

# Governance, management and sustainability

## Indicative score:

### **2 - Evidence shows some shortfalls**

## The local authority commitment:

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

## Key findings for this quality statement

The local authority was on an improvement journey, which was being overseen by an improvement and assurance board appointed by the Secretary of State. The improvement plan included a stronger focus on their statutory responsibilities under the Care Act 2014. A transformation plan had been developed to implement and deliver the changes and further investment in the adult social care workforce and commissioning was underway.

Transformation engagement workshops had been held to inform staff about this, but some staff told us they did not have time to attend sessions. Some teams told us about poor communication relating to the transformation process moves where they did not always get questions answered. Some staff told us there had been a lot of 'firefighting' to manage work, which affected stress levels, and they felt moving to a model of prevention, which was the goal of the local authority, was costly. Feedback from the local authority senior staff was that there were other communication methods about transformation including a newsletter and monthly director engagement sessions.

Deprivation was one of Nottingham City's biggest challenges and was seen across health, income, education, and skills. Nottingham had a low yield of council tax and a large amount of money had been spent on housing, including temporary hotel placements for people in need of support. Senior staff told us housing figures were double that of surrounding districts and some of these areas referred into the local authority area. Senior staff acknowledged the difficulties with housing and the impact of the lack of options for people currently.

Senior staff told us financial planning remained challenging, but this was progressing. Governance and performance risk frameworks were stronger, and data was starting to improve. There had been investment in adult social care to improve staff pay and this had made a difference to staff numbers. Culture had been an important focus too and they felt morale of staff had significantly improved.

The focus of the local authority adult social care strategy 'Better lives, better outcomes', was to promote independence, prevent, and delay the need for long-term care, to develop services to offer better outcomes and implement a strength-based practice model. Aligned with this, an Adult Social Care Workforce Strategy had been developed. Over the 4 years since the local authority signed up to the strategy, the leadership team had been moving this forward.

Staff told us the support they received overall from line managers was good and the majority were stable and experienced. We heard about strong and visible senior leadership and staff felt efforts had been made to listen to them. The senior leadership team were experienced in social care and committed to an improvement journey. There were some signs of effective improvements, for example recruitment and retention, work with the NHS, improvements in supported living opportunities and prevention. However, other improvements were at the start of the journey such as improvements in co-production and some other areas such as accommodation for people, required more focus.

Across teams, staff gave us mixed feedback about working at the local authority. Some staff told us morale was low due to a combination of vacancies, the ongoing internal restructure, and an increase in demand. However, some very positive feedback was received from other staff about the working culture in Nottingham as whole. They told us that people were given autonomy, got creative energy from working with others, the culture was not hierarchal, and senior staff were approachable. Values of staff were clear, and they were committed to providing good care and support to people. Senior staff confirmed the commitment from staff was good, especially when they could see the difference it made for people.

Improvements had been made in terms of staff vacancies and recruitment in many areas. Some vacancies had occurred due to internal secondments. Staff told us recruitment systems could still hinder this further at times, causing delays where they could lose new starters coming through the system.

Senior staff explained it was difficult to recruit occupational therapists as there was a shortage. Also, they felt the training offer was not always as good or as suitable for them. Some staff had reported feeling less valued. Plans were in place to employ a Principal Occupational Therapist (OT) to oversee this and have a system-wide role. Feedback from the local authority's senior staff was to mitigate the shortage of OTs on a long-term basis, and they had introduced an Occupational Therapist Apprenticeship Programme in 2020, which had proved successful in recruiting more staff.

Staff turnover had been 23% previously. However, a career progression strategy was implemented last year to address this, and it was now 10.91%. A social work apprenticeship programme and specialist roles had been developed. Some staff had returned from other local authorities and agencies to work for the local authority again. The proportion of experienced staff had increased, with 50% of social workers being newly qualified in 2022/23 from 77.8% the previous year.

Waiting lists were still growing in some teams, in part due to the complexity of people's needs. Staff felt they could improve how they look at the quality of their work further if these reduced. Managers worked together to address lists, with numbers varying across teams. There was a plan to use recent additional government funding to strengthen capacity in some teams to reduce waiting lists.

Senior staff had oversight of waiting lists and were in the process of completing further work as part of the local authority's transformation process, where prevention was a core part of the strategy. This included looking at a better use of support services, workforce development, better use of IT and a more holistic way of managing work.

Quality assurance processes were embedded across operational teams. Reviews of case file audits took place, and supervision of staff and clear escalation processes were included as part of this. A new quality assurance framework was also planned.

Staff survey results of adult social care for Nottingham in 2022 identified positive themes in areas such as ability to use skills, flexibility of job, feeling their contribution was important, providing a good service and managers. Negative themes were identified as pay, not being satisfied with collaboration between teams and not being satisfied with steps taken to strengthen governance and financial stability.

Complaints from people showed the key areas identified were delays in getting through to the local authority and delays when waiting for an assessment. Senior staff had oversight of these, alongside a complaints learning action plan, and a session for managers was planned in autumn 2023, in relation to learning from complaints.

We received mixed feedback about systems and engagement from care providers. Some told us payment systems could be improved and they were not always able to engage with senior staff if they encountered problems. They felt communication between teams could also be improved, for example contract changes were agreed with commissioners, but social work teams were not aware of these.

Some providers did not feel well supported in terms of recruitment and retention of care staff. Another voluntary partner told us they felt there had been poor engagement with local authority leaders and people using services were being affected by cuts. However, other partners were more positive about the approach of the local authority and gave us positive feedback particularly in relation to support when people were coming out of hospital.

© Care Quality Commission