Research report

Partnerships with local authorities and health agencies

by Janie Percy-Smith, Visiting Professor with:
James Clarke; Murray Hawtin; Sukky Jassi;
Martin Purcell and Penny Wymer

DWP Department for Work and Pensions

Department for Work and Pensions

Research Report No 693

Partnerships with local authorities and health agencies

Janie Percy-Smith, Visiting Professor with: James Clarke; Murray Hawtin; Sukky Jassi; Martin Purcell and Penny Wymer

A report of research carried out by the Policy Research Institute, Leeds Metropolitan University on behalf of the Department for Work and Pensions

First Published 2010.

ISBN 978 1 84712 840 9

Contents

Acknowledgements vii

The Authors viii

Summary 1

1 Introduction 7

1.1 Context and background 7

1.2 Research purpose and objectives 8

1.3 Approach and methods 9

1.4 Structure of the report 9

2 Partnership working – a 'blueprint' for action 11

2.1 About the action plan 11

2.1.1 Commentary on the flow chart 13

2.2 Local roll-out of the action plan 16

2.3 Materials and resources 19

2.3.1 Core partners 19

2.3.2 Materials for internal use 20

2.3.3 Materials for external use 21

3 What does the literature tell us? 23

3.1 Characteristics that have been shown to underpin effective partnership arrangements across sectors 23

3.1.1 Local context and mutual understanding 23

3.1.2 Commitment to partnership working 24

3.1.3 Clarity of purpose and objectives 24

3.1.4 Mutual trust and respect 24

3.1.5 Clarity of roles and responsibilities 24

3.1.6 Structures and processes 24

3.1.7 Identify and manage risk 25

3.1.8 Monitoring and evaluation 25

3.1.9 Effective communication 25

3.1.10 Resources ... *25*

3.2 Summary of key points ... 26

4 Primary research findings ... 27

4.1 Awareness and knowledge of PDCS ... 27

4.1.1 Awareness ... *27*

4.1.2 Knowledge ... *28*

4.1.3 Strategies for improving awareness and knowledge ... *31*

4.2 Current partnership arrangements ... 31

4.2.1 National and regional level ... *32*

4.2.2 Local level ... *32*

4.2.3 Partnerships with local authorities ... *33*

4.2.4 Partnerships with local health agencies ... *37*

4.3 Drivers of partnership arrangements ... 40

4.4 Effectiveness of existing partnership arrangements ... 42

4.4.1 Partnership effectiveness – local authorities ... *42*

4.4.2 Partnership effectiveness – health agencies ... *44*

4.4.3 Examples of good practice ... *47*

4.5 Developing partnership arrangements ... 49

4.5.1 A strategic approach ... *49*

4.5.2 Core/natural partners ... *49*

4.5.3 Barriers to partnership working ... *51*

4.5.4 Enablers of partnership working ... *54*

4.5.5 Success criteria ... *55*

4.6 Summary of key points ... 56

5 Implications for future partnership working ... 59

5.1 Developing a strategic approach ... 59

5.2 Resolving ongoing issues ... 59

5.3 Local context and local knowledge ... 59

5.4 Identifying partners ... 60

5.5 Developing appropriate partnership relationships ... 60

5.6 'Selling' the benefits of partnership working ... 60

5.7 Facilitating partnership working 61
5.8 Developing success criteria 61
Appendix A Details of methods used 63
Appendix B Case study reports 85
References 125

List of tables

Table 4.1 PDCS staff views of local awareness of PDCS (n=122) 28
Table 4.2 PDCS staff views of local organisations' knowledge of PDCS (n=129) 28
Table 4.3 Partner awareness of PDCS and its services (n=234) 29
Table 4.4a PDCS services: Local authority and health partners' responses 30
Table 4.4b PDCS customers: Local authority and health partners' responses 30
Table 4.5a PDCS staff views of current situation between PDCS and local authorities (n=105) 34
Table 4.5b PDCS staff views of current partnership arrangements between PDCS and local authorities (n=113) 34
Table 4.6a Local authority partners' views of current arrangements with PDCS (n=134) 34
Table 4.6b Local authority partner current partnership arrangements with PDCS (n=91) 35
Table 4.7 PDCS staff views: local authority departments with which partnership arrangements are currently in place (n=113) 35
Table 4.8a PDCS staff views of current partnerships between PDCS and local health organisations (n=100) 38
Table 4.8b PDCS staff views of current partnership arrangements between PDCS and local health organisations (n=103) 38
Table 4.9a Local health organisation partners' views of current arrangements with PDCS (n=100) 39
Table 4.9b Local health organisation partner current partnership arrangements with PDCS (n=61) 39
Table 4.10 PDCS staff views: local health organisations with which partnership arrangements are currently in place (n=84) 39
Table 4.11 PDCS staff views of effectiveness of current partnerships between PDCS and local authorities (n=112) 42
Table 4.12 Local authority partner views of effectiveness of current partnerships with PDCS (n=91) 43
Table 4.13 Local authority partner satisfaction with interactions with PDCS (n=84) 43

Table 4.14 PDCS staff views of effectiveness of current partnerships between PDCS and local health organisations (n=84) 45
Table 4.15 Health partner views of effectiveness of current partnerships with PDCS (n=61) 45
Table 4.16 Health partner satisfaction with interactions with PDCS (n=41) 46
Table 4.17 Characteristics of effective partnerships – health and local authority partners 56
Table A.1 Partner respondents: personal involvement with PDCS (no=124) 76

List of figures

Figure 2.1 Action plan flow chart 12
Figure 4.1 Local partnership types 33

Acknowledgements

The authors of the report would like to acknowledge all those who contributed to this research including: national stakeholders who took part in telephone interviews; local Pension Disability and Carers Service (PDCS) staff who completed the on-line questionnaire and especially those involved in the pilot; local partners who were interviewed by telephone; and a range of individuals and organisations who took part in interviews and focus groups in the six case study areas. In addition to the authors of the report, several other Policy Research Institute (PRI) staff contributed to the research – James Clarke was responsible for overseeing the e-survey and telephone survey and completing the data analysis; Murray Hawtin and Martin Purcell contributed to the literature review and case studies.

We are also grateful to Sharon Hayes and Natalie Rhodes at PDCS for their support and cooperation during the course of the project.

The Authors

Professor Janie Percy Smith, BSc (Hons) PhD, is an independent researcher, Visiting Professor at Leeds Metropolitan University and an Associate of the Policy Research Institute. She has 30 years experience of social research and evaluation including project design and management. Her main research interests are evidence-informed policy and practice, governance and children's services. She is an experienced trainer offering courses in research commissioning, research project management and maximising research impact.

Martin Purcell, BSc (Hons) PGDipCE MEd, joined the PRI in 2004, having previously worked in the local government and third sectors for fifteen years. He has extensive experience of policy development and partnership / programme management, particularly in community development, regeneration and project development (including volunteer recruitment and management). Martin has extensive experience in project / programme evaluation, and his research interests include: the impact of central government policy at a local level; local governance; community involvement; and children's workforce development. Recent research projects on which Martin has worked include: the evaluation of national government initiatives for government departments (e.g. Entry to Learning [DCSF]; Capacity Building Programme and New Deal for Communities [DCLG]); research for NGDPs (e.g. developing a regional intelligence capability [Commission for Rural Communities]; assessing the training needs of Directors of Children's Services [NCSL]; and investigating recruitment, retention and rewards and the effectiveness of workforce reform [CWDC]); and a range of evaluations and research for the third sector (e.g. evaluation of the Children's Fund [Barnardo's]; impact assessment [YHRF]; and establishing a third sector peer support model [Performance Hub]).

Sukky Jassi, BSc(Hons) MSc, has worked at the Policy Research Institute since 2004; previous to this role she undertook a range of research roles in the public, private and voluntary sectors. During the past few years Sukky has played a key role in managing and delivering projects commissioned by the Department of Communities and Local Government – all of which have involved working closely with Local Authorities. She has also been involved in the delivery of a wide range of research projects commissioned by Jobcentre Plus.

Murray Hawtin, MA, CQSW, trained as a Social Worker in Aberdeen, and was a Community Development Officer and Housing Project Worker for many years working with individuals, groups and communities at neighbourhood, regional and national levels. Since joining the PRI Murray has undertaken a wide range of evaluations, surveys, case studies and other projects including managing many medium and large scale projects.

Penny Wymer, MA, is the Business and Research Support Manager at the PRI. She joined the Institute in 1999 and has extensive knowledge and experience of both quantitative and qualitative research methods. Specialising in survey design and delivery, she has managed numerous projects for both the public and private sector. Penny manages the research support services within the PRI and is responsible for budgetary and financial monitoring, project management and quality assurance.

James Clark is the Research Support Coordinator and has worked in a full time capacity at the Policy Research Institute since 2000. During the past few years James has played a key role in coordinating the first hand research elements of projects commissioned by, amongst others, the Department for Work and Pensions and Jobcentre Plus.

Summary

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 focussing 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 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 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.

1 Introduction

1.1 Context and background

The Pension Service (TPS) and Disability Carers Service (DCS) were brought together into a new Executive Agency of the Department for Work and Pensions (DWP) in April 2008. The new agency, the Pension Disability and Carers Service (PDCS), is, however, largely invisible to customers as, at a local level, the TPS and DCS brands are still in operation.

PDCS's customers comprise current and future pensioners, disabled people of all ages and carers. The agency delivers the following:

- State Pension.
- Additional State Pension.
- Pension Credit.
- Over 80s pension.
- Winter fuel payments.
- Christmas bonus payments.
- Pensions forecasts.
- Pension traces.
- Disability Living Allowance.
- Attendance Allowance.
- Carer's Allowance.
- Vaccine damage payments.

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. One of the six strategic imperatives for the Agency is 'to build our credibility and reputation with our partners and stakeholders.' This is underpinned by a belief that: 'By working more closely with others we can deliver more benefits and more services, more effectively, for more of our customers when they need us most.'[1]

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' makes a distinction between partnership and external relations with the focus for partnership working specified as 'making a measurable difference' by 'working with others to reach and serve our most vulnerable customers by joining up and delivering more benefits and better services more efficiently to those in need'[2].

---

1 PDCS (2009) *Pension Disability and Carers Service. Strategy for partnerships and external relations, 2009-2011*. DWP/PDCS, p. 5.

2 Ibid, p. 6.

In the same strategy document potential partners are identified 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.

PDCS has recently carried out research into the effectiveness of partnership arrangements with both local and national partners[3]. The key findings from this research were as follows:

- Properly managed partnerships between the public sector and third sector organisations can be effective in delivering services especially to those groups that might otherwise fall through the net of traditional public service delivery.
- Effective partnership working should be based on: clear objectives; a clearly defined system of governance and accountability; strong leadership; and consultation at the outset together with on-going communication.
- Awareness of PDCS among partners and stakeholders was low; awareness and knowledge of the products and services provided through TPS and DCS was high among both local and national partners and stakeholders.
- National partners used a variety of channels of communication with PDCS and were generally satisfied with the level and nature of contact.
- Local partners were less satisfied with the level and nature of interaction. They felt they needed more face-to-face contact with PDCS staff.
- Stakeholders identified communication and exchange of information, shared goals, openness, understanding of stakeholders' organisations and genuine consultation as being key success factors.

1.2 Research purpose and objectives

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.

The objectives of the research were as follows:

- to understand the key drivers for building partnerships for local authorities and health agencies;
- to develop a very good understanding of what is important about partnerships to local authorities and health agencies, and what they are looking for in a partnership or partner;
- to understand the key characteristics of their best partnerships and partners and how they measure the value and success of these partnerships;

[3] Hall, S., Bell, S., Carroll, P. and Shah, J. (2009) *Pension, Disability and Carers Service partnerships research*, Department for Work and Pensions, Research Report no 604.

- to understand their level of awareness of PDCS and their views about PDCS as a current or prospective partner;
- to understand how best to secure the commitment of local authorities and health agencies to working in partnership with PDCS;
- to understand what PDCS can do in a practical way to build better partnerships with local authorities and health agencies, in terms of engaging more effectively, ensuring full collaboration and increasing the benefits of partnership working.

1.3 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 Limited review of the literature building on the partnerships research already undertaken for PDCS[4] and focussing principally on recent evaluations of inter-agency partnerships and characteristics of effective partnership arrangements in government and executive agencies.

2 In-depth interviews with key personnel from PDCS focussing 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.

Full details of the methods used for each of these six stages together with research instruments used can be found at Appendix A.

1.4 Structure of the report

This report draws together the findings from all aspects of the research. The 'blueprint' for action can be found in Chapter 2. (This is presented before the research findings as this was the principal purpose for the research and the findings are, essentially, background data informing its development.) In Chapter 3 we present a summary of the literature review. Detailed findings from the primary research are presented in Chapter 4. Research instruments can be found at Appendix A and summaries of the six case studies at Appendix B.

4 Hall *et al.* (2009) *op. cit*.

2 Partnership working – a 'blueprint' for action

2.1 About the action plan

This action plan goes beyond the findings of the research to describe in some detail how to move towards more effective partnerships with local authorities and local health organisations with the aim of delivering more efficient and effective services to customers. It draws on the research undertaken as part of this project, the findings of which are detailed in subsequent sections.

The action plan is informed by the following principles that have emerged as strong messages from the research:

1 Partnership building benefits from a planned, strategic approach.

2 Effective partnerships are built on a good understanding of the particularities of local context.

3 Partnerships cannot be built with all the relevant partners simultaneously; partnership building work needs to focus on priority agencies and be phased over a period of time.

4 Priority agencies should be identified both by reference to the 'core' group of partners – those partners that, all else being equal, Pension Disability and Carers Service (PDCS) should have joint working relationships with – and an audit of existing local relationships and subsequent identification of 'gaps'.

5 Information sharing and mutual understanding between partners is a necessary first stage in the partnership building process.

6 Those involved in partnership building should not promise more than they can deliver but must deliver what they promise.

7 Partnership building should acknowledge and make use of local knowledge and build on what already works well.

8 Effective partnerships are built on reciprocity, shared purpose and agreed objectives.

9 PDCS may need to 'sell' the benefits of partnership building to key partners; this requires a good understanding of partners' own organisational priorities.

10 Developing good personal relations with key individuals in partner organisations is crucial.

11 Good communications between partners are key; this should include systems for ongoing liaison, information-sharing, providing feedback on outcomes and resolving problems as they arise.

12 Partners require evidence of consistency and commitment.

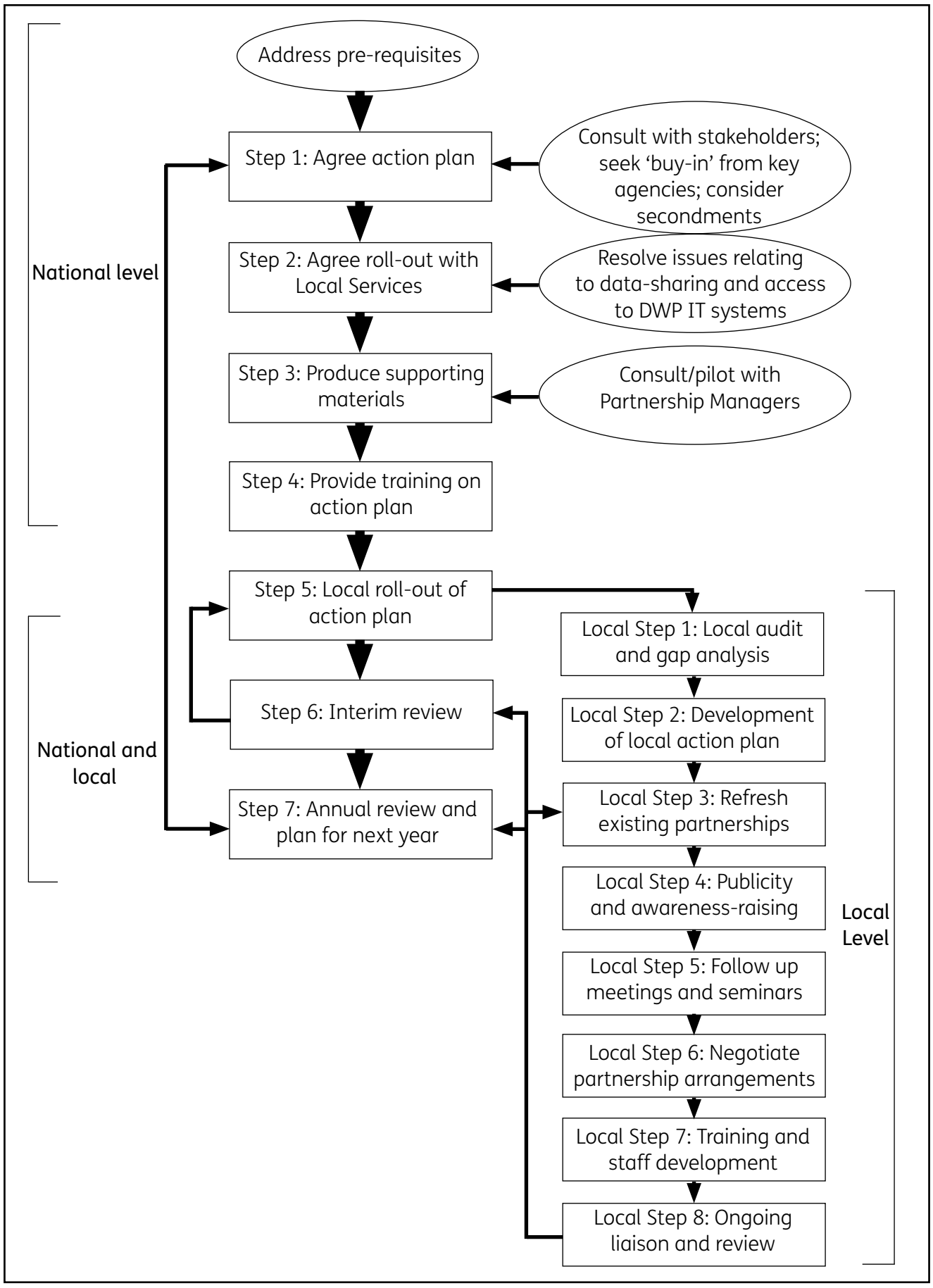
The action plan has three sections, each of which adds further detail to the preceding one:

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.

2 The second section is a detailed, step-by-step guide for roll-out of the action plan at the local level.

3 The third section suggests materials and information that should be produced centrally to support implementation of the action plan.

Figure 2.1 Action plan flow chart



These seven steps form the key phases in the action plan. Further commentary on steps 1-4 and 6 and 7 appear below and the details of step 5 are provided in the next section.

2.1.1 Commentary on the flow chart

Pre-requisites

A key issue to have emerged from the research is the question of **the PDCS 'brand'**. Existing partners recognise The Pension Service (TPS) and, to a lesser extent, DCS; however awareness and knowledge of PDCS as a merged organisation is generally low. In addition, there is little understanding of (and, in some quarters, confusion about) the relationship of PDCS to DWP and also Jobcentre Plus. Furthermore at least some local staff are also confused. It should therefore be a priority to resolve the issue of branding at national level and to communicate whatever decisions are taken to staff at all levels.

A further pre-requisite for successful implementation of the action plan is an identification of the **purpose of partnership arrangements** and the outcomes that are sought and, again, for this to be clearly communicated.

Discussions at all levels suggest the following as the basis for a statement of **purpose**: PDCS wishes to enter into partnership working arrangements in order to enhance customers' health, well-being and independence by:

- improving the service to customers by reducing duplication and streamlining processes;
- more effectively engaging with 'hard-to-reach' customers; and
- maximising the take-up of pensions and benefits among customers with entitlements.

Step 1: Agree action plan

A key principle informing the 'blueprint' for action is that there needs to be 'buy in' throughout the organisation and with external stakeholders. This stage in the process has two purposes therefore: firstly to **secure commitment** from internal and external stakeholders to the action plan and, secondly to **raise awareness** of the PDCS partnership initiative. In addition, there are some specific discussions that need to take place at national policy/strategic level as follows:

- Discussion with Jobcentre Plus with regards representation of PDCS on strategic bodies including Local Strategic Partnerships. Currently, there is a presumption that Jobcentre Plus will 'represent' PDCS on Local Strategic Partnerships (and, in some cases, on other local strategic bodies). However, it appears that this is not working very well. PDCS needs to be fully engaged in local strategic planning especially in relation to Local Area Agreements and the identification of local priorities. Resolution of this issue may also require discussions with Communities and Local Government who have oversight of Local Strategic Partnerships.
- Discussion with the Local Government Association (LGA) around competing for customers with local authorities. This issue arises because some local authorities with welfare benefits departments (predominantly larger local authorities) see their role as acting as advocates for customers in relation to the benefits system generally. As a result there has been a suggestion that working in partnership with PDCS would adversely affect their ability to act in this capacity and might also result in reducing their customer numbers.[5]

[5] Although voluntary sector agencies are beyond the remit of this piece of work, the same is also true of Citizens Advice Bureaux; again there is evidence of a reluctance to work in partnership with PDCS in case this reduced their ability to operate effectively as advocates for their clients.

- Discussion with NHS around working with selected groups of health care practitioners. The structure and organisation of health organisations is very complex and this creates real difficulties for a 'top-down' approach to partnership building. The Department of Health (DH) is responsible for policy (rather than operational delivery) and so, while it might be appropriate for PDCS to have some relationships with DH at this level[6] this is unlikely to have much impact on local arrangements for delivery of services. At the local level while National Health Service (NHS) Trusts have strategic and managerial responsibility for service delivery they are, in most cases, too remote from day-to-day services and key services and teams are relatively autonomous. Local experience suggests that a more fruitful approach is, therefore to focus on key groups of health care practitioners who work with the same customers or potential customers as PDCS.

PDCS may also wish to consider whether secondments from people with particular knowledge and experience of local authorities and health organisations to provide strategic leadership for the partnership initiative might be helpful[7].

Step 2: Agree roll-out with Local Services

The 'blueprint for action' clearly has significant implications for operations in terms of the activities and workloads of Regional Partnership Managers, Local Partnership Area Managers and Partnership Managers. The way in which the blueprint is rolled out will therefore need to be discussed and agreed with Local Services. Key issues include:

- timescale over which the action plan is taken forward;
- mechanisms for reporting on progress;
- responsibilities for aspects of the action plan especially training, local partnership audits and local 'launch' events;
- implications for workloads.

In addition, there is a need to resolve some specific issues including access to data[8], information-sharing and the ability of staff to access DWP IT systems when working in non-DWP premises.

Step 3: Produce supporting materials

Implementation of the 'blueprint' will require the production of a series of materials and resources for both internal and external use. These are intended to both standardise processes, generate information in a standardised form and also to facilitate implementation of the action plan. Materials intended for internal use include:

- a template and guidance for the audit of local partnerships;

---

6 There are key individuals within the DH who are responsible for maintaining relations with other central government departments and agencies and acting as 'brokers' in terms of identifying key link people within the department.

7 Section 4.5.3 provides an example of the introduction of partnership arrangements between the Financial Services Authority and midwifery services where the expertise of a secondee was very useful.

8 The Improvement and Development Agency (I&DEA) have published a guide for local authorities and their partners on data sharing around worklessness; production of a similar guide might overcome uncertainty among PDCS and partner staff about what can and cannot be legitimately shared, see http://www.idea.gov.uk/idk/aio/19221282

- a template and guidance for identifying partnership 'gaps' (in the light of an analysis of current customers and the local population);
- a template for the production of local action plans;
- a template for the production of interim and annual reviews.

And for external use:

- publicity materials including generic posters and leaflets and information packs on particular products and services;
- data/information sharing protocols;
- a 'menu' of possible types of partnership arrangements together with model agreements.

These are discussed further in the next section of the action plan.

In producing these materials there will need to be consultations and piloting with Regional and Local Partnership Managers to ensure that the materials support their needs.

Step 4: Provide training on the action plan

While some staff are enthusiastic about and committed to partnership working the survey showed that some are quite cynical not least about long-term strategic level commitment to partnership working and the preparedness of PDCS to resource it at an appropriate level. Training therefore needs to be cascaded through the organisation to achieve the following purposes:

- to make clear PDCS's commitment to partnership working, clarify its purpose and the outcomes it is seeking;
- to enhance understanding of the priorities and what is expected;
- to emphasise the importance of taking a strategic and planned approach;
- to 'sell' the benefits of partnership working to staff;
- to ensure that staff with responsibility for implementation understand what is required of them and know how to use the tools and resources.

Step 5: Local roll-out

This is described in detail in the next section.

Step 6: Interim review

It is proposed that an opportunity to **review progress** at an interim stage is built into the plan. This has a dual purpose: firstly it will provide a milestone that local PDCS staff can work towards (e.g. completion of steps 1-5 of the plan for local roll-out); and secondly it will provide intelligence to PDCS centrally on what is working well and what needs to be 'tweaked' in order to improve the local roll-out and maximise the chances for success.

Step 7: Annual review and plan for next year

Partnership managers should be required to report annually on key indicators and outcomes. The local action plans should provide the basis for this report. The annual review process should feed into the identification of nationally prescribed priorities and the development of revised local action plans for the coming year.

2.2 Local roll-out of the action plan

The local roll-out of the action plan is organised around eight phases of work:

1 Local audit and gap analysis.

2 Development of local action plan.

3 Fix local issues.

4 Publicity and awareness raising.

5 Follow up meetings and seminars.

6 Negotiate appropriate partnership arrangements.

7 Training and staff development.

8 Ongoing liaison and review.

These are discussed in turn.

Local step 1: Local audit and gap analysis

A necessary first step in the local roll-out is to take stock of what is already in place and identify gaps. This should take the form of a systematic analysis of existing partnership arrangements including:

- identification of agency, team, and key individuals;
- the purpose of the partnership;
- activities delivered through the partnership;
- governance arrangements (e.g. Memorandum of Understanding; Partnership Board, etc);
- outcomes achieved through the partnership;
- assessment of how well the partnership is working.

This audit needs to be conducted using both materials produced centrally and also local knowledge. Once the audit has been completed a gap analysis should be undertaken involving analysis of:

- gaps in partnerships with the 'core' partner agencies (against list generated centrally);
- gaps in terms of services that are not currently being delivered or customer groups who are not being reached. It is important that this reflects the nature of the local population and local priorities.

The outcome from this phase of the work should be a clear understanding of current partnerships and gaps in coverage.

Local step 2: Development of local action plan

Once the audit has been completed a local action plan should be drawn up that identifies:

- how input into local strategic decision-making will take place;
- actions to be taken to 'refresh' existing partnerships to ensure they can continue to work effectively;
- new partnerships that need to be developed with 'core' and other agencies;

- the discrete steps that need to be undertaken to fulfil the objectives of the action plan;
- success criteria.

The outcome from this phase of the work will be a clear action plan that will provide a 'guiding thread' for local partnership work and a set of activities against which progress can be reported.

Local step 3: Refresh existing partnerships

It is clear from the research, that while many existing local partnership arrangements are working well, there are also a number where there are issues or problems that need to be addressed. Most commonly these issues relate to: information and data-sharing; access to a local PDCS contact; or absence of regular liaison meetings. However, there may be other difficulties that have not come to light through on-going contacts that will also need to be reviewed and resolved. In some cases partnership arrangements have evolved incrementally over time and in these cases the purpose and activities may need to be reviewed to ensure that they are still fit for purpose. Where it is not already the case it might help to formalise the partnership agreement.

As part of this process PDCS needs to discuss with Jobcentre Plus how it can represent PDCS's interests on the Local Strategic Partnership (LSP) and act as a channel for communication between PDCS and the LSP about local strategic issues of mutual relevance (see above). In areas where there are multi-agency working groups/partnership boards on specific issues (e.g. older people) on which PDCS is not currently represented then PDCS should initiate discussions with the chair/convenor as to the appropriateness and feasibility of PDCS being represented.

The outcomes from this phase of the work will be refreshed and strengthened relations with existing partners and stronger strategic links in the locality.

Local step 4: Publicity and awareness raising

There are two purposes of this phase of the roll-out. Firstly, it will raise awareness generally of PDCS and the services it provides to a wide range of local stakeholders and, secondly it will be the first step in engaging new partners who have been identified as priorities locally. How this phase is undertaken will need to take account of local circumstances, however, in broad terms, it should involve the following key actions:

- attractively produced posters aimed at organisations (rather than the general public) that 'advertise' PDCS and its services. These posters should be produced centrally but with space for local services to add the local contact details. They should be sent to key local agencies with a covering letter inviting them to send a representative to a local 'drop-in event';
- a series of 'drop-in' events in accessible locations around the locality aimed at local organisations. These should be staffed by PDCS partnership managers whose role will be to:
  - introduce themselves to those who attend;
  - explain what the service can offer;
  - provide leaflets and information packs for attendees to take away with them;
  - arrange follow up meetings with representatives from priority organisations.

The outcome of this phase of the work will be a heightened awareness of PDCS and its services among local organisations and the identification of key local contacts.

Local step 5: Follow up meetings and seminars

In this phase of the work partnership managers will follow up contacts made at the 'drop-in' events and also make contact with priority agencies who did not attend the drop-ins. The purpose of these follow-up calls will be to arrange meetings with key individuals in partner agencies to talk through what PDCS can offer and how this might be provided through partnership arrangements. This follow-up contact might take the form of a one-to-one meeting with a manager or a seminar with a wider group of managers or team members.

The outcome of this phase of the work will be a good understanding among Partnership Managers of which local organisations are potential partners with whom further discussions can take place.

Local step 6: Negotiate appropriate partnership arrangements

In this phase of the work the awareness raising and information-giving phases will be followed up by formal negotiation of partnership arrangements with specific organisations. These will vary between agencies but will be drawn from the 'menu' that has been drawn up centrally. Each partnership agreement should specify:

- purpose and objectives;
- how the agreement will be operationalised, i.e. activities, services delivered, etc;
- how liaison, information exchange, feedback and review will occur;
- governance arrangements including the key contact in each organisation.

It is important to recognise that some partnerships will build up over time and, to begin with, some organisations may want only a limited form of agreement that provides for little more than exchange of information about services and priorities, changes in policy and practice etc.

The outcomes from this phase will be a comprehensive set of partnership agreements with a range of different partners reflecting locally identified priorities and intended to achieve good coverage of the range of PDCS customers.

Local step 7: Training and staff development

Once the form of partnership has been agreed then it is very important that staff in both organisations develop an awareness and understanding of each others' organisations. This can happen by means of joint training, seminars or workshops attended by staff from both organisations, presentations to staff teams and work shadowing. Training and staff development should not be 'one-off' events; staff changes and changes to policy and practice are such that there needs to be a mechanism for regularly updating staff in both organisations.

The outcome from this phase of the work will be increased awareness and understanding on the part of PDCS staff and staff in partner organisations about their respective services, systems and processes and the constraints within which they work.

Local step 8: Ongoing liaison and review

Once partnership arrangements are in place PDCS staff need to foster and maintain good relations with their counterparts in partner agencies. This will involve ongoing systems of liaison and information-sharing and periodic opportunities to review progress, alert partners to any changes and identify and resolve issues. This is likely to take one of a number of forms depending on the nature of the partnership agreement, but may include all or some of:

- email contact;
- regular informal face-to-face meetings between managers;
- face-to-face briefings or seminars for the wider staff teams in partner organisations;
- periodic, formal review meetings.

An important issue here is to get the balance right between, on the one hand, staying in regular contact and providing up-to-date information and, on the other, overly burdensome bureaucratic systems and processes.

As part of the process of ongoing liaison and review, systems need to be developed for feeding back to partners on the outcomes for customers who have been referred to PDCS. This emerged as an important issue for partners and contributes to their ongoing commitment to partnership working.

Local review processes will feed into the overall process of interim and annual review and the ongoing development of local and national action plans.

The outcomes from this stage of the process will be the early identification and resolution of issues and problems and data in relation to key indicators that will feed into interim and annual reviews.

2.3 Materials and resources

Effective implementation of this action plan will require the production of a range of materials and resources to support it. In most cases these materials should be produced centrally for use locally.

2.3.1 Core partners

Underpinning all of the materials, however, is the notion of 'core' or natural partners. These are the partners at a local level who, all else being equal, PDCS should have partnership arrangements with. The rationale for this is that they have a common customer base and/or can facilitate access to key customer groups and share a common interest in maximising benefit take-up. PDCS have already identified a set of core partners with whom they hope to work in order to extend the reach of PDCS services to all customers including the hardest to reach. These core partners are as follows:

Partner	Constituents
Jobcentre Plus	Local Jobcentre Plus Manager (telephony or visiting teams); Disability Employment Adviser; Mental health coordinators; Care Partnership Managers; and Partnership Managers.
Local Authority	Local Strategic Partnerships, LA Housing/Council Tax Benefit Dept; Social Work Department/Adult Social Care Department, Social Services; Children and Families Services; LA Customer Service Centres; Mental health Teams; Police Community officers; Community Fire Safety Officer; Connexions and Careers Scotland/Wales.
Health Sector	Local Health Coordinator; Hospital Falls Prevention Teams; (Pre)discharge teams; Long Term Conditions Tea,; Community/District Nursing Teams eg Mental Health/ Learning Disabled and Patient Advice and Liaison Team; Community Matrons; Specialist Health Teams; Occupational Therapists; GP Surgeries; NHS Boards; Spinal Injury Units.
Third Sector (Voluntary organisations)	Macmillan Nurses; MIND; Alzheimer's Society; Parkinson's Society; Multiple Sclerosis Society; headway; Arthritis Care; Diabetes UK; Aspire; Stroke Association; Mencap; Terrence Higgins Trust; RNIB (or local equivalent) and RNID (or local equivalent); Citizens Advice Bureau; Age UK; Carers UK; Ethnic Minority Groups; Befriending Societies.

This is a useful and comprehensive list; however it is also worth bearing in mind that the structure and organisation of local services varies between areas. So, as part of the audit process, local Partnership Managers might also want to cross-check that they have identified the services that work with particular customer groups in their localities.

In addition to the agencies identified in the list above it may also be worth including the following:

- the commissioning sections of adult social care departments for links to providers of commissioned services such as occupational therapy and home care;
- Children's Centres which have a presence in every local authority ward and have a remit to work with families with children aged nought to five with a particular focus on vulnerable children and families including those with disabilities. They are also charged with providing, on-site or signposting to, a full range of partners' services;
- NHS rehabilitation services, e.g. Intermediate care units; coronary care rehabilitation.

In addition, as indicated above, it is important that PDCS has effective representation on both **Local Strategic Partnerships** and also other multi-agency bodies with responsibility for planning of local strategies and initiatives, e.g. Older Persons Strategy Groups, Health through Warmth/Warm and Well. Many localities support multi-agency networks of providers organised around customer groups including people with learning disabilities, physical disabilities and mental health problems. They are likely to produce newsletters, maintain websites and organise meetings and so could be an effective means of getting information to relevant organisations.

2.3.2 Materials for internal use

Effective implementation of the action plan will require the production of a range of materials and resources for use by PDCS staff. It is proposed that these should be produced centrally to realise economies of scale and also to ensure that key information is provided and collected in a standardised form. These materials could usefully be brought together into a Partnership Pack.

The key materials are as follows:

- A template and associated guidance for the audit of local partnerships: this should include guidance on the core partners (see above) and prompts on key questions such as:
  - Who do we currently work in partnership with?
  - What is the purpose and objectives of the partnership?
  - What is the nature of the partnership?
  - What activities are provided under the terms of this partnership arrangement?
  - Which group of customers does this partnership help us reach? What evidence is there of successful outcomes?
  - What mechanisms are in place for:
    - referrals?
    - data sharing?
    - information sharing?
    - ongoing liaison?
    - feedback?

  - How well is this partnership working? What is the evidence?
  - Are there ways in which we can further develop this partnership or make it work more effectively?
- A template and guidance for identifying partnership 'gaps'. This should refer to both the list of core partners and also the main PDCS customer groups. The following prompts should be provided in the guidance:
  - Which of the core partners are we not currently working with? Why not? Are there any specific barriers to be overcome before we can develop partnership arrangements with them?
  - Are there any customer groups for whom we do not currently have outreach arrangements in place?
  - Which local partners do we need to work with in order to reach these groups?
- A template for the production of local action plans. Local action plans should be based on the evidence from the audit and identification of gaps and clearly specify:
  - how PDCS will input into local strategic arrangements;
  - which existing partnerships need to be reviewed and/or refreshed and the necessary steps to achieve this;
  - new partnership arrangements that need to be put in place and the necessary steps to be taken;
  - local publicity and awareness-raising events;
  - timescales within which the above will be accomplished including milestones;
  - indicators to show that actions have been carried out;
  - critical success factors.
- A template for the production of interim and annual reviews. The action plan could be used as the basis for the review with space included for updates on progress and commentary on outcomes, issues, etc.

2.3.3 Materials for external use

A range of materials will be necessary for external use. These need to be capable of being used separately but could also be brought together into a partnership prospectus:

- Publicity materials including generic posters and leaflets. The purpose of these is general publicity and awareness-raising for display in partner's premises.
- It would be helpful to produce a range of more specialist leaflets/information packs which focus on particular products/services and/or customer groups.
- Data/information sharing protocols. This is a vexed issue and there appears to be considerable variation in practice across the country as to what information and data is shared with whom and, more specifically, who has permission to access the Customer Information System (CIS). Model protocols to help staff with this aspect of partnership working would be very helpful.

- A **'menu'** of possible types of partnership arrangements together with model agreements. It is clear that partnership working arrangements need to be tailored to the stage of development of the relationship, the purpose and desired outcomes and the nature of the activities that are to be provided under the terms of the arrangement. Local PDCS staff engaged in partnership building activities might find it useful to have available a menu of possible partnership working arrangements together with supporting model agreements. These should cover the full spectrum of partnership arrangements including:
  - agreements to display information;
  - signposting of services;
  - provision of briefing sessions to staff;
  - information Points;
  - 'drop-in' sessions for customers hosted by partners;
  - systems for referrals between PDCS and partners;
  - co-location of PDCS and partner services;
  - joint team visiting arrangements.

3 What does the literature tell us?

This focused review of the literature draws on a wide range of materials and was intended to provide lessons on effectiveness in partnership working. The review informed the drafting of topic guides and questionnaires used in the research by providing a benchmark against which current partnership practice could be assessed. A full list of references consulted is included at Appendix C.

The term partnership is widely used but rarely defined creating difficulties for both theory and practice; when people talk about partnerships it is not always clear what they mean. However, there is more general agreement about what kinds of outcomes organisations entering into partnership are seeking. The term 'collaborative advantage' neatly sums up the idea of partners working together to create outcomes that are in some way greater than those that would have been created by each organisation working alone.

As the long list of references in Appendix C shows, there is a substantial and growing body of literature on partnership working, much of it focusing on the factors that contribute to effective partnership working, and following on from this, a number of partnership working toolkits. However, literature that demonstrates the outcomes from partnership working is harder to find. Indeed, much of the literature has a somewhat uncritical, implicit or explicit, assumption that partnership working is 'a good thing' despite the difficulties organisations encounter in trying to put partnership working into practice and the significant resource implications entailed.

Despite these limitations it is possible to distil from the literature a number of characteristics that have been shown to underpin effective partnership arrangements across sectors. These are described in the subsequent sections.

3.1 Characteristics that have been shown to underpin effective partnership arrangements across sectors

3.1.1 Local context and mutual understanding

Localities are different and, as such, the contexts within which partnerships are built are different. As a result it is difficult to adopt a 'one size fits all' approach. Partnership building needs, therefore, to be informed by a solid understanding of the locality including its organisational and institutional landscape and history.

Partners inevitably operate within different policy and practice contexts, have different histories and are informed by different professional values and culture. They may, therefore, speak different 'languages' or hold negative views about each other based on stereotypical perceptions or previous, unsatisfactory relationships.

More practically potential partners need to develop an understanding of each others' organisational structures, systems and processes and also the constraints within which they work. There is evidence from the literature on the detrimental impact of changes within one organisation (e.g. organisational restructuring, a shift in policies or priorities) on the effectiveness of partnership arrangements.

It is therefore important that partners understand the local context and take steps to develop a good understanding of each others' organisation and culture.

3.1.2 Commitment to partnership working

Commitment and a positive attitude towards partnership working are regularly noted in the literature as key success factors in effective multi-agency collaborations. More specifically a number of studies have noted the importance of senior management commitment to, and engagement with, partnership working to ensure that a strategic approach is adopted. This demonstrable commitment to partnership arrangements then needs to be reflected at other levels throughout the organisation. One aspect of this is ensuring that staff at the appropriate levels of seniority sit on partnership boards and other strategic bodies and are involved at all levels of the partnership.

3.1.3 Clarity of purpose and objectives

There is overwhelming consensus in the literature that one of the key success factors in building effective partnerships is a clear sense of purpose, shared objectives and agreed outcomes. The likelihood of success is increased when partners share similar interests in a particular service user group or well-defined issue and there is a clear sense that the partnership can achieve more through working together than working alone (i.e. 'collaborative advantage').

3.1.4 Mutual trust and respect

The literature shows that partnerships are more likely to be successful where partners recognise and value the contribution of other organisations. It is therefore important that, through the development of mutual understanding, partners learn to trust and respect each other. One aspect of mutual respect is the recognition that all partners bring something to the table; partnerships may fail when there is a perceived imbalance of power between partners, or collaboration is 'tokenistic' with the benefits of joint working accruing only to more powerful partners.

Across sectors there is good evidence to show that a useful mechanism for establishing positive relations between partners is joint training that provides a means for individuals working together to get to know each other, understand each others' agencies and professional cultures and become familiar with the constraints that they each work within.

3.1.5 Clarity of roles and responsibilities

Evidence from the literature shows that partnerships work best when partners are clear about their respective roles and responsibilities, lines of accountability and reporting mechanisms. So, within the overall purpose and objectives set for the partnership, each partner understands clearly what they are required to deliver on behalf of the partnership and how and when progress will be reported. A further aspect of this is the avoidance of 'turf wars' or the sense that one organisation is encroaching on another's territory.

3.1.6 Structures and processes

Partnership agreements are operationalised through structures and processes that will need to be agreed and then maintained. Although partnership arrangements may be more or less formal, all benefit from agreement as to how they are to work in practice. This agreement should include governance structures and arrangements, decision-making, delivery and reporting processes.

Partnerships are typically established to address complex and multi-faceted issues that individual organisations are unable to address on their own. They therefore need to be flexible and adaptable, able to respond to the changing environment or new information; open to new thinking, learning from experience and innovation; and able to share the risks associated with the implementation of new approaches. These features need to be built into partnership structures and processes.

3.1.7 Identify and manage risk

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. The literature suggests that partnerships should therefore institute effective systems for risk management. Risks that are common for partnerships include: organisational changes, staff turnover, and changed and/or conflicting partner organisation priorities.

The most effective means of managing risk is careful planning and systems for ongoing informal review and periodic formal review. Building in opportunities for review, together with a culture of openness and trust, enables the early identification of problems and issues and the instigation of remedial measures. Ongoing review and learning – about what has been successful and why – should inform future partnership development.

3.1.8 Monitoring and evaluation

A shared purpose, agreed objectives and outcomes, and a planned approach to partnership working should give rise to clear success criteria and meaningful indicators of progress. The evidence suggests that it is helpful to embed these at the outset and to ensure that monitoring, review and evaluation systems are put in place to collect evidence of progress and achievement of outcomes.

3.1.9 Effective communication

The research evidence consistently emphasises the importance of good systems for communication as a contributory factor to effective partnerships. Good communication helps facilitate trust, consolidates relations between organisations and individuals and contributes to the smooth running of the partnership arrangement. Communication systems need to be open and comprehensive – involving all relevant actors involved in the partnership. They are likely to include both formal and informal mechanisms but should be designed to ensure ongoing liaison between partners and up-to-date information exchange. Ineffective partnerships often refer to organisational 'buck passing' or a breakdown in personal relations as reasons for failure.

3.1.10 Resources

Under-resourcing is identified in the literature as a frequent cause of partnership failure. This may occur because of a lack of appreciation of the work involved in developing and maintaining a partnership; a reluctance to fund partnership administration or management costs in addition to direct service delivery; or an unwillingness of one or other partner to share the costs involved in partnership working. Conflicts about resources can result in mistrust or 'cost shunting' between partners.

The literature also emphasises the importance of allowing sufficient time for the development (establishing good working relations, agreeing objectives, putting in place agreements, systems and processes) and maintenance of partnerships (ongoing liaison and communication, monitoring progress, review and evaluation). Individuals working in public sector agencies are typically over-burdened in terms of their workloads with little time available for partnership activities. Individuals with responsibilities for partnership work need to have sufficient time allocated to them to undertake the work required. They also need to feel that their efforts are productive (in terms of the achievement of clear outcomes) rather than just focused on partnership processes for their own sake.

3.2 Summary of key points

There is a huge literature on partnership working much of which is concerned with identifying the factors that contribute to effective partnership relations. The principal lessons from the literature can be summarised as follows:

- The context within which partnerships are located is important and will, in part, determine what is possible. Similarly developing mutual understanding between partners – of their organisations, values and priorities – is an important first step in building partnership.
- 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 that acknowledge and value the contribution of each partner and are characterised by trust and mutual 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 including governance arrangements, decision-making, delivery and reporting. These 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. The literature suggests that partnerships should therefore institute effective systems for risk management. Risks that are common for partnerships include: organisational changes, staff turnover, and changed and/or conflicting partner organisation priorities.
- In order to facilitate the early identification and resolutions of issues and problems, partnerships should develop systems for identifying and managing risk. These might include both ongoing informal, and periodic formal, reviews.
- 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 resources to ensure that they function smoothly. Partners' respective contributions need to be clarified and agreed.

4 Primary research findings

In this chapter we summarise the findings from all stages of the primary research: in-depth interviews with national stakeholders; six case studies; e-survey of Pension, Disability and Carers Service (PDCS) staff; telephone survey of a sample of existing partners from local authorities and health agencies (The full write-ups of the six case studies can be found at Appendix B).

There were three main objectives for the primary research: firstly to find out about existing partnership arrangements, how effective they are and what we can learn from them. Secondly, to identify gaps where new partnership arrangements could make a difference to local service delivery. And, thirdly, to identify what partners are looking for from partnerships, including the drivers, enablers, barriers and success criteria.

In undertaking the research we were especially concerned to identify and distinguish between partnerships involving The Pension Service (TPS) and/or Disability and Carers Service (DCS) on the one hand and local authorities and/or health agencies on the other and, within the latter two categories, to specify which departments or divisions were involved. It should be noted that in many areas health and social care services are delivered by Third Sector organisations on behalf of local authorities/Primary Care Trust (PCTs) and so, in some cases, Third Sector organisations have been referred to even though, strictly they did not fall within the remit for this research.

Overall, because engagement with local authorities is more developed than with health organisations, we were able to identify more and better informed respondents from local authorities than health.

Our enquiries also tried to distinguish between 'formal' and 'informal' partnerships although it was sometimes difficult to differentiate as respondents' understanding of these terms varied. In addition, we also sought to distinguish between strategic and operational partnerships, although again there were some difficulties in differentiating between the two.

4.1 Awareness and knowledge of PDCS

One of the difficulties that PDCS faces in trying to build partnerships with local authorities and health agencies is the fact that at local level it is still operating under the two separate brands – TPS and DCS. And, historically, DCS has not had a local presence. As a result many agencies working locally have knowledge of one or other of the two agencies and, where they have knowledge of DCS, it is as an organisation operating nationally without a local presence. If new partnerships are to be forged it is important that local agencies begin to have a sense of PDCS as one organisation and knowledge of the full range of services provided, and PDCS staff identify with the new, merged organisation rather than its predecessors[9].

4.1.1 Awareness

PDCS staff were asked for their views on local organisations' awareness of PDCS. Table 4.1 shows the dominant view was that 'some' organisations know that TPS and DCS have merged.

[9] It is interesting and perhaps significant that PDCS staff taking part in interviews as part of the case studies and responding to the e-survey referred to 'their' organisation as any one of: PDCS, TPS, DCS, Department for Work and Pensions (DWP), or Local Service.

Table 4.1 PDCS staff views of local awareness of PDCS (n=122)

	Number	%
Some organisations know that both TPS and DCS operate under PDCS	49	40
A few organisations know that both TPS and DCS operate under PDCS	34	27
Most organisations know that both TPS and DCS operate under PDCS	21	17
Almost no organisations know that both TPS and DCS operate under PDCS	12	10
Don't know	6	5

The PDCS staff view is a fairly accurate picture. When we asked partners if they were aware of the TPS/DCS merger 40 per cent said they were. However, a higher proportion of local authority respondents said they knew of the merger (50 per cent) than health respondents (26 per cent).

The majority of non-PDCS respondents interviewed in the case study areas were not aware of the merger and those that were aware had only a superficial knowledge. However, it is also important to note that in most cases this was not a problem for partners; their main concern was that they continued to have good working relations with TPS/DCS staff. Comments on the PDCS staff e-survey supported the view that the main issue for local partners was that they knew who to contact. But it was also clear that some partners lacked a full understanding of the remit of PDCS which, in turn, limited their engagement, especially with the DCS side of the service. So, for example, in case study area 3, where there is a relatively high proportion of carers, it was felt that raising awareness and understanding of DCS should be a priority.

4.1.2 Knowledge

Overall a majority of PDCS staff judged that local partner organisations' knowledge of PDCS and its services was 'good' (61 per cent) or 'very good' (14 per cent), see Table 4.2. However, this is an over-estimation as compared to partners' own assessment of their knowledge (see Table 4.3). Overall only 50 per cent of partners rated their current awareness of PDCS and its services as 'good' or 'very good' with no significant differences between local authority and health respondents.

Table 4.2 PDCS staff views of local organisations' knowledge of PDCS (n=129)

Would you say that local partnership organisations' knowledge of PDCS and the services they provide is...	Number	%
Very good	18	14
Good	79	61
Neither good nor poor	26	20
Poor	3	2
Very poor	1	1
Don't know	2	2

Table 4.3 Partner awareness of PDCS and its services (n=234)

Would you say that your current awareness of PDCS and the services they provide is...	All partners		Local authority (n=134)		Health (n=100)	
	No	%	No	%	No	%
Very good	42	18	22	16	20	20
Good	71	30	40	30	31	31
Neither good nor poor	48	21	37	28	11	11
Poor	43	18	22	16	21	21
Very poor	18	8	7	5	11	11
Don't know	12	5	6	5	6	6

The issue of organisational branding was put forward by PDCS staff as a reason why local organisational knowledge was, perhaps, less good than it might be. One respondent said:

> *'It is very hard for us to communicate who we are when no branding has been agreed and we are confused as to our identity. For external communications we are still using Pension Service.'*

A number of PDCS staff respondents indicated that they themselves were not entirely secure in their knowledge of the new organisation and its services.

In general, the impression was given that those organisations with which PDCS engaged in joint working were pretty knowledgeable but others were not. This meant that there were particular issues in relation to health care services (where partnership working was generally less well advanced) and also smaller third sector organisations. This was reflected in partners' responses; a number of local authority respondents commented that they only work with TPS and had little or no knowledge of DCS; and several health respondents said that, generally, they had few dealings with either TPS or DCS.

It is interesting to note that in case study area 4 awareness of PDCS was good because the TPS have always offered a full benefits check to their customers which covered those benefits that fall within the DCS remit (Carers Allowance, Disability Allowance, Attendance Allowance) and has typically dealt with a high volume of DCS benefit related queries for its partners.

Partners were asked to specify which services PDCS provided and who were their customers. This was an open question (without prompts) and the responses are summarised in Tables 4.4a and 4.4b.

Table 4.4a PDCS services: Local authority and health partners' responses

What services would you say that PDCS provides?	
Local authority responses (number in brackets refers to the number of mentions. Total number of respondents =134)	**Health responses (number in brackets refers to the number of mentions. Total number of respondents =100)**
Pensions (52)	Pensions/Benefits advice and information (38)
Pensions/Benefits advice and information (49)	Pensions (29)
Benefits for disabled people (unspecified) (44)	Benefits checks/financial assessment (18)
Carers' Allowance (41)	Attendance Allowance (16)
Pension Credit (39)	Carers' Allowance (13)
Home visits (20)	Home visits (13)
Attendance Allowance (14)	Benefits for disabled people (unspecified) (12)
Disability Living Allowance (9)	Help with form filling (10)
Other benefits (unemployment, incapacity etc) (9)	Disability Living Allowance (8)
Take-up campaigns (4)	Pension Credit (6)
Help with form filling (4)	Take-up campaigns (3)
Telephone enquiry/help-line (4)	
Advice following bereavement (3)	
Benefits checks/financial assessment (2)	

Table 4.4b PDCS customers: Local authority and health partners' responses

Which customers would you say that PDCS serves?	
Local authority responses (in order of frequency with which they were mentioned)	**Health responses (in order of frequency with which they were mentioned)**
Older people*	Older people*
People with disabilities	People with disabilities
Carers	Carers
Everyone	Everyone
All those in need of/entitled to pensions/benefits	Vulnerable people
People who are sick/in need of care	People with specific conditions, e.g. dementia
Vulnerable people	All those in need of/entitled to pensions/benefits
Bereaved	People on low income

* It should be noted that 'older people' covers a range of responses: some specified anyone over pensionable age; others said those approaching pensionable age; also some specified age limits including: over 55; over 60; over 65; over 70.

Overall 64 per cent of partners said that there were specific gaps in their knowledge about PDCS (61 per cent of local authority respondents; 68 per cent, health). Both health and local authority partners were most likely to say that they wanted general information about the service and what was provided to whom. The second most common knowledge gap among local authority respondents was information about the DCS including how they were organised and how they could be contacted. Both groups of partners were particularly interested to know about local contact points and how to access services on behalf of their clients. They also wanted to receive ongoing information about changes in the service and new developments to enable them to keep up to date about changes to benefits and/or the way in which the service is delivered.

4.1.3 Strategies for improving awareness and knowledge

The survey of PDCS staff asked respondents to suggest what PDCS might do to improve knowledge and awareness among partners about its roles and responsibilities. Many of the suggestions that were forthcoming show considerable insight on the part of staff and a degree of enthusiasm for the task. The ideas were remarkably consistent with the principles of good practice that were generated from the review of literature. In summary, the ideas were as follows:

- A more corporate approach to the development of partnerships.
- Clarification of the issues regarding branding.
- Provision of information to PDCS staff about the direction of travel.
- Clear definition of what is on offer to partners/potential partners.
- Production centrally of a range of materials to be used at the local level including general posters, leaflets and products on specific benefits (e.g. as was done with Pensions Reform pack).
- Inclusion of leaflets and publicity materials in local organisations' newsletters.
- Time and resources to local staff to engage in partnership building work.
- Promotion and awareness raising to partners/potential partners through road shows, attendance at partners' team meetings.
- Development of local multi-agency networks for ongoing communication and information exchange.
- Articles about the service in Touchbase and other newsletters – paper and electronic.
- A widely publicised single point of contact for use by partners for all PDCS services.
- Local 'good news' stories that demonstrate the benefits of a partnership approach.
- Offers of joint training and job shadowing.

When asked how they thought that PDCS could improve knowledge and awareness of its roles and responsibilities partners gave a range of suggestions focusing on three key areas:

- Raising general awareness of the service: the main method suggested for achieving this was through better local publicity and advertising including use of local television and radio.
- Increasing knowledge and understanding among key groups: suggested methods for doing this included: presentations to specific teams; seminars and workshops; training for staff in partner organisations; informal one-to-one meetings with key contacts in partner organisations; availability of a named local PDCS contact.
- Ensuring that partners' knowledge and understanding is up-to-date: suggested methods included: updates on key changes sent to local contacts by email or letter; more and better information available on-line; regular meetings with partners; annual conference or event; regular newletters/briefings/bulletins for partners.

4.2 Current partnership arrangements

4.2.1 National and regional level

PDCS's current drive to improve partnership working is informed by a desire to engage with external agencies with which they 'share customers and/or have particular synergy in terms of delivery of services' (Head of Partnerships, PDCS). The overall objectives are:

> *'To make those partnerships work better, to deliver more for our customers…to help build their income…and also to enable them to access services from others that we don't provide but which support their independence and well-being'.*
>
> (Head of Partnerships, PDCS)

Historically, there has not been a national or strategic approach to partnership building; as a result partnerships on the ground have largely developed incrementally and 'organically' in response to local circumstances. One of the issues currently is the absence of partnership agreements at national level. PDCS has an agreement with Jobcentre Plus and, historically, there are some TPS/DCS agreements (e.g. with HMRC and the Veterans' Agency) although these are predominantly focused on operational issues around benefit interactions rather than on more strategic issues. Some formal contracts are in place with voluntary organisations around specific initiatives and there is a Partnership Steering Group, involving the larger voluntary sector organisations, which works with PDCS on, for example, communications and take-up campaigns. There is also a PDCS Advisory Forum on which stakeholder organisations are represented. At regional level there is very limited formal engagement with partners; 11 new posts have recently been appointed to work at this level.

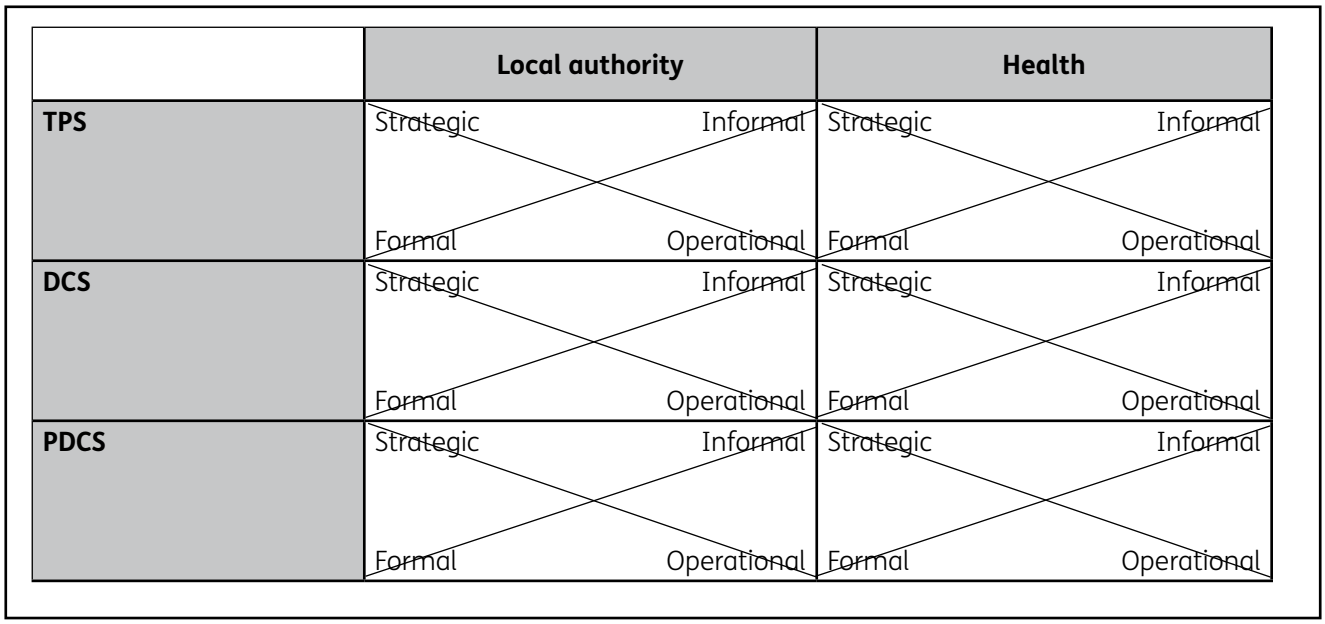
The absence of strategic partnerships at this level has meant that PDCS has been relatively invisible to other national agencies and, as a result, no national steer has been provided to local organisations which, without this, can be unwilling to devote time and resources to building partnership arrangements with PDCS. In addition, there are some operational arrangements – including representation on bodies such as Local Strategic Partnerships and provision for data sharing which really do need to be resolved initially at national level.

4.2.2 Local level

Data from all sources indicates that the pattern of local partnerships is very varied both between different areas and also within areas. (e.g. across the 18 local authorities in one case study area PDCS has partnership arrangements in place with approximately half.) The nature and extent of partnership arrangements depends to a large extent on the specific local context, the history of partnership arrangements in the locality and the role and commitment of key individuals. In theory, partnerships that exist locally might involve TPS, DCS or PDCS and local authority departments and/or health agencies and they may be more or less formal and have either a strategic or operational focus. The range of possible partnership types is summarised in graphical form in Figure 4.1.

In practice, however, the dominant themes are firstly, that relationships with local authorities (and within them, key departments) are more common and better established than those with health agencies; secondly, that most existing partnerships involve TPS rather than DCS; thirdly partnerships are typically operational; and finally there is a mixture of formal and informal arrangements and very little consistency as to whether particular types of arrangements are formally or informally constituted.

Figure 4.1 Local partnership types



Organisations that do not currently have partnership arrangements with PDCS gave a range of reasons as to why this is the case. Typically, among local authority respondents, the main reason was that there had been arrangements in place in the past but that these had foundered and had not been revived. The following comment is typical of this sentiment:

> *'Several years ago we had a joint team arrangement and it was good but resources decreased and the relationship turned bad. TPS made it very difficult and it felt like they didn't want to help or do any joint working.'*

Among health respondents the main reason given was lack of knowledge and awareness of PDCS and its services:

> *'Because of a lack of knowledge about the benefits of partnership.'*

> *'We need to know what they have on offer.'*

4.2.3 Partnerships with local authorities

Key partners

Overall, a majority of PDCS staff respondents felt that the current situation with regards partnerships with local authorities could be summed up by the statements: 'Key departments regard PDCS as a key partner' and 'PDCS has partnership arrangements with some key departments' (see Tables 4.5a and 4.5b).

Table 4.5a PDCS staff views of current situation between PDCS and local authorities (n=105)

Which of the following statements best describes the current situation between PDCS and the local authority(ies) in your district...?	Number	%
Key departments regard PDCS as a key partner	75	71
Key departments understand the vision and purpose of PDCS but are not engaged	23	22
Key departments do not have partnership arrangements with PDCS but are interested in developing them	3	3
Don't know	4	4

Table 4.5b PDCS staff views of current partnership arrangements between PDCS and local authorities (n=113)

Which of the following statements best describes current partnership arrangements between PDCS and the local authority(ies) in your district...?	Number	%
PDCS has partnership arrangements with all key departments	7	6
PDCS has partnership arrangements with most key departments	41	36
PDCS has partnership arrangements with some key departments	63	56
Don't know	2	2

These findings are reflected in the responses to similar questions to local authority partners. Tables 4.6a and 4.6b show that 68 per cent of local authority respondents regard PDCS as a key partner (and a further 20 per cent are interested in partnership arrangements). Furthermore, 80 per cent of respondents said that they already have joint working arrangements with TPS, and 20 per cent with both TPS and DCS.

Those local authority partners not currently involved in partnership working with PDCS were asked, if they were to engage in partnerships which part of PDCS they were more likely to work with. Sixty-one per cent responded that they would work with both TPS and DCS, 20 per cent said TPS and ten per cent, DCS.

Table 4.6a Local authority partners' views of current arrangements with PDCS (n=134)

Thinking about your organisation, which of the following statements best describes your current relationship with PDCS, which includes both TPS and DCS	Number	%
My organisation regards PDCS as a key partner in relation to the delivery and/or planning of services	91	68
My organisation understands the vision and purpose of PDCS but is not engaged with it	8	6
My organisations does not currently have partnership arrangements with PDCS but is interested in developing partnership arrangements	27	20
My organisation has little knowledge or understanding of PDCS and is not interested in developing partnership arrangements	2	2
Don't know	6	5

Table 4.6b Local authority partner current partnership arrangements with PDCS (n=91)

Thinking about your current joint working and partnership arrangements with PDCS, is this with...	Number	%
TPS	73	80
DCS	0	-
Both TPS and DCS	18	20

PDCS staff were asked about specific local authority departments with which they currently have partnership arrangements. As Table 4.7 shows current arrangements are most likely to exist with adult social care services and benefits departments.

Table 4.7 PDCS staff views: local authority departments with which partnership arrangements are currently in place (n=113)

Department	Number	%
Children's Services	3	3
Adult Social Care	103	91
Benefits	85	75
Chief Execs/Corporate Policy	19	17
Other*	25	22
Don't know	2	2

* Most of these responses were different titles for the same functions and some who said it varied between different local authorities with whom they work.

The case study work made clear that partnership arrangements with local authorities changed over time so that relations might be good with authority or department at one point in time but could change as the local political context changed or as staff moved on.

Strategic or operational

Although the majority of existing partnerships appear to be principally concerned with operational issues, we uncovered some examples of partnership arrangements that also had a strategic aspect to them. For example, in case study area 1 PDCS is represented on a Strategic Partnership Board that also includes representatives of a range of voluntary and community organisations with the aim of maximising the income of local residents. The board supports and oversees the process of raising awareness, carrying out benefit checks and the provision of outreach Information Points. A similar arrangement – a Partnership Forum – also exists in case study area 5, with a principal focus on information sharing.

Some strategic level arrangements are around the needs of particular client groups. So, for example in case study area 2, there is an Older Person's Strategy and Policy Group, on which PDCS is represented. The group meets regularly to provide an opportunity for agencies with responsibilities for services to older people to share information about service developments, policies and initiatives. PDCS staff involved have found their involvement to be useful as *'it means the Pension Service is always at the forefront'* and, because of the ongoing relationships with key players from other services, it allows for *'the provision of a rounded service to customers'*. In case study area 3, a multi-agency Welfare Benefits Steering Group has been established.

Some strategic partnership arrangements are in place around specific projects or initiatives such as Health through Warmth or Partnerships for Older People Projects.

In general, more strategic partnerships especially those without specific benefits for front-line services, are felt not to be accorded the same priority as those which are concerned with operational issues.

More typically numerous examples were provided of operational partnerships including:

- Joint Visiting Teams (see Box A for an example);
- Information Points;
- 'drop in' sessions hosted by partners;
- outreach work by Partner Liaison Manager including providing information to groups;
- inter-agency referrals. For example one Partnership Liaison Manager described how this works to the benefit of customers:

  '...when I pass people on to Care and Repair – say they need adaptations in their home, and they might need the Handyman Service or something that they [Care and Repair] *run – obviously that's not something that I can do, but I can pass it on to them...if they think somebody might be entitled to a benefit that they're not getting they will pass that on to me, and then between us we can all make sure that the customer is getting everything they're entitled to, and any help other than just help with benefits.'*

Formal or informal

Many current partnership arrangements with local authorities are formalised through a Memorandum of Understanding (MoU) between the two organisations. Such arrangements are necessary where staff in partner agencies are accredited to deal directly with TPS in relation to specific claimants.

In case study area 3 there is a formal agreement in place between PDCS and the local authority Finance and Benefits Team that sets out clearly roles and responsibilities. This arrangement is further facilitated by staff from the two organisations being co-located.

In case study area 5 a Local Service Network has been established involving a network of 27 local service centres that provide one-stop shop access to council services. A joint working agreement with TPS to maximise older people's income and to access other support and services is part of the provision on offer.

Where a formal agreement is in place it is more likely that there will be a strategic aspect to the partnership. So in case study area 4, there are MoUs with all three of the relevant local authorities and all of these have a Strategic/Management Board involving departmental managers; in addition regular 'liaison meetings' are also held involving mainly operational staff.

Partnership arrangements with local authorities – especially those that are predominantly concerned with operational issues – are sometimes little more than informal arrangements between front-line staff in response to specific needs and circumstances. In some cases, informal partnership arrangements involve the provision of information at partners' premises. For example, in Case Study area 2 the Council Tax and Housing Benefit Enquiry office display TPS literature and the Partner Liaison Manager runs drop-in information sessions there one morning a week. This is an informal arrangement between the Partner Liaison Manager and the Enquiry Office staff.

Informal arrangements are more likely to be the case with regards to DCS staff. So for example in case study area 1 DCS have delivered ad hoc training sessions in response to the initial needs of the local Joint Team and has also attended partner forums and, in case study area 2, DCS representatives attend local authority staff team meetings to provide information and training on eligibility criteria for DLA. There were fears expressed that as Local Service take on former DCS responsibilities that this kind of *ad hoc* and informal relationship might cease.

In addition, informal arrangements have developed between individual local authority staff and DCS staff in relation to dealing with particularly complex cases.

Box A Joint Teams – an example from case study area 6

The Joint Team arrangement is an agreement between TPS and the Local Authority. The team consists of:

- a Joint Team Manager from TPS and the Council;
- TPS Partner Liaison Manager;
- two small teams of Joint Team Visitors drawn from both organisations.

The Joint Team offers:

- face-to-face benefits information and support to older people at various location throughout the borough or home visits when required;
- completion of financial assessment forms for people of any age who need home or residential care together with relevant benefits information;
- referral to other services with customer's agreement.

Since becoming established the Joint Team has developed referral systems with other council departments including housing, council tax and residential care and external partners such as Age Concern and the Citizens Advice Bureau. A simple referral form has been developed for use by these departments/organisations to send information to the Joint Team if their customers require a benefits check. Joint Team Visitors also regularly attend 'surgeries' in partners' premises at specific times each week.

TPS provide training for partners' staff on benefits rules, making claims, etc.

The Joint Team has produced booklet detailing the remit of the partnership arrangement.

Focus for partnership relations

Typically PDCS staff saw partnerships with local authorities as being focused on service delivery issues (indicated by 66 per cent of respondents); general information exchange (62 per cent); or service planning issues (33 per cent); 24 per cent of respondents said that the focus varied depending on the department.

Local authority partners' views were similar: 65 per cent said their partnerships with PDCS were mainly concerned with service delivery issues; 58 per cent with general information exchange; and 12 per cent with service planning issues.

4.2.4 Partnerships with local health agencies

Partnerships with health sector organisations are generally less well-developed than is the case with local authorities and although there are responses from 100 health sector informants who

participated in telephone interviews, we were generally less successful in engaging health partners in the case study work. PDCS staff were able to identify fewer health contacts and were less well-informed about the structure and organisation of health care agencies and were generally unable to identify health sector informants for the research team to talk to. As a result, there is less depth of information available on partnerships with health than was the case for local authorities.

Key partners

PDCS staff were asked which of a series of statements best describes current partnerships with local health organisations. As Tables 4.8a and 4.8b show there was a wider range of responses to this question than there had been with regards local authorities (including 22 per cent who said they didn't know). Overall, only 18 per cent of respondents said that 'key local health organisations regard PDCS as a key partner'. However, other responses indicate that they think there is **potential** to develop partnerships with health.

Table 4.8a PDCS staff views of current partnerships between PDCS and local health organisations (n=100)

Which of the following statements best describes current partnership between PDCS and local health organisations (eg PCTs, NHS Trusts, Health Centres, etc)	Number	%
Key local health organisations regard PDCS as a key partner	18	18
Key local health organisations understand the vision and purpose of PDCS but are not engaged	30	30
Key local health organisations do not have partnership arrangements with PDCS but are interested in developing them	13	13
Key local health organisations have little knowledge of PDCS and are not interested in developing partnerships	17	17
Don't know	22	22

Table 4.8b PDCS staff views of current partnership arrangements between PDCS and local health organisations (n=103)

Which of the following statements best describes the current partnership arrangements between PDCS and local health organisations in your district ...?	Number	%
PDCS has partnership arrangements with **all** key local health organisations	2	2
PDCS has partnership arrangements with **most** key local health organisations	7	7
PDCS has partnership arrangements with **some** key local health organisations	64	62
PDCS does not have partnership arrangements with local health organisations	19	19
Don't know	11	11

These findings are reflected in the responses to similar questions to health partners. Tables 4.9a and 4.9b show that 61 per cent of health partners regard PDCS as a key partner (and a further 15 per cent are interested in partnership arrangements). Furthermore 51 per cent of respondents said that they already have joint working arrangements with TPS and 25 per cent with both TPS and DCS.

Table 4.9a Local health organisation partners' views of current arrangements with PDCS (n=100)

Thinking about your organisation, which of the following statements best describes your current relationship with PDCS, which includes both TPS and DCS	Number	%
My organisation regards PDCS as a key partner in relation to the delivery and/or planning of services	61	61
My organisation understands the vision and purpose of PDCS but is not engaged with it	9	9
My organisations does not currently have partnership arrangements with PDCS but is interested in developing partnership arrangements	15	15
My organisation has little knowledge or understanding of PDCS and is not interested in developing partnership arrangements	9	9
Don't know	6	6

Table 4.9b Local health organisation partner current partnership arrangements with PDCS (n=61)

Thinking about your current joint working and partnership arrangements with PDCS, is this with ...	Number	%
TPS	31	51
DCS	5	8
Both TPS and DCS	25	41

Those health partners not currently involved in partnership working with PDCS were asked, if they were to engage in partnerships which part of PDCS they were more likely to work with. Forty-seven per cent responded that they would work with both TPS and DCS (20 per cent said DCS and 13 per cent, TPS) and the interest was predominantly focused on information exchange (96 per cent), service delivery issues (50 per cent) and service planning (50 per cent).

PDCS staff were asked to indicate which of a range of local health organisations they currently had partnership arrangements with, see Table 4.10.

Table 4.10 PDCS staff views: local health organisations with which partnership arrangements are currently in place (n=84)

Department	Number	%
PCTs	37	44
NHS Trusts	25	30
Community Nursing Services	52	62
Local Health Centres/Clinics	32	38
Other*	19	23
Don't know	10	12

*'Other' responses consisted of specialist community or hospital services including: specialist nurses/clinics, e.g. memory; cancer; hospices; community mental health teams.

Strategic or operational

The majority of the partnership initiatives uncovered through the research were operational in nature; there were very few examples where partnership arrangements were strategically driven. An important exception to this is case study area 6 which is a site for POPPs (Partnerships for Older People Projects). This is a Department of Health (DH) initiative, launched in 2005, to develop and evaluate services and approaches for older people aimed at promoting health, well-being and independence and preventing or delaying the need for higher intensity or institutional care. Through the initiative in the case study area there is a referral route from GPs to the POPPs team who will then, if necessary, refer on to the Joint Team.

Formal or informal

Most of the partnership working arrangements identified through the research were informal in nature, i.e. arrangements between front-line staff to provide information, advice or surgery sessions. The relative absence of formal arrangements is reflective of the lack of a strategic approach to partnership arrangements with health care agencies.

Focus

Half of PDCS staff respondents said that partnerships with local health organisations were mainly concerned with service delivery issues; 37 per cent said they were mainly concerned with general information exchange; 11 per cent with service planning issues; and 25 per cent said that the focus varied between organisations. However, 25 per cent of respondents said that the relationship varied between partner organisations.

Health partners were more likely to say that their partnerships with PDCS were focused on general information exchange (70 per cent); 57 per cent with service delivery issues; 20 per cent with service planning issues. As was the case with local authorities the majority (90 per cent) of health partners said that the partnership arrangement was at local level.

The case study work uncovered a few examples of information work with health care agencies. For example, in case study area 2 DCS were asked to provide half-hour information and advice sessions to a number of cohorts of participants in an 'expert patient programme' for patients with cardio-pulmonary conditions. In the same case study area information stands were provided at two hospitals[10] and similar arrangements for the provision of information were evident in several of the other case study areas.

In case study area 4 referral forms and benefits training has been provided by PDCS staff to PCT staff working at a number of surgeries with special service provision for patients aged over 75 as part of a project to encourage and assist independent living.

4.3 Drivers of partnership arrangements

Some local partnership arrangements had resulted from **national initiatives** (originating in PDCS or partner departments) that were being rolled out locally, e.g. POPPS, development of Joint Teams.

---

[10] In this case these sessions were discontinued because DCS staff felt that the hospital social workers were 'abusing' the service, unreasonably expecting staff to complete forms. DCS attempted to put the arrangement on a more formal footing through a written agreement but National Health Service (NHS) staff were uneasy about health and safety issues raised in the agreement and the arrangement was not progressed.

When we asked partners to say what the drivers have been for their current partnership arrangements with PDCS, the most common response from local authority partners was to provide a **better service to customers** and, for health partners, to **meet the needs of clients/patients**. In particular there was a recognition that partnerships with PDCS could ensure that customers received their full benefit entitlement thereby maximising their income. As one partner in case study area 3 explained:

> *'...maximising customer benefits...trying to make sure people get what they're entitled to and at the same time avoiding duplications so wherever possible trying to make sure that only one partner gets all the information from the customer not two of us trying to do the same thing.'*

Local authority partners also mentioned the fact that certain departments were working with the same groups of clients and therefore there was a need to avoid duplication and provide a more streamlined and holistic service.

The responses from health partners especially recognised that their clients had particular needs that they were unable to meet alone, as these two comments illustrate:

> *'The PDCS can visit people identified as needing benefit advice and they can arrange home visits on an individual need basis. By sorting out benefits it results in fewer hospital visits and better health.'*

> *'They covered an area that we were not specialised in, but was very important for our patients to be informed about.'*

There was also a recognition on the part of a minority of partners that joint working arrangements helped **meet their own targets** (e.g. for partnership arrangements in the case of local authorities). From a local authority perspective an important driver mentioned by some respondents was to maximise its own income through accurate financial assessments of their customers leading to increased benefits (and therefore a higher income) which, in turn, resulted in a higher charge made for care provided by the local authority.

These themes – providing a better service, meeting customer needs, maximising income and helping partners meet their own targets – were reflected across the case study areas. A further driver was also evident, i.e. reaching the most vulnerable and 'hard-to-reach' customers as this comment from a PDCS staff member illustrates:

> *'There's a lot of customers who fall through the net really and it's the smaller organisations, such as mental health organisations or groups of people with learning disabilities, that pick those customers up...so accessibility for them.'*

From a PDCS perspective a further driver was to work with referral agencies to avoid *'claims that haven't got any chance of success at all'*. A PDCS respondent in case study area 1 said that they hoped, by providing information to organisations working with vulnerable groups in the community, raising awareness about eligibility criteria and form filling, then the 'quality' of the claims received would be improved.

An important driver for local authorities for entering into formal partnerships with PDCS is for staff to become accredited to deal directly with PDCS and access information on behalf of clients (case study area 2).

Those respondents who are not currently engaged in partnership arrangements recognised that there were benefits that could, potentially, be derived from joint working. These included benefits to their clients – in terms of income maximisation, better information and advice and a more joined up and streamlined service – and benefits to the agencies themselves – in terms of enhanced

understanding of customers' entitlements (enabling them to provide a better service), better signposting of services, and access to specialist advice. Those respondents who provide specialist services that bring them into contact with potential PDCS customers especially felt that the benefit of having clear referral routes would enable them to focus on their own 'core business', as the following comment illustrates:

> *'As an occupational therapist it would mean that we would not have to be involved in finance or benefits; we could refer them on and just focus on occupational therapy.'*

For health partners important additional drivers include: enhancing the chances of patients being able to live independently, speeding up hospital discharges and alleviating 'bed-blocking'.

4.4 Effectiveness of existing partnership arrangements

In general, where partnership arrangements have been developed, these are felt to work well and to deliver real benefits in terms of more streamlined processes and outcomes for customers. And, similarly, where there is engagement, the satisfaction levels of those involved are generally high. Overall, 73 per cent of PDCS respondents said that they were 'very' or 'quite' satisfied with their interactions with partner agencies. However, it is also clear that in many areas partnerships are *ad hoc* and unplanned resulting in significant gaps in coverage in terms of customer groups and agencies with which partnerships have been developed. This is especially the case in relation to the health care sector. The relatively high levels of satisfaction should not, therefore, be regarded as a cause for complacency but rather as the basis for further work in more areas with more agencies in order to further realise the clear benefits of partnership working that can result when effective arrangements are in place.

4.4.1 Partnership effectiveness – local authorities

PDCS staff were asked to rate the effectiveness of current partnership arrangements between PDCS and local authorities. As Table 4.11 shows a majority of respondents rated existing partnerships as 'very' or 'quite' effective.

Table 4.11 PDCS staff views of effectiveness of current partnerships between PDCS and local authorities (n=112)

How effective or ineffective do you think the partnership arrangements are between PDCS and the local authority	Number	%
Very effective	32	29
Quite effective	56	50
Neither effective nor ineffective	6	5
Quite ineffective	3	3
Very ineffective	1	1
Depends on the department	11	10
Don't know	3	3

Furthermore, a majority of respondents thought that current arrangements with local authorities – since the development of PDCS – were as effective as previous relationships between TPS and the local authority (63 per cent) or more effective (16 per cent). However, when the same question was asked in relation to DCS, 55 per cent of respondents said they didn't know; 29 per cent said they were about the same; and 14 per cent said that current partnership arrangements were less effective than previously.

When local authority partners were asked to assess the effectiveness of current partnership arrangements with PDCS they were similarly rated (see Table 4.12) with 81 per cent of respondents saying that their current partnership arrangements were 'very' effective or 'quite' effective.

Table 4.12 Local authority partner views of effectiveness of current partnerships with PDCS (n=91)

How effective or ineffective do you think the partnership arrangements are between PDCS and the local authority	Number	%
Very effective	27	30
Quite effective	47	52
Neither effective nor ineffective	9	10
Quite ineffective	3	3
Very ineffective	4	4
Don't know	1	1

Local authority respondents who are personally involved in interactions with PDCS staff were asked to rate how satisfied they are with their interactions. As Table 4.13 shows, satisfaction rates are high.

Table 4.13 Local authority partner satisfaction with interactions with PDCS (n=84)

Overall, how satisfied or dissatisfied are you with your interaction with PDCS? Are you ...	Number	%
Very satisfied	25	30
Quite satisfied	36	43
Neither satisfied nor dissatisfied	13	16
Quite dissatisfied	5	6
Very dissatisfied	5	6

PDCS staff were asked what makes partnership arrangements with local authorities effective. Their responses are very consistent and emphasised that when they work well, local partnership arrangements deliver real benefits to customers and to the partner organisations. The factors that make partnerships with local authorities effective can be summed up as follows:

- shared purpose, aims and objectives:

  'The fact that both ourselves and the local authority want to work together for the benefit of our customers. We both realise the benefits of it reducing duplication of effort and the staff savings involved in this.'

- good understanding of each others' business;
- co-location/co-provision of services;
- simple and effective processes;
- effective and ongoing channels of communication;
- joint training;
- mutuality and identification of common areas of concern;

- responsiveness;
- support from managers:

  'Managers taking a personal interest in each partnership and thinking out of the box when looking for solutions [as to] how we can join up and make things better for the customer and in the process drive up efficiency.'
- personal contact between opposite numbers in both partner organisations;
- a solid foundation in terms of an agreement about the focus for the partnership;
- effective feedback mechanisms;
- consistency and a long-term commitment:

  'We must at all costs avoid the 'flavour of the month' syndrome where we work with partners only to pull back from them a few months or a year down the line because partnership work is no longer seen as important. Above all partner organisations want reliability and stability over the long-term.'

Where partnerships with local authorities were not felt to be working effectively the main reasons given by PDCS staff related to attitudes of partners including: '*Suspicion of central government. Unwillingness to "share" customers*' and '*not working towards a common aim. Partners have their agendas.'*

Responses from local authority partners suggested a similar set of factors contributing to effective partnership working:

- effective communications;
- good personal relations;
- responsiveness of PDCS services;
- mutual trust and confidence:

  'We trust them to provide a service and they trust us to recommend people who would benefit from the service.'
- ease of access to local contact.

  'We have direct contacts at TPS including names and numbers which makes them very approachable.'

4.4.2 Partnership effectiveness – health agencies

PDCS staff were asked to rate the effectiveness of current partnership arrangements between PDCS and local health organisations. As Table 4.14 shows, although a majority of respondents rated existing partnerships as 'very' or 'quite' effective, there was a higher degree of ambivalence than was the case among local authority partners, reflected in the proportion of respondents who said they didn't know or who gave negative responses.

Table 4.14 PDCS staff views of effectiveness of current partnerships between PDCS and local health organisations (n=84)

How effective or ineffective do you think the partnership arrangements are between PDCS and local health organisations	Number	%
Very effective	9	11
Quite effective	37	44
Neither effective nor ineffective	10	12
Quite ineffective	5	6
Very ineffective	2	2
Depends on the department	9	11
Don't know	12	14

A majority of respondents thought that current arrangements with local health organisations – since the development of PDCS – were as effective as previous relationships between TPS and local health organisations (52 per cent) or more effective (five per cent), although 40 per cent said they didn't know. However, when the same question was asked in relation to DCS 65 per cent of respondents said they didn't know; and 29 per cent said they were about the same.

In addition, PDCS staff who are personally involved in partnership working were asked to rate their satisfaction/dissatisfaction with their interaction with partner organisations. Fifty-five per cent of respondents said they were 'quite satisfied' with their interaction and a further 18 per cent said they were 'very satisfied'.

Health partners expressed high rates of satisfaction with current partnership arrangements with PDCS as shown in Table 4.15.

Table 4.15 Health partner views of effectiveness of current partnerships with PDCS (n=61)

How effective or ineffective do you think the partnership arrangements are between PDCS and the local authority	Number	%
Very effective	36	59
Quite effective	21	34
Neither effective nor ineffective	3	5
Quite ineffective	1	2
Very ineffective	0	–

Respondents from the health sector who are personally involved in interactions with PDCS staff were asked to rate how satisfied they are with their interactions. As Table 4.16, shows, satisfaction rates are again, high.

Table 4.16 Health partner satisfaction with interactions with PDCS (n=41)

Overall, how satisfied or dissatisfied are you with your interaction with PDCS? Are you...	Number	%
Very satisfied	28	68
Quite satisfied	9	22
Neither satisfied nor dissatisfied	3	7
Quite dissatisfied	1	2

Respondents to the PDCS staff survey identified the following factors that contribute to effective partnership relations with health organisations:

- effective systems for ongoing communication especially with front-line staff;
- feedback on the outcome of referrals:

  'Feedback is important – if community nurses can see how successful their referrals have been it gives them the incentive to continue.'

- identifying common areas of concern:

  'You need to identify common areas of concern and make it beneficial for both organisations and customers.'

  'The financial and health issues are often intertwined in that solving the financial problems can help the health ones. For example, adequate provision of heat, good food and help.'

- playing to each others' strengths:

  'Having a mutually beneficial referral stream whereby customers can benefit from the particular 'specialist' fields.'

- offering a local and responsive service:

  'Organisations value being able to give benefit referrals directly to Local Service; they want local contact.'

  '...getting to vulnerable groups quickly and addressing needs.'

Where partnership working with health organisations is ineffective, PDCS identified the lack of clear direction, the complexity of, and constant changes to, health organisational structures and lack of understanding of the benefits of partnership working on the part of front-line health staff.

When asked what makes current partnership arrangements effective, local health partners most commonly mentioned the responsiveness of the PDCS service as these comments illustrate:

'They do what I ask them and they do it well. A turnaround of 24-36 hours.'

'They offer a speedy service that we have confidence in which provides readily available information.'

'A quick response with good follow-up.'

Other factors mentioned were as follows:

- effective communications;
- ease of contact:

'They are contactable, easy to get hold of on the phone and always willing to oblige.'

'It's a local service that works well. You get to speak to one person which helps things run smoothly.'

In the cases where existing partnership arrangements were not felt to be effective the main causes seem to be lack of commitment resulting in things not happening to take forward the partnership and/or an absence of outcomes as illustrated by this comment: *'We discuss issues but don't go forward to develop our plans'*. Three further issues were also barriers in some areas. The first of these is problems with data-sharing. Clearly some areas have developed effective data-sharing protocols; it would be helpful if these were shared more widely. Secondly, a number of respondents commented that recent changes within PDCS appear to have resulted in local staff being more pressed and less able to give time to partners or partnership working. Thirdly, partners complained about regional call centres which they found to be remote and unresponsive; information sometimes had to be repeated and in some cases they did not recognise legitimate third party representatives speaking on behalf of customers.

4.4.3 Examples of good practice

Despite the huge variation in partnership practice across the country the research uncovered numerous examples of good and promising practice which could usefully be shared and built on. A selection of these examples are summarised below in relation to specific themes and issues to have emerged.

A strategic approach

- In one of the case study areas a multi-agency group provides strategic leadership for services for older people through the development of Framework of Services for Older People which sets out priorities and outcomes. The group involves the local council, NHS, TPS and key voluntary sector agencies and monitors progress in delivery of the framework, identifies issues, emerging trends and new development.

Joint processes

- The setting up of Joint Teams is the most developed form of joint working. In case study area 6 this operates as follows: Visiting Officers from both TPS and the local authority are accredited to undertake each other's work so that the customer will only get one visit covering the services provided by the two organisations. The Visiting Officers work flexibly and can help with each other's workloads during busy periods. In addition, members of the Joint Team have full access to the DWP Customer Information System enabling them to access full benefits information about customers.
- The introduction of a single shared assessment brought health into the partnerships with local authories, enhancing the service to customers in terms of care and financial issues.

Information sharing and exchange

- Setting up of a Maximising Income group which shares good practice, improves networking and signposting links.
- Having team/partnership meetings to discuss areas for improvement and review what works and what needs to be fixed.

Data sharing

- A few dedicated members of (the Fairer Charging Teams in both city and county councils) have been granted access to the TPS IT systems. Many situations arise where there is a need to check which benefits a customer is receiving, e.g. a customer receives a social care assessment after falling down the stairs and makes a referral for a full benefits check. Before the referral is then made to TPS, the Fairer Charging team are able to check which benefits a customer is already receiving and identify whether there is a possibility of benefit entitlement changing. The procedures of conducting pre-checks saves TPS and the Fairer Charging Team time and ensures that customers receive their correct entitlement as quickly as possible.
- TPS has provided all the local authorities in one cluster with the 'scans', ie a list of all customers in receipt of pension credit who have consented to their information being shared. Local authorities can then use this information to check customers' entitlement to other benefits such as council and housing tax benefits.

Outreach work

- Very close liaison with hospices and the MacMillan nurses, dealing with the benefit issues during the illness and then following up after bereavement, helping families with benefit issues during a time of vulnerability and grief.
- Many examples of outreach work provide illustrations of how the form that outreach work takes relates to the specific needs in the locality as this example of rural outreach shows:

  'The Health Authority conducted research into service provision in rural communities. In one such area identified, a community centre has been developed where services are provided from. We have provided training to the staff…This partnership also includes reaching people in rural communities through working with other partners at outreach events.'

Provision of information

- Work with a Senior Health Practitioner in one area has resulted in the delivery of numerous training sessions to health practitioners working with customers with chronic health conditions in rural communities. The training has enabled them to identify customers who may not be receiving all entitlements and, through a referral system to PDCS, ensure appropriate assistance is provided to claim all benefits.

Participation in projects and initiatives

- These examples show the potential value of PDCS involvement in area-wide initiatives and forums:

  'The Older People's Forums have proved a useful conduit to cascade information out into communities. Partnership working with social services Older People Teams, Housing Benefits and Welfare Rights have resulted in customers who due to deteriorating health or bereavement being quickly identified and having all services and benefits put in place. Those identified as no longer able to act for themselves have urgent action taken to appoint a representative so that financial matters can be managed.'

  'PDCS involvement in Local Authority Income maximisation initiatives is very useful; we are seen…to be interested in the local communities, and putting time and resources into them.'

- The POPPs initiatives referred to earlier.

Providing feedback

- This example shows a real understanding of the need to connect to partners' own agendas and to generate useful information to 'sell' the benefits of partnership working.

> *'I send out a newsletter to all my partners. I include feedback on the numbers of referrals and totals of benefits awarded to my main contacts. Many organisations use this information for help towards their own funding, towards quality charter marks etc and to show their management the value of working with LS. The idea behind providing them with this feedback is that the more success that is shown it will encourage reliability in our service and this will produce more referrals helping us reach people who need our help.'*

4.5 Developing partnership arrangements

4.5.1 A strategic approach

As this research has shown, much of the existing partnership work is unplanned and often unstrategic. For understandable reasons it has evolved over time, in response to local opportunities, often driven forward by particular individuals. This is especially the case in relation to work with health partners. The need for a strategic approach should be tempered by a focus on outcomes to ensure that there is a clear purpose, and that plans are not only formulated but also implemented, to the benefit of customers. A PDCS staff respondent to the survey made this telling comment:

> *'If DWP wants to engage at a strategic level they need a clear plan of engagement applied throughout...I think a top-down approach might work well in terms of DH and PCTs and gaining uniform access to health workers. We must avoid at all costs spending vast sums of time in meetings to produce action plans that don't achieve concrete results at grassroots level.'*

4.5.2 Core/natural partners

There is a strongly held view throughout PDCS that there is a set of 'core' or natural partners at a local level who, all else being equal, PDCS should have partnership arrangements with. The rationale for this is that they have a common customer base and/or can facilitate access to key customer groups and share a common interest in maximising benefit take-up. PDCS have already identified a set of core partners with whom they hope to work in order to extend the reach of PDCS services to all customers including the hardest to reach. These core partners are as follows:

Partner	Constituents
Jobcentre Plus	Local Jobcentre Plus Manager (telephony or visiting teams); Disability Employment Adviser; Mental health coordinators; Care Partnership Managers; and Partnership Managers.
Local Authority	Local Strategic Partnerships, LA Housing/Council Tax Benefit Dept; Social Work Department/Adult Social Care Department, Social Services; Children and Families Services; LA Customer Service Centres; Mental health Teams; Police Community officers; Community Fire Safety Officer; Connexions and Careers Scotland/Wales.
Health Sector	Local Health Coordinator; Hospital Falls Prevention Teams; (Pre)discharge teams; Long Term Conditions Tea,; Community/District Nursing Teams eg Mental Health/ Learning Disabled and Patient Advice and Liaison Team; Community Matrons; Specialist Health Teams; Occupational Therapists; GP Surgeries; NHS Boards; Spinal Injury Units.
Third Sector (Voluntary organisations)	Macmillan Nurses; MIND; Alzheimer's Society; Parkinson's Society; Multiple Sclerosis Society; headway; Arthritis Care; Diabetes UK; Aspire; Stroke Association; Mencap; Terrence Higgins Trust; RNIB (or local equivalent) and RNID (or local equivalent); Citizens Advice Bureau; Age UK; Carers UK; Ethnic Minority Groups; Befriending Societies.

This is a useful and comprehensive list; however it is also worth bearing in mind that the structure and organisation of local services varies between areas. So, as part of the audit process, local Partnership Managers might also want to cross-check that they have identified the services that work with particular customer groups in their localities.

One of the most significant gaps looked at in terms of groups of customers is children and young people. The research found no examples of partnership arrangements with local authority departments or health agencies providing services specifically for families with children and young people with disabilities. This seems to be a significant service gap. In addition to making contact with Children's Services Departments in local authorities it is suggested that Children's Centres might provide a good initial 'way in' because they have a presence in every local authority ward and have a remit to work with families with children aged nought to five with a particular focus on vulnerable children and families including those with disabilities. They are also charged with providing, on-site or signposting to, a full range of partners' services. It would be possible to target those Children's Centres that serve the most disadvantaged areas and/or Centres that have provision for disabled children.

Other possible candidates for inclusion in the list are:

- Local authority housing departments – not included here because of their wide remit and the fact that many local authorities have transferred their housing stock to arm's length organisations and/or housing associations. More promising in specific localities might be specialist housing associations.
- The commissioning sections of adult social care departments for links to providers of commissioned services such as occupational therapy and home care.
- Community Mental Health Trusts – in order to access Community Psychiatric Nurses. This may be a priority in some local areas.
- NHS rehabilitation services, e.g. Intermediate care units; coronary care rehabilitation.
- Registrar's Office – not included here because not part of local authorities.

In addition, as indicated above, it is important that PDCS has effective representation on both **Local Strategic Partnerships** and also other multi-agency bodies with responsibility for planning of local strategies and initiatives, e.g. Older Persons Strategy Groups, Health through Warmth/Warm and Well. Many localities support multi-agency networks of providers organised around customer groups including people with learning disabilities, physical disabilities and mental health problems. They are likely to produce newsletters, maintain websites and organise meetings and so could be an effective means of getting information to relevant organisations.

In addition, it is important that PDCS has effective representation on both Local Strategic Partnerships and also other multi-agency bodies with responsibility for planning of local strategies and initiatives, e.g. Older Persons Strategy Groups, Health through Warmth/Warm and Well. Many localities support multi-agency networks of providers organised around customer groups including people with learning disabilities, physical disabilities and mental health problems. They are likely to produce newsletters, maintain websites and organise meetings and so could be an effective means of getting information to relevant organisations.

4.5.3 Barriers to partnership working

In further developing partnership working PDCS needs to be aware of, and develop approaches to overcome, a range of potential barriers to partnership working. These are summarised below.

PDCS perspective

PDCS staff responding to the survey identified the following generic barriers to partnership working:

- Issues relating to data sharing and IT systems including poor access to DWP systems on non-DWP premises.
- Issues relating to Jobcentre Plus and confusion of roles between services.
- Lack of local autonomy to pursue partnership building:

  'The fact that locally we are not empowered to give the go-ahead on things, i.e. publicity/ marketing. If we are doing anything and we produce locally something that bears our logo [it] *has to be checked by communications teams so at meetings we always have to say get back to them.'*
- Inconsistency in PDCS approach, mixed messages and changing priorities.
- Lack of resources within PDCS to pursue partnership working; this is especially important as it leads to resistance to new partnership initiatives among PDCS staff.
- Lack of consistency and strategic level support for partnership working within PDCS:

  'Lack of direction and steer strategically within our own organisation.'
- Lack of senior management support within partner organisations:

  'Staff at ground level generally see the benefits of joint working but those at higher management level often are the barriers. Perhaps see joint working as a threat instead of an enhancement to what they do.'

The case study work added the following barriers from a PDCS perspective:

- Lack of resources at local level to pay for costs associated with events and initiatives.
- Issues relating to the need for health and safety assessments prior to PDCS staff working on partners' premises.
- The lack of capacity in PDCS to engage in strategic partnership activities – need to focus primarily on information sharing about benefits.
- Lack of reciprocity between partners.
- Difficulties in ensuring that information is available at all levels of partner organisations.
- Staff turnover.
- Failure of PDCS to 'sell' the benefits of partnership working:

  I think in terms of partnerships we, the DWP, don't actually value the partnerships well enough ...where partnerships work well it really can be of benefit to the community and can make a huge difference. In some areas we have really got that right, but I don't think we sell that very well.'

  (PDCS staff informant – case study area 1)

The survey of PDCS staff identified some barriers that were specific to local authorities. These can be summarised as follows:

- Local authority priorities and targets that do not 'fit' with those of PDCS.
- Complexity within local authorities including differences across areas with regards departmental structures, job titles, etc.
- PDCS seen as 'competing' for the same customers. This is especially true of local authorities with well developed welfare rights teams. A specific example of this was identified in case study area 6 where it was suggested that welfare rights staff wanted to keep clients to themselves rather than make referrals to PDCS.
- Cumbersome local authority management chains.

PDCS staff identified a larger number of barriers to working with health organisations. This is both reflective of the relative paucity currently of relations with health and also a cause of that paucity. Perhaps the most significant barrier is a mutual lack of understanding: health care workers were felt to have little appreciation of what PDCS could offer and PDCS staff find the health care sector complex and impenetrable as these contrasting quotes suggest:

> *'Health care organisations do not always see the connection with PDCS benefit entitlement and improved health and wellbeing. Health care management do not perceive PDCS as a key partner when developing local plans/projects.'*
>
> *'Lack of contacts within PCT who have knowledge of our services or who are willing to engage with us.'*
>
> *'The structures of local health care organisations can seem very complex to those outside the organisations; it can be difficult therefore to get a handle on who you need to be dealing with, and even when you know, contact with them is often convoluted.'*
>
> *'Large organisation with pockets of staff who each deal with things differently...It's hard to identify who best to get key messages across due to the size of the PCT/NHS.'*

This is especially frustrating given that where relationships have been established and work well, health care workers recognise that they are helpful and result in positive outcomes for patients. Such examples of positive engagement with health need to be widely shared. During the course of this research we identified an interesting and useful example of partnership working between another national agency – the Financial Services Authority – health agencies. Details can be found in Box B.

A further barrier identified by a number of PDCS respondents was their inability to take referrals direct for people under 60 years of age limiting the potential scope of partnerships with health.

Time pressures on the part of health care workers were also acknowledged to be a constraint on their ability to engage in partnership work.

This comment from a member of PDCS staff sums up the full range of barriers encountered:

> *'Historically NHS are hard to engage with strategically due to reorganisations and lack of attendance at major events – therefore they are not good at networking. Don't answer correspondence – don't wish to be aware of our service at times no matter how many times you try to 'knock on their door'. Do not seem to find time within their jobs to take on extra information even if it helped the service user...However, operationally the face-to-face services are really pleased when they are given the opportunity to refer in. Therefore – good cooperation informally at the lower level – ignorance and lack of interest at strategic level.'*

Partners' perspectives

For most partners the single biggest barrier to partnership working relates to information and data-sharing. Partner agencies want to have more staff accredited and trained to use the DWP Customer Information System. There appears to be considerable inconsistency across the country in how access to information and data sharing take place. There is also inconsistency in how accredited individuals are dealt with by TPS and DCS respectively. Nevertheless in some areas appropriate access arrangements appear to have been set up; these need to be investigated further and, where possible, shared with other areas.

Dealing with call centres is a particular problem for partners as illustrated by this comment from a local authority benefits service manager in case study area 3:

> *'It's actually about ...my benefits staff maintaining a one-to-one relationship with someone when there's a problem case because they go through call centres...they get whoever answers the phone rather than any person who they spoke to before.'*

Case study informants identified lack of time and resources to devote to partnership working as a significant barrier.

Also, in case study area 1, a partner said that 'lack of reciprocity could be a barrier; in other words organisations expect partners to 'come to them' without recognising that they needed to reciprocate in some way. An example was given in case study area 2 where a recent revision to an existing Memorandum of Understanding between PDCS and the local authority was led entirely by PDCS with the council feeling that they had no opportunity to suggest other ways to change the arrangement which could have led to an enhanced impact.

Box B Example of partnership working: Financial Services Authority (FSA) and local health practitioners

An FSA survey in 2005 identified that many people had limited knowledge about managing their finances. This led to a programme with seven work streams including one focusing on parents. This resulted in the production of the Parents' Guide to Money aimed at new parents, which was piloted in London. Initially, the Guide was disseminated through employers but it was recognised that this was not a good avenue as not all parents are in paid employment and those who are may not tell their employers that they are pregnant.

Discussions with the DH led to the identification of mid-wives as a useful channel through which the guide could be distributed as all pregnant women will be in contact with a mid-wife during and immediately after their pregnancy. An experienced mid-wide was seconded in to the FSA to oversee the roll-out of the initiative. She initiated a planned programme of activities designed to secure cooperation and support from mid-wifery services to progressively roll out the programme across all regions. This programme included:

- strategic level discussions as part of regular meetings of Heads of Midwifery Services;
- contact with all hospital trusts to identify a lead person (the lead person varied across regions);
- attendance at local meetings of mid-wives to explain the initiative and discuss local roll-out.

Continued

Box B Continued

The initiative has proved to be very successful with information now available across all regions. Factors that have helped engagement with health services include:

- securing strategic level support within the relevant professional group;
- 'insider' knowledge of the seconded member of staff;
- 'selling' the benefits to mid-wives in terms of linking to their agendas, policies and targets; saving them time; providing an easy to use resource that they recognised as useful to themselves and their clients;
- clear plan for national roll-out combined with engagement at the local level to take account of differences between localities.

For further information go to: http://www.moneymadeclear.org.uk/parents/

4.5.4 Enablers of partnership working

PDCS staff respondents to the survey were asked to identify what would help the further development of partnership relations with both local authorities and health agencies. Some common issues were identified. The most frequently identified enabler was long-term commitment at all levels of the organisation and a strong strategic steer. These comments are illustrative:

> *'Clear directive on the future partnership agenda. A consistent approach and communication at high level with the local authorities.'*

> *'We need a clear strategy on what exactly we should be trying to achieve with our LAs. Quite often, owing to resourcing issues, we have to step back. Obviously our decision making can be somewhat limited at local level owing to the wider issues of being a "national" organisation – this is sometimes frustrating for our partners.'*

> *'Does TPS want to do this? If so there needs to be some direction/objective/aim to guide future action.'*

> *'Clarity about the long-term commitment of TPS to partnership working would be helpful. Cohesive and clear strategy from the highest levels. Too much reliance on local initiatives.'*

PDCS staff also understood that partnerships required an investment of staff time and again, they were looking for a commitment to this:

> *'Make sure the BDM role is sustained and given the time to put into this type of work.'*

> *'More time needs to be found to negotiate informal and simple liaison/partnership arrangements...'*

> *'More time needs to be devoted to raising the profile of LS and what we can offer.'*

Some respondents also mentioned the importance of building on what already exists and is working well:

> *'Review, refocus and revise – look at existing joint working arrangements... to determine how best to further enhance partnerships to improve service delivery.'*

> *'Continue to do what has already been done, building upon excellent working relationships and keeping one another informed of planned changes.'*

Other potential enablers identified by PDCS staff include:

- highly motivated individuals working to promote partnership working;
- fostering individual contacts in partner organisations with whom a relationship is being developed;
- at the strategic level ensuring that meetings are attended by officers of an appropriate level of seniority to make decisions;
- improving mutual understanding between partners about each others' organisations;
- joint training across teams;
- co-location of staff from partner organisation;
- advertising and 'selling' the benefits of a partnership approach.

Partners were asked what they thought was the single most important thing that PDCS could do to further partnership working. Both local authority and health partners thought that increasing general awareness of PDCS services, improving the availability of information and ensuring that partners are kept updated on changes (e.g. through attendance at team meetings, training sessions etc) were the most important things. In addition both groups wanted a local PDCS presence and/or ease of access to a dedicated phone line. In general, improved systems of communication were seen as desirable. However, it should also be noted that a significant number of partners indicated that they were quite happy with things as they are.

4.5.5 Success criteria

For PDCS the outcomes from effective partnership activity should be[11]:

- improved resolution of service delivery issues and services for customer representatives;
- making the most of insight to change and improve services;
- understanding, reaching and meeting the income, independence and well-being needs of more of the most vulnerable people in need of PDCS support;
- easier access for customers to a wider range of services delivered more seamlessly and efficiently;
- PDCS contribution to partner and stakeholder activities to improve the services they deliver to their customers.

In broad terms the outcomes sought by PDCS from partnership working are ones that are shared by partners.

More specifically, when partners were asked what makes an effective partnership a large majority of people (both health and local authority) mentioned the importance of having effective systems of communication in place, including mechanisms for regular liaison. Other important characteristics include good access to information and information-sharing, mutual understanding of each others' organisations including roles and responsibilities, constraints and issues and shared goals and objectives. A full list can be found in Table 4.16 broken down between health and local authority respondents.

11 PDCS, Strategy for Partnerships and External Relations, 2009-2011, p.10.

Table 4.16 Characteristics of effective partnerships – health and local authority partners

Thinking about partnership arrangements in general, what are the key features of a good partnership arrangement for your organisation?	
Local authority responses (numbers in brackets indicate the number of mentions. Total number of respondents =134)	**Health responses (numbers in brackets indicate the number of mentions. Total number of respondents =100)**
Effective systems for communication/ongoing liaison (70)	Effective systems for communication/ongoing liaison (61)
Good access to information, information-sharing and exchange (26)	Mutual understanding of each other's organisations (15)
Mutual understanding of each other's organisations (24)	Good access to information, information-sharing and exchange (12)
Shared goals and objectives (23)	Commitment, consistency, reliability (10)
Agreements regarding systems, processes, roles and responsibilities (15)	Shared goals and objectives (8)
Commitment, consistency, reliability (13)	Evidence of positive outcomes (8)
Evidence of positive outcomes (13)	A shared customer focus (7)
Honesty/openness (11)	Agreements regarding systems, processes, roles and responsibilities (4)
A shared customer focus (8)	Honesty/openness (4)
Trust (6)	Feedback mechanisms (4)
Respect (4)	Good personal relations (3)
Good personal relations (3)	Trust (2)
Adequate resources (3)	Respect (1)
Feedback mechanisms (3)	

These features, together with the overall outcomes sought from improved partnership working, provide the basis for a set of success criteria and also a benchmark against which partnership effectiveness might perhaps be evaluated.

4.6 Summary of key points

- 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 TPS/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.

5 Implications for future partnership working

Together the different sources of information used to inform this research clearly point in the same direction. As such, we can be confident that the findings – taken together – are robust and provide a solid basis for the proposed action plan set out in Chapter 2.

In this section we discuss the findings and identify the implications for future partnership arrangements (in bold in the text). These findings and the implications have been reflected in the 'blueprint for action' that can be found in Chapter 2.

5.1 Developing a strategic approach

The research has highlighted the fact that existing partnership arrangements have generally evolved in an *ad hoc* and unplanned manner. As a result, partnership coverage is patchy and uneven with some interesting and valuable work going on in some areas with some partners and very little happening in other areas. This is a particular problem with regards healthcare agencies. **Work to develop new partnerships would benefit from senior national and local partnership managers agreeing a planned, shared and strategic approach with a clear purpose and focused on the achievement of specific outcomes**.

Planning of partnership activity should be realistic in terms of what can be achieved over a particular timescale, within the resources and capacity available, and should therefore be phased and focused on priority areas.

5.2 Resolving ongoing issues

Partnership working has to some extent been hampered by issues that can only be resolved centrally. These include:

- clarification of the Pension, Disability and Carers Service (PDCS) 'brand';
- building relationships with key stakeholders centrally;
- resolving issues around access to Department for Work and Pensions (DWP) IT systems.

Resolution of these outstanding issues by PDCS is a pre-requisite for local action.

5.3 Local context and local knowledge

Localities are very different in terms of local organisations, local populations, priorities and the stage of development of local partnership arrangements. Although the intention must be to develop a more comprehensive approach to partnership arrangements, these must also **take account of the local context, make use of local knowledge and build on existing good practice**. The research uncovered many examples of good and promising practice which could form the basis of further partnership developments and should be more widely shared.[12]

[12] Further research to collect information in a standard form on good practice could be a helpful addition to the materials produced to support the local roll-out of the action plan.

However, it is also clear from the research that some partnerships are facing difficulties or are in danger of becoming moribund. Action needs to be taken to **review and, where necessary, refresh existing partnerships** including exploring ways in which they might be further developed.

5.4 Identifying partners

It is possible to identify a set of 'core' partners with whom, all else being equal, PDCS might be expected to have partnership arrangements with. These are partners with whom PDCS shares customers, or who can provide easier access to potential customers, especially those who are 'hard-to-reach', or who offer related services. **Auditing current partnership arrangements against the list of core partners will help identify gaps in coverage**.

Most existing partnership arrangements are focused on adults – pensioners, adults with disabilities and carers. We found very few references to work with families of children and young people with disabilities. This is a significant gap.

5.5 Developing appropriate partnership relationships

The nature of partnership arrangements (degree to which it has been formalised; arrangements regarding data sharing, joint visiting and referrals) is quite varied in response to local circumstances. This is not necessarily a bad thing. Partnership building is a process that may need to be developed in stages through awareness-raising, provision of information, development of referral routes, joint visiting and assessment and data sharing. 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**.

The main drivers for agencies to enter into partnership arrangements with PDCS are, on the on hand, a shared desire to improve the service to customers both in terms of maximising take up of income to which they are entitled and also in terms of improving the experience of often vulnerable customers by providing a more holistic and streamlined service which reduces the numbers of times information has to be provided to agencies.

5.6 'Selling' the benefits of partnership working

In addition, there are benefits to the agencies concerned: ensuring that customers are receiving their full pension/benefit entitlement is likely to result in other benefits to their health and well-being thereby reducing the demands made on health and social care services. Local authority departments responsible for care charges also have an additional motivation for maximising customers' income: their services are means-tested so the higher the customer's income the higher the charge made for residential and care services. Similarly hospitals have an interest in ensuring that all aspects of a patient's care package – including the financial aspects – are in place as quickly as possible so that the patient can be discharged thereby alleviating the pressure on hospital beds. In building partnerships **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**.

5.7 Facilitating partnership working

A number of barriers were identified through the research that need to be recognised and addressed if partnership working is going to be successful. Conversely, it is also possible to identify factors that help partnership working. **These 'enablers' need to be reflected in plans for partnership development** and include: commitment and a strategic steer; time and resources to devote to partnership working; availability of up to date information and other materials for use with partners and training and awareness raising sessions for partners.

5.8 Developing success criteria

The factors that characterise effective partnerships are, in general, shared by PDCS staff and local authority and health partners. They are also remarkably consistent with the evidence from the literature review. As such they form the basis for a robust set of indicators of progress and, with some further development, should **inform the development of local action plans, reporting of progress and interim and annual reviews**. If the proposed action plan is taken forward they could also form the basis of an **evaluation framework** to assess progress in relation to partnership developments in the future.

Appendix A
Details of methods used

National agency interviews

In-depth, telephone interviews were undertaken with a limited number of strategic players at a national level in selected agencies, as follows:

Stakeholder Engagement Co-ordinator	Department of Health (DH)
Scottish Implementation Manager	In and Out of Work
Cross Government Project Manager	DH
Deputy Director	Employer and Stakeholder Division, Jobcentre Plus
Head of Partnerships	Pension, Disability and Carers Service (PDCS)
Deputy Director for Older People and Dementia	DH

These informants were identified by the project managers at PDCS. Appointments were made for telephone interviews. The interviews were recorded and transcribed.

The main purpose of these interviews was to obtain a more strategic view of partnership working from key informants and also to better understand PDCS's aspirations in relation to partnership arrangements. The topic guide for these interviews appears below.

In addition, a further telephone interview was conducted with a representative of the Financial Services Agency who is responsible for the roll-out of the Parents' Guide to Money.

Topic guide for national agency interviews

PDCS aspirations for partnership working

1 What are the main drivers for PDCS in developing partnership arrangements:
   a Nationally.
   b Regionally.
   c Locally.
2 And what is the balance between strategic and operational partnership arrangements?
3 What outcomes is PDCS seeking to achieve through partnership arrangements?
4 What criteria will PDCS use to assess the value of partnership arrangements?

Partners

5 Who do you regard as your 'natural' partners locally, regionally, nationally? (Probe: organisation type and sector, i.e. health and local authority)
6 Are there any organisations that PDCS is currently working with where you feel partnership arrangements are well advanced? (probe: specific details – type of organisation, nature of partnership arrangements, level etc)

7 What factors do you think have helped to move these partnership arrangements along?

8 Are there any significant gaps in current partnership arrangements? i.e. organisations that you feel PDCS should be working with and is not.

Barriers and enablers

9 Are there any organisations with whom you would like to enter into partnership arrangements where there are particular difficulties currently?

10 What do you think are the barriers to enhanced levels of partnership working?

11 What, specifically, could PDCS do to improve partnership arrangements?

Characteristics of effective partnerships

12 What do you think are the key features of a good partnership arrangement?

13 If you can please describe a partnership arrangement PDCS is involved in which, in your view, works very well?

E-survey of PDCS staff

PRI created an online questionnaire with which to conduct the survey using the Survey Monkey website. After piloting with a small groups of staff, PDCS then sent out a link to this survey in an email, originally sent to 152 contacts nationwide. The survey had an initial deadline for submission of the 5 March 2010; however this was extended until the 19th when PDCS emailed the survey link to an additional 18 Local Service Area Managers towards the end of the survey period, giving them two weeks and the original recipients an extension of the same time to complete the survey. At the end of this extended period, PRI had received 130 responses from the 170 recipients of the emailed link.

Of the 130 respondents 90 (88 per cent) said that they were personally involved in partnership working. Of these 73 per cent said that their partnership working was mainly concerned with local service delivery issues; 67 per cent with information exchange; 49 per cent with service planning issues; and 34 per cent around specific cases.

The survey questionnaire appears overleaf.

ID Number	

PDCS STAFF PARTNERSHIP SURVEY 2010

The Pension, Disability and Carers Service (PDCS) is committed to developing partnership arrangements that will help deliver its vision of "working together to make lives better". To help develop more effective approaches to the building of partnership arrangements the PDCS has commissioned research to examine current partnership arrangements and how effectively they are operating; identify lessons that might be usefully be learned from existing partnerships; and develop an action plan for improving partnership relations.

This online survey will provide useful information on existing partnerships and gather information about how future partnerships can be developed. The questionnaire should take about 15 minutes to complete. Please complete and submit yours by Friday, 19th March 2010.

Survey confidentiality: Any information provided through this survey is treated as completely confidential and will only be used by researchers involved in the project. No individuals will be identified in any reports or presentation of results from this research.

If you have any queries about completing this questionnaire, please contact the Survey Research Centre on 0113 812 1975 or email j.clark@leedsmet.ac.uk

SECTION A: Respondent Details

1. ***Your Name:*** .....
2. ***Your Job Title:*** .....
3. ***Your District:*** .....
4. ***Telephone Number:*** .....
5. ***Email:*** .....

Section B: Knowledge of PDCS

6. ***Thinking about organisations in your locality, which of the following statements best describes awareness of PDCS:*** (please tick one box only)

Most local organisations know that The Pension Service (TPS) and the Disability and Carers Service (DCS) now operate under the PDCS name	☐ 1
Some local organisations know that TPS and DCS now operate under the PDCS name	☐ 2
A few local organisations know that TPS and DCS now operate under the PDCS name	☐ 3
Almost no local organisations know that TPS and DCS now operate under the PDCS name	☐ 4
Don't Know	☐ 5

7. ***Would you say that local partnership organisations' knowledge of the PDCS and the services they provide is....?*** (please tick one box only)

Very good	☐ 1	***Go to Q9***
Good	☐ 2	***Go to Q9***
Neither good nor poor	☐ 3	***Go to Q9***
Poor	☐ 4	***Go to Q8***
Very poor	☐ 5	***Go to Q8***
Don't Know	☐ 6	***Go to Q9***

8. ***If Poor or Very Poor, Why do you think this is?*** (please specify below)

.....

.....

.....

9. ***Are there any specific gaps in partners' knowledge about PDCS that need to be filled?***
(please specify below)

.....

.....

.....

10. ***What do you think PDCS should do to improve knowledge and awareness among partners about its roles and responsibilities?*** (please specify below)

.....

.....

.....

Section C: Local Authority Partnerships

Please note: when referring to partnership arrangements this includes both formal and informal arrangements and/or any joint working.

11. ***Which of the following statements best describes the current situation between PDCS and the Local Authority(ies) in your district?*** *Key departments within the local authority …* (please tick one box only)

Regard the PDCS as a key partner in relation to the delivery and/or planning of services	☐ 1
Understand the vision and purpose of PDCS but are not engaged with it	☐ 2
Do not currently have partnership arrangements with the PDCS but are interested in developing partnership arrangements	☐ 3
Have little knowledge or understanding of the PDCS and are not interested in developing partnership arrangements	☐ 4
Don't Know	☐ 5

12. ***Which of the following statements best describes current partnership arrangements between PDCS and the Local Authority(ies) in your district?*** (please tick one box only)

PDCS has partnership arrangements with **All** key departments within the local authority	☐ 1	***Go to Q13***
PDCS has partnership arrangements with **MOST** key departments within the local authority	☐ 2	***Go to Q13***
PDCS has partnership arrangements with **SOME** key departments within the local authority	☐ 3	***Go to Q13***
PDCS does not have any partnership arrangements with the local authority	☐ 4	***Go to Q20***
Don't Know	☐ 5	***Go to Q13***

13. ***With which of the following local authority department(s) is PDCS currently engaged in partnership working?*** (please tick all that apply)

Children's Services	☐ 1
Adult Social Care	☐ 2
Benefits Service	☐ 3
Chief Executive's Office / Corporate Policy Teams	☐ 4
Other.....	☐ 5
Other.....	☐ 6
Other.....	☐ 7
Don't Know	☐ 8

14. ***What are these current partnership arrangements mainly concerned with?***
(please tick all that apply)

Service delivery issues	☐ 1
Service planning issues	☐ 2
General information exchange	☐ 3
Varies between departments	☐ 4
Other…… ……	☐ 5
Don't Know	☐ 6

15. ***How effective or ineffective do you think the current partnership arrangements are between PDCS and the Local Authority?*** (please tick one box only)

Very effective	☐ 1	***Go to Q16***
Quite effective	☐ 2	***Go to Q16***
Neither effective nor ineffective	☐ 3	***Go to Q19***
Quite ineffective	☐ 4	***Go to Q17***
Very ineffective	☐ 5	***Go to Q17***
Depends upon the department	☐ 6	***Go to Q18***
Don't Know	☐ 7	***Go to Q19***

16. ***What factors make partnership working effective with the local authority?*** (please specify below)

……

……

……**Go to Q19**

17. ***What factors make partnership working ineffective with the local authority?*** (please specify below)

……

……

……**Go to Q19**

18. ***What (if any) are the departmental issues affecting the effectiveness of partnership working?*** (please specify below)

……

……

……

19. ***What examples of good practice have enhanced partnerships with the LA?***
(please specify below)

……

……

……

20. ***What are the key barriers/problems faced which have hampered effective partnerships with the LA?*** (please specify below)

……

……

……

21. ***What else needs to be done locally to further enhance partnerships with the LA?*** (please specify below)

……

……

……

22. ***Do you think that the previous partnership arrangement between TPS and the local authority was more or less effective than the current partnership arrangement between PDCS and the local authority?***

More effective	☐ 1	***Go to Q23***
About the same	☐ 2	***Go to Q25***
Less effective	☐ 3	***Go to Q24***
Don't Know	☐ 4	***Go to Q25***

23. ***How is it more effective?*** (please specify below)

……

……

……**Go to Q25**

24. ***How is it less effective?*** (please specify below)

……

……

……

25. ***Do you think that the previous partnership arrangement between DCS and the local authority was more or less effective than the current partnership arrangement between PDCS and the local authority?***

More effective	☐ 1	***Go to Q26***
About the same	☐ 2	***Go to Q28***
Less effective	☐ 3	***Go to Q27***
Don't Know	☐ 4	***Go to Q28***

26. ***How is it more effective?*** (please specify below)

.....

.....

.....Go to Q28

27. ***How is it less effective?*** (please specify below)

.....

.....

.....

Section C: Local Health Organisation Partnerships

Please note: when referring to partnership arrangements this includes both formal and informal arrangements and/or any joint operational working.

28. ***Which of the following statements best describes current partnerships with the PDCS and Local Health Organisation (e.g. PCTs, NHS Trusts, Health Centres etc)?***

Key Local Health Organisations ... (please tick one box only)

Regard the PDCS as a key partner in relation to the delivery and/or planning of services	☐ 1
Understand the vision and purpose of PDCS but are not engaged with it	☐ 2
Do not currently have partnership arrangements with the PDCS but are interested in developing partnership arrangements	☐ 3
Have little knowledge or understanding of the PDCS and are not interested in developing partnership arrangements	☐ 4
Don't Know	☐ 5

29. ***Which of the following statements best describes current partnership arrangements between PDCS and the Local Health Organisations in your district?*** (please tick one box only)

PDCS has partnership arrangements with **All** key local health organisations	☐ 1	***Go to Q30***
PDCS has partnership arrangements with **MOST** local health organisations	☐ 2	***Go to Q30***
PDCS has partnership arrangements with **SOME** local health organisations	☐ 3	***Go to Q30***
PDCS does not have any partnership arrangements with local health organisations	☐ 4	***Go to Q37***
Don't Know	☐ 5	***Go to Q30***

30. ***Thinking about current partnership arrangements between PDCS and the Local Health Organisations, which organisation(s) are these with….?*** (please tick all that apply)

PCTs	☐ 1
NHS Trusts	☐ 2
Community Nursing Services	☐ 3
Local Health Centres / Clinics	☐ 4
Other……	☐ 5
Other……	☐ 6
Other……	☐ 7
Don't Know	☐ 8

31. ***What is this partnership mainly concerned with?*** (please tick all that apply)

Service delivery issues	☐ 1
Service planning issues	☐ 2
General information exchange	☐ 3
Varies between organisations	☐ 4
Other…… ……	☐ 5
Don't Know	☐ 6

32. ***How effective or ineffective do you think the partnership arrangements are between PDCS and local healthcare organisations?*** (please tick one box only)

Very effective	☐ 1	***Go to Q33***
Quite effective	☐ 2	***Go to Q33***
Neither effective nor ineffective	☐ 3	***Go to Q36***
Quite ineffective	☐ 4	***Go to Q34***
Very ineffective	☐ 5	***Go to Q34***
Depends upon the organisation	☐ 6	***Go to Q35***
Don't Know	☐ 7	***Go to Q36***

33. ***What factors make partnership working effective with local health organisations?***
(please specify below)

……

……

……Go to Q36

34. ***What factors make partnership working ineffective with local health organisations?***
(please specify below)

……

……

……Go to Q36

35. ***What (if any) are the organisational issues affecting the effectiveness of partnership working with local health organisations?*** (please specify below)

……

……

……

36. ***What examples of good practice have enhanced partnerships with local health organisations?***
(please specify below)

……

……

……

37. ***What are the key barriers/problems faced which have hampered effective partnerships with local healthcare organisations?*** (please specify below)

.....

.....

.....

38. ***What else needs to be done locally to further enhance partnerships with local health organisations?*** (please specify below)

.....

.....

.....

39. ***Do you think that the previous partnership arrangement between TPS and local health organisations was more or less effective than the current partnership arrangement between PDCS and local health organisations?***

More effective	☐ 1	***Go to Q40***
About the same	☐ 2	***Go to Q42***
Less effective	☐ 3	***Go to Q41***
Don't Know	☐ 4	***Go to Q42***

40. ***How is it more effective?*** (please specify below)

.....

.....

.....Go to Q42

41. ***How is it less effective?*** (please specify below)

.....

.....

42. ***Do you think that the previous partnership arrangement between DCS and local health organisations was more or less effective than the current partnership arrangement between PDCS and local health organisations?***

More effective	☐ 1	***Go to Q43***
About the same	☐ 2	***Go to Q45***
Less effective	☐ 3	***Go to Q44***
Don't Know	☐ 4	***Go to Q45***

43. ***How is it more effective?*** (please specify below)

……

……

……**Go to Q45**

44. ***How is it less effective?*** (please specify below)

……

……

……

SECTION E: Your Involvement in Partnership Working

45. ***Are you personally involved in any form of partnership working on behalf of PDCS (this could include both formal and informal partnerships arrangements, or any operational working with other organisations)?*** (please tick one box only)

Yes	☐ 1	***Go to Q46***
No	☐ 2	***Go to Q47***
Don't Know	☐ 3	***Go to Q47***

46. ***Is your involvement mainly with….?*** (please tick all that apply)

Specific cases	☐ 1
Service delivery issues in the locality	☐ 2
Service planning issues in the locality	☐ 3
Information Exchange	☐ 4
Other (please state) ……	☐ 5

47. ***Overall, how satisfied or dissatisfied are you with your interaction with partner organisations?***
(please tick one box only)

Very satisfied	☐ 1
Quite satisfied	☐ 2
Neither satisfied nor dissatisfied	☐ 3
Quite dissatisfied	☐ 4
Very dissatisfied	☐ 5
Don't Know	☐ 6

48. ***What do you think is the single most important thing that PDCS could do to enhance partnership arrangements at the local level?*** (please specify below)

.....

.....

.....

49. ***Do you have any additional comments you would like to make in relation to PDCS and partnership arrangements?*** (please specify below)

.....

.....

.....

Thank you very much for your help. Please submit your completed questionnaire as soon as possible. The final date for receipt is Friday, 19th March 2010.

If you have any additional questions or comments please contact:

Policy Research Institute
Leeds Metropolitan University
22 Queens Square
Leeds
LS2 8AF

0113 812 1975

Telephone survey of partners

PDCS provided PRI with a database of local contacts in partner agencies. The data was incomplete and so information gaps were filled using web searches and the Local Authority Municipal Year Book; duplicate entries were removed from the database. Contacts were then sent an introductory letter informing them about the research and that the PRI would be contacting them soon, and offering contact details should they wish to make enquiries about the research or to opt out. These letters were sent to 378 health contacts and 1,050 local authority contacts. The PRI then undertook telephone interviews using the questionnaire below. Interviews took place between 9 March and 1 April 2010.

Respondent characteristics

Of the 234 interviews carried out, 134 were with individuals working in local authorities; 100 were with individuals working in local health organisations.

Of the 234, a total of 125 respondents (56 per cent) were personally involved in some kind of interaction with PDCS. Sixty-four per cent of local authority respondents had personal interaction with PDCS and 45 per cent of health respondents.

Table A.1 shows the breakdown of interaction with The Pension Service (TPS), Disability Carers Service (DCS) and both TPS and DCS.

Table A.1 Partner respondents: personal involvement with PDCS (no=124)

Is your involvement with...	All Partners		Local authority (n=83)		Health (n=41)	
	No	%	No	%	No	%
TPS only	83	36	62	75	21	51
DCS only	6	3	1	1	5	12
Both TPS and DCS	35	28	20	24	15	37

The survey questionnaire appears overleaf.

Type				
Cohort				
ID No.				

PDCS PARTNER SURVEY 2010

Hello, my name is ..... and I'm calling from the Policy Research Institute at Leeds Metropolitan University. We have been commissioned by PDCS the Pension, Disability and Carers Service, which includes the Pension Service and the Disability and Carers Service, to conduct a survey to investigate their joint working and partnership arrangements with (say as appropriate) Local Authorities or Local Health Organisations.

You should have received a letter informing you of the research, do you recall seeing it? (If no, briefly outline the purpose and content of the survey)

Would you be willing to take part in a telephone interview? It should only take about 15-20 minutes to complete; everything you say will be treated in the strictest confidence and no one will be able to identify you or your organisation from the results.

Section A: Knowledge of PDCS

Prior to receiving any information regarding this research, were you aware that the Pension Service and the Disability and Carers Service are now one joint organisation (PDCS)?

(please tick one box only)

Yes	☐ 1
No	☐ 2

50. ***Would you say that your current awareness of the PDCS and the services they provide is....?***

(please tick one box only)

Very good	☐ 1	***Go to Q4***
Quite good	☐ 2	***Go to Q4***
Neither good nor poor	☐ 3	***Go to Q4***
Quite poor	☐ 4	***Go to Q3***
Very poor	☐ 5	***Go to Q3***
Don't Know	☐ 6	***Go to Q4***

51. ***If Poor or Very Poor, Why is this?*** (please specify below)

……

……

……

52. ***What services would you say the PDCS provides?*** (please specify below)

……

……

……

53. ***Which customers would you say the PDCS serve?*** (please specify below)

……

……

……

54. ***Are there any specific gaps in your knowledge about PDCS that need to be filled?***

(please tick one box only)

Yes	☐ 1	***Go to Q7***
No	☐ 2	***Go to Q8***

55. ***What do these gaps relate to?*** (please specify below)

……

……

……

56. ***What do you think the PDCS should do to improve its partners' knowledge and awareness about its roles and responsibilities?*** (please specify below)

……

……

……

Section B: Partnership Arrangements

Interviewer specify: I'm now going to ask you some questions relating to partnership arrangements with PDCS; by partnership arrangements we include in this any formal and informal partnership arrangements and / or any joint working.

57. ***Thinking about <u>your organisation</u>, which of the following statements best describes your current relationship with the PDCS, which includes both TPS and DCS?***

(please read out and tick one box only)

My organisation regards the PDCS as a key partner in relation to the delivery and/or planning of services	☐ 1	***Go to Q10***
My organisation understands the vision and purpose of PDCS but is not engaged with it	☐ 2	***Go to Q21***
My organisation does not currently have partnership arrangements with the PDCS but is interested in developing partnership arrangements	☐ 3	***Go to Q21***
My organisation has little knowledge or understanding of the PDCS and is not interested in developing partnership arrangements	☐ 4	***Go to Q33***
Don't Know	☐ 5	***Go to Q21***

58. ***Thinking about your current joint working and partnership arrangements with the PDCS, is this with…?***

(please tick one box only)

The Pension Service (TPS)	☐ 1	***Go to Q12***
Disability & Carers Service (DCS)	☐ 2	***Go to Q12***
Both TPS and DCS	☐ 3	***Go to Q11***

59. ***For the next set of questions I need to ask you about your organisation's <u>main</u> joint working or partnership arrangement. Can you tell me is this with TPS or DCS?*** (please tick one box only)

The Pension Service (TPS)	☐ 1
Disability & Carers Service (DCS)	☐ 2

60. ***Thinking about your principle partnership arrangement with (say as appropriate) TPS or DCS, is this mainly concerned with…?*** (please tick all that apply)

Service delivery issues	☐ 1
Service planning issues	☐ 2
General information exchange	☐ 3
Other……. …….	☐ 4
Don't Know	☐ 5

61. ***And is this partnership arrangement at…?*** (please tick one box only)

Local level	☐ 1
Sub-regional level	☐ 2
Regional level	☐ 3
Don't Know	☐ 4

62. ***How does this partnership currently operate?*** (please specify below)

……

……

……

63. ***What was the main driver for your organisation to develop this partnership?*** (please specify below)

……

……

……

64. ***How effective or ineffective do you think the current principle partnership arrangement is between your organisation and (say as appropriate) TPS or DCS, is it….?***

(please tick one box only)

Very effective	☐ 1	***Go to Q17***
Quite effective	☐ 2	***Go to Q17***
Neither effective nor ineffective	☐ 3	***Go to Q19***
Quite ineffective	☐ 4	***Go to Q18***
Very ineffective	☐ 5	***Go to Q18***
Don't Know	☐ 6	***Go to Q19***

65. ***What factors make partnership working between your organisation and (say as appropriate) TPS or DCS effective?*** (please specify below)

……

……

…… **Go to Q19**

66. ***What factors make partnership working between your organisation and (say as appropriate) TPS or DCS ineffective?*** (please specify below)

……

……

67. ***What, if any, are the key barriers/problems which have hampered effective partnerships working between your organisation and (say as appropriate) TPS or DCS?*** (please specify below)

……

……

……

68. ***Which aspects of your organisation's partnership working with (say as appropriate) TPS or DCS work especially well?*** (please specify below)

……

…… **Go to Q26**

69. ***Why is your organisation not currently involved in partnership working with PDCS (including TPS and DCS)?*** (please specify below)

……

……

70. ***If your organisation was to enter into a partnership arrangement with the PDCS, would this <u>mainly</u> be with…?*** (please tick one box only)

The Pension Service (TPS)	☐ 1	***Go to Q23***
Disability & Carers Service (DCS)	☐ 2	***Go to Q23***
Both TPS and DCS	☐ 3	***Go to Q23***
My organisation would not enter into a partnership with PDCS	☐ 4	***Go to Q27***
Don't know	☐ 5	***Go to Q27***

71. ***What would be the main benefits to your organisation of entering into a partnership agreement with (say as appropriate) TPS, DCS or PDCS?*** (please specify below)

……

……

72. ***What issues do you think such a partnership would be focussed on?*** (please tick all that apply)

Service delivery issues	☐ 1
Service planning issues	☐ 2
General information exchange	☐ 3
Other…… ……	☐ 4
Don't Know	☐ 5

73. ***Which would be the most appropriate level for this partnership arrangement, would it be at…?***

(please tick one box only)

Local level	☐ 1
Sub-regional level	☐ 2
Regional level	☐ 3
Don't Know	☐ 4

74. ***What do you think is the single most important thing that PDCS could do to further partnership working?*** (please specify below)

……

……

……

75. ***Are you <u>personally</u> involved in any form of regular interaction with PDCS?***(please tick one box only)

Yes	☐ 1	***Go to Q28***
No	☐ 2	***Go to Q34***

76. ***Is this with….?*** (please tick one box only)

TPS only	☐ 1
DCS only	☐ 2
Both TPS and DCS	☐ 3

77. ***What issue(s) is this interaction generally around?*** (please tick all that apply)

Specific cases	☐ 1
Service delivery issues in the locality	☐ 2
Service planning issues in the locality	☐ 3
General information exchange	☐ 4
Other…… ……	☐ 5
Don't Know	☐ 6

78. ***Overall, how satisfied or dissatisfied are you with <u>your</u> interaction with PDCS, are you…?***

(please tick one box only)

Very satisfied	☐ 1	***Go to Q31***
Quite satisfied	☐ 2	***Go to Q31***
Neither satisfied nor dissatisfied	☐ 3	***Go to Q34***
Quite dissatisfied	☐ 4	***Go to Q32***
Very dissatisfied	☐ 5	***Go to Q32***
Don't Know	☐ 6	***Go to Q34***

79. ***Can you please explain why you are satisfied with <u>your</u> interaction with PDCS?***

(please specify below)

……

……

…… **Go to Q34**

80. ***Can you please explain why you are dissatisfied with <u>your</u> interaction with PDCS?***

(please specify below)

……

……

……**Go to Q34**

81. ***Why is your organisation not interested in partnership working with PDCS (including TPS and DCS)?*** (please specify below)

……

……

……

Section C: What Makes An Effective Partnership?

82. ***Thinking about partnership arrangements in general (ie not just with PDCS), what are the key features of a good partnership arrangement for your organisation?*** (please specify below)

……

……

……

83. ***Please describe a partnership arrangement that your organisation is involved in which, in your opinion, works very well:*** (please specify below)

.....

.....

.....

Section D: Final Comments

84. ***Do you have any additional comments you would like to make in relation to PDCS partnership arrangements?*** (please specify below)

.....

.....

.....

Section E: Contact Details

Interviewers MUST complete this section in full. However only ask the respondent for information that is missing or incorrect on the contact sheet:

85. ***Your Name:*****.....**

86. ***Your Job Title:*****.....**

87. ***Your Organisation:*** *.....*

88. ***Your Department:*** *.....*

89. ***Telephone Number:*****.....**

90. ***Email:*** *.....*

Thank you very much for taking part in this survey

Interviewer: ..... ***Date: .....***

Length of interview: ..... min ***ID No: .....***

Appendix B
Case study reports

Six case study areas were selected in discussion with Pension, Disability and Carers Service (PDCS) officers. The selection criteria were designed to ensure a reasonable spread in terms of types of area (urban/rural/metropolitan) and region including Scotland and Wales. A lead researcher was identified for each area. They made contact with the PDCS manager locally to discuss arrangements including the identification of local contacts in the relevant agencies to add to those identified for each area from the PDCS partners' database. In each case the lead researcher set up individual or group interviews. A standard topic guide was used and all interviews were tape recorded (with the permission of participants) and transcribed. The following case study reports are summaries of the findings for each area.

Case study 1

Participants involved in case study – roles/organisations

Business Development Manager	PDCS
Local Service Manager	PDCS
Partnership Manager	Jobcentre Plus
Chief Executive	Voluntary Sector Organisation (Rights)
Chief Executive	Voluntary Sector Organisation (Disabilities)
Advisor	Voluntary Sector Organisation (Rights)
Chief Executive	Voluntary Sector Organisation (Disabilities)
2 x Fairer Charging Managers	2 x Local Authorities
Chief Officer	DASH (Disability Charity)
Welfare Benefits Coordinator	Age Concern

Background information/context

This case study covers a densely populated area with a large number of local authorities. Information about relationships with health agencies was obtained from PDCS staff; it was not possible to identify interviewees from health partners. This reflects the very low level of partnership activity with the health sector in this cluster.

Partnership working with the voluntary sector is generally well-developed. It was felt that in part this is because that sector recognises the importance of joint working. Also, it was felt by PDCS that this is important because, increasingly, the boundaries between the statutory and voluntary sectors are becoming blurred with the voluntary sector being commissioned to deliver services on behalf of the statutory sector. Their role is increasingly to specialise in more complex or specialised cases leaving the more generic activity to the state sector. For these reasons, interviews with the voluntary sector have been included to compensate for the absence of interviewees from health agencies.

Current partnership arrangements

Partnerships are formed with both parts of PDCS as appropriate – although amongst those we spoke to the most common working relationship is with The Pension Service (TPS). Although partners are not very aware of the TPS and Disability Carers Service (DCS) merger, it did not worry many respondents. Some partners said that it would be beneficial for them to gain a better understanding of the operational remit of PDCS. This was reinforced by PDCS who suggested that they should market themselves better, and explain what each part of the organisation does.

Since the TPS and DCS merger, it was reported that there have been some changes on the pensions side in response to partnership feedback and visiting officers have widened their customer remit. For example, in one local authority area the Joint Team (made up of LA and TPS visiting officers) now visit customers who are of 'working age' (which would typically involve doing benefits checks for customers claiming benefits that fall under the remit of DCS) whereas previously the emphasis was on customers of pensionable age.

Partnership working was described as being established at a strategic level but then left to the operational level to continue and maintain it. Where changes occur it may be necessary to go back to that strategic level to renew the arrangements but that is not a continual process. It appears that with the Joint Team initial strategic discussions became embroiled in very detailed operational issues further blurring the boundaries between operational and strategic.

Local authority partners and TPS

Within the whole area there are 18 local authorities and partnerships between PDCS and each of those area's councils vary enormously; they appear to work quite closely with about half of these authorities. Overall, it can only be characterised as very diverse, that is not only across each of the local authorities but also within each of them and also over time. Where partnerships are felt to be good with one authority at one time, this may change with political changes or as staff change.

As an example of a formal partnership arrangement, PDCS sits on a local Strategic Partnership Board, which includes representation from various voluntary and community organisations. The aim is to help people maximise their income. The service is available to all local residents of working age and those approaching 60 years of age and over. They provide full benefit checks either in the claimant's own home or other venues. Officers check entitlements and complete the necessary forms. Local Service supports the provision of Outreach Information Points and works with partner organisations to raise awareness among all vulnerable people of working age, and older people.

In another local area TPS is involved in a Joint Team which includes staff from Age Concern, a local carers organisation, Citizens Advice Bureau (CAB), Association of Disabled People and Jobcentre Plus. The team provides a full benefits check for vulnerable customers of TPS and DCS in their own home including completion of forms.

Joint Visiting Teams aim to provide a holistic one stop service for older and vulnerable people and to join up services provided by the local authority and TPS. It was felt to be particularly relevant where financial data was being requested to assess eligibility for various benefits and services for older people and where repeated assessments would otherwise be made. Such assessments could act as an entry point to other services the person might be eligible for. The services offered could be extended to include the Primary Care Trust although in practice they rarely take part.

Partnerships that do not result in operational linkages and referrals are not seen as being so important; this may especially be the case at regional level. An example was the former Anti-Poverty Forum that no longer exists but was seen to cover important issues but did not result in

implementation and was viewed as powerless. Actual contacts on the ground are seen as being far more important.

There are numerous **informal** 'partnership' arrangements; many were forged initially at a strategic level and have evolved into *ad hoc* working arrangements between officers on the front line. As indicated, these arrangements come and go over time and they vary enormously between different agencies in terms of effectiveness and sustainability.

The respondents from the local authority sector indicated that partnership arrangements with the TPS that they are involved with are of a formal nature. However, PDCS respondents stated that this is not the case with all local authorities in the cluster, and various informal arrangements exist at an operational level.

Local authority partners and DCS

No **formal** partnership arrangements between local authorities and DCS were reported although respondents in local authorities indicated that some **informal** and rather loose arrangements are in operation. For example, DCS staff delivered training sessions to a Joint Team when they were first set up; however there has not been a need for this to be a regular arrangement. The Joint Team also holds a number of forums for its partners during the year, and a representative from DCS attends regularly and has the opportunity to feedback any issues. Local authority respondents also said it was possible to make contact with the DCS through TPS contacts involved in partnership working; if they were struggling to resolve any issues this method was often sought as a 'way in'.

Health partners and TPS/DCS

Information about relationships with health sector agencies is drawn from PDCS staff interviews. The overall picture is very patchy but generally the health service appears very reluctant to engage with PDCS. This is exacerbated by the nature of the area which includes a complex structure of health organisations.

Drivers of partnership working

The Joint Teams were developed as a result of a national initiative to join up local services, reduce duplication and provide a seamless and simplified service for the customer.

The main driver of partnership working, shared by all partners involved is to maximise the benefit income of customers – this was stressed repeatedly. It was felt that the working arrangements are beneficial to clients of all partners and where they work well, they are able to reach the 'hard to reach groups'. PDCS staff, especially, feel that partnership working is crucial to enable them to reach the 'hard to reach groups'; this may be through specialist voluntary organisations or groups who cater for ethnic minorities:

> *'When we* [TPS] *work best we work with other groups.'*

PDCS feel that locally *'the local authority should be driving the agenda because they are the people on the ground and should know, I see us as a supporting role*'. Priorities are expressed, e.g. through the LAA ,and the PDCS will help partners meet these targets through their partnerships. There are also other partnerships such as 'later years partnerships' led by the local authority which work well as they are the right agency to lead it.

Those respondents based in local authority Fairer Charging Departments were particularly driven by the desire to maximise the local authority's income by undertaking accurate financial assessments of their customers which could lead to an increase in benefit income and therefore increased charges for local authority care services.

Success criteria

The two key success criteria were felt to be firstly, to maximise the benefits for customers and secondly, to make the system as simple as possible for them:

> *'How can we, by working together, provide a better joined up service for that person ... cut down bureaucracy and if we can work together with partners to do that ... let's make the process for the individual as simple as we can by joining up.'*

One way to do this is through improving the referral system between the agencies (many agencies need evidence of referrals to meet targets).

A further success criterion is the extent to which goals are shared between organisations; it was felt that LA goals can change quickly due to the vagaries of policy and personnel changes.

A success criterion mentioned by one partner was that all partners should have an equal say – i.e. that there should be shared levels of power. So, for example, the Strategic Board was viewed as driving the council's agenda and the voluntary sector often feels like an 'add-on' to that partnership process. This is not that individuals feel they are not listened to but that the sector more generally feels they are often not present at the strategic table.

Currently the local authority assesses the Joint Team arrangement through the Strategic Management Team and various forums which are attended by operational staff at the LA and voluntary sector partners. The forums are a mechanism used to obtain feedback about operational issues, which are then fed back into the Strategic Management Board for review. Local authorities also produce annual benchmarking reports which assess progress in terms of benefits maximisation.

Core partners

As indicated above, PDCS's current partners link to whichever service within PDCS is most appropriate to the needs of their client; they do not differentiate between them and it appears that they do not especially wish or need to. PDCS staff however, recognise that they may not 'have our branding right' following the merger. They also feel they should link more closely with Jobcentre Plus. Where partners were aware of the merger between TPS and DCS and enjoyed a longstanding arrangement with the TPS, there was some recognition that operational relationships with the DCS could be improved although it was not felt that a formal arrangement was necessarily required. Many respondents did not understand the history of the PDCS and have always perceived the TPS and DCS as one organisation – therefore did not identify any gaps. Had there been a greater understanding of the operational remit of the TPS and DCS and their roles, there may have been more discussion around this issue.

Potentially, PDCS staff view all relevant departments of the LA and health agencies as potential partners. At local authority level this particularly includes departments involved in charging, welfare rights or benefits managed by the LA (e.g. council tax benefit) as these are typically closely related to PDCS benefit entitlement and customer data can be shared. Large sections of the voluntary sector were also identified as complementing the work of statutory agencies. In practice, partners vary enormously, with the voluntary sector appearing to be most willing to work with the PDCS, followed by certain (and very variable) sections of local authorities. However, PDCS respondents suggested that there does not appear to be a standard pattern to this.

Rather than a 'gap' or barrier, there is some *'frustration'* among PDCS staff that there is so much inconsistency in the level and quality of partnership working between boroughs and over comparatively short time spans. This has led to the belief that when it comes to developing models of joint working there is *'no one size that fits all'* and partnership development needs to be tailored to the particular local circumstances.

PDCS staff felt that a 'gap' was some mechanism for *'getting information down to the ground level'*. It was felt that information is needed at a very local level to be of help.

A lack of input from health is certainly recognised as a significant gap by PDCS staff. Despite attempts to work with that sector they appear to see partnership working as *'an add-on they're not getting paid for and there's no incentive really for them to do it'*. One way round this has been to work with agencies and groups that deal with more specific health-related issues such as Alzheimers or Parkinsons.

The changing nature of statutory agencies – politically and staff turnover – can be an issue; where good partnerships are set up they may as easily disappear.

PDCS felt that there are still many agencies within statutory and voluntary sectors that do not understand their work and how they could work together for the benefit of mutual clients; they still have the image of being *'the social'*. It was felt that there needs to be more sustained and directed marketing.

It was also felt that the benefits of partnership working should be disseminated and realised internally as well in order that staff generally at all levels are encouraged to develop it:

> *'I think in terms of partnerships we, the DWP, don't actually value the partnerships well enough ...where partnership works well it really can be of benefit to the community and can make a huge difference – in some areas we have got that really right, but I don't think we sell that very well.'*

Barriers to partnership working

Time and resources were mentioned as a barrier by partner agencies. This was felt to especially affect the voluntary sector who are often limited within the service they offer as well as limited in terms of strategic planning due to short-term funding. That sector is becoming more closely tied to local authority funding which is increasingly under threat itself; they feel they have to compete for limited funding with the local authority and to some extent the Department for Work and Pensions (DWP):

> *'We will always have to fight for our own survival and that will have an impact on when we are taking part in joint working.'*

One barrier – possibly due to lack of time/resources – is that many organisations expect their partners to *'come to us'* or refer cases to the partner and do not see they have to reciprocate. This can happen both ways but the voluntary sector are especially affected by this as their targets and therefore direct funding, can often depend on the number of clients (i.e. referrals) they see. They were encouraged by the Joint Team initiative and everyone appears to support the notion of joint working and referring on, however in practise this does not always seem to work as effectively. This may be due to political and organisational changes or lack of understanding or time at the front-line level.

There do not appear to be specific problems in agencies relating to each other in the area, and there is a general willingness to work together. The only issue between agencies and DWP appears to be relations with the central office in Belfast.

It was felt that there needs to be better ways of tackling the issue of data sharing; currently PDCS can only share data with certain parts of the LA with customer consent. However, clients may give their details to one agency and think that information will automatically be shared with the other; this can be an issue with joint working where only one agency sees the client for simplicity and therefore the client only gives their details once.

Enablers of partnership working

One of the key 'enablers' is having an individual or individuals who are well motivated in terms of joint working. Having an individual contact that can help solve issues is important. Also, at a strategic level it is important to have representatives at the right level attending meetings and able to make decisions (this does not always happen).

Another related enabler is for agencies to keep in constant contact, preferably at a personal level. It is important that agencies are aware of the potential of other agencies and fully understand their role and activities. Therefore, keeping a high profile, joint training, and giving talks to other agencies about their own work is seen as essential. Joint training for example, does take place but is not always a high priority. (PDCS were to hold training on the Social Fund which has not yet happened.)

A related suggestion was that agencies, especially within the voluntary sector, which may feel less involved should be more proactive in developing partnerships – although there is again the issue of time and resources.

A further issue relates to feedback. At present very little feedback is provided by PDCS to partners about the customer referrals made. There is currently no acknowledgement of receiving the referral, unless the referral agency follows this up to check, and no information about outcomes is shared either which is disappointing for partners.

PDCS staff felt that it would help to have partners which *'help deliver the PS message'*, that is in helping to signpost clients to the PS, i.e. *'widen our net'*.

One local authority respondent reported that the Joint Team were exploring the potential for the Joint Team to co-locate in one office to further enhance team working.

The delivery of benefits training to each other's staff under a Joint Team structure was reported as being very 'slow' initially, but the issues are being resolved now.

Characteristics of effective partnerships

Most of these have been highlighted above such as having a positive outcome for client groups, highly motivated personnel, consistency in personnel and procedures, shared goals and understanding of partnership benefits and achievements. In addition, interviewees mentioned:

- Good communication – *'knowing who to speak to and when things are going to happen'*. There was general agreement that it is about who one knows/deals with not so much what is known, and also trust. The Partnership Liaison Manager at the PDCS was particularly commended for being trustworthy and reliable, and described by respondents as approachable and efficient.
- Effective procedures such as local meetings, early agendas etc – although this was not criticised in the area at all.

Examples of good partnership practice

Examples cited by interviewees were as follows:

- The national *'tell us once'* project.
- The local Children's Service.

Examples of local partnerships that work well with TPS in referring clients and helping with benefit checks are:

- A cancer charity – Maggie's Charity.
- Stoke Mandeville hospital re spinal patients discharge service.
- Age Concern Oxfordshire which focuses on the rural areas.

Case study 2

Case study participants – roles/organisations

Partnership Liaison Manager	TPS Local Service
2 x Customer Services Managers	DCS Disability Benefit Centre
Senior Benefits Officer	Council Housing and Council Tax Benefits Office
Finance and Income Manager	Council Finance and Income Team
Finance Officer	Council Finance and Income Team
Centre Co-ordinator	Carers Contact Centre
Support Team Manager	Housing Association Project
Chief Officer	Care and Repair

Background information/context

This case study focused on one local authority area within a PDCS cluster.

Of the six non-PDCS respondents interviewed, none were aware of the recent organisational changes that had resulted in the formation of the PDCS. Each one dealt with contacts in either the TPS or the DCS as appropriate. None of the respondents felt that this was necessarily a cause for concern, and all appeared to be more concerned about the quality of their relationship with the relevant part of the service.

The original contact details provided by PDCS to assist in preparing the fieldwork lacked information on health partners in the locality; subsequent attempts to identify NHS contacts from those people identified by PDCS were unsuccessful. As a result, this case study report lacks details of partnership activity between PDCS and health organisations, and there is no data on attitudes to partnership working from the health sector.

The local authority perspective was provided by the representative of two main services, namely the Finance and Income Service (responsible for financially assessing residential and non-residential care service users, to determine whether or not they should contribute towards the costs of their services); and the Housing Benefits and Council Tax Benefits Service. Many of the issues described by the council representatives were reflected by respondents from third sector organisations (Care and Repair, Carers Association and the Housing Association project).

Current partnership arrangements

PDCS is not involved in any **formal** partnership arrangements (such as Joint Teams, partnership agreements, joint service agreements, etc.) in this locality. However, there are examples of partnership work which include an element of formality, as described below.

There is a Memorandum of Understanding (MoU) between the TPS and the Council Finance and Income Service (FIS). The primary focus of the MoU – as explained by the Finance and Income Manager – is to ensure that their service has *'the correct authorisations to get through and get the information that we need'* in their dealings with the TPS. Hence, the MoU identifies council officers who have received training from the TPS and who – as a result – are accredited to circumvent the usual lengthy contact routes, and who TPS personnel will talk to: *'... if anybody else rings up, they just won't talk to them'*. This arrangement allows the FIS Team members to arrange for TPS personnel to visit potential beneficiaries, and to discuss issues around their claims/referrals.

The Council also convenes an Older Persons Strategy and Policy Group. The Partnership Liaison Manager (PLM) approached the group some time ago to ask if they could become a member, and – although it took some time to be forthcoming – they secured agreement from the co-ordinator. The group meets on a monthly or bi-monthly basis to provide an opportunity for agencies with responsibility for older people (including local authorities, health agencies and the third sector) to share information about latest service developments, policies and initiatives. Attendance at the meeting has been found to be useful, as *'it means the Pension Service is always at the forefront'*, and it allows for the maintenance of ongoing relationships with key players from a range of services, and – ultimately – the *'provision of a rounded service to (our) customers'*. The group's Terms of Reference relate specifically to the sharing of information, although they are currently being revised.

The PLM is required to complete an annual assessment of the effectiveness of their partnership working, including a review of all their relationships; this is recorded 'on the system', after discussion with their line manager. The approach to this part of the process appears to be relatively informal, with the 'reviews' being undertaken on an ongoing basis with their contacts, rather than through formal evaluation meetings with partners. This is a deliberate strategy, as the PLM seeks to avoid burdening partners with the requirements of TPS bureaucracy.

Respondents were able to identify a wide range of activities that might be loosely termed informal partnership arrangements, primarily at an operational level, as the following examples illustrate.

The majority of the work undertaken by the PLM does not appear to involve any formal partnership activity. Indeed, much of their activity appears to be focused on working directly with customers, either in providing information to groups of people (such as pre-retirement presentations) or on case-work (including home visits). Many of the partner respondents were able to identify practical ways in which the PLM had assisted them in providing a better service to their clients, in many cases having made direct contact with the PLM to advocate on their client's behalf and thereafter passing responsibility for taking claims forward to her. This relationship works in two directions, with the PLM using the following scenario to describe how it might work to the benefit of TPS customers:

> *'...when I pass people on to Care & Repair – say they need adaptations in their home, and they might need the Handyman Service or something that they run – obviously that's not something that I can do, but I can pass it on to them. They will then pass it, if they think somebody might be entitled to a benefit that they're not getting they will pass that on to me, and then between us, we can all make sure that the customer is getting everything they're entitled to, and any help other than just help with benefits. I find it easier to help the partners understand what benefits are out there and how people might be entitled, and then for them to recognise something and pass it on to me that we can actually go ahead with it if required...rather than all of us try to be Jack of all Trades.'*

The PLM made reference to a list of organisations with which she was encouraged (several years ago) to make contact on behalf of the service (TPS), which included local authorities' Council Tax and Housing Benefits services as well as third sector organisations (such as Age Concern, Care & Repair, etc.). It is evident that these contacts have been made and maintained over the years, as all relevant Council services involved in this study acknowledged the value of their relationship with the PLM. At that time (i.e. when these contacts were being established) there was a clear demarcation of responsibility between partnership liaison and customer services, and the PLM's role did not include any case work. Clearly, this situation has now changed, with casework taking up a far greater proportion of their time than was previously the case. Another focus of the early partnership work (around 2002) involved negotiating with partners to establish TPS Information Points, utilising partners' premises[13]. There is currently only one such Information Point, in the Council Tax and Housing Benefit Enquiry Office. This carries TPS literature, and the PLM runs drop-in information sessions one morning a week from these premises. There is no formal contract or written agreement between the City Council and TPS relating to the Information Point; it operates entirely through informal arrangements between the PLM and the Enquiry Office staff, which appears to involve a quid pro quo that the PLM will help her customers with Council Tax and Housing Benefit claim forms.

The DCS Customer Service Managers described a range of informal activities in which they engage with local authorities, generally in response to invitations from LA contacts for a DCS representative to attend a meeting to (for example) give a brief talk about the eligibility criteria for DLA. They also provide training on claim form completion for members of staff who worked as welfare rights advisors (for example) as well as for their colleagues in TPS, who are now responsible for all DCS outreach work (including home visits). (Note: The recent transfer of responsibility from DCS to TPS Local Service personnel means that this informal partnership activity is now likely to cease.)

Although not provided by a local authority, the services offered by the local Carers Group are in receipt of statutory funding. This is an example of a service with which the DCS has maintained an ongoing informal relationship, providing regular input to the service to ensure accurate information and support is available to the 15,000 carers in the local area. DCS Customer Service Managers have attended regular (approximately quarterly) surgeries at the Carers' Group offices, providing advice and information to carers on a 'drop-in' basis. This has proved a successful way of accessing people in need of advice about their own claims and those of the people for whom they care (both in terms of their eligibility and on specific queries regarding the application form/process). Take-up of the service has exceeded expectations:

> *'I was quite surprised actually when I first started it I thought 'oh we're not going to have many people' but I had them queuing.'*
>
> (DCS Customer Service Manager)

As with the activities with LA partners, responsibility for this has now transferred to TPS colleagues.

DCS is represented by one of the Customer Service Managers at quarterly meetings convened by their regional counterparts in Jobcentre Plus. These stakeholder meetings include representatives from a range of public and third sectors organisations from across the sub-region, including local authority personnel (apparently the local Council attend, but not clear which department/service area), CAB, Welfare Rights, etc. Jobcentre Plus chair the meetings and put together the agenda, meaning that the meetings generally focus on changes within Jobcentre Plus and how they're affecting DCS customers. The DCS representative's contribution is usually limited to a brief update about DCS, and the provision of any information attendees may need about developments in benefit regimes.

---

[13] Note: The PLM operates out of a Jobcentre Plus office, and has had to negotiate access to this space them self.

There is also an annual regional event which is co-ordinated by DCS and Jobcentre Plus. Like the quarterly sub-regional events, the focus of this is primarily information-sharing, with senior staff making presentations about the services to participants (who are drawn from a similar range of organisations, only at a regional level).

The DCS Customer Service Managers were able to identify a few examples of initiatives with health agencies which they had engaged in to provide information to particular target customer groups. These examples were from outside the area that was the focus for the case study:

- **Providing information and advice** at a half-hour session to a number of cohorts of participants in an 'expert patient programme' addressing cardio-pulmonary conditions such as emphysema.
- Operating **information stands in two hospitals**. These sessions were discontinued as DCS staff felt that the social workers at the hospital 'abused' the service, expecting DCS staff to fill in forms for people who, perhaps, had family members who appeared to have access to other sources of help in completing forms. As a result, DCS attempted to put the arrangement on a more formal footing, by drawing up an agreement; however, their NHS counterparts became nervous when issues of health and safety were raised in the draft agreement, and no further progress was made.

Emphasis is given to **operational** issues in all aspects of both TPS and DCS partnership working in the area. All the informal arrangements focus on the provision of enhanced access to services for customers, and the one formal agreement concerns itself with how personnel from the partner agency can secure easier access to information so they can provide support to their clients.

The emphasis on operational working arrangements was also stressed by local authority respondents. In the case of the FIS, this entails officers making referrals to PDCS as and when they feel a client could be in receipt of a benefit, but is currently not claiming:

> *'If visiting officers identify that somebody might not be receiving the benefits that they think they should be entitled to, they will contact the Department of Works and Pensions in order to maximise the person's benefits for them.'*
>
> (Local authority Charging Officer)

Drivers of partnership working

For DCS staff the main driver for the informal partnership activities they engage in is to *'avoid nugatory claims... claims that haven't got any chance of success at all'*. By providing information to people working in the community with the DCS's 'more vulnerable customers', intermediaries who help them fill in claim forms, especially if these people have no formal training, the service hopes to raise awareness of the eligibility criteria for benefits, and to ensure people receive accurate assistance in completing claim forms. This includes issues relating to disability living allowance, attendance allowance, carers allowance, and how receipt of those benefits might affect other benefits.

A secondary purpose for engaging with partners in this way is to *'make good relationships with (for example) social workers and LA representatives who may be ringing the DBC to ask for advice*'. The rationale given for this is to make it possible for these people to contact the DCS at an early stage in a claimant's application to iron out any potential problems.

> *'There's a lot of customers who fall through the net really and it's the smaller organisations, such as mental health organisations or groups of people with learning disabilities, that pick those customers up ... so accessibility for them.'*
>
> (DCS Customer Services Manager)

For the local authority respondents, the sole purpose for engaging in partnership working with PDCS appears to be to provide clients with a better, more holistic service. Through establishing more effective communication with both TPS and DCS personnel, local authority staff are aware that they can increase their clients' access to accurate information and support in identifying and claiming for their benefit entitlement. While not providing a welfare benefits service to their clients, these Council services acknowledge the wider benefits of helping their clients gain access to more finances, to clients themselves, the services around which they are negotiating with the council and to the local community as a whole. In the case of the FIS, this means that what the service wants to gain from its partnership working arrangements with the PDCS is the *'correct authorizations'* for its staff, so that they can *'get through and get the information that we need'*. Related to this, these staff are able to access TPS training to gain a form of accreditation; this means they are in a better position to give advice to their clients, and to understand what questions to ask when they contact the service on their clients' behalf.

Success criteria

There is not much evidence of the PDCS currently evaluating the effectiveness of their 'partnership arrangements'. However, DCS representatives referred to work that was undertaken previously, in which they used questionnaires to encourage feedback from partners. However, this was discontinued as *'it wasn't really adding any value...there was no central point for it to feedback to or anything like that'*.

Core partners

PDCS staff identified a number of 'natural' partners in the locality, specifically the following:

- local authority – FIS; Housing Benefits and Council Tax Benefits Service (although there is no Welfare Rights/Benefits Service, PDCS respondents felt such a service would be a natural partner if it existed); Trading Standards;
- police;
- health sector initiatives (such as the 'Better Health Programme', 'Keep Well this Winter', 'Expert Patient Programme');
- third sector organisations (particularly Age Concern, Care and Repair and Carers Group).

The 'natural' partners at PDCS as identified by staff from the two council services engaged in the research are limited to the following:

- TPS local service (for both TPS and DCS claims support);
- The Partnership Liaison Manager (TPS), to provide guidance and support with more difficult cases.

The PLM did not feel there are any gaps in partnership arrangements between TPS and other organisations in the local area. The only organisation with which it was felt there is potential for closer working arrangements is the CAB; however, it was acknowledged that this service needs to maintain a distance from TPS in order to be able to provide a service to its own clients, many of whom are likely to be asking the CAB to assist them in pursuing a complaint against TPS.

DCS respondents felt that there is a gap in terms of their relationship with organisations representing minority ethnic communities. An example cited – work carried out previously with a national group, AWETU – highlighted that these relationships are focused at the level of individuals, and can fail when one member of staff moves on or changes role.

The arrangements for intra-service working within the PDCS seem to be less well developed than some of the arrangements with external partners. The following description of how casework is transferred between different services illustrates how things are done at a more remote level than with partners:

> *'We* [TPS] *do some of their* [DCS's] *casework but it gets filtered from them to the Pension Centre, and from the Pension Centre, it then gets filtered to local service, so we don't really have much hands-on working with our DCS colleagues...except when I go out to events.'*

Overall, there is unequal contact between council services and the component parts of the PDCS. While there is evidence of ongoing communication with TPS personnel (led by the PLM, but also including case-workers), this is not replicated in the DCS; the following quote typifies responses to probes about contact with the DCS:

> *'To be honest we don't have a lot of interaction with the Disability Carers Service.'*

The experience of FIS staff – based on the agreements/identification of approved council staff in the MoU with TPS – is not replicated in the Housing Benefits and Council Tax Benefits service. The experience of staff in this area of operation in terms of access to information and support is not as positive as for their FIS colleagues who have access to 'short-circuit' mechanisms as a result of the MoU. Although the benefits team has provided TPS with a list of staff previously, this is now out of date, and has no formal status (i.e. not linked to a MoU); when problems arise in accessing information, they fall back on their relationship with the PLM.

Barriers to partnership working

The lack of resources held by PDCS staff to contribute to the operating costs/overheads of events or initiatives was identified as one potential barrier to partnership working. Several examples were cited of such activities (including the lack of TPS money to pay for an Information Point; or their inability to contribute to the costs of an annual pensioners' information fair), where partners' expectations of there being funds available from TPS were not matched by reality.

The need for partners to undertake thorough health and safety assessments on behalf of visiting DCS personnel has been found to be an obstacle to joint working for DCS activities, particularly where their partners are small third sector organisations using other organisations' premises to host events.

The reliance of third sector organisations on short-term funding was cited as an obstacle to developing and sustaining meaningful relationships over an extended period, as it causes a high turnover in partners' personnel, and undermines their ability to continue work started with PDCS contacts.

DCS staff felt that they are quite limited in the areas around which they can engage with partners, needing to focus predominantly on sharing information about the benefits for which they have responsibility. This undermines their ability to engage in wider, strategic discussions with potential or existing partners who might wish to explore how their interests impact upon/may be affected by the benefit regimes.

Both the TPS and DCS contacts referred to the 'security' barriers erected between their advisors and partner agency contacts. The MoU described above (between TPS and FIS) lists those council staff who can have direct access – on a case-by-case basis – to TPS staff; others are barred from this route. Similar procedures make the DCS appear impenetrable to partner agency staff, particularly those working to help the very people the agency is intended to serve. Reference was made in one conversation to recent changes in practice which mean that DCS personnel are no longer allowed to

assume/acknowledge 'implicit consent', requiring contacts who they may know professionally to be treated the same way as those they don't know, thereby increasing complexity (as they have to go through comprehensive security checks every time they contact the DCS) and undermining trust. It is felt that this requirement may mean that vulnerable customers are not receiving the service they need in order to be able to access benefits to which they are entitled, as they cannot provide their advocates with the information needed for them to pass through the DCS security checks.

There are also legal issues which offer the potential to undermine efforts to strengthen partnership arrangements with LA and third sector partners. Specifically, if staff from these organisations give advice to PDCS customers on potential claims, and their advice is flawed, they may be liable for a lawsuit; hence, some may prefer to steer clear from the advice and guidance route and prefer to focus on potentially less contentious issues.

One specific concern affecting local authority services in this area relates to the Government Connect Security (GCSX) information system. While the FIS has registered for inclusion in this system, it appears that they remain unable to access the full range of data contained therein, to the detriment of their clients. Similarly, the local authority benefits service has provided details about members of their staff who are trained in using the CIS system (the DWP's Customer Information System), but they are required to re-present the same details to different parts of the DWP in order to be able to help their full range of clients, and it appears that there are inconsistencies in how access to information is allowed by these different agencies. The fact that the CIS system cannot be accessed remotely is a barrier to council staff needing to access information on behalf of clients.

This perceived *'unwillingness to share information'* is matched by apparent delays in response by PDCS (TPS) when the FIS notifies them of circumstances in which they suspect clients are suffering financial abuse at the hands of their children. These circumstances are covered by a Protection of Vulnerable Adults (POVA) agreement involving DWP, local authorities, police and health partners, but it seems that the DWP does not have a section dedicated to dealing with the POVA agreement, so information is not shared quickly enough to respond to situations effectively (e.g. by suspending payment of benefits until it is clear they are not being misappropriated). Similarly, one of the FIS staff is authorized to access DWP computers (if they travel to their offices), but their experience of this has not been entirely positive, with difficulties experienced in trying to identify a machine to use.

The fact that all the information under discussion relates to individuals who are council service (or third sector organisation) clients presents significant barriers to progress on occasion. In particular, when the service makes contact with PDCS on behalf of a client who may already be a DWP customer or whose eligibility for a DWP benefit is being explored, there are protocols which must be adhered to in order to protect the individual under discussion; on occasion, the protocols get in the way, for example when a client is not able to provide authorization to the individual calling on their behalf (due to their condition/mental state/etc.). Related to this, the fact that staff do not have named contacts at the DCS (when ringing the call centre for example) makes the process more complex than it needs to be, as it undermines their ability to establish trust with their PDCS colleagues, something deemed to be essential when dealing with clients' needs.

Although the arrangements currently in place to ensure PDCS responses to council queries emanating from the FIS are felt to be effective, staff there are under the impression that any suggestions they have about ways to improve the relationship further are likely to *'meet a brick wall'*. It is not clear if such attempts have been made, but it appears that the recent revision of the MoU was led entirely by the PDCS, with no opportunity given to the council side to input any additional clauses or proposals that might have broadened the remit of the arrangement and enhanced its impact. Some respondents are aware of initiatives in other local authorities where joint working teams have been established between DWP and local authority personnel to overcome these kinds

of difficulties. These Financial Assessment Benefit (FAB) Teams are based in the same building, and undertake joint assessments of clients' needs and entitlements.

Enablers of partnership working

DCS staff felt that it would be useful to have a member of staff dedicated to developing and maintaining partnership arrangements, as all their staff are engaged in processing and deciding on applications. It was noted that TPS does not employ Partnership Managers in all their clusters; it was felt that this inconsistency should be removed, with an increase in the number of staff undertaking this kind of work.

PDCS staff thought that more/better forward planning with partners is necessary, to ensure that representatives of PDCS can be present at information sharing and other events.

The main enabler identified by the local authority respondent was the PLM's evident commitment to partnership working, her ability to deliver on actions agreed with council staff on a case-by-case basis and her willingness to share information with and train council staff on an ongoing basis. The fact that the MoU identifies 'approved' council staff to DWP staff means that – even though they may not have established the same personal rapport with them – there is a willingness to respond to the council's queries promptly and in a more effective manner.

One council respondent felt that partnership arrangements between the local authority and the PDCS could be improved by introducing a process which allows for more strategic issues to be discussed. For instance, it was felt that this more strategic approach would allow for some of the operational obstacles (such as differences in approach between different DWP services) to be removed.

None of the third sector respondents felt that there would necessarily be any benefit in formalising their partnership arrangements with PDCS, as they felt that current arrangements are broadly meeting their needs, and there would need to be a clear benefit to any proposed changes. The following quote from one third sector respondent articulates this clearly:

> *'I don't know what form that formal partnership would take. I don't think it would make any difference really...unless it adds value to anything I don't think it's worth having.'*

Characteristics of effective partnerships

A number of features of effective partnership working were identified in discussions with respondents from a range of public and third sector organisations, as well as TPS and DCS staff; the following arose in several of these discussions:

- Clarity of purpose: Linked to this, reference was made by several respondents to working towards a shared vision, although (as the following quote highlights) it was recognized that there needs to be realism in considerations about how closely aligned these might become:

  > *'I think we've got to have possibly, obviously not the same vision but I think that we've basically got to have the same sort of aims and objectives inasmuch as we have to have a customer's best interest at heart.'*

- Resources: As well as recognizing that resources (including staff time, are needed to facilitate effective partnership working, one response illustrates how there needs to be recognition of the differences in resources available between organisations:

  'I think we've got to bear in mind a lot of the organisations we work with are voluntary, so their resources and our resources are finite.'

Several respondents commented on the contribution to partnership working made by individuals, and emphasized human resources as critical to effective partnership working, as this quote from a third sector respondent illustrates:

'Human resources is a key to everything ... the right people in the right places at the right time for the right reasons; we've all got processes and structure, but at the end of the day it's human beings make it all go round... so, as long as we conform within certain boundaries, it's about getting results for our clients.'

- Clarity of roles and responsibilities.
- Communication: Highlighting the operational nature of many of the relationships in this area, the following quote emphasizes the purpose of communication:

  'We need to communicate in order to pass our customers from one to another, and to find out how we can help each other.'

- Clarity of expectations of different organisations.
- Information-sharing.
- Trust: Several respondents referred to the fact that their relationship with the PLM was based on trust, particularly in her knowledge and understanding of the benefits system and the issues facing their clients, but also in her willingness/ability to deliver on promises, as illustrated by the following quote:

  'We've got a lot of trust in her really... we can rely on her to deliver on giving the right sort of advice...'

Examples of good partnership practice

None of the respondents identified any examples of uniquely good practice in relation to partnership working. What is evident from these discussions, however, is the goodwill that exists between the constituent parts of the PDCS and a wide range of organisations providing services to shared clients and customers in the area; and that this is based on the effectiveness of key individuals in maintaining good relations with the PDCS's partners.

Case study 3

Participants involved in case study – roles/organisations:

Local Service Delivery Manager	PDCS
Partnership Liaison Manager	PDCS
Group Manager	Benefits, Investigations and Welfare Rights, Local authority
Senior Revenue Officer	Local authority
Principal Benefits Officer	Local authority
Manager	Financial Assessment and Benefits Team, County Council
Benefits Manager	Local authority
Manager	Age Concern
Patient and Public Involvement Officer	NHS Foundation Trust
Benefits Service Manager	Local authority
Welfare Rights Team Leader	Local authority
Revenues and Benefits Performance Manager	Local authority

Background information/context

This case study area is focused on a cluster that includes a number of small towns and a large predominantly rural area. It includes several district councils and a county council.

Most respondents regarded TPS as their natural partners within PDCS. There was little awareness and understanding of the role of DCS amongst respondents, with some respondents identifying this as a future area for development. For example, in one local authority area there is a high percentage of carers, and in the drive to make sure that customers get what they are entitled to, this is a key area for future development. Overall, respondents felt that there should be more information available on DCS so that they can develop better awareness and understanding of what DCS does and link up in the right places to 'add vale' to the service to the customer.

PDCS has found it difficult to develop partnership relationships/arrangements with the NHS, and for this reason the involvement of health sector partners is limited to the Health Information Point at one hospital – this was the only health contact suggested by PDCS. Although not within the remit of this work, a third sector perspective was included after speaking to a representative from Age Concern who has developed a good partnership relationship with TPS.

Current partnership arrangements

TPS has a formal partnership arrangement set up with the Fair Charging Team at the County Council and the six other local authorities in the cluster. A MoU has been developed between these authorities and PDCS. As part of this a Welfare Benefits Steering Group has been established which includes people from the Benefits Investigation and Welfare Rights team.

The Benefits Manager at one of the district councils, discussed how the SLA led to a working group being set up and as a result a Pension Service Officer works with the LA and runs a 'drop-in' centre every Friday morning for customers *'so we can do referrals…we can book appointments for them… and he will obviously…if necessary…see if he's got a spare slot to see anybody who comes in off the street…as part of that'*. They have also 'jointly' worked out from their databases who may be entitled to benefits and as a result have worked closely with the Visiting Team to visit people in their homes to try and maximise Housing Benefits, Council Tax Benefits and Pension Credit. They have also continued other forms of joint working:

> *'If we've got somebody we think may qualify for both Pension Credit and Housing and Council Tax Benefit…we don't actually do the home visit. Our take-up officer actually refers anybody over 60 to the Visiting Team.'*

The FAB at the County Council are based in the same offices as PDCS which facilitates joint working, access to each other's systems and sharing of other resources.

One of the district council's Benefits Service has a PSA with PDCS for the take up of pension credit guarantee which involves working closely together and making referrals where people could potentially be entitled to housing benefit.

There are currently no partnership arrangements between DCS and local authorities or health agencies within this cluster.

There are currently no formal partnership arrangements between TPS and health partners. However an informal partnership has developed between TPS and the NHS Trust; TPS runs a twice monthly drop-in session at the Health Information Point at the hospital.

Much of the work in developing partnership arrangements has been at an operational level, carried out by the PDCS Partnership Liaison Manager. As the PDCS Partnership Liaison Manager pointed out:

> *'It's been a case really of knocking on doors and asking people to work with us. It hasn't been easy because we've got different cultures in different organisations and the idea of cross organisational working was new when the pension service was developed and really it's just been sort of chipping away.'*

Drivers of partnership working

The key benefits of working together were identified by PDCS staff as essentially coming down to a matter of time savings, cost savings, increased take-up of benefits, and avoiding duplication of effort. Helping one another to reach targets and outcomes was seen to be one of the key drivers of partnership working. Providing a better service and benefit to the customer and thus enhanced customer satisfaction were also mentioned as key drivers of partnership working.

Respondents felt that the key outcome of partnership working has to be the benefit of the service to the customer – it is recognised that the customers that PDCS deals with are often unaware of what is available to them. The ultimate outcome is a 'one hit' service where people make contact with the service and can gain access to all the benefit services they require.

A number of drivers/benefits of partnership working were identified by local authority respondents. For example, the Benefits Investigation and Welfare Rights team in one Council pointed out that:

> *'Probably about…half of our customers on housing tax benefit are of pension age…and probably a third of them, a third of the total are actually missing a pension credit…so it's…a necessity that we're able to liaise really and share information.'*

The role of partnership working in enabling better outcomes for customers was emphasised as being around streamlining and improving efficiency. As the same interviewee pointed out:

> *'Customers only have to tell one organisation and it gets filtered through to the appropriate organisation so benefits are more accurate and paid more quickly and you know it all makes it easier for the customer.'*

Another respondent commented that the aim of joint working was:

> *'...maximising customer benefits...trying to...making sure people get what they're entitled to and at the same time avoiding duplications so wherever possible trying to make sure that only one partner gets all the information from the customer not two of us trying to do the same thing.'*

A key outcome sought fro partnership working was felt to be maximising customer awareness and take-up of benefits. In one local authority area, for example, there are quite a high number of pensioners and therefore maximising benefit take-up and pensioners' income also has benefits for the local economy:

> *'It's improving the economy and improving the amount of money that's available to the customer if they're entitled to it. So it's part of any take-up, regardless of age, We're trying to maximise take-up...for those people who genuinely are entitled to it.'*

The benefits of working together were also seen to extend across other services within the local authority (e.g. disability care packages).

As part of the MoU there was a requirement to provide training to pension service staff on housing benefit issues and vice versa. As the Principal Benefit Officer for one local authority points out:

> *'Training has been delivered so that we can provide a more streamlined service to people of pension age and only have to actually go to them once rather than both organisations actually going to them asking for the same set of information.'*

Joint working is seen to be particularly beneficial in improving the use of resources and using resources more efficiently in rural areas:

> *'If we've got people out there that are already visiting then we try partnership work with them to make the best use of their resources and our resources and make it a one-stop shop type of appointment for the customer.'*

The same respondent went on to add:

> *'..if I haven't got local officers out visiting and pension service are out visiting in our area...then it's a much better use of resource...because we're a very long and narrow district...if my visiting officer was to go out and visit someone in the outer reaches of the district..for example...it's a fifty mile round trip.'*

Local authority respondents discussed how working in partnership with PDCS helped them to reach their own targets, for example, increasing council tax benefit take-up as well as improving awareness and take-up of pension credit and attendance allowance, avoiding duplication and enabling them to reach targets and outcomes for customers together.

The research included one respondent from the health sector. PDCS has developed a partnership arrangement with the 'Health Information Point' at Gloucester Royal Hospital which involves the PDCS Partnership Liaison Manager running a twice monthly Pension Credit and Benefits drop-in session. Staff and patients at the hospital can drop in and talk about any pension and benefit related questions. PDCS also provides leaflets to display in the Health Information Point and the two organisations work together on road show events. Posters are put up on every ward of the hospital advertising the service.

The key driver for partnership working was seen to be around improving patient and staff experience:

> *'So if we can offer them a service where they can come in and, especially in an acute hospital a lot of patients will go through life changing treatments and conditions and things like that... they need to know about their pensions and benefits and everything like that...so we ... can offer this service to them really...so it's the perfect partnership really...it just works really well and they often [provide] the service out in the community so we can help with that ...'*

The key outcome they are seeking to achieve is increased patient and staff satisfaction.

Success criteria

In the view of PDCS, there doesn't seem to be any 'set' criteria used to assess the value of partnership arrangements and it was suggested that the assessment of the value of partnerships tends to be locally defined within each cluster area.

There were mixed responses from local authorities on the criteria used to assess the value of partnerships. Some respondents discussed how difficult it was to 'quantify', particularly, satisfaction. Two respondents mentioned that they didn't have any set criteria to assess the value of partnerships although others monitored the number of people who were in receipt of benefits as a result of a referral to TPS and use this 'monetary' marker as a criterion to assess the value of such partnership arrangements. As one respondent said:

> '..[we] *evaluate the success of our Take-up Officer and obviously her coordination with the Pension Service* [we look at] *how much in monetary terms we've...how successful she's been in getting people to claim the benefits they're entitled to.*'

Another respondent described how they assess the value of partnerships in terms of the number of referrals and 'pooling' statistics:

> '...[we assess the value of partnerships by] *the level of take-up that we generate...how quickly issues resolved and avoiding...one off cases becoming major issues...trying to resolve them at the quickest point...the quickest issue and at the most appropriate grade within the organisation to avoid duplication again.*'

With regards the partnership arrangement with the hospital, the Patient and Public Involvement Officer seeks feedback from staff and customers involved in the work on a quarterly basis and she also monitors the number of people who attend the 'drop-in' sessions.

Core partners

The PDCS regard the Fairer Charging team of the County Council as their main 'natural' partner, followed by local authority housing benefit managers. The health sector have been difficult to engage with in developing partnership arrangements *'not necessarily because they don't want to but because sometimes they're so big and it's trying to catch people at the right level of authority...you know to be able to make it valuable to us and* [the PDCS Partnership Liaison Manager] *keeps trying these things and sometimes she's successful and sometimes not*'.

Previously, TPS used to work with District Nurses because they were going in to see customers and if a customer was struggling financially then they would refer to TPS.

> *'...in theory that was absolutely fine but in practice I think we are so busy and so rushed it's a time element...you know of what they can commit to...so yes I think the will is probably around there somewhere but as the PCT's are so big...you know it's difficult to capture.'*
>
> (PDCS Local Service Delivery Manager)

PDCS has found it difficult to work with the NHS and from the NHS side the only informal partnership arrangement they have is with a local hospital via the Health Information Point based there.

All local authority respondents regard TPS as their 'natural' partners, with one respondent specifically mentioning the Benefits Processing centre in the region as being their 'natural' partners. Most respondents didn't feel that there were any significant gaps in partnership arrangements. However, the local authority respondent in one area mentioned how there could be perhaps better links with the part of PDCS that deals with fraud since there can be long delays when they report cases to TPS in getting responses back from them.

PDCS currently have links with a number of organisations in the voluntary sector including Age Concern, the British Legion, Association for the Blind, the Deaf Association and Warm and Well.

PDCS have experienced difficulty in engaging with the Registrar's Office and this is seen to be an area for potential partnership working. However, despite the efforts of PDCS the Registrar's Office felt that they couldn't commit to a partnership arrangement.

PDCS have also experienced difficulties in working in partnership with the CAB. Locally CAB would not work with them:

> *'...they see us almost as a little bit of an enemy sometimes I think, you know, because we have to say no sometimes and a lot of these organizations are then dealing with those customers where we've said no, sorry'.*

Barriers to partnership working

One of the key barriers PDCS faces in enhancing the levels of partnership working is the way DWP has worked in the past. It was felt that perhaps DWP has not been easy to work with; historically DWP has 'picked up certain organizations and then put them down'. The perception that DWP does not have a consistent approach to partnership working is perhaps one of the key barriers to enhanced partnership working.

PDCS has experienced difficulty in entering partnership arrangements with the NHS due to a lack of knowledge of 'where to start' in engaging with them:

> *'I think the barrier to that organization appears...to an outsider to be so complicated...you don't know where to go.'*
>
> (PDCS Partnership Liaison Manager)

They had some success when TPS was first established when they were given permission by the NHS to do an event at NHS flu clinics being held across the country which meant they were seeing a lot of pensioners and sorting out benefit take up but *'it was never done again and it's basically not knowing who to go to in these organizations...and I think the one that's working at the hospital now* [the partnership arrangement with the Health Information Point] *is only because of the individual will at the hospital...'.*

Among local authority respondents, information and data sharing were felt to be a key barrier to enhanced levels of partnership working. DWP's large Processing Units at PDCS are also a barrier. The fact that the PDCS regional processing is some miles away means it isn't a local service as such:

> *'It's actually* [about*] someone maintaining...my benefits staff maintaining a one-to-one relationship with someone when there's a problem case because they go through call centres... they get whoever answers the phone rather than any person they spoke to before.'*

One respondent felt that there could be more information on what the DCS does *'we perhaps need a little bit more information about what they could do for us on that side or vice versa...what we could do for them'.*

As a result the local authority respondents felt that the key improvements and enablers were communication (open lines of), prompt responses from PDCS and an integration and flexibility of staff.

PDCS feel that there needs to be a consistent and committed approach to partnership arrangements.

Characteristics of good partnership working

Overall, partners identified the following key features of good partnership working:

- It should be locally based.
- There should be commitment from both sides to make things happen.
- There should be an understanding each other's business with partners being responsive to the needs of each other's organisation (having an understanding of each other's resources).
- There should ideally be a financial saving as a result.

PDCS staff identified the key features of good partnership working as having a named contact within an organisation, commitment and a willingness to engage in a partner's activities where it is appropriate and spend time together looking at ways of improving services.

Examples of good practice in partnership working

Two examples of good practice were identified:

- The formal partnership arrangement (governed by a memorandum of understanding) set up with the FAB at the County Council and the other six local authorities in the cluster. This arrangement was felt to be well-established and was helped by the fact that they share the same open plan office:

  > *'...we've all committed to a signed document to say these are the parts that we will take and the parts that we will play and we will respect that so I think that is well developed and well advanced in that respect.'*

  > *'I am confident that where staff from the local authority, housing or council benefit tax team is faced with a customer that belongs to PDCS...they are able to do the benefit take-up at that point of contact and so are FAB....so yeah..that works well.'*

- The partnership arrangement between PDCS and the Health Information Point at the Hospital:

  'People will come in...have a chat and basically ring up in advance and ...sort of tell us a little bit about what they want advice on so [the PDCS partnership liaison manager] *is always prepared for when they come here and then there's other information for them in the* [health information] *room as well if they wanted any more. I mean it just...it works really well...we run it every month and* [we get] *really, really good feedback so it's good'.*

  (Patient and Public Involvement Officer)

Case Study 4

Participants involved in case study – roles/organisations:

Partnership Liaison Officer	PDCS
Service Manager	Welfare Rights Service, City Council
Service Manager	Supporting People Initiative, District Council
Senior Assessment Officer	Community Finance, County Council
First Contact Scheme	Adult & Communities Office, County Council
Partnership Manager	Jobcentre Plus
District Manager	Citizen Advice Bureau
Manager	'Health Through Warmth' scheme, City Council
Manager	Care & Repair, City Council contracted Home Improvement Scheme
Revenues and Benefits Manager	City Council
Project worker (working with over 75's)	GP Surgery, Primary Care Trust

Background information/context

The geographic area covered in this cluster includes a large city and its rural hinterland with a county council, a city council and a district council.

The general awareness of PDCS was good amongst interviewees; whilst some viewed the TPS and DCS as two organisations operationally, some never understood the difference and have always viewed them as being one entity. This is mainly because the TPS in this area have always offered a full benefits check to their customers which includes those benefits which fall within the remit of DCS (e.g. Carers allowance, Disability Allowance and Attendance Allowance) and has typically dealt with a high volume of DCS benefit related queries for its partners. Whilst the visiting officers do provide information about DCS benefits and consider these in the overall benefits check, they only assist with the completion of these forms and then post them on behalf of the customer to the decision makers (benefit processing centres). After this point however, no other element of their role is concerned with the DCS.

Efforts were made to speak to/meet with the other health contacts proposed by PDCS including contacts in Cardiac and Pulmonary Rehabilitation; however the contacts in these clinical settings were unresponsive. Despite this, the PDCS Partnership Liaison Officer was able to discuss some of the relationships that have been developed with these health agencies – as well as the issues which have delayed and obstructed progress here, and therefore it was felt that a good overview of activity in this area had been obtained.

Current partnership arrangements

TPS has formal working arrangements set up with all three of the local authorities in the cluster and a MoU has been signed. There are generally good links with various local authority departments at partnership level, as illustrated below:

> *'Local authorities, we've had no problem engaging with at all, whether it be the Adult Social Care Team, the Fairer Charging Teams, or the Housing Benefits Teams, they're all willing to engage and we've had a good response.'*

All three partnerships have a 'Strategic/Management Board' which consists of senior strategic staff (e.g. departmental managers), and beneath that layer there are 'liaison meetings' with a few members of the 'Strategic/Management Board' and mainly operational staff. The partnerships tend to meet on a quarterly basis and work together strategically for planning purposes and to identify the best ways to work operationally (through referral systems etc), however they do not deliver services jointly.

Operationally, various departments in local authorities (fairer charging, social care, adult care, housing benefit, council tax, welfare departments) have access to a referral form, which can be completed and submitted to the TPS if customers are identified who require a full benefits check (which includes Pensions and the benefits that fall within the remit of the DCS). TPS has offered and delivered a full benefit check for customers since 2004, therefore it was not always obvious to respondents from local authority departments that DCS has been a separate organisation from the TPS.

Visiting Officers at TPS have also been provided with forms by local authorities to enable them to make referrals if any further customer needs are identified when completing the benefits check. An example follows:

> *'Like this client I went to see, you know, she needed rails or whatever, then I'd refer back to Social Service to say this customer could do with an assessment from Social Services.'*

In one part of the cluster there is also a 'Health through Warmth Steering Group' which is attended by TPS, a range of voluntary sector partners and various City Council departments. Health through Warmth is a department at the City Council which assists local people with grants for making home improvements to ensure their homes are warm. However, these services are only offered to those in receipt of benefits, therefore a referral route has been established with the TPS to provide benefits checks.

In addition, staff in the voluntary and independent sector have received training from PDCS staff about benefits when required. Respondents from the CAB and Care and Repair confirmed that this training was provided on a needs basis where changes may have been made to benefits or staff changes have taken place. Whilst these organisations endeavoured to deal with their own customers, when necessary they also made referrals to the TPS. For example, if the CAB learnt about a customer in need of a home visit, they would make a referral to the TPS for a benefit check as it is not within their remit to undertake home visits.

No **formal** partnership arrangements exist between the DCS and either health agencies or local authorities in this cluster and there was little evidence to suggest that any **informal** partnership arrangements exist between local authority departments and the DCS. Welfare Rights, Benefits and Revenues and Fairer Charging departments reported using the adviser line to contact the DCS when necessary. Respondents also contacted the Partnership Liaison Managers at the TPS to assist them when attempting to resolve complex inquiries with the DCS which appeared to be sufficient in most cases. There was some evidence that local authority partners have established some informal arrangements with DCS through developing relationships with individuals:

> *'I think we do forge relationships with individuals, I mean at one time when I was more active on the advice side of things I forged a relationship with someone in the Midlands Disability Centre, who like if I was really having a particular problem, we sort of seek out people that we can do that with. I mean we do that with the DWP generally.'*

No formal partnership arrangements exist between the TPS and the health sector. A member of PDCS staff said:

> *'Our main concern has been the health side, and I don't think it's because they don't want to...I think it's the commitment they can afford to give because of time constraints or because they're under so much pressure of their own.'*

Partnership Liaison Managers at the TPS have developed numerous informal partnerships with the health sector over previous years. Some examples include:

- An arrangement with the Cardiac Rehabilitation team and Pulmonary Rehabilitation team at the local hospitals which involved the TPS providing a 'surgery service' where patients can receive a benefits check and/or be referred to other council related care services.
- Providing referral forms and some benefits training to PCT project workers at GP surgeries in several areas providing specific services to the elderly (over 75s) to encourage and assist with independent living.
- Arrangements with the PCT for district and community nurses to make referrals to the TPS if patients requiring benefit checks are identified.

However, these arrangements have not been sustainable over the longer-term. Part of the explanation for this is that the strategic intent is there, but this is not followed through to the operational level where, for example, referral systems are not being adhered to. An example cited was where District Nurses are not using the PDCS referral forms. Another example is illustrated in the following quote:

> *'We used to have at strategic level lots of key health... you know, at top level. They used to come to the meeting, and they totally agreed with everything in principle but we never saw anything happening from the ground... like for example, Discharge Teams. We think, well I think that's a key area, Discharge Teams at the hospital. Before the Discharge Team... once they've sent somebody home, referred details to us, you know, we could check their benefits, simple, we could do an assessment on them...'*

Drivers of partnership working

PDCS staff thought that the main driver was provision of a good service to the customer. Partnership working was felt to help ensure that the customer is in receipt of the correct benefits and minimise the number of visits to the customer or the number of times information was provided. It was recognised that a large proportion of the customers are vulnerable and have little understanding about who is visiting them and for what purpose.

'I mean, at the end of the day it's about helping the customer, this is what we're here for you know; they want to help the customer, we want to help. What the client doesn't want is... nine or ten different people going in to do the same thing.'

There was also a belief that by working with partners, PDCS would 'save money' through provision of a more efficient service.

Overall, all local authority partners put the customer first and agreed that the core purpose of partnership arrangements should be about enhancing the services and ensuring that vulnerable customers particularly, are in receipt of the correct benefits and financial assistance. Within this, respondents from the range of departments represented were driven by slightly different objectives. For example, respondents from Fairer Charging departments were driven by as desire to maximise the local authority's income by ensuring that customers are in receipt of the correct benefits in order for them to be assessed fairly and accurately. Respondents based in welfare departments were driven solely by achieving as much as they possibly could for their customers by maximising benefit take-up.

'Well the main driver is to improve services for our customers, to make it a more seamless service, to make it easier for our staff to deal with the claims and getting the information to ... that they require to resolve, you know to resolve the claims.'

(Welfare Rights Manager, LA)

'Our agenda really is from a welfare rights organisation we work for the customer first, so we want to make it easier but also our agenda is to make it easier for us to get that information to be able to finish dealing with the customer.'

(Welfare Rights Manager, LA)

Other benefits of partnership working that were identified by local authority respondents included being able to ensure that customers were connected to the relevant service as quickly as possible because partnerships have facilitated a route/referral system to be able to do so.

The health respondent had a clear understanding that a good partnership or working arrangement with the PDCS would result in better care for patients by ensuring that patients receive the correct benefit entitlement. It was recognised that many patients are unaware of their potential benefit entitlement, and therefore there is a need for health services to make patients aware of the support available if their health deteriorates. It was felt that the provision of benefits information (or connecting patients with these services) will maximise a patient's chances of living independently.

Success criteria

PDCS have recently started a process of assessing the value of partnership arrangements. This has involved producing a spreadsheet with all of the partners they are working with and the type of arrangement that exists (e.g. formal partnership arrangement, informal, referral routes), the number of referrals received from partners and various other types of information. The PDCS respondent also stressed the 'quality' of the referrals made by partners as being a key measure of success.

The main criterion used to assess the value of partnership working by local authority partners was an analysis or assessment of the additional benefit take up through making referrals.

Core partners

The majority of local authority respondents viewed the TPS as their natural partner, reflecting the formal partnership arrangements currently in operation.

PDCS staff viewed local authorities and organisations in the voluntary sector as their natural partners.

There was a recognition among PDCS staff informants that more work could be undertaken with the health sector generally. This should build on partnerships that had been formed during previous years and needed to be re-established. For example, the Partnership Liaison Managers had in the past established partnership arrangements with the Cardiac Rehabilitation team and Pulmonary Rehabilitation team at the hospitals. This specific arrangement with these departments involved setting up a 'surgery service' within the hospital where patients could receive a benefits check and/or be referred to other key council related care services. PDCS no longer provide this service due to staff changes; however the Partnership Liaison Manager would like to see this kind of activity becoming a priority again.

Local authority respondents felt that there was a need for Welfare Rights departments within local authorities and some of their voluntary sector partners to forge a stronger link with DCS as there are currently no formal/informal partnerships between these organisations.

> *'And I think we've got that quite, quite right with the Pension Service side of it, but the Disability and Carer side we haven't yet, so that's what we need to work on.'*

Barriers to partnership working

PDCS respondents felt that the lack of resources was a key barrier; there were formerly five Partnership Liaison Officers assigned to different areas within the cluster. However, because of staff changes at TPS there are currently two Partnership Liaison Managers in post and, due to customer demand, these members of staff are frequently undertaking the role of Visiting Officers in addition to their partnership role/duties. Therefore, recently there has been less priority placed on developing partnership arrangements as these members of staff have been trying to help the organisation meet targets which centre on frontline service delivery. *'...we're sometimes pulled to do the visits as well, so the partnership work has to give.'*

Other barriers include:

- level of commitment from partners;
- keeping the 'momentum going' when there are staff and organisational changes;
- legal issues, e.g. data protection;
- maintaining the partnerships/informal arrangements developed over previous years; and
- ensuring that the partnership arrangements that have been developed at a strategic level are being implemented at an operational level.

From a local authority perspective one of the main barriers identified is data sharing; this issue was reported as becoming increasingly difficult especially in light of the tightening up of data sharing protocols in recent years. A specific need in relation to data sharing about the outcomes of customers' claims was identified; the customers being dealt with are particularly vulnerable which makes it very difficult to contact them for the information required.

> *'The customer doesn't want us to turn up and keep turning up and asking to look at letters you know, we could get...that information easier if that information was made available to us. Like I said, we've tried sending mandates asking for them* [DCS] *to send the decision through to us with the forms authorised from the client, that's not really worked.'*
>
> (Welfare Rights Manager, LA)

Another barrier identified by local authority respondents was the lack of clarity and understanding about strategic partnership decisions amongst front line staff (i.e. Visiting Officers).

> *'One of the things is that... I felt that there should be a link in – a board meeting should not be a separate entity to an operational level. There has to be a link between the two, to ensure the messages are relayed and...passed forward and backwards. So the link was one of the main things and obviously whatever the decisions are made at the Board level are obviously relayed back to the Operational level and make sure that they are happy with those decisions...And because obviously the people at the ground level are the people who are actually doing the work, really.'*
>
> (Fairer Charging Manager, LA)

In order to strengthen 'buy-in' from operational staff, it was suggested that the links which exist between board level and operational staff meetings need to be enhanced to ensure that all of the messages are conveyed efficiently and effectively.

The health respondent raised the difficulty of measuring the impact of a referral to TPS. Such referrals are typically preventative measures, to help ensure a patient has the correct financial means to live independently. At present, no feedback from the TPS is provided about the outcomes of claims which is disappointing for partners.

Enablers of partnership working

The area identified by PDCS staff where significant improvements could be made was engagement with health services at an operational level. There has been a commitment at strategic level for some time; however this has never been developed operationally.

It was recognised that having more members of staff at PDCS dedicated to partnership activity, would significantly help to develop more referral systems, data sharing systems, reinvigorate former arrangements and relationships which have been neglected, deliver more training to the voluntary sector and local authority partners that are engaged in providing a large proportion of welfare rights services and benefit related advice.

PLMs at PDCS were well regarded by local authority respondents, particularly as the same members of staff are still in post since partnership work in the area begun; this in itself was cited as enabling the continuity of good partnership relationships. Another key enabler of partnership working has also been having motivated individuals at the right level, who are reliable and represent their organisations well.

The main area identified for improvements was the need to develop better methods of data sharing and developing systems of notifying relevant partners about the outcomes of customer's claims, so that other agencies/partners do not have to return to the customer to get this information.

The health respondent identified regular contact with TPS and a good personal relationship with the staff as the key enablers of developing partnership arrangements.

Characteristics of good partnership working

The following characteristics were identified:

- Good personal communications and working relationships including knowledge of who to contact.
- Good level of commitment from senior management in partner organisations:

'...it's listening and being able to act, having the right people at the right level to act on information that you've been given at a strategic level, when you're having your meetings and your liaison.'

(Benefits and Revenues Manager, LA)

- Sharing information and understanding about each partner and understanding the mechanisms of how the other organisation works including why it may not be able to deliver on certain objectives, understanding their vision and targets.
- Mutual trust and willingness to share work when beneficial to partners (i.e. clearing backlogs):

'It's really word of mouth and people trusting you, and once they've learned to trust you they will make those referrals...and then once it's running and the staff know, they keep sending for us,...which isn't a problem.'

(PDCS Staff)

- Both sides having commitment to making the partnership work.
- Good referral systems (understandable common referral forms, etc).
- Clear guidelines and understanding partners' objectives.
- Provision of training to partners staff.
- Having shared targets, which may be 'hard' (i.e. quantitative) or better soft (qualitative) ones.
- Willingness to work together to resolve operational delivery issues e.g. seconding staff to each other's organisations to cover periods of absence.

Examples of good partnership working

Two examples of good partnership arrangements are described in the following paragraphs:

- Data sharing amongst the TPS and Fairer Charging teams at both City and County Council is an arrangement that has worked particularly well. A few dedicated members of these teams have been granted access to the TPS IT systems. Many situations arise where there is a need to check which benefits a customer is receiving, e.g. a customer receives a social care assessment after falling down the stairs and makes a referral for a full benefits check. Before the referral is then made to TPS, the Fairer Charging team are able to check which benefits a customer is already in receipt of (if they have consented), and identify whether there is a possibility of benefit entitlement changing (as many will already be in receipt of the correct benefits) before a referral is made to the TPS for a home visit. This procedure of conducting pre-checks saves the TPS and the Fairer Charging Team valuable time as the Fairer Charging Team are able to identify whether there is a need to review the customer care charges and whether a home visit for a benefits check is required.
- The TPS has provided the local authorities in their area with what is referred to as the 'scans', which is a list of all of the customers (who have registered their interest in receiving more benefits and consented to their personal data being shared amongst agencies) in receipt of pension credit. This data is used by the local authorities in the cluster to identify customers who may also be entitled to other benefits, e.g. council tax benefit, housing etc. This data sharing enables the local authorities to maximise benefit take-up, which contributes to a number of strategic targets but also ensures that local residents are receiving the support that they are eligible for.

Case study 5

Participants involved in case study – roles/organisations:

Area Services Manager	PDCS
Customer Services Operations Manager	Jobcentre Plus
Business Manager	Jobcentre Plus
Social Worker	NHS Hospital
Service Manager	Alzheimer's Society
Area Co-ordinator	Victim Support
Lead Officer Concessionary Travel	Local Authority
Team Officer Council Tax/Housing Benefits	Local Authority
Director	Care & Repair
Manager	Local Authority
Manager	TPS

Background information/context

This case study covered quite a large geographical area including both rural districts and small towns.

All partners interviewed had varying degrees of awareness/knowledge of PDCS, however this appeared to be largely superficial or confined only to the few contacts they had made and their immediate department.

Current partnership arrangements

By and large the partnerships referred to by interviewees relate to specific working arrangements between individuals or area based teams. They are operational and are mostly concerned with customer referrals and discussion of individual cases. However, they are also based on more formal or strategic arrangements that have been made between the partners and PDCS. Partnerships initially made at that strategic level include the Community Safety Partnership; there is a Local Strategic Partnership but PDCS don't appear to be part of this. There are also strategic level partnerships at a national (Scottish) level too.

In terms of the partnerships that feature in this case study, there is an area Partnership Forum that meets approximately every quarter as well as on an ad hoc basis to share information and update members on current legislation. It operates on a practitioner level and includes both the statutory and voluntary sectors (Social Workers attend and health have once) as well as Jobcentre Plus.

The local authority has set up a Local Service Network consisting of 27 Local Services Centres that provide one stop shop access for Council Services. There is a partnership agreement between The Pension Service and the Council's Local Service Network team which targets the more vulnerable members of the community. Part of this is to help over 60s to maximise their weekly income and to gain access to other services and support such as help with day care and personal care, help with mobility issues and home adaptations or concessionary travel. Once referred, people are either visited at home by TPS or at the Information Points.

There is also a multi-agency group overseeing the Framework of Services for Older People. The group has the lead role in coordinating action and monitoring progress towards outcomes. The partnership is also responsible for providing strategic leadership to ensure that the Framework is delivered, that any issues are resolved,the profile and priority of older people is moved up the agenda, that the area is aware of and prepared for, emerging trends and new developments. Agencies involved include: the local authority, NHS, The Pension Service, Elderly Forum and Age Concern.

A **Memorandum of Understanding** has been agreed between the Council Home Care Service and the Pension Service to identify and encourage the uptake of benefits. New home care clients are referred to the Pension Service who arrange a home visit for a full Benefit Entitlement Check.

Interviewees thought of 'partnerships' mostly in terms of informal arrangements – specific working arrangements between individuals or area based teams. They are operationally based and are mostly concerned with customer referrals and discussion of individual cases. For example Care and Repair forward contacts to the DCS through their work with older people who they think may not be getting the correct benefits. This operational working however, is largely based on the partnership arrangements made at a strategic level as outlined above.

There are few formal arrangements in place with the health sector and we were not able to find any at a strategic level. There are however many **informal linkages** with various sections and groups within health. Some of those main contacts are with cancer nurses – especially from the Macmillan Cancer Support, but there are also other ad hoc linkages with the Pulmonary Rehabilitation groups and other groups such as chiropody, speech therapy etc.

One of the important realisations of undertaking the research was that the voluntary sector plays a significant role in the delivery of services covered by both the LA and Health. Both these statutory agencies contract work to the voluntary sector who should therefore (and to a large extent are) key players in any partnership arrangement

The Pension Service employ PLMs, who work closely with partners such as the local authority or Age Concern and hold events and presentations that help to raise awareness of benefits and entitlements such as Pension Credit and Attendance Allowance. Training sessions to Council Area Officers have covered: The Pension Service, Pension Credit, Attendance Allowance, surgeries and joint initiatives.

The Pension Service also run a successful Income Maximisation Project, in partnership with other agencies, which provides information and support to individual older people ensuring they receive the maximum benefits they are entitled to.

Drivers of partnership working

The principal driver of partnership working from the perspective of local authority partners is related to customer service and '*maximising their income*', also making them more independent of the service. *'We were interested in developing a high quality personalised service and realised that the best way was joint working*'. This relates to the local authority's approach to service provision using 'one-stop-shops'. Customers increasingly brought more and more complex issues needing specialised knowledge of separate services such as benefits, therefore mutual referrals, joint training and 'partnership working' became an integral part of the generic approach. With the joint one stop shops, there are various quantifiable objectives in terms of numbers of clients seen and even amount of additional benefits claimed – it was stated that the Local Services partnership had brought in over £1¾m to customers. However, at least one interviewee considers the more satisfying outcomes are those focusing on individual success stories where customers have learned of additional benefits they are entitled to.

It was also suggested that added value and better use of resources are important drivers.

For health partners speeding up hospital discharge and alleviating bed blocking are important drivers.

Success criteria

Hard criteria are those listed above in relation to the drivers, i.e. number of customers seen and (more importantly) the amount of additional income raised as a result of the partnership.

In addition, partners are looking for a quick and effective response from PDCS and some feedback on the outcome of referrals. Another important criterion is effective communications.

'Core' partners

From the point of view of partners generally no distinction is made between the two parts of PDCS; partners tend to have a contact within PDCS and will use that contact to make referrals (which may then be redirected accordingly) *'we don't differentiate between the sectors, we just phone up and give the details of the individual'*.

Barriers to partnership working

Sharing information is always a problem – there was a discussion about how this could be improved including common referral forms, electronic forks and common protocols. Some of this has been developed (particularly electronic forms by Jobcentre Plus, single assessment form and joint protocols between social services and health) but more could be done.

The Data Protection Act and the amount of information that can be shared was seen as a barrier (although there was also a feeling this could be minimised to some extent).

Restructuring of both the local authority and within the PDCS (especially with their IT equipment) may have caused some issues. When the one stop shop partnership arrangement started, the LA could phone TPS officers directly. Organisational changes have prevented this and communications have to take place by email or give the customer their details to get hold of them themselves.

Other important barriers that were also mentioned include:

- Lack of understanding – especially of the operation and working of each others organisation as well as lack of understanding of overall aims and organisational vision.
- Lack of time that officers can give to partnership working.
- To some extent lack of resources – especially the fear of reduced resources within the local authority in the future.

Enablers of partnership working

Individual relationships are generally felt to be the key to good partnership working, this is principally by phone but any way of making individual contact is good.

All forms of developing good communications are also seen to be of great benefit such as partners giving talks to other groups about their work and exchanging newsletters. Up to date directories of key front line staff should also be shared. Co-location in a shared office was suggested as being helpful to the process.

In addition, interviewees felt that mutual trust is important which means that information has to be passed both ways. Trust can be developed through the personal contact as well as being '*honest and realistic*'.

After referrals are made to the PDCS there is little feedback to the partner and this was generally felt to be an important omission '*we have no idea whether 80 percent (of the referrals) are receiving it (the benefit) or only two percent*'. Some customers may be refused benefit through lack of information which could be clarified through feedback. It seems to be a general issue across partner sectors (health, LA and Vol Sector). Interviewees felt that having some feedback would be a morale booster and would encourage staff in partnership organisations to continue referrals. Some felt that email feedback would be sufficient.

There still appears to be some confusion about the PDCS and its new structure including who to contact about what issue. If there were one key worker in PDCS that all partners can contact (from either TPS or DCS) interviewees feel that that would be helpful.

There have been occasions when TPS haven't been able to attend surgeries; this has been unfortunate as there are usually customers needing to see them.

Also, with recent organisational changes in the PDCS they have stopped collecting information in a way that was of great use to the LA. This information was passed on to local members who are now missing it.

A voluntary sector officer felt that the PDCS should also be made more aware of their services and what they have to offer customers.

Another useful tool would be for all PDCS forms to be simplified and put online so they can be completed and downloaded electronically.

There may be issues within the LA itself as a large bureaucratic organisation. There is often lack of coordination between departments internally. This is being addressed to some extent with joint directorates.

Characteristics of good partnership working

- Good personal communications and working relationships including knowledge of who to contact.
- Sharing information and understanding about each partner and understanding the mechanisms about how the other organisation works including why it may not be able to deliver on certain objectives, understanding their vision and targets.
- Enthusiastic leadership is important, especially at a very senior management level. They should be committed and have clear aims.
- Related to this it was suggested that a good project management approach is important – that is a 'people oriented' one that is flexible and one that minimises bureaucracy.
- Mutual trust.
- Both sides having commitment to making the partnership work.
- Good referral systems (understandable common referral forms, etc).
- Clear guidelines.
- Awareness of everyone's role.
- Joint training – or at least training given by each side of the partnership to the other.
- Having shared targets, which may be 'hard' (i.e. quantitative) or better soft (qualitative) ones.

Case study 6

Participants involved in case study – roles/organisations:

Acting Local Service Delivery Manager/Partnership Liaison Manager	PDCS
Welfare Service Manager	Local authority
Charging/Finance Service Manager	Local authority
2 x representatives	Age Concern
Social Services Manager	Local authority
Welfare Services Department Manager	Local authority
Transfer Team Manager	NHS Hospital
Specialist Nurse for Chronic Fatigue Patients (working age)	PCT

Background information/context

This case study area includes two metropolitan boroughs.

There was a very limited number of contacts provided in the initial spreadsheet provided by PDCS from its partners' database. Some further contacts were provided by the Partnership Liaison Manager at the PDCS, some of whom had very little to say other than that a referral system is in place which was established by their predecessors (over previous years), and no further developments in partnership arrangements have been made since. Two of the interviewees listed above had very little to say during the interview.

Only two contacts were identified in the health setting and these were through 'snowballing' as the contacts provided by the PDCS has all changed posts or passed on the query to other colleagues. The study only included participants based in hospitals and no other health providers were identified as partners.

Current partnership arrangements

One of the local authority areas covered by the case study and the Pension Service have a Joint Team arrangement in place. The arrangement was formalised in 2004 and involves joint working at operational and delivery level (where they visit each other's customers). The team is made up of a nominated 'Joint Team Manager' from the TPS and the local authority, the Partnership Liaison Manager from TPS, two small teams of Joint Team Visitors from both organisations and there is a small team of Local Service Co-ordinators from the TPS. The Joint Team:

- offers face to face benefit information and support to older people at various locations in Tameside or through home visits where required;
- completes financial assessment forms for people of any age who need home care or residential care and give them benefit information at the same time to reduce the number of times a person has to provide the same financial information to different organisations; and
- can arrange for the customer to be connected to other services at their request.

Since becoming established, the Joint Team has developed referral systems with other departments within the Council (Housing, Council Tax, Residential Care etc) and external partners in the voluntary

sector, e.g. Age Concern and the Citizens Advice Bureau. A simple referral form has been developed for use by these departments/organisations to send information to the Joint Team if their customer requires a benefits check. Some partners have an arrangement with the Joint Team, where Joint Team Visitors regularly attend a 'surgery' at a dedicated time each week. For example, Age Concern has a 'surgery' twice weekly where complex customer queries can be dealt with by the Joint Team. In addition, the TPS also provide training for Age Concern staff and updates them on any changes in benefit rules and forms. Age Concern was satisfied with the arrangement in place with the Joint Team, but also prided itself on being able to effectively deal with, and advise on, most cases for their customers on site and therefore rarely use the referral form. The Joint Team has also produced a booklet detailing the remit of the partnership arrangement and within that there is a comprehensive list of the referrals which the Joint Team has received from other partners/agencies in the Cluster. This demonstrates that locally there is a good level of awareness about the Joint Team and partners know where to make referrals when necessary. However, the number of referrals made by health sector partners was notably lower compared to local authority partners.

The Pension Service also has a Joint Partnership Working Arrangement with the other local authority in the case study area. The PDCS respondent compared this partnership to the more enhanced and formal relationship developed in the other area and described this as a 'less formal' arrangement particularly as there is no partnership at a delivery level. Respondents in the second local authority, however, viewed this as a formal arrangement and took it very seriously, particularly because the partnership meets on a regular basis and is very useful to them. The initial approach made by the TPS was described as follows:

> *'Initially I found when, when the contact was first made it was quite aggressive and there was almost an insistence on a fully integrated joint team and we needed time to consider the implications of that. But then the approach seemed to relax somewhat. I think once there was a realisation that not all local authorities are set up the same way, we don't work the same way, came some recognition that this one size fits all approach perhaps wasn't going to work. We, I think both partners are quite comfortable with the agreement we've got now.'*
>
> (LA Fairer Charging Service Manager)

The Joint Partnership Working Agreement has greatly assisted in resolving local issues and the Local Authority Assessors (and partners, e.g. Age Concern, Carers Service) have now gained 'alternative office status' as a result of the partnership working (which means they are able to undertake a range of activities like verify documents for customers, date claims etc). The two respondents at the local authority discussed how the partnership working has impacted on each other's departments. For example, the Welfare Rights department now has alternative office status (where they can act as agents of the TPS) and therefore benefit take up has improved in the locality. As benefit take up has improved, the Charging department can make a more accurate financial assessment of their customers if they are receiving the correct benefit entitlement. Therefore, the local authority assesses the customer for their residential care based on a higher income if they improve their benefit take up, and can charge them more.

Prior to the 'local service' at the TPS service becoming remote during 2009; it appears there were fewer issues to resolve through partnership working. Since then the local authority and some of its partners (CAB, Age Concern) have become increasingly infuriated by the number of issues which have emerged as contact now has to be made with the call centre. The issues include inconsistency about the way in which staff at TPS have interpreted the use of 'implied consent' which means local Welfare Rights services are unable to easily resolve customer queries because they are denied access. Other issues included the lack of understanding from TPS staff about the role of welfare rights organisations, length of benefit processing and the use of inappropriate behaviour from TPS

staff taking the calls at the new remote location. The Welfare Rights Manager at the local authority recognised these issues through feedback from both staff and partners in the voluntary sector and has further developed the relationship with the TPS through offering training to their staff at the call centre about the role of welfare organisations and going through guidance regarding the use of implied consent. This training has been very beneficial and there has reportedly been an improvement in the service now.

At the second local authority, referrals from other parts of the local authority (e.g. housing, fairer charging, council tax) in relation to benefit claims are all forwarded to the Welfare Rights department who are reportedly very good at taking on the work which has resulted in the TPS historically not receiving many referrals from the local authority. A respondent did suggest that the Welfare Rights department at the council (as well as other local partners) have been very protective over their role locally, because individuals are fearful of their work being subsumed into other organisations.

> *'I think sometimes we've got to be careful that some organisations may feel that we are going to be taking work away from them if we were to only base our partnership activity on what those partners can do for us.'*
>
> (PDCS Staff)

There is no formal partnership arrangement between either local authority and the DCS.

Health partners and TPS

At an NHS Hospital in the first local authority area, a team exists which ensures that patients are transferred to their homes safely following hospitalisation; the Transfer Team is made up of PCT staff, local authority staff (social workers and assessors) and nurses. All members of the team have access to the form required to make referrals to the Joint Team. Staff are more likely to make a referral for a financial assessment as opposed to a benefits check when patients are leaving the hospital – however the two are often are interrelated and both fall under the remit of the Joint Team. Where elderly patients are concerned, the Transfer Team will typically make referrals directly to Age Concern. Age Concern corroborated this, and stated they receive an abundance of referrals over the telephone from the Hospital (many of which relate to PDCS benefits); these referrals are predominantly dealt with at Age Concern and only a small proportion (which may be overly complex) are subsequently then referred to the Joint Team to deal with.

There is also a wide range of work being undertaken by another initiative at the first local authority. This is called 'POPPS' and it provides a link between the Joint Team and the NHS. This POPPS initiative is one of many pilots across the country, and its aim is to work with partners to devise a range of early intervention strategies for older people who are not currently in contact with formal social care services. This initiative has developed a major referral route from GP services to the POPPS team, who will then refer onto the Council and Pension Service Joint Team if necessary, as well as other local services.

A respondent based at the Hospital was able to confirm that the Patient Advice and Liaison Service (PALS) at the hospital does have access to the relevant form in order to make referrals to the Council and Pension Service Joint Team. On receipt of referrals, the Joint Team will then makes the appropriate arrangements for the most relevant visiting officer to visit those customers. Interestingly, the annual report produced by the Joint Team showed that the number of referrals made by Health Sector was notably lower compared to local authority partners. It also appeared that there was not a systematic approach to making referrals within the hospital more generally, and there was a feeling that many patients can *'slip through the net'*. Despite this, within the locality

it appeared that more progress has been made in developing informal partnerships as compared to the other local authority areas, where it was impossible to identify any contacts within the hospital or informal partnerships (i.e. referral systems). No partnership arrangements were identified with the health sector and PDCS staff confirmed that any such partnership arrangements are virtually non-existent:

> *'...we haven't got a great deal of contact with them* [NHS]*.'*
>
> (PDCS Personnel)

It was suggested that this is because there has been no Partnership Liaison Manager in post for sometime to develop this activity. There has also been a reluctance to further develop this activity because it may result in the PDCS receiving more referrals than the office can cope with.

There is no evidence of any **formal** partnership arrangements between health partners and the DCS.

There are no **informal** partnership arrangements between either local authority and the DCS at a local level. The welfare rights departments at the local authorities involved in the research typically only made contact with the DCS to make inquiries about the status of claims on behalf of their customers through calling the adviser line. Voluntary sector partners (e.g. Age Concern) also had a similar relationship with the DCS where they would contact the claims processing centre to obtain information for their customers.

> *'The disability and carers service are easier to deal with than The Pensions service when it comes to appeals and more complex issues. The call centre staff seem to be more knowledgeable and they are usually more helpful we also have an advisor's phone number so we can get through quicker.'*
>
> (Age Concern respondent)

An interviewee based in a health setting (Chronic Fatigue/ME Nurse) was aware of two ad-hoc visits from staff at the DCS (2007 and 2008) which focused on advice about form filling and some information about DLA but said that there was no relationship as such with the DCS. This interviewee regularly writes supporting letters for patients making applications for DLA and would like to have more contact with the DCS; frustrations with the DCS related to the inconsistency of decision making and a perceived lack of understanding of the illness which only a carer/medic would have insight into. There appeared to be some issues about the failure of advice and welfare services to meet the needs of patients suffering from this condition and many patients never even complete the forms because they cannot physically access the correct support service to help them. The interviewee was keen for the benefits check to be part of the rehabilitation programme which would increase the chances of patients living independently.

Drivers of partnership working

PDCS staff felt the key benefits of partnership working centred on the customer, particularly in relation to receiving a holistic streamlined service:

> *'...so that customers can receive one visit and get all their benefits sorted at the same time.'*

There was also some discussion about a partnership facilitating joint delivery of services which will contribute to targets within each organisation.

For the local authority respondents, the main driver for partnership working was about improving the service offered to customers and ensuring that they are getting the correct benefit entitlement to enable them to live independently, for as long as possible. Another driver was working more efficiently by exchanging relevant information with partners to ensure that the intervention(s) is delivered as quickly as possible.

Whilst no formal partnership arrangements exist with the PDCS as such, the two respondents based in a health setting (nurse and hospital transfer team) were quite clear that partnership working with the PDCS would result in better care for their patients and help to ensure that patients receive the correct benefit entitlement. It was recognised that many patients are completely unaware of their potential benefit entitlement (as many enter hospital never previously having experienced poor health) and subsequently are discharged from hospital without knowing. It was recognised that doctors/nurses/ward staff do not have the time to go through all this information with patients; however, it was acknowledged that the issue does need to be addressed in some way for the benefit of patients. It was perceived that the provision of this information will maximise patients' chances of living independently and having a reasonable standard of living when leaving full time care (and therefore less likely to return to hospital).

Success criteria

The Local Service Delivery Manager at PDCS undertakes annual reviews with their partners. This appeared to be most structured in the case of the Joint Team arrangement with where an annual report is produced. PDCS use statistical information to consider whether visiting officers are meeting their team targets and the local authority considers information about the number of referrals that have been made by partners and how this has impacted on benefit take up in the area.

For local authorities a key success criterion is the number of claims (and their value) that they have assisted with, which are monitored and logged. It was recognised that anything beyond that is very difficult to analyse, for example being able to say how much impact services are having on helping on customers manage their care.

'Core' partners

PDCS personnel closely identified with local authorities as being their 'natural partners' in their work.

> *'...we are mainly working with the Local Authorities. The partnerships that we've got, that have been established quite some time, have been maintained, so we've maintained the ones with the Local Authorities. We maintained contacts and partnerships with organisations such as Age Concern. And we've not really developed any partnerships, on-going partnerships with the Primary Care Trust.'*

For local authorities TPS were felt to be the 'natural' partner at PDCS as both local authorities have never had any kind of relationship with the DCS.

Respondents from the health sector identified the need for better working relationships with PDCS as a whole. Whilst a relationship has been established between one Hospital and the Council and Pension Service Joint Team and the POPPS project has provided a link between the NHS and the Joint Team, these relationships had not been replicated across the whole of the health setting in this locality, and there was no partnership activity at all in the other locality. Therefore, there was an obvious gap between health and the DCS, and in some cases between health and the TPS.

Barriers to partnership working

Partnership arrangements appeared to be less developed in one of the two local authority areas. PDCS staff felt that this was because some partners are very protective of their role locally; there was a preference for welfare rights organisations to deal with customers' issues themselves (however complex), rather than making referrals to the PDCS. It was suggested that these organisations are feeling very vulnerable in the current economic climate and are anticipating cuts in funding, which has no doubt exacerbated the need to deal with as much as they possibly can to justify their existence.

However, in the other local authority area there appeared to be few barriers to partnership working and whilst not all referrals in the local area went to the Joint Team, they were still made to an appropriate organisation (typically in the voluntary sector) which could ensure that the customer will receive the assistance required (benefit check, assistance with form-filling etc).

Additional barriers identified within PDCS included: resistance to further develop partnership working because of the lack of capacity (staffing levels) to deal with a potential increase in referrals and also many of the staff who were formerly in partnership development roles are currently not in post (due to secondments, internal promotions etc) therefore there is nobody available to lead on and fully manage this activity.

For local authority respondents the main barriers to partnership working are as follows:

- data sharing – gaining access to specific aspects of partners' IT systems;
- Data Protection Act – sharing information about customers, this was being addressed through the increasing use of consent forms for customers to enable sharing of customer data with other agencies;
- meeting the expectations of partners;
- changes of staff at PDCS, where formerly a very proactive and personable individual was leading on partnership activity.

The time commitment required for partnerships was discussed, but it was felt that this is minimal now that the arrangements and processes are in place, and over the years the number of partnership meetings at strategic level has reduced as referral systems are in place operationally.

The respondents based in the health sector did not identify any specific barriers. However, respondents in the voluntary sector and LA did feel that those in the health sector have limited time to be involved in this type of activity and questioned whether it has previously been targeted at the right people in the health sector.

Enablers of partnership working

For PDCS staff the main 'enabler' was dedicated support to actively develop partnerships with health partners.

For local authority respondents more work is required to develop protocols in relation to data sharing. For example one of the local authorities and Pension Service Joint Team are currently data sharing and the LA staff have access to the TPA CIS system which allows them to view which benefits a customer is claiming and the amount. However, the LA identified an area where they currently do not have access – which is to records for older people claiming Attendance Allowance. The council does not have access to this information on a large scale and would ideally like to be more proactive and notify these residents of the services which they offer '*before they get to a crisis*'.

Local authorities were able to access information about the outcomes of claims and benefit take up etc, however some partners complained that they get little feedback and no information about the progress made with referrals that they have submitted to the TPS. For example, Age Concern has the task of calling their customers to find out the outcome of claims to use this information for monitoring purposes. It was suggested that access to the relevant systems at PDCS to undertake this task would save time and make the organisation more efficient. There was also some evidence that the relationship between the PDCS and Age Concern has suffered since the PDCS merger. This is mainly as a result of staff changes and new staff not having as much time to dedicate to liaison with voluntary sector partners.

It was suggested that PDCS make their services accessible through frontline services and other parts of DWP (e.g. JCP), where customers of working age are signposted to DCS benefits, because at the moment there is no evidence that some of these customers are being informed about what their potential entitlement is.

The PDCS website was criticised for not having an appropriate function or web form for customers where they can leave a message/inquiry for the DCS. At present although there is a function for this it is very difficult to locate on the website and there is not enough space to leave a message.

A key contact at the PDCS would be helpful to staff in the health sector, particularly to be able to follow up referrals and inquiries with. There also needs to be awareness for staff in the health sector about who to contact within their own organizations if their patients need benefits checks etc, as one respondent (chronic fatigue nurse) appeared to be working in isolation to support patients in their applications for DLA/AA.

Examples of good practice in partnership working

The local authority and Pension Service Joint Team partnership (described above) was considered to be an example of good practice because it has led to the delivery of joint services. Visiting Officers (at the TPS and LA) are accredited to undertake each other's work so that the customer will only get one visit from the two organisations. The Visiting Officers are also flexible enough to undertake each other's visits during busy periods and to clear backlogs of referrals that sometimes arise. In addition, staff who are part of the Joint Team have full access to the DWP Customer Information System (CIS) system which means they can access all benefit information about customers.

The POPPS project provides a link between the Joint Team and the NHS, and is one of many pilots across the country which aims to work with partners to devise a range of early intervention strategies for older people who are not currently in contact with formal social care services. This initiative has developed a major referral route from GP services to the POPPS team, who will then refer onto the Council and Pension Service Joint Team if necessary, as well as other local services.

References

Apostolakis, C. (2004). Citywide and local strategic partnerships in urban regeneration: Can collaboration take things forward? *Politics*, 24, 103 – 112.

Armistead (2007). 'Exploring leadership in multi-sectoral partnerships.' Leadership, 3(2): 211-230.

Asthana, S., Richardson, S. and Halliday, J. (2002). 'Partnership working in public policy provision: a framework for evaluation' in *Social and Policy Administration*, 36 (7): 780- 795.

Atkinson, M., Wilkin, A., Stott, A. and Kinder, K. (2001). *Multiagency working: An audit of activity*. Slough: NFER.

Audit Commission (1998). *A fruitful partnership: Effective partnership working*. London: Audit Commission.

Audit Commission. (2002). Developing Productive Partnerships: a Bulletin. London: Audit Commission, http://www.audit-commission.gov.uk/Products/AC-REPORT/FA9C615D-A528-4115-BBA0-6CDF8E7C60CC/DevelopingProductivePartnerships.pdf

Audit Commission. (2009) Working better together? Managing Local Strategic Partnerships.

Balloch, S. and Taylor, M. (2001). *Partnership working: Policy and practice*. Bristol: Policy Press.

Banks, P. (2002). Partnerships under pressure. London: King's Fund.

Bauld, L., Judge, K., Barnes, M., Benzeval, M., MacKenzie, M. and Sullivan, H. (2005). '*Promoting social change: the experience of health action zones in England*' in Journal of Social Policy, 34 (3) : 427-445.

Blagescu, M. and Young, J. (2005). *Partnerships & Accountability: Current thinking and approaches among agencies supporting Civil Society Organisations*. Working Paper 255, Overseas Development Institute.

Boydell, L.R. and Rugkasa, J. (2007). *'Benefits of working in partnership: a model' in Critical Public Health*, 17(3) : 203-214.

Bristow, G., Entwistle, T., Hinds, F., Martin, S., Morgan, K. and Pithouse, A. (2003). *Partnerships between the public, private and voluntary sectors in Wales.* Final Report to the Welsh Assembly Government Steering Group. Cardiff.

Bryson, J. and Crosby, B.C. (1992). *Leadership for the Common Good: Tackling Public Sector Problems in a Shared-power World*. Jossey-Bass, CA.

Cameron, A. (2001). *The Art of Partnership: a Practical Guide*. Kidderminster: British Institute of Learning Disability (BILD).

Cameron, A. and Lart, R. (2003). Factors promoting and obstacles hindering joint working: a systematic review of the research evidence. *Journal of Integrated Care*, 11, 9–17.

Child, J. and Faulkner, D. *Strategies of Cooperation: Managing Alliances, Networks and Joint Ventures*. Oxford: Oxford University Press, 1998.

Charnley, H. (2001). Promoting independence: a partnership approach to supporting older people in the community. In: Balloch, S. and Taylor, M. (eds). *Partnership Working Policy and Practice*. Bristol: Policy Press,: 143–64.

Clarke, E. and Glendinning, C. (2002). Partnership and the remaking of welfare governance, in Glendinning, C., Powell. M. and Rummery, K. (eds) *Partnerships, New Labour and the Governance of Welfare*, The Policy Press, London.

Coleman, A. and Glendinning, C. (2002). Primary care partnerships: progress and problems. *MCC: Building Knowledge for Integrated Care*, 10, 3–8.

Craig, G. and Taylor, M. (2002). Dangerous liaisons: local government and the voluntary and community sectors. In: Glendinning, C., Powell, M. and Rummery, K. (eds). *Partnerships, New Labour and the Governance of Welfare*. Bristol: Policy Press,: 131–47.

Department of Health. (2001). *Partnership in Action: New Opportunities for Joint Working Between Health Social Services: a Discussion Document*. London: DoH, June 2001. http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4008919&chk=zFbhCQ

Department of Health (2002). *Learning disabilities. Good Practice Guidance on Partnership Working. Keys to Partnership: Working Together to Make a Difference in People's Lives. Section Two: What Do We Know About Making Partnerships Work?* London: Department of Health, http://www.doh.gov.uk/learningdisabilities/03-section2.pdf

Dowling, B., Powell, M. and Glendinning, C. (2004). 'Conceptualising Successful Partnerships', Health and Social Care in the Community 12 (4) 309 – 317.

Easen. P., Atkins. M. and Dyson. A. (2000). Inter-professional collaboration and conceptualisations of practice. *Children and Society*, 14, 355 – 367.

Einbinder, S., Robertson, A., Gojko, V. and Rino, J. (2000). Interorganizational collaboration in social service organizations: A study of the prerequisites to success. *Journal of Children & Poverty*, 6, 119 – 140.

Employers' Organisation for Local Government (No date). *Making the Most of Partnership Working*. Available from: http://www.lgpartnerships.com/

Evans, D. and Killoran, A. (2000). 'Tackling health inequalities through partnership working' in *Critical Public Health*, 10 : 125-140.

Frye, M. and Webb, A. (2002). *Effective Partnership Working*. Report for HM Treasury.

Gannon-Leary, P., Baines, S. and Wilson, R (2006) Collaboration and partnership: A review and reflections on a national project to join-up local services in England. *Journal of Interprofessional Care* 20 (6)665-674.

Glasby, J., Lester, H., Briscoe, J., Clark, M., Rose, S. and England, L. (2003). *Cases for change in mental health.* London, National Institute for Mental Health.

Glendinning, C. (2000). Partnership between Health and Social Services: Developing a framework for evaluation. Policy and Politics, 30, 115 – 127.

Glendinning, C. *Breaking down barriers: integrating health and care services for older people in England. Health Policy* 2003, 65, 139–51.

Greig, R. and Poxton, R. (2000). *Partnership readiness framework*. London: King's College Institute for Applied Health and Social Policy.

Gulliver, P., Peck, E. and Towell, D. (2002). Balancing professional and team boundaries in mental health: pursuing the holy grail in Somerset. *Journal of Interprofessional Care*, 16, 359–70.

Hall S., Bell S., Carroll P. and Shah, J. (2009). *Pension, Disability and Carers Service partnerships research: Research Report No 604*. Department for Work and Pensions.

Hardy, B., Hudson, B. and Waddington, E. (2000). *What makes a good partnership?* Leeds, Nuffield Institute for Health.

Health Education Board for Scotland (2001). *Partnerships for health: a review. Working paper number 3*. Edinburgh, Health Education Board for Scotland.

Hardy, B., Hudson, B., and Waddington, E. (2000). *What makes a good partnership? A partnership assessment tool*. Leeds: Nuffield Institute for Health.

Hudson, B. (2000). Inter-agency collaboration: a sceptical view, in A. Brechin, H. Brown and M.A. Eby (eds) *Critical practice in health and social care*. Milton Keynes, Open University Press.

Hudson, B. (2002). *Inter-professionality in health and social care: The Achilles' heel of partnership?* Journal of Interprofessional Care, 16, 7 – 18.

Hudson, B. and Hardy, B. (2002). What is a successful partnership and how can it be measured? In: Glendinning, C., Powell, M. & Rummery, K. (eds). *Partnerships, New Labour and the Governance of Welfare*. Bristol: Policy Press,: 51–65.

Huxham and Vangan (2005). Managing to Collaborate: The Theory and Practice of Collaborative Advantage. London: Routledge.

Information Policy Unit (2000). NHS Executive. *Working in partnership: developing a whole systems approach. Good Practice Guide*. London: Department of Health,. Available from: http://crawl04.archive.org/ukgov/200307 and http://www.doh.gov.uk/ipu/pspp/goodprac.pdf

Institute of Public Health in Ireland. (2001). *Partnership Framework: A Model of Partnerships for Health*. Dublin: IPHI.

Knight, T., Smith, J. and Cropper, S. (2001). Developing sustainable collaboration: learning from theory and practice. *Primary Health Care Research and Development*, 2, 139–48.

Linck, P., Elliston, P., Robinson, C., Miles, L., Parry Jones, B. and Williams, M. *Partnership Development Framework for Interagency Working*. Bangor: University of Wales, 2002.

Ling, T. Unpacking partnership: the case of health care. In: Clarke, J. Gewirtz, S. & McLaughlin, E. (eds). *New Managerialism New Welfare?* Buckingham: Open University Press, 2000: 82–101.

Lowndes, V. *Local Partnerships and Public Participation*. London: Institute of Public Policy Research, 2001.

Mann, P., Pritchard, S. and Rummery, K. (2004). 'Supporting inter-organisational partnerships in the public sector' in *Public Management Review*, 6 (3) : 417-439.

Mattessich, P. W., Murray-Close, M, Monsey, B. R. (2001). *Collaboration: What Makes It Work*, 2nd edn. Saint Paul, Minnesota: Amherst H. Wilder Foundation.
http://www.wilder.org/index.html(Amherst H. Wilder Foundation) and
http://www.wilder.org/pubs/collab_bibliography/collaboration_bibliography.htm (collaboration resource list).

McKenzie, J. and Van Winkelen, H. (2006). Creating successful partnerships: The importance of sharing knowledge, *Journal of General Management*, Volume 31, No 4, pp. 45-61.

NatCen (2007). Report for the Partnership Fund, DWP.

Percy-Smith, J. (2005). *What works in strategic partnerships for children?* Barking: Barnardos.

Public Services Productivity Panel. (2002). Creating Successful Partnerships. London: Public Services Productivity Panel, HM Treasury.:
http://www.hm-treasury.gov.uk/media//4EDE7/Checklist%2018%20Marpdf

Rose, M. (1997). *Building Effective Partnerships: Practical Guidance for Public Services on Working in Partnership*. London: CIPFA (Chartered Institute of Public Finance and Accountancy).

Rummery, K. (2002). Towards a theory of welfare partnerships. In: Glendinning, C., Powell, M. & Rummery, K. (eds). *Partnerships, New Labour and the Governance of Welfare*. Bristol: Policy Press,: 229–45.

Rummery, K. and Glendinning, C. (2000). *Primary care and social services: developing new partnerships for older people*. Oxford, Radcliffe Medical Press.

Sainsbury Centre for Mental Health (2000). *Taking your partners – Using Opportunities for Inter-Agency Partnership in Mental Health*. London: Sainsbury Centre for Mental Health.

Scottish Executive Effective Interventions Unit (2002). Guide to working in Partnership: Employability provision for drug users. Edinburgh: EIU. Accessed May 2006 from:
http://www.scotland.gov.uk/library5/health/epdu-02.asp

Secker, J. and Hill, K. (2001). Broadening the partnerships: Experiences of working across community agencies. *Journal of Interprofessional Care*, 15, 341 – 350.

Smith, K., Bambra, C., Perkins, N., Hunter, D., Joyce, K. and Blenkinsopp, E. (2008). Partnerships in Public Health: A Healthy Outcome? Summary Findings of a Systematic Literature Review: Research Summary No.1. ID&eA http://www.dur.ac.uk/resources/public.health/news/PartnershipWorkinginPublicHealth-SummaryLiteratureReviewFindings.pdf

Stewart, M. (2002). *Systems Governance: towards effective partnership working*. Paper to the Health Development Agency Seminar Series on Tackling Health Inequalities, London.

Sullivan, H., and Skelcher, C. (2002). Working across boundaries. Basingstoke: Macmillan Palgrave.

Wildridge, V., Childs, S., Cowthra, L., Bruce, M. (2004). How to create successful partnership – a review of the literature. *Health Information and Libraries Journal* (21) 3-19.

This research was undertaken to provide 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 for progressing partnership arrangements with these two key groups of partners.

The main objectives of the review were to understand:

- The key drivers for building Partnerships for Local Authorities and Health agencies.
- What is important to Local Authorities and Health agencies about partnerships, and what they are looking for in a partnership.
- The key characteristics of their best partnerships and partners and how they measure the value and success of these partnerships.
- Levels of awareness of Pensions Disability and Carers Service (PDCS) and their views about PDCS as a current or prospective partner.
- How best to secure the commitment of Local Authorities and Health agencies to working in Partnership with PDCS.
- What PDCS can do in a very practical way to build better partnerships with Local Authorities and Health agencies, in terms of engaging more effectively, ensuring full collaboration and increasing the benefits of Partnership working.

This report presents the key findings and implications for PDCS.

If you would like to know more about DWP research, please contact:
Paul Noakes, Commercial Support and Knowledge Management Team,
3rd Floor, Caxton House, Tothill Street, London SW1H 9NA.
http://research.dwp.gov.uk/asd/asd5/rrs-index.asp

DWP Department for Work and Pensions

Published by the
Department for Work and Pensions
September 2010
www.dwp.gov.uk
Research report no. 693
ISBN 978-1-84712-840-9