Governance, management and sustainability

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

The local authority's delivery plans were in progress, reported on, and updated regularly. This included risks to the delivery of Care Act duties, quality, and sustainability. Where appropriate and relevant, this included partner organisations for example, the Ealing Borough-based Partnership. Relevant governance and management arrangements were in place to provide visibility and assurance on key priorities such as the cost of care, contract assurance, and care provider risks. The local authority was aware of areas where people were not achieving good outcomes and was in the process of implementing actions to resolve this. Many of these were in development or progress at the time of our assessment and the impact was not yet evident in all areas. However, improvements had been seen some areas, for example, there were reductions in waiting times for assessment and increased focus on strength based practice as evidenced by the Better Lives Review Panel. People's experiences had begun to be represented on appropriate boards, such as the disability and long-term conditions board, by relevant partner organisations from the community. Some partner agencies described several boards but told us that actions arising from them were sometimes limited, and that there were a lot of layers within the local authority that needed more joined-up working to be effective. Some partners felt that the local authority had improved the way it listened, engaged, and supported people to feel like valued partners. Advocacy and local pressure groups had been co-opted to the Health and Adult Social Services Scrutiny Panel (HASSP). At the time of our assessment the local authority was relaunching their partnership boards, which supported people with lived experience of services to be directly involved in setting strategy and direction. This had been an open review of the previous board structure, and people we spoke to were supportive of the changes and opportunity to engage with and develop services. Some staff told us the ongoing governance of the partnership boards was still under development at the time of our assessment.

The local authority's Principal Social Worker (PSW) role had recently been increased to a full-time position and now reported directly to the Director of Adult Social Services (DASS). This increased the voice of practice within the senior leadership environment and increased the availability of the PSW to frontline teams. The PSW role included quality assurance of practice, in conjunction with the newly created role of safeguarding head of service. It was not always clear to staff how any practice findings collated through the PSW, for example through the Better Lives Review Panels, were analysed or aggregated from individual worker feedback to service level risk identification and improvement. Development was ongoing at the time of our assessment on how these roles worked together to support quality practices across the service.

Quality assurance processes included clear roles, responsibilities, and accountabilities for all levels of the local authority's services. Quality assurance used a variety of information including feedback from people who used services and partners, case file audit, and observation. This information informed strategic risk registers which were reviewed and owned by the senior management team. Analysis of data across some service areas was lacking which meant that oversight in those areas was more limited.

Leaders told us there was a well-developed dataset to monitor activity spend and overall performance. Additionally, a new suite of PowerBi dashboards had been developed to provide more granular data on caseload management and data quality and were being reviewed monthly by service lead to provide oversight, transparency, and performance improvements. This included allocation trends, waiting time trends, and thematic safeguarding trends.

The management team within local authority's adults' services was generally well regarded by partners and staff. There was a clear focus on developing a culture of openness and collaboration with staff. The strategic leadership structure of the local authority had changed, meaning that the DASS now reported directly into the Chief Executive of the local authority. This was felt by staff to provide clearer oversight to the service. Senior leadership changes were focused on reducing siloed working, with some progress having been made as reflected by some partner organisations.

Staff told us that the DASS was visible across frontline teams, operational management, and partnerships. Staff felt listened to and understood when concerns were raised with management and that action would be taken. Staff told us that line managers focused on consistency and oversight when dealing with the pressures and high demands of the service.

Political leaders showed a clear understanding of the way services worked and any key challenges. They were clear on their role to both support and challenge officer leadership. The lead member responsible for adult services had recently changed and a comprehensive induction programme was in place to support their role. The administration wanted the organisation to be ambitious for residents, with a clear vision and mission focus. The Health and Adult Social Services Scrutiny Panel received reports on operational and financial performance to be able to provide political challenge. In proportion to the political landscape within the local authority area, this was primarily made up and chaired by councillors from the leading political party. The shadow lead member responsible for adult services from the opposition was the vice-chair of the panel. The chair had coopted the local Healthwatch, community representatives and pressure groups to the meeting to support effective scrutiny. Continuing to improve people's voice within scrutiny arrangements was a priority of the panel.

There was oversight of some key performance indicators to the administration, for example, in reporting through HASSP and cabinet. Action plans were available to review progress against assessed risks. Leaders told us this tended to be topic focussed. They recognised that they needed more data and information that allowed for scrutiny of emerging issues over time. The local authority was developing a data dashboard in response at the time of our assessment. Opposition councillors told us they felt able to raise concerns.

Strategic planning

The local authority used some of the information it had available to support strategic planning though there were significant gaps in the analysis of accessible data and information to do this effectively. They had recognised that further analysis of the information they recorded was needed to be able to effectively support improved outcomes for local people as the analysis of trends over time was limited. Additional capacity had been allocated to support this approach and the implementation of some analysis tools had seen improvements. The local authority recognised there was more work to be done in developing its it in house performance and analytics function and had recently brought the resources inhouse from the corporate centre to support this.

Relevant care and support service risks were regularly updated and reviewed. Key priority areas had been identified regarding risks, performance, inequalities, and outcomes and allocated resources to support developments. For example, this included the allocation of 'surge' resources to support the reduction in waiting lists. This had some impact. While OT waiting list remained high at the time of our assessment, the development of the trusted assessor role and use of and external provider had helped to reduce people's waiting times. Where there were performance issues against key priorities, such as direct payments, corporate funding had been assigned to support the implementation plan for improvements to the direct payments offer with a focus on reporting progress.

The local authority used information gathered from people in the community, in conjunction with broader activity, such as the area's Race Equality Commission, to develop and refine their strategic planning for service delivery in the future in line with the 'seven towns' approach. This was in early stages at the time of our assessment but represented the ethos of the new relationship the local authority was looking to have with its communities.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. Staff received training on systems that was followed up on for completion. Staff described additional training to support the improvement of their case note recording to better support quality records. Managers had clear roles within information systems to provide appropriate approvals.

Both children's and adults' social services used the same information system, which supported joint working. Staff described being able to suggest improvements for the recording system that better supported practice, and that these were effectively managed and implemented where relevant. There were recognised challenges for adult social care systems in accessing and utilising information in a way that worked for them. This function had been held corporately and was devolving to the service at the time of our assessment.

Some teams reported additional access to information systems, such as those of mental health services. This was managed based on the requirements of different roles, ensuring that only appropriate and approved staff had access to personal information. While this access was recognised as helpful, systems were not integrated, which resulted in duplicated recording for some staff. There were appropriate information sharing arrangements across relevant London boroughs that supported the mental health teams in their roles. However, sharing information about individuals who were from other local authorities not signed up to this arrangement was more challenging.

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. Where the local authority was trialing the use of artificial intelligence to support the service's Care Act duties, information security and appropriate legal frameworks were considered and effectively complied with. People involved in the trial of this approach were able to remove their consent to continue and to have the relevant information removed.