

Learning, improvement and innovation

Score: 2

2 - Evidence shows some shortfalls

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

Partners told us the local authority did very little in terms of coproduction and staff told us coproduction could be improved, as it was a struggle to engage people with this. Staff and leaders told us this was an area of improvement but there were no clear plans in place on how to improve this. However, a partner shared some recent coproduction around a self- assessment tool with the local authority to better support people with dementia in the local area.

Partners shared that even though they were invited to meetings to share information sometimes this felt like a tick box exercise, where change was not seen on the ground. Partners felt they wanted the local authority to refer to the intelligence they had shared and the impact this had on their direction as a local authority. Partners said there had been some suggested projects that commissioning managers had reached out about which would involve their intelligence, but it never came to fruition.

The local authority told us about a jointly commissioned project to better understand the lived experience of autistic and neurodivergent adults so they could improve their design and delivery of practice and support for these individuals. This project found that of the 52 people consulted, 30.6% felt that adult social care service were doing a good job for autistic people, 79.6% felt that adult social care services were not inclusive and accessible enough for autistic people, 75.5% felt that adult social care staff did not have enough understanding of autism, 36.7% were happy with communication from adult social care services and 8.1% felt they had a positive transition from child to adult social services. The intelligence from this project had formed the basis of the local authority's Autism strategy.

Partners detailed the key themes required for improvement around autism support. These were a need for more autism specific support, an increasing understanding of autism, the need to adjust support for those with lower perceived support needs, an improvement to accessibility of services, a need for person-centred reasonable adjustments, better communication, and a need to improve the transition from children to adult services. The local authority's Autism strategy did not include what they planned to do to meet the recommendations of the project.

The local authority had been able to use their electronic data dashboards to identify a disparity in their use of residential care compared to other local areas. They had put a plan in place to address this using a strength-based approach. The development of the dashboards was continuing to better understand themes and trends around residential care.

The transformation had presented an opportunity for service managers to review areas of practice and identify good practice as well as areas for improvement. One example was the development of a new Scheme of Delegation policy, which had resulted in more capacity being devoted to monitor practice standards more closely to identify training needs and reduce spending.

There was recognition of where learning, improvement and development was needed. Staff had access to training, were encouraged to take part, and supported to undertake training for their professional development. There were good relationships between the frontline teams and the senior leaders and there was positive communication between them. Staff were proud, motivated, and passionate about working for the local authority, who they said were flexible to staff needs and always put people at the heart of the work they do.

There was a drive from the lead member of adult social care to ensure all contact had with people who used services was meaningful. By doing this it would ensure less volume of contact was required to achieve positive outcomes. Changes had begun and a review had been scheduled to measure the impact of those changes.

Staff recognised areas which could be improved for the outcomes for people. These included provision of a tool for staff to access which could provide all information in one place.

Staff told us there was encouragement and room for career progression. We were told how many staff had completed their social work degrees and apprenticeships, which was encouraged by the local authority. They also told us how they had been provided with specialist training in areas to enhance their career development and progression. The local authority had a close relationship with the local university and college to facilitate the apprenticeships and other joint working.

Learning from feedback

The local authority had identified gaps in their current approach to working with carers, recognising the need for improved engagement and feedback mechanisms. While the South Tees strategy was scheduled for a refresh, they had started to undertake internal initiatives to address these gaps, however these were not yet fully embedded into practice. The focus was on strengthening their relationship with carers by enhancing communication channels and establishing more robust feedback systems. These efforts aimed to ensure that carers' insights and experiences would be effectively integrated into the service planning and delivery.

Improvements to carers assessments had just started at the time of our assessment but was not embedded. It was fed back from carers how it had felt the assessment was a tick box exercise and they were being assessed rather than focusing on what they needed. A conversation process had been recently introduced for carers assessments and would be undertaken by social workers. This had replaced the conventional approach which had involved the contact centre, triage, queues, and a lengthy form led assessment.

Some providers told us the local authority had not collaborated with them to help innovate their services. They told us they felt the local authority did not know what they wanted from services within the area, and because of this they felt they could not model their services towards the needs of the local population. One provider had been asked to change their independent supported living accommodation to cater to younger individuals having their own flats and they felt this was going well. However, this did not appear to have been a process which was shared more broadly with other providers. Leaders told us the local authority published a market position statement, held regular provider business meetings and forums and undertook ad hoc meetings to discuss specific needs with developers and providers when required. The commissioning fact sheets developed by the commissioning team gave providers a comprehensive picture of the market and future need.

Staff and partners told us coproduction was an area which needed to be improved upon, and partners had felt coproduction was not successfully in place to support the shaping of services within the area. There were no clear plans in place for the improvement of coproduction which would support some of the inequalities and outcomes within Middlesbrough.

Leaders told us they acknowledged coproduction needed to be implemented on a much broader remit across Adult Social Care. However, the development of the 'Rekindle' group was an example of coproduction with people who used services. This provided a foundation that could be built upon in any wider strategy to address inequalities and improve outcomes within Middlesbrough.

There were a variety of electronic data dashboards, which were constantly being developed and improved. Leaders and managers told us they were able to pull different information from these systems in relation to their service areas. Staff told us the development of data reports for waiting lists for each team was currently in initial stages and waiting list data was sitting with individual teams.

The local authority wanted to learn from people's experiences and feedback. Leaders told us there were plans to look at improvements within the local authority through a discovery assessment which looked at another local authority area to see what they were doing, which Middlesbrough could learn from.

There were also plans to introduce a neighbourhood model which was still in early development stages and awaiting approval. There were some elements of the neighbourhood model taking place, such as community hubs. There were plans for further development of the in-house reablement team to try and prevent hospital admissions. They were struggling to recruit to this but did have some agency workers supporting, with further conversations being had with neighbouring local authorities about the development of this.

There was a policy and procedure in place for dealing with complaints and any learning that could help develop staff knowledge for the future. The local authority shared with us their complaints data from the 12-month period preceding June 2024. They had received 45 complaints, 7 were upheld, 10 partially upheld, 16 not upheld and 12 was still ongoing. The top 3 reasons for complaints were: staff interventions and assessed needs, financial issues, and housing. No complaints had escalated to the Local Government Social Care Ombudsman.

The local authority had received 13 compliments in the same 12-month period. The top 3 reasons for expressing a compliment were: social workers were approachable, understanding and listened well, social workers had been able to work with people to find solutions in a timely manner, and social workers were supportive whilst being professional. Compliments were logged and reported to the senior leadership team as well as being fed back to the individuals through supervision sessions.

The local authority had conducted staff surveys and audits to gather information. One of the outcomes of the staff survey was around the 3 conversations approach, to enable more streamlined interactions for people and enhance the quality of care provided. Although this model had been paused, a working relationship had been created with partners and there were plans for further roll out. The staff survey highlighted 3 key areas: staffing and workload management, work life balance and system improvements and training. A staff engagement plan had been developed to address these issues and was reviewed monthly.

Staff told us supervisions were held regularly and provided opportunity for caseload discussions, advice, and support. Group supervisions were also held for peer group support and learning. The principal social worker carried out all exit interviews to learn where improvements could be made or provide extra support to stop staff leaving. Some exit interviews highlighted the complexity of social work roles, so they now had half a day a month protected time. There were also supervision sessions between the principal social worker with newly qualified social workers at 3, 6 and 9 month intervals.

Staff told us there were processes in place to support governance, quality of work and staff practice. This included staff supervisions and audits of work surveys for carers and people. They told us feedback and findings were fed up with service managers, but they were unclear of what happened following this.

A practice support forum had been introduced for all adult social care teams. Staff discussed complex cases with managers and other services to gain additional support. They were able to form a plan with other teams to better support people to achieve positive outcome