

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 partner agencies effectively around hospital discharge. The RIACT team worked well with the discharge team, and we heard lots of examples about ease of communication between partners and social worker teams. Staff said these partnerships prevented inappropriate referrals and discharge arrangements. Case tracking also demonstrated strong partnerships across pathways for people, for example the local authority referred a person for tests and medical examinations when appropriate and there was good information sharing between health professionals and social workers in support of a person's care. Leaders described an understanding of the discharge from hospital work and demonstrated pride in it, and the way partners worked together. Staff attended local community resources to engage with them and describe the role and purpose of social care and they had mapped out the groups they need to speak to. We found the local authority to be committed to sharing intelligence in partnership with health colleagues.

Adult social care and public health were working together to further develop the local approach to suicide prevention, including a refresh of the suicide prevention strategy, in response to a rise in the suicide rate. Work was also underway with public health to increase access to support, such as stop smoking and drug and alcohol services, informed by local need and available data.

The local authority had set up a single case management system which collected demographic data on people using drug and alcohol services. Following a grant being provided by the government they commissioned an organisation led by those with lived experience to provide a comprehensive recovery offer.

Leaders and partners described a system where people worked together in a strong partnership. We found staff generally worked well together, across different teams and with external partners, to the benefit of people. For example, we heard about a joint holistic assessment for a person being worked on in partnership to find the most appropriate specialism, involving staff from long-term social work, mental health and safeguarding colleagues.

Partners agreed the local authority had good partnerships with the local community, businesses and other bodies including the police and fire service. Some feedback from staff highlighted the desire to improve relationships and joint working between education, children's and adults teams.

The out of hours service was commissioned across the 5-borough area, and we found the local authority was responsive and had a good relationship with them. Challenges and issues were discussed openly including for example, around how to support people having a lack of access to food and money in an emergency. A credit card was provided to the team to address this.

There was strong partnership working within the 5-borough arrangement in the ICB area, for example around mental health beds, addressing issues with flow and people who could be better supported in the community. We heard there was also a 'falls collaborative' which was a group of partners working to reduce falls and resulted from partnership at place level. Healthwatch had fed peoples experiences into the project around falls and the outcomes of falling for people.

Partnerships and system working were a priority for leaders who described the geography and landscape of partnerships and could clearly articulate what was done where and why.

Arrangements to support effective partnership working

The Better Care Fund (BCF) 2024-2025 included initiatives around carer support and collaborating with system partners to support parent carers. We also saw partnerships which included the enhanced health in care homes forum and the Tees Valley care collaborative involved social workers, GPs and dietitians to enhance care in areas like medicine medication management and winter preparedness. There were regular 6 weekly forums between the local authority and care providers and home care providers with market engagement sessions to discuss best practice service models and processes.

The local authority actively collaborated with partner agencies to integrate care and support services and improve outcomes for those needing care and unpaid carers, while reducing inequalities. Key partnerships included forums and initiatives with stakeholders such as the pooled budget partnership board, systems pressures group, local accident and emergency delivery board, enhanced health and care homes forum, Tees Valley care collaborative, Darlington locality oversight group and Darlington voluntary and community sector collaboration group. There were collaborative regular assessments of care market resilience and support for both primary and secondary care services during winter pressures and vaccination efforts.

There were high levels of people remaining at home following discharge from hospital or reablement and the systems pressure group had focused on improving discharge arrangements from acute care supporting step-down and step-up services, to good effect. Section 75 arrangements worked well in terms of pooled budgets as part of the BCF.

A BCF delivery group oversaw the programmes, ensuring projects achieved key metrics. The locality oversight group assessed new proposals and gave a system wide perspective on feasibility and impact, while the pooled budget partnership board evaluated recommendations and managed ongoing programme performance. We found there was an effective coordination through this partnership.

The BCF narrative 2023 to 2025 showed plans had been made collectively with partners and a number of operational working groups that focused on key programmes including enhanced health in care homes, frailty pathways and discharge planning.

The health and well-being board was well used as a forum across health and social care to understand the population and enhance the local health and care partnership. Leaders, staff and partners agreed the joint working undertaken was good and relationships between senior leaders were strong. Partners and leaders said strong hospital discharge performance was a direct outcome of these relationships.

We heard there was parity between the local authority and NHS. Although we heard some accounts of difficulties in communication between local authority and NHS mental health teams, we heard mostly positive accounts about co-location and multidisciplinary teams. Partners also said there were strong links between the mental health NHS trust and the safeguarding team. The RIACT team were also co-located and integrated with community health services such as district nurses staff said there were positive impacts of their joint working and ease of communication.

Healthwatch were utilised effectively in supporting partnerships. For example, Darlington organisations together (DOT), facilitated by Healthwatch, was visible and impactful. For example, a resource bank of organisations was created for specific pieces of work. Healthwatch recently met with the local authority workforce development team and had bi-monthly meetings which mental health staff attended. We found there was regular contact between Healthwatch and the local authority and a good working relationship. Additionally, a learning disability network meeting was attended by multiple VCSE partners.

Housing and adult social care were part of the adult operational group and staff said these relationships worked well.

Impact of partnership working

We found the local authority monitored and evaluated the impact of its partnership working and this informed ongoing development and continuous improvement.

Staff said they could access equipment through their partnership with health colleagues and had effective partnership working relationships. For example, after a person had self-discharged a social worker used their relationship with health colleagues to secure equipment to support that person at home which was installed the same day. Another example included when 'experts in practise' (social workers with specific expertise) had been able to support work at the local university, shaping social work research and bringing frontline social workers into research. Staff said this work had enabled them to bring up-to-date research into their work to help improve services for people.

Working with voluntary and charity sector groups

The local authority worked with the local VCSE group to tackle social isolation, financial inclusion and support for young people. The mental health well-being hub provided access to assessments and referrals into community services. There was also an outreach 'connect' service for those unable to attend the central hub. A steering group included carers and local organisations to oversee the development and monitoring of the carers strategy.

Partners said there were positive partnership working relationships between the local authority and VCSE agencies, a steering group was attended by partners, the VCSE sector, NHS and local authority, including elected members. Partners agreed the local authority was a good partner to them and took their views into account.

People said local VCSE groups were valuable to them and provided support. We heard from staff the VCSE Sector had been commissioned by the local authority to provide preventative 'tier one' services. Leaders told us there were 15 services commissioned from the VCSE sector that focused on adults. The ICB board also incorporated commissioning arrangements for the VCSE sector. Staff gave examples of people using signposting services, a person who was supported by family as their main carer was supported to apply for benefits by the carers organisation. Staff told us about wider support services available for people such as meal delivery services, food banks and socialising opportunities for older people, offered by the VCSE. We heard an example of transport into the town centre being offered for people to do shopping.

The VCSE were regularly involved in governance panels, such as at the scrutiny committee, which helped them hear the voice of people. The local authority was responsive to the VCSE sector and used them to understand communities better. One organisation was provided with funding to provide trauma-counselling following them providing evidence of need to the local authority. A young carer service had also been supported and funded to begin work in April 2024.