

Partnerships and communities

Indicative score:

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

Individuals and groups told us about active engagement with the local authority, coproduction and partnership working as people living in the city, or as providers of statutory, independent, or voluntary sector services across health and care. Some people we spoke with described it as a full partnership, especially people who live in the city, and who use services. Council members and senior leaders were noticeably confident in the local authority's approach and positive about partnership working and integration with health providers. Leaders and staff within the organisation were committed to, and could show evidence of partnership working, and co-production on many levels and in many service areas. One example of this was the joint work between the social work team based in the hospital and the housing teams. One of the social work team focused on identifying people who were frequent visitors to A&E, mostly due to issues associated with homelessness. They worked jointly with the hospital staff and housing to ensure that people were supported to have emergency housing while other options were considered with them to best meet their needs. This had a positive impact for the person concerned as well as a positive impact for the provision of emergency healthcare to others.

There were processes in place, and planning paperwork and evaluation documents reflected that co-production, partnership and engagement with community stakeholders was intentional and effective.

Most people expressed high levels of satisfaction with the local authority's co-production, partnership working and engagement. Voluntary sector partners, Healthwatch, the Independent Safeguarding Adults Board chair and many providers spoke of their involvement, and evidence of co-production. The Integrated Care Partnership (ICP) chair told us they had strong relationships with the local authority and were involved in joint planning and joint strategies with a clear vision, but that some challenges remained regarding delivery. Learning, especially in relation to safeguarding practice and from research they had commissioned, was shared across the ICP.

When discussing co-production with user-led groups, we heard about the range of opportunities for people to get involved. They spoke positively about this but also said that there had occasionally been some barriers to being involved, due to difficulties in attending a meeting. There were also some concerns voiced that it was not always easy for some people to give their views if appropriate consideration had not been given to people whose first language was not English or for those who found it hard to use computer-based options. We heard from one provider of residential care services who felt that not enough was done to ensure that people with a learning disability were supported to take part in co-production.

The local authority told us about the range of ways it seeks to address barriers to engagement. These included having a mix of in-person and electronic meetings and arranging transport for people who would otherwise have difficulty participating. They also told us about making arrangements for BSL and other interpreters at in-person public meetings for people whose first language isn't English to have an interpreter. Based on the feedback received, further work is required to ensure that these measures do enable anyone who wants to participate in engagement.

Healthwatch told us they felt their input was valued and that they worked in partnership with the local authority. In last 12 months, they noted an improvement of integration and co-production, which was attributed to the implementation of the 3 conversations and strength-based approach to assessment. They also observed a positive culture shift in the local authority, which was in keeping with other feedback we heard.

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