

# 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

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The local authority had formed strong relationships with partners. Partners spoke highly of the Director of Adult Social Services. The local authority including elected members, the DASS and senior leaders worked with public health and neighbouring local authorities in Berkshire West on their health and wellbeing strategy.

Other partnerships were in the early stages of maturity and there was still work to do in relation to aligning plans and strategies for people in the area. For example, in relation to market shaping and commissioning. There was a feeling more work was needed on the relationships with the wider BOB integrated care system. There were concerns that West Berkshire was a small voice within a large system, not helped by changes of leadership in the wider system.

The local authority had worked in partnership with some voluntary organisations for example, in relation to autism and carers where there had been some coproduction work on strategies. The primary focus with the wider voluntary and community sector was in delivery of preventative services through grant funding rather than fully developed partnerships. Both voluntary organisations themselves and leaders within the local authority felt there was more that they could do in this area.

The local authority worked well with health in hospital discharge. Health partners described West Berkshire as responsive, quickly addressing issues and concerns to maintain flow from hospital. The local authority worked closely with health professionals operationally within the hospital to flag issues for example, any potential delays in discharge, or identification of unpaid carers who were admitted to hospital to ensure provision for the cared for person. They also reviewed trends within hospital discharge and had worked strategically with partners to change care pathways which had improved outcomes for people with reablement needs. As noted above pathways had recently changed and were currently working to reduce the number of people discharged to care homes to improve people's outcomes in relation to independence.

## Arrangements to support effective partnership working

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There was a West Berkshire locality integration board which was a subgroup of the West Berkshire Health and Wellbeing board. There were clear structures between the local authority and health to support the implementation of the Better Care Fund and to develop the integration of health and social care. This funded a range of interventions to prevent, reduce and delay the needs for care as well as supporting people's independence and rehabilitation. However, there was further work to do to develop structures across the ICS to support more joint commissioning and strategies, including around provision of mental health services. The positive strategic relationships, both within Berkshire West and in Health and Wellbeing Board arrangements, provided a basis to support positive future joint programmes and interventions. This was not at a developed stage of maturity, but the early work had been done toward this. There was close joint working on the front line between the mental health team in the local authority and the Mental Health Trust. A section 117 worker worked between the local authority and the Mental Health Trust, and there was a section 117 policy being created jointly with mental health partners through the ICB. This included how to support people who are no longer entitled to section 117 support but still have care and support needs. Section 117 places a duty on both health and the local authority to provide free aftercare services to a person on discharge from hospital after being detained under a treatment order of the Mental Health Act 1983. Safeguarding work between the mental health trust and the local authority was well developed and we saw evidence of mature relationships which delivered good practice in safeguarding vulnerable people.

Continuing Health Care (CHC) funding was an issue that we heard about at all levels from leaders to front line staff that was creating barriers, particularly for people with complex needs. Inconsistencies in decisions around CHC funding meant Berkshire West was an outlier with one of the lowest levels nationally of people found eligible. The DASS was proactive and working with system partners in the BOB Integrated Care Board, through an All-Age Continuing Health Care Programme to understand the factors causing the variation and identify areas for change. However, to date there had not been any impact, work was ongoing. There were concerns from the local authority the work was only a small part of a much wider transformation within a large ICS.

## Impact of partnership working

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The local authority was monitoring the impact of partnership working in place through the Better Care Fund. In other areas of partnership working such as hospital discharge, there were systems in place through governance to monitor effectiveness of the systems. This had resulted in changes to pathways and focus of resources which improved flow for discharge. However, measurement of impact beyond the BCF and hospital discharge was limited as there was still work to be done to develop impactful partnership working with fully integrated joint commissioning across health and care.

## Working with voluntary and charity sector groups

The local authority worked with local voluntary and charity organisations and had recognised the sector as key partners in helping them to meet the rising demand for services and promoting the independence and wellbeing of people in the community. They provided funding focussed on outcomes around supporting people's mental health and wellbeing, building thriving and sustainable communities, and helping older people maintain a healthy independent life for as long as possible. There was a thriving voluntary sector in the local authority area, however we had feedback that communication was one way, with the local authority defining the scope of the prospectus when they could do more to engage and involve the sector in shaping plans and understanding local needs.

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