

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 told us they were mid-way through a corporate governance improvement journey following the findings of an external auditor in July 2022. It reported significant areas of concerns in governance, which had impacted on previous decision- making. The local authority had brought in external support from The Chartered Institute of Public Finance and Accountancy and the Local Government Association to support with the development of the corporate governance improvement plan, alongside undertaking a review of the organisation's financial resilience.

Within the Adult Social Care directorate, governance, accountability, and management of risk arrangements were in place; however, they were not all fully embedded to provide the level of assurances which all leaders within the local authority should expect to have. Whilst the transformation journey was progressing, many policies, procedures and practices were newly developed. A leader told us the use of data for benchmarking and performance reporting across the larger services within the local authority was just starting to take off.

In relation to the delivery of their Care Act duties, the data provided to us by the local authority in June 2024, showed people waited on average 2.4 days for an initial assessment. However, some individual people were waiting significantly longer. Due to the scant nature of the information provided to us about waiting list times for initial assessments and reviews, it was not possible to ascertain if any themes, trends, or incidents were responsible for delays. Indeed, because no targets were provided for any of the waiting lists, it was not possible to know what, if at all, the target times were, let alone being met. Leaders told us that if a person had an urgent or safety critical need, they did not wait.

A leader told us there was now a standardised policy in place for managers to risk assess, rate by priority and review waiting lists consistently and effectively. They said they were uncomfortable with the waiting lists and overdue reviews. They added the backlog of annual reviews was a concern and this was a measure of risk within the directorate. This improved scrutiny of waiting lists meant priorities were being checked more often to reduce the risk of people ending up in a crisis. Additional posts had been approved to help with the backlog.

Staff told us managers and the senior leadership team had access to the electronic data dashboards and this information was then shared at a wider level with front line teams. They told us managers fed information back to front line teams about data when needed. The Chair of the Safeguarding Adults Board had access to a data system which had only been live for a short period of time. This allowed for oversight of performance of each authority of the Board and further analysis and review to take place. Within the Board there were posts which included analysing information, SARs, communication, and engagement. Further development of the data was planned to present key issues, trends, and performance at local authority level.

There was not much of a corporate view of adult social care performance data. It was mostly about transformation performance. However, leaders reported into TSAB, and scrutiny happened through that board. A leader told us that viewing the safeguarding data across 4 local authorities was good to make comparisons. They felt they could interrogate the data more and consider SARs across the region, so recommendations and learning could be shared with staff.

A councillor told us they attended various Adult Social Care Boards, such as safeguarding, health and wellbeing and the transformation board. They told us the focus of the transformation board was around creating financial suitability. They provided an example where they had raised concerns about the reliance on the use of technology and plans to replace face-to-face contact with people. Senior leaders in adult social care had listened to and recognised the concerns around digital inclusion and the impact on social isolation.

Partners told us they had a positive, long-standing relationship with the local authority. They felt the local authority wanted to make improvements to the local community and had its heart in the right place.

One partner told us they were part of the South Tees Carers forum alongside the local authority, voluntary and community sector and health. This forum developed the South Tees Carers Strategy. Carers were part of this forum to create this strategy, and there were working groups to monitor and look at various areas of the strategy. Carers participated in those working groups, and they felt the local authority were good at ensuring carers were involved in understanding people's experiences.

Staff praised senior leaders as they felt listened to and had shared ideas which had resulted in positive outcomes for people. An example a staff member shared had been providing mentoring support to the social work teams which included accompanying staff on care home visits. This joint working provided a new perspective to both their team and the social work teams.

There was a stable adult social care leadership team with clear roles, responsibilities, and accountabilities. Leaders were visible, capable, and compassionate. Many staff had worked for the local authority for several years. They described a positive culture in which they felt valued and respected. Staff stated the Director of Adult Social Care was very approachable and held informative weekly online meetings which all staff were invited to. Staff told us senior managers were supportive, approachable, and motivating and they shared the open plan office with them. The Lead Member for Adult Social Care was described as community minded, approachable, and very invested in adult social care.

There were risk management and escalation arrangements within the Adult Social Care Directorate. These included escalation internally and externally as required. However, due to the prioritisation of the recovery plan and the investment in children's services, the interim Chief Executive Officer (CEO) recognised they were not as aware of the risk level in relation to Adult Social Care and their Care Act responsibilities. There was no formal feedback mechanism to CEO level regarding assurances or evidence. The CEO said they were confident the Director of Adult Social Care would tell them, but the gap in the system was that there was no evidence to check. The Director of Adult Social Care told us they had regular one-to-one conversations with the CEO, but these meetings were not formalised or recorded.

The Director of Adult Social Care told us they regularly reviewed data and spoke to service managers about risk and performance. Individual issues were escalated, especially high-profile concerns. For example, the 3 conversations approach was rolled out in early October 2024, with two pioneering sites. Within a few days, the risk from delays and staff stress levels was greater than expected. The principal social worker informed the Director of Adult Social Care, who spoke with staff, and a decision was made to suspend it due to too much work coming in to the team to triage and prioritise it safely.

The commissioning team told us they had processes relating to the 'Responding to and Addressing Serious Concerns' policy. This involved linking in with their safeguarding colleagues to identify risk indicators from safeguarding concerns. This information was then reported to the Director of Adult Social Care by the commissioning manager and fed into TSAB.

The local authority's political and executive leaders were 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. However, as the CEO was not familiar with the operational risk level in adult social care, this highlighted a potential issue with links in the governance process. Leaders told us, monthly performance and activity data from the ASC performance clinic was shared with the CEO and individual cases where particularly high risk existed were identified to the CEO and Lead Member for ASC by the Director of Adult Social Care. The local authority was expecting to appoint a new permanent CEO by the end of the year.

The Transformation Assurance Board, which was chaired by the mayor, provided political accountability, ownership, and oversight. It ensured the adult social care portfolio, and projects had the political and organisational support to be successfully delivered and aligned with key political and operational priorities.

There was also an Oversight and Scrutiny Board in place, chaired by a local councillor which provided an external check and challenge and could oversee improvements. The chair of the Board was newly appointed and told us they were now able to hold the Executive Board to account. They told us they were working very well together across all party groups.

The Director of Adult Social Care told us they had regular one-to-one meetings with the mayor, who was also the lead member for the adult social care portfolio, to keep them informed of risk and progress towards key priorities and objectives.

Strategic planning

Leaders used information about risks, performance, inequalities, and outcomes to identify priorities, develop strategies and plans. Due to being mid-way through transformation, many of the local authority's strategies had been reviewed and new strategies were in draft. For example, the Adult Social Care strategy had been re-written and was awaiting approval. A delay had occurred in finalising the document due to the transformation and modernisation of services taking place to sustain a positive financial position.

A leader told us a corporate transformation plan had been developed to drive improvement, effectiveness, efficiency, and modernisation. Themes had been identified within the transformation plan which included Adult Services. In addition, a target operating model had been included within the transformation which looked at the customer and neighbourhood model as a vehicle to engage with communities particularly the seldom heard, disadvantaged groups and building on the relationships with the voluntary sector.

Staff told us they felt listened to and involved in the development of policies and strategies. For example, we heard from one staff member they sat on an operational board and strategic board and were actively encouraged to submit reports regarding any issues relating to their service and would receive feedback following this advising of potential actions to be taken.

Managers told us they used the electronic data dashboard to review information about risks and performance. The dashboard was checked regularly, and concerns were escalated to senior leadership meetings. They told us actions such as extending agency staff usage and swapping staff between teams had helped to decrease waiting lists.

The local authority was aware of the actions needed to improve care and support outcomes for people and local communities, however delivery of many actions was still in the planning stage or in an early phase of delivery.

The local authority intended for the new People Strategy to be implemented through a combination of existing action plans and programmes of work, and the introduction of new approaches. Leaders stated these would be reviewed and realigned to ensure a cohesive, collective approach to ensure delivery of the priorities set out in the council's plans.

Political leaders demonstrated a good insight into the borough's deprivation. One councillor gave examples of people who were housebound and frightened to leave their house during the day due to anti-social behaviour, alcoholism, and substance misuse. There was an increased risk of social isolation. They told us local authority leaders had oversight of these issues and were working on plans to improve care and support outcomes for people and local communities.

The Lead Member of Adult Social Care told us of an awareness of inconsistencies in people's experience of care and support and the need to have robust procedures and policies in place to drive consistency.

A partner also thought the local authority was aware of gaps and barriers in the community from discussions they had been part of through various forums and Boards. However, they told us it was not clear to them what the local authority was planning to do to address these issues and make a difference. They told us they shared a quarterly report with the local authority with information which they felt was considered and responded to. They said that although they did get responses from key stakeholders, sometimes this had been slow, and they had to go through complicated procedures to get it.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. Strict policies and procedures were in place for staff to follow. Staff had completed relevant information security training including GDPR.

Staff provided examples of measures in place to ensure the sharing of information remained secure and confidential. This included gaining consent from people and/or their families, use of secure electronic systems, encrypted emails, auditing and recording of calls. Old paper files were stored securely within council premises.

Staff told us there were processes in place to ensure information was shared with stakeholders securely and maintaining confidentiality. Some staff had access to health records and read-only information relating to a person, to facilitate a positive experience for people going through assessments, care planning and review processes. However, this was not available for all staff. This had been highlighted to the senior leadership team who were exploring how more local authority staff could access health records where necessary.
