

Working in partnership

1 Introduction

This is the eighth in a series of briefings to assist managers of drug treatment services in developing effective management policies and procedures.

This briefing outlines good practice for drug treatment services working in partnership with others (e.g. the probation service, primary care practitioners and the police). It looks at the terms used to describe partnership working in the drugs field and the various types of partnership initiatives. The briefing also outlines the benefits of partnership working, factors that influence the success of partnership working and policy development issues. This document provides information and general guidance only. It is not, nor is it intended to be, legal advice.

2 Definition of partnership working

There are a variety of terms used to describe partnership working within the drugs field:

- **Partnership work:** can be defined as organisations with “differing goals and traditions, linking to work together” (Home Office, 1992)
- **Joint working:** involves drug services developing working relationships with other drug-related organisations or services to “help establish the broadest range of seamless service delivery” (NTA, 2002)
- **Shared care:** the joint participation of specialists and primary care, especially GPs and pharmacists, in the planned delivery of care for patients with a drug misuse problem, “informed by an enhanced information exchange beyond routine discharge and referral letters” (Department of Health, 1995)
- **Integrated care:** an approach that “seeks to combine and co-ordinate all the services required to meet the assessed needs of the individual” (Effective Interventions Unit, 2002).

3 The importance of partnership working

Tackling drugs together to build a better Britain (United Kingdom Anti-Drugs Co-ordination Unit, 1998) recognised that drug problems do not occur in isolation and due to the “complexity of the problem, partnership really is essential at every level”.

Partnership – especially between health and social services and between the NHS and patients – is one of the five challenges of *The NHS plan* (Department of Health, 2000). The NHS has embarked on a new programme with local authorities to examine care services provided for “vulnerable adults”, including those with care needs arising from substance misuse.

Quality in alcohol and drug services (DrugScope/Alcohol Concern, 1999) states that a service should develop and maintain joint working relationships with other provider services. In practical terms, in order to comply with QuADs standards, services need to:

- participate in provider meetings with other agencies
- have a joint agreed strategy for meeting objectives agreed with other agencies
- establish formal protocols for sharing service user information
- jointly develop policies on key inter-agency and service provision issues.

Working together with other agencies can also bring considerable benefits to services, their users and the wider community. Some of these are outlined below.

3.1 Benefits to drug services

Some of the benefits to drug services include:

- opportunities to broaden drug services through satellite work (e.g. drug treatment staff working in centres for homeless people)
- the potential to develop work that may not be possible for a single agency (e.g. outreach services that may be unsafe for a single member of staff but feasible through partnerships)
- maximising available skills by using staff from different organisations
- better, more flexible use of financial resources (partnership organisations may have access to more funding opportunities and priorities may be decided locally)
- breaking down cultural and other barriers to develop a better understanding of other services' skills and priorities
- improved communications between services
- enabling resources to be maximized when addressing complex issues.

3.2 Benefits to service users and the community

Some of the benefits to service users and the community can include:

- more holistic and integrated responses to drug use, as better referral procedures and pathways should be developed between partnership organisations
- services that better target the community's needs, through a comprehensive approach to the planning, commissioning and delivery of services
- the ability to promote community involvement in the planning and delivery of services.

4 Levels of partnership

Joint working occurs both at strategic and implementation or delivery levels.

4.1 Strategic partnerships

Strategic partnerships are responsible for joint planning and decision making, which shapes the context within which services operate. This kind of partnership working may also involve a financial or statutory element. Examples of strategic partnerships include:

- drug action teams (DATs)
- crime and disorder reduction partnerships (CDRPs)
- local strategic partnerships (LSPs).

The work of drug services is likely to be directed by these partnerships because of their power and influence, including commissioning and funding. However, some drug services may also be actively engaged within these partnerships or their advisory bodies.

4.2 Implementation level

There are a range of practical working relationships between services to ensure an integrated package of care for service users. This kind of partnership working may be framed, to a greater or lesser extent, by government initiatives, targets or guidance such as *Models of care* (NTA, 2002). Examples include:

- the Drug Interventions Programme (formerly CJIP), which involves partnership working between police, probation and drug treatment services
- work between primary care organisations (e.g. GP practices and pharmacies) and treatment services, particularly around developing joint working practices for needle exchange, methadone prescribing and dispensing services
- work between drug misuse services, maternity services, and children's health and social care services, through the use of common assessment tools, information sharing and joint action plans for individual cases
- the development of clear protocols between mental health and drug misuse services around treating service users with a dual diagnosis
- work with a range of other service providers to maximise the opportunities to engage with potential clients and provide them with access to appropriate services (e.g. GUM clinics and housing providers).

Drug treatment services will also need to engage in a wide range of other partnerships in order to reach all members of their communities and provide them with access to an appropriate range of support and services. These partnerships should, for example, be with:

- users and user groups
- carers and carers' groups
- communities and community groups
- voluntary and community services for other issues and target groups (e.g. black and minority ethnic groups, learning disability, domestic violence, disability and gay men, lesbians and bisexuals).

5 Good practice issues

5.1 Developing joint working policies

In order to ensure partnership working is effective, the partners need to agree on a range of joint policies and procedures. The Audit Commission (2004a) recommends that services working together should develop a partnership agreement by jointly working through the following questions:

1. Aims and objectives:
 - What is the purpose of the partnership?
 - What added value will it achieve?
 - How shall we determine success?
2. Strategy and activities:
 - How will the partners realise these goals?
3. Membership and decision making:
 - What should be the basis for membership of the partnership?
 - How will decisions be taken within the partnership?
4. Management and operation of the partnership
 - What are the main issues to address and how will we handle them?
 - What principles or ground rules should govern the partnership?
 - How will partner responsibilities be divided up/shared?
 - How and when will performance be reviewed?
5. Resources
 - How shall we resource the partnership?
6. Conflict avoidance/dispute resolution:
 - How shall we deal with disputes?
7. Information
 - What information shall we share?

5.2 Good practice for partnership working

A number of major studies of joint working initiatives have identified factors that influence the success of a partnership. To ensure successful joint working the partners should:

- ensure full strategic and operational commitment to collaboration (this can sometimes be more important than organisational structures)
- be aware of agencies' differing aims and values and commit to working towards a common goal
- consult with all relevant stakeholders such as partnership members, staff, trade unions, service users and carers
- identify clear roles and responsibilities for individuals and agencies involved in joint working

- develop agreed performance targets
- be clear about what resources each agency has committed
- follow national guidance on joint working for specific issues and client groups
- ensure there are clear funding arrangements
- create systems for inter-agency collecting, sharing and analysis of data
- develop and provide joint training where appropriate
- ensure there is effective and appropriate information sharing between agencies and professionals
- set clear guidelines for reviewing partnership arrangements
- develop and review complaints protocols.

Working in partnership: developing a whole systems approach: good practice guide (NHS Executive, 2000a) also outlines the importance of services being aware of different organisational cultures between partner organisations and working towards developing a culture of learning and development. This will help services be more open to changes and developing innovative ways of working together.

A critical factor in developing and maintaining partnerships is assessing how well the partnership is performing and identifying strengths or areas for improvement. The Home Office has produced a combined self-assessment process for drug action teams and crime and disorder reduction partnerships, which is available at www.crimereduction.co.uk/selfassessment. Other partnerships could use *Working in partnership: developing a whole systems approach: community wide self-assessment tool* (NHS Executive, 2000b) to highlight strengths and weaknesses in their joint working. The tool can be ordered from www.dh.gov.uk.

5.3 Implementation challenges for partnerships

A number of difficulties have traditionally been present when organisations work in partnership in the health and social care sectors. These include:

- culture clashes, ideological differences and rivalry between organisations (Drugs Prevention Advisory Service, 1999)
- difficulty maintaining continuity of care when there are multiple agencies involved (Department of Health, 2002)
- difficulties in establishing accountability arrangements when multiple organisations are involved (NHS Executive, 2000a)
- tensions between a health perspective and a criminal justice perspective (Audit Commission, 2004b).

The local authority may choose to refer the complaint to the CSCI at an early stage, if it is felt that this would be appropriate, and both the individual concerned and the CSCI agree.

6 Conclusion

Partnership or joint working is vital to ensure drug services and other agencies provide integrated and co-ordinated care. While difficulties may occur when agencies work together – such as differences in culture or a lack of clarity around funding and accountability – it is important for agencies to collaborate to address these issues.

All agencies involved can help by agreeing both the partnership's strategic goals and the implementation procedures and protocols. These may include developing protocols for information sharing, clearly assigning roles and responsibilities for each agency and identifying lines of accountability.

A key factor in the success of any partnership is effective communication between all stakeholders and, for drug and other social care agencies, including service users and carers in the partnership process.

7 Recommended references

Audit Commission (2004a) *Making ends meet: partnership*. London: Audit Commission

Audit Commission (2004b) *Drug misuse 2004: reducing the local impact*. London: Audit Commission

Department of Health (1995) *Reviewed shared care arrangements for drug misusers: executive letter: EL (95) 114*. London: Department of Health.

Department of Health (2000) *The NHS plan*. London: Department of Health

DrugScope/Alcohol Concern (1999) *Quality in alcohol and drugs services*. London: DrugScope/Alcohol Concern.

Drugs Prevention Advisory Service (1999) *Doing justice to treatment*. London: DPAS.

Effective Interventions Unit (2002) *Integrated care for drug users: principles and practice*. Edinburgh: Scottish Executive.

Home Office (1992) *Partnership working in dealing with offenders in the community*. London: Home Office.

National Treatment Agency (2002) *Models of care for treatment of adult drug misusers: part 2*. London: NTA.

NHS Executive (2000a) *Working in partnerships: developing a whole systems approach: good practice guide*. London: NHS Executive.

NHS Executive (2000b) *Working in partnerships: developing a whole systems approach: community wide self-assessment tool*. London: NHS Executive.

United Kingdom Anti-Drugs Co-ordination Unit (UKADCU) (1998) *Tackling drugs to build a better Britain: the government's ten-year strategy for tackling drugs misuse*. London: The Stationery Office.

Developing drug service policies

Briefings for managers of drug treatment services

The National Treatment Agency is publishing a series of briefings to enable the managers of drug treatment services to develop effective management policies and procedures. The briefings will provide managers with:

- a summary of key policies and related issues
- guidance on implementation.

The guidance does not constitute legal advice. Individual guidance will indicate if the NTA considers it necessary to seek legal advice.

There will be ten briefings within the *Developing drug service policies* series - all of them available at www.nta.nhs.uk.

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