

Useful frameworks and concepts

So far, previous chapters in this book have tended to problematise the concept of partnership working/integration, to critique current policy and practice, and to provide more questions than answers. In some respects, this chapter is little different in that the issues at stake are so difficult that definitive answers are unlikely. However, with this caveat in mind, this chapter seeks to develop previous discussions by summarising a series of useful theoretical frameworks and approaches to help unpick some of the themes and issues cited earlier.

The importance of outcomes

Above all, this book has stressed the importance of being clear (with each other, with staff and with service users) what outcomes our partnerships are designed to achieve. This has included:

- a critique of the literature for focusing on issues of process (how well are we working together?) rather than on outcomes (does it make any difference for people who use services?);
- a critique of the tendency to assume that partnership working is a 'good thing' (that leads to better services and hence to better outcomes);
- a critique of the tendency to focus on potentially positive outcomes without necessarily considering the negatives of partnership working;
- a critique of traditional notions of evidence-based practice (which have often been too narrow and too focused on particular types of

research methodology to help us fully understand the relationship between partnerships and outcomes);

- a critique of the tendency to see partnership working as an end in itself rather than as a means to an end;
- a critique of a potential lack of clarity about exactly which forms of partnership may be most appropriate to deliver desired outcomes (see below).

In response, a useful approach for guarding against these dangers derives from the broader literature on ‘theories of change’ and ‘realistic evaluation’. While these approaches are described in more detail elsewhere (see, for example, Pawson and Tilley, 1997; Connell and Kubisch, 1998; Dickinson, 2006), Figure 4.1 builds on these insights to set out a simple three-step approach that asks frontline services and practitioners to consider:

- what they are trying to achieve for local people (outcomes)
- how well (or otherwise) current services do this already (context)
- the structures they need to develop as a result (process).

Figure 4.1: Focusing on outcomes



While this is inevitably an over-simplification, thinking of partnership working in these terms can be a helpful way of concentrating on what is important. Depending on the outcomes concerned, local partners may well decide that they do need some form of partnership, but this is not automatically assumed, and the type of relationship required depends on where local services are starting and what they want to achieve. Simple though this may appear, remaining focused on outcomes is extremely difficult, as many policy makers, managers and practitioners tend to find it easier to think in terms of structures and processes rather than outcomes. This seems to be the result of a

series of interrelated issues – the historical legacy that current services have inherited, the tendency for performance management systems to focus more on process than on outcomes, and the fact that many frontline practitioners are often never asked to think about what they are there to achieve on behalf of the people they serve. In addition, the process of determining outcomes may not be simple and can reveal that different stakeholders have quite different perceptions about what the partnership does/should do. If such an exercise does indeed reveal significant differences, it may well help to explain why partnership working may have been problematic – because different people had very different expectations of the relationship. However, with all these caveats, the fact remains that such an approach can help potential partners to retain a focus on partnership working/integration as a means to an end, rather than as an end in itself (for an example of what can happen when a focus on outcomes is lost, see Box 4.1).

Against this background, the remainder of this chapter seeks to explore each stage of the diagram in Figure 4.1, summarising some of the key frameworks and concepts that may help to develop our ability to understand issues of outcome, context and process in more detail.

Box 4.1: Remaining focused on outcomes

When asked to focus on outcomes, most public service managers and practitioners quickly drift back into issues of process. If asked, many health and social care communities might articulate desired outcomes in terms of ‘a single point of entry’, ‘quicker access to services’ or ‘a single assessment’.

Important though all these may be, none are outcomes for service users. On the contrary, all are processes, and further facilitation is often needed to help participants understand what kind of outcomes (fewer admissions to hospital, greater life expectancy, greater satisfaction with services etc) they think these processes may help them achieve.

Although this may seem pedantic, being clear about the difference between the overall outcome and the processes that may help you get there is important – we are so conditioned to think about the world in

particular ways that we rarely stop to ask ourselves deeper questions about the best way forward. For example, if we really are trying to reduce hospital admissions, a single assessment and a single point of entry may be the right way forward; equally, if this is genuinely what we are trying to achieve, then we might do something else entirely (which may or may not involve a partnership).

In an informative if depressing example, one health and social care community was adamant that the outcome it was trying to achieve for local older people was an integrated management team. We are yet to meet any older people who need or want an integrated management team from their health and social care services – this is simply a process that may or may not be the best way of trying to achieve different and better outcomes for people who use services.

When seeking to make a clear statement about the outcomes that any given partnership is designed to achieve, recent policy and practice reveals a number of helpful hints. In particular, anecdotal evidence from previous reforms in children's services suggests that this can be most powerful when outcomes are focused on potential benefits for people who use services, when they are expressed positively (that is, 'keeping children safe and well' rather than 'preventing abuse'), and when they are simple and easy to communicate to staff, service users and the public alike. In addition, it is our belief that it is at the stage of articulating desired outcomes that user and carer involvement is most important. All too often, in our experience, services ask users for their views on issues of structure or process. While users may have a view on service structures, we believe that their input is crucial from day one, and that they should be centrally involved in discussions about desired outcomes – what do they want their lives to be like and how can services support this? After this, involvement in critiquing the current context is also important (in order to establish the extent to which current services deliver user aspirations), but involvement in what structures are needed as a result is much more technical and much less relevant to many service users. As an example of such an approach, Box 4.2 summarises the Health Services Management

Centre's Partnership Outcomes Evaluation Toolkit (POETQ) as a possible way of approaching this issue (see also the book by Helen Dickinson in this series for further details: *Evaluating outcomes in health and social care*; for further discussion of outcomes more generally, see Glendinning et al, 2006).

Box 4.2: The POETQ approach

The Partnership Outcomes Evaluation Toolkit (POETQ) is a web-based resource that recognises the importance of both process (how well do partners work together?) and outcome (does the partnership make any difference to those who use services?). As a result, POETQ takes a two-pronged approach:

- inviting all staff members to complete an online survey that analyses what is helping/hindering joint work and starts to bring to the surface underpinning assumptions about what outcomes the partnership is aiming to achieve;
- using the information from the staff survey, a research schedule is designed that checks out with service users and carers whether these are the 'right' outcomes to be aiming for and the degree to which the partnership has been successful in changing these outcomes.

In this way, POETQ is both:

- *formative*: it seeks to evaluate how well partners are working together, helps people to understand and make sense of their current context, and highlights both areas for celebration within the partnership as well as areas where development work is needed;
- *summative*: it is evaluative in that it requires partnerships to be explicit about desired outcomes and then analyses the degree to which the partnership is successful in achieving these aims.

For a practical example of POETQ in action, see Dickinson et al's (2013) national evaluation of joint commissioning.

In compiling a list of desired outcomes, it is also important to consider the *type* of outcomes that the partnership is trying to achieve. Typically, many partnerships have (both stated and unstated) outcomes that focus on benefits to service users (better services), benefits for staff (a richer, more satisfying environment) and benefits for the organisation (better use of scarce resources). Perhaps it is this promise of a potential ‘win-win’ situation that makes partnership such a tempting concept. However, in considering which type of outcome is being sought, it is important to be open and honest. The danger with some partnerships is that they are seeking economic benefits for partners, but dress this up in the language of service user benefits, and this quickly leads to cynicism and disengagement (particularly for service users who typically see straight through such claims; for a practical example, see Dickinson and Glasby, 2010). To aid this process, Mackintosh (1992) provides a helpful distinction between three different types of outcome that a partnership may be trying to achieve:

- *synergy*, bringing together partners with different assets and powers to create something where the whole is greater than the sum of its parts);
- *transformation*, bringing partners together to change the objectives and culture of one or both of the organisations, with the direction of change depending on the power of each individual partner;
- *budget enlargement*, coming together to try to obtain a financial contribution from a third party.

These concepts have since been further developed by Hastings (1996), who provides the typologies set out in Tables 4.1 and 4.2. According to this analysis, Mackintosh’s concept of ‘synergy’ can have a double meaning, referring either to the added value from bringing together and coordinating the resources spent by two or more partners (‘resource synergy’) or to the new perspectives and innovative solutions that can be created when partners with different cultures and perspectives come together (‘policy synergy’). Using these categories, perhaps one of the reasons why partnerships sometimes seem to fail to deliver ambitious

aspirations is that service users are seeking the benefits of ‘policy synergy’ while managers are seeking ‘resource synergy’. Or perhaps, as Dickinson et al (2007) illustrate in the case of a Care Trust, while searching for the benefits of ‘policy synergy’, partnerships may become too concerned with maintaining the rhetoric of peaceful partnership relationships and so inadvertently stifle potentially more innovative approaches in the name of continuity.

In addition, Hastings (1996) also develops Mackintosh’s concept of ‘transformation’, arguing that different things can happen depending on the power balance. Where power is unequal, this can lead to ‘unidirectional transformation’ (whereby a more powerful partner tries to change the other to become more like itself and where the reluctant, weaker partner is changed against its will). Where both partners accept the need for change and to learn from each other, however, there is the prospect of ‘mutual transformation’ (whereby all partners change and differences between them begin to reduce).

Table 4.1: Hastings’ (1996) definitions of resource and policy synergy

	Process	Outcome/benefit
Resource synergy	Cooperation and coordination over the spending of resources	Added value from the resources spent: increased effectiveness or efficiency
Policy synergy	Joint approach developed through combining the different perspectives of each partner	New perspectives/ innovative solutions created

Table 4.2: Hastings' (1996) definitions of transformation

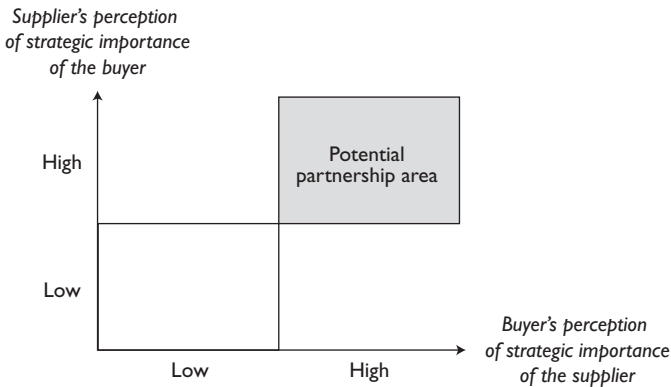
	Process	Result
Uni-directional transformation	One or more partners struggle to modify or to change another partner in their own image. Partners do not accept the need to change themselves	One or more partners change their organisational culture or objectives to become more similar to those of another partner. The transforming partner retains its original style or objectives
Mutual transformation	Reciprocal challenges made to the pre-existing culture and objectives of partners, who seek to learn as well as aspire to teach	All partners involved in the process change to some extent. New sets of objectives, operational styles are developed. Differences between partners are reduced

Understanding what is possible in the current context

While Chapter 2 summarised some of the key frameworks for exploring the extent of 'partnership readiness', other theoretical approaches are also useful when trying to (jointly) understand what is desirable and feasible in the current context. In particular, the literature suggests that it is important to be honest and open about the extent to which different partners are genuinely committed to the outcomes in question (as well as about any pressures that may prevent them from prioritising these issues as much as they would like). Without this, there is a danger that partners sign up enthusiastically to desired outcomes that they will never be able to prioritise in practice, and that the outcomes at stake are not really important enough to all partners to ensure that the necessary action actually materialises. When this happens, it is easy for trust to erode and for faith in the concept of partnership to reduce. To guard against these dangers, the commercial literature emphasises the importance of focusing partnerships on areas that are of importance

to both partners (in the case of the private sector, this often means a supplier and a buyer), with successful outcomes much less likely if the partnership is trying to achieve something that is important to only one partner and not the other. Where an issue is not strategically important to both parties, then a contractual relationship (or simply doing it yourself) may be a good way forward (see Figure 4.2 for a helpful summary of this approach).

Figure 4.2: Buyer–supplier strategic perceptions grid



Source: Adapted from Larsson and Bowen (1989, p 221)

At the same time, attempts to explore the current context can benefit from an understanding of the different theoretical approaches to interagency working. While this can be complex, a helpful overview is provided by Sullivan and Skelcher (2002), who distinguish three main schools of thought. As Table 4.3 suggests, optimist approaches assume that partnerships occur through a desire to achieve a shared vision, that collaboration will result in positive outcomes for the whole system and that partners share a level of altruism. In contrast, pessimist approaches see partnership/integration as a means for one organisation to enhance their power at the expense of another. In particular, this pursuit of individual or organisational gain can be focused on achieving a solution that helps the one agency deliver its goals, maintains its

power and status, maintains or increases its resources and promotes the agency's view of the world and way of doing things. Finally, a realist perspective concentrates more on the wider environment, and sees partnership/integration as a more pragmatic response to a changing political, economic and social context. As a result, the extent to which partnership will be possible in any given situation may well depend on the mix of motives at work in individual partner agencies and on the extent to which it is possible to harness these different approaches in pursuit of shared and mutually beneficial outcomes.

Table 4.3: Optimist, pessimist and realist approaches to partnership working

	Optimist	Pessimist	Realist
Why collaboration happens?	Achieving shared vision	Maintaining/enhancing position	Responding to new environments
Key assumptions about other partners	Altruistic	Seeking personal or organisational gain	Realise need to change as society changes
Key factors at work	Role of charismatic leaders/ boundary spanners	Power of individual partners and desire for survival	Ability to adapt to changing environment

Source: Adapted from Sullivan and Skelcher (2002)

Also useful as a means of understanding the current context is a framework for whole systems working initially proposed by Benson (1975) and explored within the context of children's services by Hudson (2004). For Benson, whole systems working depends on the ability to achieve a degree of balance across eight key areas (see Box 4.3). Applying these in practice, Hudson demonstrates how this approach can be a useful tool for conducting a 'health check' on the

local whole system, helping to reflect jointly on what is feasible within the current context.

Box 4.3: Benson's (1975) framework for understanding whole systems working

For Benson, it is important to strike a balance between eight different components of the whole system:

- *Domain consensus*: the extent to which there is agreement about the role and scope of each agency's contribution.
- *Ideological consensus*: the extent to which there is agreement regarding the nature of the tasks facing the partnership.
- *Positive evaluation*: the extent to which partners have a positive view of each other.
- *Work coordination*: the extent to which individual partners are prepared to align working patterns.
- *Fulfilment of programme requirements*: the degree of compatibility between the goals of the partnership and the goals of individual agencies.
- *Maintenance of a clear domain of high social importance*: the extent to which there is support for the objectives of the partnership from those affected.
- *Maintenance of resource flows*: the extent to which there is adequate funding for the objectives of the partnership.
- *Defence of the organisational paradigm*: the extent to which partners see themselves as working for the partnership rather than representing their constituency.

Source: Summarised in Hudson (2004, p 9)

How do we get from where we are now to where we want to be?

Once potential partners understand and are clear with each other about what they want to achieve together and about where they are now, the bit in between – what do we do? – ought to be a lot less controversial than is often the case. However, even where partners have used the approach in Figure 4.1 to explore the context and desired outcomes together, it is nearly always issues of structure and process (the ‘what do we do?’) that generates the most tension. When this happens, some of the frameworks below may help explore the type of relationship and subsequent partnership arrangements that are needed.

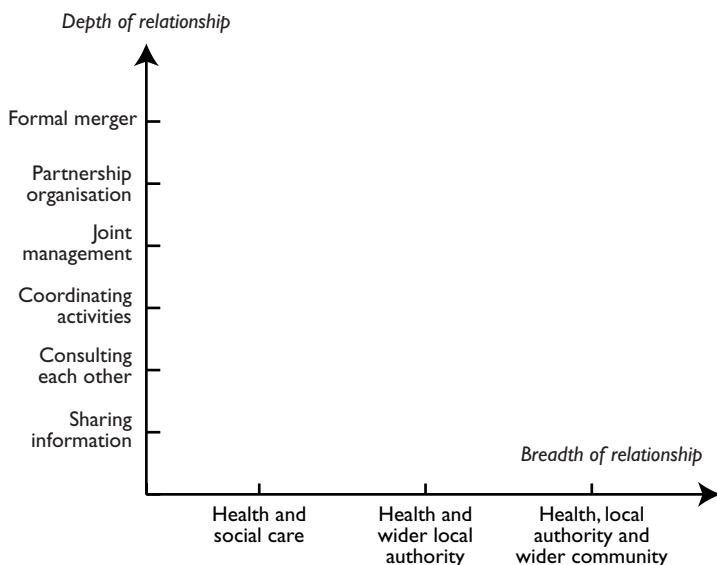
In a classic article on ‘the five laws of integration’, Leutz (1999) argues that health and social care services may need to work together in different ways depending on what they are trying to achieve. This includes three different levels of integration:

- *Linkage*: appropriate for people with mild, moderate or new needs, linkage involves everyone being clear what services exist and how to access them, so that support is provided by autonomous organisations, but systematically linked.
- *Coordination*: with more explicit structures in place, coordination involves being aware of points of tension, confusion and discontinuity in the system and devising policies and procedures for addressing these.
- *Full integration*: for people with complex or unpredictable needs, full integration involves the creation of new services and approaches with a single approach and pooled funding.

In a similar approach, Peck (2002) and Glasby (2005, 2007) challenge partners to consider the balance they need to strike between depth and breadth of relationship in order to achieve desired outcomes (see Figure 4.3). In any given health and social care community, there will be a range of interagency relationships in different places in this matrix, and potential partners may well find it useful to consider what type of

relationship they think they need in order to deliver their joint aspirations. Put another way, this framework encourages local organisations to ask themselves a key question about any given piece of interagency working: ‘partnership working with whom and for what?’

Figure 4.3: Depth versus breadth of relationship



Having explored the depth and breadth of relationship needed to achieve desired outcomes, partners should also consider the different structures and processes they could adopt to make their new partnership arrangements as successful as possible. A helpful contribution is made here by research conducted as part of the national evaluation of former Local Strategic Partnerships (previous forums to provide a cross-cutting focus on the needs of the local area; ODPM, 2005b; see also Glasby and Peck, 2006), which sets out some of the different options with regard to modes of governance, approaches to leadership and levels of engagement from partner agencies (see Boxes 4.4–4.6). While these frameworks offer little by way of answer to some of the complexities

surrounding partnership working, they do provide a useful way of categorising different approaches so that potential partners can explore together what kind of relationship they want and how best to organise their subsequent partnership structures. They may also prove useful for new Health and Well-being Boards seeking to learn the lessons of previous strategic partnership bodies. Key questions might therefore include:

- What is the role of the partnership board, and are all partners clear about its primary function (Box 4.4)?
- What is the role of the chair or lead agency, and how can they best balance the different approaches needed in different situations (Box 4.5)?
- What levels of engagement are there around the table, and what balance needs to be struck in order for the partnership to deliver its desired outcomes (Box 4.6)?

Box 4.4: Different modes of governance

- *Advisory*: the board acts as a consultation and discussion forum and often forms the basis for consensus building. It draws its accountability and legitimacy from member organisations, but has no independent power to act.
- *Commissioning*: the partnership has its own staff and authority, is able to implement decisions and commission projects, and therefore has to create its own forms of accountability and legitimacy.
- *Laboratory*: the prime focus is on generating new ideas and new ways of designing local services, drawing on the combined thinking of key stakeholders.
- *Community empowerment*: attention is focused on creating strong networks within the community rather than on the key public agencies.

Source: ODPM (2005b)

Box 4.5: Different approaches to leadership

- *Holding the chair*: setting agendas, managing the business, working the board towards decisions, ensuring that all stakeholders can express their views.
- *Committing partners*: generating collective ownership of and commitment to the partnership from key leaders in partner organisations, establishing accountability to the partnership through influence.
- *Role modelling*: behaving as if joint working matters, respecting diversity, modelling collaboration.
- *Representation*: taking partnership business back into one's own organisation and ensuring that others provide back-up and that the organisation fulfils the partnership's expectations of it.

Source: ODPM (2005b)

Box 4.6: Different levels of engagement

- *Defensive participation*: often new to partnership working, such organisations are concerned about the perceived resource implications or threat of participation – their presence is often defensive (to ensure that their agency does not 'lose out').
- *Opportunistic participation*: such organisations may not see the partnership as core to their own objectives, but are able to see and grasp potential benefits opportunistically. This type of partner is often seen as taking more from the partnership than it contributes.
- *Active participation*: such organisations are strongly committed to the partnership and see taking part as a natural extension of their repertoire for tackling items on their own agenda, as well as those of other partners.

Source: ODPM (2005b)

Overall, this chapter has sought to provide an overview of some key frameworks that may help to explore the scope for more integrated care and to design partnerships that deliver desired outcomes. Central to this process is the ability to hold back from debates about structure and about process. Partnerships and integrated services are only ever a means to an end, and service users, practitioners, managers, policy makers and researchers all have a duty to make sure that they never become an end in themselves.

Reflective exercises

1. Think about a partnership or integrated approach where you live or work. Using the context-process-outcome framework in Figure 4.1 above, is it clear (to all partners involved) what services are trying to achieve, and have they designed their subsequent partnership/joint approach in such a way that helps them move from where they were to where they want to be? What could they have done differently, and was a 'partnership' the best way forward?
2. Reflecting on recent government policy, what are policy makers trying to achieve from promoting more integrated approaches? Do the Hastings frameworks in Tables 4.1 and 4.2 help to develop your thinking and help to critique the initial policy?
3. Choose a local integrated service or partnership. Using the framework in Figure 4.2, do both partners have equal levels of commitment, and was a partnership the best way forward?
4. Reflecting on the possible motives of the different partners involved, to what extent is it possible to see elements of the optimist, pessimist and realist approaches set out in Table 4.3?
5. Using Leutz's categories of linkage, coordination and full integration and/or Peck's model of depth versus breadth, map local partnerships. To what extent do local partners have the right level of relationship with the right organisations in order to achieve desired outcomes?

6. For those involved in Health and Well-being Boards or other strategic partnership forums, what insights do the concepts in Boxes 4.4-4.6 provide? Do you have the 'right' board, leadership and engagement for what you are trying to achieve?

Further reading and resources

Many of the key texts for this chapter are summarised in the relevant sections above. However:

- For a summary of key theoretical approaches to partnership working, see Sullivan and Skelcher's (2002) *Working across boundaries*. Dickinson and Glasby's (2010) 'Why partnership doesn't work' develops some of this initial material further and builds on the concepts summarised above in Table 4.3.
- For more detail on evaluating outcomes in interagency settings, see Helen Dickinson's (2008) book in the present series, *Evaluating outcomes in health and social care*.

