Partnerships and communities

Score: 3

3 - Evidence shows a good standard

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 documented strategies evidencing collaboration with partners to agree and align strategic priorities, plans and responsibilities in the area. For example, Westminster's Homelessness Strategic Partnership Group had enabled cross-sector local partners to share insights and intelligence on the homelessness challenges which had contributed to improving service provision. Local authority leaders spoke about the positive relationships across public health, adult social care, and the voluntary sector and told us they attended VCS meetings on a regular basis and not just when engagement on Strategy development was required.

Partners commented on positive collaborative working relationship with the local authority through regular partner forums where staff and people participated. Partners explained there was frequent communication with the local authority, and they had been supported with training and recruitment. Partners described communication as open and transparent. Roles and responsibilities between teams were clear as each partner had a named contact person in the commissioning and quality monitoring teams and a named person in the safeguarding team. For example, the local authorities joint Suicide Prevention Steering Group demonstrated positive partnership working with up to 50 partners across Central and Northwest London NHS Foundation Trust (CNWL), committed to delivering the Suicide Prevention Strategy 2022-2025.

Through health partners we heard about the partnership work towards the #2035 project. Partners felt this innovative project supported multi-partnership working. They provided examples of partnership working to deliver local objectives, where they went out to hear stories of people in the community and met with a boxing gym, who supported young people on the edge of gangs. The insight gathered helped shaped the way partners designed their approach.

The local authority partnered with Alcohol Change UK and adopted their Blue Light Protocol to develop alternative approaches and care pathways for working with alcohol dependent drinkers, who were not in contact with treatment services, but had

multiple needs. This demonstrated the local authority's approach to joint preventative work through helping towards reducing harm and managing risk.

Learning from the pandemic had been integrated into new ways of working and created the High-Risk Outbreak Management Team, which involved partner organisations. The team focused on planning for longer term infectious disease, adverse weather conditions and health risk management. Together with partnership working with health, there had been evidence of a collaborative approach between adult social care and housing through the self-neglect and hoarding pathway to manage risk and deterioration and keep people at home.

In 2017, the local authority formed integrated hospital discharge teams with 2 other local authorities in London. All 3 local authorities had worked with 3 local hospitals and coordinated safe discharges. Staff had shared recording systems which fostered robust working relationships with health staff. The local authorities reablement service had been jointly funded with the NHS, which formed strong relationships with colleagues and partners.

Arrangements to support effective partnership working

When the local authority worked in partnership with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. One partner told us they had flexibility in funding through grants, rather than commissioned services, which had allowed voluntary and community groups to provide tailored support. This allowed the voluntary group autonomy and ownership of the work they were doing in supporting their community. The partner had been part of this new funding in terms of contributing to the needs of the community and told us the local authority had been interested in the local people participating in the planning and delivering of services. Partners told us about the relationship with the local authority commissioners had provided them flexibility to deliver positive outcomes.

Frontline teams shared that the ending of the S75 Partnership Agreement resulting in the transfer of mental health staff back to the local authority did not have a negative impact on service delivery. Staff told us there had been some anxiety relating to how practice would operate. However, the team felt practice had not been impacted and that they have continued to maintain good relationships with health staff. Overall, the teams we spoke with were able to evidence good partnership working with all teams and partners.

Westminster has 2300 people sleeping rough, which is the highest in London. Through the local authorities' partnership approach there have been several grant initiatives that have aimed to improve outcomes for people. For example, the Supplemental Substance Misuse Treatment and Recovery Grant was used to develop and enhance existing service provisions and aimed to reduce the impact of drug and alcohol-related crime and drug-related deaths. Another positive example was the Rough Sleeping Drug and Alcohol Treatment Grant, which had been used towards drug and alcohol treatment and provided holistic support for people sleeping rough, or at risk of sleeping rough. Frontline teams shared they had good relationships with all partners. Teams worked together to 'handover' care packages when ongoing care needs had been identified, for example when a person's reablement care ended. This showed people had continuity in their care provision and experienced a seamless service. Most partners gave us positive feedback with their relationships with the local authority apart from 2, who raised concerns around lack of communication when peoples care was changed, and level of information provided also varied. Another partner told us they had never been consulted or asked about local needs by the local authority.

Impact of partnership working

There was good partnership working between Housing and adult social care supported through joint protocols. Local authority leaders had identified improvement areas and had been working on identifying people who were housed in the local authority and establishing how they were being supported. This initiative was developed following a gas leak, where local people had to be evacuated and there were challenges faced by housing and adult social care, as they had separate recording systems.

Local authority leaders highlighted the relationship with the Northwest London Integrated Care Board (ICB) was important, especially in improving health inequalities. Both local authority leaders and partners highlighted there had been challenges with partnership working with the ICB, due to changes in leadership. Partners also told us due to the large size of the ICB, that covered 8 local authorities, the voice of the person had not always been the focal point of discussion. The local authority leaders had also commented on the importance of not losing the person and partners voice during partnership working as co-production had been the local authority's priority in improving services and outcomes.

There was good partnership working for responding holistically to people with high multiple needs. For example, the Housing Complex Case Panel was a multi-agency panel focused on people at risk of losing their tenancy, where there was representation from local authority leaders. Similarly, the Enhanced Vulnerability Forum was a problem-solving forum where a multi-agency approach was used to support rough sleepers and homeless people. An example was shared of a person who was rough sleeping and had frequent ambulance call outs due to uncontrolled diabetes. The person was supported with their health, accommodation and care and support needs through a multi-agency approach.

Frontline teams told us about the positive relationships with partners across services. Teams had planned meetings with local Police and partners and discussed risks, concerns and how community assessments were being managed. For example, a safer neighbourhood Police officer was allocated to each team who was in regular contact with the teams. Staff provided an example of carrying out a joint safeguarding review with the safe neighbourhood police officer.

Working with voluntary and charity sector groups

There were good examples of integrated working and co-production with the voluntary and charity organisations to deliver shared and local objectives. For example, the local authority had worked with and supported a charity community kitchen, as there had been recognition that there had been inequalities across ethnic minority groups and those on lower incomes.

A Healthy Communities Fund with local community organisations had been developed with the local authority, public health and partners. Community organisations had been funded to develop public health initiatives which included stop smoking schemes, NHS public health checks, providing nutritional advice and physical advice. These initiatives helped in supporting to deliver culturally appropriate services within communities and built pathways between organisations and core public service. This was a positive example of co-production which aimed to achieve positive outcomes.

The local authority worked closely with Healthwatch. Healthwatch are the independent champion for people who use health and social care services. Healthwatch told us the local authority worked closely with other organisations and people to co-produce strategies, an example provided was the Health and Wellbeing Strategy.

Frontline teams told us they had good links with various VCS organisations to collectively support the local community. An example provided was working together with charity organisations to address issues relating to rough sleeping in the Borough. The team told us that they had monthly team meetings and where appropriate they discussed mutual people, and this approach strengthened the delivery of care and support. Teams also offered support and training to different groups and example shared was supporting women, homelessness and refugee groups.

Health partners told us the drug and alcohol services in Westminster were excellent due to the interaction between charities and adult social cares dual diagnosis and specialist substance misuse teams. They described the work achieved meant Westminster had amongst the best outcomes for substance misuse in London. Partners also told us the local authority worked well with the voluntary sector and they did not work in isolation. One provider shared a positive example of a joined approach between NHS and the local authority where social workers were located in an NHS building offering a single point of access to shared information.
