

Chapter 4

Partnerships to end discrimination and promote equality

4.1 Key audiences

Primary care trusts:

- boards, especially chairs and chief executives
- directors of public health
- commissioners of services for older people.

NHS trusts and NHS foundation trusts:

- boards, especially chairs and chief executives.

Voluntary and third sector organisations:

- chief executives.

Independent sector organisations:

- chief executives.

4.2 Key issues and concerns

- Effective partnership working between health and social care organisations is essential to properly end age discrimination and promote age equality.
- Work with the public, voluntary and third sector organisations is important.
- Information on the outcomes from effective partnership working in improving services and contributing to ending age discrimination is limited.

Effective partnership working is essential to properly end age discrimination and promote age equality

*Achieving age equality in health and social care*¹² is clear that effective partnership working between health and social care organisations is essential to properly end age discrimination and promote age equality. Recommendation 19 is that “*Local*

¹² *Achieving age equality in health and social care*, Carruthers and Ormondroyd, Department of Health, 2009

social care and health commissioners and providers will want to work together to implement the age provisions in the Equality Bill.”

Effective partnership working to end discrimination needs to operate at both the following levels:

- a) Partnership working between members of staff in providing care to individual patients, which is often called care coordination. This is focused on different health and care staff working together to provide a joined-up service to the patient or service user. It is especially important in supporting older people who often have complex care needs requiring health and social care services. This includes working between:
 - different professionals in hospital and the community
 - across primary and secondary care
 - health and social care staff working together, including staff employed by independent providers and third sector organisations and volunteers.

Also see [Chapter 8 Prevention and health promotion](#), and [Chapter 5 High quality care for all for the importance of partnership working when discharging older people from hospital settings](#).

- b) Partnerships between organisations in prioritising, commissioning, designing and delivering services to the community that are seamless and integrated. This can include structural or organisational integration but many approaches to organisational partnerships are based on collaborative working between different organisations from the statutory, independent and voluntary sectors, including those involved in services associated with good health and wellbeing (such as crime prevention, transport, benefits, leisure etc). High quality services for older people require effective working between organisations because they often have complex needs.

Work with the public and voluntary and third sector organisations is important

Work with the public, patients, service users and carers needs to be central to the partnership working between local authorities and the NHS. [Further details of this are included in Chapter 6 Involving older people](#).

Voluntary and third sector organisations can add value to the commissioning process and to the co-design of services in a number of ways, including their ability to work across public sector boundaries, and so help with partnership working, and by capturing the experience of users and providing feedback on the services commissioned. They can also provide innovative services that support older people.

Although there are pockets of excellent practice, there is little general evidence of widespread involvement of the voluntary sector in the Joint Strategic Needs Assessment (JSNA) process and there is a need for primary care trusts and local

authorities to support capacity building in the third sector in order that the contribution of voluntary sector partners can be realised.¹³

Information on the outcomes from effective partnership working in improving services and contributing to ending age discrimination is limited

A review in 2006 found there were examples of some excellent working in partnership both at a strategic and operational level. However, only a few communities inspected had a shared sense of what they wanted to achieve with and for older people, or how progress would be measured. This lack of a clear direction resulted in fragmented services that confused people who tried to access them. The range of services that was available differed significantly between communities and even within a single community.¹⁴

The information on the outcomes from effective partnership working in improving services and contributing to ending age discrimination is limited. For example the Audit Commission concludes that formal partnership arrangements have had little or no impact on reducing the number of older people who fall and break a hip, or on the length of time they spend in hospital for some common conditions¹⁵.

4.3 Drivers and policy imperatives

The framework for local partnership working

The key forum for partnership working in a locality is the **Local Strategic Partnership (LSP)** which is a collection of organisations from the public, private and voluntary sector who have agreed to work together so that different local initiatives and services support each other and work together, and there is a locality-wide framework for specific partnerships, such as joint work between health and adult social care. The local authority is the lead player in the LSP, which operates at a strategic level but remains close enough to local people to allow them to be involved in decisions that affect their communities.

Some LSPs will want to be active in providing leadership for work across sectors to end age discrimination and to actively promote age equality, and so they may be an appropriate forum to help agree the local action plan to prepare for 2012.

LSPs are responsible for ensuring that **Local Area Agreements (LAAs)** address the local priorities. LAAs are agreements between central government and the locality and are selected from 198 nationally collected indicators. The national indicators are grouped into four headings, one of which is *Adult health and wellbeing and tackling inequalities and promoting equality*. For example Norfolk

¹³ *Third Sector Involvement In Health And Social Care Commissioning - Report Of A Scoping Study*, Levenson R, Jeyasingham M, Joule N – unpublished LTCA, 2009

¹⁴ *Living well in later life: a review of progress against the National Service Framework for Older People*, HCC, SCIE and Audit Commission, 2006

¹⁵ *Means to an End – Joint financing across health and social care – Health national report*, Audit Commission, 2009

has selected Indicator 125 *Achieving independence for older people through rehabilitation/intermediate care* based on a need identified in their JSNA. See:

→ <http://norfolkdata.net/ResourceUploads/SynergyJSNA&LAA.pdf>

Although not specifically about age discrimination, these indicators cover services where the literature reviews by the Centre for Policy on Ageing have identified evidence of potential age discrimination.

In November 2009 the results of the **Comprehensive Area Assessment (CAA)** were published for every locality in England. The CAA is a new way of assessing how well public services are working together to meet the needs of local people. Led by the Audit Commission it provides an annual snapshot of quality of life in each area based on the assessments of six inspectorates, including the Care Quality Commission. They specifically consider the progress in delivering LAAs. Many of the indicators relate to the health and wellbeing of older people and to building inclusive communities. The CAA also identifies areas of specific concern (red flags) and areas of exceptional performance (green flags).

National cross government strategies for later life

In July 2009 the Government published the latest version of its *Building a society of all ages* strategy, about the changing age profile of society, which is led by the Department of Work and Pensions. The strategy provides a context for work in all sectors on ending age discrimination and specifically highlights its importance in improving the quality of public services for people in later life. It highlights how the health and social care system needs to change in response to the changing population profile of an ageing society.

Total Place is a programme of 13 pilot localities launching in the 2009 Budget through which local agencies work together to deliver better public services at lower cost. The approach is to look both at the 'demand side' of what the public wants and needs and the 'supply side' of how agencies can work together to deliver local priorities. Pilots that specifically focus on the needs of older people include Bradford, where agencies are looking at promoting independence for older people discharged from hospital, and Bournemouth, Poole and Dorset, where the emphasis is on collaboration with older people to deliver improved public services.

The legal provisions for joint working between health bodies and local authorities

"The statutory duty of partnership on NHS bodies and local authorities was established under the Health Act 1999 and later the Health and Social Care (Community Health and Standards) Act 2003. The NHS Act 2006 more recently reinforced this legislation, further enabling the Health Act Flexibilities (HAFs) set out in the 1999 Act. NHS bodies and local authorities can now more easily delegate functions to one another to meet partnership objectives and create joint funding arrangements." Audit Commission, *Clarifying joint finance arrangements*, 2008.

Partnership working in health and social care

The NHS 2010-2015: from good to great and The NHS Operating Framework for 2010-11 set out the crucial role that partnership working plays in improving health and wellbeing. The Operating Framework highlights opportunities that partnership working provides to deliver key goals such as keeping older people independent. It highlights links between the Vital Signs indicators and the JSNAs, LAAs and CAAs and identifies the increasing importance of integrated ways of working in improving services.

Our health, our care, our say published in January 2006 established a new direction for the health and social care system by focusing on the personalisation of services and delivery of care as close to the patient as possible. It led to a range of specific policies that support joint working between the NHS and social care.

The subsequent legislation included the *Local Government and Public Involvement in Health Act, 2007* which placed a duty on upper tier local authorities and primary care trusts to undertake **Joint Strategic Needs Assessments (JSNAs)** from April 2008. The JSNA identifies the health and wellbeing needs of the local community and forms the basis for the commissioning plans for primary care trusts and local authorities. The guidance stresses that JSNAs will be most effective if communities are involved throughout the process, including design, content, use and feedback.¹⁶

The Review of Age Discrimination commissioned the University of the West of England to undertake an analysis of JSNAs in the South West. It found that six of the thirteen JSNAs mentioned age discrimination and across all JSNAs there was further work to be done in translating the identification of need into commissioning intentions and plans.¹⁷

World Class Commissioning guidance makes it clear that “*partnerships hold the key*” to making commissioning effective in transforming services. Competency 2 specifically relates to primary care trusts building capacity and capability in partnership working, though all the competencies should be underpinned by a collaborative approach with local authority partners. Recommendation 12 in *Achieving age equality in health and social care* was that ending age discrimination and achieving age equality be built into World Class Commissioning competencies.

Partnerships for Older People Projects (POPPs) was launched in 2005 to develop and evaluate services and approaches for older people aimed at promoting health, wellbeing and independence, and preventing or delaying the need for higher intensity or institutional care. Led by local authorities, innovative projects would be developed through partnerships with health and voluntary agencies and co-designed with older people. The national evaluation was published in January 2010 and concluded that improved relationships resulted from

¹⁶ *Guidance on Joint Strategic Needs Assessment*, Department of Health, 2007

¹⁷ *Achieving age equality in health and social care – Annex*, Department of Health, 2009

effective partnership working, though there were some problems involving GPs, and that local authority-led partnerships were successful at reducing demand on secondary services. LAAs were important in embedding and sustaining POPPs.

The programme of **Integrated Care Pilots** (ICP) is exploring different ways in which health and social care services can be integrated to improve local health and wellbeing. On 1 April 2009 the Department of Health announced 16 pilot sites across the country which are developing new models of care for their communities. Each pilot involves partnership between a range of organisations, such as primary care trusts, acute trusts, clinicians and social care professionals, local authorities, service user groups and voluntary bodies. See:

→ www.dh.gov.uk/en/Healthcare/IntegratedCare/index.htm

There have been a number of pilots of integrated management and organisational structures between health and social care. Care trusts were introduced in 2002 to provide better-integrated health and social care. By combining both NHS and local authority health responsibilities, care trusts can increase continuity of care and simplify administration. There are five care trusts that combined primary care trusts and adult social services and these have used their integrated structures to focus on improving services to older people. Other primary care trusts and local authorities have created key joint appointments for senior managers covering health and social care.

Joint finance and pooled budgets are options available for primary care trusts and local authorities to combine budgets to help achieve better services and better value for money. The most commonly used formal arrangement is the pooling of functions and resources under section 75 of the NHS Act 2006.

In October 2009 the Audit Commission published a review of joint finance. It concluded that pooled funds are rarely used for older people's services, though they are common for community equipment services that benefit older people. It was concerned about a lack of evidence on the benefits of partnership working. For example, its analysis suggests *"that formal partnership arrangements have had little or no impact on reducing the number of older people who fall and break their hip, or on the length of time they spend in hospital for some common conditions"*.

Specific areas for improvement proposed by the Audit Commission include:

- Draw up written joint funding or partnership agreements and regularly review these in light of performance and changing circumstances.
- Set and monitor measurable outcomes for service users for all their partnership agreements.
- Develop clear and synchronised financial frameworks that cover, for example, budget-setting, governance, financial planning, financial timetables and risk-sharing.¹⁸

¹⁸ *Means to an End – Joint financing across health and social care – Health national report, Audit Commission, 2009*

4.4 What good age-equal practice might look like

Good age-equal practice in partnership working is no different from general good partnership working but with a specific focus on age issues.

Building age equality into the wider partnership working between health and social care was a key recommendation in *Achieving age equality in health and social care*. Thus the explicit consideration of age appropriate services, opportunities to promote age equality and actions required to end age discrimination can be part of local partnership working. Effective age-equal practice in partnership working should cover the principles that have been identified as central to wider collaborative working. For example the Partnership Readiness Framework identifies the following nine principles:

1. Building and agreeing **shared values and principles** with a vision of how life should be for people who use services.
2. Agreeing **specific policy and service shifts** that the partnership arrangements are designed to achieve.
3. Being prepared to explore **new service options** and not be overly tied to existing services or providers.
4. Being clear about what aspects of service and activity are inside and outside **the boundaries of the partnership** arrangements.
5. Being clear about **organisational roles** in terms of responsibilities for and relationships between commissioning, purchasing and providing in order to derive a coherency that draws upon all appropriate expertise.
6. Identifying **agreed resource pools**, including pooled budgets, and agreeing to put to one side unresolvable historical disagreements about financial responsibility.
7. Ensuring **effective leadership**, including political and other senior level commitment to the partnership agenda.
8. Providing sufficient dedicated partnership **development capacity** rather than it being a small and marginalised part of everyone's role.
9. Developing and sustaining **good personal relationships**, creating opportunities and incentives for key players to nurture those relationships in order to promote mutual trust.¹⁹

There are a range of sources of advice and examples on effective partnership working including:

- the Improvement and Development Agency Partnership and Places Library contains many examples of successful partnerships:
→ www.idea.gov.uk/idk/laa/home.do
- The Integrated Care Networks site sponsored by the Department of Health has a range of information about integrated working in health and between health and social care:

¹⁹ *Partnership Readiness Framework*, Greig R and Poxton R, Institute for Applied Health and Social Policy, King's College London, 2000

→ www.dhcarenetworks.org.uk/Integration/

It is good practice to ensure there are ongoing partnerships with organisations of older people locally and to involve them throughout the commissioning cycle, including in needs assessment, provision of services and monitoring services.

In their *State of Care report* in February 2010, the Care Quality Commission highlighted three key factors for 'joined up working' between health and social care:

- the extent to which outcomes for people are improving as a result of joined-up care, especially whether people are staying healthier for longer, whether they are being supported to live independently at home, and whether their stays in hospital and/or residential care are being kept as short as possible
- whether health care and social care services are sharing information effectively
- strategic approaches to joining up care, including shared agreements, partnership working and strategic flexibilities.

4.5 Case studies of illustrative / good practice

Dorset - engaging older people in designing services

Dorset was awarded a green flag by the CAA process for its work on engaging older people in designing services, building on the work of its Partnership for Older People's project

→ <http://oneplace.direct.gov.uk/infobyarea/region/area/areaassessment/pages/localpriority.aspx?region=54&area=339&priority=4380>

Bournemouth and Poole – Integrated Care Pilot – dementia service

In Bournemouth and Poole organisations are working together on a care pilot to deliver integrated services to people with dementia.

→ www.commissioningsupport.org/cs/groups/childrens_health_commissioning/media/p/1406.aspx

Torbay – joint working to improve service integration

In response to poor Comprehensive Performance Assessment and adult social care assessment ratings, Torbay Care Trust and Torbay Council joined forces and resources to improve their organisational performance and outcomes for local people. Their test for service integration was to identify a fictional older person, 'Mrs Smith', and how they could overcome service fragmentation and lack of co-ordination to meet her needs. They assessed how she fitted into the jigsaw of health, social care, the primary care trust and council, and how integrated staff and innovative joint financing arrangements would improve services for her and other users.

Since 2006, urgent (25 per cent of all) intermediate care cases can see therapists within four hours. In 2008, 99 per cent of community equipment was delivered within seven days and 97 per cent of care packages were in place within 28 days of assessment (an increase of 9 and 30 per cent respectively since 2006). (Source: *Means to an End*, Audit Commission, 2009)

Integrated working between health and social care

Case studies on integrated working between health and social care from Torbay, Knowsley and North East Lincolnshire are described in *Only Connect: policy options for integrating health and social care* by Chris Ham, Nuffield Trust, April 2009:

→ www.nuffieldtrust.org.uk/members/download.aspx?f=%2fecomms%2ffiles%2fOnly_Connect_1April09.pdf

4.6 Suggestions for quick wins / what you can do now

- Review membership of existing groups that look at the needs and services for older people to ensure that a wide range of statutory, third sector and independent sector organisations are represented.
- Ensure older people, and the organisations that represent them, are actively involved in the JSNA process.
- Use the 'Partnership readiness check' in the audit tool, which is part of the 'Achieving age equality resource pack' to help review where you are now.
- Ensure that the proposed approach to age equality is discussed by local partnership groups such as the LSP or a joint commissioning group for older people.