

# Partnerships and communities

Score: 2

2 - Evidence shows some shortfalls

## 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 with partners to agree and align strategic priorities, plans and responsibilities for people in the area.

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There were partnership boards in place in collaboration with people and partner organisations that supported the development of shared local objectives. The Carers Advisory Group, for example, was chaired by a carer and well attended by carers, services and partner organisations, including people's voice organisations such as the local Healthwatch. This supported the development of the Carer's Strategy, and the delivery of these local plans were accountable to this group. 'Hope of a Life Still to be Lived', the joint Dementia Strategy for 2024-2029, led by the Humber and North Yorkshire Health and Care Partnership, in collaboration with NHS Trusts, local Healthwatch organisations, and voluntary and community sector organisations, had recently been launched. People with dementia and their carers were integral to the development of the local priorities identified within the strategy and the clear, streamlined approach focused on action. Progress was accountable to the Dementia Steering Group, which included people with lived experience.

The local authority had a memorandum of understanding with the Humber Teaching NHS Foundation Trust to deliver community mental health services in the East Riding. This enabled the integration of services to meet mental health needs in the county under the Care Act 2014. Partners shared there were joint transformation objectives that were supporting the progression of services in the absence of an up-to-date mental health strategy. The local authority had invested in senior social workers within the integrated team to support the continued delivery and focus on meeting people's Care Act eligible needs. Staff told us the addition of senior social workers had improved this focus and regular communication helped ensure there was a common direction in practice development, though this remained a separate arrangement. The local authority and the Trust were committed to the continued relationship between their services.

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Joint commissioning was an area some partners and leaders felt needed more development between health and the local authority. The instability in strategic leadership within the local authority and wider partnership funding concerns had affected strategic direction. For example, one leader told us that some joint arrangements that had been agreed were at risk due to insecure funding, and further work as a wider partnership was needed on prevention that required ongoing commitment. A community sector partner told us there were lots of strategies that didn't get implemented, citing further work needed to use health inequalities funding as an example. There was some planned work to pool budgets, such as to support the healthy weight strategy.

## Arrangements to support effective partnership working

Teams in general had good working relationships with partner organisations, citing multi-disciplinary meetings held regularly. Some of the people we spoke to were clear they had experienced a joined-up approach that meant they didn't need to keep repeating their stories, as information was shared appropriately. The Prison's team, for example, worked closely with probation, relevant other local authorities, the custody teams, substance misuse, health and other relevant agencies as needed, to support release planning. The Futures+ team described good multi-disciplinary work with schools, colleges, residential settings and supported living providers, for example, which supported people to transition from young people's services to adults' services. Due to the local authority's geography and the location of hospitals and prisons in relation to the area, there were specific challenges faced by teams working across complex systems. Staff told us they had to be mindful of different policies and processes between partners, which added additional administrative burdens to their work and sometimes involved navigating conflicts.

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Some staff told us working relationships with the police service were different across the area, with some having named officer contacts, and others who had closer relationships with Police Community Support Officers (PCSOs). There were further co-working arrangements with the police and fire and rescue services, where some staff were being based in local authority buildings to improve partnership working, which were being implemented at the time of our assessment.

Staff and partners told us there was some duplication across information systems and an integrated, joint performance reporting model, for example with the Humber Teaching NHS Foundation Trust, would improve the tracking of activity and outcomes and improve efficiency. This reflected wider feedback about the need for clearer performance data, linked to outcomes, to governance structures to ensure sufficient oversight of adult social care delivery. Appropriate governance structures were in place to oversee partnership working, such as through the local authority's overview and scrutiny committee, the Joint Health and Wellbeing Board, and local partnership boards.

Though joint commissioning had been identified as an area for further development by leaders across the local authority and partners, there were some pooled budgets and joint arrangements in place. For example, one partner told us the Better Care Fund had been used to develop a health and welfare community centre in Bridlington under shared health inequalities priorities. The Better Care Fund had also been used to support the improvement of workforce issues in the county for adult social care and health, including exploring new workforce roles, integration and co-working models in health and social care.

## Impact of partnership working

Following the introduction of integrated neighbourhood teams, the local authority had commissioned a piece of work into services to identify underperformance themes to relocate funding to best address local need. The local authority and local Healthwatch worked collaboratively, including through weekly update sessions. This reflected a commitment to ensure services were delivering appropriate impact.

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Staff we spoke to were glad reablement services had been redeveloped in the area and reported this was improving hospital discharge. Some partners shared that readmission rates into hospital had been high and that there had been partnership work to develop a community and voluntary sector service in response. Partners told us this had reduced the readmission rate from 11% to 6% in June 2025. We were also told that partnership working had positively impacted the discharge to assess process out of hospital, seeing fewer people waiting across the various pathways, from around 200 people to approximately 40 in June 2025.

The local authority was reviewing the performance and impact data it monitored and presented to more clearly focus on outcomes, including the outcomes and impact in relation to partnership working. A number of local authority and partnership strategies were in development at the time of our assessment following the end of the previous version's time period. As these were in development, the impact of the existing strategy, including the impact of partnership working, was being reviewed. The impact of the previous Dementia Strategy was not outlined in the newly launched version, in favour of a more streamlined approach to clearly state agreed actions, timescales, and objectives.

## Working with voluntary and charity sector groups

Voluntary and community organisations worked with the local authority in partnership boards and operational working arrangements that supported the delivery of Care Act duties. This included in providing information, advice and guidance, peer support, advocacy and services to people in the county with care and support needs. Voluntary and community sector organisations were represented across various partnership boards, including the Better Care Fund Programme Board, Health and Care Committee, Health and Wellbeing Board and Integrated Commissioning Group. Where organisations were working closely with the local authority, such as on these partnership boards, they told us they felt listened to, consulted and valued. One partner said there had been improvements over recent months: where previously there had been discussion but no action, that this was changing.

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There was no overarching, council-wide strategy for working with the sector which some staff and leaders recognised as needed. The local authority intended for their new prevention and early help strategy to be designed and implemented in partnership with colleagues from the voluntary and community sector. Some staff and partners identified it could be difficult to know who to speak to in the local authority as funding came from different directorates. This potentially indicated duplication in funding and activity. In one example, there had been positive work to develop micro-providers in part of the county, but this was separate from adult social care commissioning approaches, meaning a lack of join up for the sector to ensure the delivery of Care Act duties.

The local authority had a primary collaborative relationship with an umbrella organisation to support their relationship with the sector. This aimed to support the sector to access funding as well as support continued development and partnership working opportunities in the area. The arrangements included the use of the Better Care Fund to support smaller voluntary and community sector organisations to become 'commissioning ready'. There was further work ongoing to gather intelligence from across the sector on the support and impact delivered through the voluntary and community sector in the area.

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There was some positive feedback around these umbrella arrangements, though some community and voluntary sector groups said they had limited involvement with this service. Not all organisations we spoke to said they were able to engage effectively with the local authority and some providers said it was harder for smaller organisations to work with the local authority and that only larger organisations were listened to. There were some gaps in the sector identified by staff due to the rural geography of the county which meant, for example, accessing groups or services to support wellbeing and quality of life, were difficult. A number of staff, partners, and leaders said there were more opportunities to work with the voluntary and community sector to meet people's needs in the community. The local authority identified in its Council Plan 2020-2025 that empowering and supporting communities was a key priority through partnership working with the voluntary and community sector. Further work was ongoing and needed to clarify how development in the sector was driven to meet identified challenges in the area in line with Care Act duties.

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