

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. There was a strong vision in the Oxfordshire Way, which placed partnership working with the NHS and the voluntary and community sector at the heart of system change. There was a focus on developing a structure that sought to embed partners in the governance processes with the aim of collective response and delivery of the prevention agenda.

The local authority developed a Promoting Independence and Prevention Group (PIP) in 2021 to support the prevention agenda within Oxfordshire. Its membership was drawn from the NHS, the local authority, Public Health, and voluntary sector organisations. There were regularly scheduled meetings with the Director of Adult Services, which was an open table where they felt able to discuss their ideas, provide comments, and share concerns. The PIP group shared information and outcomes with the Health and Wellbeing Board and the Prevention and Health Inequalities Forum.

The Better Care Fund plans were owned and approved by the Health & Wellbeing Board on behalf of the local authority and Integrated Care Board and other partners. Senior leaders told us the Health and Wellbeing Board had been effective in ensuring a better integration between the council, district, and health partners. It was described as a powerful group of people to deliver the Oxfordshire Way. The board provided the authority with the opportunity to jointly develop services and discuss preventative initiatives for the community.

The local authority had a joint commissioning function with a pooled budget under s75 of the NHS Act 2006. The s75 agreement was significantly revised in June 2023 and incorporated with the Oxfordshire Better Care Fund. The s75 agreement covered a range of services. There were performance measures in place to provide oversight of the effectiveness of the work undertaken through the s75 agreement.

The agreement included a mental health outcomes-based contract; reablement services; community equipment services; step down short stay hub bed pathway; dementia support; and services for carers. The local authority had strategically integrated aspects of its care and support function to work collaboratively with partners. There were areas where there were improved outcomes for people. For example, effective hospital discharge as Oxfordshire now had one of the lowest delays in the region and the reduction of the number of people being referred to pathway 2 beds. However, the local authority was still developing the offer, and partners and the authority felt that there were still gaps in support. For example, there are gaps in unpaid carers not receiving adequate information and the limited provision of care and support services for adults with mental health and those that were moving on from rehabilitation. Senior leaders highlighted areas that required further development to meet the needs of people. The local authority worked closely with the ICB to continue to develop a stronger understanding of what was needed to be delivered as part of the Place offer.

Both staff and leaders spoke of the positive relationships with district councils. Leaders highlighted that Oxfordshire had developed good working relationships by identifying opportunities to work together in areas such as planning for care homes and homelessness. The Disabled Facilities Group had been established by the County and District Councils to coordinate efforts across the five districts to manage where monies were distributed in the localities. The group was exploring ways to increase options for applicants by considering alternative housing solutions, such as extra care housing, and opportunities through equipment and technology-enabled care.

The local authority felt the recent restructuring of the Integrated Care Partnership (ICP) to create an overall Place Director across its wider footprint would negatively impact the Place-based approach in which Oxfordshire was progressing. In response to this, It had proposed the opportunity of jointly funding a Place Director with health to ensure that the place needs of the county were maintained and worked in the interest of people who lived in the county.

Arrangements to support effective partnership working

Oxfordshire had governance arrangements to support effective partnership working. The s75 agreement specifically provided strategic and operational advantages because of pooled budgets, it also provided a collaborative platform to discuss wider systems change. Staff described working closely with commissioning teams and the ICB to develop a stronger understanding of what could be delivered as a place. Work was undertaken to ensure the alignment of strategies that had positively shaped productive and effective commissioning arrangements, as well as being in line with the Oxfordshire Way. They told us about work completed with Local Area Co-ordinators informed the commissioning team's priorities including services that may be needed in the future.

Operational boards provided the opportunity to work with partners and partnerships and monitor the effectiveness of areas such as the Better Care Fund. Staff told us that the Better Care Fund metrics had been used in commissioning to ensure the development of a system wide approach to monitor how commissioning is performing. Oxfordshire's commissioning reports were also presented to the Health and Wellbeing Board and Place Based Partnership as this supported engagement and transparency.

The local authority was aware of the importance of the VCS and recognised the structure and approach needed further consideration. Senior leaders told us that the local authority continued to invest in the VCS to support early intervention and prevention work. The response from the VCS to the Covid 19 pandemic helped the local authority to have a different conversation with the VCS about how it worked with the county council and strategic partners to deliver adult social care and preventative services to people in Oxfordshire. However, there was still work to be done in this area to embed the experiences of the VCS and community to ensure that there was a meaningful partnership.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working with the use of KPIs that informed ongoing development and continuous improvement. There were clear improvements in waiting lists in areas such as hospital discharge and across adult social care, with partners working together to ensure frameworks that met the care and support needs of the community. The local authority's report for 2023-24 highlighted that it was on track to meet the targets for areas such as the rate of permanent admissions to residential care and the proportion of older people 65 and over who were still at home 91 days after discharge.

The authority had noted there were positive successes in many areas including the quality and responsiveness of the provider market, particularly the providers on the Live Well at Home reablement and domiciliary care framework. The pooled budget provided partners and the local authority with the ability to jointly strategically plan for the future. Oxfordshire was extremely positive about the authority's approach to joint working and was proud of the system and the efforts that were made to pool budgets and think strategically with one voice. A preventative strategy had just been developed at the time of our site visit. The creation of a framework to measure the impact of prevention work specifically to address health inequalities with wider partnerships was also planned. Until this work had been fully completed and embedded, the authority would be unable to fully understand the impact of partnership prevention work on people accessing services.

There was still work to be done in many areas for the local authority to meet some of the KPIs set. Recruitment challenges remained a consistent issue for several providers, restricting their ability to meet demand. However, the local authority told us that while some providers may find it difficult to recruit and therefore may be unable to meet some demand locally but as a system, it believed there was sufficient capacity. The authority recognised the key challenges from partners around the hospital discharge policy and acknowledged the population's confidence in the home first and independence-focused approaches were not as strong as they could be. Although the authority used KPIs, particularly around the Better Care Fund to understand and develop the effectiveness of partnership working, further work was needed for the local authority to fully incorporate the use of co-production and the experiences of people consistently to understand the impact of service delivery on desired outcomes.

Working with voluntary and charity sector groups

The local authority worked with VCS organisations and supported improvement to influence the sustainability of organisations. However, there were gaps in effectively utilising the voluntary sector to understand and respond to the needs of the community.

The local authority acknowledged a key part of the Oxfordshire Way prevention agenda was through an asset-based community approach. The local authority had undertaken initiatives to support the VCS specifically using grants and the Better Care Fund to prevent or delay the need for statutory services. Partners told us of funding streams they had accessed which included the Capacity Grant, Cost of Living Grant, and Step Change Funding.

Communities of Practice (CoPs) were funded by adult social care, which brought together practitioners and professionals working with older people and those with additional needs every month to ensure a person-centred approach. It was also an opportunity to promote awareness of the local VCS offer. Partners highlighted the positive relationships they had with the authority. However, it was not consistent across the VCS and some organisations had very little involvement with the authority. The VCS partners highlighted that the local authority commissioning team engaged well, and work had begun to involve more members in co-production. There was recognition that local authority grants were a positive funding stream, and the opportunity to be a part of partnership meetings was also highlighted as inclusive.

However, the risk in the use of short-term funding created an element of insecurity and instability making it difficult for VCS partners to plan and build services. The local authority's approach appeared fragmented to the VCS, focusing on specific requirements rather than considering whether different budgets could be pooled and used more effectively. Partners identified a gap in embedding the VCS fully and agreed with the local authority that there needed to be a long-term commitment to ensure this happened. Senior leaders told us the local authority recognised the need to invest in communities as it was an important part of prevention. The financial risks of the VCS, and the need to look at how partners could work together to build a strong sector in the future were also recognised.

The local authority worked hard to seek wider partnership opportunities to support people and described a rich, diverse community of organisations they worked with, in line with the Oxfordshire Way, and recognised it could better connect across local communities to strengthen the formal connections with the voluntary and community sectors.