CREATING PARTNERSHIPS FOR SUCCESS

Experiences of voluntary and social enterprise sector involvement in health system transformation

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PURPOSE OF THIS DOCUMENT

NHS England and NHS Improvement commissioned NCVO to act as a learning partner on their voluntary community and social enterprise (VCSE) accelerator programme.

This document summarises the findings of this work highlighting:

- **the essential components** for success
- **models** of voluntary sector partnership working
- **challenges** and ways to overcome them.

Each section provides links to examples, case studies and resources which can be used.
JARGON BUSTING
WHAT THE WORDS AND ACRONYMS MEAN

**Sustainability and transformation partnership (STP):** A partnership of commissioners and providers in an area working together to strategically plan health and social care delivery and integration.

**Integrated care system (ICS):** A constituted entity that will replace STPs in all areas of England by 2021.

**System:** The partnership operating at the geographical level of the STP/ICS.

**Place:** Local borough or district level.

**Neighbourhood:** The smallest and most local area that services are organised at.

**Primary Care Network (PCN):** Collaboration of GP practices covering 30,000-50,000 people working towards integrated primary and community health services.
The NHS long-term plan set the ambition that every part of England should be an integrated care system by 2021.

The introduction of integrated care systems requires new ways of working.

There is evidence that shows it has been difficult for voluntary organisations and social enterprises to engage with systems, and systems have reported it’s difficult to engage with the sector or they don’t know how to.

The VCSE Accelerator Programme is helping to address this by testing and developing models of voluntary sector and social enterprise leadership groups/alliances in integrated care systems.

The creation of these alliances encourages the sector to work in a coordinated way and provide the NHS with a single route of contact and engagement with the sector and communities.
ESSENTIAL COMPONENTS FOR SUCCESS
CREATING VOLUNTARY SECTOR PARTNERSHIPS
From our work with emerging partnerships, we have found that it is not so much the model or structure that emerges, but the process of reaching that model, and some key components that create success...

These essential components take time to develop.

Because of ongoing work pressures, it is easy to skip over getting these right.

Getting these in place at the outset avoids later problems, can save considerable time later and increases impact.
COMPONENTS FOR SUCCESS

1. Building relationships
2. Shared vision and values
3. Principles for joint working
4. Investment and resources
5. Leadership
COMPONENT 1:
BUILDING RELATIONSHIPS
BUILDING RELATIONSHIPS
WHAT WORKS WELL

• ‘Strong, robust relationships’ is the first thing that people cite when asked ‘what helped you succeed?’ in developing voluntary sector partnerships. This sounds simple, but when time and resources are tight, building relationships in a meaningful way is often overlooked.

• People tell us that it is important to connect with colleagues outside of formal decision-making processes as well as within.

• It is important to develop a culture and practice that enables relationships to build within the strategic decision-making landscape, creating shared experience on a personal and professional level. This can be particularly relevant where partners are based in different offices or different sectors making informal relationship-building more challenging.
BUILDING RELATIONSHIPS
LIKELY POSITIVE IMPACTS

When time is allowed for robust relationships to develop we see several positive impacts.

- **Quick response** – People are more likely to prioritise answering the request of someone they have a connection with, leading to faster action.

- **Increased opportunities** – When people can share experiences outside of the formal agenda, we see new innovative and creative problem-solving taking place, including better sharing of resources and greater impacts for people. **Barriers** are more easily overcome.

- **Trust developed** – People start to develop more of a shared understanding of each other’s role in making that a reality. It enables a ‘one team’ approach to a shared agenda rather than working in ‘sector silos’. 
BUILDING RELATIONSHIPS

EXAMPLE 1: LINCOLNSHIRE

Lincolnshire Voluntary-sector Engagement Team (VET)

- Acts as a **steering group** for voluntary sector involvement in the ICS and meets monthly.
- **Wider representation** was sought from voluntary sector, and input sought on design of VET.
- Larger organisations were asked to **invest financially**.
- Meetings are attended by at least two **statutory sector** colleagues representing health and care sectors.
BUILDING RELATIONSHIPS

EXAMPLE 1: LINCOLNSHIRE (CONT.)

VET formulated three key ‘asks’:

1. Agreed process to discuss the VET MoU with the statutory sector
2. Consideration of how to ensure VET is engaged with the statutory sector in taking the Long-Term Local Plan forward
3. Financial Support for VET – to match the contributions made from within the voluntary sector.

Successes so far:

• VET online info portal collaboratively developed
• Chair and Deputy Chair of VET have been invited to the Joint Working Executive Group (JWEG)
• VET asked to coproduce ICS Workforce development toolkit
• Stronger ongoing partnership between sectors.
‘The two-day learning event facilitated by NCVO was an invaluable opportunity to build our team and foster trusting working relationships.’
COMPONENT 2: SHARED VISION AND VALUES
Partners often overlook the development of shared vision and values because they assume these are already shared.

- It is **essential** to develop a **shared understanding** of ‘why are we here?’ and ‘where we are heading?’.
  - Sharing values helps people understand how and why they view things the way they do. This understanding can help develop relationships, dictate what or how information may need to be presented and play to the strengths of each partner in the room.
  - It is important for all partners to own, adopt and live these agreements and to revisit them periodically to ensure they hold true.
SHARED VISION AND VALUES

LIKELY POSITIVE IMPACTS

Taking time to develop a shared vision and understand values, leads to a number of positive impacts. These include:

- stronger and more trusting relationships between partners
- partners being committed to achieving the same outcome
- a clearer sense of direction and purpose
- partners are more engaged and willing to take action
- better outcomes, therefore easier to measure impact
- being able to convey a clear and confident message to other stakeholders outside of the partnership.
SHARED VISION AND VALUES

EXAMPLE 2: PROVIDER ALLIANCE

The South Staffordshire End of Life Care Alliance was one of the nine accelerator sites. Support Staffordshire, working closely with two hospices, built a self-selecting alliance of 17 end of life care providers.

A representative from the CCG and Public Health Staffordshire attend meetings and link to the Health and Wellbeing Board.

Enabling factors were:

- focus on a topic that united everyone – gave way to clear direction and action
- independent facilitation (from Support Staffordshire)
- NHS England & Improvement funding.

Outcomes were:

- service users had more confidence around issues relating to living and coping well with terminal illness, dying and bereavement
- a new, large network of people working together to improve end of life care from the voluntary sector including small organisations
- new, creative solutions.
COMPONENT 3:
PRINCIPLES OF JOINT WORKING
PRINCIPLES OF JOINT WORKING

WHAT WORKS WELL

As well as agreeing a shared vision and sharing values, participants in the programme also felt it was vital to agree how the partnership/alliance will work together to achieve its shared goals.

A principles of joint working agreement, is more detailed than a memorandum of understanding and sets the expectations of conduct for all partners involved and enables the partnership to hold each other to account.

When developing these, conversations should cover what is expected from partners, timeframes, who has authority to make decisions on what, and what actions will be taken if partners are not upholding the agreement. These conversations can be tricky and it can be worth getting an experienced external facilitator to help navigate the discussion.

NCVO advice on joint working agreements
PRINCIPLES OF JOINT WORKING

LIKELY POSITIVE IMPACTS

Developing and agreeing principles of joint working has many positive impacts, not just for those in the partnership, but for others wishing to work with and engage with them such at STPs/ICS. This includes:

- developed and strong relationships
- clearer understanding of individual and partnership roles and responsibilities
- smooth and transparent decision making processes mutual respect and value across all parties
- more cohesive joint working with clear boundaries
- the creation of more stable and sustainable partnerships.

To realise these benefits, it is important all partners agree and sign up to them. Not having these in place often leads to conflict and the dissolution of partnerships.
‘Our partnership includes the voluntary sector because they are fundamental to our future success. The sector is embedded in communities and has the ability to bring insight, connection, capacity and innovation to what we do. This is essential in an era when we are joining up care to better meet the mental, physical and social needs of people’.

NHS colleague
A cross-sector collaboration in Salford coproduced documentation to underpin their relationships and engagement processes.

Salford Together (partnership of NHS organisations) and the local voluntary sector created a memorandum of understanding (MoU) through Salford Council for Voluntary Service. This gives the voluntary sector an equitable role in Salford Together as a key strategic partner in health, social care and wellbeing.

Partners then created a collaboration agreement which provides the tools to deliver the ambitions set out in the MoU, enabling partners to provide the best services and support for the people of Salford.

Enabling factors were:

- backfill funding for a partnership coordinator.

Outcomes were:

- positive approaches and relationships between sector partners and the health and social care sector, which have encouraged collaboration, built trust and enabled transformational work.
COMPONENT 4:
INVESTMENT AND RESOURCES
INVESTMENT AND RESOURCES

WHAT WORKS WELL

Charities have strengths and assets to bring to the strategic decision making table.

However, they are often funded solely to deliver frontline services, making it difficult to engage strategically in an equitable way.

Where the public sector has truly understood the value of the voluntary sector and shown commitment to the long-term vision, we have seen financial investment not just in service delivery but into strategic and coordinated development and engagement. This is particularly true of the STP/ICS accelerator sites.
INVESTMENT AND RESOURCES

LIKELY IMPACTS

Where investment is in place, it has enabled the sector to develop structures and processes to engage strategically on a more equitable footing. This can:

• aid engagement of smaller user-led groups
• enable more cohesive messaging
• lead to smoother representation processes.

The impacts of this include:

• clear, accessible processes for all stakeholders
• sustainability
• inclusion of rarely-heard voices
• sharing of power.
‘Without a financial investment by way of salary backfill from [name of public body], we would not have been able to progress this work so quickly and effectively.’

Voluntary sector colleague
‘The funding from NHS England / NHS Improvement has been a massive enabling factor in creating capacity to move the ideas from the alliance forward at a pace.’

Voluntary sector colleague
INVESTMENT AND RESOURCES

EXAMPLE 5: SECONDMENT

The policy and engagement manager at Bolton Community and Voluntary Services undertook a one year, two day per week, secondment role to focus on strengthening connections and supporting different ways of working between NHS Bolton Foundation Trust and the local voluntary sector.

Outcomes were:

- increased awareness and understanding of the offer from the voluntary sector
- more opportunities for the sector to inform the design and delivery of services
- more opportunities for joint working.
- a greater number of referrals from the division to the Community Asset Navigator programme.
- increased level of involvement of voluntary sector in small aspects of service delivery
- increased offer of services to patients to improve health and wellbeing outcomes.
INVESTMENT AND RESOURCES

EXAMPLE 6: INVESTMENT IN PREVENTION

- The prevention workstream within the West Yorkshire and Harrogate integrated care system (ICS) secured funding (from NHS England & Improvement) to develop prevention services in all districts within the ICS area.

- Funding enabled the work to be accelerated and evidence to be gathered of the positive impact of prevention across the ICS area on reducing pressure on NHS and local authority services.

- Voluntary organisations led the initiatives.

- Sustainable partnerships were built at district and ICS level.

- This success led to further funding and investment successes.
COMPONENT 5: LEADERSHIP
LEADERSHIP

WHAT WORKS WELL

Strong leadership from partners within STPs/ICS is essential in establishing the culture and practices that underpin effective partnership working with the voluntary and social enterprise sector.

- The **value of the sector** needs to be recognised and leadership needs to be mirrored at all levels of the system.
- Leaders need to lay out the vision for what is possible, the evidence for how to do it, and the flexibility in the structure to allow creativity and the trying of new things **without a blame culture**.
- We have seen amazing partnerships develop, culture change and strong impacts when leadership training is delivered **cross-sector** instead of in ‘silos’.
- **System leadership** is an interesting model being used in some areas to encourage leadership at all levels (not just formal leadership roles).
LEADERSHIP

LIKELY POSITIVE IMPACTS

- Culture change
- Clear understanding of value and contribution across sectors
- Stronger, more effective partnerships
- Improved relationships
- Greater achievements and impacts.
Voluntary organisations in Bristol, North Somerset and South Gloucestershire became involved in planning a proposed new model of frailty care. As a result, Voscur were able to present invaluable community insight. This resulted in Voscur being asked to advocate for the voluntary sector on the STP programme board. There was a commitment at management level in the STP to engage with voluntary organisations, including places on the programme board.

Enabling factors were:

- a commitment, at management level within the STP, to engaging with voluntary organisations
- close communication between voluntary sector reps on the board with support organisations
- time and space being given in meetings to hearing the voice of the voluntary sector.

Outcomes were:

- voluntary sector advocates are now integral to the work on frailty in this area.
- improved system thinking across a broader pathway than health, reflected in the emerging work streams for developing frailty services.
- public engagement effectively builds on existing data and knowledge within VCSE sector – i.e. not asking people the same questions twice but learning from what we already know – this demonstrates the sector’s commitment to Making Every Contact Count.
MODELS OF PARTNERSHIP WORKING
PARTNERSHIP STRUCTURE

The partnership models developed in each area differed in structure, but all had some shared elements:

• creation of a voluntary sector leadership group or alliance (a group made up of voluntary organisations aiming to be a broker for the wider sector and a single point of contact for NHS colleagues)

• voluntary sector representation on public sector or cross-sector groups including the STP/ICS board

• a mechanism for two-way engagement with the wider voluntary sector and wider partners and structures

• a process for feedback to the wider sector.

These models provide a template for creating a clear, consistent and validated approach, maximising engagement, outcomes and impact across the geographical footprint of the ICS.
MODEL: WEST YORKSHIRE AND HARROGATE

VCSE Leadership group Representation from all 6 Place areas, Local Government & Healthwatch

Representatives from this group on ICS Partnership Board System Leadership Executive and Programme Boards

Dedicated Harnessing the Power of Communities workstream and VCSE strategy
MODEL: LANCASHIRE AND SOUTH CUMBRIA

Lancashire and South Cumbria had a disjointed array of forums and engagement processes. With the increasing strategic role of the voluntary sector, there was a need to clarify and strengthen lines of accountability and channels of communication.

The establishment of voluntary sector leadership groups in each of five integrated care partnership (ICP) areas, each chaired by an elected representative, is creating a co-produced mechanism for transparent representation and voice.

Representatives of each of the five ICPs and other voluntary organisations across the STP area are included in the VCFS Leadership Alliance.

Outcomes were:

- A single point of contact for public sector leaders and partners into the sector
- An agreed process for election of reps, ensuring transparency and accountability as well as support and back-up for the representative themselves.
MODEL: LANCASHIRE AND SOUTH CUMBRIA

Representation of the sector
Demonstrating a system leadership approach and building credibility of the sector by ensuring they are involved in decision making

Building Health Partnerships:
Programme focused on testing relationships at different levels—particularly neighbourhoods

VCFS networks:
Supporting developing networks in integrated care partnerships

Principles:
Developing set of principles in partnership with Local Authorities about how public sector works with VCFS

Principles of working together

L&SC VCFS Leadership Alliance

Development of VCFS networks

Representation on ICS/ICP Boards
‘The voluntary, community and faith sector (VCFS) leadership groups provide a useful route of contact and engagement with the sector.’

Public sector colleague
EMERGING NHS MODEL
VOLUNTARY SECTOR ENGAGEMENT

Network of VCSE ICS leads

VCSE leadership group/ alliance

Place level group

Place level group

Place level group

Place level group

Place level group

Workstream

Workstream

ICS board inc VCSE rep

Workstream

Workstream
CHALLENGES
AND WAYS TO OVERCOME THEM
CHALLENGES
AND WAYS TO OVERCOME THEM

As well as the essential components, we identified some common **challenges** the partnerships faced:

1. Representation and governance
2. Demonstrating impact
3. Culture change
4. System complexity.
REPRESENTATION AND GOVERNANCE
THE CHALLENGES

It is vital that the voluntary sector is involved, engaged and represented within strategic decision making and system transformation.

Voluntary sector reps can bring intelligence not accessible to public sector bodies, can work creatively and at pace, and can present new solutions to problems.

There are a number of real and perceived challenges associated with this:

• Who is best placed to do this?
• Will the representative be there to promote their own organisation or represent the wider sector and community?
• How can we avoid conflicts of interest?
• How will the views or smaller groups and organisations be included?
• How will the voice of those most excluded be amplified?
These can be overcome by having:

- written terms of reference (ToR)
- open and transparent recruitment and selection process with a role
description
- mechanisms in place to listen the views of the wider sector and to
provide feedback
- more than one representative, for example a sub
- representatives of particular communities (interest/place) or
workstreams
- renumeration to cover the costs of the representative attending
meetings and any additional work as part of this role
- a joint working agreement
- a conflict of interest policy.
In response to an emerging governance structure, the voluntary sector in Greater Manchester gained meaningful and inclusive involvement in the governance structure of the mental health work stream.

Enabling factors were:

- voluntary sector reps recompensed for their time
- a competitive and transparent selection process
- the voluntary sector genuinely seen as an integral part of the system.

Key outcomes were:

- increased skill and capacity of sector leaders
- increased and consistent representation at all levels of planning and development
- consistent feed-in from wider sector and process for feeding back
- voluntary sector now seen as equal partners.
GM Mental Health Programme Implementation

Provider Federation Board
Association of GM CCGs
GMCA
Dementia United Board
Population Health Board
Health and justice Board

GM Health & Care Board

MH Programme Delivery Board

CYP MH Board
Adult MH Board

GM Commissioning Hub
GMHSCP Performance and Delivery Board

Enabling programmes: business intelligence, finance and contracts, workforce, estates, IM&T

MH VCSE forum and reference group
GM Mental Health Network
MH service user/ carer networks
In any venture that requires people to commit time, it is important to demonstrate how it is making a difference to the health, care and wellbeing of communities and people.

**Enabling factors:**

- **Shared vision** – Be clear on goals and how the work of the partnerships is going to achieve it.
- **Use measurement tools** to agree and deliver agreed outcomes. These work best if jointly and collaboratively developed, not imposed.
- **Play to the strengths** of the partners.
- **Align work** to the ICS/STP plan.
- **Demonstrate the value** of the partnership and the impact that working together is having on integrated care and the health and wellbeing of communities.
- **Communicate** the partnership work and its successes.
DEMONSTRATING IMPACT

EXAMPLES

• All accelerator sites are aligning their plans with the plans of the STP/ICS to help fully demonstrate the impact of the voluntary and social enterprise sector as a transformation partner.

• In West Yorkshire and Harrogate, voluntary sector reps oversee the ‘harnessing people and communities’ workstream and helped develop the voluntary sector strategy.

• Cheshire and Merseyside Partnership is developing a five-year plan that aligns with that of its integrated care system.

• Lincolnshire Voluntary Executive Team have a web portal and are developing an outcomes framework to demonstrate the impact their partnership makes.
CULTURE CHANGE

Reaching and engaging with people across all sectors can change the culture of partnerships, and lead to better outcomes for people and communities.

Culture is one of the most frequently cited challenges to effective partnership working. A partnership can have agreed goals, but if the culture in which they are operating is not enabling work to achieve them, it will most likely be ineffective.

Differing cultures across sectors and lack of real knowledge or understanding and value of each other can contribute greatly to culture clashes.

Enabling factors:

- Make time at the start of a partnership to develop the essential components, as well as relationships and working practices that influence culture.
- Make sure all partners in the system are signed up to the same values and principles. This is enabled by strong leadership at each level of the structure.

Key outcome: An environment, where all partners across sectors are working together toward the same goal.
'If you always do what you have always done, you will always get what you have always got.'

Henry Ford
Health and social care transformation is highly complex – not only in terms of the clinical and social issues society is facing...

- **Systems** (STPs/ICSs) are being formed covering geographical areas (sometimes referred to as footprints) that are unfamiliar and require new relationships to be forged.

- This is an issue that many of the areas we followed are still grappling with, but many are working towards a structure that improves engagement and communication within sectors, across sectors, within service themes and within and across geographical boundaries. These structures are complex and take time and resources to develop effectively.

- **We have not yet been able to gather mature examples of these**, however the image on the next page demonstrates the complexity within the voluntary sector across Bristol, North Somerset and South Gloucestershire.
SYSTEM COMPLEXITY

Health and social care transformation is dealing with high level complexity – not only in terms of the clinical and social issues society is facing. ‘Systems’ are being formed covering geographical areas (sometimes referred to as ‘footprints’) that are unfamiliar and require new relationships to be forged.

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We have not yet been able to gather mature examples of these.
RECOMMENDATION 1
ADOPT THE ESSENTIAL COMPONENTS

If you are a voluntary organisation or a public sector body wanting to increase partnership working and ensure that the strength of the voluntary sector is harnessed, we recommend that you adopt the essential components outlined above.

1. Take time to build relationships
2. Develop a shared vision and values
3. Agree principles of joint working, with documentation
4. Invest and bring in resources
5. Build clear cross-sector leadership.
RECOMMENDATION 2
DON’T JUST ADOPT A MODEL

Just adopting a particular model will not be enough. True system change and transformation needs to ensure that:

• the voluntary sector is and feels like an equal partner
• governance structures reflect the importance and value of the sector
• this becomes the default way of working across your organisation (not just one or two colleagues)
• activity is aligned across all sectors. Having a shared vision and values will help facilitate partnership working and support system transformation
• there is senior level buy-in from all organisations at all levels of the system.
RESOURCES
NCVO KNOWHOW

• Influencing health system change
• Joint working agreements
• Delivering public services
• Consortia
• Case studies (health transformation)
RESOURCES
NHS ENGLAND & IMPROVEMENT

• **NHS England & Improvement Voluntary Partnerships Team**

The Voluntary Partnerships Team delivers programmes that develop and maximise the contribution that the voluntary sector and volunteering have on services, communities and individuals and system transformation. Contact: voluntarypartnerships@nhs.net

• **Transforming Healthcare Together**

A free support offer, jointly funded by NHS England & Improvement and the National Lottery Community Fund, equipping leaders to build the relationships needed to transform health and care systems. You can find out more about this work and sign up to the Practice Development Network
ADDITIONAL INFORMATION
NHS LONG TERM PLAN
THE NHS LONG TERM PLAN
AND INTEGRATED CARE SYSTEMS (ICS)

The **NHS long-term plan** set the ambition that every part of England should be an **integrated care system** by 2021.

It encourages **all organisations** in each health and care system area to **join forces**, so they are better able to **improve the health** of their populations and offer coordinated efficient services to those who need them. Health and care leaders will work to make that ambition a reality, whether in NHS acute or primary care, physical or mental health.

‘Integrated Care Systems will provide stronger foundations for working with local government and voluntary sector partners on the broader agenda of prevention and health inequalities.’

‘Every ICS will have a partnership board, drawn from and representing commissioners, trusts, primary care networks, and.....local authorities, the voluntary and community sector and other partners.’
THE NHS LONG TERM PLAN

WHAT IT SAYS ABOUT THE VOLUNTARY SECTOR AND VOLUNTEERING

- A big shift from acute to community care
- Voluntary sector should be embedded in the leadership of ICSs
- Voluntary sector membership of new NHS Assembly
- Focus on addressing health inequalities
- Big increase in volunteering in the NHS.
The NHS Long Term Plan

What the Voluntary Sector Can Do

Voluntary organisations and social enterprises have a key role supporting the delivery of the long-term plan as transformation, integration and innovation partners. We:

- **deliver services**: making up a significant proportion of health and care workforce, including volunteers
- **advocate**: for different communities and groups across systems (by condition, geography, protected characteristic)
- **offer expertise and flexibility**: to innovate and bring community assets into the health and care economy
- **bring credibility and trust**: the ability to support non-medical needs and join up services where the public sector cannot.
ACKNOWLEDGMENTS
THE AREAS WE GATHERED INSIGHT FROM

THANK YOU!

- Bristol, North Somerset and South Gloucestershire
- Cheshire and Merseyside
- Greater Manchester
- Lancashire and South Cumbria
- Lincolnshire
- Norfolk and Waveney
- Staffordshire and Stoke-on-Trent
- Surrey Heartlands
- West Yorkshire and Harrogate

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NCVO champions the voluntary sector and volunteer movement to create a better society. We connect, represent and support over 15,000 voluntary sector member organisations, from the smallest community groups to the largest charities.

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