Partnerships with local authorities and health agencies

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Context for the research

Pension Disability and Carers Service (PDCS) is committed to encouraging partnership working where it enables the Agency to deliver effective and high quality services and helps customers access a wider range of benefits and services which better meet their needs. PDCS currently works with a range of partners at both national and local levels across the local authority, voluntary, private and community sectors. The ‘Strategy for partnerships and external relations’ identifies potential partners as those organisations with whom PDCS:

• shares some of the same customers;
• shares in the delivery of services/benefits;
• can work to join-up respective services/benefits to meet customers’ needs more holistically;
• can work to better reach and serve the most vulnerable and hardest to reach customers.

Purpose of the research

The purpose of this research was to build on PDCS’s previous work by providing additional insight into existing partnership arrangements specifically with local authorities and local health organisations – as key partner agencies – and to identify factors that would assist in the development of partnership arrangements with a view to producing a detailed action plan or ‘blueprint’ for progressing partnership arrangements with these two key groups of partners.

Approach and methods

The research was designed to produce data that would inform the development of a ‘blueprint’ for action. It has involved six elements:

1. focused review of the literature on partnership working;
2. in-depth interviews with key personnel from PDCS focusing on the agency’s aspirations for partnership working with local authorities and health agencies;
3. in-depth interviews with a limited number of key national informants in relevant government departments and agencies;
4. on-line survey of local PDCS staff;
5. telephone survey of a sample of local partners from local authorities and health agencies;
6. six in-depth case studies involving interviews with PDCS staff and staff from local partner agencies.

The action plan

The action plan is informed by principles that have emerged as strong messages from the research. The action plan has three sections, each of which adds further detail to the preceding one:

1. The first section is a simplified flow chart outlining the main steps involved in the action plan, the levels at which actions should take place and an explanation of each of the principal stages. These are:

   • address national level pre-requisites for effective partnership working;
   • agree action plan following consultation with stakeholders;
   • agree roll-out with Local Services including resolving issues relating to data sharing and access to the Department for Work and Pensions (DWP) IT systems;
• pilot and produce information and materials to support action plan implementation;
• provide training on the action plan;
• local roll-out of the action plan;
• interim and annual reviews and planning for the subsequent year.

2 The second section is a detailed, step-by-step guide for roll-out of the action plan at the local level entailing the following steps:
• local audit and gap analysis;
• development of local action plan;
• refresh existing partnerships;
• publicity and awareness-raising;
• follow-up meetings and seminars;
• negotiate partnership arrangements;
• training and staff development;
• ongoing liaison and review.

3 The third section suggests materials and information that should be produced centrally to support implementation of the action plan. These consist of a ‘partnership pack’ for use by PDCS staff consisting of:
• template and guidance for the audit of local partnerships;
• template and guidance for identifying partnership ‘gaps’;
• template for the production of local action plans;
• template for production of interim and annual reviews.

And a ‘partnership prospectus’ for use with partners consisting of:
• publicity materials including generic posters and leaflets;
• information packs on products and services;
• data/information sharing protocols;
• a ‘menu’ of possible types of partnership together with model agreements.

Key points from the literature review

Lessons from the extensive literature on partnership working have been identified; these have informed both the design of the research tools and the action plan. They can be summed up as follows:
• mutual understanding between partners and an understanding of the local context are important pre-requisites for successful partnerships;
• a commitment to partnership working should be embedded at all levels in partner organisations including at the strategic and managerial levels;
• partnerships benefit from clarity of purpose and agreed objectives and outcomes;
• partnerships are facilitated by good working relations between individuals, mutual trust and respect;
• partnerships work best when there is clarity about partners’ respective roles, responsibilities, lines of accountability and reporting mechanisms;
• partnerships are operationalised through structures and processes that need to be agreed, ‘fit for purpose’, and sufficiently flexible that they can adjust to changes;
• partnerships work well when there are positive outcomes for all partners and, in the same way, any risks associated with partnership working also need to be shared. Systems for monitoring progress against agreed indicators and evaluating outcomes need to be embedded from the start;
• effective systems for liaison and communication are crucial to partnership success;
• partnerships require an appropriate level of resources to ensure that they function smoothly.
Key findings from the primary research

- Awareness and knowledge of PDCS and its services among partners is complicated by ongoing confusion over the ‘brand’; in some cases this confusion is evident among PDCS staff too.

- Overall awareness of the The Pension Service (TPS)/ Disability Carers Service (DCS) merger is patchy with local authorities having greater awareness than health partners.

- Knowledge of PDCS’s services varies considerably. It is generally quite good where partnerships are in operation but otherwise quite superficial and partial. Knowledge of DCS is quite limited.

- Knowledge gaps relate to quite basic issues, such as: who provides what services to whom; understanding of services for people with disabilities and carers; how to access local services; and how to receive updated information about PDCS services.

- PDCS staff and partners offered many ideas about: how to raise general awareness of the service; how to increase knowledge and understanding; and for ensuring that partners knowledge is kept up to date.

- There has been an absence of partnership arrangements at the national and strategic levels leading to the relative invisibility of PDCS.

- In the absence of a national lead and because of organisational changes, local partnerships have developed in an ad hoc, incremental and opportunistic manner resulting in patchy and very varied coverage in terms of both agencies and customer groups.

- In general, relationships are most developed between TPS and local authority adult social care and benefits and charging departments.

- Most current partnerships with local authorities are predominantly operational in nature with a mix of formal and informal arrangements.

- In general, local authority partners and PDCS staff express high levels of satisfaction with existing partnership arrangements.

- Partnerships with healthcare agencies are very diverse and are almost entirely operational. Most involve arrangements with very specific health care teams negotiated with the team itself.

- The drivers for partnership working are generally shared among PDCS staff and health and local authority partners and include national initiatives: the desire to provide a better service to customers and to meet their needs more effectively; maximising customers’ income; meeting organisational targets; and reaching the most vulnerable and hardest to reach customers.

- Where partnerships work well they deliver positive outcomes to customers and benefits to partners.

- The research uncovered many references to good and promising practice.

- There is a need to work in a focused way with a ‘core’ group of partners while at the same time understanding the needs of particular localities.

- A range of generic barriers to partnership working were identified together with barriers that especially appertain to local authorities and healthcare agencies particularly. These need to be acknowledged and addressed if partnership working is to be successful.

- A number of factors that help the process of partnership working were identified including: long term commitment and a strategic steer; time and resources to dedicate to partnership working; provision of up-to-date information; and training and awareness raising sessions for partners.

- A set of success criteria can be identified that are common across PDCS and its partners. These include: positive outcomes for customers; effective systems for communications between partners; access to information and information sharing; and mutual understanding between partners.
Implications for action

The findings from the primary research give rise to a number of implications for action that have informed the development of the action plan. These are:

- work to develop new partnerships would benefit from national and local senior partnership managers in PDCS agreeing a planned, shared and strategic approach with a clear purpose and focused on the achievement of specific outcomes;
- there are a number of high-level issues that need to be resolved as a pre-requisite for further action;
- those responsible for developing new partnership arrangements should take account of the local context, make use of local knowledge and build on existing good practice;
- action needs to be taken to review and, where necessary, refresh existing partnerships, including exploring ways in which they might be further developed;
- auditing current partnership arrangements against the list of core partners will help identify gaps in coverage;
- different partners are likely to be more or less prepared to enter into partnership arrangements and the provision of a ‘menu’ of possible types of partnership is advantageous;
- it is important that PDCS staff understand the organisations with whom they are working so that they are better able to ‘sell the benefits’ of partnership working;
- recognition and understanding of the barriers to, and enablers of, partnership working will assist effective implementation;
- clear success criteria should inform the development of local action plans, reporting of progress and interim and annual reviews.


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