

# Partnerships and communities

Score: 3

3 - Evidence shows a good standard

## 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

Partnership working to deliver shared local and national objectives

The local authority worked closely with several stakeholders on initiatives which would improve outcomes for people. There were good examples of joint working with health particularly where Better Care funding had been utilised to support specific projects.

The local authority worked well with the hospital discharge team. The 'Home First' project was a positive example of joint working with health which utilised a strength-based approach. The close partnership working between health and social care staff supported admission avoidance and enabled quicker hospital discharge. Staff told us that the section 75 agreement was in the final stages of completion, this legal arrangement formalised the strategic partnership between Derbyshire Community Services NHS Foundation Trust and the local authority.

The 'Team up' initiative was a new approach between health, social care staff and the voluntary sector. The approach had been designed to ensure a 'No wrong door approach' to support people when navigating health and social care. The project focused on 'Shared Care Records' and joint working to avoid repetition. The local authority is currently developing a dashboard to capture the key successes and impact of the range of team up activities. Staff told us that partners sharing the building and being available to discuss issues supported them in their work.

The local authority also told us of the strategic approach in relation to housing which included embedding proactive measures for health and wellbeing. The Derby City Health and Wellbeing Board (HWB) sat alongside the new Integrated Care Partnership which came into existence in 2022. Better Care Funding had been used to fund the 'healthy housing hub' and disabled facilities grant support with home adaptions and falls prevention.

Staff told us that relationships across Boards and trust providers were strong highlighting that relationships with Integrated Care System (ICS) Integrated Care Board (ICB) had become stronger during the pandemic. The local authority felt there was healthy challenge in the relationships and good integration and shared focus on prevention not just hospital discharge.

### Arrangements to support effective partnership working

Partnership working had clear governance arrangements in place, this included information sharing arrangements with various partners which supported staff to take a joint approach to support people's needs.

The section 75 agreement for hospital discharge had formalised the integrated work which had taken place between the teams over the previous years. The integrated teams had worked together to successfully reduce waiting times.

The Better Care Fund (BCF) was also used to fund several integrated work streams with health. The local authority had used this fund to support the local area coordinator project which demonstrated partnership working around prevention across the community in Derby. As of February 2024, 550 people were being supported through the local area coordinators project.

Partners told us the voluntary sector had the opportunity to share their voice through Community Action Derby. The information was shared at a range of Boards providing the opportunity to encourage shared learning about the community, this included the Health and Wellbeing Board.

### Impact of partnership working

The local authority had systems in place to monitor and evaluate the impact of the partnerships on working practices, the local authority is currently developing a partnership dashboard to ensure that key backlogs and impact can be evidenced.

Data related to the hospital discharge showed that the partnership project was on target to achieve its goals and had a successful impact on hospital admissions. Data related to the implementation of the 'team up' approach showed a successful increase in home visits and positive feedback from staff's ability to communicate with partners.

Arrangements around co-production work were in its early stages with the draft development of a co-production framework. Staff told us that there was a future aspiration to create co-production groups as they acknowledged challenges in consistently engaging with people. This meant it was currently difficult for the local authority to monitor the effectiveness of their partnership working in terms of the impact on people's experience and identify areas where improvements were needed.

### Working with voluntary and charity sector groups

The local authority worked collaboratively with the voluntary sector and the community to understand local social care needs. Local authority staff told us of strong relationships with the voluntary sector which allowed them to understand areas of the community. Staff told us that voluntary organisations managed the relationships with the community which allowed the community to have a voice. Frontline workers also spoke of their connections to the local community which supported them to signpost to services. Equality and Diversity Leads worked in partnership with voluntary organisations, and they felt that the relationship supported the local authority to have a shared understanding of the inequalities facing seldom heard groups. However, there were mixed views from partners about the effectiveness of these relationships with the local authority. Some confirmed their relationships had improved and with positive clear engagement. Others felt that they were not being listened to in a consistent way around the needs within communities and financial constraint had impacted their ability to deliver services. There was limited information on the areas of improvement for voluntary work however, there was an acknowledgement by the local authority that there were gaps in the available knowledge and engagement of specific seldom heard groups, this required further work to engage different areas of the community.

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