

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

Medway local authority were partners in a number of initiatives. A senior leader acknowledged there was work to do to improve partnership working and the local authority was working collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area.

Medway's Better Care Fund Plan had been coproduced with multiple ICB bodies, Kent County Council, and voluntary services. The plan reflected joint commissioning and listed partnership commissioning including intermediate care, equipment services, carers services, Healthwatch, Voluntary Sector Infrastructure Support, Home Care, Supported Living, Telecare, Residential and Nursing Care. Medway Adult Social Care was a partner in the Learning Disability and Autism Delivery Partnership Board, along with several other key stakeholders and partner agencies, including providers. The Board aimed to improve outcomes for those people who lived with a learning disability and/or autistic people.

An Adult Social Care Partnership Board had been created by the local authority with membership from Kent police, the chief executive of mental health trust, and the acute trust, with the intention to implement any changes and improvements required following the CQC assessment report.

The local authority worked in partnership with the organisation who supported unpaid carers. We received consistently positive feedback from unpaid carer's who told us they received support in completing forms, social support, practical support, information, and advice from voluntary and community organisation the local authority commissioned to support them. One unpaid carer told us about the courses the organisation ran relating to dementia. Another unpaid carer told us they had attended coffee mornings and events which provided them and their family member the opportunity to socialise and make friends with people locally.

A senior leader in housing said partnership working across the local authority was strong. They received updates on the adult social care strategy regularly. Housing were also members of the Adults Social Care Partnership Board and continued to work with management teams within adult social care to explore joint areas of working.

Although we had received very mixed feedback from providers about how they worked with the local authority, staff told us they had good relationships with providers. They said they knew the providers well and held fortnightly, monthly, and quarterly contract meetings and visited them annually. Staff said they had attended market engagement meetings with stakeholders (including hospitals, and other council departments), which contributed to the market shaping strategy.

Some staff highlighted they had experienced challenges in their working relationship with the ICB. Namely there had been funding issues and a failure to follow processes or the framework when it came to making decisions. They added this had been escalated to senior managers for a resolution.

Staff spoke highly of each other and gave examples of positive working relationships with internal and external teams, to evidence positive outcomes for people, such as working with the deaf support services, the police, and mental health agencies. We heard examples of where staff across different teams worked together to address concerns relating to an individual's support and care needs. A close working relationship ensured positive outcomes had been met. We saw evidence of collaborative and multi-agency efforts to reduce hospital admissions and keep people well at home. For example, Medway worked with Primary Care Networks, Housing colleagues, and the Voluntary Sector on initiatives with a person-centred approach to meet people's needs.

Community health partners told us they had a good relationship with the local authority, and they were able to bring their independent voice and the views of residents to inform changes. They said project work with the local authority was on the increase which had included a falls prevention project to review services and the effectiveness of current pathways. Engagement with a variety of people had been completed for this project, which helped shape the future service and delivery model. Other community health partners described positive joint working with adult social care staff when required for more complex cases, which included participating in best interest or professionals' meetings.

Co-production partners said there were several ways the local authority sought to include representation from all groups in coproduction and referenced the Medway Disadvantaged Network which operated strategically and operationally with adult social care, the police, and other providers. They told us about the Legislative Theatre where frontline staff worked alongside individuals who had been homeless to deliver a play. This play then influenced policy and the local authority's strategy.

A senior leader acknowledged there were a number of underrepresented and underserved ethnic minority communities in Medway, and they were taking steps to listen to their views in terms of service provision and employment and told us there was the beginnings of a partnership there, although challenging.

Arrangements to support effective partnership working

Senior leaders told us the local authority worked in partnerships with other agencies, but we received mixed feedback on the effectiveness of the arrangements for governance, accountability, monitoring, quality assurance and information sharing. Providers continued to tell us there was a lack of communication between them and locality teams, and the only means of contact was through the duty team which did not always return a response.

In contrast, the quality assurance team told us they worked closely with providers, visiting them during the day, at night and at the weekends. They told us they supported providers with audits, shared audit templates, developed action plans, and identified staff champions, for example in infection prevention control and medication. They also worked through CQC reports with providers following inspections. Staff told us there was clearly more work to be done in this area to align partnership working from both perspectives.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. For example, senior health leaders told us how one of the priorities for the Better Care Fund in 2023-2025 was to improve discharge pathways from hospital.

Most of the staff groups we spoke to had close working relationships with internal teams. Examples were provided where staff across different teams supported each other to address concerns relating to an individual's support and care needs to ensure positive outcomes were met. There were also champion roles within teams which allowed for close working relationships with partner organisations.

There were joint funding agreements in place with the ICB in relation to aftercare under Section 117 Of the Mental Health Act 1983. Senior leaders acknowledged integration with health partners was a priority for Medway and an area for continued improvement in relation to working with the ICB to promote understanding across both sectors. The Director of People (Children and Adults) who was also the Deputy Chief Executive advised they attended a meeting with the Chief Executive Officer of the acute trusts on a weekly basis to gain a better perspective on practice, such as hospital discharge and winter pressures. ICB senior leaders confirmed there had been improvements in joint relationships in the last 2 years and more was needed in areas such as communication.

Out of hours staff worked in partnership with Kent local authority under a service agreement. There were clear processes in place to manage risk. Kent local authority told us they had a good working relationship with Medway and regularly attended strategic meetings together to ensure the quality and effectiveness of the out of hours work. A rise in self-neglect cases had been identified by the team and discussed in multi-disciplinary meetings which included Kent and Medway police to review how this could be addressed.

Impact of partnership working

Staff teams across the local authority worked well together to support each other and to promote the best outcomes for people. Staff told us they attended multiple disciplinary meetings and regularly shared learning to understand the different aspects of their roles.

There were good examples of integrated working and co-production between partners and the local authority. For example, local authority staff attended training facilitated by an external organisation to identify how mental health calls would be triaged and assessed, whose responsibility the nature of the call would be, and whether police would attend, or a health-based place of safety was required instead. Staff told us this improved their practice.

A senior leader gave us an example where a high level of falls within Medway had been identified in the last year, 40% of which were from 1 specific area. The local authority worked collaboratively with public health and housing to identify why this could be, using a preventative approach to their investigation. For example, they looked at whether the quality of the pavements in the area were causing falls.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charity organisations to understand and meet local adult social care needs. The Voluntary community sector (VCS) Better Together consortium was a collaboration providing advice, guidance and support to Medway residents and other voluntary sector organisations. This was supported by the local authority to improve the health and wellbeing of people living in Medway.

Most other voluntary and charity sector organisations we spoke to felt they had positive relationships with the local authority and felt listened to. One group told us the local authority had previously hosted regular meetings and invitations were sent to the voluntary and charity sector to attend. This had provided an opportunity for formal engagement and to hear of what changes were taking place, as well as enabling discussion on the impact of this within the community. However, these events no longer occurred, and voluntary partners told us this meant there were missed opportunities to hear the voice of the local community, as well as reducing the involvement and partnership working with the local communities of the various local support groups. The local authority told us there had been a pause in the programme, but the events had resumed shortly after our onsite visit. Another organisation told us they felt frontline staff could utilize and signpost to the voluntary sector more. A senior leader told us they recognised some relationships with voluntary and charity sector groups could be improved, and this was an area of development for them.

The local authority provided some free training to charitable organisations. We heard how after a networking event the local authority hosted, this helped small businesses understand the procurement processes, which aided their development and contribution to the local economy.