

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 collaborated strategically with partners to agree and align strategic priorities, plans and responsibilities for people in the area. For example, the local authority's Engagement and Co-Production Strategy and Charter November 2022 was developed in partnership with co-production groups and partners to empower people to share their experience of adult social care. The feedback led to a joint action plan to make effective changes and improve people's experiences.

Senior leaders told us about their strong relationship with the local Integrated Care Board (ICB), as well as the other boroughs within it, which continued to be developed at a strategic level. Senior leaders attended regular ICB meetings allowing frequent input and discussion of local issues. The Cabinet member told us there was effective partnership working between adult social care, health, and public health teams, which was evidenced in the Joint Health and Well-Being Strategy 2021-25.

The joint adult social care and health scrutiny sub-committee supported both areas to see pathways and provision as a whole, rather than separate entities, allowing for effective challenge and scrutiny. We heard the local authority had developed positive partnership working with other local boroughs to consider broader North Central London (NCL) issues. For example, the cross-borough mental health offer was discussed and how that could be further improved to support people's outcomes across NCL.

Health partners told us there was positive and collaborative partnership working with the local authority, with useful links and access to the local authority staff. They shared a joint vision and focus which also involved VCS partners. This helped co-ordinate multidisciplinary care across the system, which supported organisations to use resources more effectively and address health and care inequalities. Healthwatch were involved on strategic boards which gave further insight and validity into shaping strategies and policies, especially around equality.

The Health and Wellbeing Board Joint Executive Group played a pivotal role in overseeing the delivery of the Better Care Fund (BCF) plan. Its delegated responsibilities included budget management, decision-making regarding funding allocation, and ensured the delivery of key metrics and reporting requirements. The group was co-chaired by the Director of Adult Social Services (DASS) and the Director of Place for North Central London Integrated Care Board, and also included senior directors from commissioning and operational sectors, ensuring high-level strategic oversight and accountability. There was also a joint collaborative approach with local system partners such as hospitals, community health services, primary care, voluntary sectors, and housing. Collectively the group monitored progress through direct engagement with service partners or through established meetings like the Barnet Borough Partnership and the Housing Integration Group.

The BCF was used in several ways to support people achieve positive outcomes. One example included the 'Access to Care Pilot,' which was a new joint initiative between Central London Community Healthcare NHS Foundation Trust and the adult social care admissions avoidance team, and aimed to provide a holistic response to reduce unnecessary attendances at A&E.

We received feedback from a partner who attended the Barnet Voluntary Sector Forum, suggesting the local authority could be more actively involved in the forums, despite leading them and deciding the agenda, they felt there was further scope for the forums to be more strategic when discussing funding.

Arrangements to support effective partnership working

Health partners reported a strong focus and ambition with the local authority on prevention where the emphasis had been on using an integrated approach, for example supporting adult social care providers with winter preparation and potential future outbreaks. There was a dedicated 'Making Every Contact Count' lead from Public Health who collaborated with the local authority to ensure the approach was used to best effect. Furthermore, the local authority had appointed a dedicated lead in their corporate Insight and Intelligence team for Public Health data, which was positively welcomed by health partners, as the Public Health data lead worked closely with the data lead for adult social care.

Public Health is a local authority function and is a full part of the local authority, with all public health staff local authority employees. For example, the Director of Public Health was part of the local authority's senior leadership team and reported to the DASS where previously they had reported to the Chief Executive officer (CEO). This joined up relationship was positive towards building a greater connectivity between adult social care and public health functions.

Health partners told us the local authority utilised shared budgets and joint funding mechanisms, which included Section 75 agreements. The local authority responsibilities under section 75 agreements included covering learning disabilities services and implementing pooled joint working arrangements, such as the BCF, which supported specific pathways to and from hospitals. Health partners told us since 2022 there had been no section 75 or pooled budget arrangement between the local Mental Health NHS Trust and the local authority, furthermore the trust hosted local authority staff in some teams, for example the learning disability team.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and outcomes for people. This informed ongoing development and continuous improvement. For example, the local authority supported The Healthy Heart programme, which was co-produced with Healthwatch, partners and people to improve heart health. There had been particular focus on supporting high-risk communities, for example addressing the issue of high blood pressure in African, Caribbean and South Asian communities, through peer-to-peer support from trusted and reliable staff who understood and were part of those communities. Learning from feedback from these communities that the Healthy Heart programme was working, had influenced wider conversations linked to access inequalities, particularly issues relating to English as a second language, digital exclusion and access to primary care. A health partner told us the partnership approach in the borough was among the most effective in addressing cardiovascular health issues and the programme received formal recognition for helping over 1,600 people in 2 years. This demonstrated the local authority's concerted effort to work cohesively with local communities and borough partnerships, where local needs and priorities were aligned, which further supported them to address risks and challenges through coordinated action and focused objectives.

Working with voluntary and charity sector groups

The local authority recognised the unique contribution of VCS organisations in the provision of care and support and actively promoted their involvement as equal partners. For example, one VCS partner told us without support from the local authority they would not have been able to support people who had been experiencing mental health and domestic violence. We also heard from another VCS partner that they had a good relationship with the local authority and went on to share this had improved over recent years.

Frontline staff told us VCS partners worked collaboratively with the local authority, health partners and community groups to ensure a comprehensive approach to dementia care. Identifying and addressing gaps in services was an ongoing process that involved listening to the needs of those impacted, through regular engagement meetings, forums with unpaid carers, volunteers, and people living with dementia, which provided opportunities for feedback on emerging issues.

Frontline staff told us they held a quarterly forum, where they facilitated networking and collaboration events between VCS, partners, and commissioned services. We heard the forum was well attended by partners and VCS partners, with 141 members invited. The forum offered opportunities for attendees to connect, form new partnerships, share updates on projects and initiatives and learn about each other's work, furthermore this opportunity encouraged open discussions about current and future projects, funding opportunities, and community needs. For example, a person shared they had been working on a small garden patch project, which was aimed at improving community mental health and wanted further support.

The Cabinet member for adult social care also shared there were strong local connections between the local authority senior leaders and an active and connective VCS. Cabinet members felt well-connected to leaders in the VCS, this supported to deliver good practice around information sharing and shared problem solving to respond to local challenges. Examples of collaborative work included supporting older people understand risks of online and telephone fraud to prevent financial exploitation. Furthermore, Cabinet members, acknowledged the changing and transforming landscape of adult social care and the increasing demands and pressures on the local authority provision and finances. In this context VCS organisations were crucial in supporting the community.