

Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

The local authority commitment

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

Key findings for this quality statement

Governance, accountability and risk management

There were clear and effective governance, management and accountability arrangements at all levels within the local authority; these provided visibility and assurance on the delivery of Care Act duties, quality and sustainability and risks to delivery and people's care and support experiences and outcomes.

People with lived experience were aware the local authority had made changes to structures to improve the impact on people's care and support experiences and outcomes for example through co-production of the carers strategy and the implementation of the new front door. Co-production groups were described as honest and with transparent conversations. We were told the local authority really valued people and worked with the vision of improving services and the quality of life for people in Islington.

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Leaders were seen as approachable and visible, and that staff could ask for advice and guidance at any time, and this was encouraged and supported.

We found senior leaders and staff to be curious, passionate and committed. The Principal Social Worker (PSW) and the newly appointed Principal Occupational Therapist (POT) roles were aligned in the organisational structure and independent from team management. This showed value and credibility to lead, develop and standardise practice through engagement with front line staff. The PSW and POT worked closely with Learning and Development leads to ensure staff had the correct skills, knowledge and training to carry out their frontline practice. Staff told us they felt supported by the PSW and the POT. Staff had already seen the impact on outcomes and improvements in practice made since the appointment of the POT such a raised awareness of the OT team and what should be in an appropriate referral.

There were clear risk management and escalation arrangements in place. These included escalation internally and externally as required. Islington's senior leadership team had a clear delegation and escalation process. Team managers and senior social workers monitored risk daily within their teams and through data provided regular strategic oversight to leaders. Where there were shortfalls in carrying out Care Act duties, for example, waiting times for Care Act assessments, staff were clear about how the local authority was working towards reducing risks to keep people safe.

The Director of Adult Social Services (DASS) had clear oversight of data and any issues or concerns regarding support and care for people in Islington. The Chief Executive and cabinet members had a good relationship with the DASS and felt involved and consulted about the potential risks facing adult social care. These were reflected in the corporate risk register and considered in decisions across the wider council. The Chief Executive also met with the safeguarding adults board regularly to maintain oversight of any concerns and actions taken.

Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to inform its adult social care strategy and plans, allocate resources and deliver the actions needed to improve care and support outcomes for people and local communities.

The local authority had a clear focus on independence and prevention and worked closely with Public Health and health colleagues to achieve this, supporting people in Islington to live healthier, happier lives in a holistic way. The Islington Together 2030 plan was a multi-disciplinary plan to set out the vision of a more equal Islington. The local authority identified challenging inequality, racism and injustice as missions critical for the council and adult social care. Leaders told us they were also working with health on a new Health and Wellbeing Strategy as part of the Islington Together 2030 plan.

Other new strategies included a draft dementia strategy and an updated Carers strategy. People using services and their carers told us they felt included and listened to in the strategic planning of the new strategies.

Commissioners focused on providing a consistent, quality service across the whole of adult social care to ensure there was a joined-up, collaborative approach to meeting people's needs and achieving outcomes. The commissioning process was clear and had been co-produced with providers and people using services to ensure it met the needs of the people in Islington.

The local authority used information about risks and performance to carry out the actions needed to improve care and support outcomes for people and local communities. For example, agency workers were recruited to support staffing shortages in the First Point of Contact Team to reduce the time people waited and support people to receive the right care at the right time in the right place.

The local authority had close relationships, good sharing of data and clear oversight of their section 75 agreements. Partners told us they worked closely with the local authority to ensure they were meeting their contractual agreement and meeting their responsibilities under the Care Act, the DASS told us they received regular data and had regular meetings with strategic leaders in health to ensure best outcomes for people.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. Strict policies and procedures were in place for staff to follow. Staff had completed relevant information security training including GDPR.

There were examples of measures in place to ensure the sharing of information remained secure and confidential. This included gaining consent from people and/or their families, use of secure electronic systems, encrypted emails, auditing and recording of calls.

There were processes in place to ensure information was shared with stakeholders securely and maintaining confidentiality. Some staff had access to health records and read-only information relating to a person, to facilitate a positive experience for people going through assessments, care planning and review processes.