

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 recently undergone a large transfer which brought commissioned ASC teams back in-house to the council. Following the transfer the local authority had continued to build relationships with partners to deliver shared objectives. The local authority identified that partnership and collaborative working was an area that they wanted to continue to develop to ensure the best possible outcomes for people.

Partners told us relationships had improved since the transfer and made communication between partners and the local authority more easily accessible. Leaders spoke positively about work with health partners, and explained how the Health and Wellbeing Board and the Safeguarding Partnership Boards were valuable for sharing information, escalating concerns, and identifying and responding to current themes.

Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated-Care-Strategy - 2023-2028 created a vision for the B&NES, Swindon and Wiltshire Integrated Care System in which they would listen and work effectively together to improve health and wellbeing and reduce inequalities. The vision would be delivered by prioritising the three identified objectives as follows, a focus on prevention and early intervention, fairer health and wellbeing outcomes, and excellent health and care services. Leaders and staff told us about the improvements made to the prevention and early intervention offer since the implementation of the Community Wellbeing Hub, which saw an increase in people asking for advice and support. Leaders told us the Community Wellbeing Hub was jointly funded with Public Health, the HCRG group and the voluntary sector using the Better Care Fund. The Community Wellbeing Hub originated during COVID-19 to ensure people still had access to advice and guidance in the community and continued due to its success.

Health partners told us how improved relationships with the local authority had helped them focus collaboratively on the improvement of health and wellbeing outcomes to reduce people's need in services. Leaders and partners identified there was still work to be done to improve and achieve their vision but were optimistic and passionate about achieving their goals.

Partnership working was embedded in some teams more than others. Staff told us how some partnership working had reduced for example, the Social Care Assessment Team were no longer based in the hospital and did not visit the wards when planning and supporting discharge, this meant their relationship with health teams was not as strong as it used to be and at times had impacted on a timely discharge. Leaders told us that the Social Care Assessment team were co-located with the First Response Team, the Health Access Team, Virtual Ward and Reablement at the Care Coordination Centre to support collaborative working. The Social Care Assessment team also attended regular meetings within local hospitals and supported with Care Act Assessments, support planning and reviews following discharge. Other staff gave positive examples and outcomes of collaborative working. For example, working with advocacy to conduct a Best Interests' decision under the Mental Capacity Act 2005 (MCA) and working with OTs and Physiotherapists to achieve people's optimum health and wellbeing.

Partnership working was used to understand and anticipate the health needs of the population. Leaders told us there were strong links between ASC, Public Health, and health partners. For example, public health collated data on local demographics to help shape future strategies for keeping people healthy, active and at home for as long as possible.

Mental Health partners told us working within an integrated model enabled the team to respond promptly to requests for care needs assessments, promoted better outcomes for people and assisted with reducing delays in hospital discharges.

Arrangements to support effective partnership working

The Community Wellbeing Hub was a partnership between the Council, public health, the HCRG Care Group and the third sector organisations. The purpose of the partnership was to link health and social care services with the third sector, collaborating to prevent, reduce and delay residents' need for statutory services. The partnership was governed through a partnership board, chaired by the local authority and attended by HCRG Care Group and third sector representatives.

The Community Wellbeing Hub was supported by an umbrella company called 3SG who was a community interest organisation, who were an active member of the Community Wellbeing Hub and supported the voluntary sector and charity groups across B&NES to have a voice. 3SG had three clear aims: to co-ordinate third sector support to meet the local authority's priorities, to support effective data gathering from the third sector regarding available services and activities, and to collaborate with the live well B&NES team to support signposting to the third sector. This partnership will continue to be reviewed to ensure the best use of resources to meet people's needs. The local authority told us they also had good relationships with drug and alcohol and suicide prevention services both of which had multi-agency strategies to support people living with drug and alcohol abuse or suicidal prevention.

The 2023/25 Better Care Fund plan focused on improving hospital discharges, reducing the pressure on urgent care and social care, supporting intermediate care, supporting housing adaptations, technology enabled care, transition from children's to adults' services and supporting unpaid carers.

Impact of partnership working

Partners worked together on strategies to improve health outcomes for example, the joint funding through the Better Care Fund of the Community Wellbeing Hub. Staff, partners, and leaders told us this service was working well however, there was limited data to show how this service had impacted and improved outcomes for people.

Health partners told us ASC leaders and staff were visible and available and felt able to approach them for professional advice and guidance. There was a structure and forum space for cross-sector discussions which worked well. Partners felt the local authority had an appreciation of other roles and partners within the wider system. This meant people who were already known to the local authority could be supported quickly and effectively without having to go through the whole assessment process again.

Mental health partners told us working within an integrated model enabled the team to respond promptly to requests for care needs assessments, promoted better outcomes for people and assisted with reducing delays in hospital discharges. Leaders told us the long established relationship with mental health partners worked well and provided good outcomes for people.

The 'home is best' programme which focused on people receiving the right care at the right time in the right place identified improvement in delayed discharge and the Community Wellbeing Hub, as positive outcomes for people because of partnership working, with a focus on assessing people once back to their optimum health and in the community.

Working with voluntary and charity sector groups

The local authority collaborated effectively with voluntary partners to achieve objectives however, we heard some voluntary partners felt the local authority needed to improve their communication and be more creative and open to listening to the voluntary partners ideas as some voluntary partners told us they did not feel their knowledge and experience was being effectively utilised when considering objectives. Staff told us voluntary partners played a vital role in supporting people in the community and identified how their support improved outcomes for people. For example, voluntary services supporting hospital discharge to prevent a delayed discharge and improve people's independence.