Getting Collaboration to Work in Wales

Lessons from the NHS and Partners
Case Studies in Collaboration

Health and Social Care Partnerships in Wales

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## Reflections for Policy and Practice
Getting Collaboration to Work in Wales

Introduction

Although collaboration in health and social care has a long history, it is only comparatively recently that this way of working has become an integral part of the design and delivery of these important public services. However, the variable success of many partnerships is an indication that working in collaboration is a complex and challenging process which demands high quality leadership, management skills and interventions. There is a need to generate and disseminate more learning about how to construct and deliver effective collaborative solutions to complex health and social care problems. This report aims to make a contribution to this endeavour. It builds on two recent reports that NLIAH\(^1\) commissioned and is based around an assessment of collaborative working in 5 case studies in Wales. This approach was taken because of the paucity of high quality case study evidence in health and social care in Wales.

The choice of the study areas is aimed at reflecting different examples of collaborative work in different areas of Wales, and the purpose is to extract the learning about the collaborative process from the viewpoint and experiences of the managers and practitioners involved. However, whilst the narrative that accompanies each individual case study is non-judgemental and reflects the views and opinions of the local stakeholders, a final section on lessons for policy and practice combines some of the generic messages that emerge from this study with a wider body of theoretical and empirical evidence on this subject.

The report begins with a short introduction on the prevailing policy context in Wales, before proceeding to discuss each of the case studies individually. A short section – Lessons for Practice and Learning - precedes the narrative of each and represents a distillation of the main messages that emerged. A final section reflects on the main implications of the research findings for policy and practice.

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Policy Context

Introduction

The health, social care and well being agenda is highly complex and challenging. It is one of the most visible and contested aspects of contemporary public policy in the UK, attracting constant critical review by policy makers, citizens, politicians and the media. In the light of ever increasing public demands and expectations, an ageing population, huge advances in medical science and technology and scarce resources, there is a pressing need to design and deliver health and social care services that meet the needs of users and citizens and are efficient and effective. However, achieving consensus on the range and nature of these services is far from easy given the plethora of different interests and stakeholders involved. Problems, issues and solutions are framed differently by users, professionals, managers and politicians at local and national levels.

The metaphor of a ‘wicked issue’\textsuperscript{2} is often used in relation to health and social care because the challenges presented are complex and difficult to resolve and require action across a range of different boundaries including geographic, administrative, professional and sectoral. It is generally considered that the management of such challenges cannot be undertaken by single organisations acting autonomously; rather, they require people and organisations to collaborate in various ways through networks, partnerships and alliances.

However, experience indicates that governing and managing in collaboration is different to that in single organisations, and that despite considerable effort and numerous initiatives, the outcomes of this form of working are often disappointing. This research report aims to capture examples of effective collaborative practice through an examination of various case studies of health and social care partnerships in Wales. It surfaces and interrogates the learning that emerges from the real-life practice of designing and managing complex forms of collaboration. The research is grounded in the views and opinions of the many diverse stakeholders and interests involved in the case studies, and as a result, many issues remain contested.

Policy Drivers and Imperatives

The health, social care and well being agenda in Wales continues to be the subject of a range of legislative, organisational and policy drivers. Some are specific to these policy areas, and others relate to the wider public policy environment.

The Welsh Assembly Government has articulated a distinctive approach to the design and delivery of public services – its model is clearly set out in the ‘Making the Connections’ agenda and ‘One Wales’ report. The key principles contained within this model include the need to devise public service solutions that are citizen-centred and client-focused – to ensure that services are grounded within the needs of people and communities, rather than the administrative convenience of different public agencies operating over different geographical areas, accountable to different regimes and mandated by different statutory duties and pieces of legislation. Another key element of the prevailing model of public service is ‘partnership’ which has been expressed in various ways in different policy areas and resulted in key local partnerships such as Health, Social Care and Well Being Partnerships and the Children and Young People’s Partnerships. Since the Beecham Report “Beyond Boundaries” and Welsh Assembly Government’s response in its ‘Delivering Beyond Boundaries’ report, this approach has been strengthened through the development of Local Service Boards (LSBs) across Wales. LSBs are sets of arrangements for senior-level strategic partnership working between major local service delivery organisations. Their aim is to enhance cross boundary working between organisations and sectors, integrate services and respond to citizen’s needs and views. It is intended that LSBs develop into the hub of local political and executive leadership, and that they encourage the sharing of intelligence, resources and purpose between organisations and sectors as well as mediating the interface between local and national government.

The NHS in Wales has been repeatedly reformed, both in terms of structures and practices. The outcome of the most recent reconfiguration (due to be implemented from October 2009) is the abolition of the commissioner-provider split and the replacement of 22 Local Health Boards and nine NHS Trusts with 7 local health organisations providing primary, community, acute and mental health services. In addition, a National Advisory Board with stakeholders from local government, the voluntary sector and social care partners will be established supplemented by Local Health Boards of a similar composition and with external Stakeholder Reference Groups.

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4 One Wales: A progressive agenda for the government of Wales. An Agreement Between the Labour and Plaid Cymru Groups in the National Assembly for Wales (2007)
The policy document ‘Designed for Life’ (2005) sets out the strategic framework and priorities for the health service in Wales over the next decade. It builds on previous strategic documents including Improving Health in Wales (2001), Health Challenge Wales (2004) and the Wanless Review of Health and Social Care (2003). Designed for Life highlights the need to make improvements in general health and well being; to promote better health education and preventive programmes; to build a stronger and more responsive primary care system; to treat more people in their own homes and support their independence; to encourage people to take more responsibility for their own health; and to enable immediate access to appropriate emergency care and hospital beds. Additional supporting strategies are intended to facilitate the implementation of Designed for Life including, Designed to Work, Designed to Comply, Designed to Tackle Cancer in Wales, and Designed for People with Chronic Conditions.

For social care, ‘Fulfilled Lives: Supporting Communities’ (2007) is the major strategic document. This sets out the policy direction for social services over the next decade based on the principles of citizen-centred services, collaborative working between services and organisations to meet individual needs, user empowerment, providing services in people’s homes or as close as possible to them, making the best use of technology, protecting vulnerable people, providing clear and simple complaint and redress systems, and providing services that help individuals lead as full as life as possible in their communities.

An important legislative device - Section 31 - was introduced under the Health Act 1999, now supplemented as Section 33 of the 2006 NHS Wales Act. This provided the legislative flexibility for health organisations to work in partnership with local government and others on the design and delivery of health and social care facilities and services. The power to promote social, economic and environmental well being given to local authorities under the Local Government Act (2000) is also helpful in supporting flexibility for partnership working.
Case Studies

The selection of individual case studies was based on the need to reflect a variety of different types of collaboration, tackling health and social care issues in different ways across Wales. The research is not intended as an evaluation or scrutiny exercise but one in which lessons for practice and learning can be gleaned from the collaborative experiences. No claim is made that these particular cases represent best practice in this field. We have devised a framework for analysis which helped us structure our case study explorations and the presentation of this report. However, we ensured the framework was sufficiently flexible to accommodate what those within the case study areas wanted to tell us about and what they thought was important. Our approach to undertaking this work involved reading initial documentary material about each case, talking to the co-ordinator or ‘lead’ for each case to help tailor our work in that area and identify key respondents, undertaking interviews with key individuals and groups, and examining additional reports and documentary materials. The report which follows gives an account of the experiences of working in collaboration in different geographical areas with different priorities and programmes, from the perspective of those involved in trying to make a difference. Although there is some coherence and consistency between each of the case studies, particular issues are raised in each prompting more detailed discussion. The case studies are as follows:

1. Pathways to Work: Condition Management Programme (Neath Port Talbot and Swansea)
2. Monnow Vale Joint Health and Social Care Facility
3. Flintshire Children’s Integrated Disability Service
4. Wrexham Locality Development
5. Delivering Integrated Services Project (Neath Port Talbot, Bridgend and the Western Vale of Glamorgan)