

# Partnership working: the facts



## ***What is the NHS Confederation?***

---

The NHS Confederation is an independent body that brings together the full range of organisations that make up the modern NHS. We work with our members to improve health and health services by:

- influencing policy and public debate
- supporting health leaders through networking and sharing information
- promoting excellence in employment to improve the working lives of staff.

# Contents

## **02 Introduction by David Stout, Director, Primary Care Trust Network**

---

## **04 Where are we now?**

---

04 Strong foundations to build upon

06 Challenges to partnership working

## **10 The influence of national policy**

---

12 Commissioning framework for health and well-being

16 The White Papers – *Our health, our care, our say* and *Strong and prosperous communities*

## **20 Partnership working for the future**

---

# Introduction



NHS organisations and local authorities need to work in partnership to deliver better health and social care to local communities. However, recent reports have suggested that some of these partnerships are not working.

Factors such as NHS deficits, poor communication and local bureaucracy have all been given as reasons why joint projects have broken down. For example, in a Local Government Association survey of local authorities, it was found that NHS deficits had had an adverse effect on the local council in some areas.

A recent survey of NHS primary care trust chief executives revealed the number of local authorities in deficit to be very similar to the number of primary care trusts with financial difficulties.

This highlights the fact that both parties have similar problems. If the improvement needed in personalising care is to be achieved, the sectors should not blame each other but instead find new ways to overcome these difficulties together.

A healthy relationship that breaks down when a lack of funding creates potential difficulties is not a healthy relationship – it suggests a lack of trust, communication and understanding.

***‘Good partnerships should work in spite of financial balance – not depend on it.’***

Both the NHS and local government are cash-limited systems trying to achieve the same goal of providing the best local public services for its communities. As the rate of growth in funding reduces and national policy affecting both parties is rolled out locally, both NHS trusts and local authorities need to look at how they can form more cohesive, strategic partnerships. This will help them to deliver first rate health and social care more effectively to an increasingly informed and demanding society.

This briefing will look at how the NHS and local government can work better in partnership and support each other through the challenging times ahead – not pull out when the going gets tough. It will draw upon the thoughts of experts in the field, as well as provide some examples of good practice. It will also provide some guidance and suggestions for the future.

My own experience, as the former chief executive of Newham PCT, has reinforced the value of partnership working between the NHS and local government. Partnership working has flourished, despite recent financial pressures in the NHS.

The PCT and London Borough of Newham have integrated the management of community health services and social care services for adults and children. On the commissioning side there is now a jointly funded Director of Public Health and a range of integrated commissioning structures. More fundamentally though both the PCT and the council are genuinely starting to think through problems together, reinforced by the Chair of the PCT now attending the local authority's Cabinet meetings.

These sorts of initiatives are happening across the country where partnership working is well established.

**David Stout**  
**Director, Primary Care Trust Network**

# Where are we now?

Contrary to what the media would have us believe, there are many excellent examples across the country of how partnership working is not only benefiting local communities but also reducing costs and improving productivity for both local authorities and NHS primary care trusts (PCTs).

## Strong foundations to build upon

A recent survey conducted by the Confederation shows that the outlook for partnership working is very positive. This is not to say that everything is perfect – in some areas of the country the relationship between PCTs and local authorities is less than ideal – but it should not be assumed that the national picture is reflective of these few more challenged areas.

In order to develop what is already a solid foundation, we need to share good practice and commend the good work that is already happening in the field. The figures highlighted opposite and on page 5 are from the Confederation survey of PCT chief executives. They help to demonstrate that the majority of PCTs have a good

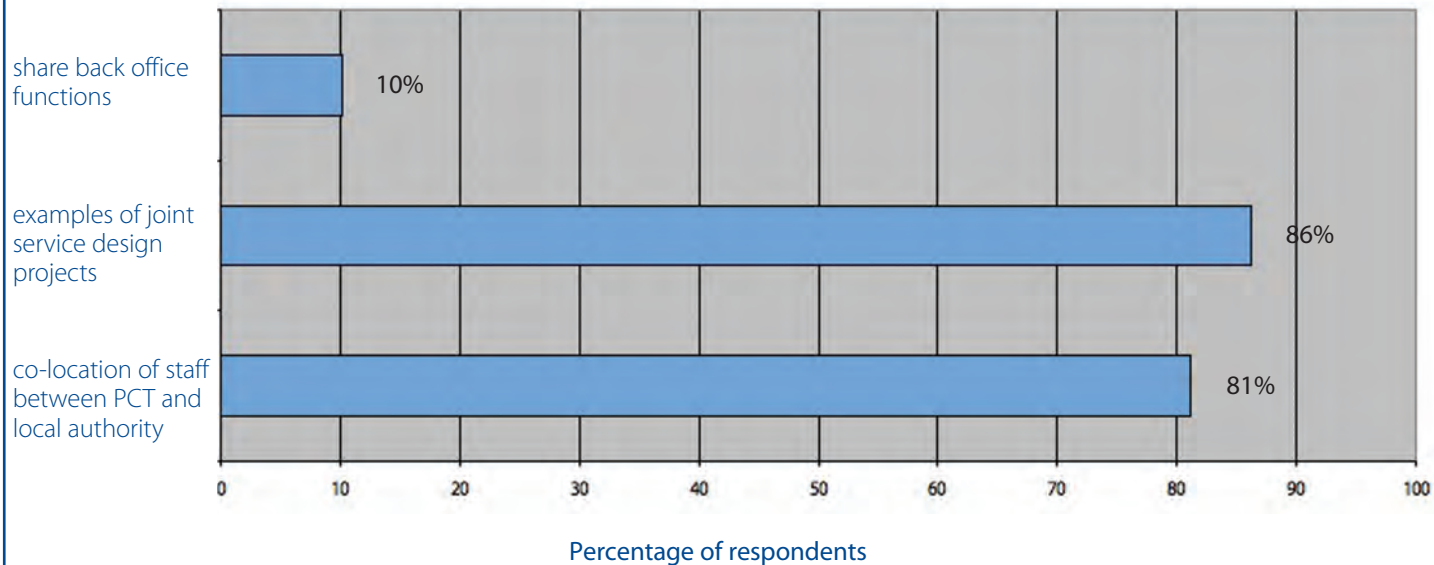
relationship with their local authority – many having co-location of staff and being part of joint redesign projects.

### The outlook is positive...

- 76 per cent of PCTs rated their relationship with their local authority as good or very good
- not one PCT rated their relationship with their local authority as very poor
- 73 per cent of respondents said that neither the PCT nor the local authority had removed funding from Section 31 agreements
- 81 per cent of PCTs had either co-location of staff between the PCT and local authority and/or joint service redesign projects.

## Examples of how PCTS and local authorities are reducing costs and increasing productivity

Initiative being implemented:



Source: NHS Confederation PCT CEO survey 2006

Although the figures on pages 4 and 5 show positive examples of how partnership working is beneficial to both PCTs and local authorities, it is still clear that more could be done. For example, only 10 per cent of respondents had examples of sharing back office functions with their local authority.

Sharing of back office functions, such as human resources, information technology facilities and administration can potentially halve overhead costs. It can also help to build relationships between the PCT and local authority, as can the co-location of staff.

These quick wins can only lead to more cohesive partnerships in the future.

## Challenges to partnership working

The NHS has been criticised recently for breakdowns in partnership projects, chiefly due to deficits.

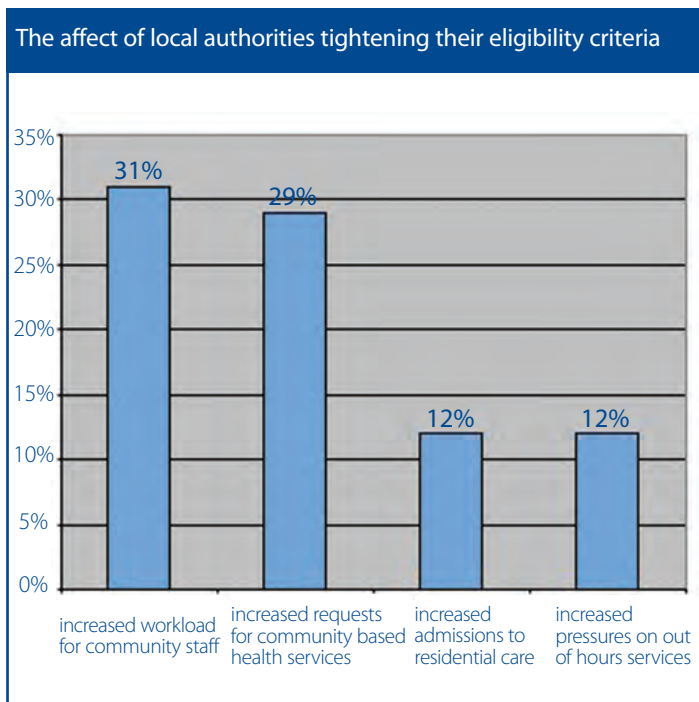
The Confederation is not shying away from the financial problems that a minority of NHS trusts face, and it is clear

from our survey that this has affected some partnership projects across the country. However, this is the minority – just over one third of respondents (39 per cent) said that their financial situation had led them to restructure a partnership project; 29 per cent of respondents said that their local authority had also restructured partnership projects due to their own council finances.

Clearly the current financial situation of both the NHS and local government is an issue that makes partnership working more challenging. A Local Government Association survey of local authorities conducted last year, found that almost seven out of ten local authorities said that NHS deficits had had an adverse effect.

The Confederation survey of PCT chief executives highlighted the impact of local authorities tightening their eligibility criteria. More than half (54 per cent) of respondents said that this had happened in their area. Of this 54 per cent, nearly three quarters (74 per cent) felt that it had had an adverse affect on the PCT's services, ranging from moderate to very significant. Only three per cent thought that it had not had any affect at all.





Source: NHS Confederation PCT CEO survey 2006

NB: Response rate 49 as opposed to full sample of 59

The Local Government Association and the NHS Confederation's findings highlight the importance of decisions about strategic plans being made in partnership by the local authority and local NHS organisations. It is only through joint decision making that the consequences of individual actions by local partners on the whole local system can be discussed, modelled and planned for so that their impact on patients and the local population can be minimised.

This needs to happen at both a managerial and political level so that local councillors who have specific responsibility for health and social care are aware of the impact of local decisions.

This view is reiterated in the Commission for Social Care Inspection's report entitled *The state of social care in England 2005–06*. The report states that councils and their partners need to have 'a better understanding of how the availability of one service might impact on another part of the health and care system'.

*'Health and social care are two sides of the same coin. It is impossible not to cut services on one side without hurting the other. This is not a name, blame and shame game. Councils do not want to start a war of words with the NHS; indeed we want to work more closely together.'*

*'Decision making and spending by councils and the NHS must be brought closer together to help some of the most vulnerable in society. Working more closely together will undoubtedly help avert some of the problems we have recently seen, and make all public service leaders accountable to the people they serve.'*

CLlr David Rogers,  
Chair of the Local Government Association's Community Wellbeing Board



*'There is no question that these are challenging times for both the NHS and local government. There is recognition amongst both that a more integrated approach to the planning and delivery of health and social care is needed if we are to continue delivering first rate services to patients and the public.'*

*'As the new PCTs continue to develop, they must forge strong working relationships with their local councils. An understanding of the difficulties, challenges and barriers that each other faces is crucial so that we can work together through turbulent times, as opposed to making partnership working a testing process for everyone involved.'*

*'A common understanding by partners of the rationale, need and consequences of change prior to implementation should be at the core of such partnership working.'*

John McIvor,  
Chief Executive, Lincolnshire PCT



# The influence of national policy

Many of the greatest challenges for healthcare can be found in areas where the NHS alone cannot deliver the whole agenda. For example, for elderly patients with long-term medical conditions such as arthritis, diabetes or dementia, the benefits of keeping the patient supported in their own home nearly always outweigh the advantages of them being admitted to hospital or moving into a care home.

Providing the best care and support to such patients will be impossible unless health and social care organisations work closely in partnership. Delivering seamless care to local patients through tailored health and social care services is the aim of the system – and this is already being achieved in many communities.

In supporting the move towards more integrated health and social care, national government policies are having a dramatic affect upon the delivery of these services and partnership working. The drive is to strengthen joint working, and to encourage the development of more long lasting strategic partnerships.

Over the last year, a number of key policy documents have been published by the Government which could potentially change the future of partnership working. This briefing now looks at the costs and benefits of such policies in more detail, and how they could, or already do, help or hinder partnership working.

## CASE STUDY – Brighton and Hove PCT

---

The low vision centre in Brighton which brings together clinical diagnosis and social care support, as well as training and advice to help people with low vision maintain their independence. The centre is an excellent example of pioneering partnership working.

The centre was chosen for a special Department of Health pilot grant and demonstrates successful integrated working across NHS, council, private, community and voluntary organisations in the local area. This will be shared with professionals throughout the UK.

The low vision centre has a fully fitted kitchen for training and rehabilitation work. Here people can be given practical ideas and advice on how to continue living independently, and training on the ways in which to

make the most of their remaining sight. For example, people with low vision can safely make a cup of tea using a liquid level indicator – a gadget that emits a sound when a container is nearly full of hot liquid.

Lesley Garven from Brighton and Hove City Council said:

*'Relocating the low vision clinic from the hospital into the community has been an all round success. The move has benefited patients by providing a faster, more comprehensive, user friendly service.'*

*'This success couldn't have been achieved without health and social services working together under the direction of the PCT, who provided monies and expertise to ensure this move was done in the most effective way.'*



## Commissioning framework for health and well-being

The most recently published policy document, and arguably one of the most important when addressing the issue of partnership working, is the *Commissioning framework for health and well-being*.

The framework enhances the use of existing structures, such as the Local Strategic Partnership and Local Area Agreements, to widen the scope of services provided to local patients.

For example, a person at risk of heart disease might receive a package of care, including nutritional advice, medication and regular check-ups from their local GP and PCT, but coupled with an exercise programme overseen through a local authority leisure centre.

A patient with mental health problems who is having difficulties getting back to work after a period of illness could use a local Pathway to Work initiative, involving counselling

and therapy support and the active participation of local businesses in enabling supported employment.

Or a patient with a long-term condition such as arthritis could be supported to live independently with a range of nursing and social care services delivered as part of a single agreed care plan. This could include emergency and routine respite or sitting services, as well as support through the expert patient programme and physiotherapy and occupational therapy interventions.

Joint planning and commissioning across a wider range of health and local authority services should encourage better targeting of resources enabling better prevention of various conditions, and where prevention is not possible, earlier intervention. Improved joint commissioning should therefore reduce the necessity for unscheduled admissions into hospital, particularly in the elderly or those patients with long-term conditions.



*'Partnership working is the key to improving services for people living in the local community. Here in Bath and North East Somerset we already have various shared commissioning, management, training and budget arrangements between the PCT and the local authority.'*

*'We have also established a shadow joint board to oversee all Children's Services (including education), Adult Services (including housing) and Public Health, with a view to full integration of management of these services during 2007/8.'*

*'The relationship between the NHS and the council is one that has developed over a long period of time – and I think this is the key. True partnership working does not happen overnight; it is a result of many years of communicating, learning and strategising and it is built on organisational and personal trust.'*

*'Both the NHS and local authority recognises that there is a common goal to be achieved – providing the best health and council services for the local community. It is not just about the relationship between health and social services but also other council services that have an impact on health and communities – for example education, leisure services and housing.'*

Malcolm Hanney  
Chairman, Bath and North East  
Somerset PCT  
Executive Member for Resources, Bath  
and North East Somerset Council





## CASE STUDY – Kaleidoscope, Lewisham Centre for Children & Young People

Until recently, the children's services in Lewisham were provided at numerous sites spread around the Borough, often in accommodation inadequate for its purpose. This made life difficult for parents who would have to travel between the different sites to see a number of professionals at different times and days.

Recognising the challenges for local children and families and the disjointed care many were receiving, Lewisham Primary Care Trust, together with Lewisham Council and the South London and Maudsley NHS Trust, formed a partnership to bring specialist services for children together under one roof.

November 2006 saw the opening of Kaleidoscope – Lewisham Centre for Children & Young People, based in the heart of Lewisham, which provides integrated

services for children on a scale never seen before in this country. The different agencies and professionals not only share the same office space, but are developing integrated specialist assessment, treatment and intervention services which will make care pathways simpler for local patients. The communication barriers which once existed have been removed.

As this project matures over the next few years, the vision is one where children and young people will have continuity of care throughout the time they use these services, without the limitations imposed by separate agency roles and responsibilities.

## The White Papers - *Our health, our care, our say* and *Strong and prosperous communities*

Last January (2006) the *Our health, our care, our say* White Paper was published by the Department of Health. It outlined a shift in policy, from the majority of care being delivered in an acute setting to more care being delivered to patients in the community, closer to home.

The paper set a framework for developing community services, in order to ensure that the patient is treated by the right person, in the right place and at a time that is convenient to them – allowing hospitals to deal with the very ill and vulnerable patients.

This White Paper obviously referred to stronger partnership working, recognising that both the NHS and local government need to become better at integrating services in order to respond to patients' needs more efficiently and effectively.

Ten months later, in October 2006, the Department for Communities and Local Government published the *Strong*

*and prosperous communities* White Paper, which proposed various tools and mechanisms for reforming and modernising local government.

This White Paper outlines a clear structure for improved partnership working between NHS organisations and local government. It outlines a number of key tools to reinforce joint projects such as strengthening Local Area Agreements (LAAs); ensuring more local accountability; giving more power and responsibility to Overview and Scrutiny Committees (OSCs); and reinforcing the benefits and power of the Local Strategic Partnerships (LSP). The *Strong and prosperous communities* White Paper's general direction is a positive one for partnership working.

The Confederation was pleased to see the proposal that LAAs should move away from the current block system to a more fluid, themed approach. This will allow health to become a more significant player as we expect it to no longer be so marginalised but can now be part of every theme, enabling better joint working and more integration between health and social care.

It is also positive to see that the White Paper reinforces the role of local strategic partnerships – this will help with the development of intelligent boards through more integrated and transparent local strategic planning.

The proposal that both NHS trusts and local authorities have a duty to co-operate will help to ensure that patients receive seamless, responsive and effective health and social care. However, the Confederation feels that proposals around the Local Strategic Partnership should go further to include other key community health and social care players such as GPs – this is vital to ensure clinical engagement with partnership working and wider health reforms.



*'I'm really excited that the local government White Paper is promoting closer partnership working. Local authorities and NHS organisations need to build stronger relationships and work together more closely than ever before if we are going to deliver the kind of integrated services that meet individual people's needs.'*

*Councillor Steve Reed, Leader of Lambeth Council*

The majority of proposals made in the local government White Paper, if implemented, will benefit partnership working, and although some could be improved and developed, the paper outlines clear mechanisms that will undoubtedly help local NHS organisations and local authorities forge better working relationships.

However, the Confederation was concerned to see that the White Paper also included a mechanism that might allow local authorities to lose co-terminosity with NHS PCTs.

Although the paper does state that councils should try to maintain co-terminosity, it also proposes that local

authorities can choose to become unitary. The Confederation is not opposed to this reform, but it is concerned that proposals could lead to less co-terminosity than already exists between PCTs and local authorities (70 per cent).

We feel that this would be counter-productive for NHS organisations given that the majority of primary care trusts have recently gone through significant, and in most cases painful, reconfiguration processes; one of the reasons for this reorganisation being to become more co-terminous with local authorities. It would be completely illogical to move backwards, just when we have reached the stage where joint working has been made simpler through increased co-terminosity. It is hoped that local authorities will also share this opinion.

Both *Our health, our care, our say* and *Strong and prosperous communities* provide a good framework to support stronger, more integrated partnership working. Neither is restrictive – allowing NHS organisations and local authorities to achieve local flexibility when designing and forming joint projects and agreements. They are not strapped into rigid ways of working.

However, there is a concern that the guidance is not measurable, it's not hard policy, and there is a danger that not as much emphasis will be placed upon partnership working as achieving the 18-week target, for example.

The Confederation believes that partnership working needs to be given more importance on the health and social care agenda. But leaders of both NHS organisations and councils need to be convinced that their performance will actually improve as a result of joint working. We need shared targets between the NHS and local authorities, which are more likely to be achieved if effective joint working is in place. Local Area Agreements (LAAs) are potentially a mechanism for achieving this.

The NHS Confederation believes that the mechanisms, tools and visions proposed in the two White Papers need to be turned into harder policy, to ensure that both NHS organisations and local authorities begin to better embrace the concept of partnership working. The Confederation would like to see a national framework that allows for local flexibility to meet local health needs.



# Partnership working for the future

This report has identified that, despite the view of critics, there are many examples of strong partnership working between NHS organisations and local authorities across the country.

However, there is still a long way to go before these examples of good practice are common practice amongst all local government bodies and NHS trusts. We need to celebrate the achievements to date, and look at how to build upon these in the future.

Various policy documents have provided useful mechanisms to help organisations improve partnership working locally, although proposals may need to become harder policy to ensure both parties embrace true partnership working.

In the future, the NHS Confederation would like to see NHS trusts being given the opportunity to plan on a longer-term basis than the current 12 months. Year-on-year planning achieves very little and in order to create the

flexibility needed to embark upon joint projects and build valuable relationships, trusts need to be able to plan over a period of five to ten years.

Being able to plan over a longer-term would enable more strategic partnerships to form. This would help organisations to meet targets such as well-being targets around smoking, obesity and activity, as well as move more care into the community which therefore will reduce the burden on the acute sector, which in turn will help acute trusts to meet the 18-week target.

Once the reconfigured organisations begin to bed down, trust will continue to grow between the new PCTs and local authorities. After all, with both local authorities and NHS organisations changing so much over recent years, it is ambitious to think that staff will want to embark on partnerships which may well break down.

This opinion is supported in the Commission for Social Care Inspection's report on the state of social care in England in 2005–06. The report states:

*'The organisational turbulence in the NHS and changes in councils' structures for adults' and children's services represent further significant pressures on the system. Fractured working relationships and the time needed to develop new partnerships based on trust delay the delivery of good integrated care and effective community services.'*

Strengthening commissioning processes will also benefit partnership working in the future. Practice-based commissioners will be considering how to deliver pathways of care for people with long-term conditions. And when dealing with these types of patients, services which keep them healthy and supported in their own homes are equally as important as the more acute services that they may need from time to time.

The ability to develop community care packages for local patients, and be able to fund these through tariff and

partnership arrangements, could greatly improve patient outcomes and experiences, enabling higher quality care services to be delivered in the home environment.

With shorter stays in hospital, a wider range of support outside of hospital will be needed to enable the first few days after transfer back home to be a positive experience for patients, rather than a worrying one. Stronger joint commissioning will be crucial in developing out-of-hospital care services.

Through building two-way trusting relationships, embracing smarter commissioning and planning more strategically and long-term, it is hoped that partnership working for the future will grow in strength, become common practice, and therefore improve local health and social care services for patients in every community across the country.

## CASE STUDY – Isle of Wight PCT: a vision for the future

Health services on the Isle of Wight are all part of a single Trust (the Isle of Wight NHS Primary Care Trust) which commissions care for the Island population of 138,000 and its 2.8million visitors, and which uniquely provides acute, community, mental health and ambulance services.

The Isle of Wight NHS PCT and the Isle of Wight Council have recently agreed to work more closely together to ensure the delivery of local, patient-centred health and social care services. They have entered into a joint agreement that will adopt a multi-agency approach to delivering change.

In order to drive this change forward, a number of initiatives are being developed:

- both organisations have adopted a health improvement objective to raise life expectancy by one year and to stop the gap in life expectancy between the most deprived and most affluent on the island from widening
- the Director of Public Health will be a joint appointment and will advise both organisations together. This will be

achieved by the Director having direct access to both chief executives

- the potential for shared ‘back office’ functions is being explored along with the possibility of shared headquarters between the PCT and the council
- joint commissioning processes will be developed to ensure the best use of available resources
- there will be local integrated pilots to test the effectiveness of various integrated working projects before they are rolled out more widely.

There will be a joint chief executive group which will steer the work to be delivered through the joint executive groups, the Professional Executive Committee, the PCT Board and the Cabinet of the council.

Ed Macallister-Smith,  
Chief Executive, Isle of Wight PCT





### Further information

---

For more information about this report or the survey of NHS PCT chief executives please email [amy.darlington@nhsconfed.org](mailto:amy.darlington@nhsconfed.org)

# What is the Primary Care Trust Network?

Primary care trusts (PCTs) are some of the largest NHS trusts in England. Advocates for patients and custodians for the taxpayer, they hold the purse strings for the majority of NHS resources and also directly provide services in their local communities. PCTs actively engage with their local communities ensuring that patients receive the right care in the right place at the right time, delivered by the most appropriate healthcare professionals.

The PCT Network helps its members improve health and patient care by:

- influencing policy and the public debate, providing the distinct voice for PCTs
- supporting PCT leaders through networking, sharing information and learning
- developing solutions with all those providing health and health care to benefit the NHS for patients and the public.

The PCT network has been launched because PCT members of the Confederation wanted a distinct voice, as well as being part of the collective voice for NHS organisations. The Network works closely with the Foundation Trust Network, also hosted by the Confederation, and all other parts of the NHS to ensure every reform benefits patients.

For further details, please visit [www.nhsconfed.org/pctnetwork](http://www.nhsconfed.org/pctnetwork) or contact David Stout, on 020 7074 3322 or at [david.stout@nhsconfed.org](mailto:david.stout@nhsconfed.org)



*Further copies can be obtained from:*

NHS Confederation Publications  
Tel 0870 444 5841 Fax 0870 444 5842  
Email [publications@nhsconfed.org](mailto:publications@nhsconfed.org)  
[www.nhsconfed.org/publications](http://www.nhsconfed.org/publications)

©The NHS Confederation, 2007

INF10801



The NHS Confederation  
29 Bressenden Place, London SW1E 5DD

Tel 020 7074 3200 Fax 0870 487 1555  
Email [enquiries@nhsconfed.org](mailto:enquiries@nhsconfed.org)

**[www.nhsconfed.org](http://www.nhsconfed.org)**

Registered Charity no. 1090329