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Making Partnership Work for Patients, Carers and Service Users

A Proposed Strategic Partnership Agreement
Between the Department of Health, the NHS
and the Voluntary and Community Sector

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READER INFORMATION

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Contact Details	Carolyn Heaney Patient & Public Involvement Rm 5C07, Quarry House Quarry Hill Leeds 0113 254 6123 Carolyn.Heaney@doh.gsi.gov.uk
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1. Introduction

This is an Agreement between the Department of Health, the NHS and the Voluntary and Community Sector (VCS) – to promote the VCS' increasing role **in contributing to health service delivery**, as well as its **complementary and distinct roles** in relation to promoting health and health care, and in lobbying and advocacy.

It is a **draft work-in-progress**, which is being **published for consultation** with all those who would have a stake in it.

It points the way to partnerships that enable progress in relation to two key priorities:

- optimising the VCS' contribution to genuinely **patient-centred service** delivery in a reformed NHS, where patient choice is the driving force for change, and
- adopting and applying the principles of the ***Compact on Relations between Government and the Voluntary and Community Sector in England*** in all working arrangements between the NHS and VCS.

These aims are distinct but not mutually exclusive – indeed they are inextricably linked. We look to **Chief Executives of NHS and VCS organisations** to take a leading role in articulating the relationship between the two at local level, championing the Compact and bringing partnership to life at every level within their service.

This is not the first strategic agreement between Government and the independent health and social care sector. It follows, in particular, *For the benefit of patients – A Concordat with the private and voluntary health care provider sector*, published in 2000, and *Building Capacity and Partnership in Care – An Agreement between the statutory and the independent social care, health care and housing sectors*, published in 2001. As such, it is part of a family of documents, and supports **Government and NHS investment in VCS organisations** – to facilitate their contribution to increased capacity and improving diversity of provision, access and choice for patients.

It is not intended to prescribe **how** partnerships should be operating locally. It is a **strategic statement of intent to work together constructively**, and signals a direction of travel, towards:

- a deeper and more meaningful engagement and understanding, between the NHS and the VCS
- continuing, progressive and dynamic partnership between the NHS and VCS, and
- real improvements to the level of access, choice and quality of health care.

As such, it should be a **common point of reference** at all levels and for all communities.

The questions on which we would like your views and feedback are set out in Appendix 2 of this document, along with the details of where to send your consultation contribution.

We also want to hear about the specific partnership opportunities, issues and challenges you find in practice as part of this consultation exercise, which will inform the finalisation of this agreement.

The consultation period will close on **20 November 2003**.

2. Strategic aims of the partnership

These are:

Meaningful **strategic engagement**, understanding and partnership, between the Department of Health and the VCS at national level, and between NHS organisations, particularly Primary Care Trusts (PCTs), and VCS organisations, and Local Strategic Partnerships (LSPs) at local level, which look forward to a working relationship that serves patients, service users, carers, and the public;

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, increasing capacity, plurality and choice. **Increase the VCS contribution to service provision**, and the number of volunteers working in the NHS. These will contribute to the Government's target of increasing voluntary & community sector activity by 5% by 2006;

Provide a **framework for involving, supporting 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.

3. Where does this fit?

NHS agenda for reform

The NHS Plan set out a major programme of investment, expansion and reform for the NHS. Its vision is to offer prompt, convenient, high quality services that treat patients as partners. Integral to this programme for reform is the drive to improve **access and choice** for patients, carers and service users to **create additional capacity** within the whole health and social care system. The VCS has a vital role to play in all of this, either directly commissioned by PCTs, or as a supplementary provider with NHS Trusts.

What the VCS can and does do

Community and voluntary groups already play important roles in health 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, for example, the voluntary sector is the main funder and provider of palliative care, contributing some £200m to patient care.

The Asian Health & Social Care Organisation (AHSCO) provides a range of health and social care services for Asian Elders in Bristol. It is based within a busy community centre, which provides a diverse range of activities and projects to the multi-cultural communities across Easton (an inner city ward).

AHSCO provides a very successful daily lunch service to its users. This service has been opened up to all communities and now reaches beyond its original target audience of Asian Elders.

AHSCO provides culturally appropriate services to its users. With sufficient funding support, through partnership with a mainstream provider, AHSCO could easily adapt its services and extend its reach across the city.

How the Government is supporting sustainable partnership

Government signalled its commitment to working with the VCS through the publication of the *Compact on Relations between Government and the Voluntary and Community Sector in England* in 1998.

HM Treasury's *The Role of the Voluntary and Community Sector in Service Delivery – A Cross Cutting Review* has built on the Compact commitments. It aims to further develop the partnership based on the sector's strengths to support the delivery of high quality public services.

To this end Government is investing in the VCS to develop its capacity to deliver services in partnership with government at all levels. This includes:

- 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;
- HM Treasury's £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;
- Department of Health's Section 64 general scheme of grants funds VCS organisations in England whose activities support its policy priorities. This amounts to around £22m per year;
- a number of Department of Health Section 64 Specific Schemes. For example, the Direct Payments Development Fund, is investing £9m in the VCS over 3 years to support the promotion and take up of direct payments, and
- Department of Health's Opportunities for Volunteering (OFV) grant scheme which distributes funds to small local voluntary and community organisations that run projects, supported by volunteers, in the health and social care fields. The total annual budget for OFV is around £6.9m and funds over 20,000 volunteers in England.

4. “Fair to all, personal to you”

The NHS and the VCS share a commitment to the fundamental values of equity and person-centred care. Greater cooperation and partnership creates an opportunity for those values to be turned into practice. One of the Department of Health’s key objectives in the reform of the NHS is to improve the way patients experience health care. Improving the experience of patients, carers and service users means improving access and waiting; building closer relationships and better communication so that individuals feel that services are more tailored to their needs; providing better information to help people make more informed choices, and delivering safe, high quality, coordinated care in an environment that is clean, comfortable and friendly. Working together the NHS and VCS can build on the knowledge of the VCS, its understanding of patients and its commitment to diversity and inclusion to enable the Health Service to be more responsive to patient choice and equitable for all.

NHS and VCS organisations can take practical steps together to ensure that the special knowledge and expertise which the VCS brings, informs the development of NHS services and that the delivery of services by VCS organisations themselves is directly informed by patients and their carers.

The **British Red Cross Home from Hospital Service** is designed to provide practical and emotional support by trained volunteers to people in the immediate post-discharge period. It does this in partnership with NHS and local authority services, particularly those responsible for co-ordinating discharge from hospital.

Older people are the most typical client group but many local schemes provide help to other adults in need of support. The service offers individually tailored support, companionship and confidence building that could not be matched by statutory services, and helps to minimise rates of readmission to hospital.

Starting from a Department of Health Section 64 Grant in 1992, there are now nearly 60 services around the UK, with 1100 volunteers supporting 46,000 users.

5. 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 which 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 geographical 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 **LSPs**, the aspiration should be **to move VCS organisations into the mainstream** of service provision and **capitalise on the strength that lies in diversity** of providers to reflect the diversity of need.

Long term investment in the VCS by PCTs will address the twin aims of maximising the VCS contribution and modernising NHS services.

By April 2004, PCTs and NHS trusts have been set the target to sign up to an existing Local Compact, or to be actively working towards one with other public bodies and the VCS. PCTs, NHS trusts, local authorities and their partner VCS organisations in every locality (in England) should be working to this timeframe.

www.ourpartnership.org.uk is a website for individuals and organisations interested in learning more about making partnerships work. It is a Cabinet Office initiative developed in partnership with the National Council for Voluntary Organisations and funded by the Treasury.

All services funded by public money 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.

The NatPaCT PCT Competency Framework on Partnership describes what competencies a mature PCT should have to demonstrate effective joint working with partners and contains expectations specifically focused on voluntary sector added value – **www.natpact.nhs.uk/newcf**

How can this happen in practice?

- **PCTs** need to know what the VCS can contribute towards the development and delivery of local services and the range of support for patients, carers and service users, and include them systematically among the plurality of providers that they deal with.
- **PCTs** need to create an environment in which VCS organisations can establish themselves and flourish. They should know which VCS providers are operating locally and sustain relationships by understanding what support, financial or otherwise, they need in order to contribute to their full potential.
- **VCS organisations** need to recognise that PCTs are new complex organisations and have their own organisational development needs.
- **VCS organisations** need to acknowledge the legitimate national and local priorities which set the context for PCT commissioning and contracting, as well as their role as guardians of public money. They should also be aware of the new devolved financial and performance management arrangements which exist in the NHS.
- Contracts and grants for services should deliver value for money for the commissioner *and* seek to reflect the **full costs** of development and delivery to the provider – recognising core costs and the different ways these can be met.
- Partners should use **standard processes and contracts** wherever possible.
- **VCS providers** need to share with PCTs and local authorities the valuable information which they have gained from providing services, their contact with users, and service standards, to inform the commissioning process.
- In order for both partners to get the most out of the relationship for the benefit of patients, they each need to be **open to innovative ideas and committed to sustaining what works.**

- There should be a **shared agenda for developing commissioning** processes and behaviours to facilitate and support VCS engagement. A willingness to review processes, practices and procedures to ensure easier engagement, as well as high quality commissioning in service delivery is important.

Crisis Point is a mental health crisis support centre in Manchester, run by Turning Point, where people are helped to resolve crises and develop strategies to prevent or better manage such crises in the future. It offers a range of services including accommodation, advice and information and non-residential sessions. 180 people stayed in residential accommodation in 2002 and another 80 people received 1:1 counselling.

Set up in 1998, Turning Point worked with Manchester Mental Health and Social Care Trust to identify the need for a crisis support service, and to plan and develop the service. From the outset, the service has been managed under the auspices of a steering group made up of representatives from the Trust, NHS commissioners, service users and Turning Point to review the service and make recommendations.

6. Developing capacity and capability, trust and confidence

LSPs, Health and Education Strategic Partnerships (HESPs) 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 participation in UK-wide **Sector Skills Councils**;
- VCS participation in new **HESPs**;
- **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. Making it happen

In order to develop and promote this vision, as well as provide leadership and focus at national level, and identify and pursue strategies to support NHS and VCS organisations locally, we propose to establish a **National Strategic Partnership Forum**. Its membership will be taken from the Department of Health, the VCS, the NHS and Social Care and will need to ensure effective representation of all those with a stake in this agenda. The Forum will provide a national level focus for joint discussions with the practical aims of:

- exploring the barriers to effective local partnership working, and
- finding pragmatic solutions which support local NHS and VCS organisations in engaging with each other more effectively, without undermining the independence of local VCS organisations or the devolved responsibilities of PCTs.

Practical issues the Strategic Partnership Forum could explore include:

- articulating and maintaining the interdependence and joint interests;
- identifying and addressing the practical constraints faced by all partners;
- developing practical ways for of working for partners at all levels, for example, facilitating the involvement of the VCS in national policy development by the Department of Health;
- understanding the roles of key players such as PCTs, Strategic Health Authorities, Workforce Development Confederations and Patient and Public Involvement Forums, and how they can support strategic joint working;
- informing priorities for key funding streams, eg, Section 64 money and Opportunities for Volunteering which, at national level, can support and underpin local development;

- exploring the scope for joint workforce development between NHS and VCS organisations, as well as supporting VCS recruitment and retention of volunteers and paid staff;
- promoting and encouraging the agreement, monitoring and evaluation of Local Compacts;
- using this Agreement as the focus for promoting meaningful engagement and change at local level, for example by developing good practice toolkits;
- identifying exemplars that demonstrate the ways in which NHS and VCS can work together and promote good practice;
- assessing progress towards the Government's target for a 5% increase in VCS activity by 2006;
- how to ensure the VCS secures the investment it needs and achieves full cost recovery;
- the feasibility of a standard form of contract for the VCS;
- benchmarking quality assurance by VCS organisations;
- promoting and encouraging active patient and public involvement strategies for both partners;
- identifying opportunities for increased VCS service delivery, and
- how to value, celebrate and invest in the Black and Minority Ethnic (BME) VCS.

8. Conclusion

This 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 Strategic Partnership Forum at national level, we will pursue the aspirations set out in the Compact and generate and maintain momentum towards gaining real understanding and trust.

Appendix 1

Acknowledgements

We are grateful to members of the Concordat Strategic Group, chaired by Sir Nicholas Young, of the British Red Cross Society, which was appointed by Alan Milburn in June 2003 to:

“develop proposals for the Secretary of State for Health for a Concordat between the Department of Health and the voluntary and community sector that encourages a more strategic, inclusive and consistent approach to support the provision of faster treatment, higher standards and a better experience for NHS patients and users”

The membership of the Group consists of:

Professor Louis Appleby, Department of Health, National Director for Mental Health

Harry Cayton, Department of Health, Director for Patient Experience and Public Involvement

Asher Craig, Council for Ethnic Minority Voluntary Organisations

Baroness Audrey Emerton, National Association of Hospital and Community Friends

Stuart Etherington, National Council for Voluntary Organisations

Jean Foster, Active Community Unit, Home Office

Lionel Joyce, Turning Point

Andy McKeon, Department of Health, Director of Policy

Gill Morgan, NHS Confederation

Sarah Mullally, Department of Health, CNO/Director for User Experience and Involvement

Simon Weeks, Local Government Association

Sir Nicholas Young, British Red Cross Society

Appendix 2

List of consultation questions

The Strategic Working Group would very much welcome your views, feedback and suggestions on the thinking contained in the draft document, focused particularly on the questions listed below.

1. Are the strategic aims of the Strategic Partnership Agreement correct?
Should any of them be removed? Should any be added?
2. Are the aims realistic? What are the issues and challenges to their achievement?
3. Have we got the context right?
Are there any other wider aims and objectives, to which effective partnership working between NHS and VCS can contribute to, which you feel we have missed?
4. What specific action could the Department of Health and VCS take nationally to ensure the Strategic Partnership Agreement is a success?
5. Do you agree with the proposal to establish a national Strategic Partnership Forum?
If so, how should it be comprised to ensure effective representation of all key stakeholders?
Do you have any views on how such a forum should operate and how its agenda is set?
Would you add anything to the list of practical issues that the Strategic Partnership Forum could explore? If so, what?
6. What specific action can NHS organisations, particularly PCTs, and VCS organisations take locally to ensure the aims articulated in the Strategic Partnership Agreement are put into practice?
What are the challenges and practical barriers to effective partnership working at local level?

7. Are there any specific challenges and difficulties posed by the suggestions listed under “Strategic planning, joint working and effective commissioning of health services – How can this happen in practice?” (Section 5) If so, what are they?
8. What, if any, limits are there to VCS organisations contributing to the development and/or delivery of NHS services?
9. Do you know of any good examples – which demonstrate how partnership working can work well in practice – or from which we can learn what the pitfalls can be? If, so, we’d like to know about them so that we can build a comprehensive and detailed picture of how partnership is working in practice, to inform future discussions.

The consultation period will close on **20 November 2003**.

Please seek every opportunity to discuss the draft Strategic Partnership Agreement locally, for example by placing on the agenda for any meetings relating to local Compact, LSP or other community based joint working forums which take place during the consultation period, and to consider the merit of arranging specific local events to debate the content of the document.

Written responses and records of any local events can be sent by post to:

Making Partnership Work Consultation
Area 609
Department of Health
Wellington House
133-155 Waterloo Road
London SE1 8UG

Or you can e-mail your responses to:

Makingpartnershipwork@doh.gsi.gov.uk

We have provided a pro forma on which to record responses, if you wish, although responses in letter form will be equally acceptable.

A copy of this document and a consultation pro forma can be accessed at:
www.doh.gov.uk/makingpartnershipwork

