

# 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

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Leaders in Northumberland had built strong relationships across the local authority, with statutory partners and VCS to ensure that its Care Act obligations were delivered.

Relationships were built through genuine partnership working and formal NHS Section 75 agreements to offer integrated health and social care practices and services for people in the county with a focus on ensuring good outcomes. Despite being one of 14 local authorities in the Integrated Care Partnership, Northumberland's sense of place was clearly understood through its socio-economic context, history, and geography, all of which had influenced the way in which it engaged with partners to influence the shape and delivery of services.

Work with key partners through the Health and Wellbeing Board (HWB) and System Transformation Board (STB) helped to streamline the delivery of actions and responsibilities of each board member. The constant flow of communication enabled a better understanding of priority work streams and any issues arising across the Integrated Care Board (ICB). The lead member for adult social care sat on the board of the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) which had provided the local authority with the opportunity to jointly develop services such as mental health 'Safe Havens' for people in Northumberland.

Leaders told us across health and social care, they had been able to foster strong professional relationships. This supported a co-ordinated approach between senior leaders which helped to inform strategy and delivered the actions needed to improve outcomes for people in the county. For example, Northumberland had a well-run Multi-Agency Safeguarding Hub (MASH) which worked with partners such as Northumbria Police, CNTW, and the Fire Service. Close working meant its ability to respond through a whole family approach or single adult approach was effective.

For example, meetings were held about people who are clinically ready for discharge, led by CNTW, to support their discharge from the mental health hospital and to understand the reasons for delay. The meeting was attended by partners from CNTW, the ICB, Northumberland adult social care and commissioning.

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The local authority was able to demonstrate the impact and outcome of effective partnership working at an operational level in areas such as its integrated hospital discharge arrangement, 'Home Safe', the STSS, a co-located service which provided rehabilitation to people within their homes providing safe and strength-based discharges. Such an approach meant people were less likely to be re-admitted to hospital care.

Effective partnership working was supported by a strong governance structure between the local authority and Northumbria Health Care Trust (NHCT), with regular operational multi-disciplinary meetings held weekly and monthly, and strategically at board level. Partners shared policies and procedures, so all teams understood practice standards, responsibilities, roles and escalations points. This meant challenges and issues were quickly resolved through collective problem solving.

CNTW and leaders from the local authority shared examples of effective multi-disciplinary working arrangements for people who were being discharged from acute mental health services, which extended to GPs in northern parts of Northumberland. The local authority worked closely with the mental health trust to ensure people with ongoing mental health support needs remained at the centre of ongoing S117 arrangements, with the local authority taking a lead and sitting on partnership boards to deliver on shared local objectives.

Staff worked well together across disciplines and organisations in multidisciplinary teams. Relationships were respectful and focused, ensuring people had the best possible outcomes. The learning disability team were co-located with learning disability nurses working closely together to provide clinical support and advice about behaviours which challenge, transfers, referrals, planning, medications and health conditions.

People using services felt a joined-up approach had been taken by health and social care to keep all stakeholders up-to-date, and to support people to experience services as a whole team rather than from individual areas.

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Northumberland and its partners noted there were wider strategic changes which may affect partnership working arrangements in future, and noted despite these strong links, there was a recognition of the need for further development with health partners, particularly in primary care to improve links with local community and early health access.

## Arrangements to support effective partnership working

Northumberland had governance arrangements in place to support effective partnership working. Leaders were proud of the partnership working taking place around the Safeguarding Partnership, both in terms of governance and the quality of the professional challenge and scrutiny, with all partners working positively and actively together.

The health and wellbeing board was effectively used by the local authority to share reports and progress of plans on work to improve the health and wellbeing of people who lived in Northumberland, such as through the use of the Better Care Fund (BCF). The BCF Narrative Plan was specific to Northumberland's context and considered governance arrangements. It detailed matters such as national conditions, support for unpaid carers, Disabled Facilities Grants, equality, and health inequalities as local priorities addressing how partnership working would achieve better outcomes for people.

Beyond formal boards, governance arrangements had been put in place between the local authority and its partners to ensure areas needing focused consideration to ensure good working between agencies could be addressed. CNTW met the Director of Adult Services and Service Director, every month to discuss and address any issues across all client groups. CNTW also met with the ICB and local authority about mental health priorities, to plan pre-empt, and address areas of concerns. The local authority's Service Director worked with CNTW to ensure people who were supported under both the Care Act and Sec 117 of the Mental Health Act were regularly reviewed through strengths-based practice.

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Arrangements for agreeing Continuing Health Care (CHC) were exemplary. The CHC services were the largest of the formal NHS partnership arrangements with the ICB. The ICB had commissioned the local authority to, case manage, and administer CHC services. The local authority convened a board to consider people's needs and how they could be best met by health and social care partners, with the decision to award funding made accordingly. The local authority was expected to collect, monitor and report, on the performance and quality of services commissioned through CHC funding, with a commitment to also continuously improve performance, quality and outcomes.

The impact of this was continuity of service provision if a person's eligibility status changed. Care providers had a simplified single contractual framework regardless of funding source, and a single payment process. There was a maximisation of the opportunity and ability of the NHS and the local authority to manage care markets and minimising of administrative duplication.

People with lived experiences were included, along with the VCS, as part of partnership arrangements. The Northumberland Carers Partnership Board, convened to ensure that the county's commitment to the carer's strategy was implemented, included representatives from partner organisations. Carers Northumberland were commissioned to provide support and represented carers across the county. Experts by experience were part of the meetings with unpaid carers also in attendance, ensuring people's voice and experience was embedded across activities, and to provide responsive services with meaningful outcomes. However, some VCS partner's felt the Learning Disability board and the Autism Strategy board did not link together or listen to people's lived experience, views or opinions. People told us that they felt their comments had not been considered when creating the autism strategy. For example, they felt the autism strategy document held no recognition of age cut off, it was school age focused with little consideration of young adults.

## Impact of partnership working

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Partnership working had a positive impact on strategic ambitions and individual outcomes for people in Northumberland. The Targeted Accommodation Programme Board had been established to provide delivery oversight for extra care and supported living developments in Northumberland. The Board included representatives from adult social care, health, strategic estates, planning and housing. The planned impact increased housing options resulting in people being able to live as independently as possible, with care and support needs being met within the community, and people remaining part of the community for as long as possible, meeting the needs of Northumberland's ageing population. Land in Blyth is being redeveloped as extra care housing, a bespoke housing offer for people whose needs would not be met through the general housing offer. Working with registered housing providers (RHP) and OT's to adapt the homes and install the equipment required, to make the home accessible.

The STSS through effective partnership working across health and social care professionals delivered very positive outcomes for people because of service collaboration. The service was regarded as a model of excellence by other providers and local authorities. As part of its commitment to continuous improvement, the service had instigated a Specialist Falls meeting at which, health and social care staff met to review best practice guidelines. As a result, STSS were invited to support the development of the Northumbria Healthcare Community Trust 'falls strategy', a 5-year strategy to guide services and staff in the community in falls prevention and management.

The local authority demonstrated they had collaborated effectively with providers and implemented the home care guarantee for those working in the sector. The rate was higher than the living wage which has helped to attract and retain staff who deliver services. Providers helped the local authority to write the guarantee in December 2023, the home care guarantee was embedded in current ways of working to ensure staffing levels remain sustainable for people to receive good levels of care and support, particularly in more rural parts of the county. This has contributed to the decline in wait for access to homecare and supported the local authority to address the ongoing challenges of access to services for those who live in more rural parts of Northumberland.

## Working with voluntary and charity sector groups

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Northumberland worked well with the VCS and considered it a key part in its partnership arrangements. The Adult Services Information & Advice Strategy included signposting to other services and organisations, such as, Northumberland Communities Together, Carers Northumberland, Citizens Advice, Age UK, and community groups and organisations in people's local area.

Joint working with the VCS was found across the organisation. Groups were able to demonstrate opportunities where they had been able to speak to leaders in the system, impacting positively on their ability to work with frontline staff and the people they supported. For example, VCS members were able to work in the building of other partners to provide hot spots and work together to deliver services. Examples were shared of where VCS partners had attended the health and wellbeing board interacting with the local authority and wider partners. Staff understood the opportunities, and what was available in the localities they work in, and shared with us examples of how they worked with the VCS to ensure people they supported were able to continue to live independent lives. At the heart of Northumberland's key pilot programme 'Communities First' was the recognition and inclusion of VCS as an equitable partner in responding to needs and identifying unmet needs.

Some parts of the VCS felt the relationship with the local authority had been challenging. VCS partners felt funding models meant services were not always sustainable and the local authority should consider funding work for longer periods of time to mitigate the risk of short-term responses to ongoing issues in the county. This had improved following a meeting with a member of the co-production team. Another felt the communication across departments in the local authority could, at times, be inconsistent and slow. At times some partners felt information was not consistently shared across all partners, but others felt connected through health and wellbeing groups and Northumberland Communities Together, speaking positively of working relationships with public health leads.