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Health Services Management Centre
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‘We have to stop meeting like this’: what works in health and local government partnerships?

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Introduction

Although *Liberating the NHS* has some exciting things to say about the importance of local accountability and of closer joint working with local government, it remains to be seen what powers and functions Health and Well-being Boards take on in practice. While many areas are understandably focused on setting up these new structures, the danger is that we concentrate too much on issues of process – and not enough on outcomes or on how we want Health and Well-being Boards to be different from the Health and Well-Being Committees of previous Local Strategic Partnerships. In particular, this policy paper argues that new Boards could helpful consider:

- The importance of values and culture
- The limits of relying on large-scale structural changes
- The need to focus on outcomes

Values and culture

Central to all discussion of health and local government partnerships is the notion of organisational and professional culture. Although many commentators struggle to define what they mean by 'culture' (see, for example, Scott *et al*., 2001), there is clearly something about the way organisations and professions function that make one job and one setting potentially very different to another in terms of ethos, values and feel. As Ouchi and Johnson (1978) have suggested, one way of viewing culture is 'the way we do things round here.'

In the wider literature (see Peck and Crawford, 2004; Anderson-Wallace and Blantern, 2005 for an accessible summary of these themes), culture is often see as something an organisation or profession *'has'* (that is, an attribute or component of the organisation/profession that can be taught to new members). This is often portrayed in some of the less rigorous management textbooks, and often implies that it possible for a (successful and dynamic) leader to identify 'the culture' of the organisation/profession and intervene consciously to 'change the culture.' In the past, this has prompted attempts to identify cultural components from 'successful' companies (usually in the private sector) and import these components into UK organisations and into the public sector. In contrast, another approach is to see culture as something an organisation/ profession *'is'* (that is, a much messier but potentially more helpful definition which sees culture as a more complex and ambiguous concept in which *"individuals share some viewpoints, disagree about some, and are ignorant and indifferent to others. Consensus, dissensus and confusion coexist"* – Meyerson and Martin, 1987). A similar approach is offered by Peck and Crawford (2004), who identify three different ways of thinking about culture (see figure 1). Of course, the net result of these debates is probably two-fold:

1. The 'how-to' management books that see culture as a component of an organisation/profession and as something easily capable of being developed and changed in a planned way undoubtedly oversimplify a much more complex reality.

2. Intervening in and trying to develop organisational/professional cultures may be possible, but it is more subtle and harder to predict (see Peck and Crawford, 2004; Peck, 2005 for specific tools and approaches).

As Parker (2000, pp.228-229) concludes:

> ***Cultural management in the sense of creating an enduring set of beliefs is impossible… [yet] it seems perverse to argue that 'climate', 'atmosphere', 'personality', or culture of an organisation cannot be consciously altered.***

Figure 1: Different ways of understanding culture

- An integration model – this sees culture as something an organisation 'has' and as an integrating force that holds organisations (and potentially partnerships) together.
- A difference model – this sees culture as more pluralistic with different interest groups and different cultures within organisations. This is something of a hybrid between notions of culture as something an organisation 'has' or 'is'.
- An ambiguity model – this sees culture as more local and personal, constantly changing over time and between different groups as they interact. This is closest to the notion of culture as something an organisation 'is'.

(Meyerson and Martin, 1987; Peck and Crawford, 2004)

The limits of reorganisation and structural change

In addition, one of the key lessons from the cultural literature is the limitations of relying on structural change alone as a means of trying to achieve positive change. This material is summarised elsewhere (see, for example, Field and Peck, 2003; Peck and Freeman, 2005; SSI/Audit Commission, 2004; Dickinson *et al*., 2006; Edwards, 2010), but key messages from both research and practice seem to suggest that:

- Structural change by itself rarely achieves stated objectives.
- Mergers typically do not save money – the economic benefits are often modest at best and are more than offset by unintended negative consequences such as a potential reduction in productivity and morale.
- Mergers are potentially very disruptive for managers, staff and service users, and can give a false impression of change.
- Mergers can stall positive service development for at least 18 months.

Instead, research suggests that successful mergers may depend upon (Peck and Freeman, 2005):

- Clarifying the real (as opposed to the stated) reasons behind the merger.
- Resourcing adequate organisational development support.
- Matching activities closely to intentions to reduce cynicism among key staff groups whose support will be crucial in realising the intended benefits.

A more detailed discussion of partnership working and organisational culture is provided by Peck and Crawford (2004), and a helpful insight is provided by Dickinson *et al* (2006) in their review of the literature on leading organisations during mergers. Although most literature tends to focus on the process of merger itself, the latter review suggests four key phases, with different approaches and styles of leadership appropriate at different times (see figure 2 for a summary).

Figure 2: Managing and leading organisations during mergers

- *Pre-merger decision*: although public sector organisations tend not to have a choice over who they merge with, it is important to be aware of key cultural differences and similarities between the organisations.
- *Decision to merge*: leaders here have a key role to play in creating and communicating a vision that sets out the purpose of the merger.
- *During merger*: this phase requires a range of practical tasks to do with HR, resources, communication, new structures and helping staff to understand the implications of change.
- *Post-merger*: such change can have after-effects for at least three years, and it is important both to evaluate outcomes and to guard against the dangers of thinking that the job has been done once the merger is complete.

(Dickinson *et al*., 2006)

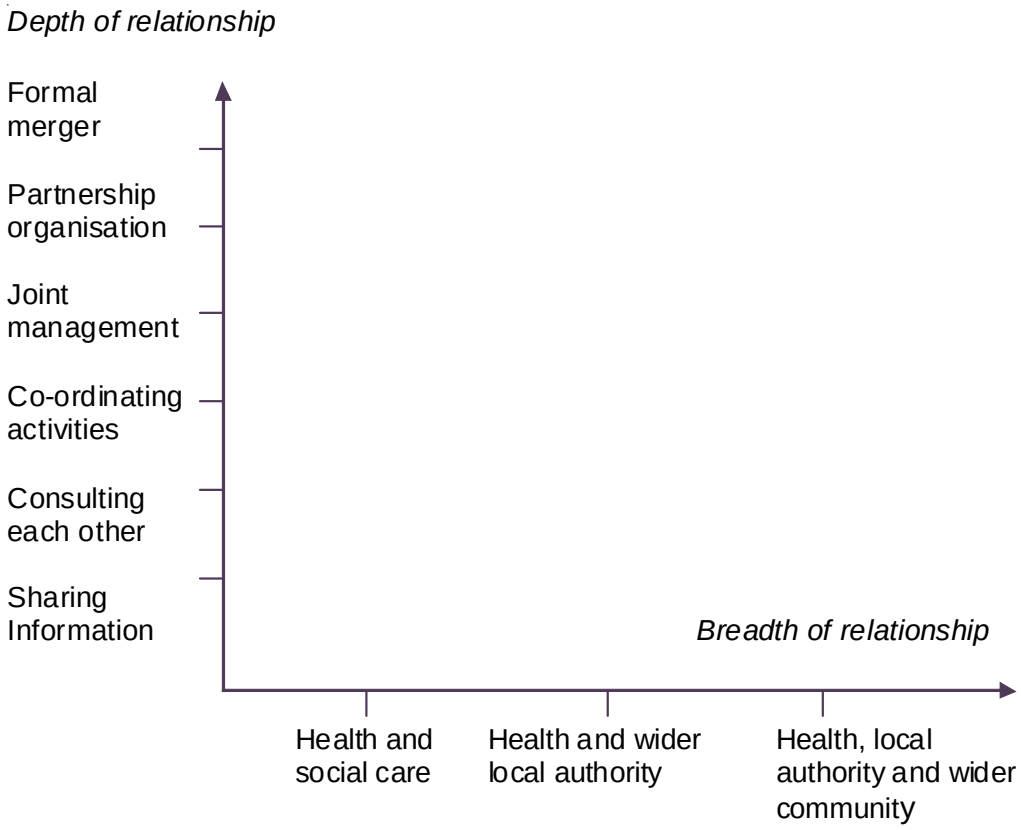
Perhaps crucial to these debates is the issue of clarity of roles and of relationships. When asked to work in partnership, it is always important to question: 'partnership working with whom and for what'? Put simply, it depends what you want to achieve as to who you need to work with and how you might want to work with them, and this is likely to vary, both over time and according to the nature of the task in hand. For Leutz (1999) – the author of a classic commentary on partnership working – this can include three potentially very different ways of working or 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.

- *Co-ordination*: with more explicit structures in place, co-ordination 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.

A similar attempt to explore different levels of partnership working is also provided by Glasby (2005) and by Peck (2002), who identify different levels of *breadth* and *depth* of relationship (see figure 3). According to this analysis, local partners will need to decide what kind of relationship is needed with which sorts of stakeholders. In the case of Health and Well-being Boards, this might involve debates about who is a member of the Board, the relationship between children's and adult services, whether or not to include service providers and the role of the third sector and users/carers.

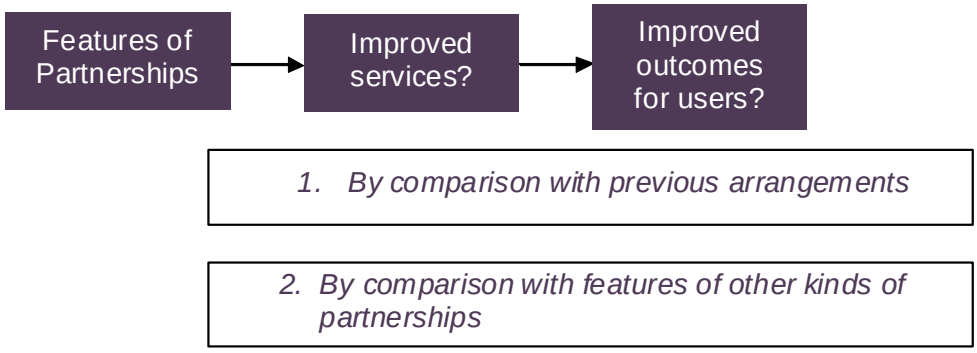
Figure 3: Depth v breadth



The importance of outcomes

Above all, the literature (and indeed much recent policy) around effective partnership working tends to assume that partnership is automatically a 'good thing' and that it somehow improves outcomes for service users and carers (see figure 4 for the assumed relationship between partnerships, services and outcomes). In practice, this remains a relatively untested assumption, with research and practice often struggling to link partnerships to improved outcomes (see, for example, Glasby *et al*., 2006; Audit Commission, 2005; Dowling *et al*., 2004). In particular, the literature tends to focus on issues of process (how well are we working together?) not on outcomes (does this make any difference to services or to users?)

Figure 4: Effective partnership working (in theory)



Source: Glasby *et al.*, 2006

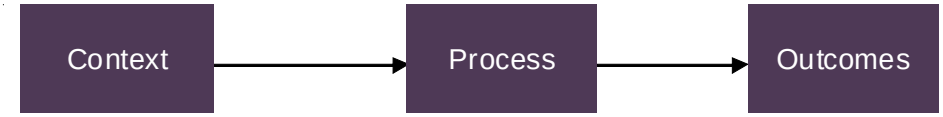
As a result, recent policy has emphasised the importance of focusing more on outcomes. Given what we know about the limits of structural change (see above), it seems particularly important that health and local government leaders are clear about:

- What they are trying to achieve for local people.
- What partnership options exist to help them do this.
- Why the partnership arrangements that they adopt are the best way of achieving desired outcomes.
- Whether the proposed partnership is worth it (given the potential for a temporary reduction in staff morale, the amount of management time it will consume etc).

Unfortunately, keeping focused on these issues is difficult in a busy policy context and a pressured practice environment, and partnership working can easily become an end in itself rather than a means to an end. To guard against these dangers, figure 5 outlines a simple framework (adapted from the literature on realistic evaluation and theories of change – see Connell and Kubisch, 1998; Pawson and Tilley, 1997). Essentially, this reminds local partners of the need to remain focused on what they want to achieve (outcomes), how well (or otherwise) they do this at present (context) and what needs to change to get

from where they are now to where they want to be (process). As Health and Well-being Boards get up and running, there will be an understandable temptation to focus on issues of process and structure – when a more fruitful debate may actually be to agree what success would look like in terms of outcomes for local people and to work back from here.

Figure 5: Focusing on outcomes



Summary

Although recent policy debates have emphasised the importance of integrated care and of the role of Health and Well-being Boards in helping to join-up future services, the broader literature and prior experience reveal a number of key lessons that might usefully inform our next steps. For those tasked with setting up new Health and Well-being Boards, the risk will be that we focus primarily on creating new processes and structures – rather than taking a step back and focusing more on issues of values and culture, the limits of structural 'fixes' and the need to be clear about desired outcomes. Without this, the danger is that (at best) we simply recreate some of our previous partnership structures, rather than learning from experience and from broader research to think about different ways of doing things. Albert Einstein is often quoted as defining insanity as doing the same thing over and over again and somehow expecting different results. While it need not be like this at all, the danger is that some of the new Health and Well-being Boards fall into exactly this trap.

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