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 had strong strategic relationships with health partners, voluntary organisations and community groups. Leaders described long-standing partnerships that supported shared priorities and joint planning. For example, the local authority worked with partners through the Learning Disability Partnership Board, which included people with lived experience. This board reviewed the Big Plan 2023–2028 and quality checked areas such as employment, housing and transport accessibility. Feedback from these sessions shaped improvements, such as making parks and public spaces more accessible.

Staff surveys showed 97% of staff understood organisational values, including those that emphasised community engagement. This alignment strengthened co-produced care and collaborative planning. For instance, the local authority embedded a 'Connect Better' value into team culture, which improved relationships with residents and partners. These changes cultivated a workforce that worked more closely with communities, supporting better outcomes for people.

Partnership forums also evolved over time. Providers told us relationships with the local authority had previously been strained but had become collaborative. They felt listened to and respected and were able to challenge decisions when people's needs changed. This shift in relationship built trust and improved joint working.

The local authority also worked across borough boundaries to deliver shared objectives. For example, voluntary sector partners described joint commissioning of domestic violence and sexual health services with neighbouring boroughs. This approach ensured resources were used effectively and people received consistent support. These collaborative arrangements meant people experienced services that were better aligned to their needs. Strong levels of co-production gave people a voice in shaping priorities, which included the introduction of an unpaid carer representative on the Health & Wellbeing Board.

Stronger provider relationships reduced delays and improved care quality. Joint commissioning ensured people had access to essential services without duplication or gaps.

The local authority had integrated aspects of its care and support functions with partner agencies where this is best practice and when it showed evidence of improved outcomes for people. The local authority integrated care and support functions with health partners to improve outcomes. For example, the Urgent and Emergency Care Board brought health and social care professionals together to address challenges such as frailty and hospital discharge. This collaboration led to the development of virtual wards and the nightingale service, which supported people with lower level needs to leave hospital quickly and safely.

Better Care Fund reports showed progress in reducing discharge delays. The local authority worked jointly with neighbouring boroughs on the Effective Discharge workstream, which reduced the average time between referral and discharge. This improvement helped people return home sooner, reducing stress and promoting independence.

Integration extended to digital systems. Acute trusts told us the local authority trained staff to use new electronic record systems, replacing spreadsheets and improving communication. This supported a single version of the truth across organisations, reducing errors and delays in care planning.

The local authority also collaborated with equipment providers to prioritise urgent cases. For example, quarterly reports showed that closer working with the equipment service reduced delays in delivering critical items, improving outcomes for people with urgent needs. Integrated working reduced hospital stays and improved discharge processes, meaning people returned home sooner and with the right support. Digital integration improved communication, reducing duplication and errors. Joint work on equipment delivery ensured people received essential items quickly, supporting safety and independence.

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 had strong strategic relationships with health partners and the voluntary sector, which supported integrated care and innovation. Leaders described long-standing positive relationships and worked to understand changes in primary care networks and integrated care structures. For example, the safeguarding adults board maintained close working arrangements despite changes within the police service and staff turnover, ensuring people received the right care in the right place.

Processes reinforced accountability and quality assurance. The local authority used structured feedback routes, such as joint consultative committees with unions and departmental forums, to shape policy and strengthen workforce ties to community priorities. Quality assurance teams worked closely with care providers and operational staff where risk panels and improvement plans were in place. This partnership-based approach ensured sustained service improvements and reinforced shared accountability for care quality. In terms of impact, these arrangements meant people experienced more coordinated care and safer transitions. For example, joint planning and commissioning with health, housing and voluntary sector partners improved service design and outcomes, meaning people had access to services that better met their needs and reduced delays in care delivery.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. The local authority worked with partners to pool resources and jointly commission services where this could meet shared objectives. For example, domestic violence and sexual health services were jointly commissioned with neighbouring boroughs, ensuring people could access specialist support without duplication of effort.

The Better Care Fund was used to improve hospital discharge processes and reduce delays. For instance, joint work under the Effective Discharge workstream reduced the average time between referral and discharge across the borough. This meant people returned home more quickly, reducing the risk of hospital-related complications and improving recovery.

Pooling budgets also supported innovation. The local authority held a section of the public health budget to provide micro-grants to voluntary and community organisations, targeting areas of greatest need. This funding enabled local groups to deliver services that had maximum benefit for people, such as improving access to sexual health and substance misuse support. In terms of impact, these arrangements meant people experienced quicker access to care and more tailored support. Joint funding allowed services to be designed around local needs, reducing inequalities and improving health and wellbeing outcomes.

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 local authority had developed strong and collaborative relationships with health partners, which shaped how care was delivered and improved outcomes for people. Care records showed that health professionals were involved in planning and monitoring care. Staff monitored skin integrity and referred concerns to community health teams, ensuring that health needs were addressed promptly. Staff described these relationships as positive and gave examples of how they worked together to resolve urgent issues. For example, a review team identified a person with significant pressure sores and immediately involved district nurses and GPs to arrange continuing health care quickly. This approach demonstrated how joint working reduced delays and ensured people received the right support at the right time.

Partners confirmed that these relationships were embedded at all levels. Acute trust leaders described daily contact with social work teams and said they could easily resolve operational issues by picking up the phone. They explained that regular meetings focused on improving services, such as developing digital solutions to enhance communication and streamline referral pathways. They believed these strong connections had reduced hospital admissions and created opportunities for innovation. This meant people experienced smoother transitions between services and avoided unnecessary stays in hospital, which improved their overall experience of care.

Partnership working extended beyond health and social care to address wider needs in the community. One partner told us the local authority had worked hard to create a marketplace for the VCSE organisations of all sizes. There was a 'local first' culture and opportunities specifically for smaller grass roots organisations. For example, the cost-of-living grant programme to support debt management, the public health engagement fund, and focussed work with asylum seekers and refugees. The sector was also supported to be innovative and to collaborate with each other.

Other initiatives included low-cost counselling and gardening services, which became popular and helped people maintain wellbeing. These services were complemented by digital inclusion training, which supported disabled people to stay connected and access information. By meeting social and emotional needs alongside health care, these projects improved quality of life and reduced isolation.

Integrated recovery hubs provided wrap-around support for people with complex needs. One partner described how teams worked together to support a person who was homeless and alcohol dependent. Social workers made daily efforts to find the person and build trust, while health professionals ensured safety and access to treatment. Regular case updates were shared at senior levels, showing how leadership remained connected to people's experiences. This collaborative approach meant people who faced significant challenges received consistent and coordinated support, which helped them feel safer and more valued.

The local authority also supported projects that placed people at the centre of decision-making. For example, one initiative brought professionals together to access medical records and link people to the most appropriate referral pathways. This integration ensured that care was tailored to people circumstances and avoided duplication. Partners highlighted that these arrangements created potential for innovation, such as developing digital tools to improve communication between teams. These improvements meant people experienced care that was more responsive and better aligned to their needs.

Through monitoring and evaluation, the local authority learned from these examples and used the insights to inform continuous improvement. Strong partnerships reduced costs by preventing unnecessary hospital admissions and avoiding delays in care. More importantly, they improved outcomes for people by ensuring timely support, addressing wider needs, and creating a more joined-up experience of care. This commitment to collaboration and learning demonstrated how partnership working had shaped a system that responded to people's needs and supported their wellbeing.

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 opportunities to encourage growth and innovation. Partnership working with voluntary and charity organisations had been a key feature of local social care. These collaborations helped identify and respond to a wide range of needs beyond statutory services. For example, during the pandemic, voluntary organisations set up food banks with support from the local authority. Food deliveries and volunteer networks not only addressed immediate needs but also uncovered additional issues such as mobility challenges and financial concerns. This led to referrals for unpaid carers' support and benefits advice, ensuring people received holistic assistance.

Examples such as low-cost counselling and gardening services offered by voluntary partners demonstrated how funding and commissioning from the local authority encouraged innovation. These services became popular and helped people maintain wellbeing and independence. In addition, digital inclusion training was provided to disabled people through commissioned projects, reducing barriers to accessing online services and improving connectivity.

Collaborative projects also focused on integrated care. For instance, multi-professional teams worked together to place people at the centre of planning. They accessed medical records and coordinated referrals, ensuring timely and appropriate support. This approach reduced delays and improved people's experience by making care more seamless.

These examples showed how local authority support enabled voluntary and charity organisations to expand their role, address diverse needs, and innovate in service delivery. As a result, people experienced better access to practical help, emotional support, and digital resources, which improved their quality of life and reduced isolation.
