

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 Shropshire.

The local authority were active members of the Shropshire Integrated Place Partnership Board (SHIPB) which had representation from a range of stakeholders including the voluntary and community sector, senior leads from health providers (including primary care networks, community health and hospitals) and Healthwatch. The purpose of this board was to ensure the system level outcomes and priorities were agreed at the Integrated Care System (ICS) and implemented at place level.

Senior leaders told us there had been some difficulties and challenges with relationships within the ICS and ICB. They told us this was now an improving picture from their perspective which was described as more settled due to all partners having a better understanding of respective roles and responsibilities. Senior leaders told us they met with some NHS trust leaders monthly, to discuss and to continue to resolve any issues, and they described having a good working relationship at this level. An example of improved partnership working was the local authority having commenced sourcing domiciliary care packages on behalf of the ICB for fast-track assessed patients in May 2023. Initially referrals were accepted from the two acute hospitals within Shropshire and a short time later this was extended to the community hospitals.

The Shropshire, Telford and Wrekin Joint Forward Plan 2022-2028 was developed to outline how health and care systems will work together over the next 5 years. The plan was developed through engagement with the NHS, local authority, Midlands partnership and ambulance service, primary care services and community and voluntary sector. Three key elements of the plan were taking a person-centred approach, improving place-based delivery and provision of additional specialist hospital services.

The local authority and health partners worked in partnership to manage public health risks, such as infectious disease outbreaks, and linked in with the Community Trust. There were daily escalation meetings held between the local authority, the NHS Trust and the Community Trust which focussed on getting patients in the right environment. Other partners were included where necessary including mental health teams. Joint commissioning initiatives were developed which included falls and diabetes management. A recent joint project had been completed for the local authority to take a lead in providing community equipment which went live on 1st April 2024.

There was a good relationship with Public Health and there were several joint initiatives being undertaken. For example, through social prescribing at the First Point of Contact service and supporting people to access relevant services to delay or prevent their need to access health and social care services, while being on a waiting list for a care act assessment.

The Shropshire Neighbourhood Working was a group created to oversee the expansion of community-based services focusing on developing core teams for integrated neighbourhood working across local authority and health. Key priorities of the community-based services included a focus on self-care, integration, person centred care, and the voluntary and community sector to working with partners across the system. An integration 'test and learn' approach of Community and Family hubs had been trialled within the Shropshire County and the next step was the development of community and family hubs in other areas of Shropshire, as a result of positive outcomes from the trial. This would mean greater accessibility to services for more people.

The local authority worked in partnership to support rough sleepers and those at risk of rough sleeping with drug and alcohol dependence. This was through a multi-disciplinary team called Reset, who worked closely with homelessness teams and a voluntary sector provider to provide holistic support and improve outcomes for people.

Arrangements to support effective partnership working

When the local authority worked in partnerships with other agencies, there were arrangements for governance, accountability, monitoring, quality assurance and information sharing.

The local authority recognised that the Better Care Fund (BCF) was not utilised to its full potential as there was little formal integrated commissioning in place. For 2024/2025 there was a commitment from the local authority and ICB to focus on a number of pathways to drive forward the commissioning of integrated services. These included community equipment services, preventative services, falls services, neurodiversity pathways, alcohol services, independent market provision, carers services, dementia had discharge to assess with key focus on reablement. The BCF boards would be transitioned into joint commissioning boards and integrated commissioning forums. This governance would mean all partners were included and were active members. Place based joint commissioning would also be brought into this arrangement to support delivery within communities.

A voluntary partner told us the local authority and public health engaged well with them across numerous boards and forums and this allowed the organisation to have effective partnership working and informed the local authority of the specific needs for the people they supported.

There was a section 75 agreement for Shropshire and Telford and Wrekin councils and NHS Shropshire Telford and Wrekin ICB to commission, support and fund the provision of an Integrated Community Equipment Loan Service. A section 75 agreement is an agreement between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners. The aim of this was to improve the quality, cost effectiveness and efficiency of commissioning for the community equipment services and make more effective use of resources.

Staff told us they had good relationships with health colleagues and there was good multi-disciplinary working. They worked well with therapy services when supporting people with more complex needs and told us the local authority provided funding for more specialist assessments to ensure they understood people's needs. Staff described how since they had received continuing health care (CHC) training they felt more confident to challenge health colleagues about CHC assessments and outcomes, and discussions with partners were more open.

The local authority worked with the prison service. They supported with assessments if the person had a diagnosis of autism or attention deficit hyperactivity disorder (ADHD). They had also advised on what services might be available to the person on their release and worked with the probation service. Public health leaders told us the local authority was a key partner in the Health and Wellbeing board. Other partners involved in this board included voluntary sector partners and integrated care partners.

The local authority were active partners in a daily meeting which was run by the local police and attended by other stakeholders including the children's team, housing, the domestic abuse team, probation service and health colleagues. This was to ensure a joint approach with any safeguarding issues within Shropshire. The local authority also attended a monthly self-neglect and hoarding forum. This forum was attended by a wide range of partners including police, mental health teams, local food banks, housing, fire, and rescue.

A partner organisation told us there were systems in place for information sharing amongst partners and they attended information sharing meetings for domiciliary care and care homes with commissioners for those services.

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. This informed ongoing development and continuous improvement.

Senior leaders told us reaching funding agreements for continuing health care (CHC) continued to be a challenge, and a memorandum of understanding in relation to CHC was being established. They told us no one was ever without care whilst funding agreements were being reached. However, an unpaid carer told us they had experienced a lack of a joined-up approach and described times when professionals had not worked together in respect of funding decisions. In this example, the person told us they had been left without a placement, experienced a lack of support for their mental health and their access to community activities had been reduced due to funding dispute amongst professionals.

A co-production group described the local authority's system to implement changes as slow and difficult to navigate. An example was given about improving the council's website which had been ongoing for 12 months. They described a lack of urgency to make changes, address issues and said there was no feedback to understand if there was any progress or changes as a result of the work they were involved in.

Senior leaders said housing and adult social care were consulted on the independent living strategy. As a result, housing solutions were created, properties were bought including a care home, which was being reconfigured to be independent residences for homeless people, to create a blend of integrated living and supported living.

Some staff gave us examples of poor hospital discharges where people had been discharged without support as the NHS did not have an out of hours service for people who were fast tracked or received services funded by CHC. To address this, the local authority and the ICB agreed that the local authority could authorise increased funding in an emergency.

The local authority and health partners met on a weekly basis to discuss complex and long-term discharges. Since this partnership was formed, the average hospital stay decreased from days to 1-2 days. The local authority described how this improvement was due to better partnership working.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charity organisations to understand and meet local social care needs. They were open to critique and feedback and transparent in their approach to engaging with voluntary organisations.

The local authority worked with several voluntary sector organisations. Staff told us they signposted people to these groups where appropriate. Staff said there was no formal system to identify the voluntary sector services available, but they shared identified services with each other using a Microsoft Teams channel.

Overall, voluntary groups told us they worked well with the local authority who supported their services and understood the issues the voluntary sector faced. The local authority had frequent meetings with voluntary groups which were beneficial to them. However, the frequency of these were at times onerous and commitment heavy for the voluntary sector groups.

They said the local authority acknowledged the voluntary sector helped them to fulfil their statutory responsibilities. One group told us that the support from the local authority which resourced the administration for their group had been “tremendous.” They felt their organisation would struggle significantly without the support from the local authority. Another organisation said the local authority had been firm partners with them and had helped to facilitate their growth. They were invited to safeguarding meetings, strategic meetings, health and wellbeing meetings and sat on homeless forums.

One voluntary group told us there was a lack of communicated outcomes by the local authority following feedback and consultation during voluntary community sector forums. The group told us there had been no annual increases to funding over recent years and this had pushed organisations into deficit or closure as. They said financial stability was the biggest challenge to voluntary organisations, the loss of which had a negative impact on the community. The local authority told us they had increased the budget for community organisations including a 6% increase in 2024/2025 and also provided grant funding to voluntary organisations.
