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 developing strong partnerships and worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. Since service restructures following the establishment of the North Central London Integrated Care Board, the local authority told us they were resetting partnership arrangements to ensure a positive and productive approach moving forward.

The local authority came together with the ICB and other local health and care partners in the Haringey Borough Partnership (HBP). The HBP reported to the Health and Wellbeing Board alongside the NCL Care Partnership. The partnership was used to support shared ambitions, strategy and priority actions for the health and wellbeing of people. The partnership also input from communities through membership from the Voluntary, Community and Social Enterprise sector (VCSE) representatives.

A senior leader told us the HBP helped strengthen internal and external relationships with Children's services, Public Health, Housing and senior health partners. The local authority had shared objectives and alignment at a strategic level with partners, for example through the Health and Wellbeing Strategy. A senior leader told us strong partnership working with VCSE and health partners was reflected in the HBP's thematic delivery areas 'start well', 'live well' and 'age well' which aligned with the strategy.

There were local authority teams who worked with partners to achieve national and local objectives. For example, the Integrated Reablement team were undergoing a transformation and had seen improvements in its performance. The integrated service provided support through OTs and physiotherapists who worked closely alongside local authority care staff. This supported people to achieve reablement goals. The team also worked closely with a health Rapid Response team, who referred individuals from the community who were at risk of admission. The team would support these people for short periods to reduce risk of admission.

A senior leader told us there was still scope for improvement of integration of adult social care and health services. However, opportunities for further integration had been recognised and joint working was said to be improving. They gave a positive working example of a multi-agency drugs and alcohol team who supported people to achieve better outcomes. A safeguarding adult thematic review also highlighted there had been significant improvement in multi-agency communication because of the introduction of the localities model, for example for hospital discharge.

Arrangements to support effective partnership working

There were clear governance, accountability and monitoring arrangements for the HBP, with clear roles and responsibilities. The HBP had a clear structure with defined roles and set priorities. The partnership was co-chaired by a senior leader of the local authority and a local health trust. Structures within the partnership were built around the HBPs thematic areas of focus, with a board for each area with set roles and priorities.

The local authority had both formal and informal partnership working arrangements to support delivery. For example. the local authority had a Section 75 (NHS Act 2005) agreement with the ICB to facilitate partnership working but this was currently being jointly reviewed.

People benefited from a joined-up approach from the local authority and partners where there were integrated services. For example, people were supported by learning disability services to access both social care support and healthcare to reduce risks and identify positive outcomes.

Where Section 75 agreements were not in place, such as with the Mental Health Trust, teams worked with health partners to support people, but approaches could be inconsistent. There was mixed feedback from staff on how well these processes worked.

Partnership working to facilitate agreement of funding splits was an area for development. A senior leader told us data showed the local authority had a disproportionate level of health funding for complex care packages as compared to other areas and this impacted on the local authority financially. A staff team also told us funding splits were being reviewed for people with mental health needs to ensure these were reflective of people's social care and health needs. Staff told us they had received support and training to take part in joint funding discussions with health colleagues. Staff understood the level of evidence required to support joint funding decisions.

The local authority used pooled resources, such as the Better Care Fund, to deliver positive outcomes for people through integrated services. This included the reablement pathway and the MACCT.

The MACCT was a positive example of proactive integrated working. The team worked to reduce and prevent inappropriate hospital admissions. For example, the team told us they were able to support a person who was at high risk of falls. Following a referral, they supported them to receive a physical and functional assessment, a Care Act assessment, a medicines review, an OT assessment for a wheelchair and eventually an agreed package of care. The team did not have a time limit on input and continued their support until the person was safely discharged from the service.

People's experience of the MACCT was mostly positive with 94.4% of 53 responders to a patient survey responding they felt the service was very good or good. A person fed back on the service, stating they had provided strong support for their relative who had complex needs. They said the team offered a broad range of services but managed to execute their role as a team effectively.

Internal partnership working arrangements also supported people to achieve positive outcomes. People told us adult social care and housing had worked closely together to support them to get support. A frontline staff team also told how they had close working relationships with the housing team, and they had supported a person to remain in their home while relevant assessments were taking place at their newly allocated property.

Impact of partnership working

The local authority and its partners monitored their partnership working and the impact it had on outcomes for people. Effective use of pooled resources was also monitored. An outcome monitoring framework for the HBP monitored performance across their priorities and objectives. A performance dashboard monitored performance across several local health and care indicators. For example, there was a measure of care home admissions for people aged over 65 over a quarterly period and this was compared to regional and national averages.. As of October 2023, this approach was being developed with a focus on linking specific outcomes to more holistic wider population health outcomes. Monitoring frameworks were planned for projects to measure efficacy and outcomes for people. For example, the local authority was working with partners to improve the local dementia offer for people and as part of this work were part of a dementia working group. This included development of monitoring framework to show how outcomes were being improved.

Better Care Funding projects were also monitored to measure effectiveness. For example, for people referred to the MACCT there had been a 40% decrease in hospital emergency department attendance in the year following MACCT intervention, as opposed to the year before. Monitoring information which showed efficacy was used to support future funding decision making such as continuation and potential expansion of the MACCT.

Working with voluntary and charity sector groups

The local authority's structures were being developed to support collaborative working with voluntary and charity organisations to understand and meet local social care.

The local authority supported the contribution of voluntary, community and social enterprise sector at a strategic level. For example, the VCSE sector was represented at the Joint Partnership Board (JPB) and the Health and Wellbeing Board, to help inform decision making at a strategic and executive level. There was mixed feedback from partners on whether they felt listened to or had opportunities to inform strategies and projects. A commissioned partner told us they had worked closely with the local authority to coproduce strategies and gave examples of where they had supported regeneration projects within the borough. However, some non-commissioned VCSE partners told us they felt ignored, did not inform strategy or the local authority was not responsive to them.

The local authority recognised they needed to develop and build capacity in the VCSE sector. The local authority had formed the 'Haringey Community Collaborative' as a platform to support this. The aim of this collaborative was to support grassroots organisations and underserved groups to strengthen governance, grow fundraising channels, build capacity, and increase impact. It also aimed for the VCSE sector to have a stronger voice in council decision making and strategy development.

The VCSE sector were being supported to have more input into local authority processes. For example, the VCSE sector was invited to be part of the commissioning coproduction board. A commissioned VCSE partner was also part of the carer's coproduction group, and a staff member told us links with this partner were strong. The partner told us they were hopeful their membership of the group would support outreach to new carers.

The local authority understood the unique contribution of the VCSE sector and commissioned well placed partners to support communities. For example, partners were commissioned to provide direct payment support, befriending services, wellbeing network and a home from hospital service.

The local authority also worked with the ICB to fund VCSE-led projects. For example, a senior leader told us about 'Tottenham Talking'. This project involved VCSE support for peer led group activities and therapy support for people with long standing mental illness. This supported the sector to access funding to support their communities effectively.

The local authority had staff roles which facilitated the work of VCSE groups. For example, a partner told us they worked closely with the dementia coordinator who was supporting them by advertising their services to people who may not know about them.

Staff told us they referred people to VCSE sector when required. A staff team told us they used 'Haricare' to search for services to support people, but the team told us they also had to keep their own list of services to make sure they had the most up to date information to support people.
