

# Partnerships and communities

Score: 2

2 - Evidence shows some shortfalls

## What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

## The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

## Key findings for this quality statement

Partnership working to deliver shared local and national objectives

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Local authority staff worked well with other organisations to help them identify young people with eligible care and support needs. For example, referrals came from schools, colleges and health partners. Staff involved others in areas such as positive behaviour support planning for people and met with relevant stakeholders to support health funding requests and reviews.

Partnership working with health colleagues was positive in some areas, for example there was a weekly meeting with GPs and the mental health team as part of a complex patient group which provided information and insight for people who were coming to the adult social care teams. Sometimes assessments were not as joined up with health colleagues and there were delays.

Partners in relation to mental health felt they had built up a good relationship with the local authority before the pandemic. Mental health services have now returned to the local authority and some areas have worked better than others, such as in relation to hospital discharge. They required a new memorandum of understanding in terms of how they worked together however they felt they had maintained a strong relationship. They felt leaders were accessible and there were multiple examples of joint working. For example, setting up a risk panel around complex cases and the local authority had supported a bid for investment around physical access to the hospital.

Overall staff told us they felt there was a good sense of collaborative working with colleagues and partnerships in place. For example, they had been able to attend regular meetings with the neighbourhood team of health specialists, including social prescribers. Discharge and reablement teams used a multi-disciplinary team approach to supporting individuals to return to the community, working alongside OTs and physiotherapists with joint visits often taking place. This approach to discharge and reablement worked very well with a 70% success rate in terms of people not requiring ongoing care.

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We received mixed feedback about working with housing. Some staff such as the OTs worked well together in areas relating to adaptations and disability grants. Other staff felt a closer link was needed and was a lack of collaboration at times. Staff did work together at times, for example, attending a 'high risk' panel, during training, and in implementing a Self-Neglect Toolkit which had recently been developed.

The local authority worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. Senior staff recognised the challenges in health and adult social care partnership working, and that they needed to do this more collaboratively to develop opportunities for integrated working. The integrated care system was complicated in North West London as the communities, provider and political landscape varied significantly and it was challenging to work across.

Senior leaders felt there could be improvements in working relationships within the local care system in North West London to work more effectively as a partnership. More work could be done in relation to integrated working at the council and creating an awareness and curiosity across the council about adult social care. For example, working with housing and more joined up working around prevention with better structures for enabling effective strategic engagement with the voluntary sector.

Examples of partnership initiatives led by Brent included a new toolkit for care quality across London, revising the care home standards in collaboration with other local authorities and CQC. This showed the local authority taking a lead in bringing partners together to address local challenges. Also taking a lead in the region around workforce and recruitment, and training in areas such as the Mental Capacity Act 2005.

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Co-production was recognised as one area which could be strengthened to ensure people's voices shaped and informed the design and delivery of adult social care services and a participation project was being implemented. The Brent Adult Social Care Coproduction Approach Draft, October 2023 outlined what co-production means for the local authority and details how they intend to move forward making sure people are involved that use the services. This was by strengthening relationships with people and communities, better partnership working and to improve on practice outcomes for staff and people who use services.

Partners gave us mixed feedback on how they worked with the local authority. Some told us the local authority engaged positively with them and generally they felt really supported with some of the linked local authority staff very involved. A partner suggested when the local authority attended meetings however roles could sometimes be better explained, and the language used less jargonistic, to ensure external people did not feel alienated. Some partners told us the local authority promoted the voluntary sector and had an open relationship with good communication.

One partner told us there was limited strategic involvement with commissioners and funding was their main concern. It was felt the local authority needed more presence in the community to be fully aware of the issues that existed. Other organisations felt they had an improved relationship with the local authority with more engagement with the strategic commissioners than previously. There was a focus to build on existing relationships to allow delivery of outcomes identifying that there are limitations within the organisation due to staffing and resources.

One partner agency told us they were able to meet senior leaders in the local authority on a regular basis, which allowed information to be fed back in a timely manner. They felt the local authority were open to communication and responsive to feedback. Another cited clear and good working relationships with Brent and felt the local authority was serving people well, further explaining they were approachable, responsible and working under difficult conditions due to reduced funding.

## Arrangements to support effective partnership working

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Staff were supported to work effectively with partners. For example, they received support and training to take part in continuing healthcare assessments where funding was assessed in relation to people's health. Other staff worked closely with health partners to assess and meet people's needs with frequent meetings to facilitate joined up support for people with learning disabilities and autism. This team were also based in a hospital setting which allowed them close access to health colleagues for support. Some challenges were posed in accessing services, for example when a person did not have a formal mental health diagnosis which meant staff could be left trying to support people without the necessary tools or skills. This had been escalated to senior staff.

The Brent Integrated Care Partnership brought together health and care organisations from across the borough to work collaboratively. Senior leaders felt they had good professional relationships with health partners, where they could have 'uncomfortable' conversations, but found a way to compromise despite challenges. Partners confirmed there was strong partnership working with the local authority and health trusts. They explained day to day personal relationships were good and the day-to-day work was not affected by any specific challenges which arose. The importance of this partnership working was recognised, and a meeting was planned in June 2024, to bring together partners from across the borough to formulate a shared agenda including housing, the voluntary sector and health.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. For example, the Better Care Fund has been used to fund an integrated rehabilitation and reablement function. This was health and social care working together to support earlier community discharge from hospital and faster response times. Also increased staffing in some areas such as OTs, and a bridging service, a time-limited homecare service to enable discharge from hospital and support people while they awaited a full assessment.

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The local authority provided funding and other support opportunities to encourage growth and innovation. Partners told us they had received funding from the local authority and other sources and felt trusted to carry out the agreed work. When their costs had been increased the local authority responded positively to continue to support them. One partner explained the local authority had listened to them and they had been invited to talk about their priorities when the budgets were being planned. They explained they were part of some thematic groups too and felt involved in relevant work.

## Impact of partnership working

Senior local authority leaders confirmed relationships had not always been good in Brent and there had not been strong health relationships in the past, but this was now much improved. Health partners told us about clear working relationships with the local authority with a planned and coordinated approach. They had developed some preventative initiatives which began during the pandemic and had been developed further now. It was identified some neighbourhoods had particular health inequalities, so work was developed with communities for example, delivering immunisations in temples/churches or on the street.

There were good examples of integrated working and co-production between partners and the local authority. For example, the development of an online version of the carers assessment was due to be finalised shortly and carers organisations had been able to feedback on the prototype, which was actioned by the local authority.

The local authority worked collaboratively with some charities to meet local social care needs. For example, the local authority had found unused properties in the past which they had offered to charities for free or for a peppercorn rent, which had been a positive way of assisting them given the challenges around housing in the area.

## Working with voluntary and charity sector groups

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The local authority worked in partnership with Healthwatch. Healthwatch are the independent champion for people who use health and social care services. Healthwatch gathers and represents the views of the public about health and social care services in England. The local Healthwatch network supports people to share their experiences of care or access advice. Their annual feedback report (2023) cited access to social care as a concern, the waiting list for an autism assessment, difficulty navigating the system to book an assessment and options for support if people did not have eligible needs.

Staff told us the lack of community and voluntary services available limited their ability to prevent needs for further services. Senior leaders told us they needed to do more to enable staff to consistently be part of the community. They had some links but needed to go further. For example, there was a Disability Provider Forum for the voluntary sector and people who used services which staff had attended but this had been more about exchanging information. Also, day centres did a lot of work with the voluntary sector but this was only in certain areas and was not a consistent approach.

Senior leaders told us they were focused on strengthening links and partnership working with the third sector in Brent. A 5 year transformation community plan was in place to develop engagement and coordination with the voluntary sector, demonstrating an awareness of the areas for improvement and a commitment to take effective action in this area.