Partnerships and communities

Indicative score:

2 - Evidence shows some shortfalls

What people expect:

“I have care and support that is co-ordinated, 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

Staff told us they had good personal links with partners in health services but did not feel these links were always structural ones. Some health partners told us they felt joint working was very good with local authority leaders, with a strong focus on communities and hearing people's voices. They told us staff currently worked together but this could be better, and they were working on improving this. They told us passion from the local authority leadership team meant they felt confident and open to do things together, but they needed to be more collaborative and creative. It was felt there was an awareness of the issues, and there was a will to address them, but resources were not always there for the local authority to be able to do this. Health partners told us they jointly needed to consider the collective spend of monies, to work together in a more mature way and involve wider stakeholders such as employment and accommodation for people.

There were several examples of working well together including the discharge of people from hospital. This was staffed by health and social care to ensure discharges were timely and safe. Joint reviews of care services were carried out with the contract monitoring team and a monthly information sharing meeting was held with safeguarding, commissioning, health, and the Care Quality Commission (CQC) where joint working was effective. Some other joint working was taking place, for example in relation to the process for continuing healthcare funding. An external consultant had been commissioned to undertake some work including reviewing the policies and procedures between health and social care. Senior local authority staff already attended funding panels alongside health partners.

The Changing Futures programme was a much larger, national system-wide programme running over a 2-year period. As part of this programme, housing and public health had embedded workers across a range of areas to try to improve outcomes for people facing severe and multiple disadvantages. Staff told us it was in its infancy, and there were lots of opportunities to develop the ways of working. For example, they had started to work with Nottingham Housing, to try and reclassify some of independent living schemes to see if these could be used more flexibly for people.

Staff told us they did not feel working with partner mental health services was always good. The threshold for people to access secondary services was high, so staff referred, but as people were unwell then it could be difficult for them to engage in discussions. The lack of a joined-up system between health and social care was harder for people to manage with different professionals involved and could cause confusion. Staff also confirmed it could be difficult to negotiate with health about the split of funding for people and this needed to improve so local authority staff could do this better.

Staff told us about some difficulties in working with housing, for example in relation to hoarding, which could be seen primarily as a social issue rather than a housing one. However, the housing team had now moved back into the local authority, and it was hoped this would improve working relationships in these areas further and so outcomes for people.

Partners in the voluntary sector told us that some improvements were required in relation to them working more closely with the local authority. However, they felt the local authority was aware it needed to make these changes and was on a pathway to doing that. Other feedback from partners was that relationships were currently under-used, having not been fully re-established following the pandemic and relationships were now building. Partners told us co-production could be improved so they could get more involved in areas such as inputting into strategies as they had a good understanding of the diverse areas of the local community and connections with groups. Senior staff confirmed relationships had not been as positive as they could be and they had 'not got things right'. However, they hoped their new Participation and Engagement Strategy would address this.

There was some evidence of co-production between the local authority, health and people using services, for example with the Autism Strategy. This identified gaps and included 12 priorities, including improving transitions into adulthood, meeting the needs of autistic people from ethnic minority groups, and supporting people in the community to avoid inpatient care.

Feedback from partners was that the local authority had some good passionate staff who wanted to make a difference for people. However, they struggled to free up staff to be involved in a meaningful way in co-production. They told us there was a will to do this and ambition, and they understood the issues, but needed to have capacity to do this and be more future focused.

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