



**We have to stop meeting like this:  
the governance of inter-agency partnerships**

A DISCUSSION PAPER

## What is the Integrated Care Network?

The Integrated Care Network (ICN) provides information and support to frontline NHS and Local Government organisations seeking to improve the quality of provision to users, patients and carers by integrating the planning and delivery of services.

Key to the role of the ICN is the facilitation of communication between frontline organisations and central government, so that policy and practice inform each other effectively.

The ICN is part of the The Care Services Improvement Partnership (CSIP).

## What do we do?

The ICN seeks to impact on the five pillars that underpin our work:

- Access to care
- Reshaping services to improve wellbeing
- Greater engagement with local communities and those experiencing social exclusion
- Reshaping financial and other resource flows
- Developing and redesigning workforce patterns

## The resources the ICN provides include:

- Consultation, facilitation and brokerage
- Leadership in partnership development
- Evaluation and sharing of good practice
- National conferences
- Regional workshop series
- Interactive website
- Publications and online advisory notes
- Regular e-newsletters
- Applied research and academic links

## Care Services Improvement Partnership

The Care Services Improvement Partnership (CSIP) was launched on 1 April 2005 after a formal public consultation. Our main goal is to support positive changes in services and the wellbeing of:

- People with mental health problems
- People with learning disabilities
- People with physical disabilities
- Older people with health and care needs
- Children and families and
- People with health and social care needs in the criminal justice system

The Integrated Care Network offers advice on partnerships and integration that cut across all services in health and social care. It works closely with other networks and programmes across CSIP to ensure synergy in improvements.

Care Services Improvement Partnership 

**Integrated Care**  
Network

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## Acknowledgements

This discussion paper is the second edition of an initial document first published by the Integrated Care Network in 2004. Given the policy context at that stage, much of the original paper focused on governance issues that were particularly relevant to the new Care Trusts, then only recently established.

More recently, HSMC was commissioned by Change for Children to produce a discussion paper on the governance of inter-agency children's services.

This second edition is thus a significantly revised and substantially updated version of these initial documents, and seeks to bring debates about governance completely up-to-date, following developments such as PCT reconfiguration, the Lyons Review and the advent of Local Area Agreements.

In particular, the authors are grateful to the Integrated Care Network and Change for Children for commissioning this and the previous work. The opening section of the paper also builds on a summary of the evidence on governance previously published by the authors and other colleagues in the *Journal of Integrated Care*.

Appendix A also contains the Governance Assessment Tool developed by colleagues at the Institute of Local Government Studies, School of Public Policy, University of Birmingham. This is freely available for people to use and to reproduce, providing they acknowledge the source.

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# Introduction

Since 1997, both national policy and local practice have been increasingly focused on delivering ‘joined-up solutions to joined-up problems’ across the public services. Although securing more effective inter-agency collaboration has long been an aspiration for politicians, managers and practitioners alike, partnership working between health and social care (and other agencies as well) has become so central to this agenda that it can no longer be seen as an optional extra. Rather it is a core part of everybody’s everyday work.

Despite this longstanding – and largely shared – aspiration, much recent debate about partnership working has tended to focus on the problems that can arise from the complex and often under-developed concept of governance. For example in 2005, a critical report from the Audit Commission recognised that partnerships are essential to deliver improvements in local services, but warned that they can also bring risks – weakening accountability and not necessarily delivering value for money. In particular, a third of partnerships were reported by auditors to be experiencing problems, often due to lax accountability and poor governance. For the Audit Commission (2005, p.3), *“leadership, decision-making, scrutiny and systems and processes such as risk management are all under-developed in partnerships.”* Of course, in making these points, the Audit Commission is here playing a tune familiar to well publicised failures of corporate governance in the private sector over the last decade.

Against this background, the tendency has been to respond to such challenges by issuing detailed guidance on the governance of partnerships, emphasising the role of some sort of partnership board or forum as a means of governing complex inter-agency relationships. So, in 2005, guidance on the role of Children’s Trusts (DfES, 2005) emphasised the importance of *“the inter-agency governance arrangements needed to agree the overall vision and drive through change”* in children’s services (p.5). In particular:

*“Whilst each partner is responsible for the exercise of its own functions, robust arrangements for inter-agency co-operation are needed to set the framework of accountability for improving and delivering effective services. The cornerstone must be a strong integrated governing board or structure representing all key delivery partners at senior level, determined to drive whole-system change through clear leadership and effective local change programmes.*

*Effective inter-agency governance at all levels will give partners the confidence and trust to engage in new ways of working, and to share resources across service boundaries. The local authority will need to lead in establishing arrangements that help all public, private and voluntary and community organisations to work together effectively to achieve agreed outcomes. This will require sophisticated leadership of a high order to secure a genuinely joint and outcome-focused vision, full engagement of all key partners, and clear lines of accountability”* (p.7).

Later in the document there is repeated emphasis on:

- Effective leadership;
- Full engagement of all key partners;
- Clear accountability;
- Relationships built on trust, a shared vision and a determination to improve outcomes for children;
- Ensuring links with appropriate strategic partnerships.

In delivering this, key issues will include:

- Whether to build on existing strategic partnerships structures;
- Opportunities for rationalising existing governance arrangements;
- Clear lines of reporting back to partner agencies;
- Clarity of roles and responsibilities;
- Senior representation, with individuals able to make funding commitments on behalf of their organisations.

In adult services, early work focused on the governance of Care Trusts, stressing that the role of the Board is to provide “*strategic oversight and direction of the organisation and stewardship of the organisation’s assets and finances. The Board must also ensure that the key requirements of public accountability, probity and public involvement are fully met through publicly transparent systems. The Board must ensure that the duty of quality is fulfilled, by developing and maintaining suitable arrangements for monitoring and improving the quality of care which it provides. The Board’s decision-making processes should take account of public opinion, prevent conflicts of interest, and ensure compliance with legal frameworks*” (Department of Health, 2002, para. 32–34).

In the process, Care Trust Boards should be responsible for ensuring the delivery of the Care Trust vision, monitoring performance and overseeing delivery and ensuring that the culture and direction of the organisation is in tune with the needs of the local community (Department of Health, 2002).

In many ways, such guidance comes from a long line of official documents portraying a very ‘heroic’ view of governance and governing boards. Here, board members are tasked with setting strategy, determining priorities, ensuring financial probity and working constructively with fellow board members and officers, but also representing their own external constituencies and acting as a check on the power of managers. As discussed below, most boards fail to do this consistently (and fail to do it in single agency settings, be they public or private, let alone in more complex multi-agency partnerships). Hardly surprisingly this leaves board members feeling disillusioned about their role and impact – the age-old sense that ‘we have to stop meeting like this’ and that ‘all we ever do is talk.’

At the same time, actually delivering these policy goals – of co-ordination, trust and accountability – is extremely complicated, and it can be difficult to translate policy rhetoric into reality at ground level. While ‘heroic’ guidance such as this makes sense in a policy document, it is much harder to do in practice in, for example, Bolton on a Friday afternoon when it’s raining.

## The governance of inter-agency partnerships: a discussion paper

The Health Services Management Centre (HSMC) at the University of Birmingham has been commissioned by the Integrated Care Network and by Change for Children to produce this discussion paper on the governance of multi-agency partnerships. Drawing on an earlier discussion of the concept of governance (see Peck *et al.*, 2004a), the paper considers the wider literature on partnership working and on the role of boards. In particular, it draws attention to the symbolic role of multi-agency governing boards, identifies key tensions and challenges, and summarises some key academic models and frameworks. This is intended both to place recent changes and debates in a wider context and to provide a series of tools with which local services can begin to explore the kind of governance arrangements they may want for their services.

While the following discussion is inevitably complex and multi-faceted, the final section of the paper tries to distil this analysis into more practical recommendations or questions for the present (as well as some longer-term issues for the future). As a result, we hope that we have combined sufficient analysis to enable services to critique current definitions of and approaches to 'governance', whilst also offering something more tangible by way of next steps. Whilst reading this paper, all partner agencies will of course need to be aware that partnership working and integration should always be a means to an end (of better services and hence of better outcomes) for service users and their families, and that the issues debated here should never become an end in themselves.

# 1. What is governance and why is it important?

Discussion of 'governance' has become commonplace in health and social care over recent years, and 'good governance' seems to be seen in some quarters as offering potential answers to some of the complex challenges facing public services. Despite this, there is rarely any precision about the way in which the term is used, and it is a phrase that is in danger of 'meaning all things to all men'. Hodges *et al* (1996, p.7) argue that governance consists of:

*"The procedures associated with the decision-making, performance and control of organisations, with providing structures to give overall direction to the organisation and to satisfy reasonable expectations of accountability to those outside it."*

At first glance, the emphasis on procedures and structures in this definition does little to differentiate governance from management. However, perhaps the importance lies in that last part: *'to satisfy reasonable expectations of accountability to those outside it'*. Maybe the distinguishing feature of governance is that it encompasses the tasks of management but also refers to the mechanisms for the relationship between organisations – or increasingly networks of organisations – and the social and political environment in which they operate. On this argument, the tasks of management are a sub-set of those of governance.

But why has the term 'governance' – and especially that aspect that connects the organisation or organisations to the wider world – become so important over the last five years? As a consequence, it seems, of public policies increasingly, according to Lynn *et al* (2001, p.1), being delivered:

*"through complicated webs of states, regions...non-profit organizations, collaborations, networks, partnerships and other means for the control and coordination of dispersed activities."*

These complicated webs have to achieve public purposes in a context where traditional accountability to elected national politicians and local councillors is more and more supplemented by the likes of appointed boards, neighbourhood councils and the co-option of service users; and, of course, governance of these webs is often discharged by hybrid groups drawn from all of these sources in order to give legitimacy to the oversight of a network of organisations all contributing to the resolution or amelioration of a public policy problem. As Peters and Pierre (1998) have argued, three of the basic elements that characterise discussions on governance are:

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- The predominance of networks within which an heterogeneous collection of actors negotiate over how public services will be provided.
- The declining direct control of the state over such provision (either by choice or by necessity).
- The mixing of public and private resources.

There are also other characteristics, however. For instance, the focus of debates around governance is as much about understanding processes as establishing outcomes. This is just as well given the limited research evidence that links processes of governance to outcomes from governance; As Skelcher and Mathur (2004, p.14) put it in a recent review of this research: *“the theoretical connections between governance arrangements and organisational performance are poorly supported by empirical evidence.”*

Further, such debates seem open to the potential of flexible combinations of networks, hierarchies and markets in the delivery of public services without favouring an ideological preference for any of them. Traditionally, public services have been delivered within hierarchies, where a single agency has been responsible for a discrete element of activity. During the 1990s – under the influence of so-called new public management – these agencies were encouraged to concentrate on strategy and outcomes and to divest themselves of service provision through the letting of contracts. Clearly this approach promoted markets (or in some cases quasi markets) as the preferred model. Subsequently, this Government has focused on the benefits of networks, that is, voluntary associations between agencies concerned with providing services to citizens with a range of needs (such as people with serious mental health problems).

Typically, these new combinations of organisations – which mix networks, hierarchies and markets – are called partnerships. From networks, they inherit the importance of multi-agency collaboration, but accept that partnerships are becoming increasingly obligatory rather than voluntary. From hierarchies, they retain the reality of the distinct identities of the agencies being required to collaborate, and from which responsibilities may be delegated but which cannot be abrogated. From markets, they bring the reality of defined contractual relationships between some of the partners and all of the issues about potential conflicts of interest that may arise. It is always worth reflecting on whether what you are trying to govern is genuinely a reciprocal and open-ended relationship – that is, a partnership – or merely a contractual relationship adorned with the rhetorical flourish of being termed a ‘partnership’ (see section 4 for further discussion).

At its most basic, therefore, good governance in partnerships is about continuing to ensure some form of openly enacted accountability at a local level for public services designed and/or delivered by a disparate range of organisations which are choosing or obliged to collaborate. It seems to us that this definition is relatively straightforward. The problems begin when this definition starts to be implemented in the context of a complex set of relationships, as characterised above.

If that were not enough, this governance has to be exercised in a setting where organisational traditions in this regard differ markedly (and are continuing to evolve). For example, consider the concept of legitimacy. For some agencies formal elected systems are still paramount, albeit open to ever more regular challenges (as is the case with the tiers of local government). For others, such electoral systems never existed at a local level (as in the NHS where appointment is through a national system) or never existed at all (as with the private sector where appointment is through some mix of ownership, management and personal connections). For others, new forms of direct representation of service users or other interest groups are seen as more legitimate than those electoral or appointed forms (as with the voluntary sector).

Furthermore, issues of perceived status may also emerge. The asymmetry in the traditional relationship between local authority politicians and officers (where the latter are not members of corporate committees) and NHS non-executives and executives (where the latter are members) is well known. However, there are others. For example, who is the peer of a PCT Chief Executive: the Director of Children's Services, or the Chief Executive of the Local Authority? How does a county council Chief Executive view this relationship when s/he has three PCTs in the patch? These uncertainties multiply as the range of stakeholders widen; what, for instance, is the formal status of a nominee of the local association of school governors?

When these disparate elements are brought together into partnerships they can result – not surprisingly – in a wide variety of constitutional forms (and Sullivan and Skelcher (2002) identify nine from their review of the literature). They attempt to summarise the nature of the problem (albeit from a perspective with its roots in assumptions about the superior legitimacy of local government):

*“Partnerships present a challenge to the principles of public sector corporate governance. They are located at arm's length from the processes of representative democracy yet have a key role to play in delivering improved public services... They can have extensive public involvement mechanisms but also be governed by boards whose operations demonstrate a considerable democratic deficit. Their legal forms can vary considerably, as can their statutory base and financial relationships. Overall, the governance of partnerships is an area of considerable complexity and potential confusion”* (p.159).

In these circumstances, it is scarcely surprising that discussions of governance tend to recur, both nationally and locally (and thus, presumably, the need for a second edition of this paper). Such local discussions tend to lead to regular re-groupings of governance arrangements. These are perhaps unhelpful and new formulations merely bring new problems. There may be more relief in the realisation that some of the perspectives and traditions outlined above generate questions that are irresolvable; the aim must be to produce the most acceptable and sustainable compromise available in contemporary circumstances.

Finally, in this section, we want to distinguish, at least in our search for a definition, the broad conception of governance suggested above from the narrower framing of corporate governance that has been highlighted in recent years by the series of corporate scandals (in both public and private sectors) and which have served to underline the importance of good corporate governance (and also from the similarly narrow concept of clinical governance in the NHS). Nonetheless, the importance of effective corporate governance – and the consequences of corporate governance arrangements that are perceived as flawed – is currently on the minds of organisational managers and members. It may be that it is this concern, stoked by reports like that of the Audit Commission, as much as any new challenges represented by the new forms of governance that are currently emerging, that is making participants in the governance of partnership arrangements especially sensitive to issues around their responsibilities and accountabilities.

### **What is the evidence on governance?**

Given our emphasis on a broad conception of governance, one distinct from the narrower idea of corporate governance, it is ironic that much of the evidence on governance derives from research on corporate boards (but is perhaps not surprising given the relatively recent development of the sorts of partnership boards attempting to exercise good governance in our sense of the word).

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The research on corporate boards – the formal meetings at which corporate decisions are presumed to be made – is, at best, lukewarm about their influence in those areas, such as strategy making and monitoring, where it is typically prescribed that they should have their impact.

In the NHS, the performance of the boards created following the implementation of the *Working for Patients* (Department of Health, 1989) reforms in the 1990s became the subject of two observation-based research studies (Peck, 1995; Ferlie *et al.*, 1996). Peck (1995) observed from his detailed case study of one board that it appeared that this board was merely approving strategic directions established by its managers. Ferlie *et al* (1996) note from their research on eleven boards that it is “*problematic to assess the overall effectiveness of the role of the non-executives in the formulation of strategy or in monitoring and ensuring probity*” (p.159). What these studies underline is that there has always been a gap between the role prescribed by government for non-executive directors in the NHS and the apparent activities of the boards themselves.

It might be tempting to assume that formal meetings in the private sector are more effective at fulfilling their prescribed functions than those in the public sector. The research does not support this view. The investigation of the roles of private sector boards is typically based on questionnaires and interviews which elicit the board members’ personal views of the role of the board on which they serve. For example, Mace (1971) interviewed 175 American directors involved with manufacturing, mining and retail companies. He concludes that, “*three important functions are performed by boards of directors: the board provides advice and counsel; the board serves as some sort of discipline; and the board acts in crisis situations*” (p.13). He found that boards do not undertake the “*classical functions*” often ascribed to them in policy documents, that is: “*establishing basic objectives, core strategies, and broad policies; asking discerning questions*” (p.13).

There is also a limited yet illuminating literature based on the observations of private sector boards. In one study, Winkler (1974, 1975) observed board meetings in nineteen companies and noted that, “*most board meetings we observed were formalistic affairs, with meagre debate, few probing questions, little serious discussion even. They were certainly not the forum in which the critical decisions of capitalism were made... effectively, the board was a legitimising institution for decisions taken earlier and elsewhere*” (1975, p.140). In another, Brannen *et al* (1976) observed divisional board meetings, which included worker directors, at the British Steel Corporation. They reported that, “*the agenda would be strictly adhered to, and given that the agenda almost always remained the same, the meetings followed a predictable pattern. The full-time directors would not question each other, and would rarely contribute unless asked to by the chairman... without doubt, the dominant characteristic of board meetings was the emphasis upon the controlled and rational presentation of arguments and the avoidance of conflict*” (p.175).

Many commentators have discussed the reasons for the apparently marginal impact of corporate boards on the decision-making of their organisations. Pettigrew (1992) summarises many of these when he suggests that, in addition to superior expertise, information and advice available to management, there are norms of board conduct which restrict the outsiders’ abilities to act as strident independent voices.

Of course, these studies are concerned with corporate governance and they focus on the balance of influence between executives and non-executive directors. In these circumstances we should perhaps be cautious in extrapolating from these findings to draw conclusions about broader governance arrangements which attempt to connect networks of organisations to their

wider social and political environment. However, to return to Hodges *et al* (1996), we should also bear in mind that one of the purposes of corporate governance by such boards is to provide some form of accountability to those outside the organisation (shareholders in the case of private companies, stakeholders in the case of the NHS). There are some grounds, therefore, for such an extrapolation.

This is just as well given the small number of studies on the influence of governance in the recently proliferated partnership boards between health and local government. More has been written about such arrangements in other sectors and the study of the boards of “quangos” concluded that they struggled with the tension between their business structure and the democratic context for their work (Skelcher, 1998); a view reflected in more recent studies of boards and partnerships (Cornforth, 2003; Skelcher *et al.*, 2004).

One of the most detailed studies in the field of health and local government seems to be the study of the role of the Joint Commissioning Board (JCB) in Somerset (see Peck *et al.*, 2002). Overall, the JCB spent much of its time receiving and/or approving papers prepared by a group of managers who were viewed as controlling the agenda and content of discussion. At the same time, and again echoing the findings of Mace (1971), the JCB set parameters on the content of these papers and could on occasion decline to approve papers which did not fit within them. Clearly, however, the JCB was not fulfilling the roles of setting policy and priorities in the way prescribed in government policy, and, indeed, in its own constitution. Although most of the JCB members recognised these limitations, the majority did not therefore conclude that it was not worthwhile. In particular, the JCB seemed to participants to make at least three important symbolic contributions to the local system. Firstly, it was a symbol of inter-agency partnership between health and social services which set the context for partnership elsewhere in the local system. Secondly, it was a vehicle for sustaining the commitment to mental health of senior players within the NHS and the Local Authority. Thirdly, it was a way of bringing added public accountability to the commissioning and providing of health care. Interestingly, there was particular concern about an apparent failure to ‘make decisions’ from service users, carers and general practitioners on the board, who arguably had a much more instrumental view of the role of the board and failed to appreciate fully the symbolic tasks they were performing (see below for further discussion).

### **What can good governance do?**

In light of the apparently limited impact of governance (both of corporations and of broader partnerships) revealed in these studies, we might be starting to feel a little despairing about governance. In these circumstances, how can agencies continue to ensure some form of openly enacted accountability at a local level for public services designed and/or delivered by a disparate range of organisations which are choosing or obliged to collaborate?

Perhaps the Somerset study opens up the potential for a new avenue of thinking about governance, one that sees its importance as much in symbolic as instrumental terms (see Peck *et al* (2004a, b) for a more detailed discussion of this point). If you view the work of boards as primarily *instrumental*, then they are there to make decisions, engage in deliberation and set strategy. This is the view reflected in much of the prescriptive guidance on the role of boards. They are to be measured, on this account, by how far they decide efficiently and effectively on that on which they are officially supposed to decide (Simon, 1997 [1945]). This is the view about boards commonly held by the public and apparently, by the many policy-makers who write the guidance.

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The other view is that boards are for doing something organisationally important which is unspoken (i.e. does not appear on the agenda) but which gets done, successfully or otherwise, in the course of members being in the same place and speaking or remaining silent according to certain conventions. Boards are places where participants tell narratives about who they collectively are, sustain culture, organise shared emotions, sustain loyalty, conciliate over social relations in conflicts. This second view suggests that the work of boards is *symbolic* (Schwartzman, 1989; Huff, 1988; Weick, 1995). To connect this perspective with the earlier arguments in this paper. It seems to resonate with Mace's (1971) findings that boards do some of their most important work in setting parameters for the thoughts and actions of officers. It also appears to support Pettigrew's (1992) arguments that there are norms that discourage strident voices of dissent from disrupting the established norms of the board.

This may start to tell us what good governance can do. Good governance – as in the case of the Somerset JCB – is exhibited when boards undertake effectively the limited instrumental tasks available to them and do so in a manner that symbolises the collective and consensual approach to the delivery of public services in which they are involved. In achieving this balance, partnerships have to try and accommodate different organisational forms and relationships – and their divergent traditions of and attitudes towards legitimacy – in order to create a new settlement between them. This may start to provide a path through the confusion and complexity articulated by Sullivan and Skelcher (2002). For instance, in the provision of public services by partnerships, good governance has to both deliver legitimacy (by engaging the appropriate range of stakeholders) and perform legitimacy (by building cohesion and commitment).

Is there any evidence for this assertion? Skelcher and Mathur (2004) conclude, "*it is easier to establish the implications of governance arrangements for democratic performance than for organisational performance*" (p.14). That is, it is easier to show that a specific form of governance has contributed to symbolic performance (such as being seen to be representative) than that it has to instrumental performance (such as actually achieving national targets).

Of course, poor governance may do neither. A second study of joint commissioning and joint service provision of health and social care in an English local authority found that a major barrier to progress derived from a lack of cohesion at the partnership board, and the significant difficulties between agencies that they came to both symbolise and exacerbate (see Freeman and Peck, in press). Here, the board was hosted initially by the local authority and chaired by an elected member, with meetings taking place in County Council committee rooms, seats laid out in Council style and papers drawn up using Council protocols. As a consequence, the style of debate was often adversarial – usually politely but not always so – in nature, mirroring the established practices and traditions of public Council chamber debate rather than the more private workings of much PCT decision-making. Arguably, in this case, the board failed to achieve the necessary settlement between the traditions that it inherited. Hardly surprisingly, this sent a series of messages to the PCT non-executive directors on the board about who was driving this agenda; many felt intimidated and unable to contribute as a result. Eventually, a new chair made changes to this partnership board's way of working, but arguably too late to overcome the impact of these initial symbolic difficulties, at least in the short term.

As a result of these reflections, we believe that there are at least four key messages for discussions of governance at a local level:

- Be clear when you are discussing governance with organisational partners that you are all talking about the same thing;

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- Be aware of the need to achieve a settlement between the disparate organisational forms, relationships and traditions of governance that will make up the board;
- Be realistic about the limits of the instrumental impact (such as setting parameters for proposals from officers) of your governance arrangements;
- Be aware of the potential – both positive but also negative – of the symbolic impact of these arrangements.

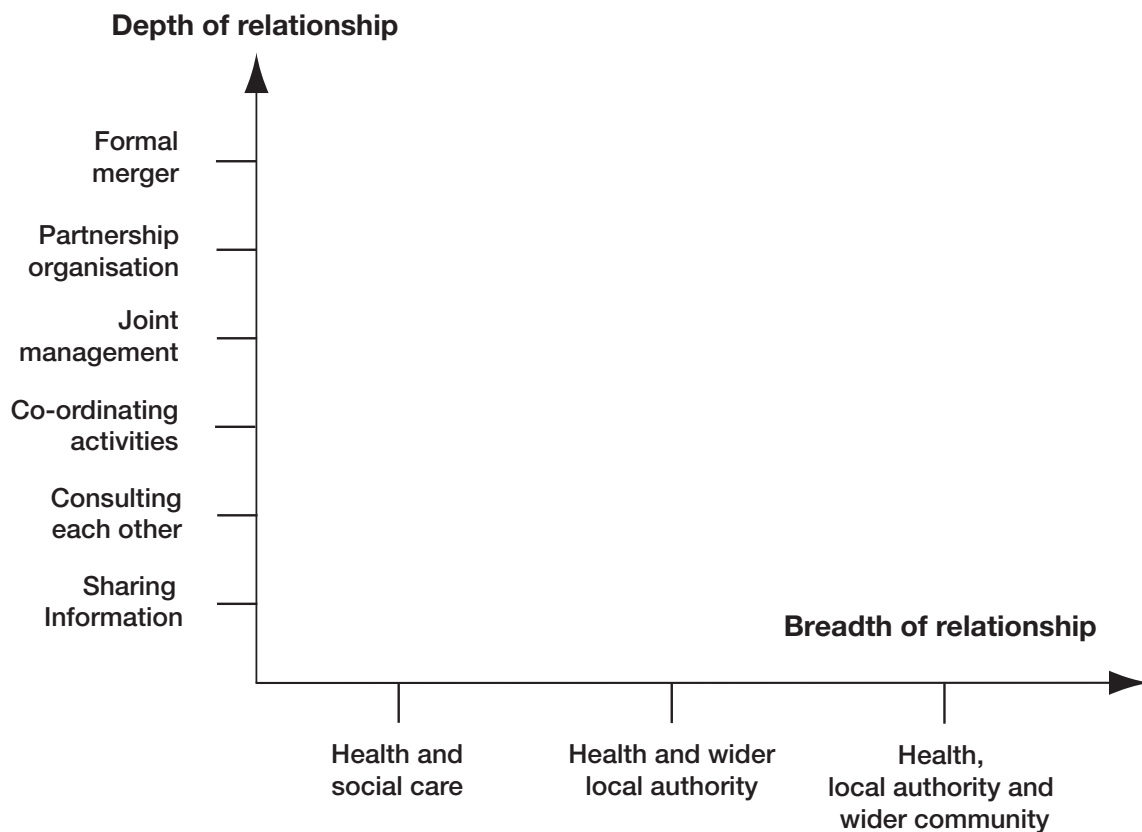
## 2. Key tensions and useful frameworks

Next, we want to move onto discussing three key specific areas of potential tension that may help partnerships think about the type of governance arrangements that they want and the role of individual board members within them. This discussion is accompanied by some frameworks that we think are useful in attempting to resolve some of the dilemmas that conversations about governance seem to raise.

### 1. Partnership with whom and for what?

Not all partnerships that agencies are attempting to govern are identical. One way to think about them is in the two dimensions of depth and breadth, as in figure 1.

**Figure 1** Depth v Breadth



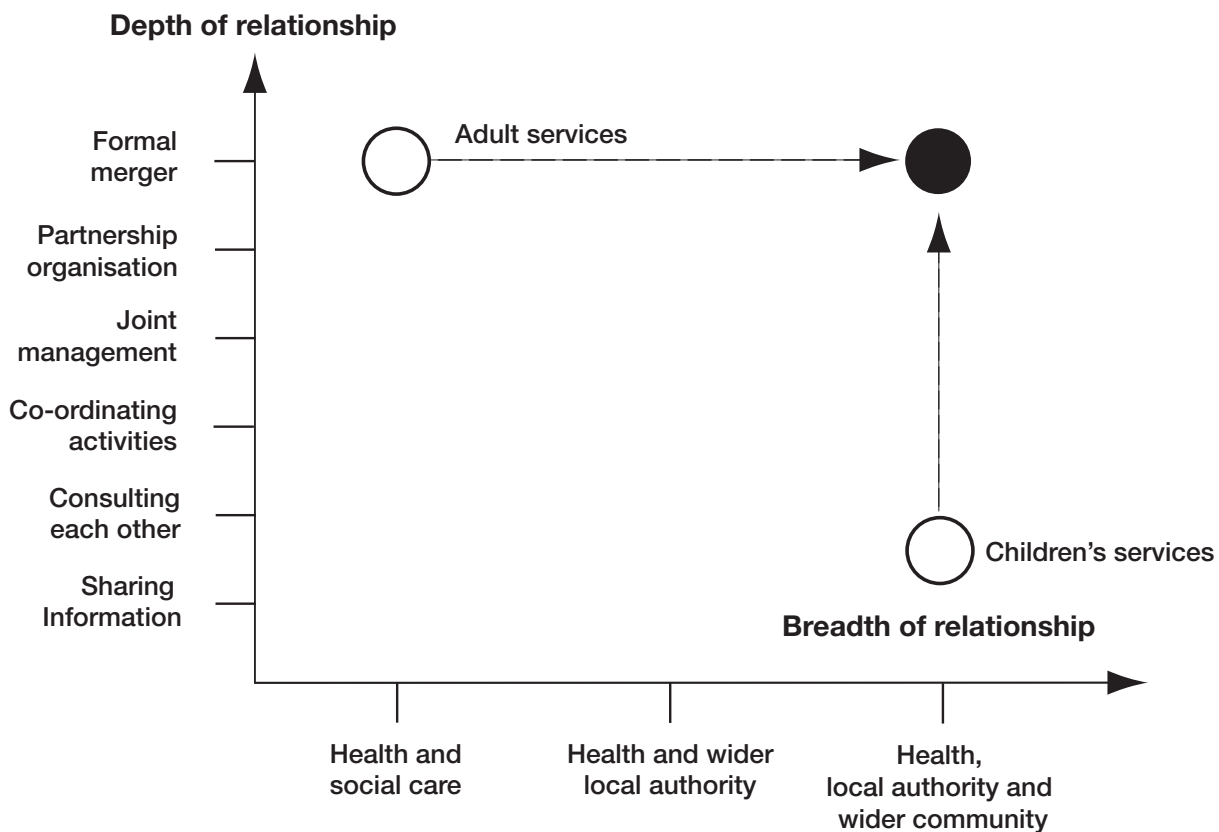
Adapted from Peck (2002)

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One of the most fundamental questions about the development of partnerships was posed by a senior civil servant at a conference held almost ten years ago: if partnership working is the answer, what is the question? This still seems to us to be a question that too few health and social care communities attempt to address at the outset of the partnership, perhaps understandably so in an era when fewer and fewer partnerships are genuinely voluntary. Of course, one of the characteristics of a partnership is that partners cannot predict all of the benefits at the outset (if they could then they may be better off in a contractual relationship); nonetheless, depending on the initial response that they give, local organisations may need to work with a range of different partners in a number of different ways. This is set out in figure 1 above, and it may be helpful for local services to map their existing partnerships onto this figure in order to reflect on current relationships and their fitness for purpose.

In our experience, however, adult and children's services may be starting from different positions on this diagram. As figure 2 suggests, adult services typically have a relatively close relationship between a small number of partners (often health and social care), but much less of a track record of working with wider services such as housing, transport, leisure and community safety. As a result, their challenge is to take their existing partnerships and broaden them to include a much wider range of stakeholders. In contrast, children's services have tended to focus on a much broader range of potential partners (education, social care, health, youth offending, Connexions, and so on), but have much less experience of formal integration. As a result, their challenge is to take existing broad relationships and develop deeper, more integrated ways of working.

**Figure 2** Integration in children and adult services



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It seems to us that this figure applies to partnerships in both commissioning and providing. After all, there are now just as many Care Trusts that integrate commissioning and providing as focus on provision alone, and the creation of a joint commissioning team across health and social care could be seen as just as much a partnership organisation as, for example, a 'Partnership' Mental Health Trust.

If our portrayal is correct (and, of course, individual partnerships will vary as to where they are situated on figure 1), then this has a number of implications. Most importantly, although they are both trying to get to the same place (i.e. achieving breadth and depth of relationships), children's and adult's services are starting from very different places and may therefore need different sorts of partnerships with divergent forms of practical arrangements – including those for governance – in order to get there. In terms of the argument in the previous section, whilst the formal structural arrangement may envisage some symmetry with two parallel boards which are both sub-groups of the Local Strategic Partnership, the acceptable settlement around governance in these two boards may differ markedly between the two client groups.

### 2. The role of the board

While official policy documents typically call for individual organisations to nominate members to multi-agency partnership boards, the guidance is often less than clear about the precise role of these individuals when they get there (for example, are they contributing in a representative or a personal capacity?). The role of the overall board and the best way of ensuring that partner agencies are appropriately represented on the partnership (and indeed how the partnership is represented back in individual organisations) can also remain unclear from this guidance. These issues are explored in a number of studies that we want to refer to briefly in the next paragraphs.

First, the previous edition of this report focused particularly on the Care Trust model (Glasby and Peck, 2004). As an NHS organisation with social care powers delegated to it, this has a traditional NHS board, but with a small number of elected members nominated by partner local authorities. While these candidates are technically approved by the national NHS Appointments Commission, they are not selected and interviewed in the same way as other board members and, as argued above, often come from very different backgrounds with different ways of working. During our interviews with integrated organisations, the role of elected members was a key concern, with some NHS colleagues worried that councillors were being asked to 'wear two hats at once' (that is, to be a representative of their local authority, yet also contribute as a member of a corporate board to the effective governance of the Care Trust). Other key tensions included cultural differences in terms of the way business is conducted and briefings are prepared, inconsistencies in the briefing of board members from different agencies, a lack of clarity as to how elected members should feed back to their local authorities, and the potential for political tensions between councillors from different political parties. Interestingly, some elected members felt perfectly at ease with such tensions, stating that 'wearing two hats at once' was a key part of their role, and that they were skilled and experienced in managing such ambiguity.

Second, recent research into the impact of Local Strategic Partnerships (ODPM, 2005a) reveals the scope for different modes of governance, different leadership approaches and different levels of engagement by partner agencies (see figures 3–5). Above all, this suggests the need for development time to explore the type of relationships that local agencies want to have and the organisational processes and structures that will be needed to deliver this. Making this time and space is crucial yet difficult, as the pressure to deliver better outcomes for service users can often seem in tension with the need to develop the capacity of the board and thus the partnership.

### Figure 3 Different Modes of Governance

- **Advisory:** the board acts as a consultation and discussion forum and often forms the basis for consensus building. It draws its accountability and legitimacy from member organisations, but has no independent power to act.
- **Commissioning:** the partnership has its own staff and authority, is able to implement decisions and commission projects, and therefore has to create its own forms of accountability and legitimacy.
- **Laboratory:** the prime focus is on generating new ideas and new ways of designing local services, drawing on the combined thinking of key stakeholders.
- **Community empowerment:** attention is focused on creating strong networks within the community rather than on the key public agencies.

(ODPM, 2005a)

### Figure 4 Different Approaches to Leadership

- **Holding the chair:** setting agendas, managing the business, working the board towards decisions, ensuring that all stakeholders can express their views.
- **Committing partners:** generating collective ownership of and commitment to the partnership from key leaders in partner organisations, establishing accountability to the partnership through influence.
- **Role modelling:** behaving as if joint working matters, respecting diversity, modelling collaboration.
- **Representation:** taking partnership business back into one's own organisation and ensuring that others provide back up and that the organisation fulfils the partnership's expectations of it.

(ODPM, 2005a)

### Figure 5 Different Levels of Engagement

- **Defensive participation:** often new to partnership working, such organisations are concerned about the perceived resource implications or threat of participation – their presence is often defensive (to ensure that their agency does not 'lose out').
- **Opportunistic participation:** such organisations may not see the partnership as core to their own objectives, but are able to see and grasp potential benefits opportunistically. This type of partner is often seen as taking more from the partnership than it contributes.
- **Active participation:** such organisations are strongly committed to the partnership and see taking part as a natural extension of their repertoire for tackling items on their own agenda, as well as those of other partners.

As partnerships develop, it will be interesting to see whether it is necessary for all partners to be active participants and the level at which a critical mass can be achieved in spite of defensive or opportunistic participation.

(ODPM, 2005a)

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Finally, Cornforth (2003) explores the various theoretical perspectives that have been used to explore the role of boards. These are set out in more detail in Appendix A, but are argued to comprise a very one-dimensional view of of governance. Instead, Cornforth calls for a multi-paradigm approach which helps to identify a series of governance paradoxes. According to this analysis, the key tensions for governing boards include:

- **Who governs? – the tension between representative and professional boards:** while a democratic perspective suggests that board members should be elected or selected to serve the stakeholders that they represent, stewardship theory emphasises that board members should be experts who are chosen for their personal skills and experience. In some boards, different board members may be present for different reasons (for example, an elected member representing their local authority and local people, an NHS non-executive with technical expertise, and a service user with lived experience of services who may or may not be there to speak for a wider constituency of service users).
- **Board roles – the tension between performance and conformance:** agency theory stresses that boards are there to act in the interests of the owners and to monitor the organisation's performance (often in a risk-averse way). In contrast, stewardship theory emphasises the role of the board in improving performance through adding value to the organisation's strategy and decision-making (perhaps also with a greater willingness to take risks).
- **Relationships with management – the tension between controlling and partnering:** while stakeholder and democratic approaches stress the importance of monitoring and controlling the work of managers, stewardship theory sees board members as partners to management, improving performance by adding value.

As with our analysis in the previous section, Cornforth (2003) sees these tensions as paradoxes in governance. The main characteristic of a paradox is that it is something that can be understood but not readily resolved. Much guidance on governance tries to treat such paradoxes as problems and therefore capable of resolution. It is a difficult judgement as to how far to reveal these paradoxes to board members themselves; in the authors' experience, sharing with NHS board members the findings of research on the limited impact of corporate boards may not always be very welcome.

## 3. Democratic accountability

A final contribution to this debate seeks to explore the accountability and transparency of partnerships (Skelcher *et al.*, 2004). Studying 27 multi-agency partnerships, researchers from the Institute of Local Government Studies (INLOGOV) assessed each against a 'best practice' benchmark. This took the form of a Governance Assessment Tool (GAT), which covered public accessibility, internal governance, member conduct and accountability (see Appendix B).

In defining 'best practice', the research team used the current rules and regulations that govern the conduct of local authorities (since these were felt to be the most comprehensive set of requirements regarding public access, information, audit and accountability available). Using this approach, the research found that most decision-makers on partnership boards were public service managers, often by-passing traditional local democratic structures. While this way of working offered scope to include local residents or service users, few partnerships had clear procedures to ensure transparency and openness and many lacked formal rules governing the conduct of members. In addition, the study revealed that the individual accountability of board members to their own organisation was often relatively informal (usually depending on personal motivation) and that links to local democratic processes were weak. Although these are important

deficits to reveal, this research could be accused of using criteria designed to judge one institutional arrangement to critique another, that is, of condemning a horse for not giving milk and not going “moo”. Nonetheless, the authors produced a series of relevant recommendations, emphasising the need to:

- Consider issues of legitimacy and accountability up front;
- Develop governance systems that are proportionate to the risks and responsibilities of the partnership;
- Balance performance with appropriate monitoring mechanisms;
- Consider ways of linking partnerships to local political processes.

## 3. Current themes and issues

In addition to some of the longstanding issues and frameworks explored in the last section, partnerships have been the subject of four more current debates and developments:

### 1. Concerns from the Audit Commission (2005)

As outlined in the introduction to this paper, the contribution of the Audit Commission has been significant in terms of the focus it has provided on governance, risk and accountability. In particular, they ask partnerships to consider:

- *How do partnerships add value?* – despite frequent claims that partnerships deliver improved outcomes, there is very little evidence to suggest that this is the case, and it is difficult to be certain that the added value which partnerships can bring outweighs their operating costs;
- *Who is in charge of partnerships?* – there is no consensus on the best way of governing partnerships, and there can be insufficient clarity about risk-sharing, managing conflict, accountability and decision-making. In particular, the Audit Commission call for a comprehensive partnership agreement in order to guard against these dangers.

While this has been an important contribution to the debate and provided significant local and national focus, we return to the issue of partnership agreements in the next section of the paper with a slightly different and potentially more nuanced perspective.

### 2. Recent adverse events

At the time of writing (mid-2006), a number of adverse events reported in the health and social care press have prompted a series of local concerns about governance. Without going into too much detail, high profile examples include the break-down of longstanding (and pioneering) relationships in Wiltshire, with allegations of one partner agency withdrawing significant sums of money from joint services at very short notice (O'Hara, 2006). This was closely followed by public revelation of earlier events in Cornwall, where a Commission for Social Care Inspection and Healthcare Commission (2006) investigation raised serious concerns about abuse and quality of care in learning disability services. While this focused on NHS services, it also raised broader issues about partnership working and the nature of the relationship between health and social care.

Although only two local examples, such situations raise wider questions about:

- The behaviour of partner agencies during periods of financial difficulty;
- What happens when relationships break-down?
- Issues of financial risk and liability;
- The delegation of roles and responsibilities;
- How best to ensure quality of care in services run by partner agencies.

Even in areas with a reputation for effective partnership working (like both Wiltshire and Cornwall), such issues have provided food for thought, and some relationships have inevitably become more strained as individual partners reconsider the potential risks to which they may be exposing themselves.

### 3. Local Area Agreements (LAAs)

More positively, the advent of LAAs (and proposed Partnership Action Contracts or PACts in Wales: Beecham *et al.*, 2006) seems to offer a significant opportunity for more effective joint working at a local level. According to the LAA prospectus produced by the former Office for the Deputy Prime Minister (ODPM, 2004, p.5), LAAs “*represent a radical new approach to improve co-ordination between central government and local authority and their partners*”, devolving decision-making closer to local areas, simplifying funding streams and focusing on a range of agreed outcomes.

Despite these aspirations – and the very real opportunities that may emerge – concerns remain about the governance of LAAs (particularly after events in Wiltshire described above). As the national evaluation of LAAs notes (ODPM, 2005b), initial pilots were themselves concerned that they had not had enough time to consider governance and accountability arrangements in full. While some pilots had developed particular structural arrangements, there was less recognition that governance may involve more than just structures. As the evaluation suggested (ODPM, 2005b, p.93):

*“How governance will work in practice therefore... remains to be seen. Several pilots are concerned about how a partnership that is not a legal entity can exert control over pooled funds; they worry about who will pick up the pieces if things go wrong, what will be the formal basis for decision making... and whether partners will have the power of exit.”*

In addition to this, emerging evidence from other partnerships raises a number of questions with regard to LAAs. For example:

- How can LAAs best balance short-term delivery with the time required to develop relationships and a robust partnership infrastructure?
- How can balance be struck between quick and efficient decision-making on the one hand, and inclusive, transparent, democratic approaches on the other?
- To what extent can individual organisations be held to account for cross-cutting targets beyond their immediate control?
- What sorts of relationship are necessary between the centre and localities, and at regional level for the potential of LAAs to be achieved?

## 4. The focus on commissioning

Many partnership boards have always had a significant role in overseeing joint commissioning, but have done so whilst also having a significant presence from (certain, usually statutory) providers. In that sense, these partnerships have encompassed commissioning and providing as well as health and social care. With the enhanced emphasis on commissioning (with PCTs set to divest themselves of provision over the next few years and Children's Trust re-emerging as commissioning entities) – and the potential legal challenges to commissioning decisions if due process is not seen to have been observed – this inclusive approach may need to be reviewed; at the very least it will raise questions about access and fairness in governance structures and processes that may have been overlooked in the past.

## 4. Possible ways forward

### Summary of key themes

Overall, this discussion paper summarises a wide range of academic literature and a number of fundamental tensions in current policy and practice. However, underneath this complexity lies a series of key issues that local services might explore as they develop current partnerships:

- What outcomes are services trying to deliver for specific groups?
- How well are current services achieving this?
- What needs to change to get from where we are now to where we want to be?
- What type of governing board will be needed to oversee the achievement of these outcomes, and what roles will individual members be expected to play?
- What approaches (e.g. levels of authority) are available to the board, and what techniques might it use to influence partners and deliver change in which circumstances?
- In addition to the instrumental work of the board, what symbolic role does it play?
- Are services accountable and accessible, and do they have clear mechanisms in place to ensure appropriate behaviour and conduct?
- How do partnership boards link to existing democratic processes and decision-making forums?

It seems to us that these are some of the questions that managers need to ask themselves as they consider the governance of partnership boards, and some may be appropriate to raise with boards themselves (one of the paradoxes here is that whilst management may or may not be members of boards, it is largely managers that will have to design them). It may be that boards that have considered even some of these issues are likely to have much more of a shared and realistic understanding of the complexities of inter-agency working and good governance than those that have simply read the official guidance.

In seeking to make sense of these issues, Peck (2004) offers the following advice to managers and to board members:

1. Whilst striving to meet their stated objectives, boards should recognise the likely limitations on their performance and, to some extent, should be forgiving when assessing this.

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2. When working in partnership, boards and board members should bear a range of issues in mind:
  - The potential difficulty for elected members wearing ‘two hats at once’;
  - The cultural differences between the ways that different partners traditionally do business (including different approaches to briefing);
  - The likelihood of political tensions between councillors from different political parties;
  - The importance of demonstrating the accountability of the board, through public access to meetings, papers etc.;
  - The role of developing specific local performance frameworks for boards which integrate the various targets of partner agencies;
  - The recognition that some members (for example, service users and carers) may find the formal approach of the board frustrating, seeing it as tokenistic rather than symbolic, and that additional and alternative fora may be needed for engaging these stakeholders.

However, this is not to suggest that all the paradoxes can be resolved and all the problems can be settled. All new local settlements will bring new tensions and new national policy will create a new context.

## Future directions?

In seeking to make sense of more recent developments, we want to highlight two longer-term issues and potential ways forward:

### 1. The importance of terminology

Public services tend to be organised either as hierarchies, as markets or as networks, and each of these approaches requires a different form of governance:

- In a *hierarchy*, a single organisation can be held to account for its performance, via the senior management and chief executive.
- In a *market*, a contract specifies the nature of the relationship and sets out the inputs, processes and outcomes required.
- In a *network*, stakeholders come together into informal, fluid relationships, regulated more by reciprocity and trust than by formal systems of governance.

However, there is a tendency to use the term “partnership” to refer to each of these organisational forms, and this makes (already very complex) discussions about governance even more difficult. Thus, “partnership” is often used inter-changeably with the concept of “network”, although many of these partnerships are becoming compulsory and gaining some of the characteristics of a hierarchy. Similarly, the term can also be used to describe public-private partnerships (which are ultimately market-based, contractual relationships) and hierarchies (for example, a Care Trust is essentially a hierarchy which combines health and social care staff, little different in internal organisation to other public service hierarchies).

In practice, a key way forward may be to be clearer about:

- What type of relationship we want and what type of relationship we all think we have;
- What behaviour, responsibilities and accountabilities this entails;
- The language we use to describe these relationships;

- How all the above may change over time as relationships develop, the partnership evolves and different issues arise.

Thus, the emphasis placed by the Audit Commission on partnership agreements implies a particular type of relationship and prioritises a particular form of governance. This may well apply appropriately to many current or future health and social care partnerships, but there may be some situations where conceiving of the collaboration as a network may have an advantage over something more contractual, for example scope for immediate flexibility, or innovative responses to changed circumstances.

This should in no way detract from the importance of partnership agreements, but it does suggest that turning an effective network into a contract or into a hierarchy inevitably alters something profound about the nature of relationships. The temptation to turn networks/partnerships into hierarchies is always strong, particularly if policy and practice come to rely on them (think of the history of community mental health teams that followed just that trajectory through the 1980s and 1990s). Of course, this transition may be entirely appropriate, but it is important to be clear that this is what we are doing, and that the type of governance we need may have to change too.

### 2. Beyond joint commissioning?

With the reconfiguration of the PCTs and the second interim report of the Lyons Review (2006), the nature of the relationship between local government and PCTs is becoming more important than ever. While this is explored in more detail elsewhere (Glasby *et al.*, 2006), we want to argue that local government and PCTs need each other now more than ever:

- If local government is to be a “place-shaper” (Lyons, 2006), it needs to exert significant influence over local health services as these are crucial to people’s sense of place and well-being;
- If new PCTs are to fulfil their current brief, they will have to become so central to local identities and communities that no future government could consider reorganising them. We would never merge Devon and Cornwall County Councils, yet a Devon and a Cornwall PCT could be merged tomorrow and very few people would even notice. If PCTs are going to engage local people and to secure sufficient legitimacy to reconfigure local health services in the process of managing scarcity, then they need to learn from the best of local government.

In a more detailed paper (Glasby *et al.*, 2006), we propose a number of models for achieving such a situation, but the key issue here is the need to move beyond current debates about specific partnerships (joint commissioning, pooled budgets etc.) to consider the broader relationship between local government and the NHS. This is not to suggest that such activities are unimportant; more that they should not be the sole focus of inter-agency working, but rather a subset of a broader and more mutually beneficial relationship. Perhaps in the long-term, paying attention to this type of collaboration may be more fruitful than more detailed and technical discussions about the governance of specific partnership initiatives.

# Appendix A

Perspectives on Organisational Governance (after Cornforth, 2003)

<b>Theory</b>	<b>Interests</b>	<b>Board members are:</b>	<b>Board role</b>	<b>Model</b>
Agency	Owners and managers have different interests	Owners' representatives	<i>Compliance/ conformance:</i> Safeguard owners' interests Oversee management Check compliance	Compliance
Stewardship	Owners and managers share interests	Experts	<i>Improve performance:</i> Add value to top decisions/strategy Partner/support management	<i>Partnership</i>
Democratic perspective	Members / the public contain different interests	Lay representatives	<i>Political:</i> Represent constituents/members Reconcile conflicts Make policy Control executive	Democratic
Stakeholder	Stakeholders have different interests	Stakeholder representatives: elected or appointed by stakeholder groups	<i>Balancing stakeholder needs:</i> Make policy strategy Control management	Stakeholder
Resource dependency	Stakeholders and organisations have different interests	Chosen for influence with key stakeholders	<i>Boundary spanning:</i> Secure resources Maintain stakeholder relations Bringing an external perspective	Co-option
Managerial hegemony	Owners and managers have different interests	Owners' representatives	<i>Largely symbolic:</i> Ratify decisions Give legitimacy Managers have real power	'Rubber-stamp'

# Appendix B: Governance Assessment Tool (copyright: INLOGOV 2003)

## Public accessibility:

1. Are meetings of the board advertised?
2. Are meetings of the board open to the press and public?
3. Are the public entitled to see reports considered by the board?
4. Are the reports that the board will consider available for the public to consult prior to the meeting?
5. Are the public entitled to see minutes of board meetings?
6. Is there an annual general meeting that the public can attend?

## Internal governance:

1. Does the partnership have a memorandum of association or other document defining its role and powers?
2. Does the partnership have a written constitution or set of standing orders defining how it will conduct its business at meetings?
3. Is membership for a limited period of time? If so, how long?
4. Does a quorum apply at board meetings? If so, what is it?
5. Are written minutes of board meetings produced?
6. Are there allowances or other payments for members? If so, how much?

## Member conduct:

1. Is there a code of conduct to regulate the behaviour of members at board meetings?
2. If there is a code, are board members required to agree to be bound by it?
3. Is there a register in which board members detail their financial and other interests? If so, is this compulsory? And is it open for public inspection?
4. Is there a system for declaring conflicts of interest at meetings? If so, what is the procedure and where is it set down?
5. Is there a procedure for ensuring that members declaring conflicts of interest take no part in the decision? If so, what is the procedure and where is it set down?

## Accountability:

1. Does the partnership have to prepare an annual report? If yes, is this a public document?
2. Does the partnership have to prepare an annual budget? If yes, is this a public document?
3. Does the partnership have to prepare annual accounts? If yes, is this a public document?
4. Is the partnership subject to external audit?

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5. Is the partnership subject to external inspection?
6. Is there a complaints process available to citizens or service users?
7. Is the partnership under the jurisdiction of an ombudsman or inspectorate?
8. Is the partnership required to meet targets agreed with any other bodies?
9. Does the partnership make a formal report to any other bodies (including the member organisations)?
10. Can members be recalled by their nominating bodies?

This tool is subject to copyright (that is, it is freely available to use and reproduce provided the original source is acknowledged). For further information about INLOGOV and the Governance Assessment Tool, please see [www.inlogov.bham.ac.uk/research/esrcpartnership.htm](http://www.inlogov.bham.ac.uk/research/esrcpartnership.htm)

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