



# Partnership in Inspection: Lessons from the Review of the NSF for Older People

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## ABSTRACT

Joint reviews are an approach to partnership working between those involved in inspection and regulation. They provide great opportunities and some challenges. This article describes a case study of the review of the National Service Framework for Older People. It discusses culture and commitment, organisational imperatives and governance.

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**KEYWORDS:** JOINT REVIEW; REGULATION; INSPECTION; NATIONAL SERVICE FRAMEWORK FOR OLDER PEOPLE; PARTNERSHIP

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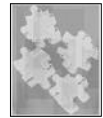
## Introduction

During 2005 the Healthcare Commission, the Commission for Social Care Inspection (CSCI) and the Audit Commission jointly reviewed progress in implementation of the National Service Framework (NSF) for older people through joint inspections in 10 local communities. This was the first time that the three commissions had worked together to carry out a review. This paper reflects on the lessons learnt from this experience of partnership working across a number of systems.

## Background

The NSF for Older People (DoH, 2001) provides a framework and standards for improving the quality of care for older people (Chapman *et al*, 2001). The NSF is a ten-year programme, although all the original milestones to achieve targets in the NSF had passed at the time of the review. The review extended across health and local government and provided the opportunity to assess whether or how these organisations worked together as a whole system. A whole system describes how services are organised around the citizen, and their interdependence (Audit Commission, 2002). The review's central focus was the experiences of older people who use public services (Healthcare Commission, 2006a).

The White Paper *Our Health, Our Care, Our Say* (DoH, 2006) makes a further policy commitment to alignment of performance measures and strengthening of joined-up inspection in health and local government. There will be more integrated inspections across one or more regulatory bodies, joint area reviews of children's services being an example. Ofsted, the Audit Commission, the CSCI, the Healthcare Commission and the Adult Learning Inspectorate are already working in partnership to assess outcomes for children in a locality.



As the White Paper points out, partnership in regulation is but part of the wider partnership agenda including:

- greater terminosity between health and local government following the reconfiguration of the NHS
- alignment of planning and budget cycles for the NHS with timetables of local government
- merger of the Healthcare Commission and the CSCI by 2008 (subject to the current wider regulatory review of health and social care arm's-length bodies).

The White Paper pays some attention to how central government will integrate, co-ordinate or link its own functions across health and local government, although new fissures may emerge while old rifts are healed (Leutz, 1999). Conflicting priorities or perverse incentives for the NHS and local authorities need to be acknowledged and addressed at many levels. At the time of writing, the example of 'payment by results' provided a good illustration. NHS hospital trusts receive a set payment for the hospital stay of each patient, and so it could be in their interest to admit people to hospital rather than support them in the community (Crisp, 2005). This, of course, conflicts with the public service agreement (PSA) target of helping support people to live at home.

*Our Health, Our Care, Our Say* stresses once more that, to improve outcomes for service users, the NHS, local government and independent health and social care sectors will need to work in partnership. This emphasis is reflected in the parallel calls for better partnership working in regulation and inspection. Older people's services have long been identified as lacking effective partnership arrangements, particularly between health and social care, but only recently has this deficit been replaced by more precise identification of what successful or working partnerships would or could look like (Asthana *et al*, 2002; Dowling *et al*, 2004). However, there is increasing recognition that partnership work can be complex and

challenging, and several models have emerged for development of effective partnership working and its evaluation. They include:

- the Nuffield partnership assessment tool (Hardy *et al*, 2000)
- *A Fruitful Partnership* (Audit Commission, 1998)
- *Governing Partnerships: Bridging the accountability gap* (Audit Commission, 2005).

Some key principles of partnership working run through them all. They can be summarised as:

- making a decision to go into partnership
- corporate commitment
- shared values and understanding of each other's organisational culture
- operational implementation, strong leadership and close working relationships at every level
- monitoring, evaluation and learning
- governance.

These partnership principles are used in this paper to consider the effectiveness of the partnership working in this case study of the review of the NSF for Older People, and to draw out the challenges identified and the lessons learnt.

## Applying the partnership principles

### Making a decision to go into partnership

The requirement for regulatory authorities to work in partnership arose from a mandate from the Department of Health in 2002. The Healthcare Commission, the Audit Commission, the CSCI and the national Audit Office were joint signatories to the *Concordat Between Bodies Inspecting, Regulating and Auditing Healthcare*, published in June 2004. This Concordat formalised their commitment to work in partnership to avoid overlap and duplication of assessments, and to provide a co-ordinated approach to inspection, audit and review. Updated in 2006, the refreshed Concordat has been agreed to by ten more organisations (Healthcare Commission, 2006b) and six associate signatories.



The Healthcare Commission, the CSCI and the Audit Commission perceived the benefits of working in partnership to review implementation of the NSF for Older People as:

- avoiding duplication of inspection
- assessing the extent of collaborative working and its impact on outcomes
- combining the strengths of each of the organisations, so that the result was greater than the sum of their individual contributions.

Partnership working between regulators or inspectors also begins to tackle some of the problems of assessing performance from multiple standpoints, and addresses some of the difficulties of capturing representative experiences of people using services (Day & Klein, 2001). This is because it is able to draw on a greater variety of methods and to approach issues from a variety of perspectives. While there was generally support for working in partnership, neither the CSCI nor the Healthcare Commission would have chosen to carry out such a widescale review in partnership so soon after their inception as new organisations on 1st April 2004. Both the Healthcare Commission and the CSCI were just starting to explore the models of assessment and inspection that they would use to regulate health and social care, respectively, and did not feel ready to develop a new model of joint assessment at this stage.

### Corporate commitment

The Healthcare Commission was committed to fulfilling any agreements made by its predecessor organisation, the Commission for Healthcare Inspection, for the delivery of work, and this included a national review of progress in implementation of the NSF for Older People.

The CSCI was committed to working in partnership with the Healthcare Commission on this, but could do so only if it was also able to meet its own requirement to carry out annual inspections of social services for older people. The scope of the review of the NSF for older people

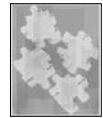
therefore had to be wide enough to cover the criteria in the CSCI inspections of older people's social services.

The Audit Commission was committed to working in partnership with the CSCI and the Healthcare Commission, but also had to meet its priority of developing and testing the older people 'strand' of the new corporate performance assessment, part of the Audit Commission's comprehensive performance assessment of local authorities.

Each partner had its own organisational objectives that it expected to achieve through this partnership review. There were shared objectives, in terms of expected outcomes in reducing the duplication of assessment and providing a richer assessment of older people's experience of public services, but these were not as dominant as the individual organisations' objectives.

Strong partnership working is best achieved when the partner organisations come together with a common purpose and goal that can be linked back to their own organisational goals. This is not always possible when health and local authorities work in partnership or when regulatory bodies do so, as demonstrated here. They are often working to achieve targets that are their primary responsibility, and these may conflict with the priorities of other organisations. For example, a local authority will probably be working with health partners to improve the general health and well-being of older people. This may be a shared objective, but the health partner may consider preventative health care less of a priority than managing the demand for acute hospital care.

A lesson learnt from the joint review is that it is worth investing considerable time in being clear about the shared goals and objectives of the project and how they link with individual organisational objectives, without allowing them to dominate. If these issues are not addressed fully and openly at the start of the project, then each organisation will be working to a slightly separate agenda with different expected outcomes.



### Shared values and understanding of each other's organisational culture

The Healthcare Commission, the CSCI and the Audit Commission shared a number of common values, including:

- a commitment to improving outcomes for people who use services
- a commitment to work in partnership to avoid the duplication of assessment and provide a co-ordinated approach to inspection
- giving value for money through inspection at minimum cost with maximum impact
- to learn from experience and to share this learning for continuous improvement.

Despite their shared values, the organisational culture of each of the organisations was very different. The Healthcare Commission was a newly constituted organisation and did not have a strongly defined organisational culture. Its corporate approach was to develop a modernised approach to inspection with the minimum amount of hands-on inspection. The CSCI was also a new organisation, but had maintained the organisational culture of the Social Services Inspectorate (SSI), as many of the key staff from the SSI were still in post and the SSI had been established for some time. The CSCI was developing a new approach to inspection, but was doing this alongside its annual inspection programme initiated by SSI. The Audit Commission had a strong organisational culture, as it was well-established, and, although it had gone through some organisational change, this had not had a major impact on its culture.

The three organisations did not have a history of working together, and so did not fully understand or appreciate the differences in culture or approach to regulation. The same words could have different meanings for each organisation, for example 'review' and 'inspection' had different interpretations depending on the organisation and context. Even when the partners thought that they were discussing and agreeing important principles

about the approach and methodology used in the review, they were often misunderstanding each other. This became clear when an inspection team of a Healthcare Commission reviewer, CSCI inspector and Audit Commission auditor (the names themselves illustrating the differences) were carrying out a joint inspection in a pilot site. The team were unable to resolve, without intervention, whether they were:

- a critical friend, reviewing progress and enabling the organisations to improve
- carrying out an evidence-based audit of progress against national targets
- carrying out an inspection of services to make a judgement on performance.

Although similar, each of these approaches is different and affects the way in which the inspection is carried out. Day and Klein (2001, p1502) have described these approaches as the 'quality police' or the 'midwife of change', meaning that the very purposes of inspection, review and audit are sometimes unclear. Throughout the project, understandings were checked and rechecked and, although it felt at the time that these had been resolved, it became apparent when the first reports were being prepared that there were still differences of approach that stemmed from the different cultures and practices of each organisation.

When partner organisations work together there will always be differences in culture, and they can bring richness to the process, as each organisation learns from the others by understanding their perspective. This can only be achieved, however, over considerable time. In the early stages of working in partnership, attention should be paid to listening carefully to what each partner is saying and to checking what is meant. It is easy to make assumptions, forgetting the organisational differences that bring new meaning to each and every issue discussed. As Wildridge and colleagues (2004) observe, sharing visions is all very well, but the literature shows that it may need to be allied to common-sense planning and monitoring.



It was not possible fully to understand or overcome the differences in organisational cultures in this joint review, although the three organisations will continue to work together and to learn. There were many lessons learnt from this experience that have been feeding into the development of joint working, particularly between the Healthcare Commission and the CSCI. However, one of the key learning points was that a new and shared template and writing style for reporting the local inspections and national report should have been developed or, alternatively, the style of one organisation should have been agreed as the accepted one. The differences in reporting styles meant that the local and national reports took a long time to get 'signed off' by the three organisations, because of reluctance to accept an unfamiliar style of reporting. Although this is a relatively minor point, it is important to note that each organisation has to be willing to adopt new ways of working to achieve common goals. This may be one of the greatest challenges of partnership working.

### Operational implementation

The joint review of the implementation of the NSF for Older People included ten local inspections of health and local authority organisations (Healthcare Commission, 2006a). The planning and organisation of these ten joint inspections presented several challenges including:

- defining the geographical boundaries
- deciding which organisations to inspect
- making a judgement about performance.

### Defining geographical boundaries

It was agreed early on that a local community would include the organisations that worked together within a whole system of public services. The organisations needed to be those that an older person or carer experienced as part of a whole system of service delivery. Hospital episode statistics were used to identify the real catchment areas of hospitals. However, after identification of groups of

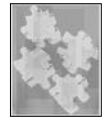
organisations that could form a community, it became apparent that lack of co-terminosity between health providers and local authorities posed a significant problem. In some areas the social services department was responsible for delivering a service across a large county, for example Essex. The primary care trusts (PCTs) and acute trusts in Essex would not consider the whole of Essex to be the local partnership, and it was too large a geographical area to cover all of Essex in one inspection. A pragmatic decision was therefore taken to focus on smaller communities based on the acute hospital trust, the PCTs, the mental health trust and the local council providing a service for the majority of people using the acute hospital.

This was not ideal, and boundary issues had to be discussed and negotiated between the three Commissions and the inspected community to reach an agreement on each community's boundaries, for the purposes of the review.

### Deciding which organisations to inspect

At the time of the inspections, local authorities were given an inspection-free 'holiday' if they were judged as excellent performing councils in their comprehensive performance assessment rating. Similarly, those social services departments awarded three stars by the CSCI for their high performance were also granted a period of no or limited inspection. Apart from foundation trusts, which are not subject to the same regulatory framework as other NHS trusts, the NHS did not have an arrangement for inspection-free holidays. This meant that if there was an excellent performing council or three-star social services within a defined community, a joint inspection could not take place, even if there were concerns about the performance of the NHS trust.

The inspections were therefore targeted at those areas that the CSCI could have inspected as part of their existing programme of inspection of social services for older people. This did not meet the objective of getting a balanced assessment through local inspections to inform a national review, but



was a compromise reached in view of the circumstances.

### **Making a judgement about performance**

The joint inspection replaced the annual CSCI inspection of social services for older people. The Audit Commission used the joint findings as part of the comprehensive assessment of local authorities. However, the Healthcare Commission could not take account of the findings from the joint inspection in assessing an NHS trust's performance. This assessment of performance (the annual health check) for NHS organisations must cover all NHS trusts to be fair and equitable, but the joint review was carried out in only 40 NHS trusts.

Each of the regulatory organisations has a responsibility to assess the performance of individual organisations. However, there was no agreement on how to achieve a unified judgement on the extent and impact of partnership working in the organisations under review. This raised the question of whether such a unified judgement should be reached.

### **Project management**

The joint inspections were implemented successfully, despite the considerable challenges presented. They had strong leadership and effective project management. The joint project team and local inspection teams worked closely together to discuss and resolve potential problems. There was a shared commitment to learn from the experience and to use this learning continually to improve the inspection process for each inspection. The feedback from the communities inspected was that the joint approach was appreciated and provided a valuable assessment of the whole system of care and outcomes for people who use services.

### **Monitoring, evaluation and learning**

As this was the first joint review of its kind, evaluation and learning were essential. A number of actions were taken to ensure ongoing evaluation.

They included:

- a learning log as part of project management
- two pilot reviews, each with its own steering group of representatives from the community under inspection which commented on each part of the inspection process
- a workshop following the first two pilots, to draw together the lessons learnt with the inspected organisations
- a project steering group of expert advisors
- a meeting with all the inspection teams at the end of each round of inspections to review the process
- a mid-way visit by a member of the national project team to check on the experience of each local inspection and to find out whether any improvements could be made before the inspection came to an end.

This process was helpful in identifying possible improvements and in sharing the learning from experience. However, the joint review process would have benefited from more robust monitoring based on outcomes measurable against shared objectives. As there were no clearly shared objectives with measurable outcomes at the start of the joint review, this was not achievable.

Partnership working is expensive, so the additional cost of working in partnership should be measured against the outcomes achieved for people who use services (Glendinning, 2002). The joint review should ideally have been able to assess the benefits of the joint approach against the costs incurred, perhaps by making a formal regulatory impact assessment. Given the early stage of the Healthcare Commission's and the CSCI's development, this more sophisticated evaluation was not achievable at the time of the review.

### **Governance**

The governance arrangements for the joint review were of primary importance, as the key partners changed within a year of the project's being set up. The project continued to run, despite being



managed by two new organisations, the Healthcare Commission and the CSCI. While the project had a project board and steering group throughout its life, albeit with different members, it was not possible to ground it within the governance structures of the new organisations, as these had not yet developed. This meant that the representatives on the project board needed to make decisions on behalf of their own organisations and pass information to and from their organisation through the existing corporate governance arrangements. The benefit of this loose arrangement was that decisions could be made quickly, but the disadvantage was that, as key people moved on from each of the organisations, there was no consistency or commitment to decisions previously made.

## Conclusion

The Healthcare Commission, the CSCI and the Audit Commission review of progress in implementing the NSF for older people provided a partnership approach to assessing a whole system of public services used by older people and the outcomes experienced by them. There were definite advantages to this approach, as it provided a rich picture of the whole system and how older people experience it. However, there were considerable challenges in working in partnership, including those of differences in approaches to inspection, language and culture. Many of the challenges of this partnership review are reflected in partnership projects between NHS trusts and local authorities.

The review looked at multi-system change in a multi-system way. It combined a number of purposes and had a number of stakeholders. The inspection was affected by the turbulent policy and organisational environments, with a range of reforms announced just prior to its publication. All the organisations inspected were subject to similar turbulence, and the older people consulted often commented on changes in services, sometimes positively, sometimes not. Working in partnership across the inspectorates always meant

that systems were uppermost in the inspectors' minds, and this helped them to think very clearly about the experience of these systems from the perspectives of those using them.

Joint inspection and regulation will have an important role in the future (Audit Commission, 2006). This joint review provided valuable learning for the three Commissions, and is part of an ongoing programme to improve how inspectorates work together to assess whole systems of public services.

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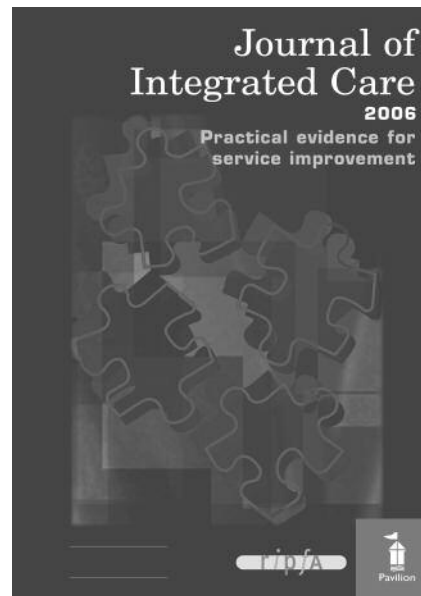
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