Westminster City Council: local authority assessment

How we assess local authorities

Assessment published: 8 November 2024

About Westminster City Council

Demographics

Westminster is situated in the centre of London, covering 8.29 square miles. Westminster is home to a resident population of over 205,087. The population grows to over one million each day with a commuting workforce and visitors from all over the world, particularly in the centre of the Borough in places like the West End, Parliament, the Royal Palaces and Parks. Westminster has an Index Multiple Deprivation score of 5 (with 10 being the highest and most deprived) and is rated 87th out of 152 (1st being most deprived).

Approximately 13% of the population are children aged under 18, 75% are of working age 18-64 and 12% are over 65 years. Westminster has one of the most diverse populations in the London Boroughs, with the highest international migration and over 45% of people are from ethnic minority groups.

Westminster has the highest life expectancy for men in England (85 years) and the third highest for women (87 years). However, there are major health inequalities between different parts of Westminster, which has some of the country's most deprived areas, where males in the most and least deprived areas have a life expectancy gap of 18 years and women 9 years.

Together with 7 other London Boroughs, Westminster is part of the NHS Northwest London integrated care system.

Westminster Adult Social Care and Health operates as a Bi-Borough service with The Royal Borough of Kensington and Chelsea (RBKC). Westminster and RBKC shares the Hospital social work service and emergency duty team with the London Borough of Hammersmith and Fulham.

In May 2022 Westminster became a Labour-led council.

Financial facts

The Financial Facts for **Westminster City Council** are:

- The local authority estimated that in 2022/23, its total budget would be **£363,119,000.** Its actual spend for that year was **£386,922,000,** which was **£23,803,000** more than estimated.
- The Local Authority estimated that it would spend **£77,633,000** of its total budget on adult social care in 2022/23. Its actual spend for that year was **£84,003,000,** which is **£6,370,000** more than estimated.
- In 2022/23, **22%** of the budget was spent on adult social care.
- The Local Authority has raised the full adult social care precept for 2023/24, with a value of **2%**. Please note that the amount raised through Adult Social Care precept varies from local authority to local authority.

- Approximately **3,535** people were accessing long-term adult social care support, and approximately **1,060** people were accessing short-term adult social care support in 2022/23. Local authorities spend money on a range of adult social care services including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

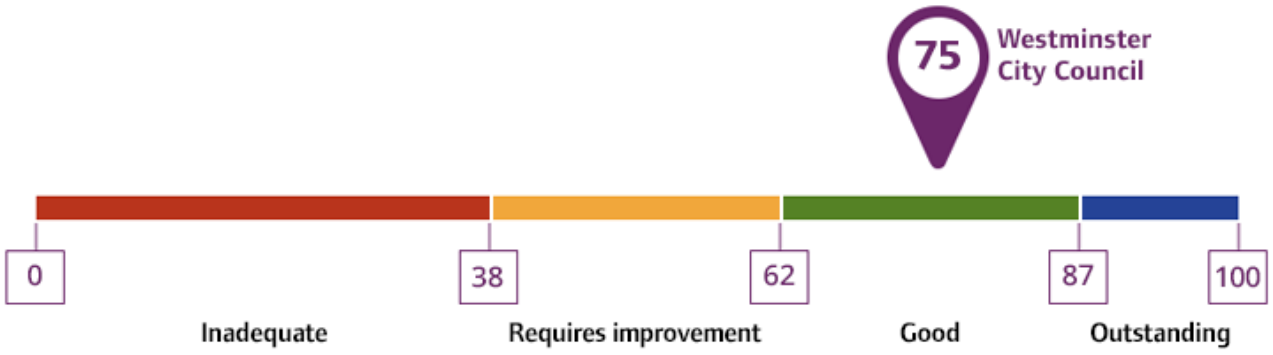
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Westminster City Council

Good



Quality statement scores

Assessing needs

Score: 3

Supporting people to lead healthier lives
Score: 3

Equity in experience and outcomes
Score: 3

Care provision, integration and continuity
Score: 3

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 3

Safeguarding
Score: 3

Governance, management and sustainability
Score: 3

Learning, improvement and innovation
Score: 3

Summary of people's experiences

The feedback we received was mostly positive from people and unpaid carers about their experiences of assessment, care planning and reviews.

People could easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included unpaid carers and people who fund or arrange their own care and support. Most people told us the information and advice provided was clear and concise, which helped them to understand the process as well as the support arranged for them.

We had positive feedback about the assessment process. People told us they felt listened to and their wishes were considered with support plans tailored to meet their needs. However, people's experience of direct payments was mixed. Where it was positive, people described being able to use direct payments to meet cultural needs.

Most unpaid carers told us the local authority supported them well, including funding respite. However, some people felt there was a lack of specialist respite provision to meet unpaid carers needs. There were identified gaps in contingency planning, as some unpaid carers told us there was no plan in place in the event of an emergency and they were unable to fulfil their caring role at short notice.

Overall, the feedback around hospital discharge was positive as people felt the journey was seamless due to good communication. People shared positive comments about the relationship with staff, as they found them supportive and responsive. People felt listened to and valued by senior leaders when they suggested improvements to services.

We received positive feedback from The Local Account Group who represented the views and wishes for people and unpaid carers. They felt listened to and were able to influence policy and services run by the local authority. Their suggestions were welcomed, and they felt valued by the senior leadership team.

Summary of strengths, areas for development and next steps

The local authority offered multiple options where people could access information about adult social care. The local authority had a dedicated website for adult social care which provided a large range of information about assessment eligibility, which included information for unpaid carers. As part of the local authority's improvement plans, they intended to develop an online self-referral process to provide a responsive and effective service.

The local authority had a responsive and timely approach when carrying out assessments and reviews, with no waiting lists for people to be screened pending an assessment. The local authority had set a target to complete assessments within a 28-day period, and performance data showed that over 95% of cases are completed in advance of that target. Prioritisation of allocation of cases was reviewed, which showed good management oversight.

Staff demonstrated a person-centred approach during assessment and support planning. This was evidenced in the success of the reablement provision which showed over 90% of people who received short-term support no longer required ongoing care. Staff raised some stock-related challenges around waiting for equipment which contributed to hospital delays. Senior leaders told us they were working with the provider to address this.

The need to support unpaid carers was recognised by the local authority who had invested in a partner organisation to support with carers assessments and reviews. There were gaps identified in terms of reaching out to carers from seldom heard groups. For example, Unpaid carers within ethnic minority communities did not always seek support where it was needed as their caring role was viewed as different to other cultures. The local authority was not always aware of unpaid carers in communities as they were not asking for help and this was a gap in support. The local authority had acknowledged this gap and was working with partner agencies, people and unpaid carers to address some of the inequalities.

The local authority was committed to reducing and tackling health inequalities in the Borough. This was evidenced in a number of strategies which were co-produced with staff, partners, people and unpaid carers.

The local authority's independent advocacy service was well resourced to deliver statutory and non-statutory advocacy support. However, staff told us this service was not always available and at times there was a wait to access an advocate.

The local authority had a dedicated direct payments team who provided support to people, unpaid carers and staff. Some frontline teams explained the uptake of direct payments in their teams had been low. Local authority leaders had been aware and had plans to develop the direct payments offer.

All staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively. Safeguarding training had been accessible for all staff and partners. Staff were required to complete mandatory safeguarding training.

Overall, frontline teams told us they were aware of learning from Safeguarding Adult Review's (SAR's) and serious incident reviews. However, staff told us there needed to be more focused work on improving the SAR process. There was acknowledgment of improvements to be made relating to safeguarding adult's reviews through reflection and changing practice and processes.

Staff had access to good quality supervision and had manageable workloads. They had benefitted from the training opportunities for continuous professional development. Staff also noted they did not always receive training that was related to their area of work. The local authorities training gap analysis also identified areas of improvement to specialist training.

The local authority showed commitment to co-production through involving people and unpaid carers in designing services, systems and reviewing practice at all levels. The Local Account Group presented the peoples and unpaid carers voice and participated in the recruitment of senior staff.

The local authority positively supported internships internally, for young people with disabilities to engage in development opportunities. We were able to see examples of this whilst we visited the local authority.

When the local authority worked in partnership with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing.

The senior leadership team was well established and stable. Frontline teams across the service spoke highly about the leadership team and found them approachable and supportive. Staff felt they were trusted to make decisions and they did not feel there was a sense of hierarchy. Senior leadership created a working culture based on trust and autonomy and this was evidenced in the small number of panels for decision making. In our conversations with teams, it was evident the leaders were visible, capable and compassionate.

Theme 1: How Westminster City Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

There were several ways in which people could access information about the local authority's services, this included online via their website or telephone through the Information and Advice Team. The local authority had set up an events calendar with partner organisations, where people had the option to access information face to face, these were held in community settings such as cafes and libraries across the Borough.

The local authority had a website specifically for adult social care and health called 'People First' which provided a range of information about the assessment eligibility, including information for unpaid carers. The website also provided links to partner organisations. The information on the website could be translated into different languages, and contrast and font size support was available for people who required support with accessing information.

We received mostly positive feedback from people about the local authority's methods of assessing their needs. People we spoke with told us they had received effective and responsive communication and that staff had been helpful and provided regular contact to review their needs. However, some people also told us they had felt the process was confusing and that they had a lack of information on who to contact for specific services. National data showed that 55.98% of people were satisfied with the care and support in Westminster, which is lower than the England average of 61.21%. The local authority provided further information which demonstrated some improvement in the uptake. 70.44% of people felt they had control over their daily life, which is also lower than the England average of 77.21% (Adult Social Care Survey, 2023, ASCS). The local authority provided further information which demonstrated some improvement in the uptake.

Overall, the responses from partners about assessments, care planning and reviews was positive. They told us the assessments were completed in a timely manner, with comprehensive information about the care packages. There was also clear communication about timeframes and care needs, which included meeting equipment needs. Partners felt that local authority staff listened to their point of view during care planning, which showed transparency in communication.

Local authority leaders told us they had an exceptionally responsive and timely approach to assessment and review, where they had a strong focus on strength-based practice. They told us they collaborated closely with partners to ensure people were getting the right support at the right time. This was evident in the internal and external audits from 2023, which highlighted a good standard of practice where person-centred and strength-based approach had been implemented to reduce, delay, and prevent needs from developing.

A person-centred approach was evidenced in the assessments and reviews whereby people were consulted, and their wishes were considered. People told us that their support plan had been tailored carefully for their needs, which had empowered them to maintain independence. National data showed that 66.11% of people felt they were given choice over services. This was slightly lower than the England average of 69.81% (ASCS, 2023).

Frontline teams who managed the initial referrals were able to demonstrate good examples of strength based and person-centred approaches to assessments and reviews of care and support planning. Staff told us promoting people's independence and wellbeing was of paramount importance. Staff shared they were not weighed down by funding panels and that they were given autonomy to focus on people's needs and wishes when requesting care and support.

There were planned and coordinated pathways and processes to support people who moved across different agencies and services. For example, the mental health teams referrals primarily came through the Single Point of Access and were screened and actioned on the same day on duty or allocated the next working day. If people were known to the teams and returning for support, there were more direct lines into the respective teams. Clear pathways meant that people were not waiting to access frontline mental health teams.

Social care teams covered a range of distinct service areas. In addition to the complex care and reviewing teams, the local authority had specialist services which covered learning disabilities, mental health, and substance misuse needs. In addition, there were dedicated teams to support hospital discharge, safeguarding, Deprivation of Liberty Safeguards (DoLS) and direct payments. For example, the local authority had a dual diagnosis team with health partners to support people with co-occurring severe mental health and substance misuse needs. A Dual Diagnosis worker was based 1 day a week in the community mental health hubs and provided an in-reach support 2 days a week at the hospital to support people to achieve their outcomes.

The outreach adult social care worker worked closely with the housing team and people sleeping on the streets. The specialist roles had been valuable, as when a need was identified they were able to refer urgently to adult social care for an assessment. The outreach adult social care team had 2 days to respond to referrals. The outreach worker had access to a multi-agency database which had recorded information about people sleeping rough and the wider street population in London. This was a positive example of the local authority's approach towards providing the most appropriate support through use of coordinated pathways.

Timeliness of assessments, care planning and reviews

Frontline teams told us they had no waiting lists for people to be screened for an assessment. The local authority felt the process was well managed. Referrals received were processed within 48 hours and if immediate need was identified this was actioned straight away to arrange interim care and support. Prioritisation of cases was reviewed during the 28-day timeframe, showing good management oversight. People also told us the referral process was timely and responsive and one person shared that they were assessed and visited by a member of staff one week after hospital discharge. Another person also told us they had their assessment within 8 days of initial referral.

Staff told us that assessments of people with mental health needs experienced occasional waits. However, they felt this was well-managed through risk assessing. Frontline teams shared they were able to manage their caseloads in a timely manner. Local authority leaders told us they felt the service provided had been safe and responsive as adult social care had no waiting lists for people waiting for an assessment. Feedback from partners was that the local authority had been well resourced to respond to Care Act referrals immediately and did not have waiting lists.

The Deprivation of Liberty Safeguards (DoLS) team did not have a waiting list as people were allocated when applications were received, through using the Association of Directors of Adult Social Services (ADASS) tool.

Assessment and care planning for unpaid carers, child's carers and child carers

The need to support unpaid carers was recognised by the local authority as distinct from the person with care needs. The local authority had commissioned a provider to support unpaid carers, with carers assessments and annual reviews. The provider shared that they supported unpaid carers and their families with information and advice and in addition provided one off direct payment's. When the need for ongoing paid services had been identified to support unpaid carers, the provider referred the unpaid carer to the local authority for an assessment. The provider explained this shared information services with the local authority supported them delivering an effective service to unpaid carers. The provider shared positive examples where the local authority responded effectively and supported unpaid carers with varied needs. For example, care was commissioned within 1 week to support an unpaid carer who required urgent care. Another unpaid carer who presented with a non-urgent need was assessed and supported within 2 weeks.

Providers told us they had a positive working relationship with the local authority and had co-produced the Carers Strategy 2023-2028, which also had input from unpaid carers. Providers told us the local authority were responsive and understanding to issues and concerns they had raised as part of delivering a safe service to unpaid carers. An example shared was when the local authority supported the provider with additional funds as difficulties with recruitment had an impact on unpaid carers, who had been waiting for an assessment or a review. However, one partner identified a gap in that they felt the local authority was not always aware of unpaid carers, particularly within ethnic minority communities.

The partner also mentioned seldom heard groups in the Borough did not always seek support due to cultural reasons and this was an area that required improvement. The local authority had acknowledged this challenge and had made positive steps to reach out to all seldom heard groups.

Overall, frontline teams we spoke with shared that they had a positive working relationship with all partners supporting carers and made necessary referrals when they identified an unpaid carer who required support. Staff recognised the role of unpaid carers and where appropriate they carried out separate or joint carers assessments. National data supports these findings showing that 43.90% of carers in Westminster were satisfied with social services which was higher than the England average of 36.83% (Survey of Adult Carers in England, 2022, SACE).

Most unpaid carers we spoke with described their experience of working with the local authority as positive where the assessments had been completed in a timely manner. People told us they felt listened to and commented on how staff had been supportive and focused on what worked best for them as an unpaid carer, as well as the person they were supporting. This example showed a holistic approach to strength-based practice. In addition, the local authority had co-produced a carers strategy with local unpaid carers which sets out clear ambitions for continuous learning and development of the local offer to unpaid carers. However, some unpaid carers we spoke with felt they were not always listened to and raised concerns around the lack of respite provision.

Help for people to meet their non-eligible care and support needs

People were given help, advice and information about how to access services regarding other agencies for help with non-eligible care and support needs. Staff told us that they offered a service at A&E for people with or without eligible care needs who did not require admission into hospital. Staff told us they signposted people who did not meet the Care Act 2014 eligibility criteria to community services and gave examples of referring people to befriending services.

Eligibility decisions for care and support

The local authority's framework around eligibility for care and support was documented. This detailed how the local authority determined eligibility from assessments through to support planning, resource allocation, complaints and appeals. Themes of person-centred approaches to the financial assessment process was documented, including reference to support from a representative if the person wished for one. The local authority had a process of monitoring complaints. The complaints report indicated themes for improvement and the learning was shared with staff and partners to action and improve practice. The data suggested that for most people the support provided by the local authority met their overall needs. From the Adult Social Care Survey (ASCS), 72.63% of people who did not buy any additional care or support privately or pay more to 'top up' their care and support. This is higher than the England average of 64.63%.

Financial assessment and charging policy for care and support

The local authority had a charging policy which was available on their website. Financial assessments were carried out by the finance team, who had a target of 5 days completion. Data showed a median of 5 days and maximum of 57 days for the completion of financial assessments. Some of the reasons for the delays in assessing were due to waiting for further information from people and unplanned hospital admissions.

Provision of independent advocacy

An advocate can help a person express their needs and wishes and weigh up and make decisions about the options available to them. They can help them find services, make sure correct procedures are followed and challenge decisions made by local authorities or other organisations. The local authority used an independent advocacy service who told us they were able to respond to Care Act referrals immediately and did not have a waiting list, as the service had been well resourced to carry out statutory advocacy support. The advocacy partners told us that they had a collaborative working relationship with the frontline teams who felt they were willing to listen and learn. Partners felt comfortable challenging social care decisions and were able to communicate with local authority leaders outside of engagement meetings when required.

The local authority supported staff and partners, providing numerous opportunities to develop their skills and knowledge of safeguarding and mental capacity-related advocacy. Senior leaders recognised staff learn in different ways, and provided practice resources, practice forums and tools to continuously enhance knowledge in these areas.

We received mixed feedback from staff about the advocacy support. Staff in some frontline teams mentioned they had a positive relationship with partners as they found them responsive, particularly when they needed access to Independent Mental Capacity Advocates. In contrast, other teams, such as hospital discharge, shared advocacy support had not always been available and at times there had been a wait to access an advocate.

Supporting people to live healthier lives

Score: 3

3 - Evidence shows a good standard

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, unpaid carers, partners, and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support. Feedback from unpaid carers was overall positive.

We heard how the local authority supported the wellbeing of unpaid carers. Unpaid carers told us how the local authority assisted them, particularly with funding respite. One unpaid carer was supported to access therapy and treatment whilst another unpaid carer used their funding to access arts activities.

National data in relation to carers in Westminster showed that 86.96% of carers found information and advice helpful, which was in line with the England average of 85.22% (SACE, 2022). This data was supported by unpaid carers we spoke with. One carer told us the support they had received made them feel empowered, and much happier in their role as an unpaid carer. Another unpaid carer shared the support they had received allowed them to make new friends and improved their social life, and this was something they would not have been able to do previously.

Some staff told us that they had a steady flowing workload due to the high homelessness population in the Borough. Some staff had found the specialist support from the Mental Health Outreach Worker and a Joint Homelessness Team particularly useful. Frontline teams highlighted that being homeless was not a barrier to receiving support from the local authority and that prevention measures and consideration of the Care Act was paramount. Local authority leaders told us supporting homeless people was an area they invested in to prevent and reduce care and support needs. Through collaboration with partners, local authority had secured grants to support people experiencing homelessness and substance misuse.

The local authority staff worked closely with the GP Liaison Workers, who completed an early intervention referral and looked at what could be provided from a prevention perspective. Staff told us they practised the social model of disability and focused on positive risk taking, whereby they provided a proportionate and relationship-based approach when they supported people. An example provided was when staff supported a person who was active in the community but posed risks as they were confused and at times needed to be assisted at home. Using a less intrusive approach, the person's care plan included the support of a carer to shadow the person to places of interest in the community.

Staff shared an example of contingency planning, where they worked with care home managers to assess people in hospital and develop rehabilitation, with the view that if risks became unmanageable after discharge home, they could move directly into the care home rather than return to the hospital. Throughout the home access visit the rehabilitation bed remained open and available for the person to return to, should risks be too high to manage at home. Staff shared that an area of improvement could be the introduction of integrated IT systems with health colleagues, to promote better information sharing. Staff showed acknowledgment of some integrated systems which had already improved relationships between health and the local authority.

Local authority leaders explained they had a highly responsive Information and Advice Team which delivered a strength-based focus with good management oversight. The team covered early help and prevention, home first, reablement and occupational therapy which focused on promoting people's independence. The team completed assessments, provided equipment and signposted to internal and external services. The team had formed good working relationships with the Home First Team who provided a responsive service from health colleagues.

The Joint Health and Wellbeing Strategy 2023-33 was co-produced with people, voluntary sector organisations and partners. The strategy set out the framework for local authority and its partners to tackle health inequalities and prevent people's health and care needs from escalating, and where possible reduce future needs for care and support.

Senior leaders acknowledged they are not complacent, they continuously strived to improve in this area by listening to communities' voices and VCS partners who work closely with residents. Examples of this include the Carers Found and Staying Safe Project, and the corporate work on the Community Equity Strategy.

Provision and impact of intermediate care and reablement services

The reablement service was an integrated rehabilitation and reablement function, with health and social care working together to support earlier hospital discharges into the community and working towards faster response times. The reablement team was a multi-disciplinary team which comprised of social workers, occupational therapists, physiotherapists, and independent living assessors. The service provided up to six weeks of reablement support.

The local authority worked with partners to deliver reablement services that enabled people to live independently. Feedback was mostly positive. We heard staff were allocated immediately after hospital discharge and through frequent contact people had felt supported. Frontline teams confirmed they had no waiting lists for people to access the reablement service and all the referrals were responded to within 48 hours, and same day contact was made if the referral was urgent. Although people using services had a single named allocated worker, we also heard that people felt uncomfortable due to the number of different caring staff who supported them. Local authority leaders acknowledged that this is a sector-wide challenge. They also noted they are actively addressing this with its partners.

The local authority's Five-year Reablement Strategy highlighted positive outcomes from reablement; 84% of adults who had completed reablement did not require long-term care. This was also evidenced in the National data in Westminster which showed 90.90% of people who have received short term support no longer require support, which is higher than the England average of 77.55% (ASCS, 2023). Also, 89.47% of people over 65 were still at home 91 days after discharge from hospital into reablement/rehab, which was higher than the England average of 82.18% (SALT, 2023).

In order to improve outcomes for people discharged from hospital, the hospital discharge single integrated pathways had been designed and streamlined to provide an improved discharge model for all people with new or increased needs. This had informed the development of Pathway 1 and Pathway 3. Pathway 1 had an integrated approach which supported early recognition of discharge and safe transfer for people who were medically stable and no longer required acute hospital care. Following discharge home, people were further assessed in the community. Staff told us the discharge pathways were clear and they carried out a functional assessment at the hospital and the person was seen within 24 hours at home. Pathway 3 had been setup to provide more efficient responses to supporting people who were unable to return home from hospital and required 24-hour care and supervision in an interim setting whilst an assessment of their long-term care needs took place. The aim was to allow for an accurate assessment of longer-term care needs once the person had reached their maximum level of independence in a placement setting. Staff shared they had access to nursing beds for 28 days stay to allow for further assessments and determine if the person was able to return home. There was also access to a residential home for people to stay for 6 weeks. The pathways were jointly funded across health and social care which provided multi-agency support.

The rehabilitation team supported positive outcomes alongside reablement pathways. They carried out home access visits with the person and tested out the equipment and assessed risks. The team only discharged the person if they felt confident that the risks could be managed. Throughout the home access visit the rehabilitation bed remained open and available for the person to return to, should risks be too high to manage at home.

The Approved Mental Health Professional (AMHP) service for Westminster operated as a multidisciplinary team and employed staff full-time. The team had also been supported by staff from the wider community teams. Staff expressed pride in the way the service worked with diverse cultures in promoting people's wellbeing through using a person-centred approach. Other frontline teams told us the AMHP service had been a helpful resource to discuss dilemmas when supporting people with mental health needs. The local authority shared 8 health-based places of safety with the neighbouring local authority as Westminster did not have a psychiatric admission hospital. Teams told us most people detained under the Mental Health Act had been admitted to A&E and were assessed at that point. To manage risks when arranging community assessments, the local authority had an established arrangement with the bed management service who supported them to reserve a place for a community assessment booked for the following day. Staff felt this was working well as communication around this more established practice had improved.

Frontline teams were continuing to look at what support could be given to all people being discharged from hospital with the current strain on the system and lack of beds. They gave examples of attending ward rounds, looking at discharge planning and working collaboratively with health and housing providers.

Access to equipment and home adaptations

People were able to access equipment and minor home adaptations to maintain their independence and continue living in their own homes. Waiting times for equipment or home adaptations were risk assessed and where care needs had been identified, interim arrangements were put in place, this was to manage risks until the equipment, or adaptations were in place. The local authority had a commissioned community equipment service provider.

A Professional Lead Occupational Therapist was employed in February 2023 to model service improvements, and this was further developed into a Principal Occupational Therapist role. The new post holder started in May 2024. The local authority had also identified a high demand for the community equipment provision and had therefore commissioned an external provider to manage the complex OT work which was referred to the Information and Advice Team. Complex OT work included manual handling and major home adaptations.

Reablement Occupational Therapists and Independent Living Assistants responded to functional assessment within a 48-hour period. Local authority leaders told us the OT provider had no waiting lists for people to be screened pending an assessment. There had been a 28-day timeframe set by the local authority for staff to carry out an assessment, so the maximum wait would be 4 weeks, and if an urgent need was identified they were assessed in 24 hours. The management of wait times for assessment and provision of equipment was supported by the training of some non-OT staff to order less complex items. The Standard Operations Procedures included the risk factors and timescales for OT processes, including signposting and referring to other departments, which included housing and the OT provider.

Local authority leaders told us there had been good quality assurance arrangements with the external OT provider. For example, where major home adaptations had been recommended the local authority's senior OT manager provided authorisation and transferred people to the housing team for completion of the works. The expectation was for this process to be completed within 6 weeks. Local authority leaders told us they had clear processes in place for reviewing OT adaptations to ensure the persons identified needs and outcomes had been met. The local authority had a shared recording system with the external OT provider which helped with transparency in communication.

Senior leaders told us there were challenges surrounding waiting times for home adaptations, particularly when permission from private landlords is required. However, the local authority had implemented measures to reduce waiting times for aids and adaptations by streamlining processes and increasing coordination with external partners. In examples where delays occurred due to external factors, such as landlord approval, they worked closely with all involved parties to expedite the process and explore alternative solutions where feasible to mitigate risk.

Local authority leaders acknowledged the challenges people faced around waiting for major home adaptations, in particularly waiting for permission from private landlords. Local authority leaders told us there had been a positive working relationship between the OT's and the housing department. For example, the teams jointly attended face-to-face assessments which delivered a person-centred approach. The assessments were booked within 2 weeks to meet the 28 days assessment target. Leaders shared they had good oversight of people referred for occupational therapy and due an assessment. While people were waiting for major adaptations, people were provided with equipment to reduce risks. We received positive feedback about this from people.

Self-neglect and hoarding had been identified as one of the biggest housing issues in Westminster. There was some preventative work between adult social care and mental health services to prevent people from risk of eviction. Staff told us about the benefits of the Handypersons service which was free of charge and supported people with low level housing repairs. Additionally, there had been a good use of a grant provision for maintaining safe standards within homes, which covered heating, damp-proofing and major home adaptations to promote accessibility and independence. There was evidence of effective use of assistive technology in place to prevent, delay and reduce need for care and support. Staff provided examples of issuing digital key safes and providing a bespoke home security system for people experiencing domestic abuse.

The local authority's housing and adult social care teams had implemented multi-disciplinary processes to support people who hoard. They had strengthened multi-agency prevention work, such as hoarding and self-neglect case reviews and provided advice. Both services shared information effectively to ensure there was no duplication of case work. A contract with psychological services was in place for people who were in hostels and hoard, and the Public Health team had recently commissioned a specialist hoarding support worker role.

Provision of accessible information and advice

Some people we spoke to told us that they could easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included unpaid carers and people who fund or arrange their own care and support. We received positive feedback from people who told us that they were provided with relevant information and advice and were referred to appropriate services. People told us the information and advice provided was clear and concise, which helped them to understand the process as well as the support that was arranged for them. National data supported this feedback with 66.68% of people who use services who find it easy to find information about support, which was similar to the England average of 66.26%, and higher than the regional average of 62.35% (ASCS, 2023). Similarly, data for carers shows 59.49% of carers in Westminster who find it easy to access information and advice, which was higher than the England average of 59.06% (SACE, 2022).

Staff told us the online 'People First website' was helpful, however noted there was ongoing work to make it more visible and accessible, particularly for autistic people. The local authority has evidenced that people had multiple ways they could get information in an accessible way, through the website's easy read guides and the use of translators. Senior leaders told us the local authority needed to be mindful of digital exclusion as they moved more into a digital led world. As part of the local authority's improvement plans, they have introduced Adult Social Care Digital Plan 2024-2027, where they aim to promote choice and obtain feedback from people on the effectiveness of digital solutions.

Direct payments

The local authority acknowledged there was a gap in people using direct payments and had plans to increase the numbers. Some people we spoke to had ongoing access to information, advice and support to use direct payments. Most carers we spoke to had been made aware of direct payments but had chosen not to accept this, however we also heard some carers had not heard of direct payments before. We heard from partners that there had been issues with the direct payments and felt there had been a lack of choice and control for people to use the service. This was due to system challenges and complexities with management of the direct payments.

Some frontline teams explained the uptake of direct payments in their teams had been low and they were actively having discussions during their interactions with people to determine if it could be appropriate. This was evidenced in the National data, which showed 21.58% of total service users receive direct payments, which was comparatively lower to the England average of 26.22% (SALT 2023). The local authority provided further information which demonstrated some improvement in the uptake."

Furthermore, the digital 'virtual wallet' was introduced following a successful pilot with over 100 people, which allowed people to manage their care budgets and purchase services online. Staff told us direct payments took time to be set up and having a direct payment team brought improvements, including giving the team the ability to refer people for specialist support when required. Staff explained direct payments had been beneficial for people for whom English was not their first language as they were able to employ personal assistants to meet both care needs and language needs.

We had feedback from people that direct payments enabled them to employ personal assistants to help with managing the life and social activities as well as making contingency provision for emergencies. This was a good example where the local authority had considered contingency planning.

In early 2023 the local authority undertook a review of their approach to direct payments. This involved engagement with people, staff and partners. As a result, some of the developments the local authority made had been to produce clear and easy read documents as well as an online video explaining direct payments and its effectiveness. A new dedicated direct payments team was set up who responded to the needs of people receiving direct payments. We had feedback from one partner that where unpaid carers needed additional support managing direct payments the local authority was proactive in providing support such as factsheets and guidance.

Equity in experience and outcomes

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood its local population profile and demographics. It analysed equality data on social care users and used it to identify and reduce inequalities in people's care and support experiences and outcomes. As part of the local authority's commitment to driving their 'Fairer Westminster' vision, they had been working with people, unpaid carers and partners to collate data and explore new ways of working that addressed inequalities and targeted the places and people who needed support. The Local Account Group was representative of the local communities as it was local people feeding back on services and included people from seldom heard groups.

The local authority identified that 1 in 20 residents had identified themselves as being LGBTQ+ and the local authority recognised that the insight of health outcomes for LGBTQ+ people was limited. Therefore, to help identify and reduce inequalities they used the national data to understand how LGBTQ+ residents might be impacted in accessing services. In our discussion with senior leaders, they noted that national data on LGBTQ+ people had limited insights about the local LGBTQ+ population. They wanted to prepare a locally focussed LGBTQ+ JSNA with more information about LGBTQ+ residents' experiences, health outcomes and needs. They used other councils' work to inform this. The insights from this were planned to inform the procurement of sexual health services and to ensure the new Community Hubs programme could meet the needs of all people, including older gay men.

Local authority leaders told us they were determined to work with partners to close the gap in health inequalities between the North and South of the Borough. Public health was actively promoting the use of data to inform strategic actions to tackle geographical inequalities. However, when we asked some local authority leaders about what equalities data had been collected to understand whether people from all demographic groups were accessing adult social care, they were unclear as to how data was used to inform strategy and the plans aimed at reducing inequalities.

The local authority had been working with the 'Black and Minority Ethnic' (BAME) forum to understand the impact of language, as 5% of the population did not speak English. Subsequently, they focused on ensuring the interpreting services had been meeting people's needs and people had not felt disadvantaged due to the language needs.

Partners spoke positively about the local authority's '#2035' project, which had been set up to address life expectancy disparities, wider determinates of health and reduce the health inequalities. This project had allowed for funding to the Voluntary and Community Sector (VCS) through the Public Health team. Senior leaders also told us about the Healthy Community Fund, which provided targeted funding to reduce health inequalities. Another community initiative was the Community Health Workers Project which was in partnership with the NHS. Senior leaders felt there was a good understanding of social and economic inequalities between different groups and parts of the Borough.

Staff told us the ongoing work around #2035 had made a positive difference to the workforce and the community. Staff provided an example of attending 'Changemaker' training around justice, inequalities, and co-production and shared the training had a positive impact with the local authority's internal teams. The #2035 project led to increased engagement and co-production with the people that subsequently lead to the development of access to easy read information and further discussions in improving outcomes.

The local authority had made steps towards reducing inequalities in their workforce as well as in the care workforce market, through removing gender and ethnicity pay gaps. The local authority used data insight from the Homecare Transformation Programme and increased carers pay by £1.50 per hour, which was above the London Living Wage. They also re-organised the homecare neighbourhoods into smaller areas which reduced travel time between care calls. Partners told us about the work by the local authority leaders around championing the pay and gender gap was welcomed. Partners felt able to talk about social justice and had productive conversations with the local authority.

Frontline teams shared an example of a Community Hub where services provided were meeting the needs of the diverse community. The Community Hub was led by people and offered activities for Arabic speaking groups and worked in collaboration with the local Mosque.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions. The Health and Wellbeing Strategy 2023-2033 was designed at reducing health inequalities and was overseen by the Joint Health and Wellbeing Board. This strategy was set out as a vision to achieve good health and wellbeing outcomes in the Borough which was equitable for all. This strategy was co-produced with partners, providers, unpaid carers and people living in more deprived areas of the Borough focusing on prevention and early intervention. People and partners confirmed their involvement in the co-production and development of strategies.

Another example of proactive engagement with people and unpaid carers to address inequalities had been the introduction of The Carers Strategy 2023-2028. The aim was to understand and address isolation and depression particularly for unpaid carers from seldom heard groups. A provider told us the local authority had supported the development of a project called ‘Carers Found,’ which had helped to identify seldom heard groups, where unpaid carers had been providing low level care and not identifying themselves as unpaid carers.

Senior leaders highlighted there was a strong commitment to tackling inequalities at a corporate and senior level in the local authority. However, one senior leader reported that they were unclear what this meant for adult social care around what specific issues had been addressed and how the impact of the work was being tracked and monitored, in particularly how the voice of seldom heard groups was used to inform strategy, service development and co-production.

Partners shared there was a big focus across Westminster around addressing health inequalities and this was firmly at the heart of priorities. Partners told us the local authority had been engaging with several community organisations to hear people's voices from seldom heard communities. For example, the local authority had reached out to South Asian communities to encourage more people from under-represented groups to access adult social care. In contrast, partners told us about the relationships between adult social care and local Black and Ethnic Minority communities needed to be strengthened.

Local authority staff involved in carrying out Care Act duties had a good understanding of cultural diversity within the area and how to engage appropriately. Senior leaders shared the learning and development offer had included mandatory equality, diversity and inclusion training. The training available varied from anti-racist practice in social work, deaf blind awareness training to gender diversity awareness training. This application of knowledge to practice was shared by one person we spoke with, who told us their cultural needs had been taken into consideration as part of their care package as they were supported to attend church weekly.

Staff told us the local authority had made good use of the cultural diversity of the workforce. For example, a social worker who had good knowledge of four languages had been given the opportunity to work with people where they could apply their skills.

There had been a commitment to ensure the workforce was highly diverse and representative of the communities. They told us the local authority senior management team was made up of 57% of staff from ethnic minority group backgrounds. Staff also told us the local authority had seen equality and diversity as a priority and felt that there was a good representation of the diverse community within the local authority. Staff described a "tangible" sense of diversity was a strength. A long-standing member of staff shared that the current diverse representation was positive for staff and the community.

Inclusion and accessibility arrangements

The local authority had a dedicated website for adult social care called 'People First'. This provided accessible information on services available. The local authority's leaflets were available in community languages and adapted for people with different sensory needs.

The local authority used an external interpretation and translation service, which supported 250 languages and offered various ways of support. Frontline teams told us they used the translation service to meet the needs of seldom heard groups. Staff shared they worked with health colleagues, for example Speech and Language therapists, when carrying out mental capacity assessments. Staff provided an example of supporting a person who had experienced a stroke and they had used a 'talking mat exercise' to support communication.

An example of the local authority making appropriate inclusion and accessibility arrangements to enable people to engage was through the 'Staying Safe Project'. The project was led by the local authority and partners which was set up to reach out to seldom heard groups. The idea was to explore the views and experiences around neglect from a cultural perspective and how to break down barriers for them. It was highlighted through engagement that the word "safeguarding" was not easy to translate into many languages and as a concept there were different cultural perspectives on safety and abuse, consequently this led to many communities unable to raise safeguarding concerns. The project created a competent safeguarding design to empower partners and people to have better understanding of safeguarding processes and services. Training was delivered to partners in a language of choice.

The local authority had a Sensory Impairment Team, which was co-located within the social care teams. The Deaf and Hard of Hearing officer had delivered regular drop-in sessions in the Community Centre which had been facilitated by people. Frontline teams told us they booked British Sign Language interpreters who had previously worked with people to support communication needs. If they needed access to certain dialects not usually available, such as American Sign Language, they overcame this by proactively connecting with ASL interpreters in America, who supported them to carry out the person's assessment.

A partner told us the local authority had taken steps to make information and meetings more accessible for autistic people and people with learning disabilities. For example, easy read information was made available prior to attending meetings. A partner gave positive feedback in relation to the local authority taking steps to make information and connectivity more accessible for people following feedback from the community. For example, the local authority funded the distribution of 'sim cards' for the community to access digital information.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

During 2022-23 the demand for care services had increased by 11% in comparison to the previous year, where 3535 people accessed long-term support, of which 2180 people were aged 65 and over. Along with an increased demand, health and economic inequalities created complexities. They also used available data to understand the care and support needs of people and communities. For example, through the Joint Strategic Needs Assessment (JSNA) the local authority demonstrated an understanding of the diverse health and care needs with data showing a strong correlation between deprivation and health outcomes.

The JSNA board had collaborated with people and partners towards seeking and identifying the current and future health, wellbeing and social care needs in Westminster. In response to addressing inequalities the local authority had developed a dashboard focusing on mental health wellbeing and had supported the Suicide Safer Community's Programme. Staff mentioned they had been involved in some deep dive work for the JSNA. The deep dive work entailed community engagement, which highlighted that many people's priorities related to the wider determinants of health such as housing, employment and cost of living.

We saw evidence of action on data with the local authority's Joint Health and Wellbeing Strategy 2023-2033 that focused on reducing health inequalities. Feedback from partners was positive as they shared that the local authority was aware and was actively trying to resolve the issues. Providers appreciated the local authority's relationship and communication between health services and providers, particularly when people were moving between hospitals and care homes.

The local authority had an active co-production group who were involved in the development of specific strategies. The Carers Strategy 2023-2028 evidenced the local authority's joint approach to strengthen the support to unpaid carers and empower them to live healthier and happier lives. This strategy was co-produced with people, unpaid carers and partners.

Market shaping and commissioning to meet local needs

People had access to a range of local support options to meet their care and support needs. Data in Westminster indicated that 66.11% of people who used services felt they have choice over the service they used. This was statistically comparable with the England average of 69.81% (ASCS, 2023). The local authority provided further information which demonstrated some improvement in the uptake.

In October 2022, the local authority restructured their Integrated Commissioning Department to combine strategic commissioning and market management. This integration enhanced the local authority's use of data and evidence for commissioning. For example, there was a successful case for investment in a new Extra Care Housing Scheme based on people's preferences. This evidenced the local authority's understanding of local demand and close engagement with the market.

Frontline staff told us there was a good relationship with providers and communication with them was frequent, with quarterly monitoring meetings and providers were able to ask for support when required. We received positive feedback from providers who shared the local authority had managed their contracts effectively and placed people's needs at the centre of their decision making. Partners told us that the local authority was responsive and supportive when people's needs increased. The Brokerage Team was responsive and worked well with frontline staff to accommodate changes to peoples care and support needs.

The local authority's Market Position Statement 2024 made specific reference to identified groups in planning and shaping future services. This included recruitment and retention of care staff, increase in uptake of direct payments, making information accessible and increase the use of technology to enable people to remain independent at home. There was a collaborative approach with regeneration and property teams to further expand provision for specialist accommodation for autistic people and people with learning disabilities. The local authority had successfully been working in partnership and re-developing four extra-care housing schemes, to increase opportunities for autistic people and people with learning disabilities to live independently. The local authority had been working to enhance further provisions for people with learning disabilities to access general needs housing. The local authority told us they were planning to propose an increase in annual housing nominations in September 2024 to be used by people with learning disabilities.

The Transformation Project had enabled the local authority to review the commissioned day opportunities for older people. Following feedback from people, the local authority had made plans to deliver an integrated service model, where the focus had been on offering a 'preventative day opportunity offer' as opposed to a 'day opportunity with care offer'. This was an example of the local authority working towards more meaningful and outcomes focused approach for day opportunities.

The local authority's framework for the provision of homecare used geographical patches to allocate a forecast number of hours to commissioned providers, the number of people aged 65+ receiving homecare were divided between the North and South homecare patches. All contracts had been in place since 2016 and were due to expire in November 2024. The homecare service was being recommissioned, with plans to have new contracts in place before the existing ones expired.

The local authority has evidenced strong relationships with the market, despite varying quality and consistency of service. They have been able to maintain occupancy and service delivery through their providers. The local authority had 6 care homes and 7 home care providers, and they also had contractual and quality assurance arrangements with spot providers to ensure it continued to offer responsive services that met people's needs

Commissioning strategies were aligned with the strategic objectives of partner agencies. For example, the Older People Extra Care Housing Commissioning Strategy 2023 was co-produced with people and partners and was designed to address improvements to ensure older people were provided with high-quality, sustainable, person-centred care and housing options. Providers told us they had been consulted and had opportunities to influence commissioning plans and strategies.

The Learning Disabilities Accommodation Commissioning Strategy demonstrated commissioners had undertaken a review and analysis of the current and future needs for accommodation-based support for learning disabilities. This approach was in partnership with property services to identify opportunities to address a number of high-priority issues with the quality and capacity of the Borough accommodation.

The local authority showed awareness that there was a need to offer a broad range of accommodation for people with a learning disability and recognition of such accommodation being close to family and friends, with a focus to enable integration into the community and increase independence and choice.

Ensuring sufficient capacity in local services to meet demand

The local authority recognised the challenge and cost associated with providing accommodation-based support in a central London borough such as Westminster. Partners told us mental health provision and support was good, but not always appropriate for all levels of needs. Whilst there was support for those with low-level needs and those at crisis, the support available was not always appropriate for those with on-going mental health needs. For example, partners highlighted that there was a gap in the market for specialist nursing home placements, particularly around supporting people who required specialist dementia care.The local authority was aware of the importance of mental health services and was working closely with health partners to improve support for people who required specialist mental health support. For example, additional funding had been provided to support early intervention, accessible resources, and a 'suicide safer communities' programme. Senior leaders told us they were working hard to improve access to universal preventative services, including support with housing, employment and education.

As of 31 January 2024, 425 people were supported in out of area placements. The majority of these (321), were within Greater London, of which 153 of these were in neighbouring boroughs. Reasons for this varied, including, but not limited to, cost of accommodation and/or personal choice. The local authority was committed to ensuring people were supported to live locally near their family and support network. The local authority aimed to identify local placements first, if this was the person's preferred choice.

For example, frontline teams told us that for some people with mental health issues, placing out of Borough supported them to move away from people who had a negative influence on them. Staff told us about a dedicated placement review team who was responsible for people placed outside of the Borough, as they noted the numbers were high and explained they were reviewed once a year or sooner if changes or concerns arose.

Once a placement need was identified for a person, a review was carried out in 6 weeks, and only then it would be determined as to whether this was a long-term option for the person. The focus was on exploring community-based options and enabling people to develop on previous abilities and skills. The local authority had a detailed Standard Operating Procedure, which provided staff guidance for when they supported people in out of area placements. Staff had been encouraged to consider the persons wellbeing and seek consent and capacity when making important decisions. This included involving the persons preferred supportive network.

Senior leaders told us there were no waiting lists for homecare, detailing that a care package was immediately arranged which ensured the persons experience to care and support was seamless. There were also no waiting lists when providing people with the residential or nursing care placements. Partners shared they were not aware of any waiting lists and felt the local authority had been proactive in supporting people and nobody had to wait to access services.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and they supported improvements where needed. In Westminster, 100% of residential care services were rated Good by the Care Quality Commission (CQC) compared to the 75.99% England average. Nursing homes were rated 65.50% as Good, 12.50% were rated as Requiring Improvement, none were rated as Inadequate, and 25.00% had not yet been rated.

The local authority worked closely with partners in managing their services safely and effectively. Service improvement panel meetings were held twice a month. This was an opportunity for all partners to devise appropriate mitigation plans for action where risks and concerns were highlighted at the earliest opportunity as possible. There was close focus on safeguarding and complaints investigations, which included findings from quality assurance monitoring visits and audits.

Commissioning, Safeguarding and Quality Assurance Teams leads met with the CQC inspectors once a month to ensure there was a robust exchange of information on all key partners operating in the area, to prevent escalation of incidences and offer early intervention where concerns were identified. This demonstrated the local authority's response to actions being taken to support service improvement. There was evidence of good and supportive relationships between the local authority and key partners. For example, there was consistent support to partners following a CQC inspection or when a safeguarding concern had been raised. There were regular focused visits and meetings to check against progress on the action plans to address any concerns.

The local authority had a robust Quality Assurance Framework, which detailed how quality of care was monitored, measured and how the local authority team responded to issues and areas for development. The team worked in partnership with all partners both internally, and externally with CQC and the Northwest London Integrated Care Board, to ensure there was active exchange of information and people were reviewed, particularly for those people placed out of area.

The CQC ratings of home care services were 11.11% rated as Outstanding, 44.44% rated as Good, 5.56% rated as Requires Improvement, none were rated as Inadequate, with approximately 38.89% of home care services not yet rated. The local authority demonstrated its responsibilities to ensure that social care provisions regulated and unregulated were of good quality and standard, to ensure that people's safety and well-being was being addressed.

The Quality Assurance team engaged with people and their support networks to understand their experience of receiving care. The feedback was used to monitor regulated and non-regulated social care services. The gathered intelligence was through informal site visits, audits, and surveys. For example, the team identified a common theme around punctuality of carers following telephone surveys on three homecare providers. The local authority created an action plan to address the concerns raised and had made plans to follow up, to identify if improvements had been made.

The local authority offered providers proportionate and proactive support, information, guidance, and constructive challenge to continuously improve the quality of services being delivered and consistently deliver good outcomes for people. Learning with partners and collaboration for improvement had been evident.

Ensuring local services are sustainable

The local authority collaborated with care providers to ensure that the cost of care was transparent and fair. Partners told us they have an annual contract review and separate monthly meetings with the local authority.

The local authority monitored working conditions for all social care staff. Frontline teams told us they arranged annual surveys and considered and analysed staff demographics and travelling times. This analysis led to a pay rise of £1.50 per hour for contracted homecare staff. This pay increase was appreciated by partners as this supported them with recruitment and retention of their workforce.

Engagement and monitoring arrangements with partners enabled the local authority to plan ahead in the event of potential service disruption or provider failure. There were contingency plans in place to ensure that people had continuity of care provision in this event. The local authority told us they had no contracts handed back for homecare, supported living, residential care homes or nursing homes within the last 12 months. This demonstrated the positive relationship with the Quality Assurance teams, Safeguarding team and partners. Partners praised the Quality Assurance team for their support, approachability, and openness.

The local authority understood its current and future social care workforce needs. The teams worked with care providers, including personal assistants and other agencies, to maintain and support capacity and capability. The local authority performed better than the average on staff vacancies with 5.51% of all adult social care job vacancies, which was lower than the national average of 9.74%. The number of sick days recorded for staff by the local authority was reported as 8.12 days, similar to the national average of 6.24 days (Adult Social Care Workforce Data Set – Skills for Care 2023). Further data provided by the local authority (but not yet published) suggested sickness rates had improved for 2024. The local authority acknowledged social care workforce development was an area of focus and they have included this in their Market Sustainability plan.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority had documented strategies evidencing collaboration with partners to agree and align strategic priorities, plans and responsibilities in the area. For example, Westminster's Homelessness Strategic Partnership Group had enabled cross-sector local partners to share insights and intelligence on the homelessness challenges which had contributed to improving service provision. Local authority leaders spoke about the positive relationships across public health, adult social care, and the voluntary sector and told us they attended VCS meetings on a regular basis and not just when engagement on Strategy development was required.

Partners commented on positive collaborative working relationship with the local authority through regular partner forums where staff and people participated. Partners explained there was frequent communication with the local authority, and they had been supported with training and recruitment. Partners described communication as open and transparent. Roles and responsibilities between teams were clear as each partner had a named contact person in the commissioning and quality monitoring teams and a named person in the safeguarding team. For example, the local authorities joint Suicide Prevention Steering Group demonstrated positive partnership working with up to 50 partners across Central and Northwest London NHS Foundation Trust (CNWL), committed to delivering the Suicide Prevention Strategy 2022-2025.

Through health partners we heard about the partnership work towards the #2035 project. Partners felt this innovative project supported multi-partnership working. They provided examples of partnership working to deliver local objectives, where they went out to hear stories of people in the community and met with a boxing gym, who supported young people on the edge of gangs. The insight gathered helped shaped the way partners designed their approach.

The local authority partnered with Alcohol Change UK and adopted their Blue Light Protocol to develop alternative approaches and care pathways for working with alcohol dependent drinkers, who were not in contact with treatment services, but had

multiple needs. This demonstrated the local authority's approach to joint preventative work through helping towards reducing harm and managing risk.

Learning from the pandemic had been integrated into new ways of working and created the High-Risk Outbreak Management Team, which involved partner organisations. The team focused on planning for longer term infectious disease, adverse weather conditions and health risk management. Together with partnership working with health, there had been evidence of a collaborative approach between adult social care and housing through the self-neglect and hoarding pathway to manage risk and deterioration and keep people at home.

In 2017, the local authority formed integrated hospital discharge teams with 2 other local authorities in London. All 3 local authorities had worked with 3 local hospitals and coordinated safe discharges. Staff had shared recording systems which fostered robust working relationships with health staff. The local authorities reablement service had been jointly funded with the NHS, which formed strong relationships with colleagues and partners.

Arrangements to support effective partnership working

When the local authority worked in partnership with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. One partner told us they had flexibility in funding through grants, rather than commissioned services, which had allowed voluntary and community groups to provide tailored support. This allowed the voluntary group autonomy and ownership of the work they were doing in supporting their community. The partner had been part of this new funding in terms of contributing to the needs of the community and told us the local authority had been interested in the local people participating in the planning and delivering of services. Partners told us about the relationship with the local authority commissioners had provided them flexibility to deliver positive outcomes.

Frontline teams shared that the ending of the S75 Partnership Agreement resulting in the transfer of mental health staff back to the local authority did not have a negative impact on service delivery. Staff told us there had been some anxiety relating to how practice would operate. However, the team felt practice had not been impacted and that they have continued to maintain good relationships with health staff. Overall, the teams we spoke with were able to evidence good partnership working with all teams and partners.

Westminster has 2300 people sleeping rough, which is the highest in London. Through the local authorities' partnership approach there have been several grant initiatives that have aimed to improve outcomes for people. For example, the Supplemental Substance Misuse Treatment and Recovery Grant was used to develop and enhance existing service provisions and aimed to reduce the impact of drug and alcohol-related crime and drug-related deaths. Another positive example was the Rough Sleeping Drug and Alcohol Treatment Grant, which had been used towards drug and alcohol treatment and provided holistic support for people sleeping rough, or at risk of sleeping rough. Frontline teams shared they had good relationships with all partners. Teams worked together to 'handover' care packages when ongoing care needs had been identified, for example when a person's reablement care ended. This showed people had continuity in their care provision and experienced a seamless service. Most partners gave us positive feedback with their relationships with the local authority apart from 2, who raised concerns around lack of communication when peoples care was changed, and level of information provided also varied. Another partner told us they had never been consulted or asked about local needs by the local authority.

Impact of partnership working

There was good partnership working between Housing and adult social care supported through joint protocols. Local authority leaders had identified improvement areas and had been working on identifying people who were housed in the local authority and establishing how they were being supported. This initiative was developed following a gas leak, where local people had to be evacuated and there were challenges faced by housing and adult social care, as they had separate recording systems.

Local authority leaders highlighted the relationship with the Northwest London Integrated Care Board (ICB) was important, especially in improving health inequalities. Both local authority leaders and partners highlighted there had been challenges with partnership working with the ICB, due to changes in leadership. Partners also told us due to the large size of the ICB, that covered 8 local authorities, the voice of the person had not always been the focal point of discussion. The local authority leaders had also commented on the importance of not losing the person and partners voice during partnership working as co-production had been the local authority's priority in improving services and outcomes.

There was good partnership working for responding holistically to people with high multiple needs. For example, the Housing Complex Case Panel was a multi-agency panel focused on people at risk of losing their tenancy, where there was representation from local authority leaders. Similarly, the Enhanced Vulnerability Forum was a problem-solving forum where a multi-agency approach was used to support rough sleepers and homeless people. An example was shared of a person who was rough sleeping and had frequent ambulance call outs due to uncontrolled diabetes. The person was supported with their health, accommodation and care and support needs through a multi-agency approach.

Frontline teams told us about the positive relationships with partners across services. Teams had planned meetings with local Police and partners and discussed risks, concerns and how community assessments were being managed. For example, a safer neighbourhood Police officer was allocated to each team who was in regular contact with the teams. Staff provided an example of carrying out a joint safeguarding review with the safe neighbourhood police officer.

Working with voluntary and charity sector groups

There were good examples of integrated working and co-production with the voluntary and charity organisations to deliver shared and local objectives. For example, the local authority had worked with and supported a charity community kitchen, as there had been recognition that there had been inequalities across ethnic minority groups and those on lower incomes.

A Healthy Communities Fund with local community organisations had been developed with the local authority, public health and partners. Community organisations had been funded to develop public health initiatives which included stop smoking schemes, NHS public health checks, providing nutritional advice and physical advice. These initiatives helped in supporting to deliver culturally appropriate services within communities and built pathways between organisations and core public service. This was a positive example of co-production which aimed to achieve positive outcomes.

The local authority worked closely with Healthwatch. Healthwatch are the independent champion for people who use health and social care services. Healthwatch told us the local authority worked closely with other organisations and people to co-produce strategies, an example provided was the Health and Wellbeing Strategy.

Frontline teams told us they had good links with various VCS organisations to collectively support the local community. An example provided was working together with charity organisations to address issues relating to rough sleeping in the Borough. The team told us that they had monthly team meetings and where appropriate they discussed mutual people, and this approach strengthened the delivery of care and support. Teams also offered support and training to different groups and example shared was supporting women, homelessness and refugee groups.

Health partners told us the drug and alcohol services in Westminster were excellent due to the interaction between charities and adult social cares dual diagnosis and specialist substance misuse teams. They described the work achieved meant Westminster had amongst the best outcomes for substance misuse in London. Partners also told us the local authority worked well with the voluntary sector and they did not work in isolation. One provider shared a positive example of a joined approach between NHS and the local authority where social workers were located in an NHS building offering a single point of access to shared information.

Theme 3: How Westminster City Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

Safety was a priority for everyone at Westminster. The local authority understood the risks to people across their care journey. Risks were identified and managed proactively and the effectiveness of these processes in keeping people safe was routinely monitored. The views of people who used services, partners and staff were listened to and considered.

The local authority had been working proactively with health partners around winter planning. There had been a Winter plan for 2023-2024 which had focused on early intervention and prevention and addressed inequalities and wider determinants of health. The plan included safety planning around the cost-of-living crisis and offered warm spaces to reduce loneliness. Hot food and drink provisions had been available to support people through the food bank provision and free school meals. Hardships funds and grants and prepaid energy vouchers had been issued to support people with the cost-of-living increase.

Frontline teams told us they had access to shared information systems and felt this had been useful in connecting the hospital teams, as they operated across the different Borough sites. The teams highlighted a shared database with NHS and social care teams was an area for improvement moving forward. Senior leaders explained the shared recording system with the external OT provider was working well as this supported a person-centred approach and best practice.

One provider explained they had a shared integrated system with the local authority, which had been functioning well. There had been further discussions on future technology, for example a chatbot function when unpaid carers needed support out of hours. There have been conversations with unpaid carers on what works for them, and this has been work in progress with the local authority, who have been supportive in improving and developing technology to support unpaid carers and their families.

In practice the local authority had a comprehensive Standard Operations procedure, which detailed the discharge planning process and the joint approach with health and social care to provide support and prevent re-admission. The local authority recognised individual roles and responsibilities within the discharge process, for example the role of the single coordinator who facilitated a system to secure safe and timely discharges on the appropriate pathways.

Safety during transitions

There was evidence that the local authority had safe systems and pathways. For example, there was a clear referral and allocation process for people coming into the Reablement service, whether this was through the Advice and Information Team, or a referral from hospital discharge or community social work teams. The service was focused on the preventing, reducing and delaying the need for care and support. There was a strong emphasis on being person centred and enabling people to regain independence. There was a flexible and responsive approach to care and support planning and delivery, for example through provision of equipment, online shopping, home adaptations and telecare.

Most of the feedback from people was positive. One person told us there was a partnership approach to the care they required to support their discharge needs and provided the example of working with the reablement teams, occupational therapists and physiotherapists. The person felt able to discuss and advise on steps to support their own ongoing health needs. Another person told us the reablement care had been arranged immediately after discharge and they had found the reablement service helpful. In contrast, another person told us the OT home assessment took 2 weeks and then they experienced a delay in receiving the equipment, which arrived 3 weeks later. In the interim, they were issued with mobility aids when discharged home and had physiotherapy intervention, which supported them to regain skills in managing the stairs at home.

Partners told us that the local authority supported safe discharges from hospital to care homes. Frontline teams noted discharge hub meeting with health teams took place twice or three times per week where they discussed people who were medically ready for discharge or those required an allocated worker. The allocations were screened on duty daily. The delays to discharge were related to people waiting for equipment. This was not always due to equipment delivery issue, but stock related, and the teams felt this had improved recently.

Frontline teams described the Telecare service as positive and they regularly communicated with the teams around the provisions that were available. Frontline teams had a support worker who managed practical tasks, which included supporting people with key safes and shopping. Staff referred to this as a practical and essential service which supported peoples discharge journey.

There is evidence that the local authority had safe systems and pathways through its Preparing for Adulthood Protocol. The Learning Disability service worked jointly with health partners, Children's services, Education and Special Educational Needs and Disabilities, to support young people who had an Education, Health, and Social Care Plan with transitions to adulthood.

The Transition team tracked young people who were likely to need Adult Social Care services and started planning for their transition from the age of 14. The transition team was co-located with the Learning Disability Community Health Service which supported to maximise knowledge in sharing and coordinating support. The frontline teams we spoke with had a very empowering approach to the transition process and were able to explain the transition pathways clearly.

There were different stages of transition depending on the age of the young person which the team displayed good knowledge of, ensuring there was a clear proposed plan in place once the young person became an adult. The team participated in tracking meetings held every 8 weeks. It was explained that these meetings were multi-disciplinary meetings whereby representatives across various local authority teams attended to discuss cases. This helped planning for expected workloads for transition cases. One provider told us the transitions team were exceptional and were committed to effective transitions.

The frontline team working with autistic people and people with learning disabilities supported with the transitions process. They described work carried out by specialist transition workers earlier in a young person's life and transfer to their service at around age 17. There were no known problems with the transition process and the team felt it worked well. There was a commissioned provider to support people transitioning from Children's services to Adulthood which had supported a person-centred approach.

One unpaid carer noted the support from the worker had made all the difference in the transition journey. Children's and Adults Teams worked very closely and there were systems in place to share information where appropriate. The team explained that when a young person was on a child protection plan, they were seen as priority. Safeguarding concerns that were outstanding were managed by the adults safeguarding team. The team explained that they looked at preventative measures when supporting families going through transition and ways to prevent safeguarding concerns was part of the assessment process.

As part of the local authority improvement plan, there was focus on further enhancing the model of transitional safeguarding in partnership with the Local Safeguarding Children Partnership. The local authorities plan is to develop the transitional safeguarding framework to improve the experience and outcomes for young people with high levels of risk and vulnerability when transferring across services into adulthood.

There was good community support which the frontline teams identified as being particularly important. Parents were able to attend parent participation groups, which gave them the opportunity to learn from other like parents going through similar processes. The team provided necessary information to parents as part of the transition process. For example, the teams held sessions with the young person and family to provide reassurance and prepared them for the changes when they transitioned to adult services.

The local authority had a dedicated autism social worker in the team who supported with making reasonable adjustments in the assessment and care planning. There was also a pathway for autistic people and people with a learning disability for planned or unplanned hospital admissions. The team we spoke to noted the need for ongoing work around transitioning young autistic people with the Westminster employment service. Plans were in place to meet the needs of young people transitioning and the team we spoke to felt able to meet the increase in demand. They noted a plan to introduce autism navigators based in adult social care teams. The local authority used a forward-thinking and person-centred approach, though listening to the needs of young people and their families. This was central to making their preparation for adulthood meetings effective and help to continue placing the rights and wellbeing of young people at the heart of their service provision, irrespective of age.

We received positive feedback about transition from child to adult services where communication and support from staff was helpful. However, the paperwork and application process was difficult to manage due to the change in legislative criteria.

Another person shared a strength-based assessment was completed jointly with children's services to support the transition of care needs. The transition meetings were held over a period of time, which enabled the person and their carers to get to know the new adult social care worker as well as the processes. The worker had identified a new service as the previous service ended at age 16 and a smooth transition was completed. This approach ensured that appropriate services were in place and the funding of support was taken over smoothly upon the person reaching 18.

Contingency planning

The local authority had its own emergency plans for service disruption which included a Continuity of Care process which had set out procedures to ensure that the persons care and support continued without disruption, during and after a geographical move.

A partner shared the local authority had a collaborative approach about emergency plans and winter plans and informed and involved providers in a timely manner. There was also a Provider Services Business Continuity Plan which documented the actions to be taken to minimise disruption in the event of either a foreseen or unforeseen disaster. The most common risk of provider disruption in Westminster was caused by the frequent major events which brought large crowds which lead to road closures and disruption to transport. Most of the events were annual and planned and had been managed. To ensure people did not experience any gaps in service provision unpaid carers were issued with access passes or supported by Security Cordons. The local authority had in place the Emergency Response Description and Data service, who provided welfare and safety checks to people who had not responded to homecare services. However, some carers told us there was not a plan in place if they were unable to fulfil their caring role at short notice.

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

There were effective systems, processes, and practices to make sure people are protected from abuse and neglect. National data was lower for Westminster with 71.53% of people who use services who say that those services have made them feel safe, compared to the England average of 87.12% (ASCS, 2023). Further data provided by the local authority (but not yet published) suggested this had improved for 2024.

The safeguarding frontline team had a dedicated safeguarding line for internal staff where they provided advice and support to the different teams. Staff told us this central point of contact was well received as they found it positive and had improved morale within the teams, as there had been a specialist team managing the safeguarding process. This service provided the safeguarding team with a better oversight of what was happening across the Borough from the safeguarding point of view. However, one partner told us that it was difficult to gain advice and guidance on safeguarding matters due to difficulties in getting through to the team.

Frontline teams shared the structure and model of the safeguarding team, which changed 3 years ago, had brought improvement which was evidenced in a staff survey conducted by the Safeguarding Team. Teams across the local authority appreciated the accessibility and support of the safeguarding central team and felt their workload was shared. Teams told us that this way of working was still new for some of the teams which has presented some challenges, however coaching was ongoing.

The local authorities Safeguarding Adults Executive Board (SAEB) had a multi-agency partnership made up of senior representatives from a range of organisations, which provided leadership and strategic oversight of adult safeguarding work. They met four times a year and had a range of subgroups ensuring priorities set out in strategic plans were delivered. Local authority leaders had a good oversight of the safeguarding issues. The Annual Community Engagement Development Day was an example of partners and people sharing stories about how their communities had been affected by fear of abuse and the local authority held discussions on how to prevent abuse or harm from happening.

Another positive example of co-production has been the diverse group of Safeguarding Ambassadors. They played a crucial role in ensuring the perspectives of people was heard at both operational and strategic levels. For example, they had raised awareness on hate crime and provided practical advice on being vigilant around the risks of borrowing money from loan sharks.

The Safeguarding Adults Executive Board Strategy 2022-25 had detailed how the local authority work towards achieving ambitions for safeguarding adults. This was through leading and listening, with a key focus on sharing learning to prevent harm and abuse. The local authority's quality and performance teams had developed and delivered best practice learning, through multi-agency training. The team had also used data to better help inform partnership responses to safeguarding referrals.

There was evidence of information sharing arrangements where concerns were raised quickly and investigated. For example, the safeguarding frontline team attended meetings and forums with commissioners and Quality Assurance teams. This approach had ensured the safeguarding team had oversight of what was happening across the Borough, and this supported to improve awareness and response to safeguarding issues. Staff from frontline teams told us that the remodel of the safeguarding service has worked well to allow for interface between the strategic and operational practice. Partners told us safeguarding team had been very responsive with any safeguarding concerns raised.

There was evidence of a strong multi-agency safeguarding partnership, as frontline teams had regular contact with partner agencies and provided them with support, advice and training. Staff shared they had good communication and positive relationships across all teams, particularly the hospital teams in supporting and responding to safeguarding concerns.

Quality Assurance and Market Shaping teams were informed about safeguarding concerns which demonstrated a clear understanding of each stage of the safeguarding process, which worked effectively. Overall, providers feedback was positive around the safeguarding referral process, and they felt they were able to reach out for support and advice on safeguarding matters. This support had improved providers' response to safeguarding issues and the number of referrals that did not meet safeguarding criteria had reduced. Teams shared the providers' feedback regarding the support and advice received from the staff on safeguarding concerns was positive and as a result, the referral process was clearer for partner agencies.

Partners told us the local authority's approach to safeguarding and mental health had been a preventative and reactive approach. Outcomes of safeguarding referrals were always provided, and the teams also reviewed trends and near misses to ensure future learning had been identified.

All staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively. Safeguarding training had been accessible for all staff and partners. Staff were required to complete mandatory safeguarding training.

Responding to local safeguarding risks and issues

The local authority had a clear understanding of the safeguarding risks and issues in the area. For example, the rise in domestic abuse and financial abuse safeguarding concerns against the elderly had been a key focus. The local authority had been collaborating with partners within the safeguarding systems through the Staying Safe Project and the community safety around hate crime.

The local authority's Quality Assurance model for safeguarding had aimed to provide assurance that the safeguarding systems, process and practice worked effectively towards improving outcomes for adults at risk. The model had incorporated analysis of performance data and informal and formal audits, which had supported a culture of continuous learning and improvement. For example, local data identified there had been an increased concern around managing people developing pressure sores and a task and finish group had been set up to help towards improving outcomes for people.

Staff within the safeguarding team had been able to develop their specialist areas of interest and this had resulted in wide-ranging specialism and expertise within the team, which had also benefitted other teams. In addition, the safeguarding team organised monthly open practice forums to share learning. Teams shared they had been aware of safeguarding themes and trends, particularly around the increase in financial abuse.

Senior leaders told us that partnership working around safeguarding was an area of strength for the local authority. For example, the local authority safeguarding leads worked closely with the fire brigade to improve safety around smoking risk.

The Safeguarding Adults Review (SAR) Subgroup of the Safeguarding Adults Executive Board (SAEB) managed all SARs. Over the last year the local authority had published a Thematic Review on Fatal Fires. Another SAR included learning around challenges and good practice working with people with complex mental health needs. In both cases the person had died. The second SAR was specifically in relation to another local authority, however due to the Bi-Borough systems approach, lessons were shared across both local authorities and partners to ensure effective complex case management. Frontline teams we spoke with were able to share their assessments had incorporated fire risk questions. This demonstrated the local authority's response to driving best practice from lessons learnt.

Local authority senior leaders told us they had a committed safeguarding team who reported directly into the Learning and Development team to deliver thematic sessions from lessons learnt from the Safeguarding Adults Reviews. Regular learning events had been delivered using the '7-minute learning brief'.

Overall, frontline teams told us they were aware of learning from SAR's and serious incident reviews, which they noted were regularly shared with them. However, staff told us there needed to be more focused work on improving the SAR process. They highlighted there was a need to improve legal literacy, governance and ways of embedding learning. Staff told us they had attended learning events such as lunch and learn with staff to embed learning but felt there was more to do in this space, particularly around the impact on practice following SARs, however noted they didn't always receive training that was directly related to their area of work. The Principal Social Worker had a training needs analysis plan in place which was a tool used to identify training needs for local authority staff.

Partners told us the local authority had been supportive with providing access to relevant safeguarding training from SAR's, which demonstrated the local authorities multiagency approach to learning. Another provider told us the local authority had good oversight of emerging themes and trends in safeguarding referrals as they observed an increase in domestic violence referrals, which they thought might be following the recent outreach work aimed at raising awareness of safeguarding. This demonstrated the local authority's approach to prevention and early intervention.

As part of the Safeguarding Adults Audit Protocol the local authority had a quality assurance framework and safeguarding had an external audit programme. This demonstrated the local authority's approach to meeting their safeguarding duties under the Care Act and provided assurance that there was a good standard of practice.

Responding to concerns and undertaking Section 42 enquiries

In 2022–2023 the local authority received a total of 545 safeguarding concerns, of which 295 cases (or 54%) were assessed as meeting the Section 42 threshold. There was clarity on what constituted a Section 42 safeguarding enquiry and there was a clear rational and outcome from initial enquiries, including those which did not progress to a Section 42 enquiry.

The local authority demonstrated they had a clear process for managing safeguarding concerns. For example, all safeguarding concerns were raised via the Information and Access Team who assigned the concern to the safeguarding team, unless the person had been known to the services already, in which case the relevant operational team would manage this. The local authority had appointed staff with the skills and knowledge in the teams to determine whether the referral constituted a safeguarding concern.

The local authority documents that 52.5% of safeguarding concerns were allocated within 5 days of receipt. All Section 42 enquiries were allocated within 24 hours of receipt. There had been no waiting lists once concerns had been allocated and this has demonstrated good management oversight to risk mitigation during the above stated timescales. The local authority had experienced a 15% increase in the number of DoLS applications in 2022–2023 and had managed to complete assessments without having a waiting list.

The safeguarding teams worked with partners and internal teams to clarify what needed to be included in the Section 42 form, which is a safeguarding investigation form, and developed guidance and implemented a template. This practice had made improvements and feedback had been positive. Partners told us the local authority encouraged a transparent approach to safeguarding issues and supported them with protection plans. Each partner was assigned a safeguarding named person within the local authority to support them with safeguarding queries, which demonstrated a positive relationship-based approach.

The local authority recognised they needed to improve on the feedback they received from people post Section 42 enquiries. Previously they sent out surveys and to increase responses they commenced a new initiative of calling people who had been involved in Section 42 enquiries to ascertain their feedback. This had been a good illustration of co-production work and an opportunity to make necessary improvements where identified.

Making safeguarding personal

Frontline teams told us they had the freedom to be creative in making safeguarding personal as they felt they could take the time to get to know the person and did not feel pressurised with targets or timelines to close cases. One provider shared the local authority had an invested focus on making safeguarding personal. They mentioned there had been a focus on emphasising that safeguarding was 'everyone's business' and increasing knowledge on how to support safeguarding adults in the community and across groups.

Senior leaders mentioned language had been identified as a barrier to accessing safeguarding services. To address this gap the local authority used a multi-agency approach and worked with the Staying Safe Project, Community Catalysts and Community Champions to meet the needs of the community. Partners spoke positively about the Staying Safe Project with the involvement of 13 Black and Minority Ethnic organisations to discuss safeguarding issues. Partners told us local authority teams attended their lunch and learn lessons on Safeguarding. This partnership working supported people to have access to information they needed to understand safeguarding around what being safe meant to them and how to raise concerns when they did not feel safe.

Equality, diversity and cultural competency training was provided to safeguarding practitioners and Safeguarding Ambassadors to ensure that safeguarding practices were culturally inclusive and had been meeting the needs of all people. Staff shared they valued the role of the Safeguarding Ambassadors as they had a positive impact within the different local communities. The Safeguarding Ambassadors represented different seldom heard groups and had close links to the communities.

The Local Account Group (LAG) had been part of the Make Safeguarding Personal agenda. For example, the LAG raised concerns around the increased risks of being scammed. As a result, the local authority and partners had focused their approach on people's experience of feeling safe. Partners told us improvements had been made around the make safeguarding personal agenda in recent years which included the SAEB receiving direct feedback from people involved in safeguarding investigations to better understand their experiences and identify any potential learning.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

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 local authority's governance arrangement for delivery of Care Act duties evidenced a clear structure of responsibility. There was also an internal governance framework which provided a mechanism for senior management as well as those at operational level, to have a clear understanding and oversight of each other's expectations, objectives, performance, risks and reporting requirements.

To sustain quality across practice and minimise risk to delivery of Care Act outcomes the local authority had a robust quality assurance process in place. This included internal service areas as well as contracted services. For example, the external OT provider had requests for equipment authorised at every stage. Internal quality assurance process had been measured using the ADASS tool, where 27 cases were selected each month to ensure quality of practice. Local authority leaders provided assurance that themes and trends that had been identified following the audit evaluations were used to improve practice.

Local authority leaders told us they had identified a gap in delivery of the OT service both strategically and operationally. The local authority was able to identify the impact on quality and sustainability of the OT service and to minimise risk to delivery. In May 2024 they appointed a Principal Occupational Therapist.

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. The Director of Adult Social Care (DASS) also acted as the Deputy Chief Executive and Bi-Borough Executive Director of Adult Social Care and Health. Senior leaders talked positively about the workforce and the developments made in improving experiences for staff.

Frontline teams across the service spoke highly about the leadership and found them approachable and supportive. Staff felt they were trusted to make decisions and told us they did not feel there was a sense of hierarchy within the local authority. The senior leadership team created a working culture based on trust and autonomy and this was evidenced in the small number of panels for decision making. In our conversations with teams, it was evident the leaders were visible, capable and compassionate.

Frontline teams described the management teams as accessible and provided examples where managers had resolved concerns out of hours to put emergency support in place for people. They felt it was an open-door policy and felt heard. They spoke positively about monthly supervisions with managers and the support for both work and personal concerns.

Frontline teams felt leaders listened to their concerns and acted upon them. They provided an example of the creation of the Direct Payments team. This was following feedback from staff that this was an area of difficulty. This approach demonstrated that senior leaders listened to their workforce and made improvements that had a positive impact on peoples care and support experiences and outcomes.

Senior leaders told us they worked closely as a leadership team and there was a strong supportive culture to drive best practice and a passion to support the wellbeing of the workforce. Staff we spoke with also told us they had achieved a good work life balance working for the local authority. This was reflected in the workforce turnover rates for 2023/24, which was 5.3%, significantly lower than the London rate of 13%. Reliance on agency staff remains low at 8% compared to the London average of 13%.

We received positive feedback from partners about the leadership team. An example shared was around the leadership's guidance and support in building opportunities to recruit social work students. Another partner shared the local people knew the leadership by their names as they personally visited the homes. The Local Account Group also talked highly about the leadership presence and support provided.

Lead members described positive relationships with the local authority leadership team and felt strongly they could influence adult social care. Lead members noted there had been a good response to case work, through the use of a spreadsheet to monitor outstanding actions. Adult social care held a spreadsheet which tracked members casework and response time which they reviewed regularly. There was evidence the local authority political and executive leaders were well informed about the potential risks facing adult social care as lead members met with the senior leadership team regularly to review targets, priorities, and projections for the following year. A lead member we spoke to described the senior leadership team as committed, hardworking, passionate, and approachable.

The local authority had clear departmental risk registers which considered decisions across the wider council. The Senior management team agreed which risks to report on the Corporate Risk Register in discussion with the Executive Leadership Team and the Corporate Performance Team.

Local authority leaders told us they were keen on exploring the reasons why people had turned down support from adult social care. The Quality Assurance team had a process of calling people after a few months to see if they had changed their minds. Varying reasons were ascertained as part of this feedback process. Some of the feedback included lack of trust and other people were signposted to partner organisations as an alternative, for example when people required low level shopping services. This showed the local authority's proactive approach to strength-based practice and utilising community assets, identifying gaps for improvements, and understanding and removing barriers to accessing care and support.

The Principal Social Worker and Strategic Lead for Workforce and Service Development worked closely together to deliver workforce concerns and training needs. The Principal Social Worker worked closely with the senior leadership team and was able to influence practice towards improving outcomes for staff, people and unpaid carers.

Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to inform its strategies for Adults Social Care and Health. The local authority focused on person-centred and strength-based approaches to work with people and unpaid carers to access the right care and support at the right time. The plan set out priorities on co-production, promoting independence and wellbeing and looking at innovative digital solutions to meet needs.

Adult Social Care and Health's objectives, directorate vision and Care Act duties were clearly reflected in the Council's corporate Fairer Westminster vision and strategy. Health partners felt there was a strong relationship between adult social care and public health. They provided an example of how well-situated public health was within adult social care with the Director of Public Health deputising for the DASS.

In May 2022, when Westminster became a Labour-led council, partners shared the change in political leadership had allowed stronger relationships and co-production between the local authority and the VCS. The local authority had recognised the power of empowerment and was open to listen to people and community groups. The most recent Health and Wellbeing Strategy and Carers Strategy were strong examples of consultation with the community.

The Overview and Scrutiny Committee had confidence in the scrutiny role and its relationship to the DASS. There was good cross-party working in the Committee, and they were able to scrutinise and challenge the local authorities work and its plans and strategies. The Committee was provided with briefings and information from the officers on key topics, so they understood the issues and knew that they were asking the right questions to give appropriate and relevant challenge. Partners told us the local authority had a strong political commitment to safeguarding and that council members scrutinised the Safeguarding Adults Board Annual Report each year.

To deliver the actions needed to improve care and support outcomes for people and local communities, the local authority held meetings monthly with partners, Health and Voluntary Sector Organisations. This was an opportunity for partners to report on staffing levels, occupancy and capacity, safeguarding referrals, accidents and incidents and any relevant issues.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. The local authority had information sharing protocols with people who used the services and partner agencies. The privacy notices had been regularly updated and signed off by the Data Protection Officer and Caldicott Guardian. A Caldicott Guardian is the senior person responsible for protecting the confidentiality of people's health and care information. Staff used secure systems to share information with relevant partners where required.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

There was an inclusive and positive culture of continuous learning and improvement. Staff felt supported to continuously learn and develop. The local authority ensured staff had access to a range of corporate training courses, as well as more bespoke courses specific to their roles. Where appropriate, staff were invited to attend NHS training sessions too. Regular discussions were held with line managers to explore further professional development opportunities. Staff spoke positively about learning and development opportunities and had described this as a strength of the local authority.

Local authority leaders highlighted that the local authority had a good staff retention as well as a good pay offer and promotion through workforce development. In 2023/23, staff turnover rate was 5.3 %, which is lower than the London average of 13%, for local authorities in adult social care. There had been learning from exit interviews, which had supported identification of themes to improve workforce recruitment and retention.

There were several staff who had been supported by the local authority to qualify as social workers through the apprenticeship route. The local authority had recognised the need to develop a proactive approach to the recruitment of OTs, due to the challenges of recruiting to this role nationally. Subsequently, the local authority had sourced funding for three Independent Living Assessors to take up an apprenticeship programme. This displayed a positive learning culture. Local authority leaders mentioned the strong links they had with academic and research providers which supported various apprenticeships.

Staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively. There had been a Training Needs Analysis in place which had been coproduced with the workforce and led by the Principal Social Worker. The local authority was also affiliated with training organisations, such as Making Research Count and Research in Practice.

Local authority leaders had been involved in the workforce development plans and displayed good knowledge of this. As part of the quality assurance of practice, monthly case file audits were undertaken to support staff's reflection on their positive work and identify areas for development. They told us that there was a rise in workforce engagement, current figures showed 77% engagement rate from staff compared to 42% 6 years ago. They also mentioned that staff feedback to the Local Government Association reflected positive working environment and good continuous professional development with the learning and development offer. A good ethos around professional development was highlighted by staff we spoke with.

Local authority leaders we spoke with presented a commitment to promoting continuous professional development. Staff told us that they were able to maintain their professional accreditations. Likewise, leaders also told us that they had a robust social work apprentice programme which started in 2020. Three social workers qualified in 2023 and moved into the Assessed Supported Year in Employment (ASYE) programme. Furthermore, Practice Educators (PE's) had qualified and moved into Team Managers positions. The local authority had Approved Mental Health Practitioner (AMHP) training as well as separate funding for staff who had special training interests. Additionally, staff spoke positively of the supported internships, which were opportunities for young people with disabilities to engage in development opportunities. The local authority had been leading this by example by providing supported internships internally. We were able to see examples of this whilst we visited the local authority.

The local authority was committed to working collaboratively with people and partners to actively promote and support innovative and new ways of working. Staff told us that the ethos of co-production had been embedded into practice and that the strategy team had sat in a co-design place, enabling them to work with people with lived experiences and reach out to community groups to learn from experience. Local authority leaders had told us that the local authority's development of the Local Account Group (LAG) was driven by local people. The LAG was established in July 2018 and had been formed of local people from the Borough who met monthly to assess how well social care was working and aid decision-making. The LAG had been given the opportunity to engage with various teams across the local authority to ascertain information on the services available to the community which they were then able to share with the wider community in the Borough. The LAG felt they were listened to by senior leaders and that their improvement suggestions were welcomed. For example, the LAG suggested improvement of staffing and training in care homes to ensure the right cultures were in place. Local authority leaders had welcomed this suggestion and shown consideration.

The local authority shared learning, best practice and innovation with peers and system partners to influence and improve how care and support was provided. They had used case studies to improve services using a person-centred approach. Partners told us that they were working together with the local authority to look at ways of how technology could be used to better support unpaid carers. The local authority had shown awareness of a new generation of unpaid carers who were becoming reliant on technology and had exploring innovative ways of using technology to reduce barriers.

Staff had provided us with examples of innovation around digital technology. An example of a digital service was given which was used as a preventative measure, to enhance personalised care. Other examples included, but not limited to, home alarm sensors as well as use of digital key safes. Staff we spoke with showed good knowledge of the assistive technology that was available, and the local authority had continued efforts to improve how person-centred care and support was provided. Staff also told us that they had felt knowledge was shared. Weekly 'Loop Live' sessions were being held which offered staff a space to share best practice and knowledge. Staff also mentioned an online platform which was used to promote training sessions.

Staff and leaders engaged with external work, including research, and embedded evidence-based practice in the organisation. Local partnerships had been used to share knowledge and resources locally. The local authority had been working with partners to address specific training needs. For example, suicide prevention was carried out as a co-production project between the local authority and partners, and we heard that feedback from local authority trainees had been positive.

The local authority actively participated in peer review and sector-led improvement activity. They drew on external support to improve when necessary and had been working with local providers to improve the use of assistive technology.

Learning from feedback

We had positive feedback from partners and staff reflecting the local authority's conscious efforts to co-produce to establish their strategies in a meaningful manner. Partners explained that the local authority focused on continually learning and improving services, and this was described as a strength. The local authority had multiple stages of consultation and co-production throughout the implementation of the Health and Wellbeing Strategy. Partners told us that senior leaders participated in group meetings to listen to people with learning disabilities, which contributed to the local authorities Learning Disability Plan. Co-production for the Learning Disability Plan had been done through The Advocacy Project, Make it Happen, Pursuing Independent Paths, and Full of Life. This plan had been presented at the Health and Wellbeing board and praised for its coproduction and the work done to engage with people with learning disabilities and unpaid carers. Partners also told us that they had co-produced the Carers Strategy through the use of carers forums and had achieved positive outcomes for unpaid carers.

Local authority leaders told us that training evaluation questionnaires were used to drive learning, improvement and future needs. There had been measures in place to also embed lessons learnt from Safeguarding Adult Reviews (SARs). Partners told us that learning from SARs was implemented to practice in a timely manner.

Regular meetings were being held with adult social care teams, partners and the Care Quality Commission to analyse trends from incidents and complaints which fed into improvement actions. Peer reviews were also sought to drive improvement, for example the Safeguarding hybrid model was implemented following a peer review in 2020 and consultation with the Local Account Group. Staff told us that they felt listened to when they raised concerns, and that senior leaders acted promptly on feedback received. An example provided was the creation of the Direct Payments team following feedback received from staff which had brought considerable improvements.

Local authority leaders acknowledged improvements in data collection and told us they were replacing paper forms with electronic forms and telephone calls which offered an opportunity to enhance how it collected feedback from service users.

The local authority had taken complaints seriously and continually looked for learning opportunities within those. There was a system in place to receive complaints and compliments. Data from the Local Government Social Care Ombudsman showed that 67% of complaints to them were upheld and that any recommendations for remedies were carried out in a timely way. Evidence submitted by the local authority showed that 110 statutory complaints had been received during 2022-23, of which, 41% were regarding the quality of service and 21% were regarding communication. Evidence from this showed that there was a good system in place to learn from complaints whereby themes and trends were identified, and feedback was used to improve services.
