

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 worked collaboratively with partners to agree and align strategic priorities, plans, and responsibilities for people in the area.

In April 2018, Middlesbrough Council combined its Public Health team with Redcar and Cleveland Borough Council to create Public Health South Tees with a shared Director of Public Health. This led to the development of the shared South Tees Health and Wellbeing Board. This collaboration played a significant role in developing the now well-established culture of working together between the adult social care directorates of the two local authorities.

A leader told us the local authority had good relationships with the Clinical Commissioning Group (CCG) before it moved to an integrated care system (ICS) approach, led by the Integrated Care Board (ICB). That relationship had remained good. They said there was a well-established relationship with the current Place Director and leaders in the neighbouring local authority. There was also a good relationship with the local NHS Trusts.

There were shared posts in integration roles within the ICS. They told us when things might have to formally escalate, they were able to just pick up the phone and move things on because of their strong historical working relationships. The leader said they were moving towards more strategic commissioning together. For example, they had a current joint bid for funding for some purpose-built adapted bungalows.

A leader from a partner organisation told us the relationship with the ICB required development as their focus had been on delivering a national approach as opposed to a local approach. Subsequently the partner had been working closely with Voluntary Care Sector (VCS) partners and the acute trust to influence the ICB to engage and make local improvements.

The partner told us there was a strong relationship between the public health team and the adult social care team, both of which sat within the same integrated directorate in the local authority. The local authority had a commitment to public health, prevention, and working with communities, particularly as Middlesbrough was noticeably more complex and had more challenges, which they had observed when they had attended the high-risk panel meetings.

They also told us the biggest issue the local authority had encountered had been their financial position and the difficulties experienced in implementing a preventative approach to ill-health. Despite those financial challenges, they said they had continued to work in partnership with the local authority to deliver a focused approach to prevent, delay and reduce people's needs for ongoing support.

The Tees Valley Adult Palliative and End of Life Care Strategy (commissioned by the ICB in December 2023) identified several key focus areas linked to the palliative and end of life ambitions framework. Two task and finish groups had been set up in the local authority to address key areas, progress key actions including service delivery, funding, contracting and education and training, all aimed at improving the quality of care for those in need of palliative or end of life care as well as supporting their families.

The local authority told us they were working towards local and national objectives in partnership with public health and other key partners to support their 'ageing well' agenda. There were several initiatives such as a dementia wellbeing hub and a sensory support clinic.

One partner organisation felt there needed to be broader thinking, stronger integration and strategic working between health and social care in Middlesbrough as this had an impact on people receiving advocacy services, such as Independent Mental Health Advocates for people sectioned under the Mental Health Act.

The local authority had integrated aspects of its care and support functions with partner agencies where this was best practice and when it showed evidence of improved outcomes for people.

The local authority provided details of several initiatives in relation to hospital discharge/ admission avoidance. For example, the occupational therapy service was part of an integrated therapy service across 2 local authorities and health provision. As well as having occupational therapists providing a 'Discharge to Assess' service and targeted support into care homes, there was also an occupational therapist based within their 'front door' access team supporting the social work teams to manage incoming referrals in a timelier manner.

The local authority had productive partnerships and established relationships and referral pathways with a variety of teams within a local NHS Trust, this included the Transfer of Care Hub and Frailty Team. This aimed to be a 'one-stop shop' for older and vulnerable people who require support in attending hospital or being discharged and requiring assistance from numerous wrap-around services.

Staff told us there were positive relationships with stakeholders. An example provided was that of a hospital discharge and the input and communication between multiple professionals to ensure the person had been supported appropriately, and had stabilised when discharged into a care home, and discussing next steps together.

The local authority also worked with 9 commissioned providers who worked with the Accessing Change Together (ACT) model – ACT was set up to help anyone who needed support with domestic abuse, homelessness, or substance misuse and was an integrated service which meant support was multi-faceted and tailored towards people's needs and ease of access.

Safeguarding staff told us they sat in on police briefings every morning which was beneficial for identifying safeguarding concerns within Middlesbrough and was proactive partnership working to keep people safe.

Arrangements to support effective partnership working

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

The local authority shared with us the South Tees Joint Better Care Fund (BCF) Narrative Plan 2023 – 2025, which detailed how BCF plans were developed and that the sector was able to present business cases for new schemes to address a need or gap which would support the BCF objectives. The decision to approve or not was made between the ICB and the local authority. The Health & Wellbeing Executive reviewed decisions and provided strategic oversight of BCF plans.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. For example, the BCF priorities were identified as supporting hospital avoidance, reablement and home first following hospital admission. Some of the funded schemes enhanced the services offered within the Middlesbrough Independent Living Service, such as assistive technology, agency caseworkers and reablement teams.

The BCF had been used to provide proactive support to reduce hospital admissions for those 65+ through enhanced training and support for residential care providers. The support ensured staff were equipped to deliver robust nutritional monitoring for care home residents and ensure healthy, balanced diets, in line with nutritional and medical needs. Thus, reducing the potential for nutritional deterioration, weight loss, and potential avoidable hospital admissions or escalation in social care support.

The local authority told us of a new process in place whereby representatives from adult social care & NHS services worked together and collaborated daily to support timelier hospital discharges, such as daily discharge calls and shared access to data.

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.

The local authority shared their Market Position Statement which demonstrated their aim to engage partners to develop new delivery models, work proactively with providers, and develop evidence-based early interventions.

A partner organisation told us they had a good relationship with the local authority, and they were invited to relevant boards and consulted with on important topics. They stated the local authority was supportive if they raised an issue. They also felt the local authority valued the voluntary sector and understood they provided services that the local authority could not.

Staff told us they had positive working relationships with health colleagues. Staff shared examples of conducting joint home visits with social prescribers. This approach reduced costs and supported people to achieve positive outcomes as they were not repeating their stories to different staff.

Following monitoring and an evaluation of services for Autistic people, staff told us there was a planned development between the local authority and health in creating a centre of excellence for Autism, which would include co-locating some services to a central hub, providing continuous improving whilst reducing costs.

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. The local authority provided funding and other support opportunities to encourage growth and innovation.

The local authority's 'Staying Included' service worked closely with partners to provide comprehensive and joined-up community support for older, disabled, and vulnerable people. The aim of this partnership was to enhance the range of services available and ensure people receive holistic care tailored to their needs.

A partner organisation told us they were the primary organisation for Middlesbrough's voluntary and community sector (VCS) providing local infrastructure and connecting communities in the area including both local and national charities. They told us there were 800 organisations on their database. It included organisations that worked beyond the local authority footprint but offered helplines which were open to local people. Of the VCS organisations on their database 53% were run solely by volunteers and were culturally diverse. Many of these VCS organisations received funding or were commissioned by the local authority to provide services and support to local people.

A charity told us the carers' strategy was developed to redesign the services they aimed to commission, and they had the opportunity to bid for this work in which they were successful in securing two tenders as part of the broader programme. They said the local authority had shown a strong commitment by being responsive and present whenever concerns or questions were raised, demonstrating the local authority were not just commissioning the services and stepping back, but they remained actively involved throughout the process.

We spoke with people who were members of Middlesbrough's 'Rekindle' project which was led by 1 local authority project worker in partnership with Age UK, however the local authority did not directly fund this project (except for the employed worker). It supported disadvantaged, disabled, and older people to improve their ability to access the internet to support their health, wealth, and happiness. The group told us they raised money through funding bids and the community grant system. Members said the group had been a vital lifeline, especially during the COVID-19 pandemic where they were supported with online shopping and video calling family members.

Middlesbrough and Redcar and Cleveland currently had 9 active dementia friendly trained ambassadors funded by the local authority who collectively had delivered 1,296 dementia friends awareness sessions since 2016, creating over 21,000 dementia friends across both areas.

However, another partner organisation expressed concern that there were areas of the local authority where communication was poor. They said they would find out something that was happening for older people via another route and had not been told about it by the local authority. They also found it hard to get to speak to staff in adult social care. They said the staff turnover in adult social care made it difficult to form established relationships.
