NETWORKS THAT WORK:

PARTNERSHIPS FOR INTEGRATED CARE AND SERVICES

Innovation Unit

Nesta...

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Nesta is a registered charity in England and Wales with company number 7706036 and charity number 1144091.

Registered as a charity in Scotland number SCO42833.

Registered office:
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ABOUT INNOVATION UNIT

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ACKNOWLEDGEMENTS

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And for their leadership of and support to the People Powered Health programme, thanks to:

- Geoff Mulgan, Philip Colligan, Halima Khan, Ajay Khandelwal, Francesca Cignola and Tina Strack at Nesta
- Matthew Horne, John Craig and Leonie Shanks at Innovation Unit
- Professor Paul Corrigan

People Powered Health

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About the series

Networks that Work: partnerships for integrated care and services is one in a series of learning products which explain why People Powered Health works, what it looks like and the key features needed to replicate success elsewhere. It draws on the experience of the six teams who took part in People Powered Health, which was led by Nesta and Innovation Unit from summer 2011 to winter 2012.

The series includes:

- **People Powered Health**, health for people, by people and with people, foreword by the King's Fund
- **The Business Case for People Powered Health**: building the business case, foreword by the NHS Confederation
- **By us, For us**: the power of co-design and co-delivery, foreword by National Voices
- **More than Medicine**: new services for People Powered Health, foreword by Macmillan
- **Networks that Work**: partnerships for integrated care services, foreword by ACEVO
- **People Helping People**: peer support that changes lives, foreword by MIND
- **People Powered Commissioning**: embedding innovation in practice, foreword by NAPC
- **Redefining Consultations:** changing relationships at the heart of health, foreword by the Royal Colle ge of GP's

Achnowledgements

We'd like to take this opportunity to acknowledge the ideas, hard work and insights of all the patients, service users carers, practitioners and commissioners who have been part of the People Powered Health programme. Special thanks go to the teams in the six localities:

Calderdale	Lambeth	Newcastle
Earl's Court	Leeds	Stockport

You can find out more about their work and about People Powered Health at www.nesta.org.uk.

Foreword

Looking at the challenges the NHS faces you can't ignore the importance of the third sector in the development of a modern reformed health service. In the 21st century patients need strong integrated pathways of whole person care that is wrapped around the more traditional interventions by medical staff. The third sector contains the hard work, passion and the organisation to ensure that these services can be delivered with both personal care and professionalism.

The work carried out by Nesta and others on People Powered Health carries this forward into new and ever more important territory. We in the third sector have always prided ourselves in having as a main goal of our work the increased empowerment of the people we work for. We don't just provide services, but we ensure that the people for whom and with whom we provide the services have more power at the end of our interaction than at the beginning. The third sector sees this as a part of its moral imperative.

People Powered Health provides a strong economic argument for developing this role in many of the interactions in the NHS. If patients have an increased capacity to manage their own health, there is a strong evidence base to tell us that this self-management will improve their health and diminish their reliance on using NHS services, especially the emergency services at hospital.

This publication shows that improving the capacity of NHS patients to self-manage needs the development of clear services to provide people with that extra capacity. Many people can be helped to do this on their own, but here we show that networks will provide fellowship and assistance to people who feel they may not be able to get on top of their disease on their own.

Given there are over 16 million people with long-term conditions in England, we need to radically change the way we tackle these diseases, working with citizens in providing support and advice and encouraging better self-management. And that also means preventing the disease in the first place.

This publication shows how third sector organisations can develop and provide services that can help people to get themselves on top of their conditions. Our own report, The Prevention Revolution: transforming health & social care, emphasises the role played by voluntary organisations in shifting focus towards preventative care and support. (www.acevo.org.uk/prevention-revolution)

People Powered Health is an important step forward for the NHS. The third sector will help to develop this with enthusiasm.

Sir Stephen Bubb, CEO

ACEVO
Association
of Chief Executives
of Voluntary Organisations

Integrated care and the need for networks that work

Networks and partnerships are critically important for People Powered Health – they provide a mechanism by which different sectors and levels of the NHS can come together, each bringing their own unique set of skills and work to create services, pathways and systems that are more than just clinical.

These relationships and networks of people may be called different things – networks, collaboratives, consortia, alliances – and there are many different ways to organise and manage them. Ultimately it is about bringing together people and organisations with different expertise.

Medical leaders in the NHS acknowledge that more collaboration in general is needed, but in a recent survey of senior medical leaders only 4 per cent felt that strong relationships existed that were delivering real improvements.[1] There is a wealth of expertise and knowledge about how to identify and meet the needs of patients and service users across the NHS, social care providers and third sector organisations. For People Powered Health to become a sustainable reality such knowledge and expertise needs to be brought together to commission, design and deliver holistic, integrated health care services.

The case for integrated healthcare systems for people with multiple and complex long-term conditions has been compellingly and consistently made. In January 2012[2] The Kings Fund and Nuffield Trust submitted their report to the NHS Future Forum stating that integrated care should be given the same priority in this decade as waiting lists were in the last.

In People Powered Health, some of the practical barriers to and enablers of integrated care being tackled in real time.

However, in People Powered Health, integration comes not from the perspectives of existing institutions or services but from the perspective of patients and what they need to improve their overall health and wellbeing - which may include completely new services not just joining up existing ones.

Integration in People Powered Health, is less about formal, top-down restructuring and more about ensuring that gaps in the system are bridged so that people don't fall between them, that the system is easier to understand and navigate, and that people's social, emotional and psychological needs are treated in addition to their physical needs. It is about creating effective connections within patient-oriented networks of formal and informal services.

There are many different guides and reports on how to build consortia and partnerships between sectors to provide public services and health services.[3,4,5] This report is not a detailed how-to guide – it shows how consortia work in practice, what the barriers are and how these barriers can be overcome. Teams taking part in People Powered Health have created services that really benefit service-users and patients – and that are responsive to their needs. In each case networks and partnerships are being used to commission, design and/or deliver these services, overcoming significant challenges in the process.

The case for integrated healthcare systems for people with multiple and complex long-term conditions has been compellingly and consistently made.

A few definitions...

Consortia, partnerships and networks

There are many different terms used across health and social care to describe organisations working together. These terms all refer to bringing together different providers and partners to design, commission or deliver services. Some of the most commonly used terms are defined below:

Consortia – An unincorporated association of organisations, who agree to work together and form a Consortium to bid for specific contracts.[6,7]

Partnerships – A less formal approach than consortia, where different organisations develop strategic alliances to deliver services.[8]

Networks – linked groups of individuals or organisations "in which people exchange things with one another".[9]

People Powered Health teams have shown how networks can support the integration of care and services in different ways, including:

- **Commissioning services together –** joint commissioning in Lambeth.
- **Providing services together –** alliances of service organisations in Stockport.
- **Delivering services together –** co-located services in Earl's Court.

Integration of care and services

Benefits and risks of working in partnerships

As well as benefiting service users, commissioning, designing and delivering services in partnerships can greatly benefit the constituent organisations. This type of working can enable them to:[10,11]

- Share **learning and knowledge** about best practice across organisations.
- Share **skills, resources and capabilities** across organisations.
- **Win contracts** that organisations might not be able to win alone.
- **Tackle problems that span** sector and organisational boundaries.

Some risks have also been identified. Organisations need to be aligned in their values and broad objectives or tensions in the partnership can arise. Inequalities in expectations and in the level of commitment of senior leaders are significant risk factors.[12]

The need for clarity of purpose and length of commitment have also been identified, along with strong project management to help ensure that wider public value goals stay in focus. Partnerships can run the risk of not delivering value beyond the organisations or individuals taking part.[13]

A checklist for successful partnership working

Agreeing on the nuts and bolts of how a partnership or consortium will work is key to making it a success. Partners will also likely need to think beyond just existing services in the community, to who or what else is needed to provide for the patient population. Social Enterprise provides a helpful checklist for what needs to be covered when agreeing the outline terms:[14]

- **Timeframe –** think about how long the collaboration will last.
- **Roles and responsibilities –** make decisions about roles and responsibilities within the consortium.
- **Action plan –** collaboratively build an action plan with milestones and deadlines.
- **Decision-making processes –** decide how decisions will made in the consortium.
- **Point of contact –** decide who should be the point of contact within each organisation.
- **Joint Steering Group –** decide whether one is needed and who will be on it.
- **Financing –** decide who will contribute any initial and ongoing funding to the consortium.
- **Risk-sharing –** determine how risk will be shared between the organisations.
- **Profit-sharing –** determine how any profits or surpluses will be split between organisations.
- **Monitoring and review –** decide on the objectives of the consortium and how and when should they be reviewed.
- **Admission of new partners –** decide how new partners will be able to join the consortium.
- **Termination of the consortium –** decide in what circumstances the consortium will be brought to an end.
- **Dispute resolution –** decide in advance the mechanisms for resolving disputes.

Commissioning services together

Focus on

People Powered Health in Lambeth: collaborative commissioning and the Lambeth Living Well Collaborative

"Commissioning is about enabling an effective dynamic with communities and individuals to understand their needs, their assets and their aspirations in order to fund and guarantee effective, meaningful and efficient support."

Lambeth Collaborative

The Lambeth Living Well Collaborative is a partnership platform for commissioning that brings together a complete cross-section of mental health services in Lambeth to radically improve outcomes for people living with long-term mental illness. Members include GPs, mental health commissioners, carers, peer supporters, patients and service users, information managers, clinical directors and representatives from the local authority, primary and secondary NHS providers, housing support and voluntary/third sector organisations. Primarily working together to establish a set of outcomes that are meaningful to people's lives and aspirations, the Collaborative recognises people's assets as well as needs, aiming to harness the knowledge of providers and service users much more systematically within commissioning practices.

The Collaborative was formed in 2010 when commissioners in Lambeth were faced with the challenge of having to radically reduce the amount of money being spent on mental health services, while maintaining high quality care. Given the circumstances, many commissioners working with reduced funds may have ended up just cutting services or trying to minimise costs – but in Lambeth they decided they needed a different dynamic around commissioning and to reframe what value means.

The core Collaborative group – numbering about 20 – meet fortnightly at a cafe in Clapham run by people with learning disabilities and mental health problems. The venue was picked to highlight the change in working style and dynamic that the group wanted – of leaving their 'organisational baggage' at the door and working as a team on a radical vision for mental health. It is also interesting that the central organising network here is a 'breakfast'. By organising around an early morning meal they provide a focus around an activity that people engage in as a part of their life and not something that is seen as an intrusion. Members of the wider Collaborative community are regularly invited to add new perspectives, and smaller groups are formed to tackle particular challenges.

Critical to this new commissioning ethos is a process of monitoring, insight, co-design and co-delivery. Monitoring involves capturing customer and community intelligence in a dynamic way that includes social, economic and environmental factors; the insight function aims to turn raw data into useable insights that can be used as a shared resource by both commissioners and providers. Drawing on the insights from commissioners, providers, different sectors, and importantly users, enables the Collaborative to facilitate a process of co-design and co-delivery resulting in joint needs assessments and joint strategic assets assessments that shape commissioning.

"The Collaborative is about recognising that old or traditional ways of doing things aren't that helpful. Particularly when they are rigidly run by formal contracting and procurement frameworks, providers are measured and valued by the widgets and outputs linked to the service specification. It doesn't bring out the added value that providers bring beyond the service specification."

Denis O'Rourke,
Assistant Director,
Integrated Commissioning in Mental Health,
NHS Lambeth

Lambeth's model of commissioning follows eight principles– that commissioning should:

- Assess needs, aspirations and assets.
- Be of real value and meaning to all.
- Have collaboration, not competition, as its default.
- Use positive competition between a range of suppliers.
- Actively shape markets.
- Use iterative specifications that change over time to best meet needs and reflect assets.
- Use mixed accountability panels to challenge and spread co-production.
- Be a shared learning process that builds expertise and holds onto it.

These principles extend to service providers, both within and outside mental health. The Collaborative aims to incentivise greater collaboration, integration and knowledge sharing between providers, rather than operating under the default of competition that characterised the existing system.

The Collaborative seeks to incentivise cooperation amongst providers by developing a long-term alliance contract on the basis of outcomes, within an integrated supply chain across the whole system of primary care, social care, secondary care and the voluntary sector. With 25 voluntary sector providers, over 50 GP practices and more than 100 voluntary and private sector providers contracted to work with the local authority, creating an integrated system is far from straightforward. To ensure flexibility and innovation, the contracts will be strong on the long-term outcomes that the Collaborative is seeking to achieve, and looser on the outputs.

Dr Adrian McLachlan,
GP and Chair of Lambeth Living Well Collaborative Board

"Before, commissioning tended to be hierarchical and professional led. Now, we have co-produced decisions – there's no one person who's the boss. We work by consensus. And this only works because a lot of time and effort went into laying a foundation of trust and understanding."

"Often when you pick up 'toolkits' on commissioning, they will say 'provider and market development', but traditionally what that means is putting out to the market and seeing what comes in. What we are doing is working collaboratively with the market on developing it."

Denis O'Rourke,
Assistant Director,
Integrated Commissioning in Mental Health,
NHS Lambeth

It has been important for commissioners to create a relationship where providers not only share data on case-loads, performance and other data with one other but also feel able to challenge commissioners on the existing design of services, and come up with new alternative models of provision, without the risk of losing competitive advantage or a withdrawal of funds. Lambeth engaged with potential providers to build provider capacity to provide services under this new model. This meant facilitating a new conversation with existing providers about what future provision – with the user at the centre – could look like, and engaging those providers who were willing to take part in this conversation.

Since then, Lambeth has continuously expanded this conversation to include new providers who are interested in working under the new model. The requirements are for new providers to put the principles of the Collaborative at the heart of their work, focusing more on their ability to engage with the values of collaboration than on traditional legal and financial requirements. The commissioner's role in the Collaborative has also been to challenge existing providers on their current practice, and to facilitate processes that can re-orientate them towards a more user-centred model.

The first new service offers – including peer support, a community options team (COT) and use of the IAPT service – were implemented in March 2011. In the medium term, the priority remains the necessity of safely providing more with much less available resource. Long-term, Lambeth aims to completely change the culture of mental health services to reflect a new, more productive, workforce culture. This has led to the development of a Co-Production Academy – a platform of tools and support that aims to build providers', users' and commissioners' skills in commissioning and providing co-produced services through prototyping.

See By Us, For Us for more information on the Lambeth collaborative and co-designing services.

"We talk about commissioners and clinicians being brave – doing something different, not for the sake of it, but because we genuinely believe that this can help us generate better results."

Denis O'Rourke,
Assistant Director,
Integrated Commissioning in Mental Health,
NHS Lambeth

Could you...

...incorporate some of the lessons of what makes the Collaborative work into your own commissioning process?

This could mean ensuring that a broad representation of people and partners are included in the commissioning process, or setting up a regular open forum – like the Collaborative's breakfasts – that give people the time and space to collaborate and build relationships.

What is alliance contracting?

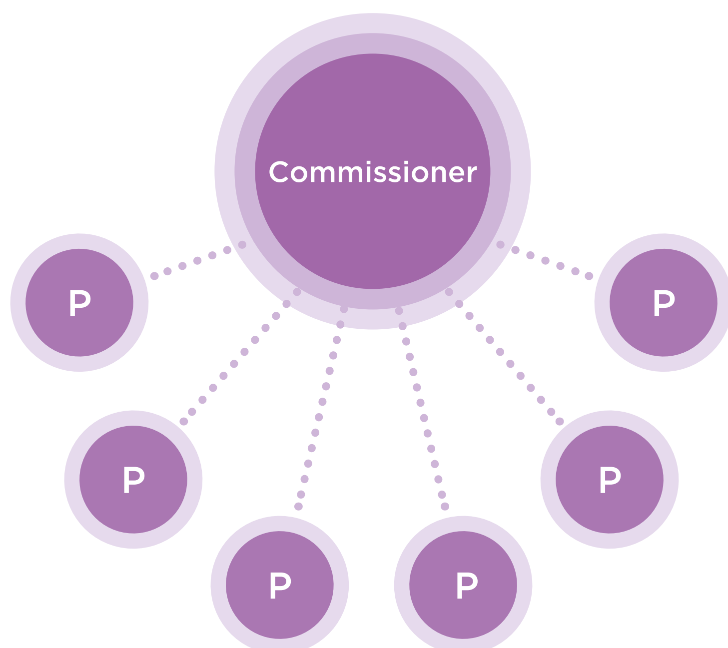
Lambeth has been working to develop an alliance contracting model which drives collaboration, innovation and improvement in outcomes. In an alliance contract there is just one contract between the commissioner and an alliance of providers who will deliver the services. This alliance shares both the opportunities and responsibilities associated with delivering the services.

The approach creates a collaborative environment without the need for imposing new organisational structures on existing providers, or forcing smaller providers to merge in order to bid for and deliver services cost-effectively. Each provider remains a separate signatory and all have a stake in each other's success, meaning that providers feel collectively accountable and take ownership of co-ordinating care.

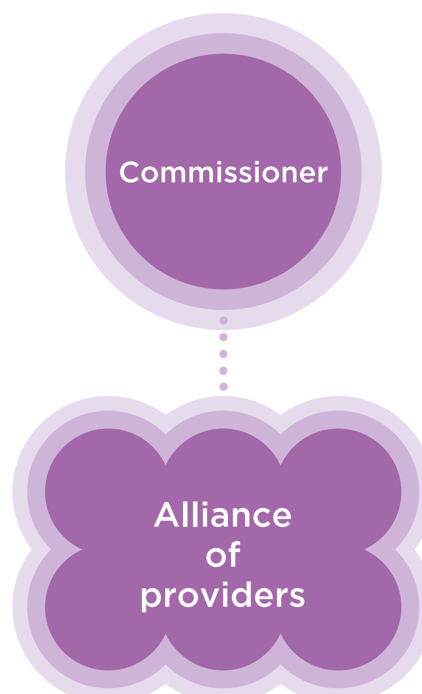
The contract describes outcomes and relationships and sets an expectation of change and innovation in delivery without prescribing how it should be achieved, thereby retaining providers' flexibility, while a single performance framework means everyone works to the same outcomes measures.

Stockport Council is testing this approach in mental health services, putting in place prototype alliance contracts and building capacity for community-based support through initiatives such as timebanking.

Separate party contracts



Alliance contract model



Providing services together

Focus on People Powered Health in Stockport: a consortium of service organisations

Third sector providers can be small and lack the capacity to provide health and social care services at scale. In Stockport the local authority supported the voluntary sector to set up Synergy in 2010 – a consortium of charities and third sector providers for the local area.

Synergy is made up of voluntary and community groups including Mind, All Together Positive, For Local Advice and Guidance (FLAG) and Anchorpoint. Many of these organisations are based in the wellbeing centre in Stockport which crucially provides the opportunity to build relationships, learn about the others' work and collaborate. This consortium of third sector providers has been heavily involved in the redesign of pathways and provision of services in Stockport. They all work closely with Pennine Care Foundation Trust to support and supplement traditional mental health services – to prevent people from needing secondary services, and help people to move out of them.

These groups work together to provide services on the ground. For example, the Prevention and Personalisation Service in Stockport is run by Mind and All Together Positive and offers people with mental health problems support to achieve their goals which may include linking them up to volunteering opportunities, helping them with their employment issues or supporting their financial needs. The multidisciplinary nature of this service works best when provided by a multidisciplinary team who are linked up and connected to all different parts of the local third sector economy.

The consortium is supported and managed by one of its members – Anchorpoint. They facilitate and support the activities of the other members – this could be anything from managing buildings, to helping them with CRB checks to finding money and fundraising. They identify the barriers that are stopping the community and voluntary sector from doing their jobs and they remove these barriers.

For more on the Prevention and Personalisation service see By Us, For Us and Redefining Consultations.

What's next?

Synergy in Stockport works successfully with the local NHS providers, but they are primarily funded by the local authority.

Scaling up and sustainably integrating a consortium such as Synergy into mental health provision may mean securing funding from the local clinical commissioning group as well as local authorities.

What are consortia?

While community groups and third sector organisations might be able to add value to the NHS, they are often excluded from running services by themselves independently, because of their organisational capacity, financial situation and size. Consortia combine the capabilities of two or more service providers, working in partnership, so that larger and more complex contracts can be delivered.

The strength of many of these consortia is that they bring together the expertise of different sectors and partners to deliver a system which can meet the needs of patients, service-users and carers.

For example, in Sheffield 72 charities came together to form the Sheffield Wellbeing Consortium, which now delivers a £1.76m contract (from Sheffield City Council and the local council) to support carers over the next three years. The consortium highlights how "there was no way any individual member of the consortium could have won this contract. A consortium was the only way they could have remained in competition."[15]

Formal or informal structures?

Not all networks and partnerships need to be formalised – but some may want to develop formal legal and governance structures. Different types of formal structures exist, including:[16]

- A consortium bound together by a contractual framework which outlines the members' legal rights and obligations but is not a jointly controlled company.
- A consortium bound together by a contractual framework with the additional feature of a joint steering group.
- A consortium which is established as a jointly controlled company.

Whatever structure networks take, designers and leaders need to strike a balance. Too tight a structure – highly regulated and hungry for time spent on business and management – can be draining, while too light a structure requires high levels of trust, which can normally only be achieved in small networks. This suggests that broader and more inclusive networks might need more formality than smaller and more focused networks.

In fact structure is only one important feature of effective networks. Establishing trust and growing relationships; active participation by the membership; attention to collaborative processes – how people in the network work together; the influencing activities the network undertakes and how its impact is evaluated, including its cost benefit, are all equally important.[17]

Delivering services together

Focus on People Powered Health in Earl's Court: Co-located services in a health and wellbeing centre

What does integrated care look like from a patient's perspective? For many it may be having all the services they need in one location and having health professionals who work together to co-ordinate their care.

Health and wellbeing centres and polyclinics have the potential to provide this level of care when a number of different providers come together to create a one-stop shop providing a range of medical and community services.

In Earl's Court, the new health and wellbeing centre is trying to create a truly holistic health centre which addresses the wider needs of the community. Led by the third sector health and social care provider Turning Point, the centre houses GP services, dentists and sexual health services, but what makes it different is that it also houses community and social values services. For example, it houses a community centre, provides a place for a job club to meet, for yoga classes to take place and for diet and weight loss courses to be run. It also tries to tackle the wider social determinants of health by hosting a timebank and a health and wellbeing coach – services that can help provide people with the support they might need, and help them to build social networks.

The advantage of having a range of different sectors working together is that they all have unique perspectives and contributions to make, and bringing them all together under one roof can be valuable. Turning Point brings to the centre its experience of working with people with complex needs, community engagement and of looking at the needs of the whole person.

The centre managers have worked hard to try to make the centre more than just a concentration of services. However, they have found that housing services together is not enough to really engender a shared set of values. Organisational cultures of the different providers were very different when they first started, and getting them to meet in the middle was a huge challenge. The learning from Earl's Court is that the way to overcome this is communication – to put lots of effort into building relationships and just keep working at it until people understand where the others are coming from. They've done this through joint training initiatives, joint newsletters and shared meetings. The executive group brings together senior managers from each of the partner organisations to discuss the challenges and opportunities facing the centre. This is also where the benefits of co-location become more than just a matter of convenience for patients – it allows health professionals to build relationships with each other, understand services and refer to each other.

Turning Point brings to the centre its experience of working with people with complex needs, community engagement and of looking at the needs of the whole person.

See More Than Medicine for more on the Earl's Court Health and Wellbeing Centre.

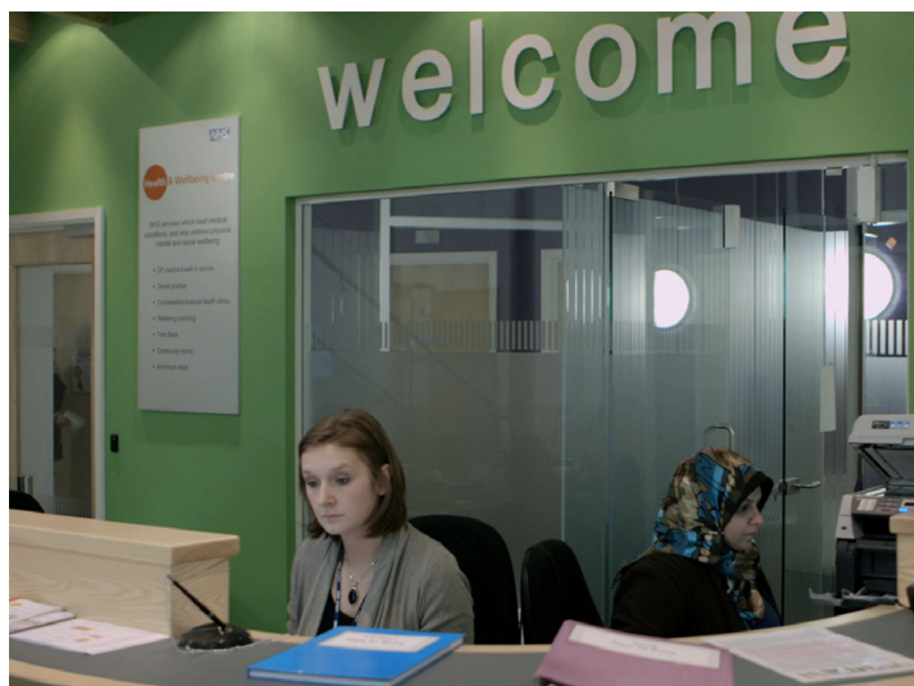
Frankie Lynch, Chief Operating Office North West London Commissioning Support Unit

"I believe the model we've commissioned here at Earl's Court is an exemplar for how you bring better integration between the voluntary sector, social care and medical centres, and provide a vibrant community centre to a deprived community all at the same time. When healthcare is facing reduced expenditure, increasing demand, we have to use what we've got better and all the services have got to work together better – because at the end of day it's one individual, not isolated parts of the body."

What's new?

Polyclinics and primary care centres that contain more than just a GP practice are common across the country. What is different about the Earl's Court Health and Wellbeing Centre is the community engagement expertise that Turning Point has brought as the lead provider.

Their insights into how to draw on the knowledge and capacity of the local community, to both inform and run their social value services, ensure that the centre treats not just disease but also the wider determinants of health.



The role of third sector providers in the NHS

While the NHS is very good at providing medical services for patients with long-term conditions, historically it has not been so good at helping people to care for themselves and to build their capabilities.

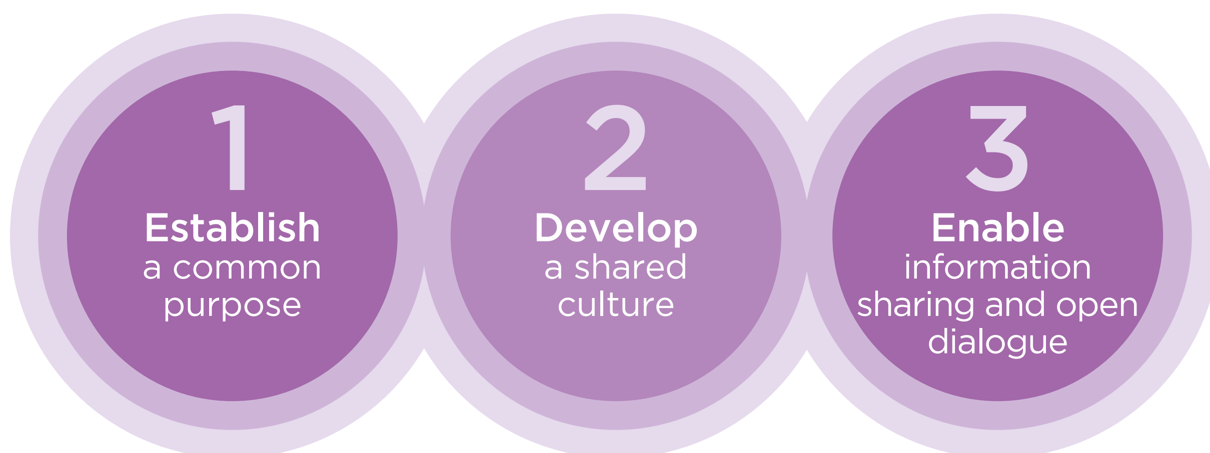
The third sector is not just an alternative, competitive provider – it has strengths that often complement the work of the NHS. The third sector brings its particular expertise in community engagement, responding to the needs of service-users and using volunteers and peers to deliver services. Operating outside the mainstream medical system can also be a strength, as there is more space to innovate outside the medical orthodoxy.

The community and voluntary sector already deliver a substantial amount of health-related services. Approximately 17,100 community and voluntary sector organisations were involved in delivering adult health and social care services in 2010, with around £3.39 billion spent on health services delivered by the third sector.[18] However in many cases, there is still a disconnect between traditional health providers and third sector providers, especially when it comes to delivering community-based services, such as knitting groups and cooking classes. This is often based on a lack of knowledge about how third sector providers can be used to deliver health services, or the absence of models for commissioning this alternative provision from small community-based organisations. The People Powered Health teams have shown how NHS providers can work with third sector providers, and how these different models could operate. For example, in the People Powered Health site in Newcastle, the Newcastle West Clinical Commissioning Group is working with Healthworks, a social enterprise, to deliver the health trainers that are key to their social prescribing project.

Core actions for partnership working

The work of the People Powered Health teams has shown us that while networks can be organised and managed in many ways, three core actions are necessary for these partnerships to be successful.

Networks need to:



Establishing a common purpose

When deciding to work in partnership people often focus on the functional aspects such as IT systems, finance and governance structures.[19]

What is often overlooked, however, is the need to establish a common purpose and set of goals for the partnership. If there is no accepted understanding of why you are collaborating and what you want to achieve then very little can be accomplished.

For **Lambeth** one of the key aims of forming the Lambeth Living Well Collaborative was to work together to establish a shared vision and work towards this vision– to "leave their organisational baggage and prejudices" to one side and work together as a team. They were not commissioned to do this by chief executives – it was a ground up process driven by people deciding to work together to come up with solutions. The collaborative has, from the start, worked to develop a shared vision that all the different partners buy into.

Learn more

There are a range of guides, toolkits and reports that can help you to work effectively in consortia or partnership:

Cabinet Office – Working in a consortium: A guide for third sector organisations involved in public service delivery

National Council for Voluntary Organisations – Consortia delivery of public services

Think local, act personal – Consortium Toolkit for User Led Organisations

Charity Commission – Consortia for the delivery of public services

Social Economy Scotland – Developing Consortia: Forming a Consortium for the Delivery of Public Services

Developing a shared culture

Differing organisational cultures can be an obstacle when working in partnership. Dentists, doctors, voluntary sector workers all come from different backgrounds, undergo different training and work in organisations that have very different management styles and cultures. Overcoming these cultures can be challenging and time-consuming.

Part of developing a shared culture is beginning to understand and value other people's roles and the realities of their working lives – the way to do this is to build relationships.

Across all the different People Powered Health teams the importance of building relationships and trust has been key to developing a shared culture. This means that developing a shared culture cannot happen overnight but is one of the aspects of collaborative working that requires dedicated, on-going attention.

"Honesty and trust are critical and will only develop by actually demonstrating these traits repeatedly and consistently."[20]

In Stockport they have been working to build these relationships between the different members of the third sector consortium Synergy. They've found that getting to know people face to face is the key to making this work – "You can say 'there's a team over here and a team over there' but you don't get that understanding about what skills and knowledge everyone can bring to the table without getting to know them." Colin McCabe, Stockport.

A strength of the Lambeth Living Well Collaborative is the focus on relationships. The formation of the collaborative has not been without its challenges – different groups of people use different languages and timescales, they keep different types of records, and have different types of relationships with patients. What has come to be realised is that for the dramatic change and service redesign to happen, they needed to build relationships to lay the cultural foundation. This culture change has taken time, and has only worked because they have put a lot of time and effort into laying the groundwork of mutual trust and understanding. For those involved this investment of time has been worth it: "you can develop as many whizzy new services or amend services that exist, but until you address how people work together in a co-productive fashion you are never going to address the service change you want." Denis O'Rourke, Assistant Director, Integrated Commissioning in Mental Health, NHS Lambeth

3 Enabling information sharing and open dialogue

Anyone working in collaboration with others needs to find ways to create an open flow of information and dialogue with their partners. This could be through sharing data through IT systems, having joint meetings or by co-locating services or professionals.

In **Stockport**, Pennine Care Mental Health Trust has a large database with information on all their patients. Members of Synergy, such as Mind and FLAG, who are working with Pennine Care, can access this data to evaluate the success of the redesigned pathways and their work. They are also using this database to link Pennine care data to A&E data and Improving Access to Psychological Therapies (IAPT) programme data using individuals' NHS numbers. The data matching is done within Pennine's systems. The information that they are finding most difficult to capture is the GP data. GPs are telling Mind that they are saving time and money but it is difficult to prove without the data. Collecting this data is invaluable for monitoring and evaluating the success of Stockport's redesigned pathways, and for building their business case.

In **Earl's Court** one of the advantages of co-location has been the that GPs and health professionals, once they have the patient's permission, can easily share a patient's record with the other healthcare professionals treating them – giving them a fuller picture of their medical and social state, and improving care. In addition to this, the joint steering group (including all the different partners working in the centre) provides a mechanism for everyone to keep up to date with what other organisations are doing, and to set and develop shared goals.

Focus on People Powered Health in Lambeth: building relationships

One of the key elements of the success of the Lambeth Living Well Collaborative is the fortnightly breakfasts it holds for the collaborative to come together and problem-solve as a group.

The group meets on Thursday mornings in a café run by one of the member organisations – a charity that works with former and current service users and trains them in hospitality and cookery. The group use these gatherings to address the problems that are facing the Collaborative and make a concrete plan of action to solve these problems. What could have been little more than a networking breakfast has become a crucial part of the work that the collaborative does in Lambeth. The success and importance of these breakfasts is down to:

- Having the right **range of people** in the room – there is a core group who attend every breakfast which is made up of clinical commissioners, directors of mental health and commissioners of mental health. But what makes the breakfasts so successful is that when a problem needs to be solved they pull in outside expertise and people from other public services. For example, if the problem they are facing is getting service-users back into work then they will invite a person from employment services in the borough to help them solve this.
- People are **frank, open and honest** – there is a general understanding at the breakfasts that people won't hold things against you. It has taken a lot of time, but they have built up trust and strong relationships. This is very important especially in the current climate when members increasingly feel that in their everyday roles they are being pitched against each other. However, the breakfasts mean they know each other as people and they can put aside their individual agendas associated with their day jobs.
- They are explicitly there **to solve problems** – the purpose of the breakfasts is clear and focused. They are not there purely to build relationships or to talk. There is an agenda which is explicitly based around the problems they are all facing and which is very practically focused on solving these problems.

See By us, For us for more information on the Lambeth Collaborative.

Adrian McLachlan,
GP and Chair of Lambeth Living Well Collaborative Board

"Mental health systems are complicated, and getting everyone together on a regular basis can be difficult. It's important that there is a time and place for all the parts of the system to come together. And the breakfast bit of it is important – there's a symbolic element to all sitting together and sharing food, as well as ideas."

Endnotes

1 Green, B. (Online) 'Collaboration Can Bring Improvements in the Quality and Productivity of Care.' Available at http://www.hsj.co.uk/resource-centre/leadership/collaboration-can-bring-improvements-in-the-quality-and-productivity-of-care/5044853.article

2 Nuffield Trust and The King's Fund (Online) 'Report to the Department of Health and NHS Future Forum.' Available at http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/integrated_care_for_patients_and_populations_-_improving_outcomes_by_working_together_jan12_0.pdf

3 See Social Economy Scotland (Online) 'Developing Consortia: Forming a Consortium for the Delivery of Public Services.' Available at http://www.socialenterprisescotland.org.uk/policy/26

4 National Council for Voluntary Organisations (Online) 'Consortia and Subcontracts – Public Services.' Accessed on 29 January , 2013. Available at http://www.ncvo-vol.org.uk/advice-support/public-service-delivery/consortia-subcontracts

5 See Cabinet Office (online) 'Working in a Consortium: a Guide for Third Sector Organisations Involved in Public Service Delivery.' Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207946/working_in_a_consortium.pdf

6 National Council for Voluntary Organisations (Online) 'Glossary: Public Service Delivery.' Accessed on 29 January 2013. Available at http://www.ncvo-vol.org.uk/advice-support/public-service-delivery/resources/AtoZ#N

7 See Social Economy Scotland (Online) 'Developing Consortia: Forming a Consortium for the Delivery of Public Services.' Available at http://www.socialenterprisescotland.org.uk/policy/26

8 Ibid.

9 Christensen, C., Grossman J. and Hwang, J. (2009) 'The Innovator's Prescription: A Disruptive Solution forHealth Care, 1st ed.' New York: McGraw-Hill Professional.

10 See Social Economy Scotland (Online) 'Developing Consortia: Forming a Consortium for the Delivery of Public Services.' Available at: http://www.socialenterprisescotland.org.uk/policy/26

11 National Council for Voluntary Organisations (Online) 'Consortia and Subcontracts – Public Services.' Accessed on 29 January 2013. Available at http://www.ncvo-vol.org.uk/advice-support/public-service-delivery/consortia-subcontracts

12 HM Treasury (2002) 'Managing Risks with Delivery Partners. A Guide for those working together to deliver better public services.' London: HM Treasury.

13 Alarm (2008) 'Partnership Risks. Issues, solutions and examples of good practice.' Sidmouth: Alarm.

14 See Social Economy Scotland (Online) 'Developing Consortia: Forming a Consortium for the Delivery of Public Services.' Available at: http://www.socialenterprisescotland.org.uk/policy/26

15 Third Sector (Online) 'Sheffield Consortium Wins Three-year Contract to Support Carers.' Accessed on 29 January 2013. Available at: http://www.thirdsector.co.uk/go/news/article/1146078/sheffield-consortium-wins-three- year-contract-support-carers/

16 See Social Economy Scotland (Online) 'Developing Consortia: Forming a Consortium for the Delivery of Public Services.' Available at: http://www.socialenterprisescotland.org.uk/policy/26

17 Church et al. (2002) 'Participation, Relationships and Dynamic Change. New thinking on evaluating the work of international networks.' London: University College London.

18 Clark, J., Kane, D., Wilding, K. and Wilton, J. (2010) 'UK Civil Society Almanac.' London: National Council for Voluntary Organisations.

19 Clark, J., Kane, D., Wilding, K. and Wilton, J. (2010) 'UK Civil Society Almanac.' London: National Council for Voluntary Organisations.

20 Green, B. (Online) 'Collaboration Can Bring Improvements in the Quality and Productivity of Care.' Available at: http://www.hsj.co.uk/resource-centre/leadership/collaboration-can-bring-improvements-in-the-quality-and-productivity-of-care/5044853.article

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August 2013

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