

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.

Annual priorities were agreed jointly between the Hillingdon Health and Care Partnership members and the local authority. There was a lead for each strategic priority, a single process agreed, and all staff worked to agreed standards and as a team without being redeployed. The local authority was the strategic lead for discharge flow, and this was working effectively. It was noted the focus for current priorities was on the needs of the acute Trust, but the Health and Care Partnership board were planning to focus next on joining up early intervention and prevention.

Partners acknowledged the local authority was committed to working in partnership, so services worked seamlessly for people. They said they had shared information and learning with partners and collaborated for improvement. The local authority worked actively towards integrating care and support services with services provided by partner agencies.

The local authority worked with the local mental health Trust to develop a non-clinical, short stay service for people with mental health needs who were facing a crisis, to aid de-escalation and avoid an acute hospital admission. This was identified as part of the Adult Mental Health crisis pathway transformation programme.

A senior health leader told us their organisation had excellent relationships at all levels and across all parts of the local authority. They said they had worked with many local authorities, but this was the best relationship they had experienced, putting people at the centre of decision making and action.

The local authority had a voice and influence in the place-based partnership with 3 key leadership roles. A key health partner said Hillingdon had one of the better placed-based partnerships which was well aligned with health. The local authority had contributed estate resources to house community health facilities, including 3 super hubs, which offered a broad range of services.

There was a Partnership Board for People with Learning Disabilities. A local voluntary sector organisation was working with the local authority to set up an Expert by Experience group to consult on a new learning disability strategy. There was also an Autism Partnership Board, whose purpose was to enhance pathway transitions and ensure a more coordinated and consistent approach to assessment, care planning and ongoing support. There was an expert reference group of Autistic people who were supported by a voluntary sector organisation to contribute, support and participate in the Autism Partnership Board. The group had been involved in the development of the board, signing off the local authority's Autism Training and some activities from the Local authority's report on making the local authority more Autism friendly. The approaches for listening to the local community showed an approach that was flexible and responsive.

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

Arrangements to support effective partnership working

There was a clear and detailed partnership agreement between the local authority and North-West London Integrated Care Board (NWLICB) relating to the commissioning of health and social care services through Better Care Funding (BCF) under s75 of NHS Act 2006. A section 75 agreement is an agreement between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners.

The local authority used pooled budgets to jointly fund services with partners to achieve better outcomes. In Hillingdon the BCF resourced two 3-year contracts for 15 intermediate care beds (referred to locally as Step Down) for those requiring residential rehabilitation and reablement on discharge from hospital, reablement in the community and the short-term Bridging Care service. Bridging Care was available for the first 5 days, then reablement was offered for a maximum of 6 weeks. 80% of Bridging Care patients went on to reablement. Hillingdon were the first local authority in North-West London to introduce this service and NWLICB mandated it across all 8 local authorities in their footprint. Commissioning staff told us they were also managing personal health budgets, the health equivalent of direct payments, on behalf of the ICB under the BCF s75 as the local authority had the infrastructure and expertise to support people with this.

A senior health leader described the local authority as one of the better integrated boroughs in respect of how they worked. We heard the discharge hubs had been done in partnership with health, and the Integrated Neighbourhood teams and Primary Care Networks were an example of this. They also said there had been many years of developing joint working and this showed in hospital flow.

Staff told us governance of joined up commissioning arrangements came under the Health and Wellbeing Board, and the s75 agreement. Operational meetings managed delivery and were overseen by a BCF core officer group which included senior leaders such as the corporate director for Adult Social Care and the director for the Hillingdon Health and Care Partnership.

Impact of partnership working

A partner organisation told us they had co-produced the discharge-to-assess process with the local authority resulting in the Bridging Care service, which was now successfully implemented, resulting in better outcomes. The success of these processes was recognised by all stakeholders. The local authority had also recognised the importance of collaboration in achieving reablement goals, understanding these projects could not be accomplished in isolation.

Staff told us they could clearly see the collaborative opportunities within the borough to provide services to people and gave examples of the opportunities for people with a learning disability to be involved in their communities, which positively supported wellbeing.

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.

Working with voluntary and charity sector groups

A key strand of the partnership approach in Hillingdon was to engage with people through the voluntary sector.

One voluntary sector organisation was involved in a local authority project to set up an Expert by Experience group to consult on the new learning disability strategy. We also heard there was a strong working relationship between the local authority and the sector and they had a good knowledge of it.

One voluntary sector group noted there had been stronger links with professionals from the local authority, but those links were based on individuals and were not always continued if someone left. They said they were always invited to sit on boards and be part of groups, but they didn't always hear back how their feedback was used in practice. They told us they would receive grants or funding for specific pieces of work they have been asked to complete by the local authority.

We heard the local authority was looking to work more with the VCSE sector, were valuing what the sector was able to do and using them to increase activity for older people. It had been a piece of partnership work which had also strengthened relationships.

The local authority, together with NWL ICB, was using the Accelerated Reform Grant to fund a voluntary sector organisation in Hillingdon to identify unpaid carers. This was part of a co-ordinated approach across the whole of the NWL ICB footprint, involving 8 local authorities and their local carers organisations.

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