Building Health Partnerships: Dudley
Partnership Development session 1 – 23 May 2013
Brierley Hill Methodist Church

1. Background

Building Health Partnerships (BHP) is a national programme designed to improve health outcomes through supporting the development of effective and productive partnerships between Clinical Commissioning Groups (CCG) and voluntary, community and social enterprise (VCSE organisations), alongside Health and Well-being Boards and Local Authorities.

Supported by NHS England, the programme is being managed by NAVCA (National Association for Voluntary and Community Action) in partnership with Social Enterprise UK and IVAR (the Institute for Voluntary Action Research).

Participants at this Partnership Learning session of the BHP programme in Dudley are listed at Appendix One.

2. Local Programme Objectives

(Key developments since the diagnostic session on 18th March)

At the Dudley diagnostic session participants worked together in small groups to agree a set of objectives to be the focus of the local bursary funded work.

A 'core team' was established to meet post–event to firm up the local objectives and agree the plan for the next meeting.

The objectives were reshaped based on participant's contributions and presented back to the group for feedback as follows:

Draft objective 1:

Information: To join up the VCSE offer resulting in a better information base to agree health priorities and access services from

Ideas for action:
Jointly agree purpose, look at what already exists, including researching technological approaches, consider community assets (not just VCSE), who needs what from this 'hub'? Sustainability measures need to be embedded

Draft Objective 2:

Impact: Demonstrate the VCSE contribution to the patient experience

Ideas for action: What difference does the VCSE make (qualify and quantify), working with Healthwatch to gather patient experiences, what's missing? Plug the gaps or design/ commission something new? Impact tool with criteria jointly designed with CCG and VCSE? Model thriving people – good health and how to get there, also specific worker with Carers

Draft objective 3:

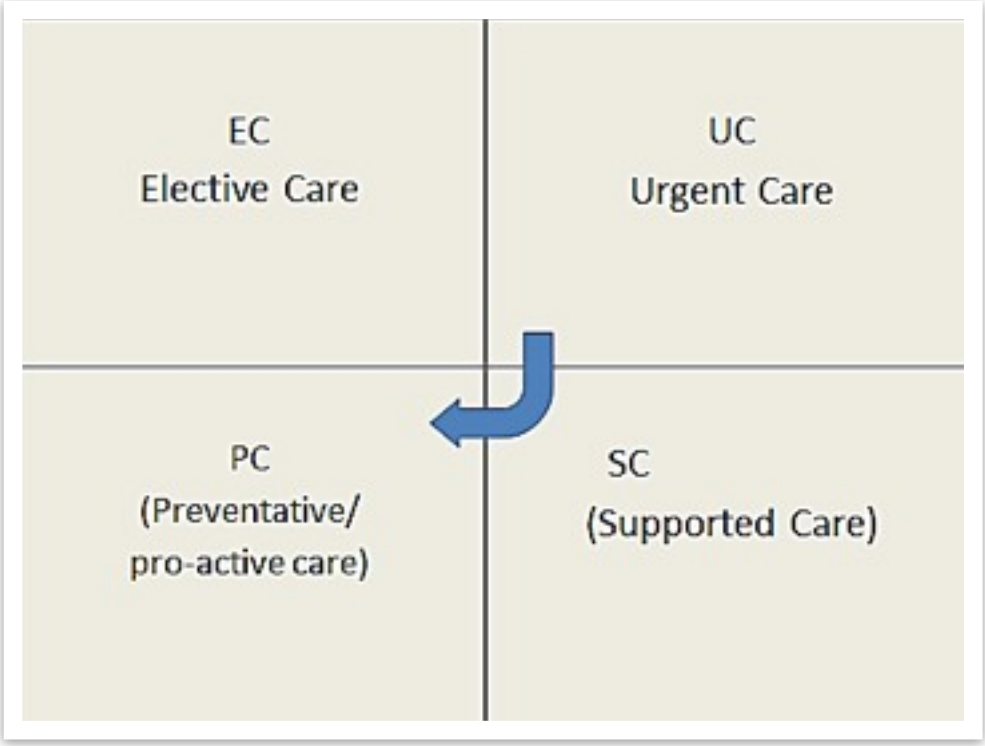
Collective and inclusive engagement structures: Influence commissioning and support co-production by engaging the VCSE at all stages of the commissioning cycle

Ideas for action: A framework/set of agreements to enable the VCSE to influence all stages of the commissioning cycle – a collaborative commissioning model including patient voice. Pilot the approach in urgent care? Develop a demonstration project – links with Healthcare forum and JSNA

Some other considerations were discussed as:

- For objectives 1 and 2, Healthwatch need to be included in discussions – particularly objective 2
- For 2 – there is a need to create a significant voice/discourse from the voluntary sector

3. Local model of health priorities



Paul Maubach shared the rationale for the approach above by the CCG and led a discussion where the following points were raised:

- The challenge is to demonstrate outcomes/impact. From the CCG; 'we have a dis-connect with what we pay for'. The response needs to be standardised across both organisations and measurement jointly agreed
- Social Return on Investment model for counselling?

- MIND Leeds as model?
- The aim is for a reduction in admissions to acute care and time spent there
- Need to harness the power of the user movement
- One option proposed was to consider the top 10 categories of patient and map resources/services to them, VCSE then present as an 'offer' around the patients
- Needs to be better links between medical solutions/care and VCSE social solutions/ care
- Need to develop confidence in prevention/social/non-traditional services
- Concerns raised re Mental Health – 'no units advise patients on VCSE services'
- Is the current health care model fit for the future?
- 'If we have lots of resource how do we facilitate the appropriate intervention at the appropriate time with the appropriate solution'? We need a self- supporting cycle of services/communication/information – e.g. cancer pathway (hospital and the White House) – a pilot?
- Improved 'medical professionals' and VCSE relationships – structures need to be put in place to manage/effectively facilitate (include front of house staff)
- Need more information on 'what works' is this buried information?
- VCSE cares for people GPs don't see
- VCSE and social value – need to convince medical professionals – culture shift required

Dr David Hegarty suggested a simple flow of information leading to commissioning arrangements as below:

4. Agreeing the local objectives

The group spent time reviewing the objectives and ideas for action resulting in:

Objective 1 – agreed with the original as proposed:

Information: To join up the VCSE offer resulting in a better information base to agree health priorities and access services from

Ideas for focus/action:

- Needs to be streamlined e.g. mental health could throw up lots of groups so should tag to one group to disseminate information/support and advice - a classification/tiered approach advised
- Use Trip Advisor approach (for patients and public)
- A kite-mark (for professionals needing CRB, funding, accreditation etc)
- To get buy-in (encourage professionals to look at/use the system)
- Keeping it up to date
- Workshop to focus on who wants what – what goes on there – wider perspective
- Needs 'APPS' to use via mobiles
- A moderator (to check they are credible, not rogues)
- Council system software (GMIS) electronic mapping overlay system

Objective 2 - reshaped as:

Impact: Demonstrate the contribution of the VCSE to the patient experience ensuring the VCSE 'voice' is adequately heard and the contribution understood

Ideas for focus/action:

- Understand the contribution – 'directory' of services with key domains such as cancer, mental health, CVS…
- Facilitate it's utilisation by and for primary and secondary care providers (underpinned by commissioning practice) with two strands a) the 'seen' population and b) the 'unseen' population within a whole system approach
- Quality Assure the service and inform key players (communications/publicity)
- Evaluate and input into the 'cycle' - how?

Objective 3 – agreed with original as proposed:

Collective and inclusive engagement structures: Influence commissioning and support co-production by engaging the VCSE at all stages of the commissioning cycle

Ideas for focus/action:

- National data need vs local data need
- Voice for service users – capturing and using
- Define a transparent framework and process
- Effective dialogue – plain English – 2 way
- Timescales

- Expected and actual outcomes
- Not just medical commissioning
- How to link with JSNA – emerging needs, local picture feeds in, the unknowns

5. Next steps:

Partnership Development Session 2 - to be held on the morning of the 19 September

Expert Learning Seminar - date to be arranged.

Charlotte Pace and Helen Garforth

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IVAR
Institute for Voluntary Action Research

navca
local focus national voice

NHS
Commissioning Board
A special health authority

Appendix One: Dudley BHP partnership learning participants

Name	Organisation
Anne Adams	Dudley Stroke Association
Sue Aldridge	Dudley CVS
Helen Ashford	CCG
Laura Broster	CCG
Chris Barron	Cancer support
Julie Duffy	What Centre
Mark Ellerby	Summit House Support
Jayne Emery	Healthwatch
Helen Garforth	IVAR
Andy Gray	Dudley CVS
David Hegarty	CCG
Paul Maubach	CCG
Emma Marks	Dudley MIND

Charlotte Pace	IVAR
Jody Pritchard	DMBC Public Health
David Stenson	Dudley Group of Hospitals
Bev Taylor	NAVCA
Terry Perkins	NAVCA
Neill Bucktin	CCG