

# 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

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It was clear the leaders recognised the need to improve people's experiences, and this was supported by the local authority's strategies and action plans. However, systems and processes had not always supported people to have positive outcomes. This was particularly evident in the experiences of unpaid carers and people awaiting assessments. There was evidence of some improvement in outcomes, and this coincided with ongoing transformations, but the impact of these changes was not clear and some concerns remained.

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Leaders were visible, capable and compassionate. Leaders are experienced adult social care professionals which allowed them to support staff effectively in their roles. Staff told us local authority leaders made them feel valued in their roles. The local authority's political and executive leaders were broadly well informed about the potential risks facing adult social care.

Adult social care structures were undergoing a large transformation as the local authority had adopted a new localities model. Senior leaders told us the local authority's new structure reflected the communities they supported, was based on improving strength-based practice, and would help the local authority improve their delivery of Care Act 2014 functions. Structures were still being embedded and concerns the new structures sought to address remained, but initial feedback from staff and partners was positive.

Governance structures supported internal working relationships. For example, public health and housing demand functions sat under the Adults, Health and Communities Directorate which meant these areas, alongside adult social care, reported to the Director of Adult Social Services (DASS). This supported an aligned delivery of functions and a co-ordinated, preventative approach.

There was an adult social care risk register which documented the main risks to delivery performance. This included relevant actions to improve performance, and a risk rating system based on level and risk. Escalation processes were also incorporated into the register.

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There was mechanism for challenge at a member level despite there being a large political majority. The local authority had an Adults and Health Scrutiny Panel, which scrutinised a range of functions related to Care Act 2014 duties. Roles in this panel were cross-party. This panel supported counsellors being held to account.

The local authority undertook quality assurance activities to inform its approach. The Quality Assurance Board met quarterly to provide an overview of the quality and safety of practice, process and systems. Internal and external audits, performance data, people's and staff's feedback all fed into the Board to inform service delivery, strategic planning and commissioning. Senior leaders told us they undertook, along with managers and senior practitioners, a range of audits and supervisions including monthly case file audits and thematic audits. They told us how this fed into senior leadership meetings and supported improvement of practice. Externally completed work, such as DoLS authorisations were subject to review and sign off from an internal manager to ensure quality and consistency of approach.

## Strategic planning

Senior leaders acknowledged current challenges which impacted on delivery of Care Act 2014 duties, but allocation of resources was focused on supporting improved performance. Leaders understood the key areas for development and the investment in the locality model reflected this.

Most strategies were up-to-date and highlighted relevant key areas of development for the local authority. There was not an up-to-date Carers Strategy however, with the previous strategy running between 2020-2023. A lack of an up-to-date strategy for carers was significant due to the negative experiences of unpaid carers reflected in this assessment report. However, a new coproduced Carers Strategy was being developed and senior leaders told us they were focused on bringing tangible improvements to services and support for carers.

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Workforce and recruitment challenges put pressure on frontline services. A partner told us assessment delays were due to the lack of availability of staff. Some staff teams also told us they were understaffed which increased their workload. There was a reliance on agency/locum staff to fill these gaps. Use of agency/locum staff was significant, making up 26% of the adult social care workforce (full time equivalents) as of July 2024. They told us there was ongoing work to reduce this, including through converting agency/locum staff to permanent staff where possible.

Turnover of staff also impacted people receiving services. A partner told us people wanted more consistency in staff they were speaking to as they built trust with an allocated staff member only to find they had left soon after.

Despite the concerns of some staff teams, the local authority told us they had increased staffing to support the implementation of the locality model by 25% and these posts were built into the budget for 2025-2026. Staffing had also been weighted in line with need, with increased staffing in the East of the borough where people's needs were generally higher. Staff told us since the move to a locality model, recruitment, retention and caseloads had improved. Senior leaders told us increased levels of agency/locum staff were in part due to this increased staffing to support the new locality model and allowed testing of staffing levels and roles required to respond to demand.

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The local authority's use of data and insight to inform on risks, performance and strategy was continually being developed. A staff team told us senior leaders had recently brought influential changes to data collection and presentation. Data was being used to monitor risk areas, such as waiting lists, but some data presentations were still being refined to provide more granular details for leaders and managers. The team told us there had been major improvements since the change to a new data system and they were able to support data reporting for leaders to inform decision making and performance review. Systems to support leaders accessing data were not always consistent. While there were data reports and dashboards for leaders, a senior leader also told us they did not always receive regular performance information about adult social care. Despite this, they told us they did regularly meet other leaders, and they were proactive in seeking information which supported them in their role.

## Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. There was a data protection policy which supported staff to keep people's personal information safe. There was also a data protection officer and senior information risk owner who supported governance of data sharing.

The local authority used a secure data management system to store people's information related to adult social care.

Staff told us there were clear arrangements for when they shared information with external organisations. For example, a staff team told us they used encryption of emails where necessary when sharing information over email. A staff team also told us they knew to consult the Caldicott Guardian where needed. A Caldicott Guardian is a senior staff member responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.

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There were clear processes for data breaches. Where there was a data breach, staff and leaders reported this to the Information Commissioner's Office as required by the Data Protection Act (2018).

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