

# 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

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The local authority had a 'community vision' for 2030 which was created with the involvement of partners and people across the county. This set out the underlying principles and expectations for partners to improve the way they worked together in delivering the ambitions of the vision and achieving the best possible outcomes for people.

Joint programmes with health included a focus on better outcomes for older people and on mental health. These aimed to achieve greater levels of joined up working, the most effective use of resources and integration focussing on a multi-agency approach.

Staff noted joint working with health had improved. Work had taken place between the local authority and health partners in relation to improving approaches to the understanding and interpretation of areas such as continuing healthcare, which historically could be contentious between them. These approaches had received positive feedback and had resulted in reductions in areas such as disputes and delays occurring.

Staff explained that efforts had been made in co-production and community engagement, focusing on addressing barriers, integrating feedback, and ensuring fair representation of diverse voices. Initiatives had been developed to support displaced communities, including tailored programs and partnerships. Training on cultural competence and multilingual support had been critical in addressing language and cultural barriers. Focus has been on building strong partnerships with various organisations, for example, working with charities where engagement with individuals with lived experience of poverty to influence local policies and support services. However, some partners felt that clarity was needed about the expectation of standards where something was described by the local authority as being 'co-produced' to be clearer what this actually meant.

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Strong governance and quality assurance processes enabled voluntary and community services to represent unpaid carers voices at a strategic level through a number of partnerships including the integrated care system and board. A Carers Conference had been attended by local authority councillors who then commissioned new strategies to try to better reach out to unpaid carers across Surrey.

## Arrangements to support effective partnership working

Two integrated care boards operated within the Surrey local authority footprint, Surrey Heartlands and Frimley. Good working relationships with health partners were in place. The local authority had good governance arrangements within the Integrated Care System which were reviewed regularly. For example, health partnership meetings ran on one day to maximise the effectiveness and commitment to these meetings. They embraced the integrated care partnership model and improving the wider determinants of health. As partners they had developed an approach around the towns and villages footprint that identified 29 places that were considered natural communities, not based on service borders. Work was underway to better understand these communities by using data and seeing if this was reflective of people's experiences in these areas. There were embedded teams in hospitals which worked well and there was joint working on strategies including housing and mental health along with health partners.

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The local authority relationship with the mental health trust following the ending of the section 75 meant re-establishing relationships and roles. A section 75 agreement is an agreement between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners. Over the last 9 months a set of priorities had been agreed in terms of how they worked together. Senior staff noted demand for local authority staff working in mental health was very high with daily challenges including homelessness and housing. Work had now improved the discharge pathway but further work was needed in relation to managing capacity. Staff were being asked to deal with very complex cases and they were trying to support better decision making where people didn't have eligible needs but felt the benefits of this work were yet to be realised. Staff were aware that some conversations were starting in relation to this but expressed some concerns in terms of managing the complexities of people's mental health needs safely.

A 100 Day Challenge had taken place with the aim to overhaul the hospital discharge processes. This initiative sought to address inefficiencies and enhance people's experiences through standardised procedures and improving interdepartmental working. Staff came together from various teams and hospitals to collaborate, agreeing actions then meeting every 25 days to allow for continuous feedback and adjustments, so issues could be addressed promptly. The challenge concluded very recently, and feedback indicated a significantly positive impact, with hospitals adapting and continuing to refine their practices.

## Impact of partnership working

The Better Care Fund plan 2023-25 focused on supporting Surrey's ageing population in relation to prevention and early intervention. Examples of joint commissioning and integration included the integrated intermediate care service and reablement service. Also, frailty programs linked to other admission avoidance schemes, including falls prevention work through regular multi-disciplinary teams that bring together all areas of health, social care and other statutory services.

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One partner told us about partnership working in relation to support for unpaid carers. The best way of identifying carers was through GP's. They explained that support for unpaid carers was not just the local authority responsibility and there were two new posts within the joint carers team in health to support GP's. There were 3 main voluntary and community organisations supporting unpaid carers in Surrey. These organisations were jointly commissioned through the use of Better Care Funding and enabled joint working on projects.

Staff told us teams were responsive and adaptable to change. There had been additional work with housing and community partners in relation to support for releasing prisoners early mainly in relation to housing but also through a social care lens.

Partners explained when working to annual funding processes with the local authority, late confirmations of continuing funding meant voluntary organisations had to take on 'good faith' that funding would be approved to enable projects and staffing levels to continue which could be challenging.

## Working with voluntary and charity sector groups

A "Planning for Your Future" campaign had taken place in collaboration with a national charity and the local authority, which successfully targeted self-funders to encourage early planning to prevent crises. The campaign had been well-received, with 600 people attending events.

Partners told us the local authority used information from public health to gather people's experiences and influence change. The local authority would check with the voluntary sector to see if the research collected was reflective of what people were expressing to them. Feedback showed the local authority was active and attended many community engagements. For example, one Ukrainian group had a dedicated local authority worker to support them.

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One partner suggested co-production could be difficult at times due to the reduced resources the voluntary sector received. A number of preventive services in the community had closed down and there was still a lot of work to do as the need for services was growing.

Partners told us they were happy with the communication between themselves and the local authority overall and they were invited to appropriate meetings including those at a strategic level. They felt partnership working and communication had improved, and they were being consulted and involved in decisions now. Some positive initiatives included the commissioning team employing people with lived experience.

Feedback from partners was successful collaboration had led to some favourable outcomes, and when the right people worked together, the results were generally effective. Ensuring all stakeholders were involved was key however, and input and collaboration was lacking from the charity sector at times, which they felt could lead to decisions being made without truly incorporating the sector's valuable insights and experiences.