

Partnerships and communities

Score: 2

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

Partnership working to deliver shared local and national objectives

The local authority worked with the Integrated Care System (ICS) in shaping intentions and ensuring they meet the needs of the local population through collaboration among social care, health care and the voluntary and community sector representatives. The ICS had an Integrated Care Strategy (2023-2028), and the local authority had a shared focus on some of its objectives such as early intervention and prevention, health and wellbeing outcomes and health and care services. Plans included optimising technology and data, shifting funding to preventative approaches, developing their workforce, joining up local teams and specialist services. Wiltshire as a partnership had identified current assets they were drawing on such as supportive communities, existing partnership working, an above average health profile, high-quality services, a committed workforce and local industry and employment.

The local authority also worked across other types of partnership arrangements for example had been proactive in bringing together stakeholders in relation to military, mental health and safeguarding. There were partnership boards covering a range of priority areas in autism, unpaid carers, and learning disability. These boards had been used to inform and agree strategic priorities in areas such as commissioning for people with a learning disability and unpaid carers. Frontline staff told us about positive relationships between them and their colleagues in health services including within safeguarding, hospital discharge, mental health and learning disabilities services. There were shared workforce development initiatives and developing joint strategies.

There was mixed feedback from people using services and their carers about how effective partnership between health and social care in relation to mental health, transition services, and intermediate care services were in Wiltshire. For example, for one person, mental health services had joined up positively and agreed risk assessment and plans to improve their experience and outcomes. In contrast a partner service was concerned about veterans 'slipping through the net' caused by mental health and social care not agreeing who should provide support.

Where the local authority had integrated functions there was evidence of monitoring demand and capacity of services. There was forward planning to predict future demand, support flexible working, quantify funding gaps and improve positive impact on people.

Arrangements to support effective partnership working

The Wiltshire Integrated Care Alliance (ICA) had developed since its implementation in 2022. ICA leaders from the local authority, integrated care board (ICB), NHS hospital, community and mental health trusts, health and care providers, Healthwatch and the voluntary care sector agreed principles to work within place-based partnerships. The ICA oversaw Better Care Fund planning and monitoring. For example, the Better Care Fund was used to support carers, and services for people with mental health needs. Following engagement and a co-production approach with unpaid carers, new assessment and support contracts had been awarded together with a 24/7 digital information and support to improve their experiences. For people with mental health needs, the community enablement service had received extra funding to expand its offer to more people.

There was no formal partnership agreement for services across the mental health trust and the local authority. We heard health and social care managers met regularly to support service delivery specifically to reduce risks and improve outcomes for people. However, this was not extended to the voluntary sector, which meant some people may not have received the same joined up support as others.

The local authority had a joint funding matrix for health and social care funding agreements to provide timely support for people requiring services. The matrix was due to be reviewed with an agreed focus that joint arrangements would be person centred, for example offering choice through direct payments. It was identified there was more to be done by partners in joining up work around an individual, rather than arranging what services were provided by which partner. However, there was a real commitment from health and social care partners to improve working together with a co-production approach favoured to ensure the person was the starting point for planning.

Impact of partnership working

The Integrated Care System (ICS) was formed in 2022 before this the group of public services had not been a formal partnership. Therefore, there were evolving relationships and priorities. Strategic partners and senior leaders acknowledged challenges around partnership working which had impacted the development of system thinking to promote joined up health and care for the benefit of the whole population. Working with different management styles, transparency about funding and financial controls, agreeing agendas around what constituted as preventative approach and planning integrated service offers, were all areas that required further work to build collaborative and meaningful partnerships that start with people and focus on what really matters to people in Wiltshire.

There was a shared approach to provider quality across the local authority, integrated care board and CQC, joined up working informed safeguarding concerns as well as regulatory compliance, with regular information sharing between health and regulation partners. Staff spoke positively about this with good sharing of information and intelligence to ensure that where people were funded by health, staff had access to information about the quality of provision to make informed decisions. Other examples of the impact of partnership working in Wiltshire included some reduction in the number of people waiting to be discharged from hospital using the care provider trusted assessors model, co-location of mental health services delivering joined up work across community teams, and development of services for people with learning disabilities. The local authority was committed for local people with care and support needs to receive high quality services and had a preference to keep services in-house to ensure high quality. However, partners told us this comprised the spirit of partnership working. There was a need for system thinking to make the right decisions about service changes, how money is spent and improving safety, experience and performance together.

The local authority was in the early stages of evaluating the impact of its partnership working for people being discharged from hospital. The Better Care Fund was used to pool budgets to provide and review hospital discharge pathways. The local authority was exploring differing ways to provide integrated services rather than formal integration, with a focus on the benefit for people with care and support needs. For example, working together to support people in their communities and developing solutions together could benefit system resources such as finances and staffing, and as a result positively impact more people's experiences. The local authority demonstrated they were an active partner within the ICS especially in encouraging a prevention agenda. However, there remained more to be done to help understand complex problems, improve decision-making and promote sustainable solutions by considering the interconnectedness and interdependencies between health and social care. This included defining responsibility and sharing of outcomes and risks. The local authority acknowledged there was always room for improvement and welcomed scrutiny to enhance people's experiences.

Working with voluntary and charity sector groups

The local authority funded voluntary and charity sector groups to work for them to understand and meet local social care needs. Partners told us there were gaps in providing support to smaller groups and, how uncertainty of funding and competitive procurement decisions was a challenge for the voluntary sector. Many opportunities for funding were short-term, making it difficult for them to plan for long-term projects or maintain continuity of services. The need to reapply for funding could cause strain on resources. This was particularly challenging for smaller organisations with limited administrative capacity.

Small charities are an integral part of communities. They often serve as expert support, a number for people to call for advice, and a welcome safety net during a crisis. Funding from the local authority was often directed toward specific priority areas, which did not always align with the needs or goals of people in the area. This could limit the availability of support for seldom heard people accessing small and local projects or communities.

Larger organisations tended to have a better experience of partnership working. For example, a charity met with the local authority every month to discuss ways of working and what needed to happen. They had actively been involved in the development of the Dementia Strategy and described meetings as honest, open and had felt listened to.

A voluntary and charity sector group that was commissioned by the local authority, told us they were working with commissioners, strategic partners and the local authority's engagement team to improve strategic relationship and refresh an agreement between local authorities and voluntary organisations. Some partners felt historic workshops held had been unsuccessful, and described actions taken as not followed up. However, there was increasing commitment to improve communication and support, and the local authority was described as 'wanting to do the right thing'. For example, we heard about Community Engagement Managers employed by the local authority for children and families to create welcoming and inclusive communities by supporting and enabling groups and individuals, which was extended to adults with care and support needs. There were 'Area Boards' across Wiltshire which supported local decision making within communities. There were 18 Area Boards across Wiltshire, with each one holding delegated powers and devolved budgets to facilitate community action at a local level. The boards coordinated local Health and Wellbeing groups that brought together representatives from the voluntary and community sector, local health partners, and the local authority including elected members. Adult social care managers were each linked to a Health and Wellbeing Group. This supported the local authority to be embedded in local communities, connected to local groups and services and listen to what is important to people living there. These groups evaluated local evidence and data, developed projects, identified gaps in provision and made recommendations to the 'Area Board' on how to allocate their devolved funding.