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. A partner told us they had a really good working relationship with the local authority where they felt their input was valued and viewed it as a successful partnership where they met regularly to discuss alignment of strategic priorities and plans.

The local authority worked in a complex health and care system with non-contiguous boundaries, involving multiple NHS and community partners. These partners played a key role in delivering the local authority's programmes and were active members of local boards. Despite the scale and complexity, the local authority reported strong partnership working, often described as 'Team North Yorkshire'. The Health and Wellbeing Board, chaired by the Executive Member for Health and Adult Services, brought together all major partners in the local health and care system.

As part of the local authority's approach to prevention and voluntary and community sector partnerships, the Public Health-funded 'Stronger Communities' programme worked with local people, community groups, voluntary and community organisations and other partners from the public and private sectors across North Yorkshire. It empowered communities to develop local solutions and services to meet their needs, aiming to reduce inequalities, improve the wellbeing and social connectedness of people of all ages and helped to prevent, reduce or delay the need for social care interventions. The support offer included organisational development and grant funding, which had invested in 1,016 projects in 200 communities across North Yorkshire since 2017.

The Thriving Communities Partnership, co-chaired by a voluntary and community sector organisation and the local authority, brought together the council and their health and voluntary and community partners. The effectiveness of local partnership arrangements was recognised as an area of strength in a 2023/24 peer review, reflecting partners' confidence in the Health and Adult Services senior leadership team and their engagement in local forums. To build on this strength, as part of its 'Involvement Framework' action plan, the directorate was exploring options for creating a 'Making it Real Board' to enhance partnership working particularly around the co-production of services with people with lived experience.

The Health and Adult Services directorate was working with other local authority departments and community partners to improve mental health and wellbeing and enable adults in North Yorkshire to live well. A whole system approach was being taken to mental health across sectors such as health, education, housing, and employment to create an environment where mental well-being could be promoted, and mental illness could be prevented or effectively treated. Examples of work included, Trauma-informed care, the national initiative 'Making Every Adult Matter' (supporting people facing multiple disadvantages), supported housing provision, Substance Use transformation, and Community Mental Health transformation. An annual local authority and voluntary and community sector workshop had been established, sharing good practice and discussing opportunities for improvement.

The Harrogate and Rural Alliance (HARA) brought together community health and adult social care services into a joined-up system for adults over 18 in the Harrogate area, particularly focused on integrated intermediate care and reablement services. Health professionals and social care staff worked as one team, linked to GP practices, to make sure people received support that addressed both their medical and care needs. Services were accessed through a single point, which made things simpler and more coordinated for those seeking help. The partners shared goals and managed budgets together to support better outcomes. The alliance focused on helping people stay independent and avoid unnecessary hospital stays, with a strong emphasis on early support and care close to home.

The local authority had integrated aspects of its care and support functions with partner agencies where this was best practice and when it showed evidence of improved outcomes for people. Due to the complex health landscape across North Yorkshire, system leaders had agreed to establish a Section 75 Joint Committee, known as the 'North Yorkshire Health Collaborative', bringing together Chief Executives and/or senior Directors from the main local government and NHS organisations, as well as voluntary and community, and care sector leads. This was due to commence in July 2025. The local authority was co-leading this and co-creating a joint work programme so there was a full integration of health and care in the area. System leaders wanted a single operating model and established clear roles and expectations. Early priorities included commissioned work to support greater collaboration between and with community health providers, GPs and the local authority, and more focus on prevention services.

The local authority and local NHS Trusts had integrated their hospital discharge teams by using a shared assessment and "trusted assessor" model within the Discharge to Assess (D2A) framework. Health and social care professionals worked together as 1 team, placing people on tailored discharge pathways and ensuring quicker, more coordinated transitions out of hospital. Staff from both sectors accepted the same assessment, completed by trained assessors in hospital or the community, including voluntary partners. This reduced duplication, freed-up hospital beds, and gave people the right support at home or in short- term care settings while their longer-term needs were reviewed.

The Social Care Mental Health service continued to work in partnership with NHS Trusts (and, in some cases, teams were co-located), focusing on prevention, crisis response and recovery. An Approved Mental Health Professional (AMHP) Triage Hub model was pioneered at Scarborough Cross Lane Hospital, with learning applied county-wide. AMHPs were continuing to work at a circa 30% diversion rate for people being assessed under the Mental Health Act. And the council and voluntary sector were working with 2 specialist Trusts to support the NHS-led Community Mental Health Transformation Programme (CMHTP) to ensure it built on the work already undertaken by the local authority and voluntary and community organisations. The local authority organised a series of workshops during 2025 with the NHS and other partners to scope out a single Mental Health plan for North Yorkshire, drawing on feedback from people with lived experience and voluntary and community sector organisations, and on organisational transformation plans.

Arrangements to support effective partnership working

When the local authority worked in partnerships with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. Roles and responsibilities were clear.

The Governance Framework 2025 sat alongside the Health and Adult Services Engagement Framework. To create this framework, the Governance Team worked with people who used services and leaders across Health and Adult Services to bring all governance processes into one place. This was to be monitored annually both by those responsible for the processes, as well as those who received the services.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. The Better Care Fund (BCF) was a major programme of joint investment between North Yorkshire Council and the NHS via the 3 Integrated Care Boards (ICB) NHS Humber and North Yorkshire ICB, NHS Lancashire and South Cumbria ICB and NHS West Yorkshire ICB, all of whom contributed to plans, either through the Adults Joint Planning and Commissioning Group or an extraordinary meeting. Compliance with national conditions was confirmed through quarterly planning templates and narrative plans discussed and co-produced at the Joint Commissioning Group. This integrated delivery of the BCF had driven the commissioning and improvement of integrated services across North Yorkshire.

In 2023-24, the BCF Section 75 Agreement supported key health and care priorities such as implementing Discharge to Assess, easing pressure on hospitals, and strengthening system leadership. Pooled funding from the local authority, ICB, Integrated Better Care Fund (iBCF), the Disabled Facilities Grant (DFG) and NHS sources was used to deliver 74 schemes (including 7 new ones). These covered areas like reablement, equipment and assistive technology, carer support, short-term care, additional beds, community mental health and nursing, advocacy, and adult social care funding pressures.

The local authority's Mental Health teams had many joint policies and procedures with the local Mental Health trusts, and the police. The AMHP lead officer linked in with health and system partners. They shared policies to support each other to make sure they covered all partners responsibilities in joint policies. For example, a joint S117 policy was formed from working groups with a local NHS Foundation Trust. Leaders were currently doing similar work with ICB colleagues on how they could implement the national Continuing Health Care framework on a local level.

Most voluntary sector partners spoke positively of effective partnership working. One partner told us communication channels with the local authority were strong, and partners felt able to escalate concerns directly to senior leaders. Another partner told us they had contract monitoring meetings with the local authority where they discussed strategic priorities and plans by formulating their key objectives for the next 6 months. Contract monitoring staff then returned and measured them on those and discussed what had been working well, what had not been working well and action plans on how to fix those issues for the following 6 months. A third partner told us they also had formal quarterly contract meeting arrangements with the local authority and felt there was an open door approach to communication, in that they could reach out to them for support or with concerns or queries as and when needed. They felt the local authority was responsive and accessible.

Impact of partnership working

The local authority evaluated how its partnership working influenced the cost of social care and outcomes for people, using insight to drive continuous improvement. Leaders shared examples which highlighted how collaborative, responsive working delivered real benefits, improving people's lives while containing pressures on social care budgets. Through the 2024–25 Better Care Fund Plan, the local authority introduced a multi-agency approach to falls commissioned admission avoidance and step-up/step-down beds in Hambleton and Richmondshire helping people stay independent and easing hospital pressures. Monitoring showed measurable impact, with a reduction in residential placements (376 in 2024–25 vs 665 in 2022–23) and a decrease in recorded falls (2,441 vs 2,754). Discharge to usual residence remained high at 93%.

The Living Well programme bridged gaps by linking people to the right support and grants. Coordinators were proactive and responsive, ensuring help reached people who might not have otherwise accessed it. The 'Moving North Yorkshire' initiative promoted physical activity and resilience among older people through guided walks, home exercise programmes, and increased community involvement in shaping services. This local authority funded initiative empowered communities to take a greater role in service delivery, fostering local solutions and collective control over well-being.

During the COVID-19 pandemic a community hub was formed in the town of Leyburn to help people with transport, medical and hospital appointments, and isolation within the community. The community hub had since evolved into a long-term Community Anchor, with the help and support of the local authority. It hosted services such as Carers Plus and Citizens Advice, and a variety of other local support groups. With support from the local authority, they had formed a Community Partnership, which looked at how they could address concerns within the town and the surrounding parishes and villages. The partnership had identified future priorities such as transport, banking access, and end-of-life care. Due to the success in Leyburn and other areas the model has been extended to other parts of the county.

In response to a rise in neurodivergent referrals, the Mental Health team had adapted their practices, introducing personalised communication methods and drawing on specialist advice from a local NHS Trust's Neurodiverse officer. Staff received training on neurodiversity, and multidisciplinary teams provided holistic care tailored to individual needs. A multi-disciplinary approach provided comprehensive care, as seen in an example of a person with a late autism diagnosis and OCD, where Support Time Recovery staff built trust over months, ultimately supporting their personal care routine. The multi-disciplinary panel played a key role in coordinating interventions and ensuring effective collaboration across services.

Working with voluntary and charity sector groups

Overall, the local authority worked collaboratively with voluntary sector and charity organisations to understand and meet local social care needs. The local authority provided funding and other support opportunities to encourage growth and innovation.

Local authority staff told us voluntary, community and social enterprise (VCSE) groups had sought local authority funding to pilot new services. Some initiatives faced difficulties due to uncertain demand, but commissioners provided short-term funding trials to assess viability. Collaboration between teams ensured services were tailored to community needs.

In North Yorkshire the Community Anchor organisations were well established, locally rooted VCSE groups which played a vital role in connecting people, local groups and other organisations to improve community well-being and resilience. There were 25 Community Anchor organisations which were deeply embedded in their communities, acting as a voice for local people, fostering collaboration and encouraging community-led initiatives.

A local infrastructure organisation worked closely with the VCSE sector, health, and adult social care partners, delivering support under commission from the local authority. Funded by the Department for Environment, Food and Rural Affairs (DEFRA), they provided rural advocacy to ensure the VCSE sector had a voice and could support itself. They established over 20 community networks and delivered more than 50 training programmes across Yorkshire. In North Yorkshire, VCSE representatives were active partners on all Health and Adult Services boards, including participating in recruiting the new Safeguarding Board chairperson. The organisation also sat on the North Yorkshire Health Collaborative, which aimed to align budgets under Section 75 agreements, and although the VCSE sector sat outside those arrangements, they said the local authority valued their input. They reported strong, responsive relationships with local authority senior leaders, enabling greater place-based collaboration and board-level representation.

A local charity working with voluntary and community groups was actively engaged in several strategic boards at the local authority, including the Safeguarding Adults Board, where they felt their voice was well represented. The charity's Chief Executive regularly met with senior leaders and reported feeling recognised and valued for their significant role in providing emergency and short-term accommodation. Although not commissioned by the local authority, the organisation collaborated closely with local authority services to support people experiencing homelessness within the Harrogate area, through weekly joint patrols, safeguarding work, and contributing to strategic discussions at board level. They noted the VCSE sector in North Yorkshire was given a strong voice and included early in planning processes.
