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**“THE THIRD SECTOR & THE NHS:
WORKING IN PARTNERSHIP IN HEALTH
AND SOCIAL CARE SERVICE DELIVERY”**

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PARTNERSHIP

- **Why?**
- **How?**
- **Challenges?**
- **Where next?**
- **Public health perspective.**

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WHY? **perceived benefits**

- reaches the hard to reach;
- increases choice, especially for local services;
- advocacy;
- can be small organisations;
- can have specialist local experience;
- can be structure-lite;
- can be responsive/flexible;
- can build social capital.

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HOW: Public Health Department

- Health Improvement Fund (HIF);
- Community Leadership for Health Fund (CLH);
- market development project;
- tariff payments;
- HICs;
- Public Health consultants.

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HOW: HIF

- **£1m over 3 years for health improvement projects;**
- **VCS representatives in shortlisting and final approval panels;**
- **partnership working as a requirement;**
- **major funding streams to some organisations, e.g. Deaf Direct, Age Concern, WEA.**

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CLH

- **£500k allocated to local members for local projects;**
- **partnership working strongly advised;**
- **smaller scale projects which have provided a number of funding opportunities to VCS organisations;**
- **still some funding to be allocated.**

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MARKET DEVELOPMENT PROJECT

- **building on existing work;**
- **project to support VCS organisations entering the healthy lifestyles market as providers;**
- **understanding challenges;**
- **identifying ways to meet challenges;**
- **training opportunities legacy;**
- **networks legacy.**

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TARIFF PAYMENT

- **healthy lifestyle services;**
- **smoking now;**
- **extend to: alcohol, weight management, generic healthy lifestyle advice/brief interventions;**
- **becoming a NHS accredited provider;**
- **payment on results (activity or outcome).**

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HEALTH IMPROVEMENT COORDINATORS (HICs)

- **community based public health;**
- **based in District Councils;**
- **to coordinate service delivery locally around meeting health improvement targets;**
- **drawing up multi-agency District health improvement plans;**
- **under review;**
- **Forthcoming White papers.**

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PUBLIC HEALTH CONSULTANTS

- **linked to a District;**
- **partners on the LSP, with VCS and others;**
- **key point of contact is locality health development: local health profiles, knowledge of local initiatives; leadership around local health priorities;**
- **under review;**
- **Forthcoming White papers.**

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CHALLENGES: DIFFERENCES

- **different cultures/different languages;**
- **“commissioning”;**
- **accountability (upwards/downwards);**
- **reporting regimes;**
- **inspection regimes;**
- **structures, especially decision-making;**

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WHERE NEXT? Opportunities

- **change!**
- **Three White papers;**
- **functions of PCT/Public Health;**
- **National Public Health Service;**
- **Long-term care funding.**

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WHERE NEXT?

Commissioning Opportunities

- **budgets to GPs;**
- **locality commissioning;**
- **locality needs analysis;**
- **tariff payments/flexibility;**
- **opportunity for increased VCS role in service delivery v needs assessment.**

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WHERE NEXT? Delivery Opportunities

- **prevention agenda;**
- **still unclear;**
- **recognition of “those who need it most”;**
- **personal responsibility;**
- **empowerment/self-help/self-care;**
- **opportunity for increased VCS role in delivery especially for the hard-to-reach.**

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WHERE NEXT? Principles

- **Self-esteem as the key problem;**
- **Big society as one element of the solution;**
- **Community and social responsibility;**
- **National strategy.**

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WHERE NEXT? Secretary of State Speech to the Faculty of Public Health, July 7th 2010

“we need to throw off the old ways and start seeing people and families as a whole, using local voluntary and charitable organisations much more, cutting across boundaries, encouraging innovation, using the power of new technologies and new media, joining up professions and budgets and putting the people – not the system – at the heart of the strategy. Making us all accountable for results, not just processes.”

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CONCLUSIONS

Partnership working

- developed and developing in Worcestershire, especially in last 4 years since a single NHS organisation was established;
- coalition changes offer a chance to build on progress;
- VCS involvement in both commissioning and delivery with locality specialism as a strength;
- need to shape processes so that communications and expectations continue to improve;
- to achieve a common vision of health improvement with respected and valued contributions from all partners to its achievement.