Partnerships and communities

Score: 2

2 - Evidence shows some shortfalls

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 worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. The partnerships with health were embedded with strong integration from a strategic level through to the frontline. We heard consistent feedback from local authority and health leaders that the layout of the One Gloucestershire integrated care system (ICS), which aligned with the local authority's boundaries, meant they were better able to work towards shared strategic priorities with health partners than other ICS' where there were multiple local authorities within a footprint.

We heard about productive and constructive strategic links, with leaders from the local authority and health partners regularly meeting and working jointly to achieve strategic priorities. There were ICS-wide approaches to frailty, end of life care and developing the provider market. There was also a system-wide mental health transformation programme underway involving all partners across local authorities, health, community and voluntary partners. The work outlined objectives around improving access to services, shortening waiting times and increasing access to specialisms. As well as looking to achieve local objectives, this joint strategic work was aligned to national objectives through the NHS Long Term Plan and the NHS Mental Health Implementation Plan.

The ICS had published a 2023 People strategy, in conjunction with the local authority. The strategy outlined shared themes and objectives in areas such as recruitment and retention, training, promoting equality and building a diverse workforce. The strategy had several working groups which reported into an ICS people board. We heard consistently from leaders and staff that increased recruitment and improved retention was a shared priority. Local authority and health leaders and staff jointly put on recruitment fairs as well as implementing shared approaches to delivering training to achieve this strategic aim.

Partners worked across the system to reduce health inequalities. The local authority's public health function was represented at the health and wellbeing board and we heard positive feedback about this from both the local authority and health partners. The Director of Public Health published an annual report about the health of the population. We heard about how the annual reports were well received and fed into shared strategic priorities such as around alcohol and weight management. Public health had recently undertaken analysis into life expectancy and healthy ageing in the county which provided detailed analysis of the health of the population and how this would impact on future health services. This was being used to inform health and local authority priorities.

There was a shared strategic priority around urgent and intermediate care, which formed part of the local authority's transformation strategy as well as being a shared focus of the ICS. We heard how partners played key roles in this, including public health who were supporting with data and analysing life expectancy, health and future demand. There were areas of challenge, such as around the use of reablement to improve hospital discharge rates. We heard from leaders about constructive and productive conversations in this area whilst the local authority and health partners looked at their reablement and Home First model to find ways to improve capacity which would achieve a shared objective for the partnership. Health partners also spoke positively about recent work around housing and the use of technology to avoid hospital admission.

There were partnership boards covering a range of priority areas in autism, unpaid carers, learning disability, mental health and physical disability and sensory impairment. We heard how these boards had been used to inform and agree strategic priorities in areas such as commissioning for people with a learning disability and unpaid carers. There was a Strategic Housing Partnership which was a body with representatives from the local authority, housing leads from each of the district councils, social housing providers and the integrated care board (ICB). This partnership had been used to implement plans to increase housing and care provision and the partnership were reviewing the current housing strategy at the time of assessment.

Arrangements to support effective partnership working

When the local authority worked with partners, there was an open and constructive partner relationship across the ICS. Feedback from staff, leaders and partners showed that understanding for system responsibilities and accountabilities was clear through shared strategies and partnership boards.

We heard positive feedback about working arrangements and relationships in integrated teams, but there were gaps in oversight of data and understanding performance. Recording systems were often incompatible and did not share data easily between partners. There were section 75 agreements in place for mental health and hospital discharge, as well as occupational therapy and use of the Better Care Fund (BCF). There were also formal agreement in place between the local authority and GCH around the use of reablement and hospital discharge. The feedback from both local authority and health staff was mostly positive. We heard examples of staff working together in an integrated way that ensured people's needs were met holistically with health and social care needs being considered as one.

However, there were gaps in strategic oversight of these agreements and this meant impacts on people in areas such as waiting list were not addressed promptly. We heard from staff and leaders that information sharing could be a challenge, with difficulty sharing data to monitor performance and staff said inability to access each other's systems could sometimes create barriers to effective partnership working. There were initiatives designed to overcome this. For example, staff told us about 'Joining Up Your Information', which was a shared care record system that provided an overview of people's health and social care records in one place. The local authority's data strategy was focused on improving the sharing of data to monitor delegated functions, and there had been improvements to the level of data available to the local authority before this assessment.

The local authority and partners across the ICS were involved in the 'working as one' programme plan which was a plan of improvements to urgent and emergency care. An initial detailed review had looked at the system and identified efficiency and effectiveness could be improved in areas such as prevention or system flow. The detailed review had been used to inform planning in this area. The implementation plan ran until December 2024 and was underway at the point of this assessment. We heard positive feedback about the arrangements and joint working in this area from health partners.

There were joint strategic approaches to commissioning, which was delivered through an integrated commissioning model. The model was extensive, and included health, adult social care and children's health commissioning. We heard how there was a shared focus between partners when it came to commissioning, however we also heard how the benefits of this had not been fully realised when it came to reablement or complex care, particularly in mental health.

The health and wellbeing board oversaw the Better Care Fund (BCF) and how it was used. BCF is a funding stream from central government which is intended for use for integrated projects that achieved shared outcomes around avoiding admission to hospital or hospital discharge. There was a shared strategy on how the BCF would be used, with a focus on shared priorities such as urgent care and improving services for unpaid carers.

The local authority's 2023 to 2025 BCF plan described how this funding was being used in areas such as falls prevention, expanding the use of virtual wards or increasing access to rapid response urgent community services, to avoid hospital admission and prevent future need. The local authority and the board monitored the impact of BCF and their monitoring tool showed they were on target to achieve targets in areas such as falls prevention and avoiding unplanned admissions. This showed the joint funding was having its desired impact. Our findings showed that use of the BCF had not yet achieved its aim around increasing access to reablement, but work was underway to address this.

Impact of partnership working

The positive impact of close working relationships across the ICS was a consistent theme of feedback we heard from staff, leaders and health partners. Staff described how within the integrated teams they were able to respond promptly to urgent situations, such as acute crises in mental health to avoid hospital admissions. We also heard about positive joint working between the local authority, housing teams and health to support people with complex needs to become more independent. Staff here also undertook training to become trusted assessors, which meant housing or local authority staff could undertake some tasks that an occupational therapist would have done previously. We heard how this had both improved efficiency and helped frontline staff across the partnership to better understand the work of each other.

There was a shared approach to provider quality through the ICS quality group, who maintained oversight of providers in the area and provided detailed reporting on any quality issues or concerns. The group was informed of safeguarding concerns as well as regulatory compliance, with regular information sharing between partners. Staff spoke positively about this, and we heard from health partners how this was something that worked well, with good sharing of information and intelligence to ensure that where people were funded by health, staff had access to information about the quality of provision to make informed decisions.

In other areas we heard about work having started, but the impacts not yet fully realised. For example, the integrated approach to workforce development to aid better recruitment and retention had led to gradual improvements in workforce within the local authority, but there was a lack of data to show its impact on the wider system. We heard from providers that workforce remained an issue in the provider market and staff told us there were vacancies in some of the integrated care functions. This showed that partnership working would take time to develop and embed to fully demonstrate its impact on workforce.

Working with voluntary and charity sector groups

Voluntary and charity partners gave mostly positive feedback about their work with the local authority and the ICS at a strategic level, but they also said co-production work had only developed recently. There was established work around safeguarding and improving outcomes for young people which the local authority drew upon the experiences and expertise of partners to achieve. There was also work underway across the ICS which partners were involved in to better understand changes in demand for mental health services.

The local authority and voluntary partners had established networks such as 'Know Your Patch' which brought together community, voluntary and local authority partners at a district level to understand the challenges at a local level. The feedback about this was positive and we heard how it was used to inform planning of services. Staff worked within roles in the local authority specifically to work with the voluntary and community sector and we heard about positive impacts of this through the work of the enablement team, who supported people to access these services.

There was a 'Your Circle' directory which drew together services from the voluntary and community sector to inform people of what was available in their communities. The local authority website contained detailed information for people about what was available in their district, and we heard from staff and partners how this was the result of work being done with voluntary and charity partners.

People, staff and partners described some gaps in community provision and the local authority told us about work they were doing to address this with grant funding. For example, gaps in transport in some districts were being addressed through a variety of initiatives, such as the provision of a bus as a pilot project in collaboration with voluntary partners.