

# 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

In relation to the delivery of Care Act duties, the local authority had structures in place which were overseen by the local authority Executive Portfolio Holder for Adult Social Care and Health, and the Health & Social Care scrutiny committee. The Corporate Director of Adult Social Care & Health reported directly to the Chief Executive, ensuring accountability and transparency in decision-making.

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The Chief Executive Officer of the local authority had previously been the DASS. The current DASS had been at the local authority for some time and the 2 officers had a strong, effective and positive working relationship. We were told they shared a vision for adult social care, as articulated in the Adult Social Care and Health Plan 2024-27. Leaders at the local authority were confident the local authority members had an interest in, and were committed to, adult social care delivery, especially effective safeguarding. Other members of the leadership team reported excellent partnership working across the team. The team was stable, and there were clear roles, responsibilities and accountabilities. Leaders were visible, capable and compassionate.

The adult social care directorate was accountable to the Health and Scrutiny Committee, and to the Executive leadership group of the Hillingdon Health and Care Partnership, when necessary. The local authority's political and executive leaders were kept informed about the potential risks facing adult social care as reflected in the corporate risk register and considered in decisions across the wider council. Some members of the council reported the Scrutiny function was effective, although others felt that they were not provided enough information to provide constructive challenge.

The local authority told us the Chair, co-chair and Adult Social Care portfolio holder received information about ASC as members of the Scrutiny Committee. Members were briefed and given information about risks and challenge was presented at the committee to officers. This included updates on the quality and sustainability of services, for example at the Scrutiny Committee meeting which took place during our assessment, the Adult Social Care market position statement, and the Carers Strategy delivery were both reported on. This process is screened live on YouTube for resident engagement, has a public gallery and gives good information to elected members from both parties to enable good governance and decision making. The meeting where the Carers Strategy and Market Position statement were discussed, evidenced robust and detailed challenge to hold the local authority to account for its delivery of duties.

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There was a detailed forward plan in place, which undertook major reviews, although some items, were presented, for scrutiny and challenge from all members of the committee in addition to the reviews and challenges of health and care services.”

Strategic oversight and management of some services was not as effective as it might be, which impacted on people’s experience. For example, although the local authority told us they had oversight of demand and future requirements, it was unclear what action was taken to address the lack of timely advocacy for some people who consequently experienced delays in safeguarding investigations. Similarly, people’s experience of OT assessment and provision of equipment was variable. Some people had to wait longer than others purely because they were already known to social services, and therefore had to follow a different pathway.

The local authority told us that they had provided external practice supervision for some members of the OT team and that each person had a personal development plan where training needs were identified, and which were monitored monthly. Some staff told us that non-social work staff such as OT’s had difficulty in accessing what they considered to be significant training, such as Mental capacity Act refreshers and the local authority may wish to explore this further to ensure that the arrangements were effective.

A risk register was maintained at a directorate level, with risks owned, actions planned within agreed timescales and reported on. For each risk, the impact and likelihood, and actions planned or taken were recorded. For example, equipment delays from the regional contracted provider were on the directorate risk register and were being addressed. The identified risks of minor delays of equipment were mitigated with oversight by the equipment contract manager and the OT Team Manager.

There were weekly Senior leadership team (SLT) meetings with clear governance where risk issues and mitigation were discussed. Contingency plans were in place for each service area and there were live dashboards of people's feedback of their experience of care and support, which were discussed at SLT.

## Strategic planning

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The local authority used information about risks, performance, inequalities and outcomes to inform some adult social strategies and plans and to allocate resources especially in relation to social work staff. They delivered, or had plans to deliver, many of the actions needed to improve care and support outcomes for people and local communities. For example, commissioning information showed a proportion of out of borough supported living placements were caused by demand exceeding supply in the area. Plans were in place to provide additional shared care settings, but not for more self-contained supported living options, which may be more suitable for people with more complex behavioural needs. However, there were further plans to recommission the contracted provision of supported living services in 2026. There had previously been delays in accessing advocacy by Hillingdon people from the commissioned provider, but usage had increased during 2024. There was senior level oversight of the demand and future requirements of the service to prepare for retendering in 2025.

The joint strategic needs assessment provided information, and the local authority had established a population health management team whose role was to focus on and address health inequalities within the borough. Staff told us they collaborated with external partners and adopted a systems approach to anticipate and address future health events, aiming to protect adult social care services in the long term. They recognised the importance of adopting a data-driven, insight-based approach to developing strategy, rather than relying solely on community feedback.

The local authority used data about current performance, although they recognised previous data collection had not captured some useful metrics, such as average waiting times over a year, rather than snapshots in time, and had committed to addressing this. Leaders told us they benchmarked their performance data with other neighbouring local authorities, as well as nationally published data. They also told us reviewing the local authority's own performance was a slow, manual process, but this has recently been transformed and was now much better supported by IT systems.

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Evidence and data collected through work by the Safeguarding Adults Partnership identified rising trends in different safeguarding risks, such as domestic violence and self-neglect. Actions were identified such as increased training or practice support to improve care and support outcomes, although an audit had shown that previous learning from SARs had not yet been embedded or led to consistent changes in practice across all partners.

## Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. In every aspect of service delivery where agencies were working together, either as partners or in integrated teams, there was appropriate governance and protocols to ensure people's personal information was kept safe. This was not a barrier to different professionals working together to achieve safe, effective and personalised care and support. Staff told us about an information system which was owned and used by health staff but to which social care staff had access. Staff described this integration of systems as an improvement to their work. They said case notes were easier to access and it was more time efficient. Health leads noted social care staff could not yet add to these records which caused duplicate records and additional administration. There was a proposal to address this issue.