

The National Strategic Partnership Forum

Making partnerships work

Examples of good practice



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Foreword

Ivan Lewis MP Parliamentary Under-Secretary of State for Care Services

As Minister for Care Services, my concern is that services are not done to people, but operate for and with them. And it is right for us to put people at the centre of the commissioning process – with more choice and access to good information and advice than they can often achieve today.

Commissioners should be working to develop strong effective partnerships with their providers that focus on outcomes, not just inputs and processes. This will lead to more innovative provision both tailored to the real needs of individuals, and supplied by a much wider range of providers. An example of this is the Social Enterprise pathfinder programme, which has selected 26 schemes that demonstrate some of the potential opportunities to develop innovative, responsive care, in partnership with commissioners.

In publishing *Making Partnerships Work: Examples of Good Practice* the National Strategic Partnership Forum has given us a good analysis of the strengths of third sector organisations as providers of health and adult social care. These include their ability to access “hard to reach” groups, their skill at controlling costs and their ability to work in an approachable way with those who may be very wary of state-run agencies.

These examples also help to demonstrate how the third sector can support the delivery of commitments in the White Paper *Our Health, Our Care, Our Say*; which includes promises on increased choice, and on delivering services closer to home.

It also links very closely to the *Commissioning Framework for Health and Well-being*, which sets out a wider vision for the commissioning of health, care and well-being from 2008. These case studies point the way towards a more responsive service of the future. The voluntary sector, those who use services and their families have a significant input into identifying local need as the key influencer of commissioning services. This will help create a service where we can all have some certainty that the voice of users has not just been heard, but has also been listened to.



A handwritten signature in black ink that reads "Ivan Lewis".

Ivan Lewis MP


Introduction

This document is linked to the Third Sector Commissioning Task Force Report, *No excuses. Embrace partnership now. Step towards change!* released on July 11th 2006, as well as the *Health Reform in England: Update and Commissioning Framework*.

The document is aimed at Strategic Health Authorities (SHAs), Primary Care Trust (PCT) Chief Executives, Directors of Commissioning and Directors for Adult Social Services as well as those in joint commissioning roles within local authorities. It focuses on the role of third sector organisations as providers within health and adult social care. Case study examples demonstrate how effective commissioning by statutory and NHS organisations working jointly with third sector organisations can lead to a more innovative and dynamic health and social care service, better designed to meet users' needs.

The 2006 White Paper, *Our Health, Our Care, Our Say – a new direction for community services*, envisages a new strategic direction for the care and support services that people use in their local communities. It sets out four main goals:

- better prevention and early intervention for improved health, independence and well-being;
- more choice and a stronger voice for individuals and communities;
- tackling inequalities and improving access to services;
- more support for people with long-term needs.



This document further proceeds to set out specific examples of how the implementation of good practice in partnership with third sector organisations effectively meets government commitments outlined by the 2006 White Paper.

Who are the NSPF?

The National Strategic Partnership Forum's (NSPF) role is to help the voluntary, community and public sectors work effectively together to deliver responsive, high quality health and adult social care services for patients, service users and carers.

The NSPF supports local partnerships between the NHS and the third sector, pulling together best practice and innovation from across England and disseminating it throughout the Health and Social Care Services.

The 35 members of the forum represent both large and small organisations, including various Primary Care Trusts (PCTs), a Strategic Health Authority, MIND, Age Concern England, the Muscular Dystrophy Campaign, Marie Curie Cancer Care and the Voluntary Organisations Disability Group. Between them these organisations cover a large range of client groups. The forum is chaired by Melinda Letts, immediate past chair of the Long-term Medical Conditions Alliance.

What is the third sector?

The term 'third sector' describes the range of organisations, independent from government, which occupy the space between the State and the private sector. These include small local community and voluntary groups, registered charities both large and small, foundations, trusts and the growing number of social enterprises and co-operatives.

Case Study Examples of Good Practice: Working Together for Improvement

Case Study 1

Case Study 1 demonstrates joint working between social services, primary care trusts (PCTs) and Advocacy Partners which is a leading independent advocacy service working to enable people in London with learning and physical disabilities, mental health problems, and older people in need, to have choice and control over their lives.

Advocacy for older people :

Following Jean's fall, it was not just her hip that was damaged, she lost her self-esteem. After her discharge from hospital, social services ensured her day-to-day needs were met, helping her dress and undress and delivering hot meals. As time went on it became clear that Jean was lacking the confidence needed for her to return to independent living.

The advocacy service provided Jean with support to maintain her independence. This included listening to her concerns and enabling her to work out how to build her own confidence to undertake everyday activities such as shopping, reducing her reliance on staff. Without the advocate's involvement, Jean is unlikely to have been able to recover her independence, nor to remain in her own home.

Case Study 2

Case Study 2 demonstrates joint working between statutory organisations in Nottingham and the third sector organisation Base 51.

Base 51 is a charity supporting young people aged 12-25, from both the city and county of Nottingham, targeting some of the most vulnerable and disadvantaged young people in the area. The organisation works holistically with the young person and offers many services all under one roof, including: a medical service, counselling service, under 18s service, support for homeless young people, young parents and unemployed young people.

Base 51 has developed good working relationships with statutory and voluntary organisations. One example is the role of the centre nurse, an extended nurse prescriber employed by Nottingham PCT but based full time with the Base 51 team and jointly managed by Base 51 and the PCT.

The nurse has worked together with the other workers in the team; actively supporting a group of young, homeless men with poor health, drug and alcohol dependency, to take more exercise.

The nurse has been the catalyst in the formation of the Base 51 Football team, enabling the young men to have the confidence to compete against others and take responsibility for themselves in working together as a team.

Case Study 3

Case Study 3 demonstrates joint working between older service users in Poole, Help and Care, Poole Hospital and the Borough of Poole.

Older people in Poole joined forces with the former Poole Primary Care Trust to help organise and participate in the successful conference, 'Speak Up for Older People', targeted at over 300 older people in June 2004.

In preparation for the consultation event, the former Poole Primary Care Trust trained members of Help and Care's Older People's Strategy Group as facilitators.

Some successes of the event include:

- a) The production of a leaflet titled 'Frequently Asked Questions', which aims to address the information needs of older people on hospital discharge.
- b) Tailoring services according to customer feedback; this includes services such as 'meals on wheels'.
- c) Members have paired up with local councillors to visit frail older people to find out what they want and need from the service.
- d) The expansion of a medicines management service that helps older people take their medicines more effectively.

Case Study 4

Case Study 4 demonstrates joint working between the former North East London Strategic Health Authority (SHA), PCTs and the third sector organisation Social Action for Health.

North East London has a significant population from minority ethnic communities. Local health services often display a limited understanding of specific cultural issues. Minority communities themselves may also lack understanding about how to access services appropriately. A combination of these factors can lead to minority ethnic communities becoming isolated from health and social service provision.

The North East London project aims to create a pool of local 'health guides' from within three existing minority ethnic communities. Health guides are trained as informants about how systems of public service work and how to maximise benefit from them, and are then encouraged to use this to signpost and teach local people to access services to meet their needs.

The programme consists of a number of community sessions, during which relevant information can be conveyed to local people through 'mother tongue' language, their concerns addressed where possible, relevant advice provided and community feedback about local health services obtained.

Case Study 5

Case Study 5 demonstrates joint working between social services and the third sector organisation Crossroads – Caring for Carers.

Crossroads schemes aim to meet the individual needs of each carer and the person they are caring for. Carers' needs can be a low priority for both NHS and social services and carers frequently experience significant levels of mental and physical ill health, in comparison to the non-carer population.

Edith was left bed-bound following a stroke and became reliant on her two daughters for full time care. Edith's daughters were forced to leave their own families in order to give their mother full support. Originally, this was intended as a short-term arrangement but it developed into a long-term situation, becoming increasingly stressful for all involved.

Edith received social care support assisting with washing and other day-to-day tasks. However, attention was often task focused and Edith's daughters began to feel a loss of identity and independence as their social life became increasingly curtailed.

A Crossroads Carer Support Worker became involved in Edith's care. She visited regularly as part of a pre-arranged agreement with Edith and her family, caring for Edith as well as helping out with household tasks. This arrangement allowed Edith's daughters time to themselves, and time at home with their families.

Case Study 6

Case Study 6 demonstrates joint working between Age Concern South Staffordshire, and seven local hospitals.

The Department of Health has identified an increase in emergency readmissions within 28 days of 5.4% in 2002-3, 6% in 2004-5 and the latest data for 2005-6 recorded a rate of nearly 7% (with a higher rate for over 75s of over 11% in 2003-4). A crucial element in admission avoidance and discharge support is targeted practical and emotional support tailored to individual needs, and many Age Concerns provide such services.

Age Concern South Staffordshire has developed its service over the last 16 years and now serves seven hospitals, including two in neighbouring authorities. Each year it supports over 3,000 people through this service, almost half of whom are over 80.

Its service provides a range of practical supports: shopping, prescription collection, food preparation, heating, cleaning, transport to appointments, home safety checks and remedial work, bill payment, contact with relatives. It also links users into other Age Concern services and the wider community: benefits checks (£2million pa drawn in); opportunities for social contact and activity. By addressing not just practical, but also emotional, social and financial needs, the services ensure safe discharge and help to restore confidence, motivation and inclusion.

The resulting readmission rate is less than 3%.

Case study 7

Case study 7 demonstrates joint working between Birmingham Mental Health Service and the third sector organisation, Focus Futures.

Focus Futures is currently working in partnership with Birmingham and Solihull Mental Health NHS Trust to provide staff in an Early Intervention Service in Birmingham. Focus Futures' expertise in tenancy sustainment and developing life skills complements the Trust's knowledge in clinical and supportive therapies. The service provides support for up to three years to young people between the ages of 14 to 30 who are experiencing their first psychotic episode. This unique collaboration is exciting and innovative. Working in partnership has enabled a more holistic approach to the service and young people have been able to get support at a crucial time in their lives.

Focus Futures employs the Assistant Care Co-ordinators and Vocational Workers and provide formal supervision and appraisals. The Mental Health Trust staff provide day to day clinical supervision. The Senior Manager is a member of the Executive Management Group in the Trust.

Through this Focus Futures has developed relationships with UCE Birmingham (previously the University of Central England) who will provide an academic course for these staff with Focus Futures acting as mentors. Through this integrated service young people are able to experience a diverse and tailored supportive package provided by a range of staff.

Case Study 8

Case study 8 demonstrates joint working between the London-based third sector organisation, Jobs in Mind based in Camden, and Westminster PCT (covering 4 GP practices).

Jobs in Mind at St James House, Camden, has provided supported employment services since 1999. The majority of clients have severe and enduring mental health problems. Most are in receipt of incapacity benefit and have been unemployed for over 5 years on average. The service is based on the well researched Individual Placement Support and Supported Employment Models, as well as rigorous monitoring and evaluation of outcomes with user involvement. It uses a structured person centred approach to assessment, action planning, support, review and care management to enable clients to choose, reach and maintain vocational outcomes. Last year the service supported 22% of its clients into paid employment, 24% into voluntary work and 27% into education and training.

Case Study 9

Case study 9 demonstrates joint working between a primary care trust in Manchester and a social enterprise which is part of Big Life Group.

The Kath Locke Centre in Hulme was the first NHS primary care facility to be run by a non-NHS organisation social enterprise. It offers a holistic approach to well-being and combines conventional NHS services with complementary therapies. Patient choice is key, and the Centre helps people find their own solutions which can include healthy living projects and self help groups. The services are provided in partnership by the primary care trust, local authority, mental health trust and a range of voluntary sector providers.

Through volunteering opportunities, training, and employment opportunities for the local population the Centre has helped build a sustainable local community. This in turn has increased the sense of local ownership of the Centre and made it more accessible and acceptable to local people.

Why Joint Working?

Identifying the value added by third sector organisations

The third sector includes a wide variety of organisations with different strengths and attributes. In addition to a high degree of professionalism, many are able to offer added value in comparison with providers in the commercial or statutory sectors. This may include some or all of the following:

- ▶ **Strong user and carer involvement:** some organisations are user-run, many involve their users in planning, evaluation and decision making. Services are thus often highly responsive to user and carer needs and preferences.
- ▶ **Community engagement:** organisations that are strongly rooted in their local communities can provide easy access to wider services and activities and can promote social inclusion and user/carer empowerment.
- ▶ **Access to 'hard to reach' groups:** local voluntary and community organisations may have stemmed from or built up relationships and trust with traditionally excluded minority populations whom conventional services find hard to reach.
- ▶ **Innovation:** many of the most significant innovations in service delivery have been developed by voluntary organisations before being adopted into the mainstream.

Freedom from shareholder demands, and from some of the strictures placed on statutory bodies, can enable organisations to apply more creativity and imagination in service design and development.

- ▶ **Cost efficiency:** driven by the desire to maximise the resources available for their charitable or social objectives, third sector boards and managers are often highly skilled at controlling costs without compromising quality.
- ▶ **Volunteers:** charity trustees are by definition volunteers, and third sector organisations may also benefit from the involvement of committed and knowledgeable volunteers working alongside, and sometimes instead of, paid staff.
- ▶ **Absence of stigma and threat:** many people remain wary of contact with state-run agencies and often find voluntary organisations much more friendly, approachable and unthreatening.

Few, if any, third sector organisations can offer all these elements of added value. Some may offer none of them. But most can offer at least some. Commissioners should invite organisations to provide evidence of how they are able to add value along the lines outlined above. Procurement should avoid an overly-prescriptive approach which can all too easily undermine or negate the strengths that third sector organisations can bring to service provision. A focus on outcomes, rather than inputs and process, should serve both to safeguard the special attributes of the third sector and to ensure value for money.

**Linking case study
examples of joint working
with the commitments outlined in the
White Paper *Our health, our care, our say***

Case study	White Paper commitment	Dates
Case Study 1	Extend to the community setting (Care closer to home)	2007/2008
	Personal health and social care plans for those with both social care needs and a long term condition (Support for people with longer term needs)	2008
	Joint networks and/or teams for management of health and social care needs between PCTs and local authorities (Support for people with longer term needs)	2008
	Review of public and patient involvement (Ensuring our reforms put people in control)	Autumn 2006
Case Study 2	PCTs to take action on poor provision* (Better access to General Practice)	2007/2008
	Practices to offer more responsive opening hours* (Better access to General Practice)	2008
	Joint networks and/or teams for management of health and social care needs between PCTs and local authorities (Support for people with longer term needs)	2008

* Contingent on 2006/7 contract review

Case study	White Paper commitment	Dates
Case Study 3	Extend to the community setting (Care closer to home)	2007/ 2008
	Personal health and social care plans for those with both social care needs and a long term condition (Support for people with longer term needs)	2008
	Joint networks and/or teams for management of health and social care needs between PCTs and local authorities (Support for people with longer term needs)	2008
	Review of public and patient involvement (Ensuring our reforms put people in control)	2006

Case study	White Paper commitment	Dates
Case Study 4	<p>PCTs to take action on poor provision (Better access to general practice)</p> <p>Obligation on PCTs to provide detailed information on hours, services as well as new services (Better access to general practice)</p> <p>Develop 'local triggers' relating to public satisfaction and service quality* (Ensuring our reforms put people in control)</p> <p>Review of public and patient involvement (Ensuring our reforms put people in control)</p>	<p>Immediate Early 2007</p> <p>2006</p> <p>2006</p> <p>2006</p>
Case Study 5	<p>Establish an information service/helpline for carers (or delegate to a voluntary organisation) (Support for people with longer term needs)</p> <p>Short term home based emergency respite support for carers in place (Support for people with longer term needs)</p> <p>Extend to community setting (Care closer to home)</p>	<p>2007/08</p> <p>2008</p> <p>2007/2008</p>

* Contingent on 2006/7 contract review

Case study	White Paper commitment	Dates
Case study 6	PCT strategy to shift more care to community (Care closer to home)	2008
	Demonstration project to reduce A & E admissions (Support for people with longer term needs)	2008
	New deal for carers (Support for people with longer term needs)	up to 2008
Case Study 7	National demonstration sites for psychological therapies (Enabling health, well being and independence)	2006
	NHS life check (Enabling health, well being and independence)	2007/8
	Development of urgent care strategy (Better access to community services)	2006/7

Case study	White Paper commitment	Dates
Case Study 8	Health, work and well being strategy with DWP (Enabling health, well being and independence)	2006
	Director of Adult social services guidance (Enabling health, well being and independence)	2006
	Commissioning framework for health and well-being (Ensuring our reforms put people in control)	2007
Case Study 9	PCTs to take action on poor provision (Better access to General Practice)	2006
	Joint networks and/or teams for management of health and social needs between PCTs and local authorities (Support people with longer term needs)	2008
	Review of public and patient involvement (Ensuring our reforms put people in control)	Autumn 2006

Find Out More: Suggested Further Reading

HM Treasury website

www.hm-treasury.gov.uk

The Role of the Voluntary and Community Sector in Service Delivery: A Cross Cutting Review.

Improving financial relationships with the Third Sector: Guidance to Funders and Purchasers (May 2006).

The future role of the third sector in social and economic regeneration: interim report (December 2006).

Office of the Third Sector website

www.cabinetoffice.gov.uk/third_sector/public_service_delivery/

Partnership in Public Services: an action plan for third sector involvement.

NCVO website

How Voluntary and Community Services can transform public services.

www.ncvo-vol.org.uk/policy/index.asp?id=2876

National Audit Office website

Working with the Third Sector: Report by the Comptroller and Auditor General, HC 75 Sessions 2005-2006 (29 June 2005).

www.nao.org.uk/publications/nao_reports/05-06/050675.pdf

Department of Health website

www.dh.gov.uk/publications

Commissioning Framework for Health and Well-being
(March 2007)

Health Reform in England: Update and Commissioning Framework (July 2006).

Third Sector Commissioning Task Force Report: No excuses. Embrace partnership now. Step towards change! (July 2006)

White Paper – Our health, our care, our say: a new direction for community services (January 2006).

The NHS in England: the operating framework for 2006/7 (January 2006).

About the National Strategic Partnership Forum

www.dh.gov.uk/NSPF

Age Concern website

Multiple identities in older age was presented by Age Concern England at the 2005 National Council for Voluntary Organisation's 11th Researching the Voluntary Sector Conference.

www.ageconcern.org.uk/AgeConcern/Documents/ncvo_research__conf_2005.pdf

Mental Health Providers Forum website

www.mhpf.org.uk/

Joseph Rowntree website

Partnership between government and voluntary organisations

www.jrf.org.uk/knowledge/findings/foundations/5.asp

The relationship between local government and voluntary organisations

www.jrf.org.uk/knowledge/findings/government/G46.asp

Increasing user involvement in voluntary organisations

www.jrf.org.uk/knowledge/findings/socialcare/723.asp

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