

Partnerships and communities

Indicative score:

3 - Evidence shows a good standard

What people expect:

"I have care and support that is co-ordinated, 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

There was good partnership working, both with health integration and use of the voluntary sector. There was evidence of strong partnership working both strategically and at the front line. Integrated working was focused in particular areas, for example in a pilot integrated neighbourhood team and through hospital discharge. There was a strategic ambition to develop integration further, based on the Community First preventative approach. For example, moving to shared data systems between health and social care, and joint working on the winter plan to remove barriers for people when they move between services, or receive support from both health and social care. However, further work was needed to deliver integration on a wider scale.

There were clear leadership arrangements for a system-wide approach to integration and partnership working, with senior politicians chairing or attending the Health and Wellbeing Board, and the Integrated Care Partnership place group. Senior officers showed a clear commitment to joint delivery in significant areas in the integrated care system (ICS). Health partners spoke positively about the joint working with the local authority and said the relationship had strengthened over the past 5 years. They described working together to address issues, for example around hospital discharge and the winter plan, sharing rather than shifting responsibility.

The local authority worked closely with external housing partners, reflecting the inclusion of the local authority's own supported housing and homelessness function within Adult Social Care. The local authority worked closely with planners, housing associations and builders to deliver its housing strategy, recognising that housing was a fundamental basis for wellbeing.

The voluntary sector was seen as a key partner in helping deliver better outcomes for people, including unpaid carers, which contributed to the range of activities that people told us they accessed. They were recognised as being in contact with diverse communities and people with lived experience, and we received feedback that there had been an improvement in the partnership working between the voluntary sector and the local authority since the Covid-19 pandemic. There was a feeling that there had been positive work in this area, but there was still work to be done, particularly in the partnership with faith communities where there was a lack of continuity and direction in this work.

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