

Learning, improvement and innovation

Indicative score:

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

Feedback from staff was positive without exception in relation to learning, development and opportunities for career progression. Staff told us the local authority was a positive place to work, supportive and with plenty of training opportunities. They received good supervision and there was time to undertake continuing professional development for those who were registered practitioners. Staff were encouraged to develop in their roles.

Training packages included apprenticeships through to leadership training, alongside a good framework of support including coaching and mentoring. Senior staff told us they felt oversight and monitoring of training could be improved further with better systems, and at times it could be a challenge to get the balance right between staff learning alongside operational delivery.

There were good links with local universities. An 'Integrated Care Academy' at the University of Suffolk provided training for staff who worked across integrated care systems with a range of programmes covering 6 subjects. A graduate programme to increase the number of social workers to move into the mental health service, the 'Think Ahead' project, had enabled an increase in numbers of staff moving into mental health teams.

A philosophy of learning was in place at the local authority, which aimed to understand how well it was doing, with mechanisms used to act on this. Systems were used to learn from people's experience, as well as experience of service delivery. For example, feedback from carers and provider services informed future practice. Other learning was from areas such as staff exit interviews, learning from the Local Government Association health check and the Local Government and Social Care Ombudsman complaints. Engagement of staff in quality improvement and in sharing learning worked well, and there was a strong awareness of sharing practice.

Activity such as audits assessed the outcomes of improvements. For example, following one safeguarding adult's review, several recommendations were actioned, including in relation to mental capacity training and competencies, looking at trauma informed care and working in partnership with housing.

The use of digital technology was embraced to support people's independence and to prevent the need for services. Staff talked proudly about the local authority digital care project and the positive impact this had had for people. The project was a care technology service designed to help people live happy, independent and connected lives, to complement face-to-face care. For example, it had been used to reduce risks for one person in relation to housing and fire safety. The next stage of this project was planned, enabling health monitoring such as blood pressure checks.

Work was being developed using technology, such as a virtual reality project called 'Suffolk Stories'. This was aimed at people living with dementia who could hear and see stories about the local area and be immersed into these digital environments, with reported benefits to people in recalling memories and of reducing stress.

Plans were underway to further digitalise the Customer First contact area, with plans to improve data collection. A carers self-assessment was due to be trialled in the next few weeks to help improve access for carers.

Some voluntary sector partners talked positively about co-production being a genuine 'golden thread' in the approach of the local authority and influencing strategies. People who used services were involved in leading some pieces of work alongside staff. One example was some work to improve accessibility for people for a learning disability, which led to improvements in information and transport links in one area.

People with a learning disability and autistic people had co-produced the local authority's learning disability strategy. Another partner told us about co-production work they had led in relation to carers, which was 'excellent', leading to an all-age carer's strategy being developed. However, one partner felt co-production could be done better, and that the local authority was missing out sometimes in finding out about the impact for people locally and gathering their views.

Senior staff told us co-production remained one area they were working to further improve. There were systems to gather the views of people to inform service development, but they needed to continue to embed this across their strategic work. For example, there were plans to incorporate people's views in relation to improving care and support plans.

Overall, there was good partnership working in relation to learning. Some partners told us there was shared learning and they solved problems together with the local authority. However, other partners felt this could be a more 'reactive' approach and there was not always a culture of learning from the past. Voluntary sector partners, particularly smaller organisations, felt they would benefit from having a formal way to give feedback to the local authority as they had information about people's local needs which they felt could benefit them further.