Partnerships and communities

Indicative score:

3 - Evidence shows a good standard

What people expect:

“I have care and support that is co-ordinated, 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

The local authority aligned its locality teams to 3 areas within the county: Ipswich and East Suffolk, West Suffolk, and Waveney. There were 2 integrated care systems, Suffolk and North-East Essex, and Norfolk and Waveney. Although there were close partnerships across these areas, this added an additional complexity of also working for the local authority.

People gave us positive feedback about staff working in partnership to co-ordinate care. One person said the care and support for their family member was completely co-ordinated with them as a carer and they appreciated this. Another person told us it was clear their social worker had liaised with housing and the care provider to ensure they had a plan of care they were satisfied with.

The local authority's 'People at the Heart of Care' strategy had 'building strong partnerships' as one of its ongoing ambitions. Staff and health partners told us about mature valued partnerships between them, which were embedded well across the 2 integrated care system areas in Suffolk. Some joint appointed health and social care senior posts sat within the local authority.

Locality teams worked in an integrated way with health colleagues as the teams were co-located in Ipswich East, West Suffolk and in one of the Waveney teams. Staff told us this locality model was a good way of working to be able to respond to the needs of people in the individual areas. Although the different areas in Suffolk had different populations and needs, the approach of staff was to focus on issues on a neighbourhood basis and they all took this same approach. Relationships in teams were developing further with staff returning more to working in the office after the COVID-19 pandemic.

In Waveney, staff told us they were not in integrated teams, but were positive about the collaboration with health colleagues and other colleagues such as housing and police. They explained there was a large focus on cross-team working, which resulted in positive outcomes for people. Although they were geographically separate and more isolated, staff knew their communities well and the demographic of people living there.

Senior staff told us the locality model of working was a deliberate restructure around 4 or 5 years ago, to align the geography of Suffolk to the health systems and to develop relationships across the area. This had led to evolving the practice of teams and relationships, with the outcomes for people being broadly consistent across areas now.

Health partners gave positive feedback about their relationships with the local authority where they said there was good integrated working operationally across all 3 areas strategically, and a positive 'can do' attitude with an ambition to ignore operational boundaries and drive forward operational needs. They explained there was broad joint working across, and recognition of, each other's issues, but they all worked positively together to improve services for people. These relationships were well-established with a shared transparency and trust. Areas for development were identified as sharing systems, data and preventative work, and they were working with the local authority to improve these, with shared goals and strategies.

Partnerships with district councils were strong where joint working with the local authority and health meant they were able to formulate a wider district strategy where areas worked more closely and with common goals. Partners described a positive relationship where there was engagement and challenge, with colleagues working in an open and business-like way. Public health data was used to jointly drive decision making around allocation of resources and strategy.

We received some mixed feedback from voluntary sector partners in relation to partnership working. They told us frontline staff worked well in partnership, but that there was a lack of joined-up working with health and social care at a more strategic level. In addition, further clarity was needed in relation to who was leading on preventative work and their role. One partner said they felt integration was predominantly health-led. However, some other voluntary partners spoke more positively about relationships and partnership working, including one who said they had recently met the adult social care leader at the local authority and felt optimistic relationships could be positively built and changes made.

Staff told us how working with the voluntary sector was key. They worked with some agencies using a 'warm handover' model, which was a way of enabling people's contact information to be passed on quickly, easily and in a targeted way to an organisation, which could better provide support to the person.

Co-production and partnership working had been the basis of several of the local authority strategies. For example, the Family Carer Partnership Board was an inclusive, co-production forum involving family carers, which had developed the All-Age Carers Strategy with the local authority. Another example was the Dementia Action Partnership which held partners to account, including the local authority, for agreed workstreams.