

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 was going through a period of transition in the senior leadership team (SLT) with staff reporting the SLT now displayed improved internal partnership working, collaboration and communication. The new Director of Social Services (DASS) was appointed 4 months prior to our assessment. The new Principal Social Worker (PSW) was also fairly new in post, having been there for 6 months. Staff consistently spoke very positively about the changes describing them as visible and approachable. We were told that the PSW role had particularly high turnover in recent years via agency workers, with staff reporting feeling the impact of not having a stable PSW. Since being in post, the PSW had met with all teams and implemented robust quality assurance procedures and staff forums, promoting reflective learning which were well attended. Case file audits had been implemented, with service users being contacted directly by management across teams to gather feedback. Staff also had observations completed on visits to gather further qualitative data. The local authority's political and executive leaders were well informed about the potential risks facing adult social care however were not always sighted on improvement trajectories or actions to address these.

More work was needed to further develop systems to monitor, and quality assure the delivery of Care Act duties. Although there was a risk register in place with ongoing review, there were missed opportunities to make effective use of performance data. For example, data showed only 24.51% of people in receipt of a service had received a review from April 2023 to March 2024, and 1641 people in receipt of a long-term service had not received an annual review in the same period. Despite the data trending toward negative, and leaders telling us that reviews were an ongoing issue and required improvements, this was not listed on the local authority's risk register. We were told of investment in providing additional staff for the review team, however, the trajectory did not yet show evidence of improved performance. Leaders could have better oversight of improvement plans relating to reviews and addressing waiting times.

Partners told us that data was not easily interpreted, with access to the authority's performance dashboard being a concern. For example, the WSAPB told us that although they were provided with access, they weren't able to pick out any themes and trends relating to the safeguarding figures due to data not being clearly presented and analysed. Leaders were aware of the issues relating to data which, when addressed could enable them to more fully apply what it tells them in relation to delivery of care act duties to objectively drive performance. This was clearly an area of focus moving forwards.

Other challenges and risks as identified by the SLT which impacted on the delivery of Care Act duties included financial pressures, staffing levels, partnership working and long waiting lists for assessment and review leading to missed opportunities to regain independence.

The local authority's political and executive leaders were well informed about the risks facing adult social care. Councillors were on the ICB place-based partnership board and on the Health and Wellbeing Board (HWB). The chair of HWB held regular meetings with the Adult Social Care committee chair about priorities, strengths and areas for improvement. Prior to a plan, issues went to the committee regarding anything in relation to adult care, then eventually through to full Council. The public could ask questions to committees which the Director of Public Health attended once a week. Leaders said there is a lot of overlap and duplication between the ICB place-based partnership and the HWB, with similar decisions being tabled at both. A workshop was planned at the time of assessment to consider and streamline this.

The Director of Public Health was an active member of the local authority's SLT and had regular meetings with senior leaders and elected members to share information. Wirral had a council committee system; arrangements for scrutiny and challenge on policy decisions were in place. The Chief Executive had formal one to one's with the DASS, for oversight of strategic and operational matters and there was an expectation that serious events would be escalated without delay. There were also weekly meetings between the DASS and the leader of the council.

Partners expressed that there is an opportunity to enhance the escalation process for reaching the management team. They noted that communication structures for engaging with managers from outside the local authority could be improved. For example, when they requested a team structure and contact information, they encountered challenges in obtaining this information. Additionally, there was a situation where a worker from a partner organisation needed to reach a specific team member but faced difficulties in accessing the necessary contact details. This feedback highlights areas for growth in fostering more open communication and support among all partners.

Strategic planning

The local authority had a clear commitment to co-production. Wirral Council Adult Social Care Prevention Strategy 2024-2029 had included the voices of people and carers who accessed care and support. People with lived experience helped shape strategies, developing a collective vision of aspirations for Wirral. We were told by people that they felt like equal partners in the co production process and had felt important. Partners made up part of the All-Age Disability Strategy Board. The board created Wirral's All Age Disability Strategy 2024-2029 which aimed to improve access to opportunities and reduce barriers for people of all ages with disabilities.

However, some staff told us they weren't always involved in developing strategic level and public health strategies. They told us their managers fed issues up to the SLT rather than being directly consulted themselves; however, they had been asked to contribute to views around commissioning of services and consultations around voluntary sector funding. There was no Principal Occupational Therapist (POT) role in the local authority. OT's across the service told us their profession would benefit from a having a POT to have representation and a 'voice' at a senior level to influence strategic decisions. Risks relating to delays in care reviews being completed was not highlighted on the authority's risk register. However, the issue was known, and resources had been allocated to this area of the service.

We were told the Council for Voluntary Service (CVS) had taken lead roles on some of the strategic adult social care and ICS programmes. The neighbourhood model is one example currently being piloted across two neighbourhoods, chosen because of the particularly high levels of deprivation and need. The vision is for neighbourhoods to be community led, working with primary care, police, education, health and housing to address local neighbourhood issues. There are currently 9 distinct neighbourhoods, with plans for a 10th neighbourhood based on the migrant community such as the travelling community and homeless people. This was in the early stages of development. The neighbourhood model underpins the implementation of the priorities within the Health and Wellbeing Strategy.

Information security

The local authority had clear policies and procedures in place in relation to the security of information. Shared electronic records with read-only access were used between the health partners and ASC to facilitate positive experiences and outcomes from assessment, care planning and review.