



NATIONAL
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Partnerships: what is the evidence?

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Partnership working

- Has been given high priority since 1997
- ‘Partnership’ sits comfortably with ‘network’ governance structures
- Features are trust, reciprocity or equality between otherwise independent bodies cooperating to achieve a common goal
- Is ‘partnership working’ becoming a less pronounced priority?



Pilot literature review

- Peer-reviewed UK publications since 1997
- Health and social care partnerships (and cognate terms)
 - Measures of success (and cognate terms)
 - Evidence of causality
 - Evidence of cost analysis



Measures of success (1)

- Process measures
 - Engagement/commitment of partners
 - Agreed purpose of/need for partnership
 - Trust and respect between partners
 - Favourable political/social environment
 - Accountability and audit
 - Adequate leadership/management



Measures of success (2)

- Outcome measures
 - Accessibility of services
 - Equitable distribution of services
 - Service quality/standards
 - Experiences of carers/staff
 - Users' health status/quality of life



Findings

- The research so to date
 - Far more focus on process than outcomes
 - More qualitative than quantitative
 - Little evidence of causality
 - No cost-benefit evidence
- Evidence of partnership success remains very limited



Health Act 1999 s31 ‘flexibilities’

- NHS and local authorities can:
 - Pool budgets for agreed services (loses its source, can be used to shift investment)
 - Delegate overlapping commissioning responsibilities to single ‘lead’ organisation
 - Integrate health and social care staff within single employment and management structure
- Legal underpinnings for Care Trusts
- Evaluation of first sites by NPCRDC and Nuffield Institute for Health.



Early findings

- Context and history important – stable local networks
- Transformed thinking: ‘whole systems’ approach focused on outcomes for users.
- Early marginal efficiency gains:
 - Transparency about spending
 - Reduced duplication
 - Critical mass – dedicated systems
 - Increased leverage over commissioners



Implementation challenges

- Human resource issues:
 - ‘hard’ issues – TUPE, pensions
 - ‘soft issues – culture, attitudes
- Continuing system-wide barriers:
 - Budget cycles and increases
 - VAT regimes
 - IM&T
 - Performance management and accountability
- Costs – senior management time



Partnerships as ‘networked governance’?

- Importance of local context:
 - Histories
 - Next steps
- Tensions with central government:
 - Compulsory partnerships
 - System-wide barriers:
 - Central government silos
 - Performance management
- Managing partnerships and local markets



Further questions

- Do partnerships constitute genuinely distinctive modes of coordination?
- What is the range of organisational and accountability structures for health-related partnerships?
- Can local partnerships work under continued pressure from/target setting by central government?
- Can partnerships work within the framework of separate commissioning and provider functions?
- How should partnership success be conceptualised?