Partnerships and communities

Score: 4

4 - Evidence shows an exceptional 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 had a very strong partnership working culture. Leaders consistently described integration with partner agencies and the alignment of strategic priorities and plans. For example, we heard consistently positive reports from staff, partners and people about the work around hospital discharge and rapid response teams as well as the work around neighbourhood teams and the integrated neighbourhood team pilot. Adult social care demonstrated impactful leadership in the development of local integrated arrangements by the Director of Adults Services (DASS) chairing the local place-based partnership, the local authority was effective in leading and shaping the health and care strategic partnership locally and we found this to be a sustainable relationship. A prevention, social care and public health focus was evident in this partnership and was reflected in leaders and partners feedback from within the local authority and the wider system. Staff reported the neighbourhood team structure was successful in bringing them closer to the community, built stronger relationships within communities and a better understanding of resources in that area. We heard very positive staff feedback about the benefits of closer working between ASC staff, health workers, community staff, VCSE, GPs and others in the East neighbourhood integrated team pilot.

As a result of these leadership arrangements we saw many examples of partnership forums and delivery partnerships as a way to better understand communities. For example, we heard about staff facilitating meetings within local libraries, schools and council buildings with people using services which had fostered an openness and eased anxieties in families around transitions. A 'shared objectives around working with partner agencies' document detailed how groups and forums were used to support the delivery of local and national priorities. These included the autism partnership board, the mental health partnership board, the learning disability partnership board (called planning together), a carers working group, an anti-social behaviour task force and a co-production network among other groups. These groups oversaw delivery and strategy of their respective areas of work.

As a result of partnership arrangements, there was an effective recording system which allowed social care staff to view the health details of a person and some clinical information such as medication and diagnoses from health systems. Health partners could also view who the allocated worker was and any safeguarding concerns. Staff consistently reported that communication was good between the NHS and local authority, they felt they could ask for support from managers, their professional skill sets were valued, they felt trusted to make decisions and were able to quickly put care plans in place in an emergency. We heard about emergency carer provision being put in place which effectively met some peoples' needs through partnership working.

There were examples of partnership working well in each of the priority areas detailed by the NCL integrated care systems partnership groups. There were business plans in place to meet the needs of the local population and to meet the strategic direction set by the health and well-being board. Examples included: care home and learning disability accommodation market management; workforce digital health and care system planning; and children and young people which were effectively driving changes in these areas. We heard an excellent example of work with academic partners which allowed public health staff to risk stratify and analyse themes such as modelling long term conditions, adding value to adult social care by changing the allocation of resources across the partnership.

There were innovative uses of the better care fund, such as a linked recovery worker working closely with accident and emergency departments resulting in fewer admissions. There were several beneficial partnerships between housing, the VCSE and adult social care, working jointly with the same focus. For example, staff described a home improvement service had been redesigned using better care funding.

The local authority had convened a health and care citizens' assembly to contribute to the health and well-being strategy (2022 to 2030). Furthermore, local partnerships with the community were evident through the use of community support networks within their 'What Matters' approach.

Partners said social work was pivotal in various ways, for example in discharge from hospital meetings. They said safeguarding and Care Act assessments were central to multidisciplinary teamwork. There was exemplary joint working and sharing between health and local authority staff including occupational therapy, for example in hospital discharge rapid response and within the mental health partnership. Partners said the integrated neighbourhood team pilot approach was excellent. The health and wellbeing board had done joint work with the homeless partnership which health partners attended as executive sponsors. This had supported the provision of stable accommodation and employment for people. Health partners said the local authority had influenced them to think and practise differently around integration and Section 75 agreements.

Staff, seconded as mental health social workers, said changes were being considered to their teams to enhance opportunities for strength based social care in their roles. Leaders also described planned changes to the Section 75 arrangement, to centre social care activity rather than health-based activity for those workers. Leaders and partners therefore had carefully evaluated the effectiveness of joint arrangements. Amendments had clearly been proposed to improve services, without over-stretching the partnership and by relationships being strong, generated delivery and innovation. Mediation with the ICB had taken place around the use of better care funding which was resolved. This demonstrated partners could disagree and have difficult conversations in pursuit of better services for people.

The integrated young people's team in which children and adults' social workers worked as one team with 0 to 25 year olds was an excellent example of integrated working. Their partnerships with education, third sector and care sector partners provided many and varied, person centred opportunities and a more seamless service. We heard examples about holding events and forums, training sessions for parents around issues relating to autism and other wider health concerns such as housing and employment. Strong partnerships with service providers meant young people had a range of services on offer to them.

Arrangements to support effective partnership working

There were clear arrangements in place for governance, accountability, monitoring, quality assurance and information sharing in partnerships. We saw a 'shared objectives' working arrangement with partner agencies on the integrated learning disability service (CLDS). And there was a joint funding arrangement between health and social care, in an early intervention and prevention focused mental health alliance 'Reach Out', jointly funded with the ICB. There was also a 'shared objectives' document around a partnership with North London mental health partnership (NLMHP) which involved social care practitioners operating within multidisciplinary community mental health teams, and those commissioning, with joint funding for an integrated day service for people in crisis needing reablement or long-term support. Networking within staff in the NCL partnership was strong and by meeting regularly they had supported the partnership between the local authority and the NHS. The local authority hosted the North Central London Councils' Local Authority Programme. Through this, recent funding had been secured for digital social care projects and social care workforce projects through this partnership office.

Partnerships governing the use of the better care fund were found to be extremely effective. Use of the better care fund was decided in partnership with health and VCSE sector. It funded eighty projects, including contracts, staffing teams and services, underpinned by the health and well-being strategy. There were no delays to hospital discharge and all feedback around integration in hospital discharge, reablement and admission avoidance was positive. There was evidence of funding being awarded to the carers organisation to develop GP liaison support, allocations to support recuperative care in care homes, for reablement workers and for the pilot for integrated working in the East neighbourhood team. Data provided by the local authority showed they had reduced the number of permanent admissions to care homes, for the past three years. Their data also showed reablement was effective at 86% in 2023-2024 and up from their 2021 to 2022 performance of 75%. They measured reducing hospital admissions following a fall, which was a better care fund focus in 2024-2025. An initiative called 'Wish+' was funded to ensure residents had access to a range of preventative services through a single initial referral. The progress towards targets and metrics was demonstrated with a clear partnership governance arrangement.

Impact of partnership working

The local authority used evaluation and research to demonstrate the effectiveness of new approaches. Neighbourhood 'discovery' findings in April 2024 evaluated the introduction of integrated neighbourhood teams. It was comprehensive and learning was identified with recommendations for improvement. Partners agreed partnership working was evaluated in terms of its impact through for example using citizens panels. Partners told us about service improvement learning and using provider partnerships through contract monitoring and meetings such as 'planning together' which included the voice of people with lived experience. Partners feedback was consistently excellent about the relational power sharing culture the local authority had fostered with the VCSE sector and the provider market.

The local authority used a 'Population Health Management' approach which involved segmenting the population by need or condition and relied upon strong partnership networks of planning and delivery. We saw evidence of delivery around for example health equity audits which evaluated who was taking up services. There was an emerging long term conditions strategy and an adult respiratory disease focus which fed into the neighbourhood team's work with interventions for better health and prevention, such as guided walks to improve lung function.

Working with voluntary and charity sector groups

The local authority had a range of ways it worked collaboratively with voluntary and charity organisations. They provided funding to around 50 VCSE services as community assets, which allowed them to pursue other opportunities to encourage growth and innovation and respond to communities. Public health was embedded in the adults and health directorate and each public health consultant had a group with the relevant VCSE services pertaining to their work for example around physical activity. Public health also commissioned VCSE sector organisations as delivery partners. We found the local authority valued small VCSE sector organisations in order to reach into communities around specific needs. For example, there was a play service on a specific housing estate which provided after school care to families. There were some specialist drug and alcohol services which included small VCSE services and other examples included walking groups.

The local authority used VCSE partnerships to meet diverse needs in communities and reduce inequalities using tools such as family group conferencing and helping to connect people with networks, community groups and agencies. Partners told us the local authority did reach out to the VCSE to seek current knowledge of the community landscape and were inquisitive to the needs of the community. Examples provided by partners included the local authority reaching a Somali community, an Irish community and small pockets of emerging groups. VCSE partners said they were involved with the local authority's work, for example local authority staff attended community walkabouts and VCSE partners were invited to local authority training events and we heard local authority staff attended training hosted by the VCSE partners.

As part of learning from community responses to the COVID-19 pandemic, the local authority funded organisations to exist as community assets, to ensure their operations continued, without specific commissioning or contractual reporting requirements. This was in keeping with the local authority's power-sharing partnership culture and their equity-focused approach to community well-being. 'We make Camden' the framework for joint working and co-production for delivery of services for and by the people who use them, was evident in this approach. Partners said there were many VCSE partnerships within the health and care system focused on reaching underserved communities, including a structured learning programme for people with type 2 diabetes in the Bengali language. The VCSE were represented on the safeguarding adults board and there was joint safeguarding training that involved VCSE community organisations.
