

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 strong partnership arrangements with organisational partners and worked collaboratively to agree and align strategic priorities, plans and responsibilities for people in the area. They used joint commissioning across the Hounslow footprint for adults and children for health and social care.

A health partner told us the partnership between Hounslow and the Integrated Care Partnership (ICP) had been long established and had developed a programme of projects for 2022-25, including falls prevention and treatment, dementia, frailty, end of life care, intermediate care, and hospital discharge. It was noted "The depth of work carried out by the local authority employees has had a significant impact on outcomes, the 'we're in this together' attitude, in addition to both partners bringing resources together, facing challenges and being able to challenge one another is something evidently the borough is committed to".

There were several teams within Hounslow who worked very closely with health colleagues and other partners, on a daily and weekly basis, to achieve national and local objectives. Examples include the First Contact team, the Review team, and the Occupational Therapy team. Staff described very positive, constructive working relationships and good outcomes for people. Hounslow's Out of Hours (Emergency) team for all ages, including their statutory approved mental health practitioner (AMHP) resource (out of hours) had been shared for many years with the neighbouring London borough of Ealing. Despite needing to use different information systems and resources, staff were very positive about the arrangement.

Arrangements to support effective partnership working

The local authority told us governance was strong between the Hounslow Borough Team (NW London ICB) and the local authority, using pooled budgets and the mechanism of the Borough Based Partnership (BBP) and this was reflected in the view from partners. We found a planned programme of work with clear reporting structures in response to agreed priorities. The local authority's Senior Leaders, together with those of partner organisations were committed to ongoing strategic discussions between organisations which ensured they were aware of financial challenges and worked together to meet the needs of a growing, complex population. They had agreed priorities for 2022-2025.

They used the Better Care Fund to improve collaborative working across health and care systems in Hounslow. They work closely with hospital staff to better manage discharges and prevent admissions. Hounslow had commissioned a limited number of reablement hours.

Hounslow told us they wanted to engage better with people in the borough, and co-produce more with them. They had developed an Improvement Programme which they described as a Radical Overhaul of Communication and Engagement (ROCE) based on the Lundy Model approach. They were at the proposal stage for this programme of work at the time of our assessment.

Impact of partnership working

There had been ongoing monitoring of the impact of integrating hospital discharge through the different pathways. This included using data and gathering people's experiences to review outcomes and cost. Reablement hours have achieved improved outcomes for those people who use them. National data from 'Short and Long Term' published by NHS Digital in October 2022 found 84% of people remaining at home more than 91 days after discharge. They told us they were reviewing whether they could use more community referrals to prevent deterioration and intervene earlier when people start to struggle at home by increasing the use of rehabilitation hours.

The impact of the Better Care Fund program of work was monitored quarterly. Where evidence was available, for example in terms of reducing admissions to residential care, this had shown a positive impact. Management of falls data was unavailable, and other workstreams were still at too early a stage to demonstrate impact.

They had already identified difficulties in identifying a homecare provider to facilitate discharge had previously caused delays. This led to the development of the Bridging Care offer in November 2023. There had been no discharges delayed due to a lack of care provider since this was initiated.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and community and social enterprise organisations to understand and meet local social care needs. Voluntary sector partners said they had positive partnerships with the Hounslow Commissioning team, who listen when negotiating contracts, levels of service and key performance indicators. The main advocacy provider told us how commissioners allowed them to flex delivery of different strands of their service when they were short staffed. This enabled them to prioritise provision which protected people's rights, for example their Independent Mental Capacity Advocacy service that is critical to representing people's views when decisions about balancing their safety with their independence.

Staff told us they had good partnership working with a range of provider organisations such as Addiction Recovery Community (ARC) a drug and alcohol organisation, and Hounslow Young People Engaged (HYPE), an early intervention service for first presentations of mental health need for people aged 18-36 people. They also had good partnership working with the Community Rehabilitation services and Secondary health care Mental Health teams. This led to smoother pathways for people who needed to use their services, and improved communication despite challenges with different information systems.

The local authority used grant funding and other support to encourage growth and innovation. A public health grant had been used to refresh the Dementia Action Alliance. This was supporting people living with dementia and their families, through Dementia Cafés which were taking place across Hounslow.

We were told that Community Connectors, a diverse group of volunteers representing their communities, had long standing relationships with the local authority and advocated for specific areas, for example, people with long term respiratory problems, or diabetes. These people worked closely with Hounslow and had networks behind them for which they were the voice.

The local authority had a Thriving Communities Fund, which was available for revenue, small grants, and capital fund applications. This had very clear guidance for proposals which would meet the objectives of Hounslow's Corporate Plan "Ambitious for Hounslow". We were also told there were further opportunities to improve partnerships with the Voluntary sector, as a grants programme does not create a direct relationship with the applicants, in the same way commissioning might.

Staff told us Hounslow intended to improve its co-production and engagement with people, but it was currently at an early stage with this work.