

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 worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. The local authority and partners used partnership boards to identify and deliver on shared strategic objectives. The Health and Wellbeing Partnership Board was well-established, and we heard about multiple projects and initiatives over time that had delivered on shared strategic priorities. For example, the development of supported housing models that met the needs of people across the partnership and shared public health initiatives designed to keep the population healthy and prevent future need from developing.

There was an autism board which had been newly established and had representation from across the partnership, including autistic people with lived experience who had informed the new strategy. The local authority told us about recent work to support the ICB to address gaps in health provision which had affected autistic people. The local authority worked with community partners to achieve changes to health pathways and practice to make services accessible to autistic people.

There were not any formalised integration arrangements with health partners in areas such as hospital discharge or mental health, but we heard about strong partnership working on the frontline which enabled partners to achieve shared objectives. We heard multiple examples of local authority staff working closely with health staff to support people with discharge from hospital or joined up approaches to meeting people's needs in the community, often preventing hospital admission. Staff in local authority teams for mental health and hospital discharge frequently met their health counterparts and we heard examples of shared training and learning events.

There was clear understanding of roles and responsibilities when it came to funding. Staff described fair and professional meetings when it came to agreeing funding responsibility between health and social care, such as continuing healthcare funding for people with long term health needs or shared funding for people who were being treated for mental health conditions. Where funding was shared, we heard about good partnership working where care plans were developed in collaboration between partners and people.

Arrangements to support effective partnership working

When the local authority worked in partnerships with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. Roles and responsibilities were clear. The local authority and partners had collaborated to develop a number of processes that ensure people received joined up care in the borough. Leaders told us about 'Gateshead Cares'. Gateshead Cares is a group of local partnership organisations that come together on a regular basis to work differently together in order to achieve better outcomes through shared commissioning and partnership working. Gateshead Cares jointly agreed shared priorities and reviewed progress on their delivery through regular updates and action plans.

The local authority and partners worked together to improve people's experiences of accessing services and promote safety. For example, the local authority and partners had developed a Partnership Integrated Triage Stop (PIT Stop) process which was designed to consider Police Adult Concern Notifications (ACNs) reported to the Local Authority and determine which is the right agency or service to respond. Leaders told us this was designed between partners to prevent people having to call multiple agencies or risk falling through gaps in pathways. Partners from across local authority adult social care, housing, health and police met daily to consider the Police ACNs from the previous 24 hours and share information to ensure people got support from the right place. PIT Stop linked closely to the Safeguarding Adults Triage Team, the Adult Services Support and Engagement Team (ASSET) and the Adult Social Care Direct Team (ASDC) to ensure Police ACNs that required a response from Adult Social Care Services were directed to the right team. Staff said there was regular sharing and monitoring of data to identify themes or learning and ensure contacts went to the right place and were followed up.

Partners across the ICS had recently introduced an Integrated Commissioning Group (ICG), which had representation from across the ICS region including senior leaders at the local authority. The local authority, as part of the ICG, oversaw work across the ICS in areas such as developing specialised care provision to respond to challenges in commissioning, such as around complex care provision. We also heard how local authority staff worked closely with health partners around local commissioning in the borough and the integrated approach to provider quality was advanced and had achieved good outcomes. Staff described how partners often came together to respond to risks related to provider quality through a protocol they were all signed up to.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes for people. The health and wellbeing board oversaw the use of joint funding to ensure it achieved shared strategic priorities. For example, the Better Care Fund (BCF) was being used to support initiatives to prevent avoidable hospital admissions from the community and from care homes by offering 'hospital at home' and increasing reablement support and improve ongoing support in the community. The health and wellbeing board had agreed to the use of this funding stream to achieve these shared objectives, and we saw how this was having a positive impact on discharge from hospital and avoiding admissions to hospital.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. This informed ongoing development and continuous improvement. The health and wellbeing board monitored the impacts of partnership working and staff described multiple examples of partnership working on the frontline which had achieved good outcomes for people.

Staff told us about partnership working across agencies for a person who had experienced frequent detention under the Mental Health Act but went on to access services and maintain their parenting role, through prolonged partnership working on the front line.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charity organisations to understand and meet local social care needs. The local authority provided funding and other support to encourage growth and innovation. People gave us positive feedback about the options available in the voluntary and community sector, but staff said there were sometimes limited options for people with low level mental health needs. The local authority was aware of this need, and we saw evidence of partnership working with voluntary and health partners to address this.

Most of the feedback we heard from voluntary and community partners was positive. We saw multiple examples of the local authority engaging their voluntary and community sector through partnership boards or co-production to inform strategy. Funding allocation was overseen by partnership boards and commissioners, to ensure funding decisions were aligned to strategic priority areas or gaps in provision.