Care Quality Commission

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

The adult social care and health Social Work Prioritisation tool provided guidance on triage and decision making for unallocated work based on risk priorities. The tool was used to provide consistency across all prevention and personalisation teams, including occupational therapy. The adult social care and health Quality Assurance Strategy included work priorities from the Adult Social Care Strategy. A quality assurance board convened every six weeks, chaired by one of the departmental management team to drive and achieve priorities. They received updates and escalations from commissioning teams about contracts, external market quality monitoring and improvement, direct care teams, locality teams, quality assurance, stakeholder voice, safe services workstream, workforce, policy and complaints. The Adult Social Care Risk Register, recorded concerns and relevant actions, in order to reduce risks with monthly reviews and updates and included managing emergency situations and budget risks. Governance systems were therefore in place to effectively manage risk and provide accountability.

People and their advocates reported positive views of the senior leadership arrangements in the local authority. There had been senior leadership changes in recent months. The director of adult social care reporting to the DASS had recently retired, with an assistant director being promoted to the role on an interim basis. There were 5 assistant directors reporting to them, with some engaged on a short-term basis. We heard staff in the senior team had been in roles in the team for a significant amount of time, there were strong team bonds, a dedication to a joint vision and an 'energy' to achieve the strategy. We heard an external provider had been engaged to support the development of the team and there had been benefits from this in the team's culture and work. Leaders had regular briefing calls with around 3000 staff and used face to face visits and bulletins to communicate with staff. They described 'great pride' in building an open and honest culture with staff and visibility was important to them.

Staff described a significant amount of change had taken place recently which increased some pressures on them, including the increased requirements for occupational therapy (OT) resource. Significant recruitment activity remained on-going to fill posts in new teams to fulfil the planned changes. We were told locum cover was used to fill gaps in the interim period. Senior OTs reported excellent relationships with the principal social worker and described how operational and strategic planning was done together. We heard generally positive reports of team management and staff culture across teams and how OT improvements have benefited casework and waiting lists.

The elected lead-member was well briefed and there was a joined up strategic vision with the Managing Director, DASS, and the senior leadership team. Senior leaders described the assets within Derbyshire and consistently articulated a desire to focus on outcomes and cost efficiency in a compassionate way. There was a strong sense of pulling-together by senior leaders and partners with strong scrutiny and accountability in governance arrangements. Senior officers worked across political and geographical complexities in elected-member representation, to brief and involve members.

Strategic planning

There was a clear strategic aim to become a public health led organisation and significant steps towards this journey had been made. However, it was too early to understand the impact and sustainability of recent changes and plans, with further work needed to join peoples voice and front-line practice into strategic planning. The adult social care strategy launched in 2022, called 'Best Life Derbyshire', defined their ambitions and six priorities in an outcome focused way. Short term support; joining up support; co-production; supporting carers and the workforce; standards and value for money. Leaders described an 'incredible journey' of transformation, from being a substantial provider of in-house services, to one of community support and a stronger provider market, wishing to support people to live the life they wanted, with more independence.

We heard many examples where staff worked with permission, to test and try things out. There was a need to bring the strategic framework up to date to support this work. A prevention strategy remained under review at the time of our visit, having been set for publication in late 2023. Significant changes in frontline work around prevention, well-being and early intervention were underway which would benefit from tethering to strategy, so it becomes clearer how this work will be driven.

It was clear leaders intended to work with integrated partners in designing a joint, sustainable future around prevention, in consultation with the VCSE sector and incorporate better use of JSNA data around equity and health inequalities. The public health strategy was noted as being almost ready for publication. There was a clear intention to place more emphasis on consultation and co-production of strategies generally, and a more recent motivation to act as one-system strategically. Health-in-all policies had been successful, but further progress to become a data-driven public health led organisation was ongoing.

We heard positive examples of people's involvement in policy making, however more could be made of listening to people using services through Healthwatch and via other involvement and co-production mechanisms at a strategic level.

Information security

Leaders told us technology and digital transformation was an area for development. There had been at least five years of digital transformation, but some infrastructure remained traditional. The digital strategy for adult social care included themes around digitally enabled people, workforce, partnerships, foundations of systems and data.

The shared-care record could be improved and enhanced, however along with the discharge-to-assess workstream data, it provided staff with access to real-time information on a client's health and social care journey.

There was a secure desk policy which set out processes for accessing secure information when hot-desking. There was a corporate data protection policy providing a framework that ensured the local authority met its obligations under General Data Protection Regulations (GDPR) and the Data Protection Act. A corporate records management policy set out a framework for the retrieval management and disposal of records of information in paper and electronic formats.