Partnerships and communities

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, 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

The local authority had strong supportive relationships with partners which had been strengthened by recent changes to local health structures and the local authority's transformation programme. The local authority worked with health partners on shared strategic aims, and we heard from staff and leaders there were positive working relationships including space for professional challenge. Feedback from partners was positive and we saw multiple instances of the local authority and partners sharing information or data on shared priorities in areas such as hospital discharge and admission avoidance. There was also strong co-working in areas such as public health, housing and safeguarding. Some of this work had been recently implemented and in the early stages of maturity and more time was needed to realise the full impact.

Staff described positive working relationships at the frontline, with frequent joined up approaches to assessment and care planning. Leaders spoke positively about work with health partners, including recent changes to the structure and format of the Health and Wellbeing Boards and the Safeguarding Partnership Board. Partners, staff, and leaders all described how these forums were valuable for sharing information, escalating concerns, and responding to current themes.

Partnership working had achieved good outcomes in hospital discharge and avoiding hospital admissions. The Home First model for hospital discharge was jointly commissioned with health partners and we heard positive feedback from staff, leaders, and partners about how they had collaborated in developing the model. Partners shared data to measure the impact of models of support and the latest data showed a reduction in the time taken to discharge people from hospital safely; data showed the average time had reduced from an average 42 days to an average of 13 days. The local access point (LAP) was a joint-agency function where health partners and local authority staff worked together to support people in a way which prevented needs from developing and avoided hospital admission. Staff described how they valued the input of health colleagues and the collaborative nature of the relationship, which often meant people's needs were met holistically through joint interventions. For example, we heard from staff how they would often undertake joint visits with health colleagues which meant people received packages of care or equipment alongside physiotherapy.

The local authority worked with Berkshire Healthcare Foundation Trust (BHFT) to deliver mental health services across two integrated teams and we heard about positive partnership working and shared strategic ambitions. Staff told us about positive working relationships with health colleagues with clear lines of accountability and responsibility. We heard how the use of separate systems could be a challenge which was an area the local authority told us they were working with BHFT on implementing new shared systems. We also heard they had identified a need to improve early intervention and work was underway to review the current model with BHFT and we heard from partners about recent work to improve information and advice for younger adults living with dementia.

Partnership working was used to understand and anticipate the health needs of the population. Staff and leaders told us there were strong links between adult social care, public health, and health partners. For example, public health teams were collating data on local demographics to help shape future strategies for keeping people healthy, active and at home for as long as possible. Current programmes were focusing on healthy weights and substance misuse, which were areas seen as linked to people's experiences and changes in lifestyle during the COVID pandemic.

The local authority and partners had used Better Care Funds to set up an Innovation Fund, which was an initiative to provide seed funding to kick start creative ideas in the voluntary and community sector. We saw many examples of programmes designed to achieve health outcomes for people or meet the needs of specialist groups, ethnic minorities, and faith groups. Examples seen included a group to enhance the social lives of people with a learning disability and autistic people, a frazzled café designed for people to de-stress and ease loneliness and isolation, walking cricket and a cycling scheme for people who used a local mosque.

Arrangements to support effective partnership working

The local authority and health partners used partnership boards to maintain a shared focus on strategic aims across the Borough; recent changes meant that some of these forums were in an early stage of maturity. The local authority told us the 'Connected Leaders' and 'Place Committee' forums were key to ensuring continuity of strategic focus, and we heard from health partners how shared priorities were sustained during the ongoing period of change and transformation at the local authority.

We heard positive feedback about the effectiveness of shared forums from staff, leaders, and partners, but some of the work was recent and needed time to evolve. For example, we heard how the Safeguarding Partnership Board was responding to themes and trends identified in the safeguarding annual report, such as domestic violence and self-neglect. Working groups had led to the development of toolkits to support staff and partners but some of these had not yet had time to embed and improve outcomes for people receiving support.

There were effective partnership arrangements which overcame challenges related to funding. We heard how there could sometimes be challenges when it came to Continuing Healthcare (CHC) funding. Staff and leaders told us the joint ownership of this funding could lead to delays in approval but also described a positive relationship with health colleagues, where professional challenge was encouraged. Leaders described how it was important to meet the needs of the person first and agree the right funding stream later. Providers told us there was good partnership working but did say that at times there could be delays to payment where people's care was jointly funded, such as care provided jointly by health and social care under section 117 of the Mental Health Act 1983.

Impact of partnership working

The local authority and health partners worked together to achieve strategic ambitions through use of joint funding. The Hospital Discharge Fund had been used to fund the Home First Model for hospital discharge and the local access point, both of which showed value through their impacts on hospital discharge, availability of care provision and information and advice. There were systems in place to monitor the use of shared funding and ensure it was focused on areas of shared priority. There was a Better Care Fund commissioning board to oversee use of the funds and we heard how funding was being planned to achieve shared priorities in areas such as unpaid carers.

Partners worked together on strategies to improve health outcomes across the Borough. There had been a Creating Healthier Communities strategy which included public and voluntary partners across the Integrated Care System. The programme had been used to inform the development of a new hospital, step-down service provision, virtual wards, and the development of a large remote monitoring model for avoiding hospital admission.

The local authority worked alongside health and community partners in delivering the world café events which had been used to inform strategy, with plans for this to evolve through RBWM Together, which was an initiative to encourage people to come together, share information and ideas as well as for more formal co-production to take place. Staff and leaders told us how RBWM Together will be used to maintain partnership working and co-production to deliver on shared strategic objectives. RBWM Together also signposted people to services and provide details on how to access support in the areas identified at the world café events, like the cost of living, weight loss and mental wellbeing. There were a variety of small jointly funded initiatives that these strategies had led to, such as 'Blokes Losing Timbers' which was a weight loss group for men and a yoga group for over-70s.

We also heard how feedback from events around loneliness and cost of living had enabled partners to identify shared priorities and work was underway to develop community provision to address these areas of focus. We saw examples of joint funding being used to target these areas, such as where funding had been provided to the voluntary sector to develop comedy groups for young adults to improve confidence, groups for people with a learning disability to socialise and several activity groups set up for people with specific needs relating to their religion or ethnicity.

Working with voluntary and charity sector groups

The local authority worked effectively with voluntary and community partners to achieve shared objectives. We heard from staff, leaders, and partners that the voluntary sector was a crucial source of support for people and unpaid carers. The local authority had employed staff who worked directly with voluntary, faith and community groups to identify shared objectives and meet need. However, we heard from voluntary partners it could sometimes be a challenge to access local authority funding. The local authority recognised a need to do more to harness the potential of a strong voluntary sector. Some recent work had yet to develop and mature.
