Chapter 5: Characteristics of Successful Partnerships

HEALTH, SOCIAL CARE AND HOUSING PARTNERSHIP WORKING

BRIEFING NOTES FOR PRACTITIONERS AND MANAGERS

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This series of brief guidance notes is aimed at helping managers and practitioners understand and apply the evidence of best practice in partnership to their own practice. Based on extensive review of the literature, it provides short and practical guides, with review questions on:

1. **Why work in Partnership?**
2. **What is Partnership?**
3. **The Scottish Policy Context for Partnership**
4. **Barriers to Partnership**
5. **The Characteristics of Successful Partnerships**
6. **Partnership Assessment and Development Toolkits**
7. **Bibliography**.

Full references to works cited are given at Chapter 7

INTRODUCTION

"Keep it Simple, Stupid"

…is Leutz's advice in designing efforts at integration and partnership (Leutz, 2005). The idea of the KISS principle is to look first for a simple solution for a seemingly complex problem. Leutz cites the single point of contact as a good example.

Just because the problems which health, housing and social care partnerships are tasked with tackling are complex does not mean that the way they structure and act should be complex. The following literature review studies the potential responses to the barriers and problems to partnership identified in the previous section and seeks to identify the secrets to successful partnership working. Time and again, clarity, transparency and simplicity underline the findings of authors on the subject.

The literature finds that there can be too much emphasis on structure at the expense of outcomes for service users and that partnerships are more successful where they are seen as a means to an end rather than an end in themselves. This analysis addresses the multi-faceted issues of partnership using the same categories as the 'barriers' paper in ensuring that the human, behavioural, process and resource factors in success are equally highlighted.

(Audit Commission, 1998; Glasby and Lester, 2004; Leutz, 2005; SSI and Audit Commission, 2004; Wistow and Waddington, 2006)

PEOPLE

Fill knowledge and skills gap

Learning and innovation are connected to the development of successful partnership, particularly when these partnerships are designed – as in health and social care - to tackle complex, interlinked issues, which individual organisations have failed for years effectively to resolve in isolation. Education and development can also help individuals to work in partnership, to cope with the stress caused by uncertainty, complexity and ambiguity and to bond together teams into an effective whole.

(Armistead and Pettigrew, 2004; ICN, 2004; Kharicha et al, 2005)

Many writers talk about the need for joint training and education in skills and knowledge based competencies. The literature also finds that some very basic components of training, listed below, are missing from the training and qualification of most professions and, indeed, from the training of many managers, elected and non-executive members.

(Woodward et al, 2007; Hamer and Smithies 2002)

By delivering training jointly, where appropriate, the development agenda (2.2 below) can be tackled at the same time. However, exposing gaps in professionals' knowledge in a multi-professional setting with inherent tension and conflict may not always be appropriate. Design each intervention around individual members and groups, but make sure they have baseline competencies as follows:

- Communication
- Conflict resolution
- Negotiating skills and 'win-win'
- Understanding and managing change
- Understanding benefits of and barriers to successful partnership working
- Political awareness
- Leadership skills
- Team dynamics
- Developing and maintaining constructive working relationships

(Home Office, 2007; ICN, 2004; Kharicha et al, 2005; Lloyd and Wait, 2006; Redford, 2006)

Partnership working skills and behaviours should be part of the criteria at the recruitment stage - in job advertisements, job descriptions and person specifications. Joint workforce planning mechanisms should identify opportunities to develop skills in partnership. (Armistead and Pettigrew, 2004; Healthcare Commission et al, 2006)

Use the national support mechanisms which exist, particularly the JIT, but also the other support organisations that have partnership as part of their remit - see the separate section on Checklists, Tools and Sources of Help.

Patients and users invited into partnerships also need the relevant skills and understanding of the process and should have the same opportunities for an individual development plan as staff. Training undertaken jointly with whole partnerships including patient and user representatives can also be helpful in

integrating and addressing concerns around status within the team. Some projects have successfully involved patients and users in training staff. (Woodward et al, 2007)

Develop people and partnerships

The organisation and personal development of all teams - practitioners, junior and senior managers and elected and non-executive members - need careful structuring and resourcing. These activities should aid understanding of the unique contribution of each discipline and the potential for shared, complementary work. Activities can include:

- Secondments, shadowing and exchanges between organisations. *Don't expect these just to work by themselves; they need structured feedback and resolution of personality clashes - a developmental approach which seeks to explore and work through preconceptions and prejudices*
- Joint project work
- Organisational development days - take people out of the work environment for focussed organisation development interventions relating to their agenda.
- 'Action learning' – learning together from experience, knowledge transfer, seeking out examples of good practice, sharing research.
- Encourage secondments and joint posts across the statutory and voluntary sectors
- Development of formal or informal networks based around client groups or localities
-

(Glasby and Lester, 2004; Hamer and Smithies, 2002; Integrated Care Network, 2004; Johnson 2006; Redford, 2006)

> Essential Shared Capabilities (see ref 1) are the headline capabilities required to achieve best practice for education and training of all staff who work in mental health services. They were designed to inform pre and post qualification training for professional and non-professionally affiliated staff as well as being embedded in induction and continuing professional/practitioner development. The first of these 10 capabilities is 'Working in Partnership.' (Hope, 2004)

Ref 1: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4087169

> The Combined Universities Inter-professional Learning Unit (CUILU) Inter-professional Capability Framework (see ref 2) has been developed between The University of Sheffield and Sheffield Hallam University. Practitioners working in integrated care settings who identify inter-professional working and learning as a key component of their practice may find the Framework useful when planning their work with students. CUILU invites practitioners and educators to try out the Framework when supporting students' learning in the practice context.

Ref 2: http://www.cuilu.group.shef.ac.uk/

Behave!

Many of the barriers to partnerships working attributed to behaviour in the previous paper in this series can be addressed through reducing anxiety, stress, conflicting priorities and loyalties through the mechanisms dealt with in other sections of this paper. This section identifies the behaviours that should be explicitly agreed upon and expected from partnership participants. From the review of literature, the following behaviours are commonly associated with successful partnership:

- Understanding and respect for other partners' points of view, cultures and structures.
- Shared responsibility and the principal of 'equality round the table'
- Consistent, clear communication, consciously avoiding language which may be specific to individual professions or organisations
- Recognising and respecting differences between social and medical approaches, at the same time as trying to unify approaches where possible, through compromise and negotiation
- Open exchange of information
- Hearing the views of those with reservations about partnership working and seeking to resolve them
- Taking ownership of the agreed strategic direction of the partnership within which you are a member and acting consistently with it
- Consistent representation of organisational stance by individual representatives in partnership bodies, rather than personality-based behaviours.

(Armistead and Pettigrew, 2004; Cameron and Macdonald, 2007; Carnwell and Buchanan, 2005; ICN, 2004; Improvement Network; Rummery and Glendinning, 2000; Walters, 2001)

Agree roles

Clarity of roles can give a voice in the partnership for individuals and individual professions, ensuring that they feel a sense of belonging and that they are clear what is expected of them. **Written role descriptions, feedback on performance and celebration of success** is important both for constituent organisations and for individuals.

Terms and conditions should be fair and balanced. Negotiated agreement should be reached on harmonising or keeping separate terms and conditions for staff in fully integrated teams, although Hudson (2005) found that this was not, in reality, such a major issue as had been feared beforehand.

The exercise of **individual power and control** is difficult to separate from organisational power, which is referred to in section 11; culture. However, there are certain individual aspects to the exercise of power which are worthy of noting here. **The appropriate use of power** is critical to the success of collaboration and can stem from the possession of resources, skills and knowledge as well as inherited power from professional status and organisational position. Huxham and Vangen (2004) find that successful leaders of collaboration continually switch between the *spirit of collaboration* and *collaborative thuggery* in order to make progress whilst

keeping partners on board. It is really the perception of power stultifying 'junior' partners' contributions or the abuse of power when it is wielded unnecessarily or inappropriately that need to be tackled. These can be counter-acted by:

- **Clearly agreed and published roles** for individuals within partnership – and strong, shared leadership in ensuring that these are enacted
- **Adherence to the behaviours identified in section 3** above
- **Choosing people to participate in partnership who show enthusiasm for that way of working**, and/or providing development opportunities as outlined in section 2
- Ensure that professionals have access to appropriate **professional supervision and support networks**

(Department of Health, 2007; EIU, 2003; Home Office, 2007; Hope, 2004; Howarth et al, 2006; Scragg, 2006; Woodward et al, 2007;)

Lead

Committed, clear, effective and visible leadership is frequently quoted as one of the key factors of effective partnerships. Descriptions of exactly what that leadership comprises are rarer, although across political, managerial and clinical leadership, absolute conviction of the need for partnership and building trust are often cited. Many authors cited characteristics of charismatic leadership – innate personality traits - and some referred to status, seniority and respect form peers as being crucial, particularly in relation to clinical leaders (Woodward et al, 2007).

Armistead and Pettigrew (2004) found that leaders must be able to reach consensus by:

- promoting mutual goals;
- removing barriers that thwart goals; and
- challenging conventional thinking that leads to inertia…
- …and those who have this capacity are more likely to be:
- trusted in their own organisation;
- empowered to commit/negotiate;
- able to allow space for different agencies to participate;
- reflective on structures and cultures; and
- ascribe to distributed leadership.

Nies (2006) in an EU study of European models of integration in older people's services (CARMEN) found that effective partnership leadership styles are strongly narrative…..
"… they often employ a small but powerful number of 'stories' which demonstrate their views and the direction in which they want to move. These 'stories' are…applicable in everyday practice….they demonstrate their views by modelling: being a good example of desirable behaviour. Thus, leaders communicate clear structures and values by their 'stories' and their behaviour ... They know how to achieve win-win situations, how to deal with sharing risks and how to manage the political context. In general, they demonstrate a serving and supportive attitude not only towards their service users, but also towards their staff. This is not a sign of weakness (as it might be conceived in traditional hierarchies), but a sign of strength."

‘Boundary spanners’ (Armistead & Pettigrew, 2004) are not necessarily leaders in the conventional sense of high status, but are people whose role is to operate at the edge of their employing organisations and work between different agencies. They can be invaluable – and underestimated – but must also ensure that partnership working is not seen purely as their job, but 'everybody's business'. **Identifying Members or non-executives to lead on partnership activity** can give many of the same advantages as boundary spanners and builds up valuable expertise and knowledge, but comes with the same danger - dissociation from the mainstream business of the host organisation. **Formal reporting lines into mainstream business meetings and selecting individuals with credibility and influence in the host organisation can overcome these difficulties.**

Employing **dedicated staff** can speed implementation – partnership working requires this sort of dedicated input to ensure growth and momentum. These staff should be fully integrated with host agencies, to ensure ownership.

The Audit Commission (1998) found that, **whilst a charismatic leader may be essential in the early days of partnership, it is essential not to rely on one person** for a number of reasons:

- they may move on to another project
- the skills needed to sustain partnership through the delivery phase are usually different from those needed to bring the partners together at the outset.

But, most importantly, as with boundary spanners, elected or non-executive ‘partnership’ members and dedicated partnership staff, **partnership needs to be a consistent, organisation-wide effort.**

(Armistead & Pettigrew, 2004; Department of Health, 2007; Edwards and Miller, 2003; Hamer and Smithies, 2002)

STRUCTURES

Involve the right partners

The choice, continued motivation and meaningful involvement of partners are instrumental to success. Using existing networks and structures will save valuable time in setting up new structures, but the composition needs to be reviewed periodically. A balance should be struck between *appropriately* involving the right breadth of organisations and organisational levels. This means ensuring political and public involvement, whilst also not expecting all partners to make identical or equivalent financial or staffing contributions (service users, patients and voluntary organisations give contributions in kind – knowledge and networks).

Then you have to avoid becoming too large for meaningful action. Suggested ways of tackling this are:

- creating an executive group of a smaller number of partners (with clear reporting accountability to the main partnership to avoid larger partners dominating or other partners feeling they are being excluded)
- identify lead agencies for different issues
- rotate chair and lead agency responsibilities

(Armistead and Pettigrew, 2004; Audit Commission, 1998; Audit Commission, 2005; EIU, 2003; Frye and Webb, 2002; Hamer and Smithies, 2002; Walshe et al, 2007)

Have a partnership agreement

A robust and universally agreed **Partnership Agreement** has been demonstrated to be associated with successful partnership (Audit Commission 2005). **The agreement should outline:**

- a **clear, shared purpose** (see Process below)
- **membership** of the partnership including how service users and the public are involved
- the partnership **structure** and lines of **accountability** of individuals and groups to the partnership and to individual host agencies
- **role descriptions** for individuals and groups
- **financial accountability, performance reporting and audit** procedures
- **clear boundaries** between the partnership's work and the work of host organisations activities
- a framework for **taking, sharing and managing risks**
- a clear protocol for resolving **disputes**, which avoids the possibility of litigation
- support mechanisms and **supervision for individual professions** where appropriate
- **complaints procedure**/ lines of redress for citizens and staff
- an **exit strategy** for the partnership once its goals have been achieved. Alternatively a timetable for periodic evaluation and a continuation strategy, where exit is not appropriate
- the **legal powers** of the partnership

(see also Governance for Joint Services: Principles and Advice)
Ref 3: http://www.jitscotland.org.uk/action-areas/themes/governance.html

Authority to Make decisions

People attending meetings must have **delegated responsibility** for making decisions. This both ensures effective use of time and avoids the need for senior executives to sit on every partnership body. If partnerships plan ahead so that **key decisions are flagged in advance,** major issues can have been discussed in ‘parent’ organisations and delegates can ensure they have the power of approval.

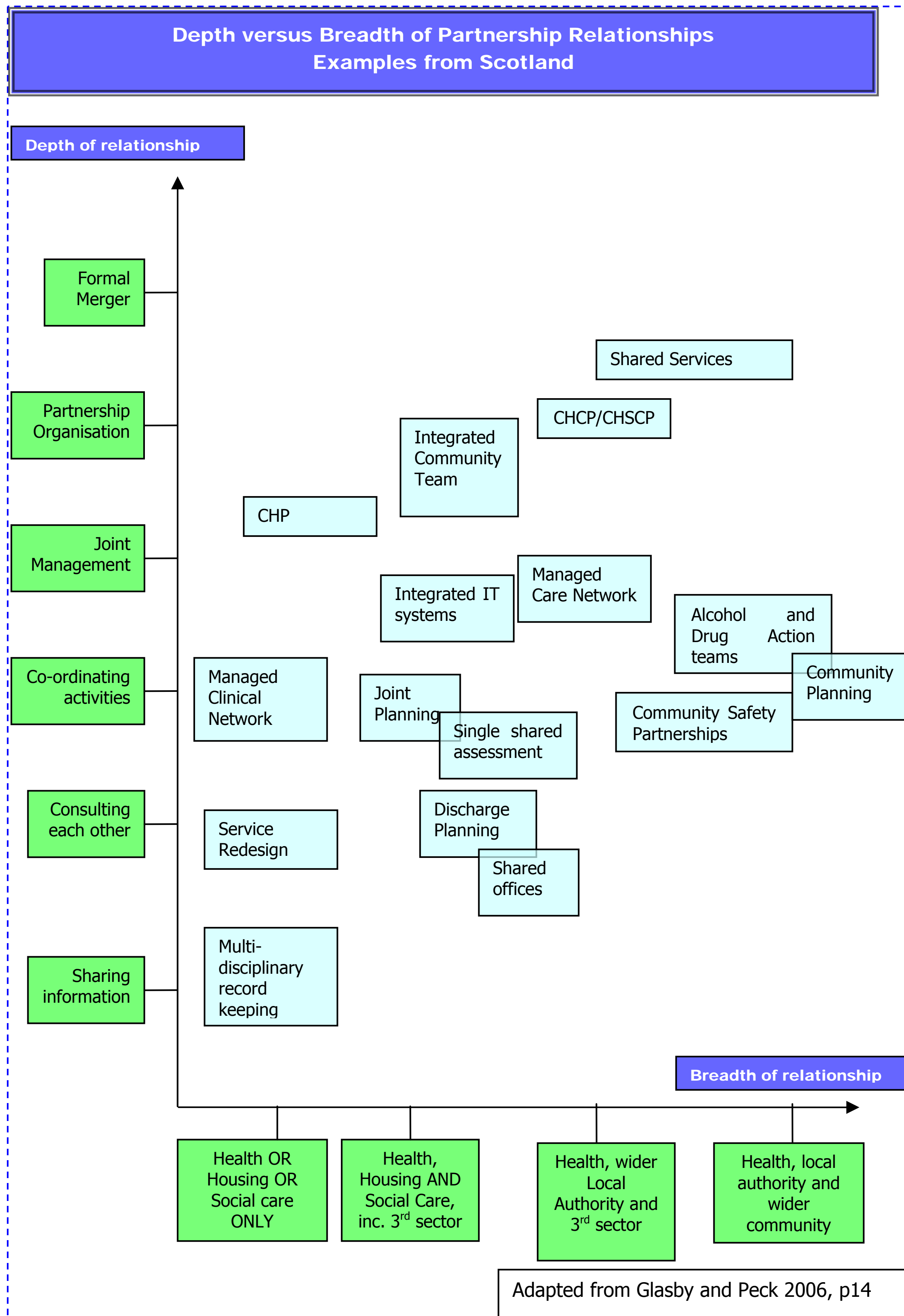
Agreed boundaries need to be determined. Co-terminosity is considered to be critical, but sometimes it is not possible. Ways of working at the boundaries of partnership and across agencies with responsibilities in different geographical areas will be necessary. Organisational boundaries also need to be negotiated: **involvement of representatives from all levels of individual agencies** and clarity of communication and accountability will maintain **continuity at**, for example, **area and ward, or strategic and operational levels**.

(Audit Commission, 1997 &1998; Cameron et al, 2006; Hamer and Smithies, 2002; ICN, 2004; Improvement Network; Poxton, 2004; Rummery and Glendinning, 2000)

Choose the right model of Partnership for your purpose

Designing **the most appropriate form or model of joint working** will need to take into account the plot diagram of levels and models of partnership in Chapter 2, “What is Partnership?” **The model should be as simple as possible and determined by key themes, user benefit and outcomes**. It should be **clearly documented and accessible**, with **roles** of the partnership as a whole and individual partners within it **clearly identified**.

(Leichsenring, 2003; Townsley et al, 2004; Lloyd and Wait, 2006)


Depth versus Breadth of Partnership Relationships
Examples from Scotland
Depth of relationship
Formal Merger
Partnership Organisation
Joint Management
Co-ordinating activities
Consulting each other
Sharing information
Shared Services
CHCP/CHSCP
Integrated Community Team
CHP
Integrated IT systems
Managed Care Network
Alcohol and Drug Action teams
Community Planning
Managed Clinical Network
Joint Planning
Single shared assessment
Community Safety Partnerships
Service Redesign
Discharge Planning
Shared offices
Multi-disciplinary record keeping
Breadth of relationship
Health OR Housing OR Social care ONLY
Health, Housing AND Social Care, inc. 3rd sector
Health, wider Local Authority and 3rd sector
Health, local authority and wider community
Adapted from Glasby and Peck 2006, p14

Rationalise Partnership and change

Partnership fatigue can be overcome by developing a partnership structure which is ‘fit for purpose’ – see partnership models, above; by **changing the structure of business meetings** – brainstorming, celebrating successes and short, focussed action meetings; varying the frequency of meetings according to need.

Mapping techniques can help in auditing local partnership structures. The process itself can be an enlightening insight into the number of groups which exist, and the confusion of aims, roles and reporting relationships which can sometimes be allowed to develop over time. It can also help to identify where there are common links between different activities and to rationalise where there is duplication or partnerships which have outlive their useful purpose.

Agreeing clear lines of accountability to one overarching partnership - usually the Community Planning partnership - can help both to rationalise and to knit together different strategic threads and tie in ownership of complex partnership issues at senior executive and political levels.

It is clear that **continuous change** has a negative, destabilising impact and major reorganisation can impede progress for up to two years. Partnerships should try to minimise and avoid change for the sake of it. However, in large organisations and particularly those governed through short term political mandate, change is, to a degree, inevitable. Assume that you cannot be fully in control and that partners, key personnel and environment will be continually changing. Pay attention to succession and contingency planning and knowledge transfer and reduce reliance on individuals. Assume that partnership will need to be continually nurtured and renewed to cope with the inevitable shifts.

(Cameron et al, 2006; Carley, 2006; Edwards and Miller, 2003; Hamer and Smithies, 2002; Huxham and Vangen, 2004; Improvement Network; Kodner, 2006; Leichsenring, 2003)

PROCESSES

Engage users and carers

This document assumes users and carers or their representatives as 'partners' wherever that term is used. However, there are particular issues about engagement, which could fill another whole section, but are summarised here. Consultation fatigue and citizen apathy needs to be counteracted by active, systemic, imaginative and integrated engagement**.** The following mechanisms are suggested:

- Ensure user and carer perspectives are given proper weight.
- Appropriate membership on partnership bodies for users, carers and representative groups
- Gain service user feedback as a by-product of service delivery, without the need for specific and separate consultation (e.g. UDSET)
- Publicise activities, achievements and key performance measures of partnerships more widely through local radio, TV and free newspapers and at the point of service delivery
- Link up with workplaces, retail outlets, cafes and other meeting places for communities
- Use results of current and past consultation exercises across all partners and partnerships
- Coordinate community consultations and involvement work and pool resources across the partnership.
- Use the Scottish Compact (ref 4) or Local Compact with the voluntary sector and create common agreements on engagement with local voluntary sector organisations

Ref 4: http://www.scotland.gov.uk/Publications/2004/02/18723/31449
(Audit Commission, 1998; Cameron and Macdonald, 2007; Carley, 2006; Coe, 2002; Edwards and Miller, 2003; Hamer and Smithies, 2002; Johnson, 2006; Petch et al, 2007)

Picture the future

There is unanimous agreement that clear, agreed and realistic goals across the partnership are an essential starting point for success. Pick a point in the future and together paint a realistic, vivid picture of it which can capture imagination and secure joint ownership. Above all, the vision should be focussed on outcomes for service users, patients and citizens, not on process. Working well together or producing a strategy is not outcomes.

Select a manageable number of priorities, set clear objectives based on the vision and then translate these into actions and measures which will tell you if you are moving in the right direction – see Act and Monitor below.

In some cases it will be easier said than done to agree the sort of specific vision outlined above. Partners will come to the table with a range of pre-existing goals determined by their own organisation, by the history of past involvement and by the

national and public demands on them. Some tips for moving forward towards agreed goals include:

- Keep a focus on outcomes for users – it detracts from individual organisation, process agendas
- Assume nothing – discuss openly even the most seemingly obvious goals. Building coalition round these will help when you move to more difficult areas.
- Be prepared to compromise
- Celebrate wins
- identify areas where differences between organisations could work against partnership objectives
- recognise the legitimate existence of separate as well as joint objectives.
- Try not to enter a partnership with preconceived ideas and seek to identify what others' preconceived ideas are
- Aims and objectives should be developed, clearly communicated, understood and accepted by all staff

(Armistead and Pettigrew, 2004; Audit Commission, 1997 & 1998; Cameron et al, 2006; Department of Health, 2007; Glasby, 2006; Huxham and Vangen, 2005; Longhurst, 2007; NAO, 2001; SSI and Audit Commission 2004; Scragg, 2006; Wistow and Waddington, 2006)

Huxham and Vangen (2004) developed a framework of aims in collaborative situations. Its purpose is to facilitate a better understanding of the motivations of those involved, and the ways in which multiple and (sometimes even) conflicting aims can prevent agreement and block progress. Completing this grid for your partnership will help unblock barriers to agreeing common goals.

(one participant's perspective)	Explicit	Assumed	Hidden
Collaboration Aims	The purpose of the collaboration		by definition these are perceptions of joint aims and so cannot be hidden
Organization Aims	What each organization hopes to gain for itself via the collaboration		
Individual Aims	What each individual hopes to gain for him/herself via the collaboration		

A framework for understanding aims in collaboration. Huxham and Vangen 2004

Act

Translating the vision into **clear, costed and attributable actions** supported by a realistic focussed implementation plan and **timetable for implementation** of the vision, ensuring that sufficient and appropriate resources are available, including skills.

However linking a vision of the future to clear actions which the partnership can control and which can be seen to have a direct impact on the complex problems being tackled is not easy. **Contribution Analysis** (largely based on the work of John

Mayne) is a method of assessing the strength of impact of potential actions on one or more desired outcomes. It can help partnerships to understand better the influence they are having on intended outcomes and to focus on those most likely to produce the desired results for people who use services and support. Developing an association between the inputs and the intended outcomes requires an analysis of the causal chain through research and piloting of new approaches. Focussing on outcomes can help partnerships come up with more creative solutions – it is essential to involve innovative people, who have the experience and spirit of exploration to try and test new ideas.

Planning of change will require **sound project management principles** – identifying key stages, resources and timescales; allocating clear individual and organisational responsibility; communicating with key stakeholders; reviewing progress regularly and checking ahead to ensure that major hurdles – e.g. making decisions and freeing up resources – are cleared ahead of time. This will increase involvement and sign-up of host agencies and avoid crises and breakdown.

(Armistead & Pettigrew, 2004; Audit Commission, 1998 & 2002; Banks, 2004; Coe, 2002; Department of Health, 2007; Home Office, 2007; Frye and Webb, 2002; Huxham and Vangen, 2004; Poxton, 2004; Woodward et al, 2007)

Monitor for outcomes

Strong monitoring and evaluation mechanisms should focus on users' views and experiences and have a culture of scrutiny and supportive challenge.

Wherever possible, partnerships should design relevant data collection into their activities from the outset, deriving clear indicators and targets from shared vision and outcome priorities. A simple, shared performance management system will ensure that progress is charted against core objectives and the focus is on outcomes rather than (purely) on process. Joining up and using existing performance monitoring mechanisms will both minimise the burden of administration and embed the partnership's performance targets with those of the host organisations.

Deriving regular and comparable performance monitoring from qualitative outcome targets is difficult. This could be done by regular testing of users' and carers' perspectives using surveys or focus groups or a tool built into individual reviews such as Talking Points.

The results of performance monitoring should be to review and reflect on practice and to take hard decisions on changing or abandoning programmes which are not achieving the planned goals and trying new ideas. It should also provide the evidence to allow celebration of success – found to be important in the literature to maintaining momentum and ownership.

Regular evaluation of the partnership itself is also required. Building monitoring and evaluation into the design stages of initiatives and partnerships will help chart changes over time. Partnerships need to demonstrate the extra benefits of collaborative working and organisations need to reduce involvement in partnerships if the costs outweigh the benefits. As an earlier section noted, very little has been published on this kind of analysis and grass roots data collection is needed in individual partnerships. 'Partnership constellations' using similar measures may be able to compare their relative effectiveness and learn from one another.

(Armistead & Pettigrew, 2004; Audit Commission, 1998 and 2002; Coe, 2002; Department of Health, 2007; Dowling et al, 2004; Edwards, 2007; EIU, 2003; Improvement Network; NAO, 2001; Petch et al, 2007; Walshe et al, 2007, Whittington, 2003)

Communicate

Everybody knows that **good communication** is absolutely vital to successful partnership, and yet it is still one of the most commonly cited problems and the easiest barrier to underestimate. Set up good processes to network and share information. Evidence shows that the more you inform, the more satisfied people will be (Improvement Network)

The **behavioural principles at section 3** are relevant here and the following additional conduct is also recommended:

- Honest exchange of information between all partners, based on sharing, rather than withholding, knowledge
- Clear and regular communication of agreed key issues outside the partnership
- Shared, simplified language - being aware of and reducing organisational and professional jargon. Translate essential technical terms.
- Routinely seek clarification from partners who communicate in language which is not easily understood.
- Share understanding of the complexities of issues being dealt with

(Audit Commission, 2002; Cameron and Macdonald, 2007; Huxham and Vangen, 2005; ODPM et al, 2005)

Mainstream

The 'golden thread' of performance management is often cited as essential in ensuring that the vision for an organisation is translated into objectives and actions throughout the organisation – into individual and team objectives and reflected in monitoring and reward systems.

When working in partnership, establishing and maintaining these linkages is even more crucial to achieving the partnership objectives. The partnership's work must be linked with partners' own mainstream activities, planning mechanisms, decision-making processes and budgets. Consistency of partnership and host agency objectives will increase commitment from the partners to adopt changes into the day-to-day practice of the partners.

Where partnership activities are based on short term projects, which may be a sensible way to trial initial change, there should be concrete plans from the beginning to mainstream the work if it succeeds in achieving the desired outcomes. Ensure joint commissioning teams link directly to partnership structures and joint priorities.

(Audit Commission, 1998; Cameron et al, 2006; Carley, 2006; Hamer and Smithies, 2002; ODPM/DoH, 2005; Rummery and Glendinning, 2000)

RESOURCES

Money

In order for partnership to work, it needs money as well as the other skills, time and information resources identified elsewhere in this paper.

A commitment to multi-agency working ***must*** come with a commitment to:

- Contribute financial resources proportionate to the problem being addressed - long-term, complex problems will need stable long-term funding and administrative support, not purely project or pump-priming money. (Although set-up costs may initially be more than recurrent costs.)
- Share resources and decision making
- Use resources efficiently and incorporate sound financial planning and accountability
- Protect partnership resources from uncontrolled risk and potential future crises in individual services' funding (but without precluding helping out partners in financial difficulty)
- Recognise the different budget cycles and other constraints placed upon partner agencies and work with them
- Avoid assumptions that partnership working will make immediate efficiency gains. Leutz (2005) found that successful integration efforts need start-up support, on-going staff and support systems and new services or increased funding for existing services
- Helpful mechanisms which partnership ***may*** make use of include:
- The flexibilities to pool resources through the Community Care and Health (Scotland) Act 2002.
- A system of joint bidding from external sources of funding.
- Identifying incentives for partnership and providing funding in ways which support joined up working
- Align mainstream budgets to shared long-term outcomes

(Audit Commission, 1998 and 2002; Department of Health, 2007; Edwards and Miller, 2003; Frye and Webb, 2002; Glasby, 2006; Hamer and Smithies, 2002; Home Office, 2007; Kodner, 2006; Leutz, 2005; NAO, 2001; Poxton 2004; Roy and Watts, 2001; Rummery and Glendinning, 2000; Townsley et al, 2004; Whittington, 2003)

Information

Information sharing is core to closer working and to easing the practicality of joint working for practitioners. The power of data in creating peer review and competition has been seen as an essential lever for change (Woodward et al, 2007).

Issues to be addressed include:

- Develop information collection and sharing protocols, which address both issues of confidentiality and the needs of individual services and planning functions
- Fund IT infrastructure and support
- Unify common processes such as individual and community needs assessment

- Develop integrated and accessible information systems for individual care and service planning and to support multi-disciplinary pathways of care.
- Create common data sets for integrated planning
- Standardise communication protocols and formats.
- Collate and share information about patients' and service users' views and outcomes

(Carnwell and Buchanan, 2005; Edwards and Miller, 2003; Hamer and Smithies, 2002; Lloyd and Wait, 2006)

Time

Sufficient time must be given to establish and maintain and build partnership. It is critical not to overlook, rush or view this as unproductive.

Time is one of the issues of balance and control which can skew power relationships. Statham (2000) found that to meaningfully involve people using services and community groups you have to give them timescales that enable them to consult their wider membership. She found that brief consultations benefit hierarchical organisations, those who have the most resources and those who are familiar with the formal and informal workings of central and local government.

In a single organisation, it is easier to exert control over implementation actions; single funding and decision making frameworks apply and these are generally understood. The pace with which partnerships can implement change needs to consider that all of these frameworks will be different. Also, if collaborative working is being expected to grapple with complex social issues that have for many years been unresolved through previous approaches and which involve changing behaviours of both service users/the public and staff, there won't be a quick and easy solution or it would already have been found. Ways of dealing with this include:

- Understand why it has to take longer and don't use partnership working if you need fast action
- Balance ambition about aims with realism about what can be achieved in the light of all the other demands on management time and other capacity
- Budget a great deal more time than you would normally expect to need
- New partnerships, in particular, can take years to develop – don't set up new partnerships if an existing one can do the work
- Be ready for the changes to take three to five years to start to bear the fruit that current arrangements have not

(Frye and Webb, 2002; Huxham and Vangen, 2005; NAO, 2001; Peck, Gulliver and Towell 2004; Wistow and Waddington, 2006).

EXTERNAL

It is important to identify those matters which partners cannot control, but must be aware of and adapt themselves to – as far as this is possible. These will include different accountability relationships; democratic versus managed systems; different funding streams and lack of co-terminosity in some geographical boundaries.

The Scottish Government is supporting partnership working through:

- being more joined up and working closer together across departments
- agreeing single performance frameworks for partnership working (Single Outcome Agreement)
- reducing demands on monitoring information
- assisting with network development, guidance and support, for example through the work of the JIT, Improvement Programmes and Changing Lives to name a few
- providing more cross-government guidance on approaches to complex issues

(CSIP, 2006; Hamer and Smithies 2002; Keele and Strathclyde, 2006)

CULTURAL

Partnership will bring together a number of **different organisational and professional cultures**, but this does not have to be a barrier to effective partnership working if differences are understood and accepted. Key differences should be openly identified and, where they are likely to cause difficulties – making certain types of decision may be very easy in one organisation, for example, but require major political manoeuvring in another – they should be anticipated and planned for in advance.

Open acknowledgement of differences and frank exchanges of views using focussed away days or organisation development interventions can help develop a mutual understanding, respect and prevention of difficulties. Team building and a shared purpose will bridge relationships between organisations and individuals and create a willingness to overcome cultural differences.

(Audit Commission, 1998; Carnwell and Buchanan, 2005; Home Office, Sept 2007; Huxham and Vangen, 2005; Improvement Network; Rummery and Glendinning, 2000)

The use of power is both inevitable and necessary in partnership. Understanding the sources and perceptions of power and where it is consciously or unconsciously exerted will help to guard against exploitation and power imbalance. (Improvement Network; Huxham and Vangen, 2005; Peck, Gulliver and Towell 2004; Rummery and Coleman, 2003).

Wistow and Waddington (2006) found that whilst equality of ownership is the essence of partnership, this does not necessarily imply equality of contribution; 'senior' and 'junior' roles may legitimately vary by theme/topic and at different stages in joint processes. Leutz points out that if you give power (usually money) to people who are likely to work for rather than against partnership and put them in charge, or

give important roles to 'weaker' actors in the relationship (in which he includes social care agencies, volunteers, service users and family members), it will be more likely to result in successful service integration.

Developing a shared, corporate culture as a partnership, is seen as a necessary ingredient of success. However, cultural change is a difficult and lengthy process and can be threatening to staff if seen as some Machiavellian attempt at manipulation. Be careful about talking of culture change, which, in any case, is a complex undertaking. It would be more appropriate to develop an atmosphere of trust, loyalty, commitment, open challenge and outcomes focussed partnership and let the culture look after itself. Some particular methods of building trust are, however, helpful to recognise:

- Sharing rewards fairly and ensuring there are wins for each partner and level of service.
- A substantial investment of time
- Leadership reinforcing the vision of integrated working, with aims and objectives and incentives, clearly communicated, understood and accepted by all staff
- Small, achievable tasks and small wins in the early days. Celebrating successes
- Recognising and valuing the particular expertise of each stakeholder and allowing them to apply that expertise by taking the lead on different issues
- Equality around the table
- A supportive atmosphere where suggestions, ideas, conflicts and criticisms are aired, resolved and acted on constructively
- A focus on service development and learning together
- Use trained internal or external facilitators
- Establish and use conflict resolution mechanisms

(Armistead and Pettigrew, 2004; Audit Commission, Nov 1998; Carnwell and Buchanan, 2005; CSIP, 2006; Department of Health, 2007; Frye and Webb, 2002; Hudson & Hardy 2002; Improvement Network; Keele and Strathclyde, 2006; Peck and Lester, 2004; Poxton, 2004; Roy and Watts, 2001; Scragg, 2006; SSI and Audit Commission, 2004).

UNINTENDED CONSEQUENCES

Wherever a partnership or an integrated service draws its boundary, there will always be services 'outside' that it needs to be linked to (Edwards and Miller, 2003), so careful consideration needs to be given to actions which impact on the boundaries of other services and how to make those linkages. Where more than one of your type of partnership exists across different localities or for different care groups in the same locality, develop structures which are consistent so that users, carers and practitioners outside the partnership can easily understand and communicate with them.

Developing networks or integrated teams focussed on individual care groups can appear as fragmentation to practitioners who work across whole populations, such as GPs. Leutz (2005) finds that a way to address this new kind of fragmentation problem is to help solve a problem for doctors and others whom you want to be involved in collaboration, not create new problems or demands for them.

CONCLUSION

There is significant agreement on the attributes of successful partnership working and the ways to avoid or confront barriers to partnership. Many of the most important ones - focussing on outcomes for service users; good communication; strong leadership; committing adequate resources; building trust – have been repeated so often that they have become almost as clichéd as the concept of partnership itself. However, they are very hard to get right and time and again; partnerships that ignore or underestimate their importance will encounter difficulty.

REVIEW QUESTIONS

- Do you have the right partners involved, including service users, carers and the voluntary sector?
- Do the prospective partners have a clear and shared vision of the outcomes for service users that the partnership is trying to achieve?
- Are organisational and partnership leaders clearly communicating their commitment?
- Are the partners all willing to devote the necessary time and effort to make the partnership succeed?
- Do the partners all know what role they will play, what resources they will contribute and how they will know what outcomes are being achieved?
- Do you have the required skills and behaviours listed in section 2 in your team?
- Do you have innovators, challengers and completer/finishers?
- Are the partners willing to consider changing their other activities to fit in with the partnership's objectives, where this is appropriate?