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

Staff told us there was an inclusive and positive culture of continuous learning and improvement. Most local authority staff had ongoing access to learning and support, so Care Act duties were delivered safely and effectively. Some staff in specialist teams however reported more difficulty accessing training specific to their roles and felt their team function was less well understood by wider colleagues. This meant that some professionals had less support to maintain their professional competency, and less joined up working to support people from different perspectives. For people there were potentially lost opportunities to provide more tailored support which promoted and maintained independence. Staff also expressed that whilst they received a lot of practice information, they did not necessarily have the time to absorb it.

Many staff reported a significant focus on continuous professional development and opportunities to shadow other team, learn and progress. Leaders reported there was a panel for the assessed and supported year in employment (ASYE) for newly qualified social workers. The local authority also supported some people working in the voluntary sector as social workers. We heard the local authority had a culture of "growing their own" professionals through apprenticeships, although these were limited to social work roles. No such equivalents were offered for OT's or other roles. The local authority was developing a documented progression procedure to formalise the current approach based on capability and evidence of practice. Social work staff reported Hillingdon was a good place to work, and many had been employed there for several years, some despite long commutes.

There was a Principal Social Worker (PSW) in the senior leadership team, although this role was held by someone with a broad portfolio. The seniority of this role had enabled them to have strategic and leadership influence, and we heard of changes in the way Mental Capacity Act assessments were conducted because of their input. However, there were missed opportunities for this role to shape and lead strategic developments from a social model of disability perspective potentially due to the breadth of their role. Quality assurance of social work practice was managed by operational assistant directors, then reported to the PSW, which also reduced their ability to engage in a timely fashion to improve practice. The local authority advised they were reviewing where the PSW was situated in the management structure and the scope of their role, but it would be a lost opportunity if it were no longer part of the senior leadership team.

There was a lack of evidence of learning from audits, and how this linked to continuous improvement. The audit undertaken by the safeguarding board following 2 safeguarding adult reviews, found that learning had not been embedded.

The new technology employed in Hillingdon Social Care Direct has been used by the local authority to understand who is calling, for what reason, and whether the person they are calling about is already known to adult social care. They have used this information to develop a range of call scripts and pathways, maximising use of online services for professionals, contracted care agencies, and for straightforward applications. This enables staff to respond in a more timely manner to more complex or urgent enquiries.

The local authority worked collaboratively with people and partners to actively promote and support innovative and new ways of working which improved people's social care experiences and outcomes. For example, they worked with a local provider to develop a model of crisis support for people with mental health needs at risk of hospitalisation, as a short-term step-up response which avoided admissions, and enabled people to stay safe and as independent as possible. The local authority were also currently piloting an innovative assistive technology device intended to help identify the need for early intervention to support people living independently, by mapping their daily routines and patterns.

The local authority had used coproduction to inform and develop strategies and partnership boards, such as the Carers strategy, and the Learning Disability and Autism Partnership boards. The local authority recognised better engagement with the population to improve co production was still an area for improvement and this needed to become more embedded in services. Staff shared examples of using ballot boxes and going into schools to hear people's voices. Staff working with young people in transition had identified their voices were sometimes lost in the Youth Council, so were establishing an expert reference group to engage with.

The local authority, in partnership with a voluntary sector organisation led a strategic alliance which met quarterly to drive change for people living with dementia in Hillingdon. This alliance facilitated direct feedback from people with lived experience to a range of partners. For example, an individual shared how their experience of being told their diagnosis led to a two-year depression, which led the memory clinic to pledge to change how diagnoses were delivered to ensure people did not leave feeling hopeless. This piece of work was on-going. Leaders told us they were currently looking at how to gather feedback from individuals to tailor intervention/services better for better outcomes, to improve feedback loops and to improve their early intervention offer.

Staff and leaders engaged with external work, including research, and embedded evidence-based practice in the organisation. The local authority was working with Brunel University to understand people’s journey through social care and were collaborating with a panel of people with lived experience. They intended this would inform future practice.

The DASS for Hillingdon was the Chair of the North-West London Board of Directors of Adult Social Services and felt this gave an opportunity to look outwards and share good practice. The Bridging Care service established in Hillingdon was mandated by the NWL ICB as good practice to be rolled out across all local authorities in their footprint, based on the impact it showed on patient flow.

The local authority had welcomed input from a provider about a successful scheme they were delivering for people with mental health needs in another borough and adopted the model in Hillingdon. They drew on external support to improve when necessary and had sought an independent audit of the functioning of their safeguarding board arrangements.

Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels.

Following an ombudsman complaint, the local authority updated their Localities Standard Operating Procedures (SOP) to emphasise assessment reports should be sent out to service users promptly for their input and comments. Staff showed an understanding of the importance of listening to people and shaping their response to meet individual needs.

Health leaders told us the local authority had listened and taken on board feedback from them around struggles for housing and provision for patients and had worked with the Trust to address the issue.

There were processes to ensure learning happened when things went wrong, and from examples of good practice. Leaders encouraged reflection and collective problem-solving. Supervision and team meetings were used to share learning from case work, complaints and compliments. There was a process to ensure learning from safeguarding work, and this was cascaded through the organisation via 7-minute briefings, and work to ensure changes to practice was embedded was in the Safeguarding Board Business Plan for 2024-27.

Data showed in the last 12 months, 9 complaints were made to the Local Government Social Care Ombudsman (LGSCO) about adult social care of which 89% were upheld. This was slightly above the expected number of complaints, and the uphold rate for an authority of this type, at 5 and 80% respectively. There was only 1 late remedy. The majority were resolved during the investigation process.
