Partnerships and communities

Score: 3

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

Partnership working to deliver shared local and national objectives

The local authority shared joint work with the Integrated Care Board (ICB) to deliver local and national objectives. To provide a framework for alignment across the area, the chief-executives in Derbyshire, including the ICB, VCSE and local authority, met regularly to discuss and align their work around socio-economic regeneration. In terms of local objectives, they recently considered the adult social care fund.

Leaders said the future of social care included integrated teams and described an opportunity to invest in joint work to meet system challenges. They wanted to build on the work of some frontline staff, particularly in mental health, who had strong system relationships because they had experienced significant benefits from working together in the community. Leaders reported the voice of adult social care was heard in the ICB, but not as strongly as health partners.

Individuals and teams worked well together in the multi-disciplinary staff teams at locality level, and people told us their care was integrated. Locality partnerships reported into the Health and Well-being Board (HWB) as a mechanism for linking into different communities' needs. We heard the HWB included an elected member from each borough and district to ensure good working relationships. We heard staff used good partnership working locally to reduce hand-offs, improve efficiency and provide a better experience for people.

Proposed actions from recent ICB summits included commissioning step-up, step-down services and reviewing referral and tendering processes. The ICB neurodiversity working together report (March 23) gathered co-produced knowledge about how local services should be developed to meet local needs. The shared-care record had helped partnership working and there were plans to improve this system.

Occupational therapy approaches and joint working in delivery partnership arrangements reduced duplication across the system. OT's provided reciprocal training and used a trusted assessor approach, enabling joint working because community health OTs could complete major adaptation assessments. There had been a positive impact on waiting times, because activity had progressed as a result.

Arrangements to support effective partnership working

The local authority had a joint funding policy relating specifically to learning disabilities and autism. The policy highlighted a gap in existing funding pathways which had resulted in delays to decision making, and an impact on frontline services. The policy intended to bridge the gap and outlined the available joint funding options with health partners. The Team-up approach included 'Ageing Well' which acted as one-team across health and social care and saw people who were unable to leave home without support. The emphasis was on joining-up existing services and creating additional capacity. They provided people with care at home to avoid them going into hospital. There were urgent community response services, including a crisis response, and an enhanced health in care-homes programme, developing workforce skills including a digital IT project. An anticipatory care programme helped to identify and respond to the needs of people before their health and care needs deteriorated.

Living-well Derbyshire was the recently transformed integrated mental health support service. It had a single point of access and involved VCSE, adult social care and health staff and incorporated the voices of people with lived experience. Partners consistently described the co-location of adult social care with multidisciplinary teams and their integration, working well around hospital discharge. The Better Care Fund (BCF 2023 - 25) narrative plan, set out how the BCF was being used to support the integrated care strategy ambitions. The local authority attended the BCF programme board, which met monthly. Housing was represented on the BCF board and there was an established health and housing systems-group. However, some people told us that although place alliances worked well, adult social care workers were less visible than they were before.

Staff told us practitioner-led discussions worked well to share practise across teams. There was a sense of getting around barriers to secure the best outcome for people, including with the prison service. The transitions team worked with health partners and Derby City Council to review and align processes. The team described working with the police to support young adults with risky behaviours and worked with the Special Educational Needs and Disabilities (SEND) team, attending transition locality meetings.

Out of hours workers were co-located with health staff in discharge services at Royal Derby and Chesterfield Royal Hospitals, including at weekends. There was also a social-care resource for arranging discharges in Royal Derby Hospital. The contracts team worked with health staff and other partners such as the fire service and police. The deaf and sensory team described a positive relationship with health teams and using the British Sign Language (BSL) Act and the accessible information standard to advocate for service users. The Approved Mental Health Practitioner (AMHP) and hospital discharge teams included a housing officer, which supported work with housing associations and other housing resources.

Impact of partnership working

Team-ups were frequently used as a positive example of services working together. They started as a place initiative with partners such as primary care networks. They provided a multidisciplinary team assessment and response including General Practitioners, nurses, occupational therapists, care providers, social prescribers, care navigators, mental health support and others. Their evaluation data showed a positive effect in preventing avoidable hospital admissions. A system was available to access joint funding for people with learning disabilities and autistic people. This allowed care packages to be quickly agreed with good information sharing.

The deaf and sensory team described multi-agency working for people with complex needs and positive outcomes they had achieved as a result. This included examples of supporting people surviving domestic abuse and people in long-stay hospitals, to access independent living in the community. The Approved Mental Health Practitioner (AMHP) team described ways in which they used recordings of people's preferences, to prevent and avoid future need of the service. This included preferences around male or female doctors, caring for pets and feedback from experts by experience, following Mental Health Act (MHA) assessments. The single-handed care project had success working between agencies implementing a single carer approach.

Staff told us there were occasional inappropriate referrals for MHA assessments and as a result the AMHP service had provided education for partners. Strong partnership working was evident in the AMHP team including with police and with Community Mental Health Teams. Some staff described more could be done to support early intervention and prevention and sometimes joint working could lead to confusion about roles in MDTs.

Working with voluntary and charity sector groups

The Derbyshire VCSE sector alliance 'Moving Forward Together' event report, described development areas around commissioning, workforce and community engagement. Cross-sector commissioning workshops had been approved by the Integrated Care Board (ICB). The VCSE alliance intended to explore how to make the system more accessible, including by using workforce initiatives to encourage cross-sector secondments and volunteering opportunities. The local authority worked in partnership to provide a range of services and facilities, including a falls club and a range of equipment to support independence through the VCSE sector.

Staff and partners said the local authority worked collaboratively with VCSE organisations to understand and meet local social care needs. There was a memorandum of understanding (MoU) across the ICB and its voluntary sector leads, who met regularly, and they described a 'parity of power'. Similarly, the Derbyshire Gypsy Liaison Group (DGLG) gave examples where they effectively 'filled the gap' between adult social care and the Gypsy Roma Traveller community.

Frontline staff shared examples of support available from VCSE sector agencies around peer support and recovery. Partners agreed the local authority understood the pressures of the VCSE sector and fostered good relationships, including in commissioning and procurement. They felt the authority were open to discussion, planning and negotiation with them and dialogue around funding pressures had been undertaken. Leaders recognised the key role of the VCSE sector in adult social care and were working towards commissioning for outcomes. They said consideration of the role of the VCSE sector was forefront in their planning, in order prevent an adverse impact on preventative and well-being services in the area.
