

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 was committed to working in partnership with other stakeholders to achieve better outcomes for local people. Where challenges existed amongst the differing priorities of partners, the LA worked with them to understand the impact of decisions on delivery of its adult social care duties and to identify joint solutions.

The local authority was working with multiple partners from across the area to create and set up a neighbourhood care model to tackle health inequalities, funded by the integrated care board (ICB). There were two pilot sites being tested at the time of our assessment, with each neighbourhood deciding a priority to focus on. Following the pilot and depending on the impact, there were plans to roll this model out across another 7 neighbourhoods.

The local authority had a clear commitment to co-production. Wirral Council Adult Social Care Prevention Strategy 2024-2029 had included the voices of people and carers who accessed care and support. People with lived experience helped shape strategies, developing a collective vision of aspirations for Wirral. We were told by people that they felt like equal partners in the co production process and had felt important. Partners told us that that they felt bringing the council and voluntary services together was visionary and innovative and highlighted issues which some had not been aware of. They told us partnerships had been cemented with the relationships providing good internal pathways to speed processes up.

The local authority worked in partnership with the local NHS trust to launch a Transfer of Care Hub (ToCH) in July 2023. The ToCH had resulted in a reduction of patients who did not meet the 'criteria to reside' in hospital. The ToCH promoted the 'right patient, in the right place, at the right time' goal. This program of work focused on improving internal processes and working with system partners to ensure a joined-up approach to safe, timely patient discharge. The local authority's brokerage team had daily meetings with hospital colleagues and partners at the local hospital Arrowe Park as well as with the 'Home First' team to facilitate brokerage around hospital discharge. The team are office based which we were told supported good contact with other teams who attended to discuss any brokerage needs.

At the time of our assessment, we were told of plans for a new step-up / step-down service for people with mental health and complex needs, jointly commissioned with health partners. The service was awaiting registration with the Care Quality Commission to begin operation. The aim of the service was to support admission avoidance and rehab following discharge with an offer of a temporary placement in a rehab facility for a period of up to 12 months. There was an expectation of regular ongoing reviews, moving towards more independent options. The service was planned to link in with housing partners to support people to seek permanent accommodation.

The local authority had transferred its social work service for mental health and learning disability services formally to Cheshire and Wirral partners (CWP) to deliver the service within an integrated arrangement with health services. Staff told us that joint working in these integrated teams provided better outcomes for people due to the strong links with a range of professionals within those teams.

Arrangements to support effective partnership working

Leaders told us that they planned the use of the Better Care Fund (BCF) alongside the section 75 agreement to meet objectives set out in their Healthy Wirral Plan. There was an approach to integration with key areas of focus on prevention and intervention, reducing health inequalities, having an improved offer to carers and avoiding admission to hospital. We were told a significant proportion of the BCF is directed to the voluntary sector to commission community support services.

Leaders told us that they worked collaboratively with health partners to deliver services such as ToCH, Urgent Community Response Team (UCR), STAR and HomeFirst. The integrated teams had worked together to successfully reduce hospital admissions and support discharges. Mental health services and services for people with a learning disability are delivered under a current section 75 agreement.

Leaders shared that there is a valuable opportunity to strengthen relationships within the Integrated Care Board (ICB). They recognised some differences in perspectives regarding budget allocation, with the local authority advocating for a greater emphasis on community-level support. While there were discussions around section 117 and shared funding arrangements, there was potential for improved communication moving forward.

The ICB recently communicated that, due to budget constraints, they would not be contributing to special educational needs and disability (SEND) funding. However, leaders highlighted a significant and growing demand for SEND resources. The ICB is actively addressing this challenge, recognising that they cannot control the volume of referrals, which has led to a backlog of over 5,000 children and an average waiting time of approximately 96 weeks for assessments. In response, the ICB is investing £200,000 and collaborating with the hospital and local authority to establish a new care model.

There have also been promising discussions between the local authority and ICB regarding a waiting list initiative aimed at effectively managing and prioritising cases. Although the initial cost proposed by the potential provider posed challenges, these discussions indicate a willingness to explore solutions together. Leaders reflected on the strong collaboration during the pandemic, highlighting the potential to revive that spirit of teamwork to address current issues.

Impact of partnership working

People told us they experienced a positive impact from partnership working and good communication, which enhanced the care and support they received. Frontline staff consistently spoke about positive working relationships with partners, with joint visits and joint working easily accessible within integrated teams and with partner agencies.

The local authority was working with an IT system provider to deploy a system to measure data in relation to their early intervention and prevention strategy, to support identification of risk to trigger early intervention. They plan to utilise information around falls, GP visits, hospital admissions and telecare data. At the time of assessment, this was yet to be launched. There were systems in place through governance to monitor the effectiveness of the systems in hospital discharge. This had resulted in development in pathways and focus of resources which improved flow for discharge, and a decrease in patients with no criteria to reside, with plans to improve this further.

Feedback from partners was mixed. One partner told us that prior to the Covid-19 pandemic, they felt partnership working with the local authority was more positive than it is now. Since the pandemic, they reported a gap in partnership collaboration and that relationships have turned transactional with a lack of shared purpose. Another partner shared that they felt despite the work being completed around co-production, the local authority had a culture of not always listening. They provided an example of having a lot of experience of working with people around direct payments, however when they expressed a wish to be part of the direct payment review, the local authority did not engage with them. Another partner shared with us that they felt that there is a 'single dialogue' with the local authority, with information being communicated to them, however they told us they feel there is a culture of not listening. They told us that they have discussed possible solutions to issues in the community, however this doesn't get fed to senior leaders for consideration.

In contrast, other providers told us about the positive impact that being trusted to carry out their own reviews of their care packages had enabled them to provide timely, consistent and appropriate care to people. These providers felt trusted, recognised and valued in their roles.

Working with voluntary and charity sector groups

The local authority worked collaboratively with the voluntary sector and the community to understand local social care needs. Organisations we spoke to reported having very positive relationships with the local authority and felt they were equal partners in co-production and that their views were important.

Wirral's All Age Disability Strategy 2024-2029 has been co-produced with people across Wirral, including people with disabilities, their parents and carers, practitioners, commissioners, volunteers, and health and social care staff. We were told about a new council for voluntary services (CVS) being set up by the local authority, which had produced the 'Wirral coming together' plan. The VCS acts as a coordinating organisation and vehicle for funds to flow through to empower for local organisations and communities to provide support services. There is understanding by leaders that there is still work to be done to engage harder to reach communities.
