

# 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

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Professional development was a key factor for the workforce strategy within the local authority and more broadly across the wider adult social care workforce. The local authority had a settled workforce, with many of its staff being part of the organisation for a long time. Staff were encouraged to learn and develop, with learning extending beyond its immediate workforce to include partners and providers.

The local authority recognised one of the biggest risks to the ability to deliver its obligations under the Care Act was having the right workforce, with the right skills to work across the county. As such, the local authority had developed pathways for staff development and recognised the gaps in opportunities. Staff throughout adult social care shared how their own development had been supported by the local authority, with opportunities for progression in specialist disciplines within the local authority and across wider NHS partners. Staff felt well supported and spoke highly of the DASS and PSW.

Internal opportunities were credible and supported by the engagement of, and collaboration with, external partners. For example, Northumberland's social work academy received an external quality assurance visit from Skills for Care in March 2023. Interviews were held with the PSW, the academy senior manager, a group of Newly Qualified Social Workers (NQSWs), and the academy team managers. Assessors from Skills for Care reported they found the work of the academy to be "an exemplar of national best practice in relation to the work and experiences of the academy" and the "staff were supported through their work, providing consistent support to newly qualified and apprentice social workers".

Structures and culture had allowed for innovation, piloting, flexibility and learning to be developed leading to the delivery of responsive services. The Principal Occupational Therapist worked well with the PSW, allowing opportunities for teams to learn from each other, to develop the workforce, and improve services through initiatives such as Communities First. Medical Devices Training sessions were provided by the Joint Equipment Loans Service (JELS), with some recent sessions delivered to the community team at the mental health trust.

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The local authority and partners note co-production, in its fullest sense, was an area of work needing to be further developed. Northumberland were in the early stages of understanding the socio-economic impact of inequality and fully addressing barriers to care and support to fully deliver the actions needed for improvement.

Unpaid carers and people using services reported they wanted to have more control of information and education surrounding learning disabilities, autism, and other disabilities. They especially wanted more input about the funding of centres and resources.

People we spoke with told us they felt the local authority could consider increasing the representation of the disability community on strategic boards, so they were involved in the decision-making process. Some people told us they found the council to be defensive and not always willing to consider people's views, stating the local authority should be more open to suggestions from those with lived experiences.

However, there were examples of VCS partners working closely with the local authority on a project to strengthen the partnership board and assist user forums across the region to be empowered and have a voice, which was heard by the partnership boards and used to influence change.

Innovation, learning, and improvement ranged from smaller improvement activities, for example, the improvements related to the Adult Services Information & Advice Strategy. The local authority was developing an information hub on the adult social services section of the Council intranet for staff to access a range of key information quickly and easily. More broadly, as a Marmot local authority, a 3-year programme was being implemented with the Health Foundation and Northumbria University to develop a strengths-based approach to social regeneration on a par with economic regeneration.

## Learning from feedback

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Northumberland was a local authority seeking to learn from the experiences of people using services. It used national and local indicators, and performance data to improve practice and commissioning to ensure people experienced positive outcomes.

The local authority's complaint process was set out and accessible. For example, there were versions explaining how a person could complain about services in pictorial form. Equally, suggestions and ideas were sought from people using services in the same way. Quarterly reports which contain information on the number and nature of complaints enabled the local authority and wider system to not only respond to individual complaints, but to track themes, and make changes to services.

Of the small number of complaints received in adult social care, care management and social work services received the most complaints, with just over half the complaints related to these services. In 2023, the percentage of complaints upheld by the LGSCO rose in Northumberland, but the overall number of complaints sent to the LGSCO declined. The local authority was 100% compliant with the recommendations of the ombudsman and in 25% of cases found that Northumberland had already provided a satisfactory remedy. Overall, this demonstrated the local authority had improved its response to complaints and was able to ensure people felt their concerns had been addressed.

The PSW was clear about the importance of learning from complaints as a way of understanding what good adult social care looked like in relation to practice and experience. The PSW ensured learning was shared and standards were clear in practice areas, for example, in relation to Mental Capacity Assessments.

Safeguarding week was promoted to raise understanding and awareness of abuse and staff were able to develop skills and knowledge through a series of events and webinars. Examples were shared by people who used services of where they had raised concerns about care and the support provided had been improved in response. Monthly case audits had been undertaken across all teams to consider the quality of care and test the standards for recording information, with feedback shared directly, and as wider learning.

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Partners in the VCS told us the local authority were good at listening to people's voice in the communities. They felt valued and listened to and were confident the local authority would address any concerns which they raised or identified. However, it was not clear how well this translated into frontline practice.

Health partners stated there was a 'No Blame culture' across partner organisations, including the local authority, and shared an approach where partners reviewed incidents and issues respectfully together to ensure lessons were learned. For example, a complaint about hospital discharge, found the default of blaming one partner was not the case, and lessons were learned across systems, and joint approaches were improved.

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