

The full report spotlights **11 case study examples of promising approaches** across England and Northern Ireland. These shine a light on how a shift in relationships towards **mutually respectful and trusting adult-to-adult partnerships** between the social care sector and the wider health and care system has led to **widespread positive outcomes**.

IMPROVED OUTCOMES THROUGH PARTNERSHIP WORKING: A VISION FOR SOCIAL CARE

SUMMARY OF CASE STUDIES



Click a location to navigate directly to that location's summary

Use the **home button** to return to this page



● **Sefton: How an emergency catalysed transformational change**

During the Covid-19 pandemic, Sefton invested in developing and supporting registered managers of care homes and built their confidence to engage with commissioners via the Care Home Cell. Post-pandemic, they redesigned the care provider forum giving registered managers more influence and time for reflection.

Outcomes: A culture of more equal partnership working has become embedded. While it is difficult to prove a direct causation, over 80% of care homes have a Good or Outstanding CQC rating.

Lessons learned: Investing in registered managers' confidence and skills helped them become stronger leaders and more effective system partners. Redesigning care provider forums to be chaired by care managers, with time for peer support and shared agenda-setting, fostered genuine collaboration.

● **Midlands: Improving care quality and value for money**

A nursing home in the Midlands, already working closely with the local NHS Continuing Healthcare (CHC) team, helped shape a more flexible approach to commissioning. The registered manager recognised that rigid staffing models were not responsive enough for someone with complex, fluctuating needs.

By building trust and sharing insights from the front line, the provider and CHC team co-designed a more adaptable funding arrangement. The council's adult social care team also worked differently, responding to safeguarding concerns through dialogue rather than defaulting to compliance.

Outcomes: The individual received more personalised care, and the ICS saved approximately £50,000 per year, per person.

Lessons learned: Adult-to-adult partnerships are rooted in trust, mutual respect and flexibility - enabling joint problem-solving and a shared approach to risk.

● **South West: Better strategic and operational decisions at place level**

In one South West county (who preferred to remain anonymous), the local care association is seen as a strategic partner. Council leaders, care providers, NHS partners and others invested time in building trust - through one-to-one discussions and a shared recognition of providers' limited capacity.

Financial support was agreed to enable providers to participate fully. Leadership development, including system shadowing and board roles, created future care leaders who could contribute meaningfully to the ICS.

Outcomes: The care association now manages its own workforce strategy aligned with the ICS People Plan, leads the Trusted Assessor programme, supports health promotion, and provides early warnings on market risks.

Lessons learned: Strong adult-to-adult relationships are built on trust, financial fairness, inclusive leadership and clear roles - enabling more effective and sustainable system working.



● **Northeast London: Innovation, engagement and recruitment**

Care Providers' Voice (CPV), a care association formed during the pandemic, has become a trusted partner to all seven Northeast London boroughs.

From April 2024, local authorities agreed CPV would lead on several core programmes. This shift reflects a strong culture of mutual respect and shared purpose. CPV coordinates directly with councils to lead recruitment, provide sector intelligence, and support cost-effective training across the region.

Outcomes: CPV's leadership has improved recruitment outcomes, widened training access, and enabled better insight sharing. Their input has strengthened contract specifications and raised the profile of the provider voice in system decisions.

Lessons learned: Adult-to-adult partnerships flourish when care providers are trusted to lead. Delegating responsibility builds ownership, strengthens collaboration, and ensures real-time system insight.

● **Hertfordshire: Reducing pressure on councils whilst supporting care providers**

Hertfordshire Care Providers Association (HCPA) is a well-established, independent association supporting over 760 providers. With more than 70 staff, it delivers training, mentoring, recruitment, inspection support, and a telephone helpline.

Funded through a council contract but organisationally independent, HCPA facilitates inclusive engagement through forums, surveys and meetings. It gathers and shares insight across the whole sector - from homecare to residential - without favouring any provider group.

Outcomes: HCPA resolves issues early, reducing pressure on the council. It supports NHS-aligned training and shares intelligence from care staff, families and clients to inform faster, more responsive system decisions.

Lessons learned: Adult-to-adult working benefits from impartial representation, mutual trust, and clearly defined roles. Independence enables honest dialogue and helps align local authority and provider priorities.

● **Dorset: Trusted assessor and hospital discharge**

In 2023, Dorset Care Association launched an independent Trusted Assessor service with Dorset Council and the ICS.

Assessors - often former care managers - work for providers, not the hospital discharge team. They review medical notes, attend ward rounds, coordinate welfare checks and discharge logistics, and ensure care providers are informed and confident before accepting people into their services. The service operates six days a week, with tailored support for people with complex needs.

Outcomes: More than 2,500 discharges have taken place with no failed placements or readmissions. The service is now seen as essential and is being rolled out in new areas.

Lessons learned: Clear roles, sector expertise and mutual trust underpin effective adult-to-adult partnerships. Independence and credibility ensure safe, timely, person-centred hospital discharges.



● **South Warwickshire NHS Trust: Enhanced Health in Care Homes Model**

South Warwickshire NHS Trust reshaped its approach to care home engagement through the Enhanced Health in Care Homes Model. Previous working groups included only health system representatives, and early efforts to involve care homes failed.

A second recruitment round, with a more positive tone, succeeded in engaging a few registered managers. One challenged the group to “talk about what’s going well” - prompting a shift toward sharing good practice.

Outcomes: A Collaborative Group now includes registered managers as co-leaders. This has improved understanding, engagement and shared solutions across the system.

Lessons learned: Adult-to-adult partnerships grow when care homes are treated as equal contributors. Highlighting strengths, not just problems, builds confidence and genuine collaboration.

● **West Midlands Care Association: Cult of personality**

The West Midlands Care Association (WMCA) noted a stark contrast between local authorities - with one standing out for its consistently open, respectful and responsive engagement.

A regular Strategic Providers Group created space for genuine dialogue, with senior, stable leadership from the council. The local authority was clear about its remit and honest about limitations. When concerns were raised, it followed up - often conducting deeper dives to understand harder-to-reach providers.

Outcomes: The result was a more confident, collaborative provider community. WMCA became a trusted intermediary between the sector and commissioners.

Lessons learned: Adult-to-adult relationships are built through consistent leadership, transparency, and trust in intermediary organisations to amplify provider voices safely and constructively.

● **Northern Ireland: Relationship with the regulator**

My Home Life Northern Ireland (MHL NI) worked with registered managers who, in the very early stages of the My Home Life NI programme (2014/2015), described their relationship with the regulator - RQIA - as formal and exclusively focused on the inspection process.

MHL NI invited a senior inspector to a leadership support workshop, creating a non-inspection space for open conversation. This began an honest dialogue about confusion, myths and barriers. The regulator began attending regular MHL workshops and invited MHL NI to engage with a new initiative they were rolling out on Inspection Support Volunteers.

Outcomes: RQIA is now seen as a supportive partner and an important resource to support the work of care home staff. Registered managers feel more confident to speak openly, enabling earlier identification and resolution of issues.

Lessons learned: Adult-to-adult partnerships between regulators and providers depend on shared language, mutual respect and safe spaces for honest exchange - outside the context of judgement.



● **England-wide: Better Security, Better Care (BSBC)**

The Better Security, Better Care programme helps adult social care providers manage data securely and complete the Data Security and Protection Toolkit (DSPT).

A decentralised model was adopted from 2021, working through local care associations, and in some instance NHS partners, as Local Support Organisations (LSOs) who used an adult-to-adult, peer-based approach.

Outcomes: By June 2025, over 76% of providers had published a DSPT, up from 15% in 2021. Engagement improved significantly, even among smaller and hard-to-reach providers.

Lessons learned: Adult-to-adult engagement, rooted in local relationships, builds trust and confidence. National initiatives succeed when local partners are involved and they lead, listen, and speak the same language as providers.

● **Lincolnshire: Enabling the homecare market to run itself**

Lincolnshire redesigned its homecare model by appointing a lead provider in each of its 11 localities. These providers coordinate all care in their area and must subcontract at least 10% to others, sustaining a diverse market.

Weekly virtual meetings bring providers and professionals together to focus on individual needs and safe discharges. Direct communication replaces intermediaries, enabling fast, collaborative responses.

Outcomes: Discharges are more timely and coordinated. Providers and health professionals work more closely, taking shared responsibility for managing risks and keeping people at home when possible.

Lessons learned: Trust, shared accountability, and direct dialogue are the foundation of adult-to-adult working. When professionals coordinate as equals, system responses become faster, fairer and more person-centred.

See the full report at: myhomelife.org.uk/partnership-working.