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 governance, management and accountability arrangements at all levels in the local authority. These provided visibility and assurance on quality, sustainability and risks to the local authority when carrying out its Care Act duties.

People with lived experience were aware the local authority had made changes to structures to improve the impact on people's care and support experiences and outcomes. People that attended local authority forums and co-production groups described honest and transparent conversations. We were told the local authority really valued people, which was part of their ethos, and 'they put what they say into action'.

The local authority had a 'One Council' approach. This supported internal risk management, performance and escalation arrangements in adult social care and the wider council including public health, commissioning and children's services. Risks were reflected in a corporate risk register showing accountability through monitoring and action. Senior leaders across the council worked well with each other, and this extended to all levels of staff. Partners described evolving relationships around risk management, and open and honest escalation arrangements.

The local authority had been politically stable for a long period of time which had been helpful in providing long-term clarity on the local authority's priorities. The chief executive officer was new into post and the director of adult social services (DASS) had been in post for 18 months. Although new into their current posts, both had worked for the local authority for many years and knew Wiltshire well.

Social care commissioning had an 'all-age' approach and its own director. Senior leaders told us there were benefits of having two directors providing support and cover for the adult social care and care commissioning functions. For example, in the event of provider failure, both directors had oversight and input to ensure people's safety. However, we were also told that aspects of commissioning, quality and brokerage could be disjointed and there were plans for this model to be reviewed.

Senior leaders including elected members had a visible presence and were well informed about successes, risks and future planning in adult social care. The local authority had robust performance and outcomes groups and boards, and performance reviews. Elected members had areas of Care Act responsibilities within their portfolio including Adult Social Care, Safeguarding, and Health and Wellbeing. The local authority recognised the opportunity to further enhance the scrutiny of adult social care, and to increase its focus to ensure parity with other areas such as health or children services. Overall, the current scrutiny function was seen as having a good understanding of the system, with potential for continued improvement.

We found senior leaders and staff to be curious, passionate and committed. Principal Social Worker and Principal Occupational Therapist roles were aligned in the organisational structure and independent from team management. This showed value and credibility to lead, develop and standardise practice through engagement with front line staff. There was less opportunity for these roles to influence or shape strategy. However, we heard how they linked with senior leaders around risk and practice considerations. Where there were shortfalls in carrying out Care Act duties, for example, waiting times for care assessments, staff were clear about how the local authority was working towards reducing risks to keeping people safe.

Strategic planning

Local differences meant the local authority developed and implemented strategic plans to reflect their circumstances and to meet the needs of its population. There were priority matters to tackle, and these were addressed through their strategies and identified in their corporate risk register (for example, risks posed to people living outside of the county and people on waiting lists for assessments). There were workstreams to oversee delivery of strategies such as the Autism Strategy, the Independent Living Strategy, BSW Mental Health Strategy, Older Adults Accommodation Strategy, Carers Strategy and the Learning Disabilities Strategy. The strategies were published on the local authority's website. They had designated leads, resources allocated and delivery plans that showed how legislative duties and corporate responsibilities were being met. Progress against strategies was checked at governance boards and shared at operational groups. The local authority had an adult social care strategic plan to help them carry out the corporate overarching 10-year business plan. The four main themes of the plan were 'Prevention and early intervention', 'Understanding communities', 'Improving social mobility and tackling inequalities' and 'Working together'. The adult social care strategic plan was in two parts, one focused on 'Living and Ageing Well' and the other focused on 'Whole Life pathways'.

Commissioners focused on providing a consistent, quality service across the whole of adult social care to ensure there was a joined-up, collaborative approach to meeting needs and achieving outcomes.

The local authority worked with partners within the Health and Wellbeing Board to carry out Joint Strategic Needs Assessments for their areas and to develop strategies. The Wiltshire Health and Wellbeing Joint Strategic Needs Assessment (JSNA) and Community Area JSNA (Community JSNA) informed Wiltshire Adult Social Care's strategic approach. For example, the over 65s population was rapidly growing, with an increase of 43% predicted by 2040 and by 87% for over 85s in the same period. The under 65s population in this same period was expected to decrease by 3%. The local authority had considered the potential impact of this and the likely need for more resource across all health and social care services. They carried out future planning based on prediction trends and data. As a result, they were aware of the need to consider and position capacity and resources appropriately, through their operational, commissioning and financial planning. As identified in their Local Government Association (LGA) peer challenge report, Wiltshire's financial planning was noted as robust in the budget setting process and there was dedicated financial leadership in the adult social care directorate.

The local authority used information about risks and performance to carry out the actions needed to improve care and support outcomes for people and local communities. For example, Wiltshire aimed for consistency in their approach to assessments, reviews and support planning through its practice quality assurance framework supported by the Principal Social Worker and Principal Occupational Therapist. They used a 'Plan, Do, Study, Act' methodology to identify points of good practice, areas of development and closing the learning loop.

Key strategies had been co-produced with residents of Wiltshire including people who used adult social care services. The local authority also had strategies in development or under review, for example, the Dementia Strategy. Staff and partners told us about the good engagement around the local authority's Dementia Strategy 2023-2028. This aligned with wider national and local priorities, and strategies. The strategy built on the previous 2014 strategy and had a clear vision and aims to make Wiltshire a 'dementia-friendly county'. The strategy took account of local and national context including population and research data. It had been co-produced alongside housing staff, people living with dementia, carers and partners including care providers and the mental health NHS trust. Voluntary sector told us they had been involved in the Dementia Strategy last year and contributed heavily to this. They told us they also sat on the Dementia Delivery Board and the Leadership Alliance Board.

People and their carers felt they were embedded as strategic partners in the local authority. This was primarily with children's services but extended to a positive relationship with adult services and commissioning. Most voluntary community and charity partners gave very positive feedback about their involvement in strategic planning. However, we heard how smaller organisations had limited opportunities to interact with the local authority at a strategic level and were pursuing more formal and regular involvement. This would ensure there was a visible and effective link between preventative spend and preventing crisis interventions. We were told about the 'Voice It Hear It' partnership which was funded by the local authority to engage with various different groups of people across the community. The partnership was helping raise the profile of people who felt unheard and unsupported.

Information security

The local authority was certified as compliant with Public Services Network standards and they were proud of audit exercises to ensure compliance. They had corporate arrangements to maintain safe systems around information governance, confidentiality and sharing of information. This ensured there were effective tools, staff training and expert advice to remain compliant with legislation and kept people's information secure. There were data sharing agreements and processes, privacy notices and consent standards in place.

All users of the local authority's digital case management system had to sign end user agreements before accessing peoples' data and, for example, during case file auditing, peoples' records were checked for any inappropriate access and action was taken if found. When abuse or neglect was raised, staff could access past incidents, concerns, risks and patterns so they could take the necessary action. Staff confidently told us about the support and training available to them, as well as how they kept peoples' information safe in practice. For example, there were mechanisms to check emails were safe. They had a good understanding of not sharing information unnecessarily and only in a proportionate manner. They told us they shared learning with each other about data safety, for example, staff had discussed a near miss about an email which had looked safe but had not been.

We heard data protection and information governance were standing items on corporate agendas in the local authority. There were business continuity plans, audits, reports and actions to address findings. For example, ensuring new and existing staff received up-to-date training on information governance and partners receiving guidance on data security. The local authority also had overarching agreements with partners around information sharing where this was appropriate to fulfil duties to cooperate under Section 6 of the Care Act.