# 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 were effective arrangements for governance, quality assurance, performance management and assessing the impact and outcomes of adult social care strategies at all levels within the local authority. Adult social care operated with the council's constitution, scheme of delegation and performance and risk management framework, which gave leaders assurance on the delivery of Care Act duties. The council had a cabinet system of governance since May 2023, having previously been governed by a committee system since 2015. The council had one Overview and Scrutiny Committee, with two subcommittees, one for adult social care and health and the one for Children's services.

Cabinet member described the scrutiny function as a 'critical friend.' Another member told us there were systems and processes in place to support council political leaders discharge their responsibilities, which included weekly meetings between the member for adult social care and the local authority leadership team for information sharing and decision making.

The local authority's political and executive leaders were well informed about the potential risks facing adult social care. These were reflected in the corporate risk register and considered in decisions across the wider council. Members for adult social care were well informed about performance in relation to Care Act duties and any potential delivery risks. They were provided with sufficient information and briefings to enable effective scrutiny and challenge. Sufficient time was allocated for adult social care on the agenda. There was an established, well-connected and cohesive leadership team in adult social care, and the member for adult social care had good awareness of local challenges and felt supported in their role to both hold the adult social care leadership team to account and represent and advocated for adult social care at Cabinet.

Adult social care was prominent in the wider council's resource allocation, and it had the budget needed to deliver Care Act duties effectively. There had been strong investment in adult social care. A senior leader told us there had been an increase in investment in the last year to keep up with demand pressures. They told us there was a willingness to engage around adult social care from the leadership and awareness of preventative agendas. For example, there had been an investment in the age-friendly agenda for the borough and a provider was commissioned to support this initiative.

The local authority employed a hybrid funding structure for adult social care, whereby operational finances were managed locally by adult social care and budget planning was centrally controlled. A senior leader told us adult social care managed this well. These arrangements supported funding support for people. A senior leader in the local authority felt positive about the leadership structures, including at elected member level. They told us there was good member consensus in the borough and this supported adult social care, although there was healthy challenge as well. The senior leader told us decision-making at member level was both person-centred and pragmatic, with a culture of doing the right thing.

Information was used about risks, performance, inequalities and outcomes to inform strategy, allocate resources and to deliver the actions needed to improve care and support outcomes for people and local communities. For example, as part of developing the Joint Health and Wellbeing Strategy, a joint strategic needs assessment was completed in June 2024, which provided analysis of the needs of the population at ward level. A health partner told us this insight had enabled the Health and Wellbeing Board to use the Strategy to target resources to maximise the public health budget and target neighbourhood work. Ageing well and healthy life expectancy was planned to be a significant part of the Strategy, furthermore the Strategy aligned the local authorities 'One Barnet' principle, as well as the local ICB plan on addressing population health inequalities.

The local authority had a clear leadership structure for adult social care which promoted strong oversight and clear line of sight of performance from services up to executives and elected members. A regular statutory report gave leaders and elected members oversight and the opportunity to ask the DASS questions. This showed leaders the direction of travel for adult social care and narrative around the management of risk. Council executives were aware of current key issues impacting on adult social care and it was clear they engaged well with the adult social care leadership structure. Furthermore, the local authority had recently placed the Public Health function under the same directorate as adult social care. A senior leader told us this was an effective arrangement as these functions worked closely together. They told us they felt there was greater potential following the move to this working arrangement. This promoted close internal working relationships, including within the local authority's preventative agenda.

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Leaders were visible, capable and compassionate. Equality, human rights and diversity principles were embedded in the local authority's values, culture and leadership behaviours. Frontline staff told us they felt supported by their managers and the senior leadership team, as they felt listened to, and communication was good. This was further reflected in the high staff retention rates and among staff we spoke with, where staff and leaders had worked for the local authority for over 10 years and a consistent message from staff was that they loved working for Barnet. This was further corroborated by the local authority's Workforce Strategy 2023, which showed that in 2022/23 the Adults and Health workforce consisted of over 400 individuals, approximately 15% of which were agency staff. The service attrition rate was 10.7% compared to an overall council rate of 13.3% highlighting a low level of leavers across the service as a percentage of establishment. Sickness rates in Communities, Adults and Health were consistently below council averages.

Frontline staff told us they found the support from senior leaders at the panel process supportive rather than finance focused. An example provided was where senior leaders agreed funding to support people whose homes required a deep-clean. This example evidenced there were effective arrangements for governance and quality assurance and the leadership team were supportive towards improving outcomes for people.

A senior leader told us about their positive relationships with other senior leaders within adult social care and the wider council. They told us they were proud of the working culture in the local authority and the awareness of staff for wanting to talk their work through with leaders. This supported a wider positive culture and emphasised the accessibility of leaders. We also heard staff were well-connected and actively communicated with each other, leveraging their networks to resolve issues. Staff told us they could approach the DASS if their manager was unavailable, which demonstrated openness to communication and the leadership were informed through cross-communication.

Health partners described strong partnership working with the local authority, with shared management of risk and clear escalation and touch points. They told us they had open and accessible leadership relationships, describing strong informal and formal links between operational teams at the local authority and the local NHS trust. The governance structure of formal delivery board and partnership meetings supported oversight of integrated services and building of strong working relationships. Health partners also told us they shared a joint vision and focus with the local authority, which was based on ensuring good outcomes for people.

The service risk register showed areas of concern and had controls and mitigations along with actions and timelines. The risk register was reviewed each quarter. The highest rated risk was the increased overspend to statutory duties. There were several identified mitigation measures which included increased use of preventative measures and improvements to hospital discharge. Also, the risk register had noted a substantial risk was within triage of assessments, the impact was increase in demand, which exceeded capacity to support, leading to increased time between initial triage and assessments and or reviews. Mitigation measures were in place to recruit to vacancies which were covered by locum staff and there were projects to improve the triage approach.

The local authority had plans in place to address shortfalls in the timeliness of delivery of some Care Act duties. For example, they had invested in additional resources to support with the waiting lists for people waiting for assessments and reviews. At the time of the assessment the local authority was able to evidence an improvement trajectory, however the work was at an early stage and further time was needed to achieve the full impact and demonstrate that the improvements were sustainable.

Quality and performance management arrangements included quality audits of practice, key performance data, customer feedback and learning from thematic reviews. The local authority used detailed statistics and data to understand the needs of the local population, which identified a growth in long term support needs linked to increases in the population. People living with learning disabilities, the ageing population, linked to dementia and changes to hospital discharges since the pandemic required focus, particularly as the local authority had one of the highest hospital discharges in London.

## Strategic planning

There was a clear coproduced vision and strategy for adult social care with a fully resourced delivery plan. For example, The Joint Health and Wellbeing Strategy 2021-2025 was coproduced with people through various methods to engage which included surveys, interviews, meetings and events. There was a clear awareness of the needs of the local population, particularly on the need for prevention work with the growing population of older people and adults with learning disabilities and the need to focus on social isolation. The Barnet Community Participation Strategy 2022 was coproduced as part of the local authority's vison to be a listening local authority that placed community participation and engagement at the heart of everything, particularly focused on addressing inequalities and challenges within the local community and shape services. For example, through engagement, design and consultation process with people, partners and the local authority departments, play areas were developed to meet the needs of the local communities.

In 2023 the local authority coproduced a Carers and Young Carers Strategy, with the Partnership Board, which was shaped by the views of over 300 unpaid carers. Since the launch of the Strategy the local authority had successfully co-produced unpaid carers training for social care staff, working with GPs to promote referrals to unpaid carers services, particular focus was around working across organisations to support the mental health of unpaid carers.

The local authority's commissioned carers partner provided carers assessments, support plans, counselling, and practical and emotional support for unpaid carers. All unpaid carers were asked to complete a questionnaire after they had a carers assessment with the carers partner and 89% of responders were satisfied or very satisfied, and 94% said they had been given useful information. Unpaid carers could access a leisure pass which gave free and discounted access to activities as well as access to an Emergency Card Scheme, which offered support to unpaid carers in an emergency and ensured the people they cared for could be looked after in their absence.

There was recognition of the need for good, accessible, affordable housing as a key strategic and operational priority for the local authority, with housing as an enabler for prevention and improving health and wellbeing. There were clear and realistic priorities for housing, based on data and evidence and driven by shared aims between different teams in the local authority which included partners. Local housing demand in borough had increased by 30% in the 12 months prior to our assessment, which put pressure on available housing stock. There were approximately 10,000 housing units available to the local authority. There was a vibrant local market for different housing types, including partners for supported living, however they recognised there was a need for more accessible housing.

The housing department had shared goals with adult social care and there were strong links between housing and adult social care leadership and operational teams. Housing services were co-located in same building as adult social care teams and there was a housing link officer based in the team to provide support and advice on housing matters and a route for escalation of concerns. There were routine forums, governance structures and working groups for information sharing, decision-making and mutual challenge which supported partnership working, good dialogue and understanding between teams. Frontline staff told us this had improved mutual understanding of the different pressures faced by both teams.

The local authority used information from governance about risks, performance, inequalities and outcomes to inform its adult social care strategy. They allocated resources accordingly to improve delivery of Care Act duties and outcomes for people and local communities. The Adults and Health Overview and Scrutiny Sub-Committee had a range of input to inform their agenda. The agenda was a mix of health and adult social care agenda items, such as quarterly performance reports. A Cabinet member told us they were impressed by the level of detail provided by senior leaders, and this supported the committee to see where there had been improvements or reductions in performance. For example, there had been a decrease in the proportion of people receiving reablement after hospital discharge and this was being investigated further by a sub-group of the committee to explore the reasons for this.

There was a clear focus on day-to-day operational performance data needs. However, there was limited evidence of a clear strategy for data and performance beyond ensuring data quality and ensuring the local authorities new statutory data return was correct and complete. There was limited involvement of the adult's social care performance and data team in informing strategic council priorities, for example in planning for new and changing adult care demands. A separate corporate team led demographic data analysis. The adult social care data team used data from the electronic records system to inform and support some commissioning decisions such as analysing the number of people receiving certain types of care to predict demand and costs.

Further governance arrangements for Care Act Quality assurance were led by the PSW, under the Quality Framework for Adult Social Care, overseen by the Quality Board. Along with a yearly PSW annual report, each operational Head of Service presented to the Quality Board twice-yearly on quality assurance activities undertaken in their service area. Leaders recognised the challenges they faced in the local authority. For example, during industrial action, additional resources were required to support the team and subsequently provisions were put in place help to ensure productivity did not drop and there was no increase in complaints or safeguarding concerns.

## Information security

Local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. The local authority had information sharing protocols with people who used the services and partner agencies. The privacy notices had been regularly updated and signed off by the Data Protection Officer and Caldicott Guardian. A Caldicott Guardian is the senior person responsible for protecting the confidentiality of people's health and care information. Staff used secure systems to share information with relevant partners where needed. For example, with adult social care, the Health Information Exchange allowed staff and health care professionals to access and securely share a person's medical information electronically.

A health partner told us they had a memorandum of understanding in place with the local authority, which covered information sharing and governance arrangements for staff, who were hosted by health. This was due to be reviewed to make it more robust, especially in relation to electronic records and access to equipment.

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