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

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. The Director of Adult Social Care (DASS) had been in post for just over 2½ years and feedback was they were visible, having made a number of changes and improvements. These included building a strong leadership team and creating new roles to support the implementation of the vision for transforming adult social care. To support a better communication approach, a newsletter, staff meetings and a staff survey were being utilised, alongside drop-in sessions with the Chief Executive which a number of staff had attended.

The DASS told us that when they arrived at the local authority, they had appreciated the diversity and the welcoming environment. However, they had found some staff were dubious about changes and improvements they had planned. Senior leaders described the actions they had taken to transform the culture, modelling what they wanted for the service. They told us this work was ongoing. A key focus had been to build trust with staff by actively listening to them. There had been a focus on promoting wellbeing and valuing staff professionalism, for example by setting up practice weeks and arranging events celebrating local cultures. Some areas were still being developed, further work was needed to develop practice and this was currently underway. Staff spoke warmly about senior leaders and that they could directly escalate concerns to them and action would be taken.

Overall feedback about the staff culture was that this was positive although this was still changing and varied in some areas. Staff told us they felt there was an open-door policy for managers and senior leaders. A locum worker said compared to some other local authorities this open communication was something Brent did well and had encouraged them to become a permanent staff member.

Staff felt supported by managers to manage caseloads and had the ability to escalate concerns if there were issues or allocations became overwhelming. Staff in some teams told us they felt more consideration could be given to personal issues however not just case complexity, when considering caseloads and allocation. Support was in place for staff mental health with a wellbeing clinic established for staff to drop into on a weekly basis should they wish to.

Recruitment remained a challenge with a number of staff vacancies remaining. Around 50% of staff lived locally to Brent and the local authority was trying to recruit locally, to reflect a community where 140 languages were spoken. Systems to enable retention included a financial 'golden handshake', better development opportunities and a career pathway. Career progression was supported along with a skills academy staff could access to further develop their knowledge.

Performance and quality was assured by senior staff with managers. Local authority performance dashboards provided data and monitoring which helped drive improvement and transformation alongside a performance team and project, and a transformation board. There were clear and effective governance, management and accountability arrangements which provided visibility and assurance on delivery of Care Act duties. The Principal Social Worker used a national case audit tool and a weekly situation report was produced alongside monthly and thematic audits of cases. Monthly staff supervision helped to identify gaps and supported further oversight.

Practice development leads analysed themes from audits to inform learning. One thematic audit covering 6 months in 2023 randomly selected 133 cases which included commissioning, learning disability, mental health and safeguarding. This identified 3 main areas requiring improvement which were in relation to assessment of carers, staff supervision/management oversight, and a lack of strength-based approach. Training and systems reviews were planned from this. Overall, there was evidence of good practice however in 80% of cases.

A new standard operating procedure had been developed which staff had contributed to, clearly outlining the remit of teams. Managers felt this aided better working across the teams as remits were clearer. Clear risk management and escalation arrangements were in place including a high-risk panel staff could present cases to for further support. A risk register was completed listing relevant risks and causes along with a risk rating and mitigation.

Strategic planning

The local authority used information about risks, performance, some inequalities information, and outcomes to work with partners to develop the Joint Health and Wellbeing Strategy. Brent's Inclusive Growth Strategy identified the challenges and opportunities of growth within Brent over the next two decades, focusing on introducing measures to support the delivery of care services. For example, the NAIL project, which aimed to identify and develop alternatives to residential care for all vulnerable adult groups.

The local authority's political and executive leaders were well informed about the issues and potential risks facing adult social care. Council lead members looked for opportunities for improvement. For example, 'making every contact count' for people coming to the local authority. A service transformation was underway including a focus on the flow of people coming to the local authority and maximising what they were offered when they did.

Overview and scrutiny of services by council members gave an opportunity to connect the oversight of various service areas, with adult social care leaders being accountable to them for their actions. This meant there was a continuous dialogue of issues or concerns discussed publicly. Regular meetings were held with local health partners, which provided an additional layer of scrutiny and assurance. Council members described their role as like a good friend, and one who was prepared to have tough conversations, because people had put faith in them to do this. They felt visible and accessible to the public who got in touch with them to raise issues at times.

Positively there had been stability at the local authority in terms of the political leadership who were reported by staff as being committed to serve the people of Brent. It was felt the Covid-19 pandemic had been a step change for them, creating alliances with parts of the community which had since matured, however they still felt quite siloed as a local authority with work to do. There was a sense of collective endeavour however now and the focus was more about co-production involving people in developing and improving services in more of a strategic and meaningful way

Risks for the local authority included the inability to recruit enough staff to meet their Care Act duties. There were staff vacancies and agency staff who came and went. Waiting lists were another risk, although the assessment waiting list had reduced. Making the best use of cross council working was felt to be a challenge at times, but also an opportunity to connect better with other areas and work more effectively together.

Lead members had regular meetings with adult social care leaders and learning was taken from inspections, enquiries and complaints. Senior leaders used feedback from complaints to drive improvements by learning and taking action to address identified issues. However, it was recognised a more systematic approach was needed to do this and so new systems had been put in place to enable them to do this more effectively.

Staff conferences were held 3 or 4 times a year and information gathered helped towards constructive conversations and a shared direction across staff teams. There was an acknowledgement from senior leaders that it was challenging for staff currently who were being asked to work differently and make savings. Adult Social Care was planning a restructure of their services in September 2024. The purpose of the restructure was to support new ways of locality-based working.

Some staff told us they had already benefited from the transformation work for example, there had been an increased visibility of the sensory team. Staff were generally positive about the process and said there was a focus on staff wellbeing with regular meetings held to find out how staff were. Some new roles had been developed to support improvement, for example a new role looking at autism pathways. Staff had different views about the culture of the organisation depending upon which area they worked in, with most positive, but in some areas, staff felt the approach of managers was not as supportive.

Health partners stressed the importance of the new senior leadership at the local authority in instilling a new energy and a refreshed approach. In relation to plans for integrated commissioning, health partners felt local authority leaders wanted to make use of the 'Brent pound' for people and were really thinking about the future. Some senior leaders at the local authority felt more energy could be put into building bridges to make systems ever more efficient but they were moving in the right direction. The DASS worked closely with North West London partners in relation to budget challenges, leading on a workforce group. A grant was invested in the health and social care academy where there was shared training, apprenticeships and overseas recruitment. Mental capacity assessment training was provided across boroughs.

Providers surveyed gave positive feedback in terms of the local authority consulting them about people's care and support needs. Providers were invited to attend the managers forum to give opinions about a variety of issues including care rates, changes to care, digital technology and recruiting and retention of care workers.

Engagement with some community groups had been positive for example, working with Healthwatch to understand local priorities for health and wellbeing. A number of workshops had been held and surveys undertaken to ascertain views from the people in relation to a number of areas. One partner felt the leadership at the council did not always have the same perspective as people 'on the ground' in terms of what was needed for the borough. Where strategies and policies were made, they felt these did not always reflect the reality of people's needs and putting structures in place to enable effective strategic engagement with the voluntary sector would assist with this. Feedback from local authority leaders was that adult social care strategies had been developed through extensive engagement with people and the community, including the voluntary sector and other partners.

Information security

The local authority had arrangements to maintain the security and confidentiality of data with their records and data management systems. A Digital Ethics Board and Digital Governance Group reviewed any proposed changes to software to confirm security requirements were being met. These systems mitigated risks posed by new software and staff described them as being robust.

Staff recognised the importance of confidentiality and gave examples of how they ensured information was safely communicated to partners. Training was provided in relation to this. Information sharing protocols were agreed by the local authority data protection officers and supported secure sharing of personal information in ways that protected people's rights and privacy.