead members told us they felt well informed and in a trusted environment, but also went out to meet people and communities to hear directly from people and gain further assurance. They were clear managing demand should not impact the quality of outcomes for people receiving services.

An interim Executive Director of Adults Wellbeing and Health Partnerships (AWHP) had been in post since late last year and was described as a 'breath of fresh air'. Their task had been to create a new directorate. Job roles had not been aligned previously, with capacity to support the changes needed. A new leadership team was now in place with increased capacity and was a sustainable structure based on best practice. Their focus had been on positively getting all the things that were good in Surrey to work well and enhancing them, making sure the social care workforce was prioritised and addressing financial sustainability issues. Ensuring the adult social care offer was sustainable and of a sufficient quality was key. The priority moving forward was the new leadership, plus the wider system understanding what adult social care did and 'treasuring' this as it should be. Every staff member showed an energy and will for change and improvement. Staff were able to speak up with any issues in a number of ways through drop in sessions, roadshows and leadership forums.

There were some challenges in relation to staff culture. Different staff disciplines had different ways of working and cultures within different professions, however senior leaders had found it generally to be an open culture. The integration of wellbeing champions, mental health first aiders, and comprehensive training for staff helped to create a supportive and safe working environment. Despite pressures, the senior leaders told us staff remained incredibly dedicated often working extended hours to go above and beyond, driven by a strong sense of pride and commitment to their roles.

The Executive Director assured themselves of performance and risk from accessing a weekly early warning and wins, risks, challenges and successes system. A set of indicators of performance data were accessed monthly alongside audits on different areas. This was triangulated through one to ones with staff, getting out to meet staff and through organisations such as Healthwatch. Meetings were held with leaders and cabinet members. Complaints, pulse surveys and health checks were carried out and they felt good business systems were in place.

Senior leaders told us that the senior level changes had been difficult but remained well managed with the direction of travel underpinned by the vision of the local authority, which remained the same. There had been improvements in the culture, behaviours and performance. However, the focus had been on 'demand management'. A new director was due to start in October 2024 and they hoped this would settle and reassure the staff. Although there remained some interim roles, many of the senior staff were permanent and so this retained some corporate memory.

Oversight of risk and practice was assured in a number of ways. The local authority Practice Assurance Board structure detailed the new proposal of governance arrangements for delivery of Care Act duties, improvement and assurance. The aim of this was to reduce the duplication of work and improve oversight of practice improvement, safeguarding, and commissioning. Guidance for the Consistent Practice Meeting detailed the governance processes for ensuring people's care and support needs were met. For example, a process for decision making at weekly meetings aimed to support 'consistency and rigour in managing risk and demand to support decision making' using a strengths based approach. This meeting provided scrutiny for all new and changed packages of care.

An Adults Wellbeing and Health Partnerships (AWHP) Risk Register dated March 2024 demonstrated oversight of the corporate and directorate risks. For example, there was a risk that there could be a failure in recruiting and retaining suitably skilled staff which could impact on delivery of work. Resources and having sufficiently trained staff to deal with the volume of activity were noted as risks to delivery of Safeguarding activity.

Some people reflected there was a churn of senior staff changes when people move on from leadership and management at Surrey and it was felt that some organisational memory was lost. They said in adult social care everything was reorganised every so often. There were ongoing moves being made by the local authority towards an integrated approach to services but there was a way to go still.

Partners felt when they attended higher level meetings it could feel like they were not always equal partners. Local authority staff also had a habit of cancelling meetings at the last minute and providing agendas on the day which felt too late for preparation. However, partners told us working in conjunction with other partners offered them a valuable networking opportunity to connect and share insights into work and challenges. Regular meetings with senior commissioners took place to discuss complex cases and share learning and improvement and partners saw this positively.

Strategic planning

The Health and Wellbeing Board in Surrey was strong with clear targets of what they needed to achieve working with the Integrated Care Board. The JSNA was used to influence and shape their decisions however it was acknowledged there were gaps in the data with a disconnect between this and what people really thought the key issues were. For example, they want to really focus on the areas that were not strong, such as safeguarding. Numbers were coming down in key areas, but they wanted to really look at this to see if had areas resourced correctly.

Communicating with people about services could be a challenge with 60% of people in Surrey who self-funded their care. The diversity in Surrey both in terms of socioeconomic status and geography, presented a complex landscape. Ensuring equitable access required a flexible approach with tailored strategies that considered the unique needs of affluent, urban, rural, and deprived communities was recognised as essential in addressing disparities and achieving sustainable development throughout the county.

Four formal overview and scrutiny committee meetings were held each year. The main focus of these was health inequalities and areas of multiple deprivation. There was a focus on sustainability moving forward with an awareness that people's needs were getting more complex. Pressures on the health system were growing and they were expecting a 'shunted' demand from this which was why they felt transformation, prevention and demand management were essential. Welfare of staff was a priority and the ability to recruit into Surrey was affected by the affordability of housing. However, there was a good voluntary sector and system which contributed to what people could do for themselves, creating independence with support.

The Health and Wellbeing Strategy underpinned the local authority focus and there were three main priorities. The first was supporting people to lead healthy lives by preventing physical ill health and promoting their wellbeing. The others were supporting people's mental health and emotional wellbeing and supporting people to reach their full potential by addressing the wider determinants of health. These were fed into other strategies including the Carers Strategy and All-age Autism Strategy.

The Adult Social Care Directorate had been expanded to include Public Health, and again in early 2024 to include a Customer and Communities function that focused on prevention, becoming the Adults, Wellbeing and Health Partnerships (AWHP) Directorate. The AWHP Business Plan 2023 - 2024 demonstrated Surrey had several ambitions with a focus on Care Act duties. These were integrated delivery at place, partnership working and dependencies between the local authority and local voluntary, community and faith sector, providers and health. Ambitions included developing their prevention approach and digital offer, and transformation of reablement. Risks they had identified were in relation to budget pressures, insufficient capacity in the residential and nursing care home market at an affordable rate and insufficient home-based care provision due to staff shortages and inflationary pressures.

Plans to address recruitment challenges included an Adult Social Care Retention Strategy for the internal workforce which linked to an Adult Social Care Workforce Strategy 2021-2026. Key ambitions were to aim to address the recruitment and retention difficulties across the workforce. The strategy was based on information gathered from various sources including exit interviews, internal and wider surveys, and engagements sessions, promotion of the academy and staff recognition initiatives. The local authority stated they were making improvements to manage risks by making better use of existing resources.

Surrey Carers Strategy 2021 to 2024 (extended to 2026) set out the vision, values and strategic priorities to working with unpaid carers. There was an integrated approach to identifying, assessment and meeting of, carers' health and wellbeing needs between the local authority, health and carers organisations. 'The Surrey Carers Pathway' meant each organisation had their own separate strategic action plans to support carers, but all had agreed a shared 5 step pathway for carers, which was co-produced with them. The 6 priorities were to commission high quality services; promote carers' rights; increase visibility of carers; strengthen carer voice; support working carers; effective communication and engagement. Health partners in the integrated care system had the responsibility for this strategy.

Partners told us there were some positive examples of work and strong relationships with individuals at the local authority. However, there were notable challenges too, particularly due to frequent changes in leadership over the past five years, which had led to a lack of strategic engagement at times and the turnover of Directors of Adult Social Services had been high.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, in relation to records and data management systems. Information sharing protocols supported the safe sharing of personal information in ways that protected people's rights and privacy. Information was published on the local authority website in relation to information security with details of how to access records held about people. The local authority provided a data handling guarantee (a set of rules for staff to follow when handling data) and information in relation to the staff confidentiality policy.

Sharing of information was in accordance with the Data Protection Act 2018 and the Human Rights Act 1998 with confirmation that professionals working in social care (and the NHS) would process people's information in accordance with Caldicott Principles. This is a framework which all health settings should follow to protect people's identifiable health information.

Staff confirmed they sent secure emails to health partners and the GDPR (general data protection regulation) protocols were followed when doing this. Different hospitals used various systems which complicated data standardisation, however efforts were underway to improve and unify these systems for better consistency and efficiency. The goal was to enhance the integration and usability of data across partners.