



## *Making Partnership Work for Patients, Carers and Service Users*

**A Strategic Agreement between the  
Department of Health, the NHS and  
the Voluntary and Community Sector**



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for Patients, Carers and  
Service Users***

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the Voluntary and Community Sector**

**READER INFORMATION**

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<b>For Recipient's Use</b>	

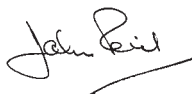
# Foreword

This is the first Agreement exclusively between the Department of Health, the NHS and the Voluntary and Community Sector (VCS). It will benefit patients, carers and service users by providing them with real alternatives so that they can choose services that best suit their needs.

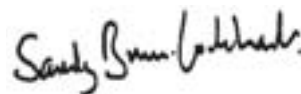
This Strategic Agreement is the manifestation of the real sense of partnership that has emerged over the last few years within the health and social care sector. It has been based on the work done by a joint working group made up of representatives from the VCS, health and social care and the Department of Health as a framework to promote the increasing role of the VCS in contributing to health service planning and delivery as well as comments received from the Making Partnership Work consultation. The Strategic Agreement is intended to underpin and complement, not replace, the Compact and its Codes of Good Practice at all levels of partnership working.

The success of the Strategic Agreement depends on genuine and lasting partnership on the ground. Informed by the responses to the consultation exercise, the members of the Making Partnership Work Strategic Group recommended the establishment of a multi-stakeholder National Strategic Partnership Forum to support and build on this Strategic Agreement. Reporting directly to Ministers, the Forum will have real influence, and will proactively focus on action to address the practical barriers to making partnership work on the ground.

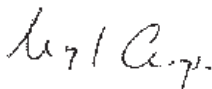
We are therefore pleased to put our name to this Strategic Agreement and to hand it over to the Forum to be the foundation for genuine and meaningful strategic partnerships for the benefit of NHS patients and service users.



Dr John Reid  
Secretary of State for Health



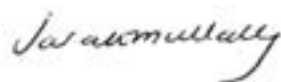
Sir Sandy Bruce-Lockhart  
Chair of Local Government Association



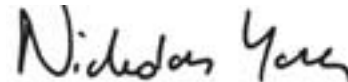
Sir Nigel Crisp  
Chief Executive, Department of Health and NHS



Harry Cayton  
Director of Patients and the Public,  
Department of Health



Sarah Mullally  
Chief Nursing Officer, Department of Health



Sir Nicholas Young  
Chief Executive, British Red Cross



Stuart Etherington  
Chief Executive Officer, National Council for  
Voluntary Organisations (NCVO)



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Chief Executive, NHS Confederation



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# 1. Introduction

The VCS has a long tradition of providing services directly to the community and specific client groups. In doing so, the VCS has built up a reputation for diversity and innovation and for meeting the needs of people who often fall outside of the so-called mainstream health and social care system.

People's expectations of public services generally and the NHS in particular are increasing year on year. A one-size fits all approach is no longer acceptable. That means planning and designing services around individuals and extending provision beyond the NHS & Social Care to include the independent sector and, most crucially, the VCS.

This jointly developed agreement provides a framework for a new strategic partnership between the Department of Health, the NHS & Social Care and the VCS. It was informed by the response of the VCS to the consultation, **Making Partnership Work for Patients, Carers and Service Users** (<http://www.dh.gov.uk/makingpartnershipwork>), which took place between August and November 2003.

The **Making Partnership Work** strategic group realised that however well-intentioned, a document will not make any difference on its own to what happens on the ground. Following their recommendation, the Department has therefore facilitated the establishment of a new **National Strategic Partnership Forum**.

This will be not just another talking shop, but a body with influence. Reporting directly to Ministers, the Forum will consist of representatives from the VCS, NHS & Social Care and the Department of Health. The Forum will support local partnership working through a programme of targeted projects to address the practical barriers. It will be a focal point for best practice and innovation, feeding back through its members to inform local planning and action. The first task of the Forum will be to review this Strategic Agreement, which will amongst other things form the basis for their action plan.

## 2. Context

This Strategic Agreement is the culmination of a programme of activity aimed at strengthening partnerships between the NHS and the private and VCS health care sectors in order to improve the quality and range of service planning and provision of NHS services.

People have told us they want more choice about when, where and how they are treated and more information to enable them to make informed choices. In December 2003, the Department of Health published the command paper, **Building on the Best: Choice, Responsiveness and Equity in the NHS** (<http://www.dh.gov.uk/consultations>). This followed an extensive public consultation where people said they wanted more real choices and services that were equitable and responsive to their diverse needs and preferences.

The NHS has already made significant progress. It has responded by providing people with choice, for example choice about where and when they are treated and by widening access, particularly to Primary Care. But no one organisation, even one as large as the NHS, can meet all the needs of all the people who use it all of the time. We need to move to is an NHS that provides plurality of provision based on sound and genuine partnership working with the VCS and others outside the NHS itself.

The Government is already committed to working in partnership with the independent health care sector through the strategic partnership agreement, **For the Benefit of Patients: a Concordat with the Private and Voluntary Health Care Provider Sector**, published in 2000.

In a broader sense, the Government has committed to facilitating partnership working between the public sector and the VCS through the **Compact on Relations between Government and the Voluntary and Community Sector in England**. The Compact provides the principles for working relationships between the VCS and the public sector, including the NHS. This new strategic partnership agreement brings together the principles of the Concordat with the recommendations of **HM Treasury's Cross Cutting Review** and the subsequent *Futurebuilders* fund that support Government and NHS investment in VCS organisations to increase their capacity for service delivery within the health and social care context.

See Annex for details of other Government VCS funding initiatives.

# 3. Aims of the Strategic Agreement

The aims of the Strategic Agreement are:

- Meaningful **strategic engagement**, understanding and partnership, between the Department of Health, NHS & Social Care and the VCS; and between NHS organisations (particularly Primary Care Trusts (PCTs)), and VCS organisations;
- Make the **VCS part of mainstream service provision** while respecting and promoting the independence of VCS organisations;
- **Contribute to the delivery of NHS priorities** for improving patients' experience of the NHS, as well as increasing capacity, plurality and choice. Increase the VCS contribution to service provision, and the number of volunteers working in the NHS;
- Provide a **framework for involving support and developing a vibrant VCS** in the context of long term strategic planning and investment by the NHS, nationally and locally whilst acknowledging and **tackling the barriers** which exist to truly effective joint working;
- **Challenge individual organisations** to embrace partnership working in the spirit of the Compact, by signing up to Local Compacts and working in partnership within them to develop and improve local service delivery;
- **Promote diversity and fair access** for Black and Minority Ethnic organisations, those representing disabled and other socially excluded groups, and for the people they represent.

## 4. Strategic planning, joint working and effective commissioning of health services

PCTs and Care Trusts have wide responsibilities for commissioning health and social care services to address local health needs, and now control the lion's share of the growing NHS budget. They have the discretion to commission care – from a range of public, private and voluntary sector providers and in partnership with local authorities – to secure effective health services. They are in an unparalleled position to take forward the modernisation of health services that meet the needs of their local populations. They have the opportunity to take a fresh look at how services are organised to ensure they are designed to meet the needs of patients, carers, and service users, ensuring efficient and cost-effective services. Joint commissioning with local authorities is also increasingly prevalent, particularly in relation to services for older people, mental health and learning disability services.

VCS organisations, with their links to communities as well as to communities of interest and identity, can make both a significant and diverse range of contributions to strategic planning, over and above the actual and potential contribution of individual organisations as service providers. Through them, PCTs can unlock capacity to meet increasing public and patient expectations. Increasingly PCTs are looking to develop new and creative ways of working in partnership with VCS organisations as providers of services to patients. PCTs can and should:

- **involve VCS organisations** in the assessment of health and service needs, and the planning of local services, and
- **recognise the VCS ability** to deliver some elements of services differently, and often better, than NHS organisations traditionally have done, and add greater flexibility overall.

In the context of Local Compacts and Local Strategic Partnerships, the aspiration should be to move VCS service providers into the mainstream of service provision and capitalise on the strength that lies in diversity of providers to reflect the diversity of need.

## 5. Provision

Community and voluntary groups already play important roles in health and social care delivery. They support service users and carers, act as advocates and lobbyists, provide a range of health and support services and are a conduit for information, particularly on health promotion. Local community groups with an interest or role in health and/or social care are a vital source of expertise in their specialist areas, for example, sickle cell anaemia, Parkinson's disease, care for older people, HIV/AIDS, improving physical access, mental health and learning disabilities. They also contribute significantly to mainstream health service delivery.

All services funded by the public must, of course, offer good value for money and assure high quality of care for service users. Fully effective commissioning will take time to develop and needs to take place in the knowledge that it is best done through collaboration with providers, in the context of the developing Agenda for Choice and Payment by Results. There can, and should, be different commissioning styles for different purposes, recognising that one-size doesn't fit all, and that there is no inherent incompatibility between partnership working and competitive tendering.

## 6. Developing capacity and capability, trust and confidence

Local Strategic Partnerships, Health and Education Strategic Partnerships and Local Compacts should reflect and promote the Compact and its Codes of Good Practice.

NHS and VCS organisations need to recognise and respect each other's perspectives and motivations, which are understandably different, but don't have to be incompatible, and develop a frank and open relationship in which constructive criticism on both sides is acceptable. They should agree shared aims and objectives, and share information openly to inform strategic planning and commissioning. Each partner should be open to ideas for developing how services are delivered, acknowledge potential barriers to VCS involvement, and find joint solutions to these barriers.

### Joint agenda for skilling-up and scaling-up

NHS and VCS organisations should work in partnership to develop the skills and understanding which enable them to work together effectively. This should include, for example:

- VCS engagement in UK-wide Sector Skills Councils;
- VCS engagement in new Health and Education Strategic Partnerships;
- mutual support for workforce development within each other's organisations, and
- shared education, learning and development opportunities, for example:
  - clinical practice placements;
  - two-way secondment, shadowing and/or mentoring opportunities, and
  - NHS staff contributing to the VCS by acting as volunteers themselves or as trustees of local VCS organisations.

# 7. Conclusion

This Strategic Agreement signals a commitment at national level to promoting and applying the Compact's principles in the NHS context, and to working together constructively to address the obstacles to meaningful and practical engagement at all levels.

It gives the “green light” to NHS and VCS organisations locally to seize the challenge to build effective partnerships and contribute together to a truly patient-centred health service.

By agreeing a shared vision of improved services and by working strategically in partnership at every level, we can and will develop and expand the scope, versatility and capacity of all health services for the benefit of patients, carers and service users.

Through the establishment of a National Strategic Partnership Forum, we will pursue the aspirations set out in the Compact and generate and maintain momentum towards gaining real understanding and trust.

# Annex

## Government VCS Funding Initiatives

- Total DH funding for the voluntary sector is in excess of £50 million a year made up of section 64 General Grants Scheme and Opportunities for Volunteering project funding. This does not include NDPB, NHS or social care funding.
- Home Office Active Community Unit's £93m to implement HM Treasury's Cross Cutting Review recommendations, including substantial investments for capacity building and infrastructure development for the VCS;
- The £125m *futurebuilders* fund to tackle barriers to effective service delivery and develop and modernise VCS capacity, for which health and social care has been identified as a priority area for investment.







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