

Working together to deliver the Mandate

Strengthening partnerships
between the NHS and the
voluntary sector

Author

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Contents

The King's Fund is an independent charity working to improve health and health care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible care is available to all.

Published by
The King's Fund
11-13 Cavendish Square
London W1G 0AN
Tel: 020 7307 2591
Fax: 020 7307 2801
www.kingsfund.org.uk

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First published 2013 by The King's Fund

Charity registration number: 1126980

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ISBN: 978 1 909029 12 5

A catalogue record for this publication is available from the British Library

Available from:
The King's Fund
11-13 Cavendish Square
London W1G 0AN
Tel: 020 7307 2591
Fax: 020 7307 2801
Email: publications@kingsfund.org.uk
www.kingsfund.org.uk/publications

Edited by Kathryn O'Neill

Typeset by Peter Powell Origination & Print Limited

Printed in the UK by The King's Fund

About the author	v
Acknowledgements	vi
Foreword	vii
1 Introduction	1
The case for change	2
The role of strategic leadership	5
2 Opportunities for partnership working	7
Establishing roles and responsibilities in provider partnerships	9
Developing the skills to support a range of partnership models and governance structures	13
Sharing risk	15
Developing the business skills to achieve shared aims	15
3 Working within the wider system and structures	19
Commissioning and contracting	19
Regulation	20
The wider health and care system	21
4 Conclusion: what the system can do to support providers	23
Recommendations	23
5 References	27

About the author

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Acknowledgements

We would like to thank the foundation trusts, NHS trusts and voluntary sector organisations from the membership of the Foundation Trust Network (FTN) and the Association of Chief Executives of Voluntary Organisations (ACEVO) that participated in this research project, providing case studies and informing our findings. We would like to thank Miriam Deakin from the FTN for co-ordinating the FTN's contributions, including identifying case study material. We are grateful to Sarah Gregory from The King's Fund for drawing together some of the background material and organising the round table discussions. We would also like to thank Ralph Michell from the Association of Chief Executives of Voluntary Organisations for his input into the messages of the report. The advisory group we set up to advise on the report provided feedback on the work as it progressed, and thanks are due to the group's members: Anna Dixon (formerly of The King's Fund), Sir Stephen Bubb (ACEVO) and Chris Hopson (FTN). Several of our colleagues at The King's Fund, FTN and ACEVO also assisted with the co-ordination of the round table discussions and commented on successive drafts of the report.

Foreword

The NHS faces challenges on many fronts in the years ahead. In the context of rising demand, limited resources, and changing population needs, it must adapt and innovate, building new relationships and partnerships across sectors to develop and deliver new models of care and support.

The Foundation Trust Network (FTN) and the Association of Chief Executives of Voluntary Organisations (ACEVO) welcome the Secretary of State's Mandate to NHS England, which signals the need for these new relationships and provides new clarity about our shared strategic priorities for health. Despite the recent and understandable emphasis on the role of commissioners in the new system, providers will play a central role in delivering the Mandate and ensuring that patients receive compassionate, co-ordinated care.

Given the unprecedented challenges facing the NHS, we need to make much better use of the collective resources and expertise available in local areas to enable the service to consistently deliver high-quality, patient-centred care. To do this, foundation trusts, NHS trusts and voluntary sector providers will need to demonstrate strong leadership to develop new models of care in partnership with commissioners and other local stakeholders.

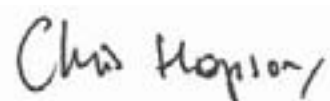
The FTN and ACEVO recently commissioned The King's Fund to work with them to establish a framework for how foundation trusts and NHS trusts can work more effectively in partnership with voluntary sector providers. This research demonstrates that getting the health and care sector and the voluntary sector working together more effectively could be central to the NHS's collective success in delivering the Mandate.

The UK has one of the most vibrant voluntary sectors in the world, and many of the priorities set out in the Mandate – particularly around the preventive agenda and the management of long-term conditions – are areas where NHS partnerships with the voluntary sector are strongest and offer the most effective and person-centred care.

However, there are still some perceived barriers to effective partnership working, which could undermine the Mandate's aspirations around innovation, new models of delivery, and person-centred care. This report makes some constructive recommendations that could help all involved to maximise the collective expertise across the NHS and the voluntary sector, and make the overall health and care system work more effectively for the citizens who own the NHS.

There has never been a better time to look at how new partnerships between providers can add value for patients and service users, and how the wider system should support partnerships between trusts and voluntary sector organisations to be effective locally. The FTN and ACEVO are committed to a long-term partnership and to enabling our members to work together more effectively to consistently deliver high-quality care.

We would like to thank The King's Fund for its support in developing our analysis and we hope that our respective member organisations across the NHS and the voluntary sector, and colleagues from across the health system, find this research thought-provoking and the recommendations constructive.



Chris Hopson, *Chief Executive*
Foundation Trust Network



Sir Stephen Bubb, *Chief Executive*
Association of Chief Executives of
Voluntary Organisations

About the organisations

The **Foundation Trust Network** (FTN) is the membership organisation and trade association for the NHS acute hospital, ambulance, community and mental health service trusts. The FTN supports these foundation trusts and trusts in delivering high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping to shape the system in which they operate. The FTN has more than 220 members – more than 90 per cent of all NHS foundation trusts and NHS trusts – who collectively account for £65 billion of annual expenditure and employ more than 630,000 staff.

ACEVO is the **Association of Chief Executives of Voluntary Organisations**. ACEVO supports and represents leaders in the voluntary sector, with approximately 1,500 members across the country. It has been providing support and advice to its members for more than 25 years.

1 Introduction

This report considers how health care providers (principally foundation trusts and NHS trusts) can build and consolidate partnerships with voluntary sector providers to work together more effectively to meet the priorities set by the Secretary of State for Health in the recent Mandate (Department of Health 2012a). Under the Health and Social Care Act 2012, NHS England is accountable for delivering improvements in health through the Mandate, which will be revised periodically. The first Mandate sets out the five areas against which the performance of NHS England will be measured up until March 2015. These are:

- preventing people from dying prematurely
- enhancing quality of life for people with long-term conditions
- helping people to recover from episodes of ill health or following injury
- ensuring that people have a positive experience of care
- treating and caring for people in a safe environment and protecting them from avoidable harm.¹

The NHS England business plan sets out how it intends to address these priorities (NHS England 2013). However, it is clear that NHS England cannot deliver the Mandate by itself; and while the Mandate is principally aimed at commissioners, it also reflects aspirations that are shared by providers, patients and the public – particularly in relation to the future health of the population – and can therefore be taken to represent priorities for the NHS as a whole. As such, the Mandate should also inform the direction and focus of any organisation aiming to provide high-quality care or preventive services.

There are many examples of strong and successful partnerships between trusts and voluntary sector providers that have begun to forge innovative ways to deliver efficient, high-quality, patient-centred care. Evidence suggests that such partnerships have considerable potential to address a number of system-wide priorities, including prevention, shifting treatment, care and support into the community, and addressing the needs of an ageing population. However, there remain some significant barriers to effective partnership working, including a lack of understanding of roles and responsibilities across sectors for the management and delivery of health and care services.

Early in 2013, the Foundation Trust Network (FTN) and Association of Chief Executives of Voluntary Organisations (ACEVO) commissioned The King's Fund to work with them to establish a framework for how trusts can work more effectively with voluntary sector providers. The recommendations presented in this report were initially developed during a round table discussion at The King's Fund in March 2013, with 33 delegates from a variety of foundation trusts and NHS trusts, voluntary sector providers and national

¹ More detailed indicators on each of these areas are set out in the NHS Outcomes Framework (Department of Health 2012b). Progress on meeting these priorities will be measured as average levels of improvement in the relevant areas of the Outcomes Framework, while also measuring progress in reducing health inequalities and unjustified variations.

organisations. They participated in a consensus-building exercise to draw out existing examples of good practice, identify ongoing barriers to partnership working, and consider strategies for overcoming these.

This report draws on the discussions and consultations to offer suggestions about how NHS and voluntary sector providers can develop and strengthen partnerships. First, we set out the case for change, outlining the barriers to partnership working but also the benefits it can bring, highlighting in particular the role of strategic leadership in establishing and developing such collaborations. Next, we draw on numerous examples of successful local partnerships to illustrate the importance of establishing clear roles and responsibilities, developing new skills to support a range of partnership models and governance structures, the need to share risks and rewards, and to develop business skills that can help deliver shared aims and improved outcomes. We then explore how provider partnerships interact with the wider system, including commissioning, contracting and regulation. We conclude by making recommendations about what trusts and voluntary sector providers, commissioners, regulators, system leaders, regulators, and policy-makers and influencers can do to support effective partnership working in the future.

This report in no way attempts to suggest that there should be a uniform approach or ambition for partnerships between trusts and the voluntary sector to deliver the Mandate – indeed, the range and complexity of providers in both sectors would make this unfeasible. Rather, it draws on the experience of existing good practice and strong partnerships to make recommendations that might guide future partnerships and help them successfully deliver the priorities stated in the Mandate.

The case for change

The challenge of continually improving the quality of care in a context of major financial constraints and demographic changes, alongside rising patient expectations, means that ‘business as usual’ is no longer tenable. The NHS increasingly has to provide care for people with long-term conditions and complex co-morbidities across different settings (The King’s Fund 2013), which poses a range of new challenges for providers (Gregory *et al* 2012). At the same time, patients have come to expect greater choice and the flexibility to have care delivered closer to home. Providers are under scrutiny to deliver high-quality care that is also within budget, while adapting to the new commissioning and regulatory environment. Taken together, these challenges provide an opportunity on which to build and consolidate partnership working across providers – endeavouring to both generate efficiencies and consistently deliver high-quality care across the system.

Reducing fragmentation, driving efficiencies and improving the patient experience

The health and care system has been criticised for being fragmented and failing to meet the needs of either the population as a whole or of individual patients. Yet there is evidence to demonstrate that working effectively in partnership can improve patient outcomes and experiences (Ham and Walsh 2013, p 1). Provider partnerships offer an opportunity for care services to be better co-ordinated based on the needs of patients and their families, delivering ‘the right care at the right time in the right place’.

Many gaps or failings in the quality of care can be attributed to poor co-ordination between providers of care and between commissioners and providers. Organisational structures and payment models reinforce fragmentation in the system, whereby performance measurement and accountability are focused at an organisational level.

Current payment systems continue to encourage more independent provision of care, and potentially discourage partnership working.

The current juncture offers scope for a much wider range of partnerships between trusts and voluntary sector providers in the organisation and delivery of health and social care (Ham *et al* 2011). However, there has been limited consideration of the benefits of working in partnership, or indeed how those partnerships might evolve. They could, for example, help address concerns about fragmentation across the health and care system, with NHS and voluntary sector providers bringing together a set of diverse but complementary skills, enabling greater whole-person care. They could also help to avoid unnecessary hospital admissions and provide care closer to home, thus improving the patient experience at the same time. As the examples in this report illustrate, many partnerships offer a wider and more comprehensive range of support services than either provider could deliver in isolation.

Reducing fragmentation and driving greater efficiencies are especially pertinent given the bleak financial outlook and the enormous productivity challenge facing the NHS. Under the current system, a wide range of NHS providers deliver patient care, including foundation trusts and NHS trusts and some independent providers across the acute, mental health, community and ambulance sectors. The voluntary sector also has a broad and complex range of providers, which vary significantly by size, ambition and the nature of care delivery.

Addressing the barriers to partnership working

For trusts and voluntary sector providers alike, internal organisational priorities and pressures on time and other resources can act as barriers to partnership working. Trusts and voluntary sector organisations will also bring different approaches to a partnership – from their culture and values, through to different legislative or regulatory constraints (eg, governance and finance, risk appetite, access to capital and flexibility to invest). Instead of being considered a barrier, these organisational differences can be seen as an opportunity to forge a unique relationship that adds value to each organisation and to the delivery of patient care.

The NHS has been criticised for being insular, communicating with other NHS providers but struggling to engage successfully with other sectors (Naylor *et al* 2013). For voluntary sector organisations and others, such as private care companies, it can be difficult to know how best to engage with trusts in order to access health services for their clients. In addition, patients who interact with one part of the system often have limited knowledge of the other options and support available to them in their area.

There is, therefore, a real need to raise awareness among trusts and voluntary sector organisations of their respective strengths in relation to delivering high-quality care. NHS commissioners would benefit from guidance and support on how to work effectively with voluntary sector organisations, and new sources of funding and support need to be found to ensure that the sector is developed to compete on equal terms with other providers (Curry *et al* 2011).

Forging strong partnerships between trusts and voluntary sector organisations is likely to be crucial in addressing the significant challenges facing the health and care system. The Mandate provides an excellent foundation for considering how and why providers might work in partnership to improve the way they organise and deliver care. It provides a focus for emerging partnerships, highlighting government priorities and establishing a clear starting point for developing shared objectives across providers.

Exploring the benefits of partnership working

There is much to be gained through working in partnership. Trusts and voluntary sector providers together have the potential to deliver innovative models of care at a local level, using their capabilities as experts within a defined population, to broker relationships and work with communities to empower them to derive solutions.

Many providers are anxious about taking the first steps towards establishing partnerships, partly because there are so many unknowns, including the credibility and quality of other providers, short-term policy agendas, financial challenges, service reconfigurations and what is 'allowed' within the current regulatory and contractual framework.

However, there are a number of imperatives driving the development of partnerships for the delivery of high-quality NHS care. Collaborations can help providers address the current financial challenges by delivering care at scale and by sharing the risks as well as the rewards of changing where and how care is delivered. Working in partnership can deliver high-quality care, through considering more holistic care options and addressing gaps when patients are moving around the system.

The reforms under way at national and local levels offer a real opportunity for providers and commissioners to begin exploring more innovative approaches to the organisation and delivery of care that address the priorities in the Mandate. Here, the leaders of provider organisations have a critical role to play in making a start – identifying potential partners, making initial approaches, exploring how they can work together, and finding the resources to support the partnership. Although national bodies and local commissioners have a critical role in supporting and facilitating partnership working, providers do not have to wait for a steer. While commissioners are getting to grips with forming clinical commissioning groups and carrying out their new functions, providers can and should continue to drive change to deliver the right outcomes for patients.

There are already many examples of effective partnership working between trusts and voluntary sector providers, which demonstrate these principles in practice. The following example illustrates how a mental health trust and a voluntary sector provider are working together to provide employment and re-enablement support to patients with mental illness or learning disabilities.

Providing employment, education and training support for patients with mental health problems in Barnet, Enfield and Haringey

Barnet, Enfield and Haringey Mental Health NHS Trust recognised the need to provide more focused support and re-enablement for their forensic service patients (those who have a mental illness and a criminal record). Most service users spend several years in medium/low secure units before receiving care in the community, and can find accessing employment, education and training difficult. Access to local support is limited so the trust decided that, in order for forensic patients to make a successful transition into their community, it was necessary to provide a bespoke service to help them access employment, training and education.

The trust established a new partnership with Certitude, a voluntary sector organisation that supports service users with mental health needs and learning disabilities to access education, training and employment.

A dedicated adviser supports service users by helping them to write a CV and prepare for interviews. Some have already taken up work placements, courses, or employment, and continue to receive support after they have done so, with the emphasis on retention

as well as initial placement. The service aims to support eight clients into employment in the first year of the contract.

In its first year of operation, the partnership has linked the trust with a range of educational and employment providers, as well as giving it access to funding streams that it could not have secured alone.

- **RECOMMENDATION: Partnerships should be locally led, without waiting for national leadership to mobilise collaboration.**

The role of strategic leadership

Strategic leadership at a local level will be fundamental to the development of effective partnerships that deliver co-ordinated, high-quality care across sectors. Leaders at a local level are often best placed to translate national policy ambitions for greater integration into initiatives that address gaps in local service provision and greater co-ordination of care. To devise such initiatives, leaders of local provider organisations need the space and flexibility to approach others to discuss innovations and test ideas – developing a shared agenda and set of priorities, and considering creative ways to address the main challenges in their area. The following example illustrates how local clinicians are leading a partnership initiative with local nursing homes and general practitioners to deliver better, patient-centred care, while also helping to reduce avoidable admissions.

Clinicians take the lead to improve care and reduce avoidable admissions

Clinicians at Ashford and St Peter's Hospitals NHS Foundation Trust, a medium-sized district general hospital working across two sites, took the initiative to work with nursing homes and GPs across the region to improve care for older people. This partnership has a strong preventive aspect, and explicitly aims to reduce unnecessary emergency admissions. An analysis of hospitals admissions data from 2006 to 2009 showed that three local nursing homes had the highest number of multiple admissions, so these homes were the focus of activities during the first three months. The project was then extended for four months to another six nursing homes.

As part of the initiative, hospital clinicians provide medical advisory support for GPs serving the nursing homes, including a new telephone service that enables GPs to contact geriatricians for advice in order to make a more informed judgement about whether patients need to be admitted to hospital or whether their care can be safely delivered within the nursing home setting. All nursing home residents are also offered more regular check-ups with primary care colleagues to help manage their care and identify emerging issues at an earlier stage. Whenever a care home resident is admitted to hospital, an alert is sent to the allocated geriatrician so that their discharge can be expedited in as timely a way as possible.

Over the first three months of the initiative, there was a 52 per cent reduction in emergency admissions to hospital from residential care settings and, for those patients who were admitted, their length of stay was reduced (Lisk *et al* 2012). The support provided also improved patients' experience of end-of-life care, supporting them to remain in their home rather than in a hospital setting.

- **RECOMMENDATION: Trusts and voluntary sector providers should begin the process of exploring potential partnerships by engaging in dialogue around shared aims, and finding resources to support partnership initiatives.**

The role of boards and senior managers

Where partnerships between trusts and voluntary providers are most effective, there has been strong buy-in from senior management in each organisation. Senior managers and decision-makers need to be committed to making partnerships work and to exploring and progressing new collaborations. As well as maintaining a strong focus on internal operations, boards and senior management teams need to be outward-looking and recognise the potential benefits of partnership working. The example below highlights the contribution made by board members of a foundation trust in the north of England, who had a dedicated role in establishing and supporting local partnerships with the voluntary sector and other organisations.

Local leadership in Harrogate

Harrogate and District NHS Foundation Trust is taking a strategic approach to engagement with the voluntary sector, led by the Director of Partnerships and Innovation – a dedicated full-time post and a member of the trust board whose remit includes championing the partnership agenda and ensuring different types of partnerships are given full consideration across trust business.

To date, the trust has worked in partnership with the voluntary sector, religious and public sector leaders to establish the Ripon Wellbeing Collaborative to develop a joint programme of work to make better use of collective resources and plan for the longer-term needs and priorities of local communities. One clear priority is the modernisation of community hospital facilities, much valued by the public, to develop a new centre of excellence for rehabilitation and re-enablement services.

The future strategic direction of provider organisations will increasingly be built on their ability to establish and maintain successful provider partnerships. To encourage collaboration at the point of care delivery, senior leaders need to lead by example and develop effective collaborations with senior leaders of potential partner organisations. However, it is important to recognise that boards and senior managers may need to develop new skills and expertise to support strategic partnerships, as they may need to negotiate a very different range of partnership models and governance arrangements, including sub-contracts, formal joint ventures, social enterprises or risk-sharing contracts. This will be discussed in more detail in the later section on skills and structures.

- **RECOMMENDATION: Board members and other senior leaders should champion partnerships with other organisations, and support the development of such partnerships at a service delivery level.**

The examples already given illustrate what it is possible to achieve by working in partnership across sectors within the current commissioning and regulatory framework. The next section highlights further opportunities to develop partnership working through initiatives that can improve patient outcomes and the patient experience, and addresses the five priorities in the Mandate.

2 Opportunities for partnership working

Emergent provider partnerships will need to take account of a more competitive health and care environment in England (Ham 2013). Greater competition does not, however, preclude providers establishing partnerships to deliver shared aims. Some areas of care may lend themselves more readily to partnership working; urgent care, for example, is commonly delivered through natural monopolies, developed through availability of specialist providers. Alternatively, the full episode of elective care (including pre-operative and post-rehabilitation care, as well as diagnostics) lends itself more to sub-contracting and patient choice based on competition between providers in the market. Patients with long-term conditions, however, may be more appropriately managed through integrated care packages, greater support for self-management and personalised care (supported by capitated payments). The example below demonstrates how people with dementia in Worcestershire are being supported by the local trust and two voluntary sector organisations, each making its own unique contribution, forming a partnership that provides whole-person care.

Providing better and earlier support for people with dementia and their carers in Worcestershire

Worcestershire Health and Care NHS Trust opened its early intervention service for dementia in 2010 in partnership with Dementia UK and the Alzheimer's Society to provide a co-ordinated service to assess, diagnose and support people identified with early signs of dementia. Each partner contributes its particular expertise to an overall package, comprising:

- occupational therapy, psychology and memory strategies, as part of the NHS services provided by the trust
- local dementia advisers, provided by the Alzheimer's Society
- Admiral Nurses, provided by Dementia UK, who provide information, practical advice and emotional support for carers
- access to a range of local support services
- onward referrals to other services (including telehealth) and to other community groups for advice.

The service receives 90 referrals a month and has established a valuable relationship with GPs. An independent evaluation found that service users and their carers benefited from improved quality of life, and that early intervention is helping improve patient choice. The trust and the voluntary sector partners, through pooling their collective expertise and resources, are now able to provide better support for patients and their carers, in the community.

Shifting care into the community and into patients' homes reflects what we already know about patient preferences (Addicott and Ashton 2009), and there is clearly more scope to extend the delivery of care in the community. Partnerships with the voluntary sector present an opportunity for a broader range of care options, primarily provided within community settings. For example, a number of mental health trusts have identified the benefits of working with voluntary sector organisations to offer service users a better pathway to recovery within a supported, community context that enables them to regain independence, rather than the stifling and even deskilling environment of an institution. The example below illustrates how a mental health trust and voluntary sector provider in north London worked together to support service users to remain in the community, through an initiative that also produced significant cost savings for the local authority.

Reducing high-cost institutional placements in favour of a more effective and efficient recovery model in the community

Camden and Islington NHS Foundation Trust and One Housing Group launched a strategic partnership in September 2012 to provide comprehensive and integrated services to people with complex needs who are usually placed away from their host borough. Their first collaboration is a new service providing 15 high-quality, self-contained, supported housing flats for service users with a high level of need. The partnership model was designed to reduce costs, increase staffing flexibility and provide a much more effective alternative to hospital and care placements for these vulnerable service users.

On a day-to-day basis, One Housing Group staff provide ongoing care, with clinical inputs from staff at the NHS trust. The team benefits from joint training and onsite management, and has clear supervision and governance structures. The local authority has already saved £300,000 in the first year by bringing out-of-area placements back into the borough, and service users now receive an integrated package of support that better meets their needs.

Alongside their role as providers of care, voluntary sector organisations are frequently involved in campaigning or advocacy work, as well as clinical research and fundraising. They often have access to specialist knowledge about a particular clinical field and/or a geographical patient population – knowledge that could be a valuable resource to inform the services provided by trusts to those same patients through partnership working.

An approach to commissioning that is based on outcomes and/or a more open tendering of contracts potentially provides an opportunity for the development of different service models and new partnerships between providers. Trusts and voluntary sector providers have a unique combination of scale, infrastructure and specialist knowledge, which means that together they are well placed to improve quality of care and deliver cost efficiencies across a geographical or clinical population.

There are many novel opportunities to work in closer partnership with other innovative suppliers of care, such as other independent sector providers, to allow patients to access care that is more convenient and promotes greater self-management. However, building on these opportunities requires a comprehensive understanding of the respective roles and contributions of each of the potential partners.

Establishing roles and responsibilities in provider partnerships

The voluntary sector is well positioned to harness the capabilities and resources within local communities. Voluntary sector providers usually have closer day-to-day relationships with local communities and individuals. This local knowledge is fundamental for establishing a full appreciation of the care needs of specific patient populations and the local factors that impact on their care preferences. The 'health village' concept in Birmingham, described below, illustrates how a local community focus can build an effective model for delivering care that is strongly responsive to local population needs.

Health villages: utilising local knowledge and capacities to strengthen neighbourhood services in Birmingham

Birmingham Community Healthcare NHS Trust is working with local authority and voluntary sector partners to develop a conceptual framework for gaining greater insights into population groups with shared needs based around the concept of health 'villages'. A 'village' could comprise people living in the same geographical area or a group of people with shared needs or a shared condition.

The health village concept is based on an integrated service delivery model that covers primary care, community services, mental health services and the local authority services. It aims to inform strategic decision-making by statutory partners and support broader health promotion to improve patient outcomes. The trust has benefited from linking with a number of pioneering neighbourhood schemes in the city, such as the Balsall Heath Forum and the Shard End Core Group, which are proactive in enabling their local communities to influence and improve environments and support wellbeing.

The trust and the other partners involved believe there is considerable scope to develop the 'villages' concept further. This could include using sophisticated technology to map the public's interactions with the voluntary and public sectors to inform how services can work better together to improve the health of the populations they service and to develop new pathways.

At a national level, voluntary sector providers may be in a position to generate awareness-raising of a particular clinical area or disseminate examples of high-quality care. These national voluntary sector bodies also have the potential to draw on a larger pool of resources to focus on particular geographical areas, and may be able to invest resources more quickly into delivery, research or service improvement activities. Some of the benefits that trusts have identified in working specifically with voluntary sector partners are based around collective aims – for instance, supporting independence and enabling choice, and supporting co-production and shared decision-making.

In contrast, trusts can play a key role by providing specialist support and opening up access to a broad range of multidisciplinary services – particularly important for patients with complex co-morbidities. While a voluntary sector provider might deliver focused, holistic care for patients with a particular clinical condition, trusts might be better placed to meet the broader range of clinical needs for patients who do not fall neatly under a specific clinical area, and particularly when patients need urgent or acute medical input. However, voluntary sector organisations may be more appropriate to support the co-ordination of early discharge, holistic care and care for non-medical needs, or when palliative or other supportive care services are required. Trusts can bring significant

medical, managerial and health care expertise to a partnership, as well as resources (notably financial but also skills and physical facilities and equipment).

Trusts and voluntary sector providers each bring unique resources, values and skills to partnership working. The example below illustrates how a managed clinical network approach has been established in Leeds and York to harness these attributes.

Managed clinical network co-ordinating specialist roles to provide person-centred support for patients with personality disorders in Leeds and York

Managed clinical networks are one way of providing care and treatment for mental health patients who need a range of co-ordinated services. Leeds and York Partnership NHS Foundation Trust has been working with a range of voluntary sector providers including Community Links, Touchstone, Advocacy 4 Mental Health, Leeds Survivor Led Crisis Service and Emergence to build a whole-system approach across a range of different professional roles and specialisms to provide support and treatment in the community for patients with personality disorders.

Initially one of 11 Department of Health-funded pilots, the trust's approach has more recently been established city-wide. The service includes advice and the offer of a clinical consultation for service users from other partners across the city (including health, housing and the criminal justice system) if it thinks it may have a patient requiring the personality disorder service, an offer of group work interventions, structured case management and therapeutic days, more intensive and longer interventions, and support and training for staff in partner organisations. Satisfaction among service users is high (more than 85 per cent rate the support they have received as 'good' or 'excellent'), and a number of the agencies involved have increased their service provision.

Key benefits of the managed clinical network approach include greater flexibility and responsiveness to service users' needs, opportunities to find more creative solutions (including getting service users more involved in influencing how services are designed and delivered), and increased opportunities for interaction and learning between a variety of disciplines across the public and voluntary sectors.

Mapping and pooling local skills and resources for effective partnerships

Part of the process of identifying patient needs will involve mapping those needs and the extent to which local services currently meet them, including any major gaps in provision, and how a potential partnership between the providers in questions could meet those needs. This process also needs to consider capabilities across the partnership, again, identifying any gaps in resources or skills so that these can either be developed internally or sought from an additional partner.

This should provide a sound starting point for partnerships where providers each bring different elements of expertise and services. In this competitive environment, partnerships of this nature would not necessarily benefit from carving up the market for the same services, but instead would create added value by forming a comprehensive supply chain for the patient or service user. The example below illustrates how Southern Health NHS Foundation Trust and Solent Mind worked together on separate but integrated elements of a service to improve patients' access to psychological therapies, and the added value created by their working together.

'italk' overcomes distinct contracts to work in partnership in Hampshire

Southern Health NHS Foundation Trust and Solent Mind were contracted by the local primary care trust (PCT) to deliver separate but integrated elements of the new Improving Access to Psychological Therapies (IAPT) service in Hampshire. The IAPT telephone support service is available to anyone aged 16 or over who is registered with a GP in Eastleigh, Fareham, Gosport, Havant, New Forest, Test Valley and Winchester experiencing mild to moderate depression and/or anxiety. Patients can self-refer or be referred by their GP. It also helps people stay in employment with the help of dedicated employment advisers, and works with other agencies to signpost people to appropriate community services.

At the start of the arrangement, both partners received a separate contract from the PCT on the agreement that they would work together.

However, despite the potential barriers which could have been generated by this slightly unusual arrangement, the partners worked closely from the outset, relocating to the same premises to ensure a more seamless service.

Southern Health NHS Foundation Trust used its capacity and expertise to recruit staff for the joint service, and benefited from Solent Mind's quick access to suitable premises and IT support. The partners developed a strong brand for the service, and have achieved recovery rates of more than 50 per cent, with 95 per cent patient satisfaction.

One benefit of this partnership is that both organisations are equal contributors contractually and therefore neither is seen as a lead provider. This has ensured that both organisations value, and learn from, the unique contribution of the other in delivering the italk service. Southern Health NHS Foundation Trust values the 'reach' Solent Mind has into the community, and its strong local support networks, including the ability to access employment support for service users. Solent Mind, on the other hand, believes its partnership with Southern Health NHS Foundation Trust brings many benefits, including providing access to considerable resources in a larger, more flexible organisation, as well as clinical expertise, and an overview of the wider health agenda. The partners are now preparing to build on their existing strengths as a partnership by preparing a joint bid to renew the contract.

The example below describes how service providers across the voluntary and statutory sectors adopted a community-based approach to mapping assets in order to develop a model of care (based on community 'hubs') that would improve services for people at risk of isolation.

Adopting a community-based assets approach to mapping resources in Cumbria

The devastating floods that hit the Cockermouth area of Cumbria in 2009 prompted a new relationship between the community and voluntary and statutory sectors as local people contributed their skills, expertise and time to support public services during the crisis. Cumbria Partnership NHS Foundation Trust is keen to maintain this new model of working, particularly to combat the high risk of isolation in rural parts of the county, which has a proven connection to poorer health outcomes (Holt-Lunstad *et al* 2010).

Based on the success of a 'community hub' partnership with Age UK that brought together voluntary services for older people in the Cockermouth area, the trust is investing £500,000 to pilot the roll-out of six additional 'health and wellbeing hubs'

across the region with a broader focus on providing networks and support for the whole community. Using an assets-based community development (ABCD) model, the pilot will map and develop the existing resources and expertise latent within each community and offer access to groups and facilities such as physical exercise classes, skills training, advice, support and further signposting appropriate to that locality.

Each hub has signed up to a common framework to evaluate improved health and wellbeing outcomes. Referrals are accepted from GPs, health visitors or district nurses, or patients can self-refer simply by walking in. Some hubs also offer a more formal 'social prescribing' route for individuals with social needs, particularly those who are at risk of isolation.

Each hub has a paid co-ordinator who is linked in to local health and social care teams and a full range of voluntary sector partners and resources. Commissioners are supportive of this provider-led approach, and should the pilots prove successful in 12 months' time, the hope is to roll out the approach with commissioner funding to a total of 23 hubs in the county.

- **RECOMMENDATION: Trusts and voluntary sector providers should consider undertaking joint mapping exercises to identify the skills and capacity available in the local community to ensure that existing resources are utilised and maximised.**

For an effective partnership, all the organisations involved need a commitment to agree clear and realistic objectives to meet the needs of the defined patient population, and to set the parameters for the partnership. This is likely to require transparent, mature discussions around competing objectives and other local challenges, and the partnership needs to be well managed to overcome any resentments or disagreements that may arise. In order to build and deliver the partnership, there may be activities that each partner needs to deliver independently (such as ensuring adequate back office funding, or aligning the partnership objectives with those of the individual organisation as a whole).

Trusts and voluntary sector providers each face a different range of pressures and concerns that may not be immediately visible to other partners. For example, while a voluntary sector provider may be concerned with how to meet fundraising targets for the forthcoming year, a trust may be considering how a partnership for a particular clinical area fits within its overall strategy. These challenges can act as a barrier to building local partnerships, and can generate distrust and resentment.

Forums to allow communication across potential provider partners can enable greater understanding of agendas, conflicts and wider organisational challenges. Relationships can be established and developed at all levels of the provider partners. Opportunities for engagement between chief executives and chairs (or trustees) of trusts and voluntary sector providers can generate greater understanding of strategic-level pressures (such as funding and workforce constraints), while dialogue further down the organisational chain can potentially highlight and overcome barriers (real or perceived) in the co-ordination and delivery of patient care.

In frontline service provision, this process of agreeing objectives might require providers to overcome traditional preconceptions of organisational boundaries and provider functions. For instance, a partnership might support voluntary sector staff to be based within a hospital ward, or provider partners might work to a common set of protocols and governance arrangements, as in the example below from Oxfordshire.

Talking Space: successful partnership based on shared values and clear responsibilities in Oxfordshire

Oxford Health NHS Foundation Trust and Oxfordshire Mind joined forces in 2009 to deliver TalkingSpace, a service that aims to improve care for people suffering from mild to moderate anxiety or depression. TalkingSpace is part of the Improving Access to Psychological Therapies (IAPT) programme (a national NHS initiative to make psychological treatments approved by the National Institute for Health and Care Excellence (NICE) more widely available to people experiencing depression and anxiety.) TalkingSpace offers a 'stepped' programme of care, including guided self-help, cognitive behaviour therapy (CBT) (individual or group sessions, depending on need) and signposting to other services. It has made effective psychological therapies available to thousands of people in Oxfordshire, with positive outcomes for patients and commissioners.

One of the key elements of this very successful partnership is the shared purpose and values of both partners, alongside clearly delineated responsibilities. For instance, the trust holds the primary contract with the local clinical commissioning group and provides clinical leadership for the service, while Mind contributes to service planning and development, and employs a team of Psychological Wellbeing Practitioners. Both partners abide by a shared set of management protocols, a clinical database, business meetings, training and clinical governance.

- **RECOMMENDATION: Trusts and voluntary sector providers should agree clear and realistic objectives based on shared aims, while acknowledging the challenges facing them as individual organisations, and any potentially competing ambitions.**

Developing the skills to support a range of partnership models and governance structures

Increasingly, commissioners will be seeking to procure innovative services and may look to networks or provider partnerships because of the added value they can bring to improving patient care. Commissioners will be looking to these partnerships to demonstrate a coherent, sustainable contractual relationship and a functional governance structure. Larger organisations will be well placed to partner with smaller, specialist organisations to provide tailored services while also possessing the infrastructure and administrative skills to operate effectively at this scale. Developing the competencies needed to establish and support these contractual relationships and governance structures will be vital for provider partners to work effectively in a more competitive tendering environment.

There are a range of models and structures that such partnerships might take, with varying degrees of formality. Although some providers may have much more experience of brokering contractual relationships than their potential partners, this need not be a barrier to forging these relationships. The example below illustrates how Rotherham, Doncaster and South Humber NHS Foundation Trust successfully negotiated contracts with smaller, less experienced voluntary sector providers to support local community groups to engage with the health and wellbeing agenda.

Developing partnerships that help community groups lead the wellbeing agenda in Rotherham, Doncaster and South Humber

In the wake of recent public sector funding cuts, Rotherham, Doncaster and South Humber NHS Foundation Trust has taken a proactive and pragmatic decision to devolve funding to a range of community groups as a means of engaging them with the broader (preventive) health and wellbeing agenda. This approach recognises the wealth of skills and resources available in the community, which the trust alone cannot hope to match.

The trust established a bidding process for small-scale grants. Key outcomes from the projects they have commissioned include agreements with community groups to provide feedback from their constituencies on services run by the trust, and support for the running costs of a Wellness Centre operated by a Disabled Persons User Led Group. The next step is to formalise a strategy for 'Community Wellness'.

Through this process, the trust has learned that it needs to treat smaller, community-based partner groups as equals, while at the same time recognising that it is not appropriate to subject small, informal community groups to a full-scale, traditional commissioning process.

- **RECOMMENDATION: Trusts and voluntary sector providers need to develop leadership and management capacity to establish strategic partnerships, ensuring that leaders have the skills necessary to negotiate contracts with commissioners and operate interdependently.**

One of the main challenges for emerging provider partnerships is to ensure that governance structures and processes support a more collaborative approach to the organisation and delivery of care. It is evident that existing partnerships are at various stages of development in their governance models and accountability processes and measures. There is no single model of partnership working that is preferable; the most appropriate structure will depend on what the partnership is aiming to achieve, as well as the needs and capacities of the target population. Partnerships can cover many different levels of commitment and dependency – for instance, from sharing information and plans, through to sharing the financial risk involved in a new joint initiative (risk-sharing – whether financial or otherwise – is discussed in more detail in the next section). The different partnership aims will inevitably result in a range of partnership models.

As such, governance models are likely to be most effective where they reflect the current stage of the partnership's development and the activities it is delivering. Partnerships with a longer history of collaboration are likely to be more confident in establishing formal and integrated governance structures (eg, joint board meetings), whereas those with shorter histories tend to rely more on less formal governance processes (eg, joint management meetings). Ideally, governance structures should have the flexibility to evolve over time to reflect what the partnership is aiming to achieve, and how. The overriding principle must be that the partnership is well co-ordinated around patient needs to deliver an effective care pathway.

- **RECOMMENDATION: Trusts and voluntary sector providers should allow governance structures to change over time to reflect the development of the relationship, partnership objectives and contractual interdependencies.**

Sharing risk

The enormous productivity challenge facing the NHS, the new regulatory environment, and the response to the Francis Inquiry (Francis 2013) into the failings of care at Mid Staffordshire NHS Foundation Trust between 2005 and 2008 have all put providers of NHS care under the spotlight. In this context, it is increasingly likely that providers and their boards will want to work with established partners, where they can be assured that adequate governance arrangements are in place and where the financial risk is low.

Partnerships between trusts and voluntary sector providers offer an opportunity to establish these assurances and ultimately improve the way that care is organised and delivered. However, along with this opportunity comes a degree of risk for all involved. At a most basic level, there is a need to define where that risk should sit – with the provider(s), the commissioner, or both?

Within the variety of partnerships between trusts and voluntary sector organisations, interdependencies can arise that may challenge traditional ways of working. These partnerships will require some level of interaction and responsibility for information-sharing outside of established organisational silos. These interdependencies and risks may filter throughout the layers and functions of partner organisations. Board members will take responsibility for joint contracting or establishing other shared governance mechanisms, while frontline providers will be responsible for ensuring a process for effective dissemination of patient information. These interdependencies offer a continuum of opportunities, risks and rewards that can be shared across the partners involved. When provider partners share risks, it offers the potential to discover alternative efficiencies, working together to improve the quality and co-ordination of care for mutual benefit.

However, current procurement mechanisms and competitive tendering processes do not always support such collaborations, and there are few examples of commissioners and/or providers striving to find opportunities to share benefits and risks in this way. For now, it would seem fair to conclude that providers across different sectors have a very limited appetite for sharing financial risk. Risk-sharing across providers seems a long way off, given that risk-bearing by single providers is itself still in the early stages of development. As with governance structures, the degree of risk-sharing may change as the partnership and its associated interdependencies develop.

- **RECOMMENDATION: Provider partners and commissioners should work together to establish contractual mechanisms that enable and support progressive risk-bearing and risk-sharing arrangements across commissioners and providers, and between different types of provider partnerships.**

Developing the business skills to achieve shared aims

The leadership skills and resources needed to achieve the shared aims of each provider partnership may be significantly different from those required of a more traditional leader (whether of an NHS trust or voluntary sector provider). Commissioners and providers should also be clear about expectations and reporting requirements. These tasks, and establishing the structures and processes to ensure their smooth operation, may require a different and/or more sophisticated set of management skills – whether from an NHS or voluntary sector provider.

The example below demonstrates how South Tees Hospitals NHS Foundation Trust is supporting voluntary sector providers to develop skills to support greater partnership working.

Establishing the business skills to work in partnership in South Tees

As a major employer in a large geographical area with high levels of deprivation, South Tees Hospitals NHS Foundation Trust takes its responsibilities in generating economic and social value for the locality seriously. The trust has invested in employing a member of staff whose role will be dedicated to exploring ways to engage strategically with the voluntary sector in order to maximise collective resources and expertise available locally. It plans to support this role in partnership with the Women's Royal Voluntary Service (WRVS). It takes a different approach from previous partnership arrangements, which have often seen the voluntary provider invest in new equipment or facilities rather than the skills and expertise of a dedicated post.

Following an extensive programme to raise awareness of the mutual benefits of joint working across staff in the trust and voluntary sector organisations, the trust is now pursuing a number of collaborations.

- It is supporting the British Red Cross to develop a business case for a supported discharge service by facilitating initial support services and transport to allow patients to return home when they do not require hospital facilities.
- It is working with the WRVS to support older patients on the ward, including identifying any concerns they or their families have, and facilitating timely discharge.
- It is partnering with Tees Valley Rural Community Council to base community agents in two locations to facilitate low-level interventions delivered by voluntary and community groups to support patients to return home.

In order to be viable in the long term, trust and voluntary sector provider partnerships will benefit from developing business models and capabilities that are effective and sustainable and that include succession planning. While charismatic leaders are often vital for driving and brokering partnerships early on, broader buy-in is needed if the relationship is to be successful and sustainable in the longer term. The skills to build and maintain the relationships on which the partnership is based need to be embedded at all levels of the partner organisations involved.

All providers of NHS care are operating in a rapidly changing commissioning context (discussed in more detail in the next section), which will provide even further impetus to innovate and consider new ways of working, including new relationships and collaborations. The changing commissioning context is also likely to encourage providers to focus on developing new business and leadership capabilities among staff, which may not have been central to the implementation of previous provider contracts.

While building relationships and new skills is important to enable provider partnerships to develop; establishing financial sustainability and growth (and securing other sources of income) will be just as important to the creation of innovative delivery models and formal partnership agreements. If these elements of the partnership do not receive sufficient attention, the partnership may struggle to grow and renegotiate contracts with commissioners in this more competitive environment.

Partnerships between trusts and voluntary sector providers will require mature conversations, a comprehensive understanding of competition (and the broader commissioning and provider landscape), and a thorough calculation of acceptable risk and reward structures.

While there is much that trusts and voluntary sector providers can do to build and maintain successful partnerships that improve how they organise and deliver patient care, the broader provider environment, commissioning arrangements and national regulatory systems will also affect the kind of partnerships they can form and what they aim to achieve. The following section considers how these provider partnerships can operate successfully within the broader health and care system.

3 Working within the wider system and structures

While it has been demonstrated that providers can make considerable progress in independently establishing and operating partnerships to improve patient care and deliver the Mandate, the wider system and structures contain levers (such as funding mechanisms and targets for intended outcomes) that could be used to promote effective partnership working and shared ambitions.

The entire system consists of a series of partnerships and networks that operate to deliver whole-person care. As such, there is a role for engaging primary care, community services and existing clinical networks in considerations around how to improve delivery and co-ordination of care.

Commissioning and contracting

Providers, whether working independently or in partnership, work alongside commissioners within a funding and contracting framework that is undergoing major changes. There are challenges on both sides of this relationship. There is a criticism that current contracts between commissioners and providers stifle innovation and leave commissioners unwilling to take risks by procuring services from new and innovative partnerships. However, the commissioning framework could be seen as an opportunity to redesign services and promote greater co-ordination across providers. Through negotiating and establishing shared aims and clear objectives, provider partners will be encouraged to adopt a more co-ordinated approach to bidding for contracts, rather than reinforcing historical competitive and transactional relationships between commissioners and providers.

There are often gaps identified in patient pathways (or the 'supply chain'), particularly from a commissioning perspective, where there may be an incomplete understanding of the range of providers involved in patient care and how they could potentially work in partnership. The voluntary sector is frequently involved in delivering care in these 'gaps', which gives them a unique perspective on patients and communities that could inform the design of services aimed at delivering whole-person care. Commissioners can benefit from working with the voluntary sector to consider strategic opportunities to encourage partnerships with trusts. Commissioners and others involved in strategic planning should consider voluntary sector providers as a necessary and unique provider of NHS care.

Commissioners can support partnership working by establishing a tendering process and contractual agreements that clearly stipulate the outcomes they require. In designing the contract and stipulating intended outcomes, commissioners can create a context where providers need to work together to design and deliver a co-ordinated approach that will be most effective in achieving these outcomes. In this sense, commissioning can be an enabler rather than a barrier to partnership working.

- **RECOMMENDATION: Providers and commissioners should continue to work closely to identify how funding mechanisms can act as a lever for improving the quality and co-ordination of care.**

Funding mechanisms are complex and often conflict across providers, leading to a situation where trusts (paid by volume) have no direct incentive to reduce activity, while voluntary sector providers (funded on block contracts) have limited incentive to work in partnership with trusts to shift a greater volume of care into the community. Using contractual mechanisms to align incentives across providers can motivate trusts and voluntary sector organisations to establish genuine relationships, based on shared and tangible objectives and outcomes, which can form a solid foundation on which to build a sustainable and long-term partnership.

Providers and commissioners can work together to develop greater flexibility around pooled or combined budgets that could help support partnerships based on shared priorities. This more flexible and sophisticated range of funding mechanisms could pose a possible challenge to incumbent providers, within a traditionally risk-averse mode of operation. Other providers – particularly large private sector organisations – may have greater access to the skills, experience and infrastructure to flex to different funding options. Commissioners (and specifically commissioning support units) have an important role to play through establishing clear and comprehensive contractual processes, with appropriate safeguards having agreed an acceptable level of risk sharing with all involved. Payment models should be appropriate for the type of care being provided – for example, block contracts or activity-based payments. Commissioning support units can also help commissioners to work in partnership where it would be appropriate to tender for services that offer the benefits of scale.

- **RECOMMENDATION: Commissioners should consider using outcome-based contracts wherever possible, to drive greater partnership working between providers.**

Through various mechanisms, commissioning can become an enabler rather than a barrier to partnership working. Shared aims, pooled budgets, intelligent procurement, risk sharing and strategic outcome measures all represent opportunities for commissioners to see the efficiencies and improvements that could be achieved through greater partnership working.

Regulation

Trusts and voluntary sector providers represent potentially different markets and organisational models, requiring different approaches to regulation. Historically, there have been considerable inconsistencies in how different providers of NHS care are regulated.

The reforms set out in the Health and Social Care Act 2012 potentially offer a more consistent and transparent approach to the regulation of different providers. As of 1 April 2013, voluntary sector organisations providing NHS care are subject to the same regulatory requirements as foundation trusts; they provide services under contract to a clinical commissioning group and are regulated by the Care Quality Commission (CQC) and Monitor. Monitor in particular has a role (as set out in the Health and Social Care Act 2012) to support integration of services, particularly where it improves quality of care or reduces inequalities. Monitor will work with commissioners and others where appropriate to remove barriers to such integration, where it is in the best interests of patients.

The new provider licence is the main tool by which Monitor will enable integration. All providers that deliver an NHS health care service will be required to hold a licence unless they are exempt under regulations made by the Department of Health. This licence includes a condition that providers must not do anything that is considered detrimental to enabling integrated care. This Integrated Care Condition will allow Monitor to step in

where providers are not delivering integrated care. These regulatory changes provide a potential lever to enable further partnership working across the system (Monitor 2013).

- **RECOMMENDATION: Regulators should continue to ensure that the system supports rather than inhibits the development of innovative partnerships, including those between the NHS and voluntary sector providers where this is in the best interests of patients.**

The wider health and care system

System leaders also have a key role to support NHS and voluntary sector providers to develop effective partnerships, and can highlight the value of collaboration as a way of simultaneously meeting patients' needs and addressing financial and other resource pressures.

With the abolition of strategic health authorities, there is a potential gap in building local capacity for effective partnership working, and there will need to be greater efforts to disseminate examples of best practice. It is unclear where such system leadership will emerge in the new policy context. As such, there is a role for membership organisations, including the FTN and ACEVO, to identify and share good practice, learning from failure as well as success stories. They can also make a valuable contribution to the much-needed national debate about the added value of different partnership models and how they can jointly contribute to delivering the Mandate.

4 Conclusion: what the system can do to support providers

The reforms under way at national and local levels offer an opportunity for providers and commissioners to consider more innovative approaches to how they can work together to improve the organisation and delivery of NHS services. Government policies to support greater competition for the provision of NHS services are not necessarily at odds with attempts by trusts and voluntary sector providers to work in partnership (Hawkins 2011). Mature conversations between providers can even help to dispel myths around partnerships not being competitive.

Strategic leadership within local partnerships is paramount, but there is also a need for discussions between providers and other organisations at national level about new, better co-ordinated models of care – enabling innovation, and facilitating conversations across sectors in order to develop these partnerships. This would involve stepping away from a command and control culture, to enable and promote greater collaboration across sector boundaries.

As the numerous examples presented in this report demonstrate, opportunities for partnership working can be pursued without waiting for changes to the regulatory and commissioning environment to take shape. This raises the question of why some providers have been less willing to engage in partnerships than others, often citing regulation and commissioning as the main barriers. In some cases, an apparent ‘learned helplessness’ or reliance on traditional ways of working may be overriding the desire to explore new partnerships. This again highlights the fundamental importance of strategic leadership across provider partners to create a supportive, enabling culture and remove barriers (real or perceived) to building new partnerships as a way of delivering high-quality care and meeting the priorities set out in the Mandate.

Recommendations

NHS and voluntary sector providers have a key role to play in delivering NHS priorities as outlined in the Mandate, in partnership and collaboration with commissioners and other system players. There are already some emergent and innovative partnerships developing, but there is much more than can be done. Based on the research evidence and existing examples of successful partnerships, we make the following recommendations about what specific health stakeholders can do to strengthen and support effective partnership working in future.

What NHS trusts and voluntary sector providers can do

- Begin the process of exploring potential partnerships by engaging in dialogue around shared aims, and finding resources to support partnership initiatives.
- Take the initiative to ensure that partnerships are locally led, without waiting for national leadership to mobilise collaboration.

- Encourage board members and other senior leaders to champion partnerships with other organisations, and support the development of such partnerships at a service delivery level.
- Undertake joint mapping exercises to identify the skills and capacity available in the local community to ensure that existing resources are utilised and maximised.
- Agree clear and realistic objectives based on shared aims, while acknowledging the challenges facing them as individual organisations and any potentially competing ambitions.
- Develop leadership and management capacity to establish strategic partnerships, ensuring that leaders have the skills necessary to negotiate contracts with commissioners and operate interdependently.
- Allow governance structures to change over time to reflect the development of the relationship, partnership objectives and contractual interdependencies.

What providers and commissioners can do

- Work together to establish contractual mechanisms that enable and support progressive risk-bearing and risk-sharing arrangements across commissioners and providers, and between different types of provider partnerships.
- Continue to work closely to identify how funding mechanisms can act as a lever for improving the quality and co-ordination of care.
- Consider using outcome-based contracts wherever possible, to drive greater partnership working between providers.

What regulators can do

- Continue to ensure that the system supports rather than inhibits the development of innovative partnerships, including those between the NHS and voluntary sector providers where this is in the best interests of patients.

What system leaders can do

- Actively support partnership working across trusts, the voluntary sector and broader networks of providers, fulfilling their strategic leadership role by providing guidance and support for emergent and innovative models of care delivery.
- The Department of Health should ensure that there is a coherent system of incentives and levers that support greater partnership working between the NHS and voluntary sector providers where this is in the best interests of patients.

What policy-makers and influencers can do

- Facilitate and actively support discussions at national and local levels about the benefits of new models of working, identifying and disseminating best practice examples through established forums to demonstrate impact and encourage emergent partnerships.

This report has presented examples of effective partnership working across sectors that are delivering better and more co-ordinated care, improving patient choice and quality of life, increasing access to care and support in the community, and encouraging service users

to be more involved – not to mention delivering significant cost savings. The challenge, however, will be to maintain momentum across existing partnerships while also stimulating emergent partnerships. There is a somewhat understandable anxiety within the system that partnerships will evaporate when ‘someone rearranges the deckchairs’ – reflecting concerns that the commissioner and provider landscape remains susceptible to frequent reconfiguration, which can stifle enthusiasm for innovation. The health and care system – from national bodies through to local networks and individual providers – needs to build a longer-term vision for delivering care and working in partnership that is independent of more transient political reforms.

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