



# DH Stakeholder Relationship Research 2011

Report of Research Findings  
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# 1 Research Context and Objectives

## 1.1 Background to Research

In response to the report of the 2007 Cabinet Office Capability Review, the Department of Health (DH) analysed a range of stakeholder management models and developed a strategic framework for future engagements with this key audience. An initial programme of stakeholder research was conducted in 2009 to inform the development of DH's new Corporate Stakeholder Relationship Strategy. Eighteen months on, the need for research has arisen again, this time to understand how stakeholder relationships have evolved based on the new management approach and to understand stakeholder perceptions in the changing landscape.

The new Secretary of State set out a new vision for health and social care focused around five key priorities. In order to deliver this vision, there will be a number of changes to functions within the health and care system, the Department and its Arms Length Bodies. As set out in 'The Coalition: Our programme for Government', the new direction for health and care will:

- Free NHS staff from political micro-management, increase democratic participation in the NHS, and make the NHS more accountable to the patients that it serves,
- Create an ambitious strategy to promote public health and prevent ill health, helping people take responsibility for their own health and encouraging behaviour change to help people live healthier lives,
- Reform the social care system to provide much more control to individuals and their carers, and to ease the cost burden that they and their families face.

These ideas are developed further in (i) the NHS White Paper: Equity and Excellence: Liberating the NHS (ii) Healthy Lives, Healthy People: Our strategy for Public Health in England, and (iii) the Social Care Vision.

A transition programme is now in place to oversee all the work being done to design and implement a new health and social care system.

In this context, the overarching objective for this year's survey will be to provide feedback from stakeholders to help the Department improve it's external relations with stakeholders during the transition to the new Department of Public Health, and against the background of current economic conditions.

## 1.2 Research Objectives

The overarching business objectives for the research are to help the department to go forward by:

- exploring levels of understanding of the Coalition's health and social care reforms.
- establishing levels of satisfaction with the Department's stakeholder engagement and liaison mechanisms
- exploring stakeholders' views on whether the Department is a good place to do business with, including where relationships are working well and why; where they are not working so well; and how relationships can be improved.

The research was subsequently designed to fulfil the following more specific objectives:

- To identify stakeholder satisfaction with existing engagements (e.g. corporate partner arrangements, newly established policy partners, national stakeholder forums)
- To identify factors that will improve (i) DH listening and responding to its stakeholders, (ii) stakeholders willingness to act as advocates of DH and enable tracking of this over time and (iii) DH is being seen as good to do business with and enable tracking of this over time
- To explore stakeholder perceptions of health and social care reforms and the level of their agreement with policy
- To make recommendations on how DH can sustain and effectively manage key relationships after the transition to a Public Health Department and Social Care and to support senior leaders within the department as they plan stakeholder engagement and liaison.

## 1.3 Survey Approach

Based on the success of this approach in 2009, a qualitative methodology was implemented again in 2010/11.

This approach is feasible on the basis that the Department's stakeholder audience is relatively senior and relatively small. Its primary advantage over quantitative methodologies is that enables a fuller and more action oriented output to be gained by allowing stakeholders to talk freely about the issues that are important to them, without being confined to a more structured interview.

A small number of key quantitative metrics were included towards the end of the interview to provide an overall 'temperature check' and to monitor progress on those data points that were also collected in 2009.

## 1.4 Sample

DH has re-defined its stakeholder universe and so the 2010/11 sample was based on the following categories:

- Corporate Partners: an external stakeholder who is critical to delivering our departmental objectives and mission, as identified by Director Generals (DGs).
- Policy Partners: an external stakeholder who is not a corporate partner, but has high influence and interest in a specific area(s) of policy within or across a directorate.
- 3<sup>rd</sup> Sector Strategic Partners

- OGDs: are part of the Department's corporate partners and relevant DGs are accountable for the quality of the Department's relationship with them.

The type of stakeholder organisation was overlaid on these categories (as per the 2009 findings), allowing consideration of the results by:

- Client Groups, Carers and Users
- Patients & Communities
- Professional & Management
- Public Health
- Social Care & Local Government
- NHS and other National Health Providers
- Trade & Industry
- Other Suppliers
- Third Sector & Social Enterprise
- Academia, Research & Think Tanks
- Healthcare Staff Unions
- Regulators.

DH provided Jigsaw with a list of 170 contacts. Target numbers of interviews were designed and agreed both by categories and by organisation type, as the table below illustrates. Contacts were

A total of 92 interviews were completed (making the 2010/11 research very comparable in scale to the 79 interviews completed in 2009).

AUDIENCE TYPE	STAKEHOLDER DATABASE SAMPLE	TARGET	ACHIEVED	ACHIEVED AS % OF SAMPLE
Total	178	90	92	52%
Corporate Partners	40	37	33	83%
Policy Partners	37	20	20	54%
3rd Sector Strategic Partners	22	10	11	50%
Other	62	15	21	34%
OGD	17	8	7	41%
Client Groups, Carers and Users	18	7	9	50%
Patients & Communities	5	2	0	0%
Professional & Management	12	7	8	67%
Public Health	11	7	7	64%
Social Care & Local Government	14	6	6	43%
NHS and other National Health Providers	10	4	4	40%

AUDIENCE TYPE	STAKEHOLDER DATABASE SAMPLE	TARGET	ACHIEVED	ACHIEVED AS % OF SAMPLE
Trade & Industry	8	6	5	63%
Other Suppliers	9	2	2	22%
Third Sector & Social Enterprise	23	10	10	43%
Academia, Research & Think Tanks	4	4	3	75%
Healthcare Staff Unions	11	5	7	64%
Regulators	13	6	10	77%
Other Government Departments	17	8	7	41%
Other	23	16	14	61%

All stakeholders were sent a letter from DH explaining the background to and the purpose of the research assuring confidentiality and anonymity. At this stage they were given the opportunity to opt out of the research. Our qualitative recruitment partner, Critical Research, then contacted each stakeholder to arrange a time and date for the interview to take place. At this stage they were again given the opportunity to opt out. Participation rates were high, as is typical for stakeholder research - if some did not participate it was only because we were unable to schedule an appointment within our fieldwork period. Stakeholders were interviewed either face-to-face or by telephone, according to their personal preference.

Interviews typically lasted between 45 and 60 minutes, although in a few cases we were only able to speak to respondents for around 20-30 minutes. Interviews took place between 16<sup>th</sup> December 2010 and 17<sup>th</sup> February 2011.

The discussion guide used for the research is contained in the Appendix to this report.

The report that follows is broken down into the following sections:

- An overall Executive Summary providing a high level view of the findings
- Overall strength and health of relationships (results from the key quantitative metrics and supporting commentary from the qualitative interviews)
- Stakeholder Relationships (a detailed look at how relationships should work in principle and how they actually work in practice)
- Stakeholder Audiences (a detailed look at the differences emerging across the sample, which were driven largely by the type of stakeholder organisation)
- The Conclusions that can be drawn from the research.

This report is also available in slide format.

## 2 Executive Summary

This research shows that, overall, DH's stakeholder relationships remain strong against a back-drop of change and uncertainty.

Stakeholders see their relationship with DH as a vital means to the commonly held aim of improving health, well-being and care outcomes and display a strong sense of 'common cause' with DH staff. Their experience and professionalism is such that they do not readily allow difficulties to divert them from achieving their goals. They know how things work and typically have a good network of relationships built up over time, helping them to navigate through the inevitable complexities of working with a central government department. The results from the key quantitative metrics show that the majority of stakeholders agree that DH "is a good organisation to do business with", that they "would speak positively about DH" and that "DH involves them in policies/strategies".

However, whereas in 2009 relationships were generally felt to be improving and respondents remained upbeat and positive despite a complex and often difficult backdrop, the landscape has shifted dramatically. A new coalition government has taken power, bringing with it a fundamental change in policy direction that will affect the entire health landscape and is also expected to impact stakeholder relationships. In the post-election period, change and uncertainty dominate the landscape and the tone is notably less optimistic:

- In the context of such a fundamental change of policy direction, stakeholders are concerned that the pace and volume of change will put good health outcomes at risk. This makes their contribution, and the ability of DH to assimilate their input and make appropriate adjustments, especially important - though the timeframes make it more challenging. While DH's commitment to continued consultation is appreciated, there are significant concerns about the 'quality' of that consultation on the part of DH (a feeling that best practice is not always followed in terms of the time given to stakeholders to respond, genuinely taking on board and incorporating their views, and giving appropriate feedback).
- Stakeholders are very clear about the policy objectives. They are very unclear about how policies will translate in practice. Many issues are still to be resolved, with uncertain consequences for the overall health landscape, for DH and for stakeholders. This state of considerable flux is causing concern and anxiety, as well as limiting stakeholders' ability to plan for the new paradigm.

In this context it is perhaps not surprising that one in five respondents reported a change for the worse in their relationship with DH over the past 18 months in the quantitative metrics.

Strong individual relationships with DH staff are really helping all parties to navigate their way through an extremely challenging time; staff are seen to be doing a good job under difficult circumstances.

However, moving forward, the challenge for DH is to continue to communicate and consult with stakeholders as huge policies are implemented:

- To make clear the channels and opportunities for engagement and consultation as the health landscape is transformed
- To enhance their level of understanding of stakeholder organisations and how they can help make the transition as smooth as possible

In this context some stakeholders foresaw that stakeholder relationships would become even more central for DH, as the localism and Big Society - agenda would increase DH dependence on stakeholder organisations.

The continued variability of engagement experiences also suggests that there is still work to be done to fully embed best practice into DH's corporate culture. In the interests of protecting and strengthening stakeholder relationships through the transition period and into the future, DH would be well advised to continue to focus on:

- Vertical integration: removing 'blocks' in the upward and downward flow of information such that actions agreed at senior level are followed through operationally and/or knowledge and understanding at senior level is cascaded down to day-to-day contacts.
- Horizontal integration: finding ways to facilitate awareness building outside the core teams that stakeholders work with, and ensuring issues discussed and agreed with one part of the department translate across to other relevant parts.
- Functional integration: improving relationships with non Policy teams (notably Commerce (finance), HR and the Press Office) so that they are less confrontational, more constructive and built on respect and understanding.
- Insularity: moving towards a more truly collaborative/co-creative approach to the development of policies and proposals, and avoid behaving as though they 'know the answer' in-house and presenting ideas and policies that are already partly or more fully formulated.

The rest of this document details the full findings from the interviews conducted in this research.



## 3 Overall strength and health of relationships

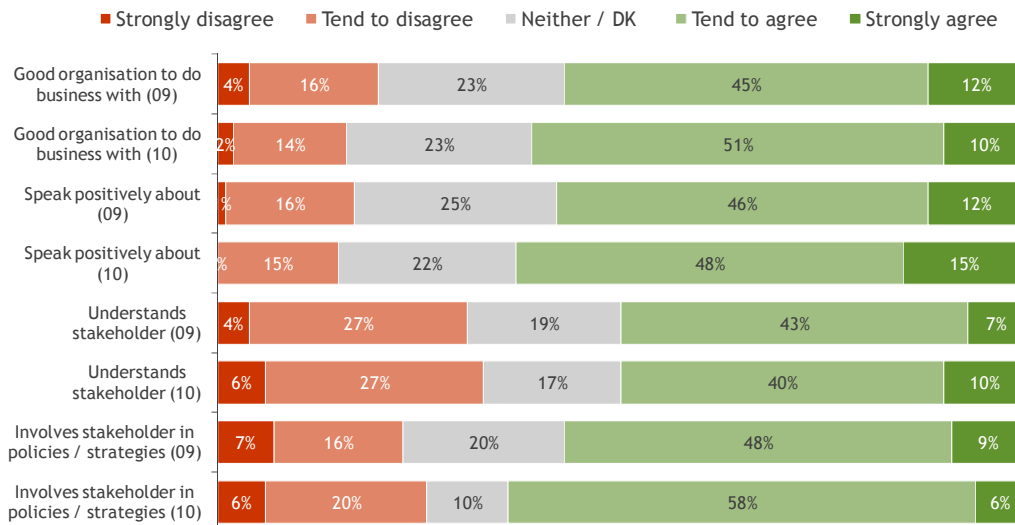
### 3.1 A quantitative view

The quantitative data supports the conclusion that stakeholders tend to think positively about DH on key performance indicators.

Looking first of all at the four measures that were retained from the 2009 survey (good organisation to do business with, would speak positively about DH, DH understanding of organisation, involvement in policies/strategies) the results are positive on balance, with the majority of stakeholders (50% - 63%) agreeing, or agreeing strongly, that DH performs well in these areas.

Looking at the 2009 to 2010/11 comparisons, understanding remains the weakest area of performance.

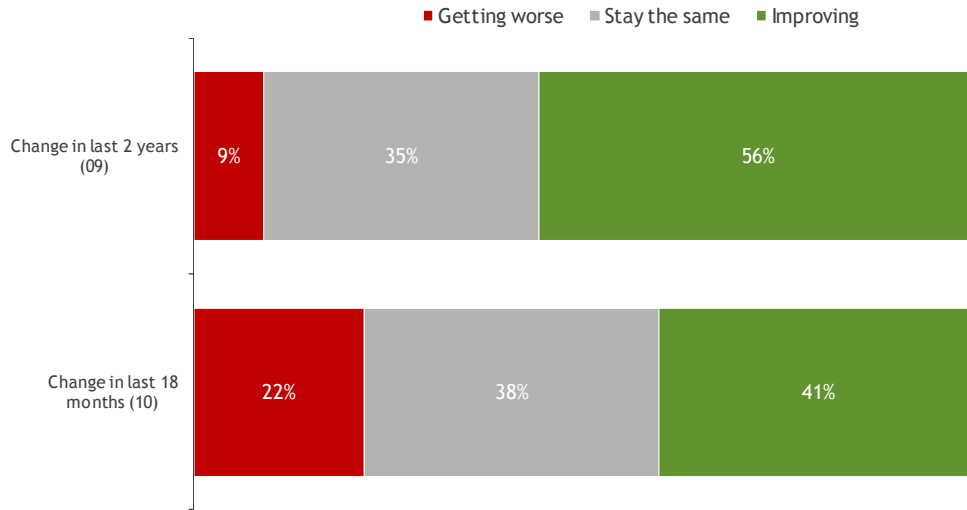
#### Agreement with key performance metrics



This is encouraging, although the predominance of ‘tend to agree’ rather than ‘strongly agree’ scores, together with the presence of a significant percentage of ‘neither/DK’, indicates that there is still room for improvement in all areas.

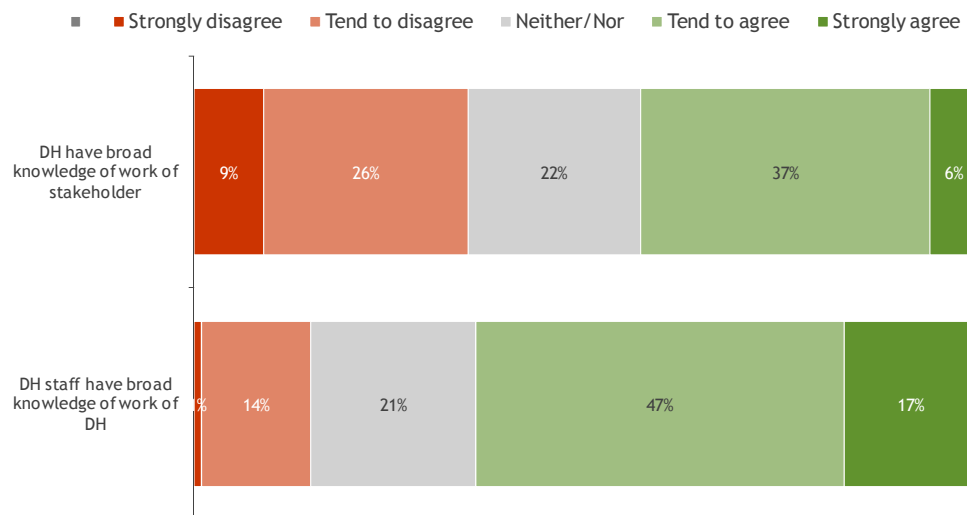
It is also important to note that this year sees a decline in the proportion of stakeholders who feel that DH is getting better at doing business with them. As the chart overleaf shows, on balance stakeholders felt that things were improving when they were interviewed in 2009. However the stakeholders interviewed in 2010/11 are much more likely to report a change for the worse (22%, compared 9% in 2009).

Below are responses to a specific question on whether DH is getting worse, staying the same or improving at engaging and doing business with stakeholders



Two new metrics were introduced in 2010/11 and the response to these was mixed. Whereas the majority of stakeholders (64%) agree that DH has a broad knowledge of the work of the Department, they are far less likely to agree that DH has a broad knowledge of their own work (43%). This is further indication of potential issues with how well DH understands its stakeholders.

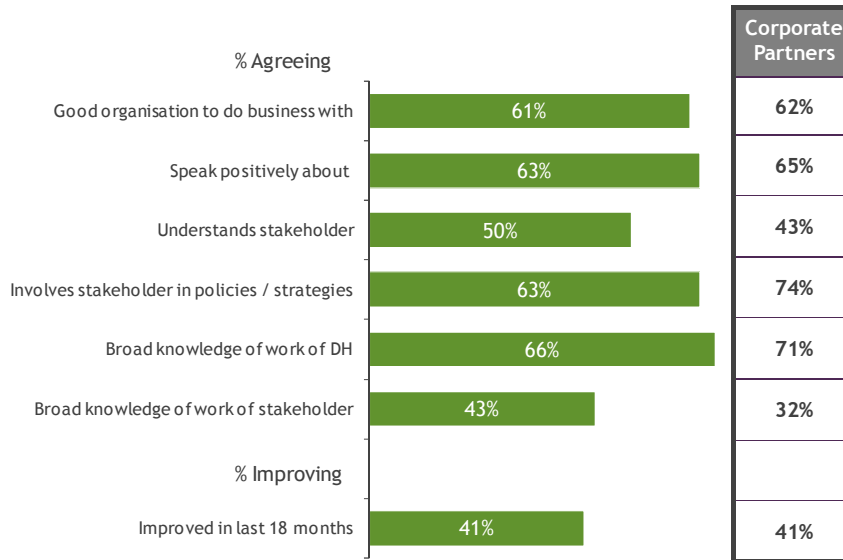
**Agreement with new performance metrics**



As the data below shows, Corporate

As the data below shows, Corporate Partners provide similar scores to the stakeholder audience as a whole on most questions, with the one exception of “broad knowledge of the work of the stakeholder”. Corporate Partners, in particular, feel that DH doesn’t understand the full breadth of their organisation.

**Differences by stakeholder group**



All these quantitative findings are borne out in the qualitative feedback gained from respondents and covered in detail in the rest of this report.

## 3.2 A qualitative view

In terms of an overall qualitative assessment of the relationships between the Department and its partners, the research revealed the following.

**Stakeholders remain extremely committed to their relationship with DH and are keen to protect it through the transition period and into the future.**

Stakeholders see their relationship with DH as a vital means to the commonly held end of improving health, well-being and care outcomes and display a strong sense of 'common cause' with DH staff. Their experience and professionalism is such that they do not readily allow difficulties to divert them from achieving their goals. They know how things work and are working hard to build a network of relationships that can help them to navigate through the inevitable complexities of working with a central government department.

**Stakeholders continue to hold DH staff in high regard and levels of goodwill are still strong.**

Staff in DH continue to be highly regarded, described as high calibre and strongly committed to the overall health agenda. In fact, right across the sample, stakeholders were keen to express their praise for DH officials; particularly in the context of the work they have done supporting the new government with its policy priorities.

**However, whereas in 2009 relationships were generally felt to be improving and respondents remained upbeat and positive despite a complex and often difficult backdrop, change and uncertainty now dominate the landscape and the tone is notably less optimistic.**

The landscape has shifted dramatically; the extent and pace of change since the 2010 election is the dominant feature of the stakeholder landscape in 2011. In fact it dominates to such an extent that stakeholders found it difficult to comment within the 18 month framework that was put to them, tending instead to reference the 6-8 month timeframe that had elapsed since the change in government.

As the change is so fundamental, and still has such a long way to run, uncertainty is the second theme emerging from the feedback. Stakeholders are aware of and affected by various types and aspects of these changes and are concerned both about the future of the health landscape and the future of stakeholder engagement. Taking each of these themes in turn...

**In the context of such a fundamental change of policy direction, stakeholders are concerned that the pace and volume of change will put good outcomes at risk. This makes their contribution, and the ability of DH to assimilate their input and make appropriate adjustments, especially important - even while the timeframes make it more challenging.**

The Coalition Government has been very clear in communicating its new policy objectives and stakeholders have been left in no doubt about the extent and nature of the changes. The fundamental shift of policy direction is conveyed by the language they use to describe the changes: 'seismic', 'policy grenade', 'total policy upheaval'.

The fact that it is the Coalition Government's prerogative to change policy direction is universally accepted. Where stakeholders are aligned with the new policy objectives, there

is a fundamental willingness to work with the Department to help ensure a smooth/the best transition. Where stakeholders have concerns about the new policy objectives, they feel a strong sense of urgency to contribute to the debate to ensure that policy is the better for their feedback. Either way they want to get involved.

However, the extent and pace of change has had considerable impact on their ability to do so. While stakeholders appreciate and welcome DH's efforts to continue consulting and communicating (some acknowledge that it would have been easy to 'pull up the drawbridge'), examples of 'best practice' engagement and consultation are less often found.

The challenges of working within short timeframes have been exacerbated by the fact that many stakeholder organisations are themselves feeling the strain on resources, especially those with funding/downsizing issues of their own. Many have found it difficult to keep up, particularly umbrella organisations, which have had very little time to consult members or affiliated bodies. While every effort is being made to put forward considered responses, there is an underlying concern that rushing through such significant policy changes could have a detrimental effect.

*"Four important documents came out together, before the Christmas holidays. It's pretty commendable how they have turned things around but how sensible is it? Something could get lost."*

*"The rate of change has been phenomenal. They have to be careful not to throw the baby out with the bath water. It needs movers and shakers in critical mass at local level otherwise it will implode. They cannot rush this at local level."*

*"You know, I have some sympathy. I mean, they were busily writing the most complicated White Papers and consultation papers for decades, and they had too much to do, and it was all very difficult. I do know about government, but at the end of the day it has been a tremendous uphill struggle to get them to understand the scale of the transition risk that they are creating"*

*"On cross cutting issues it needs to be joined up but the world of health is a world of specialties and bills are coming out piecemeal. How will they link with the vision for social care and public health?"*

Given the considerable efforts being made, it becomes particularly important for stakeholders to feel that their feedback has been received, understood and taken into account. Failure on DH's part to acknowledge or incorporate feedback causes considerable frustration in this context.

*"We are at the beginning of a three month process (Public Health Consultation). If we've all fed back and we get an idea that nobody has taken any notice of our comments, people will become wary and cynical."*

*"There has been a blizzard of things coming out in a fairly rushed process. It has taken a great deal of time and effort to put forward considered responses with the aim of suggesting adjustment or improvement to policy - 95% has been ignored."*

While stakeholders are very clear about the policy objectives, they are very unclear about how policy will translate in practice. Many issues are still to be resolved, with uncertain consequences for the overall health landscape, for DH and for stakeholders. This state of considerable flux is causing concern and anxiety, as well as limiting stakeholder's ability to plan for the new paradigm.

The change is so fundamental that it will affect the entire health landscape and stakeholders are nervous about how this will 'shake down' in practice:

- What will the new health and social care system look like?
- How is the process of getting there to be implemented?
- How will 'localism' work?
- Where will responsibility and accountability lie in the new world?
- How will central decisions 'flow' down given the principle of localism?
- Will DH have any influence over what is being delivered locally? What will the new Department of Health look like?

*"The re-organisation will create turmoil, any will. The concern this time is that we can't see the final destination."*

These issues all have direct implications for stakeholder engagement, leaving unresolved questions about how, when, where and to whom stakeholders will engage.

- How can stakeholders continue to influence when the familiar health infrastructure is removed?
- If DH is 'uncoupled' from delivery channels, and decisions localised, how do stakeholders with a national focus/voice contribute?
- Will stakeholders' role actually become more important?
- Will stakeholders' jobs be more difficult?
- What are the resourcing and workload implications going to be?

*"If there is no means of engaging stakeholders nationally it will end up being conducted in parliament and in the press. If ministers take their fingers off all the levers of influence in the NHS, we will most definitely have to find other ways in a much more public forum."*

*"I'm less clear about how GP commissioning will work - we have previously dealt with the SHAs - how do we make our relationship with the GP commissioning body?"*

*"What is the relationship going to be, with whom and where? How do concerns get addressed in future?"*

*"In the new GP commissioning structure our ability to influence will be hugely limited. Large charities can cope but we have a staff of 16."*

Many stakeholders expect the pace of change to gradually slow and their relationships with DH to return to 'normal'. Others, however, question how their relationships with DH are set to change in the new health landscape. The more pessimistic viewpoint foresees the quality and quantity of consultation and engagement with the Department being negatively affected by downsizing. The more optimistic viewpoint foresees the growing significance of stakeholder engagement to the effectiveness of the Department as a result of decentralisation (as DH becomes less involved in operations and increasingly reliant on its ability to influence as opposed to command, the Department will increasingly have to rely on stakeholders to 'get things done').

**Strong individual relationships with DH staff are really helping all parties to navigate their way through an extremely challenging time.**

There is complete awareness that the changing landscape has created huge challenges for those in DH too. Much empathy/sympathy is displayed for DH staff in coping with a huge workload against a backdrop of re-organisation and downsizing.

*“The civil servants have given exceptional service to ministers in terms of all the changes that have taken place.”*

*“The extent of the policy work is enormous and far reaching. The civil servants have had to get hold of it and deliver it - and they have done that. It’s quite impressive. You get the sense of intelligent, competent people doing their best to understand the political direction and turn it into practise - this is intellectually demanding.”*

## 4 Stakeholder Relationships: Principles and Practices

As in 2009, stakeholders face certain challenges in trying to influence and contribute effectively to DH's aims and objectives, as follows:

- Stakeholders have multiple objectives that at the very least include trying to influence policy, contributing to projects and initiatives, as well as to the development of research, knowledge and expertise within the system.
- Their agenda is often broader than the Department thinks or acknowledges. In pursuing different sets of objectives/initiatives, there is an evident need amongst stakeholders to engage with many parts of the Department, as well as other government Departments across Whitehall. Many are keen to offer more, both to the Department and to the wider health system.

DH recognises that in order to maximise the contribution its stakeholders can make, the relationship needs to fulfill on some key principles: access, engagement/consultation and understanding. Understanding stakeholder issues and meeting their expectations around access and engagement/consultation underpins good working relationships.

This next section considers each of these principles in turn and reports on the extent to which stakeholder expectations are aligned with their experiences.

### 4.1 Access

The 2009 research documented various factors that make it difficult for stakeholders to engage with the Department: they need to know where the centres of power and influence are, are dealing with 'issues' that do not conveniently overlay the DH structure, do not necessarily understand the Department's structure/functionality and are additionally challenged by the current high degree of flux and change in the Department.

Stakeholders are subsequently compelled to spend a disproportionate amount of time and cost working out how the Department works. This includes finding out whom to speak to, whom they should contact for help, what is going on in the Department that is relevant to them and which part of DH, or which person, is responsible for what area.

In the absence of a more formal understanding of the Department and how it works, relationships become very reliant on personal networks to provide understanding and a degree of clarity and coherence. This dependency is in turn vulnerable to changes in personnel on both sides, meaning individual networks are always incomplete.

To a very large extent, stakeholder take responsibility for working with and overcoming these challenges; they see it as part of their job to work within the constraints of the political system and they expect to work hard to access opportunities for influence and joint working. However, to the extent that DH can provide open and easy access both horizontally across teams/Directorates and vertically from junior civil servants to ministers, is highly beneficial to the relationship.

All stakeholders expect to have access to senior level civil servants and ministers. However expectations of the frequency, formality and whether access is direct or indirect vary by the size of the organisation and/or its weight or prominence, the relevance of their organisation to the current policy agenda and the individual's own level of seniority. As such, some organisations are content with being invited to attend stakeholder events, and formal meetings with senior civil servants, just a few times a year. Others expect personal



access to and frequent contact with, senior civil servants and/or ministers on both a formal and an informal basis.

In terms of access, DH is largely getting things right. This is signified by the fact that most stakeholders:

- Understand DH objectives, policies, strategic direction and where they/their organisation fits into that landscape
- Feel able to identify areas/projects/issues where they can contribute
- Feel 'linked in'; know who to contact for what issues/projects - or know how to find out.

Ultimately, those with good access feel they at least have the **opportunity** to influence.

*"I'm confident that if I have some policy suggestions or some input or something I want to get to, relatively swiftly I can get through 'XXX' to various policy leads and of course they come and consult with us"*

However there are some who are disappointed with current levels of access and feel this is inhibiting their ability to contribute. This is signified by the fact that some stakeholders:

- Feel unsure of the extent to which they are aligned with DH; does their direction fit with DH or not, does DH support them or not?
- Feel isolated; are unable to get the information they need from DH or to input effectively into DH policies because they cannot get seats at the right table, or find willing individuals to listen/share knowledge/discuss added value opportunities/champion their cause.

*"If you are with the inner sanctum you get greater access but outside that you are hampered. We are not totally excluded - there has been a belated recognition that we should be at the table - but face-to-face contact has been in short supply of late."*

## 4.2 Engagement & Consultation

Getting access is just one part of the equation, a means to the end of engaging in policy development and finding opportunities for joint working etc.

In this regard, all stakeholders expect to be consulted about policy in their area. However expectations of the timing and formality/informality of engagement again vary by the size of the organisation and/or its weight or prominence, the relevance of their organisation to the current policy agenda and the individual's own level of seniority. As such, some organisations are content with having the opportunity to respond to White Papers via formal consultations. Others expect to be engaged well in advance of a White Paper being published, for their views to inform policy development and to be involved in the co-creation of the ideal.

### 4.2.1 Engagement

We know from the 2009 research that the ingredients driving successful engagement include:

- *Informal as well as formal contact*
- *Involvement at an early stage of policy development*
- *Collaborative in tone*

- *Senior level contact*
- *Strategic discussions that help long term planning/direction setting/horizon scanning*
- *Lateral consistency across the Department.*

The experience in this regard is somewhat mixed. Many stakeholders feel they have appropriate levels of engagement, as signified by the fact they:

- Feel their opinions/experiences are listened to
- Feel their contribution is valued
- Feel they have influence on policy directions/pathways.

Ultimately, those who are engaged well feel they are **making a difference to policy development and/or implementation** and are more likely to describe their relationship as a partnership of equals.

*“In the timescale running up to it (Public Health White Paper), we were able to make comments and hear from civil servants what the structure was going to be, which enabled us to identify issues that we thought were a concern, feed back in, and when the white paper came out, it was clear that those concerns had been taken into consideration.”*

However many stakeholders are disappointed with/frustrated by the way they are currently engaged and consulted by the Department and feel they are marginalised. Some even make peer comparisons and are unable to understand why they are not receiving similar levels of engagement to those they perceive as their ‘equals’. This is signified by the fact that they can:

- Feel DH is limited in its understanding of who they are, what they do and how they could contribute
- Feel they have no framework within which to discuss “bigger picture” issues, common goals, value added opportunities
- Feel they have limited opportunities for discussing policy implications / sharing ideas / sector specific issues
- Feel decisions are ‘already taken’ by the time they are invited to the table, that their input is tokenistically sought and under-valued.

Ultimately, those who are less well engaged feel **frustrated that their input has no bearing** or influence and are more likely to feel that opportunities are being missed.

*“We’ve never had any enthusiasm from DH - they take no notice at all of what we do. Getting an audience isn’t the issue - it’s having our voice heard.”*

*“It’s not clear what we are there for - to agree what is put on the table or to discuss what the deal should be. We need to go back to first principles and identify common goals as opposed to working part way up the agenda.”*

*“We have the clear impression that very few of our suggestions for change are being listened to - bluntly we’d rather our time wasn’t wasted.”*

#### 4.2.2 Engagement Forums

There is widespread appreciation of the opportunities for dialogue provided by the various formal stakeholder forums. They are typically regarded as important channels, although some feel that their potential value as discussion forums has yet to be maximised.

Feedback on the merits and drawbacks of these forums indicates a range of best practice elements. Although stakeholders were not asked to give individual feedback on all the forums they attended, some general themes emerge. They seem to work best when they:

- Provide genuine access to ministers and senior officials:
  - Take Q&A after speaking
  - Listen to and respond to feedback
  - Remain open to challenge
- Provide opportunity for discussion and feedback:
  - Time dedicated to discuss policy implications and share/generate ideas (rather than having a room full of 40-50 people who all have a point to present in the space of two hours)
  - Provide feedback on the views and ideas put forward, making it clear what has merit and what can't be considered (rather than no real time feedback or post-event follow-up, leaving stakeholders with no idea if contribution has gone anywhere)
- Provide a range of different perspectives:
  - Include a broad range of organisations to maximise the opportunity to share information, learning and ideas from different viewpoints
- Tied to real work / specific purpose:
  - Genuinely add value by actually getting things done rather than just theorising.

The following feedback was provided more specifically about the merits and drawbacks of the National Stakeholder Forum and the Social Partnership Forum.

### ***National Stakeholder Forum***

Based on recent experiences, the NSF is sometimes regarded as a channel for information flow from DH to stakeholders, rather than a channel for two way engagement.

The first sessions post-election are sending positive signals about DH's commitment to stakeholder contribution: large teams from DH and a positive dynamic between politicians and civil servants suggest a real commitment to work together.

Its main merits are identified by stakeholders as:

- Providing access to Ministers and senior Civil Servants
  - Get a 'heads up' on where their thoughts are, a realistic view on what is happening 'direct from the source' and opportunities for networking
- Providing important contextual information
  - Helps stakeholders see where they can add value as can see what ideas will be relevant to the process and the timescales within which DH is working
- Building understanding of who to contact for what.

*"The Stakeholder Forum is already a vehicle for ensuring plenty of dialogue. We are getting a much clearer picture through this channel than through our day-to-day contacts. It is very interesting and useful for us as a smaller organisation."*

*“It’s also good for networking of course, because they are large groups where a lot of people I need to be linked to are going.”*

*“It’s a good information exchange... they tend to be more about making sure we know what they (DH) are doing.”*

However some criticisms have been voiced about the NSF and the most recent meeting attracted very negative comment (being seen as disrespectful to stakeholders):

- Ministerial attendance is cut short, they leave before the Q&A
- Limited opportunity for feedback: little time is devoted to discussing policy proposals and their implications, sharing/generating ideas, or for sector specific issues
- Difficult to get share of voice: only the most confident speak up
- Break-out sessions have reduced
- Some feedback that meetings are poorly organised (dates of meeting communicated very late, dates of meetings changed at short notice, agendas and briefing notes sent out too late).

*“Ministers used to make the effort to be there to meet people for a substantial time. (One minister) has twice come in and left without Q&A.”*

*“I have been attending for several years and this is an important body - but the commitment to engagement has declined. This has got to be a place where senior people come along because they see it as a useful forum to engage with senior civil servants, ministers and other organisations.”*

### **Social Partnership Forum**

It is evident that the Social Partnership Forum is highly valued, especially by smaller organisations that may not engage with DH through other channels. It is widely credited as a mechanism for engagement with representative bodies and seen as a real example of the DH’s commitment to better understanding the Third Sector.

Its main merits are identified by stakeholders as:

- Ensuring members are well informed on Third Sector issues:
  - Weekly email and regular 121 meetings with the Third Sector team
  - Monthly stakeholder forums
- Providing an effective conduit into DH:
  - Can get access to policy leads through the Third Sector team
  - Third Sector team seen to champion sector issues across the wider DH
- Access to ministers:
  - Get good exposure to key ministers at monthly stakeholder away days
    - Ministers listen to solutions, work with stakeholders in groups, give feedback on ideas and viewpoints (what they will take away versus what is unrealistic)
  - Also possible to get direct, personal access to Ministers if really needed, again through the Third Sector team
- Earlier involvement in policy development:
  - Get to comment on green, not just white, papers

- Fosters relationships between member organisations:

*“We worked with the minister for several hours - we’ve never had so much attention!”*

*“We have lots of opportunity to comment and exposure to lots of different people - it has opened doors being a strategic partner. It would be a huge missing piece if we are dropped - we have been in quite a privileged position.”*

*“People like Olivia Butterworth ... she is a good conduit for information and is a good advocate within DH of the Third Sector being communicated with and involved.”*

*“I think the Strategic Partnership has improved the information flow quite a bit.”*

However a few stakeholders did feel that it hasn’t quite fulfilled the partnership concept; that the relationship is not sufficiently ‘two-way’. In particular, some feel that:

- The Department benefits more than the stakeholders in terms of information flow
- There is insufficient opportunity to contribute to and discuss broader issues at away days, and agendas don’t reflect stakeholder feedback on what they would like to discuss
- The range of stakeholders attending is narrow and limits opportunities to learn
- Notice of meetings can be short: one week’s notice is too little for many stakeholder organisations.

*“It’s not two way enough - we need to be working together for common objectives. The Department is getting better input on consultation and has achieved good marketing channels (as a result of the strategic partnership) but it’s mainly them gaining.”*

*“I would like to see genuine partnership away days where they listen as much as they tell.”*

### 4.2.3 Formal Consultations

Formal consultation is a key touch point of the relationship and for some stakeholders it remains the main point of interaction with DH. It is primarily valued as an opportunity to shape policy and convey agendas/interests.

The 2009 research established that a best practice consultation includes the following attributes:

- *Pre-consultation discussions*
- *Timeliness (early involvement in the inception of policy and being given adequate time to respond to consultations)*
- *Inclusivity (input from a range of different types of stakeholders)*
- *Genuinely listening to stakeholder input*
- *Visibility of contribution (demonstrating how responses have been incorporated)*
- *Being kept informed of progress after response provided.*

As discussed earlier in this report, many stakeholders have struggled to keep up with the plethora of formal consultations that have been published by the Coalition government in recent months. Some feel that best practice has not always been followed, as signified by the fact they:

- Feel that consultations have been ‘after the event’/tokenistic and that the Department does not want to modify their direction of travel

- Feel that the Department has not recognised or responded to feedback during the process
- Feel they have been given too little time to input, making it very hard to provide properly considered responses - especially those who have to consult with a wider based of constituents/members in the process.

#### 4.2.4 Barriers to effective engagement/consultation

As in 2009, many respondents were able to give examples of where they were engaged well and where they were engaged less well, suggesting that the overall picture remains somewhat patchy. The variability of engagement experiences suggests that there is still work to be done to fully embed best practice into DH's corporate culture.

A number of structural and cultural factors drive and characterise this variability:

##### *Insularity*

DH too often behave as if they 'know the answer' in-house, so even those consulted early in the process tend to be presented ideas and policies that are already partly or more fully formulated. Stakeholders feel that policies would be better if a more truly collaborative/co-creative approach were adopted; co-creation does happen but more as the exception than the rule.

Stakeholders from several different types of organisation reference Una O'Brien as someone who is shifting the dynamic here and believed to be genuinely committed to collaborative working, as well as recognising that expertise exists outside the department.

##### *Ineffective horizontal integration*

Where stakeholders interface with DH across a range of policy issues, they are very aware that DH is not completely 'joined up' internally and that 'silos' persist within the Department.

Many stakeholders reported feeling that within their core team there are high levels of shared understanding and agendas but outside of that there is little awareness of them or their organisation's contribution. It is frustrating for stakeholders when it becomes apparent that issues discussed and agreed with one part of the department do not translate across to other parts.

Expectations vary as to how feasible it is for DH to be truly horizontally integrated; some feel this is an impossible ask, while others do believe DH could be more successful here.

##### *Ineffective vertical integration*

For stakeholder engagement to be effective, lines of communication and authority within DH need to be clear. Mostly this works well, but some stakeholders did report experiencing 'blocks' in the upwards or downwards flow.

This could result in actions agreed at senior level not being followed through operationally and/or stakeholders having to re-iterate/re-educate their day-to-day contacts on perspectives and issues already known at senior levels. Conversely, it could also result in input provided by stakeholders not reaching senior enough levels (and so effectively going nowhere).

##### *Ineffective functional integration*

Stakeholders are generally effusive in their descriptions of the people they work with in DH Policy teams; professional, high calibre, respectful, intelligent are typical of the words used. However, where stakeholders are required to interface with non Policy teams, e.g. Commerce (finance), HR, Press Office, the feedback is less good.

The Press Office in particular seems to be difficult to work with; relationships can be confrontational, non empathic (on both sides) and generally lacking in constructive focus.

HR and Commerce are also found to be difficult; they can appear to be administering procedures with little apparent understanding of, or respect for, the organisations they are dealing with.

These issues are especially 'alive' for the ALBs and the Regulators.

### 4.3 Understanding

In 2010/11, stakeholders believe that they understand the Department's overall policy objectives very well, not least because the Coalition government has explicitly and clearly stated their political imperatives and philosophy, both pre- and post-election. Similarly, DH's understanding of stakeholder organisations is generally appropriate to their size/relevance and many refer to the fact that understanding has developed in a positive way over the years.

However, there is a strong sense among all stakeholders that greater mutual understanding would significantly enhance the effectiveness of their relationship with DH by helping to identify opportunities where they could add (more) value. This interest is driven by a genuine desire to bring their experience and knowledge to bear on the health system and health outcomes.

In particular, stakeholders feel that understanding could be improved in the following two areas:

#### ***Totality and diversity of stakeholder role***

Some stakeholders offer a mixture of services, some charitable and some commercial, including expert advice, commercial services, access to certain groups. However, Department understanding can appear quite narrow in that DH only tends to appreciate/get involved in one aspect of what their organisation does. This can mean that the breadth, remit and interest of stakeholder organisations goes unrecognised and wider opportunities to utilise stakeholders' capacity and expertise are missed.

The causes of this were described by stakeholders in different ways:

- Some said the Department does not invest sufficient time to understand their broader goals and objectives - or that there is simply no time available for higher level discussions to get to know each other better, even if this were desired.
- Others say engagement principles and practices are not sufficiently embedded in the culture of the Department to ensure that they would do this - it was 'not their style'.

This is not to say that any lack of understanding on the Department's part hinders their ability to meet their own objectives: stakeholders see it as their duty to exert their influence via a myriad of other indirect relationships, or to be more persistent in pushing their agenda directly with the Department. However it can mean a slower rate of progress towards these desired outcomes and can cause frustration if doors remain closed.

*“DH is not one body: some have a greater understanding of primary care than other, it’s not across the board. Outside the small circle of primary care we need to maintain awareness of the broader issues. Look at GP commissioning - it relates to all aspects of the health service. We need to work together in an integrated way.”*

*“If we are doing a specific piece of work it’s relatively easy to engage the right people - on cross-cutting issues it’s more difficult as it depends on the ability of individuals to join up with the rest of the Department.”*

#### ***Need to engage own constituencies***

Many stakeholders have to consult with their own members or other organisations that they may represent on policy, professional and workforce matters. This can mean that responses to Department requests need longer turnaround times than the Department asks for. In addition, stakeholders sometimes have to reflect the views of an entire constituency that may be at variance with views of Department, taking time to consult and put forward a considered and representative response. While stakeholders do their best to accommodate DH’s timeframes, the resulting feeling is that the Department doesn’t understand their organisations well enough to accommodate their needs better. This can work against the development of a relationship of equals.

*“They are often very poor at recognising what other organisations have to do to get a response together - more so in the last 6 months. If you want an answer you may wait for months, if they want something from you it’s by the end of the week. We can’t give a full answer in 24 hours because we have to consult.”*



## 5 Stakeholder Audiences

As was made clear in the 2009 research, and continues to be the case in the 2010/11 research, a strong determinant of stakeholder opinion is the type of organisation the stakeholder is and where they see themselves in the context of the health system.

Recognising this, the 2010/11 research sample was structured around interviewing a range of stakeholders from across the different types of organisations that the Department engages with.

What follows in this section is an analysis of the responses through the lens of organisation type, with a view to understanding the extent to which there are differences in the way stakeholder groups perceive their relationship with the Department. Specifically, we consider the individual perspectives of each of the following types of organisations:

- Professional and management
- Public health
- Social care and local government
- Unions
- Other Government Departments (OGDs)
- Trade and industry
- Arms Length Bodies (ALBs)
- Third sector.

### 5.1 Professional and management

#### **Desired Outcomes:**

For professional and management organisations, the desired outcome of their relationship with DH is recognition of the needs and valued role of their professions within the health system.

#### **Practice:**

Relationships with these organisations are generally very positive, particularly with the professional or policy sponsor, where engagement is characterised by open and honest dialogue and regular interaction through joint working groups. These members of staff appear to be in contact with other key personnel within the Department and have positive relationships.

However some organisations can feel that establishing relationships outside the immediate sponsors is more down to their own efforts than that of the Department. Those who have been successful are more satisfied with engagement and feel they now have a fully established relationship - however these outreaches are not always successful.

#### **Future Needs:**

These organisations would welcome further clarity on the transition and structure of the health system in light of reforms, specifically in terms of the risk and implications for their profession's interests.

They would also welcome confirmation as to whether or not they have access to the 'right' people in the Department and the broader healthcare system in light of up-coming changes (i.e. the most relevant people to influence).

*“At the moment, I get a lot of direct face-to-face contact and telephone contact with people that I know. Now, that is a very effective way of engaging. When we go to a GP-based commissioning model around the consortia, together with the health and wellbeing boards, the sheer numbers will mean that I and therefore the organisation will be more remote. I will still be able to engage in writing and email, and the occasional telephone call, but the personal touch will be lost. I actually believe that is to the detriment of the overall understanding of how the professions work within the system”.*

## 5.2 Public health

### Desired Outcomes:

For public health organisations, the desired outcome of their relationship with DH is to impart their knowledge and maximise their contribution to ensuring policy is successful (i.e. improves patient outcomes) on the ground. They seek opportunities to be a “critical friend” that can help shape policy.

### Practice:

As these organisations are often working on issues that cut across policy areas, success is dependent on:

- Open and easy access to different parts of DH to facilitate joined up thinking
- Early involvement in proposals so can contribute to thinking process
- Being included in dialogue where they have a genuine chance to impart knowledge/advice
- Due regard/consideration given to opinions.

The National Stakeholder Forum is cited as a good example of positive engagement, pulling together relevant individuals / constituents from other stakeholder bodies and creating opportunities for sharing of ideas (in principle at least). Consultation on the Public Health white paper appears to have been effective so far - though some still in “wait and see” mode as far as their ability to influence policy.

However there are several barriers that affect their ability to contribute:

- Have the sense that public health issues are regarded as secondary to the delivery of health services within DH
- Have challenges getting the value of their knowledge recognised: some smaller/more marginal players have struggled historically to have their voice heard, some feel they have to rely on own efforts to get a seat at the table
- Have broader agendas than DH necessarily realises and can struggle to engage beyond core area of work
- Trust issues - actions by the DH have occasionally generated distrust e.g. commitments not followed through, don’t feel DH is “on side”, poor communication on withdrawal of funding.

### Future Needs:

These organisations would welcome better joining up on cross cutting issues: they are looking to DH to understand the breadth of their agendas and to facilitate/accommodate relevant interactions between policy areas as well as with relevant external bodies.

They call on DH to ensure engagement opportunities are sufficiently far reaching and inclusive across stakeholder audiences, providing for smaller/peripheral bodies as well as major players.

*“There are always going to be links with different policy teams and it’s a question of bringing things together. If we have good bi-lateral relationships between policy divisions and external bodies, it should be possible to help DH to shape policy.”*

*“We’re not engaged in some of the broader discussions when actually, I think we have something to offer...our input is relevant in a broader way to help public health issues generally. We have to push at the door for other areas to listen to us in quite the same way (as core team).”*

### 5.3 Social care and local government

#### Desired Outcomes:

For social care and local government organisations, the desired outcome of their relationship with DH is to work together on the development of policy to ensure effective implementation by pointing out potential risks/pitfalls and how to overcome them.

#### Practice:

Best practice behaviours include outreach (e.g. personal briefings to local politicians), providing real and early opportunities to provide input (e.g. involvement in preparatory work/drafting of bill, pre-briefings providing guidance on what to emphasise in consultation responses, the ability to co-produce policy implementation plans), visible demonstration of where good ideas have been accepted and easy access (e.g. bringing together all functions related to local govt into a single Directorate).

The barriers to working together effectively mainly result from the challenging post-coalition environment. The pace of change is felt to be an impediment to joining up thinking and consistent engagement across all parts of the Department. There is also uncertainty over how to engage with broader health service in future: planning engagement at local level is difficult as they don’t know who will be doing what/where and concerns were expressed about the fact that there is nothing requiring the GP commissioning board to engage with local government going forward.

Those engaged mainly through the National Stakeholder Forum also cited a lack of opportunity for detailed discussion of local government concerns and issues.

#### Future Needs:

These organisations seek clarification over roles and responsibilities in the new structure and how they should be engaging at local level, particularly how their relationship with the GP Commissioning Board will/should develop.

There is also a desire for more sector specific engagement, to discuss the changes and how they will be affected by them, and to test out new ideas.

*“The stakeholder forum is a good channel for getting information - if we weren’t on it we would feel quite remote - but there are a wide range of stakeholders there so we can’t talk about the <<stakeholder’s own>> perspective.”*

## 5.4 Unions

### Desired Outcomes:

For the unions, the desired outcome of their relationship with DH is to ensure that the positive engagement of the past continues under the new Coalition government and that workforce concerns are reflected in proposed reforms.

### Practice:

These organisations describe having made significant progress under the previous government in terms of working together to address workforce issues in health system. Pandemic planning and staff vaccination, as well as tobacco control are highlighted as examples of strong collaboration. Engagement with both the workforce directorate and other areas are seen to have continued in a positive direction.

The Social Partnership Forum is also cited as providing a very effective mechanism for engagement in the pre-election period, with regular monthly meetings, open and genuine dialogue, timely notification of potential changes and providing a channel to ministerial level.

However concerns are raised about the quality of engagement post-election, with the Social Partnership Forum meeting less regularly and frustration that consultation feedback is not being reflected in reforms. Several unions have voiced their concerns about aspects of the proposed reforms but see little evidence of these concerns being taken on board. This creates the potential for poor industrial relations or workforce issues to undermine support for the wider changes proposed within the health system.

### Future Needs:

These organisations want reassurance that the positive progress they made during the previous government is not undone or wasted. There is a strong desire for the Department to moderate the pace of reform to allow time for workforce implications to be thought through and properly addressed.

They would also welcome an opportunity to fully understand the impact of the proposed changes on the terms and conditions of their members.

There is also a keen interest in ensuring that the Social Partnership Forum provides more open and productive dialogue between the unions and the Department at ministerial level.

*“Pre-election the answer to the question would be yes, most certainly. That was part of the social partnership arrangements that the trade unions had reached an agreement with both government and the Department of Health over. That meant that advanced notice was given to people like myself about potential policy and therefore we were engaged in the development of policy at its start of the process. As opposed to post-election, which is actually we’re told about it simply the day before.”*

## 5.5 Other Government Departments (OGDs)

### Desired Outcomes:

For other Government Departments, the desired outcome of their relationship with DH is to understand how policy areas relate/overlap, with a view to finding common cause, identifying opportunities for joint working and sharing best practice/approaches.

### Practice:

There is some feedback that the Department has been more open to collaboration since the election, driven by Una O'Brien. Collaboration is most successful when the DH recognises the importance and value of working together, creating a partnership of equals. This is manifested in a genuine interest in the other Department's objectives, full transparency and sharing of information, early involvement in policy development and a focus on co-production. Formally recognising/embedding the relationships between health and other aspects of the social agenda within strategy is also important in signalling the commitment to cross-working.

Policy conflicts aside, OGDs acknowledge several barriers to joined-up working across Whitehall.

- Inter-department culture: a disinclination to think beyond the delivery of health services and public health issues means broader opportunities are missed and an inclination towards defensiveness/protecting resource means staff are less able to review ideas with open mind.
- Intra-department culture: a lack of horizontal integration makes it hard to identify right people to bring to table and a lack of vertical integration means educating juniors on 'big picture' issues they are less able to understand.
- Individual behaviours: consulting at the last minute, failing to give feedback, communication only when needed and an overall lack of interest in the other Department's agenda can create a feeling of a one-sided relationship.

### Future Needs:

Other government departments display a strong belief in the value of cross-government working and despite the inherent challenges, are keen to see DH take a stronger role in working with other government departments:

- Stronger leadership: ministerial level encouragement to focus on government (not department) problems that need cross-cutting solutions
- Earlier ownership: avoid presenting problems/solutions that have already been decided on and open up to discussion and encourage input/involvement at an earlier stage in their development
- Better understanding: recognise other department's objectives, agendas and work practices and give them due priority
- Better exchange and dialogue: sharing of information, responsibility and workload to increase impact and effectiveness.

*"The messages about joined up working are starting to filter down and that's helpful - but in most areas they are turning the world upside down at a very fast pace and on reduced resources...they will inevitably draw into their own areas to get things done"*

*and there's a risk we could regress....This is a real opportunity to work in a different way: we can be smaller and no more efficient or we can increase efficiency and help ourselves get small."*

*"There have been moments when it has been difficult ..... but they have grown to recognise the importance of working together. If we get stuck in we can have a greater impact collectively than we can solo."*

## 5.6 Trade and industry

### Desired Outcomes:

For trade and industry organisations, the desired outcome of their relationship with DH is to promote the reputation and interests of the private sector, prevent or influence regulation and act as a conduit between the sector and DH.

### Practice:

Feel DH has gained a much better understanding of, and interest in, the private sector in the last 2-3 years, making it much easier to influence as a result of the door being more open. The relationship is now characterised by less suspicion (a sense of being in opposing camps has been replaced with strong collaboration), with many large bodies treated as important and central to policy making, early consultation (a sense of being given the inside track), a strong core team that facilitates access to others to minimise silo difficulties, good access to ministers and a degree of outreach (DH showing real commitment to understand private sector).

Since the Coalition government came to power, the rise of public health up the agenda and the shift away from the public sector as preferred provider means the private sector is well placed to influence.

However, there are several barriers affecting their ability to contribute:

- Public health still plays secondary role to delivery of health services: 'Medical' stakeholders felt to hold real power
- Some bodies feel they have more to contribute: more niche bodies can feel DH is not listening, or doesn't want to hear what they have to say
- Concerns about standard of decision making given pace of change: *"People are making decisions because they have to make a decision, not because they are the right decisions"*
- Some find bureaucratic approach frustrating: slows progress down, which is especially frustrating given the volume and pace of consultation.

### Future Needs:

For trade and industry organisations, the priority is to maintain the positive, open, collaborative engagement that has been developed in recent years and ensure a consistent level of 'outreach' to maintain good levels of understanding.

These organisations urge the Department to use private sector expertise in markets and efficiency to inform the NHS shake up. They also express concern that the speed of change is now allowed to hamper the quality of decision making and encourage DH staff to push back with ministers if necessary and reassure stakeholders about progress and that outcomes are not at risk.

*“The civil service culture breeds caution. They are risk averse, fear change and seek clearance at every stage. This slows everything down and is not appropriate given how much they need to get down and how quickly it needs to happen.”*

*“For example, pharmacists have a massive amount of expertise and a real consumer focus about how to deliver at the sharp end. This is not traditionally how the NHS thinks but it could learn a lot from them.”*

## 5.7 Arms Length Bodies (ALBs)

### Desired Outcomes:

For ALBs, the desired outcome of their relationship with DH is to be allowed to get on with the job they were intended to do. This means being trusted, supported and enabled by the Department (rather than ‘controlled’) and being treated as individual organisations in transition planning (rather than one size fits all).

### Practice:

Engagement is most positive with the professional or policy sponsor, a relationship which is typically characterised by open and honest dialogue and regular interaction through joint working groups. These members of staff appear to more clearly understand ALBs and the role they play.

However, concerns are raised over the way the Department manages ALBs. High levels of frustration are evident over the extent to which these organisations feel ‘controlled’ by DH; HR policies are especially hindering their ability to deliver. The ALB support unit and transition team are also seen as sometimes taking a one size fits all approach to transition, being slow to make key decisions that impact their organisations and generally lacking understanding about what their organisations do.

That said there is some recognition and appreciation of the constraints the Department is under: the fact it is working in the context of ‘bonfire of the quangos’ and under the reporting, financial and business planning rules imposed by the Cabinet Office.

### Future Needs:

These organisations would welcome more proactive contact from their transition managers, transition planning that is tailored to their individual organisations and a less bureaucratic processes for governance between the Department and the ALB.

*“My relationship with the sponsor branch...is extremely good. I have a very constructive, professional and very mutually supportive relationship. My relationship with finance, the ALB support unit and the transition team is pretty dire. I have quite different relationships with different parts of the Department.”*

*“There seems to be a ‘one size fits all strategy which is not designed to produce a good outcome. It’s designed to make life easier for people in the Department. We’re just in constant battles with officials trying to get clarity about what we can and can’t do, with the belief on our part that the Government ...There are a group of officials who think they’re hell-bent on abolishing us”.*

*“What’s my ideal vision? I would like my transition manager to ring up and say, ‘I’m really sorry I haven’t been in touch. Can I come and see you? I don’t really*



*understand what your organisation does. When I do, perhaps we can sit down together and work out how we can help you to do what you want to do and what the government wants to do better by the timescale that we have agreed?"*

## 5.8 Third sector

### Desired Outcomes:

For third sector organisations, the desired outcome of their relationship with DH is to maximise their contribution to ensuring policy is successful and to protect the interests of those working in the sector. This is not just about effective implementation; these organisations believe they can add value to policy development by imparting their knowledge of how things work on the ground.

### Practice:

Organisations belonging to the Third Sector Partnership are generally positive about their engagement with DH and about the messages given by the Coalition about the Third sector. There is a sense that the Department is making a genuine effort to get to know the sector better and the Third Sector Partnership Forum is highly valued, especially by smaller organisations that may not engage with DH through any other channel.

In particular, stakeholders appreciate the efforts made by DH to pull together relevant individuals from different parts of DH and other stakeholder bodies that are willing to champion a particular issue (e.g. setting up issue-based strategy and programme boards simplifies the interface) and to reach out to their constituents (e.g. officials attending stakeholder events has symbolic importance).

However, there are some organisations who still feel that their contribution is being limited by a failure on the part of DH to recognise the value of their knowledge more broadly. Small charities and/or those focussed on lower priority/cross-cutting disease areas - while valuing the Third Sector Partnership Forum in itself - can still struggle to cut across silos and access relevant work streams. As a result they feel they have a low share of voice in proposed policy. Some also get the sense that their involvement is tokenistic, based on by the way that meetings are sometimes handled: information not being shared in advance, decisions already having been taken on how to tackle problems, no opportunity to influence the agenda.

Concerns were also expressed about the quality of consultation. They feel it is their duty to respond to all relevant consultations, even though this places a heavy burden on the typically limited (and now shrinking) resources that the voluntary sector has to work with. Failure to apply best practice to the consultation process (tight timeframes, failure to provide feedback etc.) can generate intense frustration in this context.

### Future Needs:

Smaller organisations, those dealing with lower priority/cross-cutting disease areas still have a desire to make a bigger contribution and are looking for strategic enablers; a framework to identify common objectives and opportunities to add value, better joining up on cross cutting issues, more informal engagement outside the Strategic Partnership forum. They are looking to DH to understand the breadth of their agendas and facilitate/accommodate relevant interactions both cross-directorate within DH and cross-department within Whitehall.

They also encourage DH to understand the 'fragility' of smaller charities in times of austerity by recognising the resource constraints that many are grappling with.

*“They are trying hard to understand and engage with the Third Sector but it’s difficult because they exist in a bureaucratic world versus us in a practical world.”*

*“Because of where we sit cross sector, we can be useful - this isn’t something the Department realises it has access to.”*

## 6 Conclusions

**The key themes emerging from the 2010/11 survey are those of change and uncertainty:**

- The policy changes introduced by the Coalition Government are ‘seismic’ and understood to impact dramatically on the whole health landscape
- While the policy objectives are clear, stakeholders remain uncertain about what the new health and social care system will look like and how the process of implementing the new policies will work.

**Relationships with DH continue to be strong, albeit somewhat challenged given the volume of consultation currently underway:**

- DH are highly praised for their professionalism and high calibre of people
- DH seen to be doing a good job under difficult circumstances
- Commitment to continued consultation is appreciated
- Although significant concerns expressed about the ‘quality’ of that consultation.

**Stakeholder expectations around access and engagement are variable depending upon the prominence of their organisation, the relevance of their organisation to current policy agenda and their own level of seniority:**

- DH is largely getting the mix right and the majority of stakeholders are reasonably happy with their level of access and engagement.

**Issues arise in respect to:**

- Ineffective vertical integration, meaning that stakeholder does not have expected level of access
- Ineffective horizontal integration (silos); this continues to be a big issue; often people who answer ‘neither/nor’ to quant measures say that ‘my core team is great, but outside that it’s not great’
- A tendency to behave as though they ‘know the answer’ in-house and presenting ideas and policies that are already partly or more fully formulated, resulting in frustration around the quality of policies/proposals
- Dealing with non Policy teams within DH.

**And, as in 2009, stakeholder relationships could be further improved were DH to enhance their level of understanding of stakeholder organisations.**

**Moving forward the challenge for DH is to continue to communicate and consult with stakeholders as the policy is implemented:**

- To make clear the channels and opportunities for engagement and consultation as the health landscape is transformed
- In this context some stakeholders foresaw that stakeholder relationships would become even more central for DH, as the localisation agenda would increase DH dependence on stakeholder organisations.

## A. Discussion Guide

### Introduction

- Explain purpose and objectives of the interview
- *Set the context for the interview; we're interested in how things have been over the last 18 months or so, and in addition are interested in any comments they have on how things have changed or are changing under the Coalition government*
- Stress confidentiality and adherence to MRS Code of Conduct, etc.

### Organisation and role

- Describe organisation work for
- Describe your own role(s) within organisation
- Warm up questions
  - Major issues/challenges faced by organisation at the moment
  - Major issues/challenges faced by respondent in job/role at the moment

### Understanding of DH's role and objectives

- How well do you think you understand DH's role/remit and objectives/what it is trying to achieve?
- What do you understand its primary aims and objectives to be, *given the policy objectives of the Coalition?*
- What do you understand its role to be, *now and going forward:*
  - Within government?
  - Within the wider health sector?
- How have you come to this view? Where did you/do you get information from about DH's role?
  - Has DH communicated it to you, or did you have to find out for yourself?
  - How did DH communicate with you about its role *under the new Coalition government?*
- Do you have a clear sense of the direction that DH is going in or do you pick up conflicting messages regarding its role/aims?
  - If conflicting messages, where do these messages come from and how do they conflict?
- How well aligned would you say DH is with central government as a whole?
  - How consistent are the messages coming from DH with those coming from other government departments?
  - To what extent does DH have different agenda or viewpoint from other government departments?
    - If conflicting messages/different agendas, how does this manifest/how is it apparent?
- How do you think your organisation's purpose fits within this DH remit/role? In other words, is it clear to you how your organisation could/*should* work together to achieve DH's objectives, *both now and moving forward?*

- If so, can you give an example of how this could work?
- If not, can you explain why not?
- Do you think DH has a good level of understanding about your organisation, what you do and what you are trying to achieve?
  - If yes, how did they acquire this understanding? Did they come to you and ask for briefings or did you have to approach them?
  - If no, why do you think this is? How could this situation be improved?

#### DH - Recent Performance

- Thinking back over the *last 18 months or so*, what do you think the DH's main achievements have been?  
LISTEN FOR: policy work, setting out objectives, improving department infrastructure, relationships with other government departments, improving relationships with stakeholders, openness, improved communication, improved consultation etc.
- What if any changes/shifts or improvements have they noticed in the relationship they have with DH, *over the last 18 months and since the Coalition Government came to power*?
  - How much of an impact have these had?
  - What are the positive things they need to keep on doing?
- How would you describe DH? What adjectives best sum them up?
  - How well respected are they within your organisation?

#### Working with DH

- Do you have a reasonable/good idea of how DH is now structured *and any changes that have taken place over the last 18 months or so*?
  - If so, how did you get this information?
  - If not, is this something you would like to know? How would it help you?
- Describe how your relationship with DH works. For example:
  - Which directorate or team do you work with at DH? **MAY BE MORE THAN ONE - IF SO GET DETAILS OF ALL AND IF POSSIBLE HOW THEY FIT TOGETHER**
  - How long have you been working with this team/these teams?
  - Is your relationship with DH continuous or does it come and go depending on issues/activity?
    - How many people do you have regular contact with at DH?
  - Are you the only contact person between DH and your organisation or are there several people from your organisation in regular contact with DH?
  - How many people on both sides are in contact with each other?
  - Do these people come from different levels (seniority) on your side? In other words do very senior people from your organisation have a relationship at a senior level at DH and then there are parallel relationships further down on both sides? How does this work?
- Is this an effective way of working? How might it be improved?

- What sorts of things are you working on with DH to achieve? TRY TO GET PRACTICAL EXAMPLES OF PROJECTS, INITIATIVES, POLICY ISSUES ETC. THEY ARE WORKING ON IN TANDEM
- Can you give examples of successful working together, *over the last 18 months and also since the Coalition was elected?* What went well? What were the ingredients for success?
  - Can you give examples of DH adding real value to your work?
  - Can you think of new/additional/different ways DH could add value to your work? EXAMPLES IF POSSIBLE
  - Can you give examples of when working together went badly since 2009, and *again thinking of the period since the new government took office?* What went wrong?
  - Can you think of particular ways that you would like the staff you deal with to act? It would be useful to get some feedback on the day to day behaviour of DH staff in their dealings with you. For example:
- What do they do that you like, that creates the right impression, that helps to get things done etc.
- What do they do that irritates you, gets in the way, slows the process down etc?

#### Policy Engagement (if not already covered)

- How well does DH consult with you on major policy initiatives?  
PROBE ON: their expectation of being consulted/involved/engaged, frequency of consultation, timing of consultation (i.e. do they get you involved sufficiently early in the process?), extent to which consultation is felt to be genuine, level of feedback/follow up after consultation
- How could DH improve its consultation process, *moving forward?*
- What is the best mechanism for engaging you in the policy development process?
- Please can you give examples of *recent* consultations that have gone well and examples of *recent* consultations that did not?
- From your perspective what are the ingredients of a successful consultation?
- *How, if at all, has DH consultation changed in the last 18 months or so? How do you expect it to change moving forward?*

#### Cross Directorate/Team Working

- Do you *currently* work with more than one team/directorate at the DH? If so, which ones and how does this work?
  - How easy is it for you to deal across different teams/directorates at DH?
  - Is it always clear who to approach? If not, can someone advise you?
- Examples of where this works well?
  - And not so well? What would it take to overcome these problems?
- In your experience are some teams/directorates stronger than others?
  - Which ones? In what way? What would you regard as best practise?
- How do you experience DH; as a single organisation or a mixture of different, distinct teams? What gives you this impression?
  - Is the Department sufficiently ‘joined up’ for your needs?

- Do different teams seem clear on their role and fit within the overall direction?
- Do you feel there is a co-ordinated approach to managing your relationship?
  - If no, what gives you this impression? What implications does this have for you?
  - How could this be improved?
  - How does DH compare to other departments that you deal with in this respect?

### Relationship with DH

- How well do you think your organisation's objectives fit with DH's objectives?
  - Are the two sets of objectives well aligned or complementary or do they clash? Can you give examples?
  - *Have the two sets of objectives become more or less aligned since the Coalition government took office?*
  - What impact does any conflict in agendas have on the overall relationship?
- How would you characterise your working relationship with DH?
 

PROBE FOR: good, bad, improving, deteriorating, developing, co-operative, professional, combative etc.

  - Why do you say that?
  - If changed: what has contributed to the improvement/deterioration?
  - If combative: what causes tension or conflict between your organisations?
 

PROBE: Policy vs. relationship issues?

What impact does this have on your overall relationship?
  - *Has your working relationship with DH changed since the Coalition government took over? In what ways? For better or worse? How do you see this developing over time?*
  - How does this differ by different parts of DH (if deal with more than one team/directorate)? Why do you think that is?
  - How does it compare with any other government departments you deal with regularly? FIND OUT WHICH DEPARTMENTS DEAL WITH
    - If better, how/why?
    - If worse, how/why?
- Where does the *current* working relationship succeed or fail against your needs as an organisation?
- Do you find DH open and accessible as an organisation? Why/why not?
- *Have the DH become more or less open and accessible since the new government took office? In what ways? How has this manifested itself?*
- Does DH seek feedback on how well you are working together?
  - In what way?
 

PROBE ON: Awareness/views of pulse surveys
  - How well do they respond to your feedback? How could this be improved?
- How, if at all, do you think your working relationship with DH impacts on your/your organisations ability to deliver against:
  1. Your organisation's objectives



Does working with DH help or hinder? Why? Provide examples, *drawn from recent past, under new government.*

If DH worked in a different way, would you have a better chance of achieving objectives?

2. DH's objectives (either DH's own, or the objectives DH has set for the stakeholder organisation)

Does working with DH help or hinder? Why? Provide examples, *drawn from recent past, under new government.*

- To what extent would you characterise your day to day relationship with DH as a partnership? In other words do you think the relationship is one between equals?
  - If yes, how does this manifest itself?
  - If not, what is behind this inequality? Give examples of how it shows
- What do you think signifies a strong partnership relationship? What examples can you provide where you work in partnership with a government department or other body?
- Do you think there is a good level of trust in your relationship with DH?
  - If not, then what are the causes of mistrust?
    - Is there a lack of trust on both sides?
    - Is it only related to certain issues, or certain elements of communication? Please expand?
    - How could trust be increased?
    - Do you think DH trusts you to get on with what you are doing? Or do you feel that DH is often 'breathing down your neck' or watching over you? GET EXAMPLES IF POSSIBLE FROM RECENT PAST
- What happens if you are in conflict or disagreement with DH? GET EXAMPLES IF POSSIBLE FROM RECENT PAST
  - How are situations like this resolved?
  - How could these situations be avoided?
  - How could this process be improved? What would work better?

### Stakeholder communications

SOME OF THIS WILL PROBABLY HAVE BEEN COVERED IN THE RELATIONSHIP SECTION

- How do you communicate with DH, *again thinking of the period since last May when the new government took over?*
  - What channels do you use? (meetings, phone calls, emails etc)
    - Does this differ by type of communication?
    - The issue being discussed?
    - The (seniority) level (and number?) of people involved?
- How frequently do you communicate?
  - What do you think about this?
  - How could it be improved?
- How do the different levels within your organisation and DH communicate (channels, frequency etc.)
- How promptly do DH respond to requests? Is this timing acceptable?

- How effective is this type and frequency of communication? How might it be improved?
- Are there laid down protocols for communication, or is it less formalised than that?
  - What do you think about that?
  - How could these be improved?
- Which channels/types/instances of communications are most effective and why?
  - Which do not really work, or could be improved? Please provide examples.
  - Do you prefer new or traditional media to interact with the Department?
    - How do you use Digital Media? How would you like to use DM in communication with DH? E.g. forums/blogs etc?
- What do you think of the tone of communication coming from DH?
  - Does DH generally ask/persuade or does it have a tendency to issue edicts?
- What do you think of the volume of communication coming from DH?
  - Too much/too little/about right?
- How relevant is the communication you receive from DH?
  - Do they send you things that you just don't need or want? GET EXAMPLES.
  - How often does this happen?
- How are joint communications and announcements from DH and your organisations handled?
  - How could this be improved?

**Summing up**

In summing up I would just like to ask you a few survey style questions so that we can compare different organisations views on a numerical basis.

Q1. To what extent do you agree or disagree that the DH is a good organisation to do business with? READ OUT. SINGLE CODE

- Strongly agree ..... 1
- Tend to agree ..... 2
- Neither agree nor disagree ..... 3
- Tend to disagree ..... 4
- Strongly disagree ..... 5
- Don't know ..... 6

Q2a. To what extent do you agree or disagree that the staff in DH have a broad knowledge of the work of the DH? READ OUT. SINGLE CODE

- Strongly agree ..... 1
- Tend to agree ..... 2
- Neither agree nor disagree ..... 3
- Tend to disagree ..... 4
- Strongly disagree ..... 5
- Don't know ..... 6

Q2b. To what extent do you agree or disagree that the staff in DH have a broad knowledge of the work of your organisation? READ OUT. SINGLE CODE

- Strongly agree..... 1
- Tend to agree ..... 2
- Neither agree nor disagree..... 3
- Tend to disagree..... 4
- Strongly disagree ..... 5
- Don't know ..... 6

Q3. To what extent do you agree or disagree that the DH understands the issues and challenges your organisation is facing? READ OUT. SINGLE CODE

- Strongly agree..... 1
- Tend to agree ..... 2
- Neither agree nor disagree..... 3
- Tend to disagree..... 4
- Strongly disagree ..... 5
- Don't know ..... 6

Q4. To what extent do you agree or disagree that you would speak positively about DH in discussion with others? READ OUT. SINGLE CODE

- Strongly agree..... 1
- Tend to agree ..... 2
- Neither agree nor disagree..... 3
- Tend to disagree..... 4
- Strongly disagree ..... 5
- Don't know ..... 6

Q5. To what extent do you agree or disagree that the DH involves its stakeholders in the development of policies and strategies? READ OUT. SINGLE CODE

- Strongly agree..... 1
- Tend to agree ..... 2
- Neither agree nor disagree..... 3
- Tend to disagree..... 4
- Strongly disagree ..... 5
- Don't know ..... 6

Q6. And would you say that in the last 18 months or so the DH has been improving, staying the same or getting worse at engaging and doing business with you? READ OUT. SINGLE CODE

- Improving ..... 1
- Stayed the same ..... 2
- Getting worse ..... 3
- No opinion/don't know ..... 4

And finally:

- What three key things would you recommend that the DH focus on *over the next 6 months*?
- What does the DH need to improve on as a Department *in the longer term*?
- And what are you most interested in working with DH on going forward?

CHECK WHETHER WILLING TO PROVIDE FEEDBACK IN ATTRIBUTED FORM