# Governance, management and sustainability

## Score: 4

4 - Evidence shows an exceptional 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

Governance management and accountability arrangements were extremely clear at all levels in the local authority. People and partners gave excellent feedback on leadership, governance and culture, how leaders sought and acted on feedback and how they demonstrated they valued staff. Leaders consistently centred equity in their explanations around their leadership of workplace and service delivery culture. Their power sharing relational culture had been set from the top of the organisation and was strongly evident in every interview we had, including with staff, partners and people. The approach to supporting people in the local authority area began with generating a sense of belonging and ownership of the area they lived in and intended to support people to access opportunities available to them in a central London location. The priority of creating equity and celebrating the diversity of populations and staff members was very clear from leaders. Leaders described workplace initiatives they had initiated following international events relating to racial unrest, which had an impact on staff well-being and morale. This showed they lived their values when difficult events happened. 'We Make Camden' was an example of how language and strategy around ownership in the local authority area sought to empower local people and create sense of belonging and stability.

The adult social care strategic delivery plan demonstrated overall governance responsibilities within the 'Supporting People Connecting Communities' programme board. There was a dedicated steering group which delivered bi-monthly and quarterly reviews on programme progress and risks. There was a transformation programme section and a senior management team business planning priorities section with 32 work streams covering all areas of adult social care and lead officers were named for each work stream. There was visibility and assurance to the work plan governance arrangements. There was a quality assurance framework and clear wider council and adult social care governance written in the context of the Care Act. It included co-production and the 'What Matters' approach with identity, language and trauma-informed practice central in its guiding principles. The quality assessment framework made links with the adult social care outcomes framework and equality and equity and set out staff roles and accountabilities including commissioners and elected members.

The political and officer leadership of adult social care were well informed about the potential risks facing adult social care and we heard how this was taken into account in decisions across the wider council. There were excellent, mutually supportive links between departments in support of adult social care such as with housing, economic growth and supporting communities to thrive. The levels of demand in the local authority area of adults with a variety of support needs, meant this work was central to preventing escalation of future need. The approach was again led from the top of the organisation and was consistently reflected from staff. Staff said childrens and adults directorates had clear communication between them at all levels, which allowed the learning and sharing of knowledge and practice. They said it felt like one, rather than two separate directorates. This was particularly evident in the integrated transitions team for people aged 0-25 years, where the joint work between childrens and adults social workers was seamless. This saw benefits in providing excellent education and work opportunities and in relationships with parent carers who were supported across the transition process.

There was a stable and consistent leadership team with no significant transformation programmes underway. Leadership approaches had been embedded across the organisation and had seen benefits for communities. Leaders had built on their work around staff culture, by focusing on 'psychological safety' and fostering a 'speaking-up' transparent work culture. Local authority leaders were seen by partners as strong local leaders of place with significant knowledge and reach into communities for them to draw on. 'Courageous leadership' training for leaders had been very effective in embedding a relational approach in the leadership at all levels. Leaders modelled this and it was reflected in staff at all levels.

The ‘Data’ function in adult social care had been a priority for leaders over the preceding 4 years. Investment in this area had improved the integration of public health and adult social care intelligence and activity and allowed a greater understanding of prevention pathways such as the adults early help model, working across housing and children's services. There had also been a greater level of investment in safeguarding, the neighbourhood model and the occupational therapy hub which had led to vastly reduced or no waiting times for assessments or safeguarding concerns. A review of the Section 75 arrangements had been initiated to improve the efficiency and effectiveness of use of resources and provided better mental health social work. Improvements to service governance and delivery were being made as part of ongoing improvements rather than wholesale transformation, alongside already successfully embedded leadership practices and service delivery.

Staff gave consistently excellent accounts of supportive leadership, governance and supervision and their working conditions. Staff said they wanted to remain in the local authority because of the working culture and leadership style. We found this leadership style and culture had been in place for many years. Staff also reported a supportive relationship within peer colleagues, and we found a consistently supportive culture between staff on different teams, between staff on MDTs and staff in partner agencies equally. Staff spoke consistently about supporting colleague well-being when dealing with complex cases and sometimes high levels of trauma of the individual staff worked with and said they felt supported when they were on duty. The principal social worker and their team of lead workers were well embedded within the senior leadership team and the wider staff team. Their roles worked in supporting staff in dealing with complex cases and improved good practice.

Elected leaders were embedded and involved in the business of the directorate. They described a collaborative relationship, responsive to them which supported their roles in scrutiny and accountability. Both elected and officer leaders were accountable for the decisions they made and gave examples of consciously taking decisions in collaboration with communities, people, partners and other elected members. Officers and elected lead members had regular meetings and away days. Staff and partners also described this collaboration as the leadership style within the local authority. Adult social care had a high priority in the council. Elected members from all parties and levels said the adult social care senior leadership team utilised them as assets within their communities and their feedback about what was happening in communities was valued and acted upon.

## Strategic planning

The overarching strategic plan for living and ageing well in the local authority was 'Supporting People Connecting Communities' which also set out the strategic plan for adult social care. It focused on prevention, reducing and delaying the need for care and on the wider determinants of need. It demonstrated a strength-based approach and the strategic importance of integrated neighbourhood teams. The local authority's self-assessment showed inequalities had been worsening, there was a life expectancy gap of almost 20 years between the most deprived and least deprived areas and loneliness levels were high compared to other local authorities. In light of the reported high levels of homeless presentations, arrivals of asylum seekers and refugees and levels of mental health and drug and alcohol issues affecting many adults, the strategic planning of the local authority was appropriately orientated towards early help and was cross-council and cross-partnership in nature. A focus on empowering communities and links with the VCSE was demonstrated through strategic planning to support this. The use of academic and data insights, alongside public health to demonstrate the levels of need and effectiveness of services was innovative and fed into both ICB and local authority strategic plans.

The local authority's data team monitored service level activity and reported to staff so they had an understanding of the difference they were making. This included finance colleagues who were provided with predictive analysis of the demand and levels of care and support services that would be required over the next two years. There was a quarterly report to the corporate management team to provide high level data across all services and a monthly oversight board evaluating how many people were contacting and coming into adult social care and how many people were moving into residential care.

VCSE partners said they sat on boards and forums within the local authority and gave regular insights into local authority policies and strategies. This included co-production and involvement from deaf advice services and representation from homelessness organisations. There was an up-to-date and detailed carers action plan which involved external agencies. There was also a set of adult social care qualitative outcomes which had been produced with experts by experience which ranged from feeling safe in the community to being satisfied with relationships and with their care workers. A 'good work and employment needs assessment' described the impact of economic inactivity on people.

There were joint committees that supported strategic planning, including a health committee with a neighbouring local authority. There was a joint adult social care and health scrutiny committee that covered 5 local authorities (NCL). They also used a Population Health approach to strategic planning. The local authority therefore had a detailed understanding of demographic data across the health and care partnership and linked to the health well-being strategy across the 5 local authorities.

## Information security

There were shared care records in use and information sharing agreements between health trusts and the local authority under a Section 75 arrangement, which provided governance to ensure people's data was safe. We saw arrangements to manage data integrity and confidentiality in case tracking. There was a well-resourced data team who provided support around information security. The shared care record extended across the NCL area between local authorities and health partners. The data team monitored usage and access using a data protection and governance approach. They had developed dashboards for managers and teams which helped to show the flow of work and service pressures with insights to practitioners on their caseloads. Staff said the record keeping systems they used were good and the systems were incorporated into processes and allowed them to adequately share information.

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