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 strong relationships with health, voluntary and community partners. They worked collaboratively to agree and align strategic priorities, plans and responsibilities for people in Harrow. The interim Director of Adult Social Services told us they worked closely with Public Health and there were further opportunities to integrate with public health and NHS which they were exploring.

There had been recent changes in the senior leadership in Harrow. However, leaders told us good partnership working had been maintained throughout and they were continuing to build on these. Health partners said there was good strategic engagement between voluntary and community organisations and the local authority.

The Harrow Borough Based Partnership Plan and the North-West London ICS 3-year Borough Based Partnership plan were examples of how the local authority was actively working towards integrating care and support with partner agencies. An example of this in practice was the development of the integrated neighbourhood teams. This was an integrated model with NHS services which aligned boundaries to GP registration, so health and care was aligned around the same defined population. The Harrow Carers Strategy 2023-2026, also aimed to identify and support unpaid carers through joint working arrangements such as carers centres, information services, care clinics, carers groups and training/education programmes. Whilst the local authority continued to support unpaid carers, the strategy had measures to monitor future progress and targets against.

The local authority's Learning Disability and Autism Strategy Outcomes Framework had a key outcome to ensure all staff had a good understanding of Learning Disabilities and Autism and the skills to support people. This was led by the Harrow Council Leadership and Learning Team, the Borough Based Partnership Workforce and Organisational Development Workstream and the Northwest London Health and Social Care Academy.

The local authority's commissioners worked closely with commissioners from neighbouring boroughs to help ensure they took a consistent approach to working with local providers. This helped ensure expectations about service quality were consistent. This had led to the development of a new provider quality framework which was due to be rolled out across north-west London in the summer (2024).

Public Health leaders told us they felt partnerships worked well, citing an example where they had worked as a system to identify key issues such as frailty or falls prevention, to understand the difficulties people experienced and what how best to support them.

The local authority had integrated aspects of care and support functions with partner agencies where this was best practice and there was evidence that it would result in improved outcomes for people. An advocacy service reflected on a positive relationship with the local authority. They told us the local authority were open to challenges and were receptive to proposed changes. For example, where a safeguarding meeting had been arranged with an advocate but not the person they were supporting, this was fed back to the local authority who acted to avoid a repeat of this situation.

A team described improved communication and information sharing between health and social care teams and increase in joint working, including joint visits when required and attending weekly multi-disciplinary team meetings which focused on ensuring a joined-up approach was taken to the provision of support to the most vulnerable people in the Borough.

Another team talked about good working relationships with colleagues in health and an appreciation that both have their own challenges. They noted their challenges around health funding, in particular continuing healthcare. They felt there was no joint funding anymore, apart from Section 117 of the Mental Health Act 1983. This is the support given to people who have been kept in hospital under the Mental Health Act. The services provided under section 117 meet a need that arises from or relates to a person's mental health difficulties and reduces the risk of the mental condition getting worse and having to go back to hospital.

The local authority had a clear understanding of key stakeholders for mental health care and support and staff were committed to sustaining positive working relationships. For example, joint working between brokerage, community mental health colleagues and the specialist hoarding team had led to reduced waiting times and improved outcomes on people's lives.

Arrangements to support effective partnership working

When the local authority worked in partnership, there were arrangements for governance, accountability, monitoring, quality assurance and information sharing. Staff were clear about their roles and responsibilities.

We were told the local authority had good relationships across the integrated care system. The Better Care Fund (BCF) was an example of how the local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. However, the local authority said the value of social care and the pressures of adult social care remained under, needed better recognition by the NHS.

Key priorities were identified which included the implementation of the Integrated Intermediate Pathway and the implementation of the Frailty Model. The local authority planned to use BCF funding to improve hospital discharges, extend reablement services, fund step-down beds and support unpaid carers aligned with appropriate use of the Disabled Facilities Grant (for housing and adaptations/assistive technology). The Managing Director (MD) of Harrow local authority was also the Lead Chief Executive Officer (CEO) across Northwest London. We were told of efforts to use the BCF in a co-ordinated way with the 8 North West London boroughs as they all had placed based autonomy. A review of the BCF was due to take place which meant there was a risk regarding funding for adult social care.

The local authority told us the transformation programme had been co-designed through extensive engagement with a wide range of stakeholders. The local authority then said communication was circulated to stakeholders providing regular updates and developments in changes and work progress. Providers told us they were not all aware of the recent local authority transformation programme or how to contact some teams. Some voluntary sector groups said the turnover rate of local authority staff in Harrow impacted on their ability to build strong working relationships within the local authority.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people.

A health and social care partner said they had a positive relationship with the local authority, but limited funding had sometimes impacted on their role.

The local authority used formal surveys to gather the views of people who used services. They also received feedback through co-production projects. This informed ongoing development and continuous improvement of services.

Working with voluntary and charity sector groups

The local authority said they had a strong strategic relationship with voluntary, community, and faith groups which enabled a co-productive approach to policies and changes through the Harrow Community Partnership Forum. In contrast we received mixed feedback from with voluntary and charity organisations about how well the local authority worked collaboratively.

One group said there were missed opportunities for intelligence sharing between services to collate a holistic view. For example, the local authority had introduced an initiative of community champions to gather people's views where they had similar roles in their organisation. The champions were targeting different groups, but intelligence was not shared or corroborated to gather a full understanding the needs of the community which could inform commissioning of services.

Another voluntary group told us their members sat on many local authority boards such as the safeguarding board, homeless prevention board, and advice board. This allowed them to gather firsthand information, to tell the local authority what was happening in the local communities.

The local authority had a standard operating procedure for co-production which had co-production values. This included 'listening and learning from our residents, unpaid carers and co-production own partners experiences.' Some voluntary groups told us that while the local authority had policies relating to co-production and co-design, they did not feel this was happening in practice.

The MD was proud of the work Harrow did with the voluntary and community sector but confirmed Harrow had removed some grants in 2017 and as part of this had worked with the Voluntary and Community sector organisations to support them to access other funding streams which local authorities were not able to access. This approach was supported through a consortium who focused on working to strengthen the voluntary and community sector by providing opportunities for Harrow organisations to both work in partnership when tendering for contracts or seeking to secure funding, as well as strengthening governance and overall capability of the sector.
