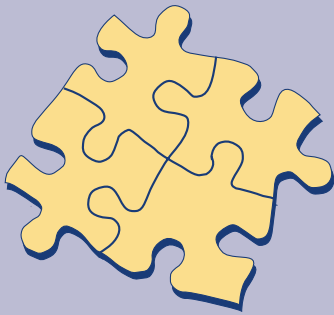


# TAKING YOUR PARTNERS

*Using opportunities for inter-agency partnership in mental health*



## BRIEFING 9

The aim of The Sainsbury Centre for Mental Health is to improve the quality of life for people with severe mental health problems by enabling the development of excellent mental health services which are valued by users, carers and professionals. The Sainsbury Centre seeks to achieve this by influencing policy and practice through a co-ordinated programme of research and evaluation, communication and development.

Copies of *Taking Your Partners* are available from The Sainsbury Centre @ £12 plus 10% p&p. Tel. 020 7827 8385 (Publications). 134-138 Borough High Street, London SE1 1LB.

This Executive Briefing summarises the Sainsbury Centre report *Taking Your Partners*. It is aimed at all those who have an interest in partnership working in mental health services, including those in central government, local government, the NHS, the independent sector and in other partner agencies. The material may also be of interest to educationalists, service users and carers and those outside mental health who have an interest in partnership working.

The Government has placed significant emphasis on partnership as a way of solving problems of resources, communication and co-ordination in health and social care. The implementation of the 1999 Health Act will allow the development of new models for partnership working across health and social care. Now is a good time to review the opportunities for partnership working in mental health care – which requires particularly effective and intensive co-ordination – and to ask what lessons have

already been learned, which can be applied to implementation of the 1999 Act. This new Sainsbury Centre report attempts to distil out those lessons.

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### How the report was prepared

This report relies on three key elements:

- ▶ a review of the literature on partnership;
- ▶ site visits to services which are making partnership work using pre-Health Act models. These were carried out by Sainsbury Centre staff working to a protocol developed using previous research and recent experience in the field;
- ▶ advice from a number of consultants with relevant expertise and from the Service Evaluation, Research, Policy and User-Focused Monitoring sections within the Centre.

The rest of this briefing summarises the key messages that emerged.

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## Why is partnership important?

Government is advocating partnership working for a variety of reasons:

- ▶ agendas such as social inclusion are very broad and require co-ordinated action by a variety of agencies;
- ▶ it allows long term planning and a move away from the contract culture;
- ▶ it has potential to improve efficiency.

In mental health, partnership is of particular importance because its absence can lead to problems in communication and the co-ordination of care. Services need to be arranged around the user's needs and not around bureaucratic boundaries and incentives. However, there are also potential downsides to partnership including unrealistic expectations from the centre, and the heavy time investment required.

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## What do we know about successful partnership?

The broader literature on partnership provides many pointers on key issues which are likely to affect mental health. These include the need:

- ▶ to avoid organisational defensive routines – where organisations retreat into defensive behaviour to defend boundaries or image;
- ▶ to take account of the user movement both as a player in partnership and a source of information about service success or breakdown;
- ▶ to understand changing organisational cultures and the changing nature of inter-professional collaboration;
- ▶ to understand the key components of effective dialogue and what such a dialogue can offer to mental health services.

A number of factors which underpin effective partnership and which represent preconditions for success are identified. These include:

- ▶ taking account of the known success factors, such as having a clear strategic purpose for the partnership at the outset;
- ▶ creating alliances which form part of the everyday functioning of organisations, rather than relying on a few 'alliance experts';
- ▶ developing a supportive internal management structure and administrative systems;
- ▶ looking at external factors when planning and acting – working towards the 'boundaryless organisation'.

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## How was partnership developing prior to the Health Act 1999?

In developing the report, Sainsbury Centre staff visited five sites in England and Wales and examined documentation on a further one. No clear model emerged as being especially effective. Alliances had been formed at different organisational levels in each area, with historical factors and personal leadership styles influencing the local development of joint working.

However, a number of common themes emerged across the sites as pre-requisites for effective joint working:

- ▶ the attitude of senior management, in seeing joint working as a priority, and a commitment to removing obstacles;
- ▶ a willingness to pioneer new approaches, if necessary going beyond central guidance;
- ▶ a history of good communication coupled with coterminosity especially at team/locality level;
- ▶ joint posts or some other form of clear management accountability for joint working;
- ▶ integrated training and supervision of staff;
- ▶ monitoring of progress.

A number of potential obstacles to joint working also came through clearly from the site visits. These included:

- ▶ a lack of role clarity between different professions;
- ▶ different terms and conditions of service across health and social care;
- ▶ the creation of new boundaries when joint working arrangements are introduced;
- ▶ particular professions – often the medical profession – acting as a block on change;
- ▶ the desire for all professions to defend their separate identities.

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## The new opportunities for partnership

This section of the report briefly reviews the existing opportunities for partnership, and the three new ones that have been created by the Health Act 1999. These are:

- (i) the ability to pool budgets across Health and Local Authorities and to bring together resources for commissioning individual care packages;
- (ii) and (iii) the delegation of functions from one agency to another covering Health Authorities, Primary Care Trusts (PCTs), NHS Trusts and Local Authority departments. This allows

- ▶ a Health or Local Authority to become a lead commissioner for mental health services;
- ▶ the creation of single providers embracing Health and Local Authority services to deliver a wide range of services to mentally ill people.

Broadly speaking, these measures will allow six combinations or models of joint working or integration, to develop in mental health:

- 1 Integrated service provision, such as fully integrated community mental health teams.
- 2 Lead commissioning of mental health services by a Health Authority, Local Authority or Primary Care Trust.
- 3 Lead commissioning in combination with integrated provision. This would enable a Primary Care Trust or Local Authority to commission and provide mental health services, but in practice it is unlikely that this model could ever involve the provision of a full range of services.
- 4 Pooled budgets, operating at various levels within the system, for example at team level.
- 5 Lead commissioning or integrated provision with pooled budgets for certain areas. This may be a popular model as it allows a mix and match approach. For example, community teams within an integrated provider could commission and deliver care for users within a pooled budget.
- 6 Transfer of resources is now allowed from Local Authorities to health as well as vice versa. This could be a suitable way of funding supported accommodation, for example.

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## Choosing the right model

Key issues that local managers and professionals will want to consider before embarking on partnership include:

- ▶ Why develop a partnership model in the first place? There need to be clear strategic objectives.
- ▶ Who to develop partnerships with. There is a range of relevant agencies in mental health.
- ▶ Is the organisation ready for partnership? A checklist of 13 issues to be addressed is in Box 1 overleaf.
- ▶ The scope of any partnership agreement (e.g. which clinical sub-groups and which services should be covered).
- ▶ Which structural model to choose. This needs to serve rather than determine the overall objectives.

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## The next steps

Final guidance on how to proceed with a new partnership model will shortly be provided by the Department of Health. However, this report concludes by analysing 7 key issues that will be of particular interest and significance to those developing partnerships:

- 1 Governance arrangements. These need to be clear, and accepted by all parties. If a partnership board is to be set up, the membership needs to reflect the range of stakeholders.
- 2 Performance management and quality assurance. Careful thought needs to be given to bringing together the Best Value regime with Clinical Governance to ensure a unitary approach to quality within partnerships.
- 3 Information systems and information sharing. Creating single information systems within partnership arrangements will not be easy. The report provides some guidelines on how this may be achieved.
- 4 Workforce issues. These are fundamental to success. Staff have to be kept on board and actively enthused if new models are to work. Key issues for managers include the need for
  - realism about workloads
  - effective two way communication
  - training
  - support mechanisms for staff
  - job analysis and redesign if necessary.
- 5 Charging. Agreement on a charging policy across health and social care will be required.
- 6 Complaints. A clear joint complaints procedure will also be important.
- 7 Involving service users. This is a fundamental issue – the user should be at the heart of partnership working. In order to involve service users effectively, managers will need to
  - assess the current state of user involvement
  - facilitate the development of effective user groups
  - ensure adequate and effective user representation and support.

## Box 1 Issues underpinning joint working

- 1 Are the strategic objectives clear?** *yes/no*  
There is little point in embarking on a significant work programme unless the objectives, in terms of the outcomes for services and service users, are clear.
- 2 Coterminosity** *straightforward/complex*  
Are the relevant agencies coterminous, or if they are not what joint working arrangements can address the gaps in coterminosity?
- 3 Leadership** *present/absent/ requires further development*  
Are key individuals in all the relevant organisations signed up to change? Are there lead individuals who can drive change? Are they likely to remain in post in the short term and if not who will continue to own the process?
- 4 History** *helpful/unhelpful*  
Is there a reasonable history of successful joint working? If not it may be better to start small with a pilot(s) covering a particular service(s). If so, more radical models may succeed.
- 5 Communications** *poor/good*  
How good are existing communications between the organisations? If they are not good this will need to be addressed in advance of the change. Openness and full information exchange is strongly associated with success.
- 6 Agreed Outcome Measures/Indicators** *present/absent/under development*  
Following on from 1 some common outcomes for joint services need to be defined and if possible, measures – and how they will be monitored – agreed.
- 7 User focus** *strong/weak*  
A shared user focus across the relevant agencies will underpin joint working as it naturally reinforces 1 and 6. Shared mechanisms for consulting and engaging with users are helpful. If not already developed there will be a need to develop user involvement systems to allow consultation and involvement from an early stage.
- 8 Shared training strategy** *present/absent/ some joint training*  
Ideally, a strategic approach to shared training across the relevant organisations will be of major benefit in underpinning joint working. Short of that a history of and commitment to a variety of shared and joint training opportunities is a key success indicator.
- 9 Full integration of the CPA and care management** *present/absent*  
It should be self-evident that this is a pre-requisite for fully effective joint working at the coalface, and this is now a requirement of the NSF.
- 10 Understanding and respect for each other's cultures** *strong/weak*  
It is essential that Local Authority colleagues understand the NHS culture which is strongly centrally driven, and that NHS colleagues understand the local politically driven agenda of Local Authorities. This requires mutual respect and accommodation.
- 11 Engaging senior clinicians and practitioners in the process** *engaged/disengaged*  
Little progress can be made without engaging professional stakeholders across all the organisations. Engaging some individuals may be difficult and a separate strategy may be required for dealing with this situation.
- 12 What do the potential partner agencies think of each other?** *issues to be resolved/no issues*  
Are there prior problems to be sorted out before the partnership can command support? For example, is there a view in the Local Authority(ies) that the NHS Trust mis-allocates its resources to the detriment of certain areas/localities?
- 13 What is the level of trust between the partner agencies?** *high/low*  
Trust is a vital underpinning for partnership working. Measures of trust include whether all partners feel that they have to be represented at meetings or whether they are comfortable for decisions to be made in their absence when appropriate.



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