

# 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

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Partners told us coproduction was not well embedded and this was recognised by the local authority. For example, a partner told us it was not clear how coproduction was influencing change. Other concerns included the local authority not investing in supporting people to take part in coproduction which created barriers for people. We were told when there was effective coproduction, the local authority did not always follow through with projects. A senior leader told us the local authority had not communicated effectively with people to explain decisions when coproduced projects had been stopped. This all contributed to mistrust of the local authority from communities.

Despite concerns in this area, the local authority was committed to developing coproduction. Corporate local authority priorities included 'The Haringey Deal', which acknowledged they needed to do better to gather people's voice. The local authority had committed to improving relationships with communities and to work with people to support them to have a say in decision making. This approach was beginning to embed, with new strategies taking a coproduced approach. Senior leaders also told us the local authority supported people to access coproduction opportunities through reasonable adjustments, such as pre-meetings, easy read documents and accessible building and times of day in which sessions were held.

New processes reflected people's voice supporting decision making. The local authority had introduced carers and commissioning coproduction groups. These processes were still being developed but a partner told us people felt more listened to with this approach and it was more representative of communities. People told us they would benefit from more coproduction training to contribute effectively, and the local authority told us coproduction training was ongoing for these groups. A partner told us while previous coproduction had felt more tokenistic, a coproduction group demonstrated a positive approach.

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The localities model was responsive to local communities and was an opportunity to improve coproduction and relationships. A senior leader told us the localities model supported coproduction of a newly developed journey through adult social care for people, and an external partner was supporting to map this journey so improvements could be made. The approach was still being embedded, with plans for physical hubs so people could receive a face-to-face service. Data was being collected on people's experience of the locality model and there were plans for this to develop services further.

The local authority worked closely with peers to support and improve their practice. For example, senior leaders met with local counterparts to share best practice. A senior leader told us the local authority had benefitted from a Local Government Association (LGA) peer review and this had highlighted the need for more coproduction in commissioning practices. This had triggered the implementation of the commissioning coproduction group.

The local authority also worked with external partners to learn and continuously improve. For example, following an external review in May 2023, the local authority took over the line management of mental health staff and commissioned services from the mental health trust. The review identified staff were undertaking Care Act 2014 statutory responsibilities 31% of the time. Senior leaders told us this transition had been managed well, without a drop in performance. A staff team told us the restructure had supported the adoption of a recovery model, rather than a medical model, which was in line with the Care Act 2014. They told us they now felt more represented at a strategic level and could be more flexible in presenting funding decisions. However, staff told us they were still embedding into their new roles as new structures continued to develop.

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A senior leader told us the local authority had not previously been an early adopter of technological tools and strategies. However, this was beginning to change, with an example being the 'Technology for our Ageing Population: Panel for Innovation' (TAPPI) project. The local authority had been awarded funding to take part in a coproduced project, along with 5 other local authorities, to improve the way technology was used in housing and care. This project was also supported by University of Cambridge researchers, to study the benefits of the project and share learning to the wider care and housing sectors.

Staff told us of a positive working culture which supported continuous learning and improvement. Staff were supported with their continuous professional development, with a range of training and progression opportunities which were driven by leaders. There was a staff learning and development plan in place which outlined the training staff were supported to access in their roles. A staff team told us they could request specific training if they felt it would be beneficial to them and they would be supported to take part in it. Staff also accessed frequent case discussions with senior staff and leaders to aid their learning and support people to better outcomes.

The local authority had a strong learning and development offer. Leaders in senior roles, were an example to staff of the local authority investing in development. Both the Principal Social Worker (PSW) and DASS had progressed from a practitioner level to senior leader roles. The local authority supported apprenticeships and Assessed and Supported Year in Employment (ASYE) for newly qualified social workers. Staff gave several examples of opportunities for progression, but some staff teams shared staff moving to more senior roles put pressure on services on the frontline as they were not replaced with permanent staff.

## Learning from feedback

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The local authority had systems to receive feedback from staff, partners and people but recognised this needed continuing development. People and partners did not always feel listened to at a strategic level. For example, the local authority commissioned a Joint Partnership Board (JPB) with reference groups as a mechanism for people's voice to be heard on aspects of health and social care. While there were previous examples of positive impact from the JPB, attendees of the Board had raised concerns about the governance and effectiveness of the JPB in supporting a diverse range of people to give feedback and be listened to. A partner also told us the JPB initially worked well and supported input from people with lived experience, but input had gradually decreased, and funding was not present to support the Board sufficiently as it was labour intensive. Senior leaders told us a review of the JPB had taken place in response to feedback and an action plan was being developed with a third party to improve JPB processes.

Despite these concerns, other partners told us the local authority listened to feedback at an operational level. For example, a partner told us the local authority listened to and responded to concerns they had, which improved staff practices.

The local authority sought feedback on experiences from people, unpaid carers, and staff. For example, the local authority supported the establishment of third-party organisation Disability Action Haringey (DAH). The local authority commissioned DAH as a representative of disabled people to support their voice to be heard and provide more inclusive and effective services and was a positive example of sourcing feedback from people. The local authority also completed their own carers survey and adult social care survey. The local authority stated areas for development from surveys were being addressed through their new localities model, through better access to services, and through better communication. There was also provision given to support assessments/ reviews to be undertaken earlier. The local authority was part of a Department of Health and Social Care project to design and test a prototype for a standard assessment toolkit for local authorities. As part of this work, people were being contacted for feedback on assessment processes to inform future improvements to national processes.

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The local authority gathered feedback from people as part of their quality assurance reviews as well as asking people if they wanted to take part in future co-production activity. Themes from this feedback were being used to inform training, continued professional development and were part of known challenges the local authority was working to address such as communication, waiting times and commissioned care. This feedback was also used as part of the service re-design for the move to a locality model.

The local authority sought feedback from staff to support practice improvements. For example, through the LGA annual health check survey (2024). The local authority scored consistently highly in areas of feedback from social workers, including for effective workforce planning systems, wellbeing, and safe workloads and allocations. Haringey ranked 15<sup>th</sup> nationally based on average responses to all standards measured within the survey, for local authorities which took part.

A leader told us reflective practice was an important part of the working culture and was embedded with staff supervisions. This was also shown in the LGA annual health check survey (2024), where social workers scored highly for supervision helping to critically reflect on work and supervisions helping to reflect on how regulatory standards were met.

There were 13 detailed investigations completed by the LGSCO related to the local authority. The local authority was late with remedies 50% of the time, as compared to the average of 25.34%. This meant the LGSCO agreed with over 9 out of 10 complaints made to them about the local authority and in half of the complaints, the local authority was slow to respond to recommendations.

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The local authority received 223 complaints about adult social care in the 12 months prior to 1 June 2024, with an average 29-day response time. Complaints were analysed and relevant actions were taken to support improved performance with findings and actions discussed at quarterly monitoring boards. Managers and leaders received reports on complaints to keep oversight of concerns. The local authority had started recording compliments in 2024 and as of 1 June 2024 had received 15. The local authority told us they were shared with staff to help boost morale and support motivation for high standards.

Learning was evident when things went wrong. Staff were supported to access 7-minute briefings and access training and reports following SARs. The Safeguarding Adult Board and a relevant sub-group oversaw actions to improve processes following SARs.

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