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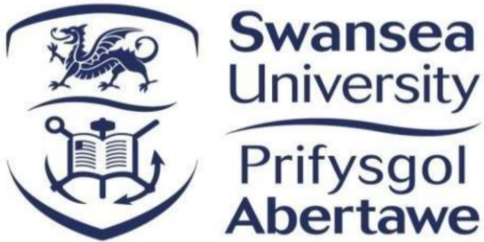

From Wicked Problems to Wicked Solutions: An Investigation of the Partnership Approach To Delivering Public Health and Adapting to the Pandemic

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Submitted to Swansea University in fulfilment of the requirements for the Degree of Master of Science by Research in Sport and Exercise Science

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Abstract

In the field of Public Health, Partnership Working aims to enhance policymaking in order to improve the health and wellbeing of a population and reduce health inequalities. This is reflected in Welsh Government's establishment of Boards such as the Public Services Boards and Regional Partnership Boards as embedded in the Wellbeing of Future Generations (2015) and the Social Services and Wellbeing Act (2014). These Boards not only demonstrate the Welsh Government's focus on the importance of the health and wellbeing of the population but also aim to engender a sense of national belonging. However, as policy literature demonstrates, there are barriers that can hinder the effectiveness of partnership working. This thesis is made up of two major components. The first is an investigation into the delivery of Health and Wellbeing Goals via Partnership Working, with a particular focus on Public Services Boards (PSBs) in South Wales. This first study uses one-to-one interviews to identify the various views of members of the Public Services Board surrounding the definition and understanding of the concept of Partnership Working. It distinguishes the existing Partnership Working relationships within the PSBs and thus identifies the main existing perceptions of the barriers and facilitators to effective Partnership Working practice within the PSBs. The second major component to this thesis intends to build upon the results of the first study by utilising the unprecedented event of COVID-19 as a case study of how a global crisis can put a strain on Partnership Working practices and service delivery. However, this section of the thesis also intends to examine whether an event such as COVID-19 can in fact bring unintentional opportunities for the Boards to re-evaluate their practices and priorities and to ultimately make improvements to the delivery of services in their communities. In its conclusion this thesis makes recommendations based on the learning brought forth from the pandemic and the ways in which this learning can be maintained.

Key Terms: Partnership Working, Public Health, Wicked Problems, Public Services, COVID-19

Declarations

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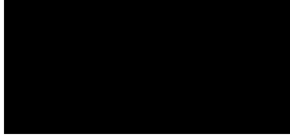

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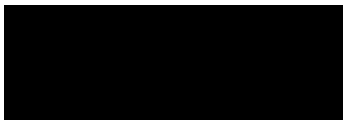

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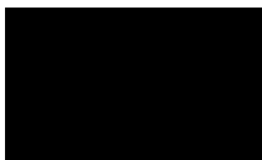

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List of Abbreviations

WBFG	Wellbeing of Future Generations
PSB	Public Services Board
RPB	Regional Partnership Board

1.0. Introduction

Working in Partnership has become a popular approach to improving public health and wellbeing. As this thesis details, defining Partnership Working is complex due to the level of ambiguity around the concept (Gardiner et al., 2012). However, Partnership Working is generally understood to be the creation of a space in which multiple organisations work together to achieve common aims for policy areas in response to multifaceted problems. The end point of Partnership Working is usually to bring about policy change to better support the wellbeing of the population (Douglas, 2008; Hunter et al., 2010). In the public health field, it is believed that if organisations, such as university health boards, local government, the police, work together to intervene in dangerous or damaging behaviour, poor habits, and lifestyle choices, it is more likely to have an impact on the improvement of wellbeing for vulnerable individuals (Holding et al., 2020; Hunter & Perkins, 2014; Glasby & Dickinson, 2014).

This strategy of multi-agency working is reflected in the Welsh Government's Wellbeing of Future Generations (Wales) Act 2015. The Act is unique to Wales and aspires to improve the social, economic, environmental, and cultural wellbeing of the country (Cardiff & Vale University Health Board, 2016). To ensure that the Public Services Boards, Regional Partnership Boards, and various other public bodies of whom the Act requires, are all working towards the same vision of what improved wellbeing is, the Act establishes Seven Wellbeing Goals. The Act establishes Public Services Boards (PSBs) in each local authority area. The role of the PSB is to connect with their local community and work together to provide a local wellbeing plan that will contribute to the improvement of the economic, social, environmental, and cultural wellbeing of the nation (Welsh Government, 2016). The PSBs are made up of statutory members: the local authority, local health board, Fire and Rescue Authority and Natural Resource Wales. In addition, Welsh Ministers, the Police and Crime Commissioner, probation services, voluntary representation and other public service organisations are invited to participate (Primary Care One & NHS, 2017).

However, whilst the Board has generally been meeting its wellbeing goals effectively[1] as reported by the Future Generations Commissioner for Wales (2018), the opportunity to work more systematically with those working outside of the PSBs such as the RPBs, CJBs and the service users themselves could enhance achievement of wellbeing goals. What is more, the Partnership Working arrangements are relatively new. Therefore, there is a need to investigate the dynamics between, and within, these Boards in order to

[1] The wellbeing goals are listed and described in Section 2.9.7.

identify the barriers and facilitators they face, and to reflect on whether and how Partnership Working could be improved to better deliver on the wellbeing goals.

Therefore, this study aimed to investigate and discuss the different views held by various PSB members. It aimed to strengthen understanding of good practice for effective Partnership Working, as well as exploring how the PSB's members saw their role in enhancing the wellbeing of their communities, by the use of semi-structured interviews with PSB members. Furthermore, the study aimed to identify where tensions exist in the Partnership and where relationships could be enhanced. It additionally aimed to explore the main perceived barriers and facilitators to Partnership Working in the PSBs. In doing so the researcher aimed to highlight the necessity for Partnership Working and to demonstrate how, both as an academic concept and a professional practice, it can be refined and can be better used to ensure that interventions in the lives of vulnerable groups and individuals can be applied effectively.

During the course of this study the COVID-19 pandemic took a grip on Wales and the World. The emergence of the coronavirus has put a strain on public services and the public health field, initially inhibiting the work of the PSBs. COVID-19 was recognised as a threat in December 2019 and was declared a pandemic by the World Health Organisation on March 11th, 2020 (Cucinotta & Vanelli, 2020) and continues to be disruptive to everyday lives and normal working practice to the present day. However, the pandemic presented the opportunity to investigate COVID-19 in a second study, in the form of a case study, to reflect on how the PSBs and Partnerships therein were able to adapt to a public health crisis. Therefore, the case study explored whether COVID-19 presented the Boards with any positive opportunities, and whether working relationships improved by the intensity, uncertainty and unexpectedness of the crisis and the necessity to work closer as a group. Based on the data collected, this study makes recommendations aimed at consolidating the work of the PSBs.

2.0. Literature Review

2.0.1. Search Strategy

A literature search was conducted using the sites Google Scholar, Science Direct and Scopus and additionally using settings which allowed for the researcher to gain access with a Swansea University login. The Swansea University Library and its portal were also utilised. The initial search that was executed intended to acquire articles and chapters related to keywords and phrases such as: “Public Health”, “Partnership Working”, “Partnership Working definitions”, “Wellbeing”, “Service provision”, “Service users”, “Leadership”. The articles obtained by these searches identified further relevant keywords and terms, as well as more relevant articles by scanning the reference section. In other words, the researcher used a snowballing technique. For example, the concept of “Wicked problems/Wicked issues” was found by snowballing from articles containing information about issues faced by service providers and from articles describing the use that Partnership Working has to tackling Wicked Problems. The search was filtered to include articles between the years of 1980 to 2021 (and later 2022). This was to ensure that the information used was not out of date or disregarded. The researcher identified the most relevant articles to review by analysing abstracts, conclusions and key findings and then later appraising the full article for more context.

In order to obtain information regarding WHO definitions as well as information regarding the Wellbeing of Future Generations (2015) Act and additionally the background of the Public Services Boards, the researcher used Google search. These searches were limited to the same range in years as in the article search and were limited to the English Language. This search led to the researcher identifying the future generations commissioner website (https://www.futuregenerations.wales), which included PDF copies of Future Generations reports and detailed information on each of the 7 Wellbeing Goals for Wales. The Website also includes the latest press releases on what the most recent work is being done to reach these goals. All of which provided vital information to contextualise the state of Public Health, Wellbeing, and service provision in Wales.

The researcher acknowledges that there is a vast amount of literature surrounding the key terms searched, therefore all related literature was not possible to be reviewed within this thesis. However, the sections included below will discuss the following: the basic background of public health, the features, and definitions of Partnership Working, issues around leadership related to working in Partnership, the relevance of community engagement, wicked problems and their relevance to Partnership Working, the social determinants of health and the impact of COVID-19 on health and wellbeing. This

chapter will also detail the use of the PSBs and how partnership working is relevant to achieving Welsh Wellbeing Goals.

2.1. Public Health: A Background

During the 21st Century the definitions, significance, and priorities of public health bodies, nationally and globally, have undergone substantial change. This is because, in a similar way to the COVID-19 pandemic, the predominant issues that threaten the health of societies, communities and individuals today are global issues. Naidoo and Wills (2010) cite major global issues as climate change, global poverty and persistent inequalities between the global North and South, continuing food insecurity at the same time as increasing access to fast food consumption, the promotion of tobacco consumption in the global south, the resurgence of infectious diseases and viruses such as tuberculosis, overuse of antibiotics, as well as general demographic changes and urbanization (2010,
p.12). In the face of these global issues, the purpose of public health - to protect communities and promote healthy lifestyles by helping to improve people's lifestyles, habits and day to day circumstances - is becoming more challenging. Indeed, the contemporary focus for public health is the protection of health services, preventing the spread of transmissible diseases and protecting people from environmental hazards such as natural disasters or toxic waste etc.

Whilst acknowledging the priority of public health bodies is to protect and prevent ill health and wellbeing in their populations, several authors highlight the need to enable individuals and communities to develop their own capacity to protect their health. Authors such as Hunter and Perkins (2014) argue that rather than developing public health messages on, say, healthy eating which may or may not be taken up by the target individuals and communities, public health bodies should work more closely with those communities to support them to identify their own health priorities and design interventions that the communities themselves feel would be more effective (Epp, 1986). Therefore, when investigating public health, understanding the relative role that professionals, communities and individuals should play is essential.

Rosen (2015) proposed that the primary issue in health that humanity has faced, since industrialisation, has been the increasing incidence of people living in close proximity to each other, impacting on community life. For Rosen, urbanization, and the subsequent emergence of transmissible diseases such as cholera, led to the emergence of the field of Public Health (2015). In recent years, despite a neoliberal state that significantly pushes consumer behaviour and individualism onto Western society, collective action and collaboration are still heavily valued in a public health context (Baggott, 2013, p. 1). Indeed, the World Health Organisation's definition of health is that it is a "state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity" (WHO, 1946 in Baggott 2013, p. 2). With this definition in mind the approach to public health should not only be broad and collective in its aims but should highlight the importance of promoting proactive choice by individuals and communities in its implementation (Baggott, 2013, p. 2).

A multitude of issues in the public health field such as obesity, substance abuse, sexual health, teenage pregnancy (so called "Wicked Problems") are socially complex and thus tackling these issues requires the engagement of a range of actors, organisations and expertise at multiple levels to generate potential solutions (Hunter & Perkins, 2012, p. 45). The concept of "wicked problems" was introduced by Churchman in 1967 as a way of distinguishing them from problems which are more straightforward to resolve (Rittel & Webber, 1973). Wicked problems require a "new approach to the conduct of research and to the decision-making based on that research" (Brown et al., 2010, p. 4). They have particular characteristics such as being multicausal and hard to define, often lacking straightforward resolutions. What is more, solutions may have the potential to generate other problems. Therefore, multiple disciplines and organisations need to be involved in defining and tackling these multifaceted problems. This means that Partnership Working is key: *"bringing together diverse groups and organisations in semi-permanent ways – and typically across sector boundaries – to remedy complex public problems and achieve the common good"* (Crosby & Bryson, 2010, p. 211). Indeed, as will be discussed below,

the introduction of Partnership Working signified a shift from using a “top-down” approach to tackling such issues to a “bottom-up” approach (Gasper, 2010, Glasby & Dickinson 2014).

2.2. Defining Partnership Working

The phrase “working in Partnership” evokes positive connotations. As Clarke and Glendinning argue, the term Partnership, along with the people who practice Partnership Working, “is associated with virtue; an antonym to conflict and selfishness” (2002, p. 33). However, in practice, Partnership Working is not without its problems. Some of these problems are structural, relating to the differences between professionalisms which can make working together difficult. This includes budget constraints, and differences in professional language and occupational standards. Some of these problems are behavioural, relating to individual personalities or power differentials between and within professional boundaries. What is more, the typical descriptions used to define Partnership work are very often imprecise (Huxham, 2003) and create more confusion than clarification. Dowling et al. (2004) for example, found that “collaboration”, “Partnerships”, “cooperation” and “coalition” etc. are regularly used interchangeably. Whilst it can be argued that these terms are similar, they do not have the same meanings.

It is impossible to pinpoint a singular definition agreed upon by all authors and practitioners universally, but there are themes that emerge in most of the discussions regarding Partnerships. These themes are a shared responsibility, shared values, negotiation, trusting relationship, share of power, keeping service users at the heart, and, goals which would be almost impossible to achieve without collaboration.

2.3. Shared Responsibility and Vision

Having a shared vision is often perceived as the logical starting point for any Partnership arrangement. Gulzer and Saif (2012) cite that a shared vision is directly in line with the success of Partnership arrangements. They argue that having a shared vision is

important in the development of norms and values which motivate partners, creating a sense of direction and allowing for a more proactive decision-making process (2012, p. 8). In addition, with a shared vision comes a sense of solidarity between partners, and a true sense of working in Partnership which, in itself, has a multitude of benefits (Sixsmith et al., 2017). To put it simply, Partnerships are a formally assembled variety of professionals “working together” to achieve goals that require developing services beyond the capability of a single agency working alone. These are usually in response to the complex and inter-related needs of service users in the communities. Thus, rather than the responsibility being placed on a singular agency or organisation, the responsibility is shared between all members of the Partnership (Weinstein & Leiba, 2013).

“Shared responsibility” is a prevalent theme within definitions of Partnership in the literature (see in particular articles by Lukasiewicz et al, 2017; Nies, 2009; Balloch & Taylor, 2001). Sullivan and Skelcher (2002) define it as collectively assessing what needs to be acted upon in a community, while also deciding the kind of action that needs to take place, as well as the collective agreement on how implementation should take place (See also Lorenz et al., 1999; Petsch et al., 2013). This idea of shared responsibility can be interpreted in a few ways. The first is that all parties involved will have an active and defined role within the Partnership. This role will help to contribute to the goals of the Partnership as a whole, thus all parties will be responsible for the overall outcomes of the collaboration, whether positive or negative. By acknowledging the autonomy and value of all partners and their personal expertise, they are in theory able to build a strong reciprocal relationship (Boyle et al., 2016, p. 24). On the other hand, this also means that if a problem occurs with any aspect of the Partnership, it is necessary that all partners share responsibility and hold themselves accountable.

2.4. Partnership Working: A Personal Relationship

At a basic level “a Partnership” is the negotiation between different agencies and organisations who are committed to working towards long term goals together

(Brandstetter et al., 2006). However, in order for these negotiations to take place there needs to be a reciprocal arrangement - one that recognises the authority of each of the partners - based on trust and an equal opportunity to influence the agenda (Glasby & Dickinson, 2008). In this sense, Partnership relationships need to be dynamic, much like personal relationships, needing to be nurtured in order to create an environment in which expertise can be shared and Partnership goals generated and achieved (Weinstein et al., 2003). However, unlike personal relationships, these relationships need to be underpinned by a commitment to the principles of Partnership Working, recognising the value of all partners and the contribution they can make to tackling public health issues.

2.5. Building Relationships in a Partnership

To develop an effective Partnership, Kanter (1994) suggests that much like any relationship, Partnerships go through various stages of evolution, suggesting eight criteria that make up successful relationships in a Partnership, "Eight I's that Create Successful We's" (1994, p.100). Kanter describes these as: *Individual excellence* wherein each partner has a valuable contribution to bring to the relationship. Their intentions for the Partnership are positive (e.g., they intend to make a positive change, to learn from the other etc.); *Importance*, in which there are long term strategic goals on which the Partnership is founded. The relationship between partners is imperative to achieving these objectives; *Interdependence*, or in other words, partners need each other and cannot accomplish what can be accomplished as a unit alone; *Investment*, wherein partners invest in one another (e.g., sharing resources and funds, cross ownership etc.) as a way of demonstrating their loyalty and commitment to one another; *Information*, referring to partners' willingness to communicate relevant information to ensure their successful relationship. The sharing of this information can include any knowledge on a particular situation or issue or potential points of conflicts in their field; *Integration*, i.e., networking, building connections between organisations and equipping partners with necessary skills to communicate and overcome any logistical or cultural barriers that may be present; *Institutionalization*, wherein the Partnership gains formal status and each partner is aware of their personal responsibilities as well as the

responsibilities of the Partnership as a whole. The establishment of this formality ensures that group breakdown is less likely; *Integrity*, with the partners making the effort to treat one another with respect and with the intention of building mutual trust.

Indeed, as Alban-Metcalfe and Almino-Metcalfe (2010) discuss, "trust building" is a vital component of a successful Partnership. Trust is commonly defined in terms of interpersonal relations and whilst there has been substantial research and recognition of the importance of trust in a general sense, according to Tan and Lim, there tends to be a lack of exploration into the different circumstances in which there can be examples of trust on different levels (2009). The manifestation of trust depends on a variety of contexts and conditions. There needs to be a general feeling of confidence in the benefits of the collaboration; a belief that results of the Board - and the impact on the delivery of services to the community - will be enhanced because of the Partnership. In turn this confidence will underpin positive reinforcement of collaborative working as partners develop a sense of positivity associated with other partners (Alban-Metcalfe & Almino-Metcalfe, 2010). Tan and Lim hypothesized that:

> "1) Trust in co-workers is positively related to trust in organisations; 2) the positive relation between trust in co-workers and organisational commitment is fully mediated by trust in organisations and 3) that the positive relation between trust in co-workers and performance is fully mediated by trust in their organisation" (2009, p47).

Tan and Lim's study found that within any organisation, co-workers having trust in one another is vital for the health of that organisation. By having this trust in their organisation, this contributes to the achievements of the organisation's outcomes (2009). In conclusion they state that trust in co-workers relies on three perceived attributes: ability - the perceived competence of co-workers, how well information is relayed etc.; benevolence – co-workers perceiving their peers as having good intentions for them and being considerate of their wellbeing, and finally, integrity - the perception that co-workers share similar values and principles which allows them to accept their influence more freely (2009). This conclusion can be usefully extended to the level of Partnership Working.

2.6. Conflict in Partnerships

Effective relationships, as Jenks demonstrates, are often ones which are mutually beneficial and rely on authenticity, shared values and mutual respect (1970). However, Jenks clarifies that in spite of effective relationships implying agreeability on outcomes, a relationship can still be effective if the parties disagree or compete with one another. For, "people often get psychological rewards out of competitive relationships" (1970, p. 25) and, in fact, this can facilitate more authentic relationships.

In Tuckman's (1965) model of group development of "Forming, Storming, Norming and Performing", the storming stage is referred to as a phase of intergroup conflict[2]. This stage is seen as necessary to developing an effective Partnership and Egolf refers to the different forms of potential conflict in the storming stage, namely, *personal*, *interpersonal*, *task* and *administrative* conflicts (2013). *Personal conflict* refers to occasions where an individual is in conflict about an aspect of their role in the group, is perhaps concerned about group dynamics or has had an unpleasant experience in a Partnership previously. While restricted to a single member of the group, this form of conflict can affect the group dynamic as a whole, as in a Partnership each partner is expected to align their incentives with the rest of the group. Therefore, any hesitancy or resistance can undermine the group. *Interpersonal conflict* involves one or more members of the group feeling negatively towards, or having a dispute with, other members of the group. This can manifest in the group in a number of ways, such as a member asserting their dominance over other partners causing a power imbalance. This can be the result of resentment due to the perceived laziness or lack of contribution of one or more partners, or because of personal issues being brought into the Partnership space (2013). This form of conflict

[2] The Forming stage refers to group formation wherein the structure and dynamics of a group are established; the Norming stage refers to the stage of a group in which the storming phase has passed and the major conflicts have been resolved and the roles and hierarchy of the group is well established and understood; the Performing stage signifies a focus on the group task and performing individual roles whilst maintaining the collective focus of the group (see more detail in Schein, 2010; Wenger et al., 2002; Ritchie et al., 2013)

can create a hostile environment and can distract members from the purpose of their group roles and potentially delay any progress that might be necessary (2013).

Administrative conflict refers to the various administrative issues that might get in the way of task accomplishment such as scheduling conflicts (Egolf, 2013, p. 167). Essentially, in the context of Partnership Working, members of different organisations will have varying schedules which can make it difficult to agree on meeting times and can affect attendance. Finally, *task conflict* refers to conflict regarding the best way/s of carrying out or accomplishing work tasks. In the Partnership setting this might involve conflict over distribution of resources by a particular organisation; organisations might have different experiences or understanding of facets of tasks, leading to the task being implemented in conflicting ways, which can undermine the spirit and capability of the Partnership. Egolf states that sometimes task conflict can be interpersonal conflict in disguise, wherein a member of a group might criticise another member's strategy toward a task due to animosity they hold towards that member (2013).

However, authors such as Petersen (2000), DeChurch and Marks (2001) and Bradley et al. (2020) argue that task conflict can actually improve the outcomes of the group. For example, in the case of the Partnership Working, it is important that agencies share their individual expertise and listen to others, in the belief that healthy debate will “lead to innovative solutions in tackling public health issues” (Hunter & Perkins, 2012, p. 7). Additionally, Petersen states that groups who encounter task conflict are better at making decisions than those who do not experience it. This is because task conflict assists in the group gaining a better cognitive understanding of the issue being disputed and therefore generating more meaningful conversation (2000). Nevertheless, this is not to say conflict in Partnerships is always well managed. In order to manage conflict effectively, strong leadership should be in place (Zhang et al., 2011). However, there is much debate around how Partnerships should be lead.

2.7 Leadership in Partnership Working

Yukl states that defining 'leadership is arbitrary and very subjective. In relation to Partnership Working, some definitions will be more useful than others. As Yukl states, there is no "correct definition" (2002, p.4–5). Not only is leadership hard to define because of the many contexts that it is manifest but defining leadership, in relation to Partnership Working environments, adds further complexity.

2.7.1. Approaches To Leadership

In the earlier literature the terms "charismatic" and "transformational" leadership are commonly cited and often similarly defined, however there is a marked difference between the two (see articles by Bass & Riggio, 2006; McLaurin & Amri 2008; Mhatre & Riggio, 2014 etc). According to Storey (2004) the literature defines charismatic leadership in relation to six elements. A charismatic leader is described as a "heroic figure", often having a history of success proving them as a worthy leader. They are supposedly in touch with "higher truths" and have an innate wisdom which others can trust. They are seen to be driven by values rather than by self-interest (even if this may not actually be the case for some charismatic leaders). They are believed to "know the way" to success. They are a person who has a unique vision for a desirable future for the group and finally they are a person who can acquire and oversee followers (2004).

However, even within the definition of charismatic leadership, the literature differentiates "socialised" and "personalised" charismatic leadership. Conner et al. describe personalised charismatic leadership as "exploitative, non-egalitarian, and self-aggrandising" (1995, p. 532) and cite figures such as Adolf Hitler, Neville Chamberlain and J. Edgar Hoover as being such leaders (1995). Socialised charismatic leadership is described as being "empowering of subordinates, non-exploitative, and motivated to maximise the gains for the organisation without regard for their personal needs" and figures such as Martin Luther King, Mohandas Gandhi and Theodore Roosevelt are described as being such leaders.

Thus, while the purpose of charismatic leadership is based around the wisdom of a single leader as a sort of oracle, the "transformational leader", on the other hand, aims to "motivate followers to achieve performance beyond expectations by transforming followers' attitudes, beliefs, and values as opposed to simply gaining compliance" (Bass, 1985, in Rafferty & Griffin, 2004, p. 330). In both such definitions of leadership as well as a number of other notions about what it means to be a leader, a single figurehead is in some way at the forefront and has the ability to motivate a team. However, the concept of Partnership Working is one which challenges this notion. With Partnerships being made up of multiple organisations working together, Pretorius et al. discuss how the previously held notion of an organisation being a "machine" becomes obsolete, with more team inclusive approaches growing in popularity (2018).

2.7.2 How Does One Lead in a Partnership?

Armisted et al. (2007) discuss how the ambiguous nature of Partnership arrangements lead to uncertainty in power relations: who is in charge?; who makes decisions?; who is the leader and who is the follower? The possibilities for leadership in Partnership Working are seemingly endless, with the possibility for horizontal relationships or hierarchical structures (2007, p. 213). If a Partnership has a lack of clarity in how leadership should be demonstrated or divided, it can lead to an imbalance of power.

This concept of power imbalance is explored throughout the literature. Lymbery (2005) discusses the relationship between partners in Health Boards, such as the hierarchy between doctors and social workers, or directors of Health Boards and members of the voluntary sector (2005) and how each of them can be prioritised in relation to their influence on decision-making. Lymbery acknowledges that in the past, more emphasis has been placed upon Partnership Working in the medical field by the government. And whilst social workers and the voluntary sector have the potential to make a positive impact in the work done in Partnerships, they have less of a history working so closely to other sectors.

2.7.3 Collaborative Leadership

Collaborative leadership is often cited in the literature as a transformative way of sharing the power between organisations, thus the responsibilities don't fall on one single leader but on the entire group (Lawrence, 2017) Swanwick and McKimm (2017) discuss the role of collaborative leadership and state that effective collaborative leadership should draw from the personal qualities of the members rather than relying on individuals exercising their positional power. They acknowledge that Partnerships very often involve an imbalance of power, and this is accompanied by a difficulty in assigning accountability.

Being in a position of leadership in a Partnership Board requires an awareness that different agencies/organisations have individual histories, goals and core values which need to be considered, whilst also negotiating a common ground to allow for the best possible outcomes for the service users. Himmelman (1996) would call this "collaboration". Swanwick & McKimm note that "power can be gained through giving", such that there can be "power" in facilitating partners to feel they are doing an important job and that their contribution is valued (2017, p. 59).

Rubin's discussion of the "*25 dimensions of collaborative leadership*" suggests that power in Partnerships should mainly be approached to further the best interests of the partners and the organisations they represent. Like Kanter and Himmelman, they view the relationship between partners and leaders as a union that needs trust and integrity (2009, p.113). Integrity, as interpreted by Rubin, is vital to collaborative leadership and this relies on honesty, having good people skills and being viewed as dependable. Therefore, leaders need to have strategic thinking skills, drawing on the range of expertise within the Partnership to maximize the possibility of finding a workable and transferable solution. They also need to ensure that the shared goals of the Partnership remain a priority and that they are able to translate their shared vision into action, implementing change and allowing for the Partnership's success (Rubin, 2009, p. 77).

Furthermore, they should exhibit an asset-based perspective to ensure the recognition of the individual assets of each partner, allowing for equal contribution and bonds between partners to form (2009, p. 79). Another factor of great importance, according to Rubin, is that leaders of the boards should have professional credibility which assures that the other partners will have faith in those leading the Partnerships; that they are suitably qualified to lead the decision-making. However, as Rubin points out, professional expertise is not enough to ensure good leadership. Leaders do not necessarily need to be seen as more intelligent or experienced than fellow collaborators. Instead, there is the need for a level of personal skill in being able to facilitate open discussion, to uphold relevant codes of ethics, to work to professional standards and to maintain integrity within the group (ibid). However, what counts as being "credible" might not be the same in the eyes of everyone within the Partnership and there are a number of scenarios in which credibility can be put into question. Above all Rubin believes leaders should treat people "as ends not means" to achieving Partnership goals. After all, the whole point of Partnership Working is to work as partners and share expertise to solve a multidimensional problem.

2.8. Community Involvement and User Voices

In addition to building strong relationships between partners, it is also recognised that a strong connection between the Partnerships and the service users is an important feature of Partnership Working. As cited in Jelpha and Dickinson, Partnership work and joined up services have great impact on the vulnerable and those with the most complex of needs (i.e., use a range of services so would benefit from collaboration between them; 2016, p.xv) and thus as Weinstein et al. state, service users should be put at the "heart of the enterprise" (2003, p.14). Some Partnerships might involve service users in decision making and in forming Partnership goals. There are a number of reasons Partnerships might find value in service users' contributions and suggestions. A major motivation in involving service users is to collect "local knowledge" by listening to the voices of service users. It allows the Partnership Boards the ability to tackle the issues

perceived as most prominent in a particular community and can help guarantee a satisfactory response to the issues (Beresford, 2002). Another driver of community engagement has been grassroots movements such as the disability rights movement (Shakespeare, 2013). This movement highlighted the disempowering dynamic of the medical model of disability – which frames the individual as needing to be "put right" by professionals and does not make visible the disabling social and political processes embedded in our social institutions. Instead, it advocates the social model of disability which highlights the necessity of giving disabled people "choice and control over" the social care professionals that "support them" (Needham et al., 2017, p. 3).

Furthermore, those who are living in the communities that the Partnerships are focused on, and experiencing the reality of the issues of focus, arguably have a different epistemology which should be taken into account. This may have the potential of providing more value than relying on professionals narrating the personal experience of service users. If professionals alone dictate how research should take place, what should take precedence and what outcomes should be aimed for, the research may be exclusive (Lloyd et al., 2008). In addition, becoming involved with Partnerships may be extremely beneficial for service users, or even empowering. Hanley et al. (2004) and Carrick et al. (2001) argue that their involvement could potentially be transformative in and of itself, placing value on those who are typically perceived as powerless or unable to make a valid contribution. Not only would this empower the service users, through giving them a voice and valuing their "expertise", but it would also ensure that any outcomes and outputs are more likely to be successful if they embrace and reflect the lived experience of the service users (Minogue et al., 2005).

Practice like this is known as co-production. Co-production works similarly to Partnership work, although with a greater emphasis on citizen participation in the delivery of public services (Pestoff 2018: iv). Beech and Verity (2020) stress the importance of the knowledge, attitudes, and relational skills of individuals in multidisciplinary teams when working with service users. This involves understanding multiple perspectives of both

organisations and service users, acknowledging other people's expertise even when this expertise contradicts professional perspectives, and being challenged or facing disagreement in this context can enable necessary learning and the ability to empower others.

Andrews et al. discuss the credibility of "community-based participatory research" and its benefit in addressing inconsistencies in the provision of healthcare services for marginalized communities. By allowing marginalised groups to collaborate with the service providers they are able to provide details of issues which need addressing and allowing them to help shape the design and delivery of interventions, evaluation of data, and allows a kind of empowerment (2012). Nevertheless, it can also be seen that some service users have a level of scepticism towards being involved in Partnerships. Beresford (2006) proposes that the reason for this is from their past experiences with service providers and policy makers, who perhaps have made promises in the past which haven't had a follow through or perhaps that are impractical to implement. He states, "the barriers currently impeding service-user networking and the dissemination of serviceuser knowledge represent additional obstacles to such Partnership, further exacerbating inequalities of power, status and resources" (Beresford, 2006, p. 443). Indeed, when discussing involving young people in Partnerships Jupp Kina theorizes that any feelings of insecurity or discomfort in young people will discourage them from making the decision to participate (2012, p. 215). As Verschuere et al. explain, service users are not like a "jack-in-the-box" in which their engagement and enthusiasm of coproduction can be instantaneously released by someone pulling a lever (2012).

2.9. Why Do We Need Partnership Working in a Public Health Context?

To contextualise Partnership work in a public health setting, it is important to define what public health is, the areas of service provision that it encompasses and, in light of the recent global pandemic, its increasing significance in contemporary society. It can be presumed from the WHO definition of public health, "the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed

choices of society, organisations, communities and individuals" (Winslow, 1920), that the focal point of public health is to create healthy populations, whether they live in metropolitan cities or rural villages. However, a "community" or "society" may not be geographical, instead demarking a cultural, religious, or socio-economic grouping, a grouping which may experience more disadvantages than the wider society that they inhabit. This raises questions about how to "target" those most in need of health promotion.

2.9.1. Health: A Wicked Problem

Health as a general concept is considered by some academics to be a "wicked" problem. Public Health is a multi-dimensional – and multi-organisational – issue. Therefore, it cannot simply be deferred to the National Health Service or medical professionals. As the Commission on Social Determinants of Health (2008) note, the circumstances people are born into, the conditions in which they live their lives, earn their living, and grow old are directly correlated with disease, long-term illness and mortality rates. Indeed, they write that,

> "poor and unequal living conditions are the consequence of poor social policies and programmes, unfair economic arrangements, and bad politics. Action on the social determinants of health must involve the whole of government, civil society and local communities, business, global fora, and international agencies. Policies and programmes must embrace *all the key sectors of society* not just the health sector." (CSDH, 2008, p. 1)

There are, of course, some common goals and concepts which can be flagged from public health literature. These include the protection of the public from the spread of disease (Turnock, 2012), the promotion of healthy behaviours and innovation within service providers that can encourage this behaviour (Naidoo & Wills, 2005, p.8). However, promotion of healthier lifestyles and behaviours will be more effective if they prevent damaging habits and lifestyles from forming. In other words, targeting populations who are already affected by substance abuse, obesity, or mental illness may be "shutting the stable door after the horse has bolted" (Whitehead, 2004). What is more, for example, despite many public health campaigns in the UK about, say, healthy eating and exercise, obesity is still increasing, therefore it is clear that there are more factors

playing into obesity statistics other than personal choices about diet and exercise habits (see Parkinson et al., 2017). That is not to say that public health bodies should not engage with the individuals and communities experiencing these problems, but it suggests the importance of acknowledging the other factors – and agencies – that influence our physical and mental health, for better or worse.

Taking the stigma surrounding mental illness (specifically in young people, i.e., up to 24 years) as an example, Woodgate et al. (2020), talk about how experiencing mental health at a young age can be compounded by the negative interaction with others that this can entail. For instance, "experiencing stigma from staff in schools is not uncommon among youth with mental illness" (Moses, 2010 in Woodgate et al., 2020: 1492). Indeed, the relationship between teachers and young people can play a critical role in the selfperception of a young person (see Mercer & DeRosier, 2008). In addition, lack of awareness and accommodation by employers in relation to young people who are experiencing mental health problems is an issue, "coupled with the vulnerable developmental period of late adolescence/emergent adulthood, may pose additional challenges of stigma for youth with mental illness in the workforce" (Woodgate et al., 2020, p. 1492). These authors go on to say, "given the burden of mental illness on youth, their unique experience of stigma and the persistence of stigma as a wicked problem, there is a need for greater understanding of the lived experience of stigma in youth living with anxiety".

2.9.2 Wellbeing

Defining wellbeing has been an equally difficult task to researchers as defining public health and Partnership Working. In recent years (namely the past two decades according to authors such as Dodge et al., 2012 and Lambert et al., 2020) the science of wellbeing has become increasingly enhanced. While initially the wellbeing of a population was measured by the nation's GDP, connecting income to the happiness and satisfaction of the population, Lambert et al. (2020) discuss how this method of measurement has fallen

short of painting an accurate picture of wellbeing. In fact, conceptualisation of wellbeing in recent decades has more of a focus on the psychological aspect of wellbeing as well as the social, political, environmental, and biological backgrounds in which individuals grow up (2020, p. 2). Indeed, wellbeing is widely regarded as a multidimensional phenomenon which affects multiple facets of people's lives such as physical health, socioeconomic, psychological, environmental, and economic circumstances (Lewis & Rödlach, 2019, p. 357). Furthermore, external factors such as a person's access to opportunity, inequalities and prejudice can have an enormous effect on an individual or population's wellbeing and can indicate more than GDP can (Kangmennaang & Elliott, 2018).

2.9.3 The Social Determinants of Health

An important facet of health, and the persistent inequalities that contribute towards its classification as a wicked problem, is the persistent socio-economic inequalities associated with it. For Marmot, the most pervasive of these is wealth. Marmot's review, called "Fair Society, Healthy Lives" provided evidence that socio-economic inequalities have an impact on health outcomes from before birth. He states, "socially graded inequalities are present prenatally and increase through early childhood. Maternal health, including stress, diet, drug, alcohol and tobacco use during pregnancy, has significant influence on foetal and early brain development" (Marmot, 2010, p. 60). In other words, the socio-economic conditions that the child is born into lay the foundations for their entire future. For instance, women from poorer backgrounds are more likely to have a baby of low birth weight and face an increased risk of infant mortality.

What is more, those from more disadvantaged socio-economic backgrounds are more likely to live in low quality housing and to do less well in education according to Marmot.These all have a negative impact on developmental outcomes, and there is 'no evidence that entry into schooling reverses this pattern' (Marmot, 2010, p. 62). In other words, the socio-economic status of parents plays a strong role in educational outcomes

for young people. This has a cumulative effect as those with higher cognitive scores are more likely to adopt healthier lifestyles and achieve better health outcomes, including mental health (Friedli & WHO, 2009; Marmot, 2020; Ngui et al.,2010).

Engaging in poor-quality work impacts on self-esteem, social capital, physical and mental stress and vulnerability to injury. Marmot calls this 'isostrain' (Marmot 2010). People on low incomes are more likely to smoke, rely on poor quality food, be affected by crime, have an accident, with suicide and self-harm being most common in poorer areas than in wealthy areas. All of these have implications in relation to lost productivity, higher welfare payments and increased health care costs. Indeed, Marmot further argues that health of the population thrives the most when the society itself flourishes. Therefore, when there are significant social and economic inequalities within a society there are equally significant inequalities in health (Marmot, 2020). However, Marmot's review found little evidence that people fall into poverty due to their own poor lifestyle choices[3], and rather that ill health is more so the result of being in poverty itself. In addition, health inequalities are more often unequally distributed across BAME[4] groups. This is reflective of the other inequalities that faced by these groups such as socioeconomic background, access to healthcare and racial discrimination and bias (Nazroo, 2003). Health and wealth are indeed linked, with some groups (such as those with poor educational outcomes, those with disabilities, lone parents and ethnic minority groups) being more vulnerable to poverty – and therefore more vulnerable to poor physical and mental health - because of their reliance on precarious employment (Marmot 2010: 68).

2.9.4 The Impact of the COVID-19 Pandemic

The outbreak of COVID-19 is a good example of how discussions around health inequalities are relevant to contemporary times. Fauci et al, (2020) describe the virus as the latest threat to global health. Not surprisingly then the impact of COVID-19 has been highly unequal. Those on the lowest incomes and those in precarious work have been

[3] Such as unhealthy eating habits, drug and alcohol misuse etc. [4] Black Asian and Minority Ethnic

worst affected economically. Women, people with disabilities and BAME groups have also been particularly affected. For instance, there have been increased incidence of domestic violence during successive lockdowns in the UK, with the charity, Refuge, recording a 25% increase on telephone helpline and 150% increase on their web helpline . These incidents also vary according to geographical area and ethnicity, with the Fawcett Society reporting 85% women accessing domestic violence services in the Midlands are from BAME communities.

People with disabilities and people with caring responsibilities faced multiple problems, not only in relation to their enhanced vulnerability to the virus but because of their precarious position in the job market. Citizens' advice report that 1 in 4 people living with a disability (27%) face redundancy as a result of the pandemic, whilst 2 in 5 people with caring responsibilities (39%) are facing redundancy (compared to less than 1 in 10 (7%) of those who don't have children under 18; Citizens' Advice, 2020). Institute for Public Policy Research reports that the pandemic could leave over a million more people below the poverty line at year end, including 200,000 children joining the current figure of 4.2 million children living in poverty[4]. IPPR confirmed that those from more disadvantaged groups – such as people living with a disability and those with caring responsibilities - were the most at risk of being made redundant (IPPR, 2020). Of concern, these are groups who were already likely to be facing food insecurity as a result of welfare reforms since 2010 (Loopstra & Lalor, 2017).

As a result of the contested nature of the determinants of health and, indeed, ill health, embedded in the different theories about the relative influence of socioeconomic, environmental, biological, physical and emotional factors, "the meaning of public health and health promotion are themselves contested and open to misunderstandings" (Webster & French, 2002, p. 11). Understanding the aetiology of ill health – or indeed the aetiologies of different types of ill health – is necessary in order to intervene; to identify strategies to improve health outcomes and to effectively promote those

[4] see www.cpag.org.uk

strategies. Webster and French also point out that “the motivation for such interventions” is also a matter of debate (2002, p. 11).

However, for public health messages to be successful, they must be taken up by the individuals and communities. Changing behaviour – encouraging communities to engage in behaviours that will enhance their wellbeing – requires that individuals and communities are empowered. Thus, as Whitehead argues, health promotion must “radically transform” communities by involving them in “agenda setting, political lobbying and advocacy, critical consciousness-raising and social education programmes… developing participation between representative stakeholders in different sectors and agencies” (Whitehead, 2004, p.314). By seeking to empower those who are more vulnerable to ill health (as detailed above) public health policy “is necessarily political” (Whitehead, 2004, p. 315).

2.9.5 The New Public Health Agenda

In the 1980s the World Health Organisation (WHO) moved to redefine health promotion from a primarily medical (individual) focus to one based on understanding the dynamics of health and wellbeing within whole populations (WHO 1984; 1986). It also made a commitment to “develop and implement multi-sectoral public policies for health… that facilitate community empowerment together with action for health promotion, self-care and health protection throughout the life course”[5]. In addition, the UK White Paper “Our health, our care, our say: a new direction for community services” (Department of Health, 2006) set out an agenda for more service user involvement in health and social care (Realpe & Wallace, 2010, p. 10). Whilst this paper was intended for use by NHS England, its content reflects a UK-wide move towards more emphasis on community involvement.

[5] www.who.int/healthpromotion/about/goals/en

As such the issue of citizen control emerged, being articulated as a necessary development, underpinning a “new”, politically driven, public health” movement (MacDonald & Bunton, 2002, in Whitehead, 2004, p. 316).

For Whitehead, health promotion denotes a change from top down, state-driven initiatives and a move towards communities gaining more self-reliance and becoming empowered to identify their own needs and priorities for their health and pursuing those priorities through collective community action. The ideal result of this would be that the communities are empowered to be active in the development of public health policy and thus ensuring that the policies apply to community needs directly (2004). This new agenda sought to increase citizens’ control over their own health improvements (Dooris, 2013) enhancing the population’s participation in health and wellbeing goals and helping them become more informed about how to attain a healthy lifestyle (Petersen & Lupton, 1996). However, this approach is not without its challenges. Public health experts – and indeed the state – are likely to retain the authority to define norms of health and healthy behaviour and to determine which behaviours are undesirable (Dooris, 2013). Thus, there may be tensions between the priorities of local communities and those of the “experts”. As Petersen and Lupton write, the emphasis is on the obligations of individual citizens to “take up and conform to the imperatives of “expert” public health knowledges” (Petersen & Lupton 1996, p. 61). Thus, user voices may be marginalised, reproducing, “differential access to “healthy” decision-making and health care” (Harthorn and Oaks, 2003, p. 6). Indeed, as “each individual is unique so the term “health” varies from person to person and can therefore be a number of ideas that people have in their minds at different times of their lives” (Pearson, 2002, p. 45).

Nonetheless community engagement in promoting health has the potential to turn “the rhetorical value of “community”’ into “pragmatic strategies for social action on health” (South & White, 2013, p. 1). As one health visitor states, “(I) realize how important it is for people to feel in control of their lives and exercise autonomy. Instead of going in and

telling people what to do, I now make time to find out their priorities and preferences, and work together with them to achieve their goals" (in Naidoo & Willis, 2010, p. 41).

2.9.6. Definition of Partnership Working

Taking into consideration the literature's definitions of Partnership Working and the general perceptions of what makes a successful Partnership, the definition that the researcher will adopt is as follows:

Partnership Working is when groups or organisations have a shared vision or goal (as demonstrated in section 2.3.) (In our case this is wellbeing interventions and improved public health for South Wales) and are working together using each organisation's individual skills and expertise to achieve this goal (see section 2.6) In addition, within the context of improving public health, the organisations should aim not to silence the service users' voices; rather, recognise that they too have expertise that should be taken into consideration (see sections 2.8 and 2.9.5). A successful Partnership should incorporate the aspects of this definition as well as the components of the chosen model of Partnership: 1) having a shared goal and defined purpose, 2) internalization; trust between partners and defined roles for each member (equal opportunity to contribute,) (see sections 2.4 - 2.6) 3) governance; clear direction and non-dominant leadership (see section 2.7.3), and, 4) formalization; having specific tools for clarifying responsibilities and having specific tools for clarifying responsibilities and having regular feedback.

This definition was built from the researcher drawing together aspects from previously established definitions from the literature and combining these aspects into one definition. This definition was kept in mind throughout the writing process.

2.9.7 The PSBs and Public Health and Wellbeing

The Wellbeing of Future Generations Act (2015), as discussed above, established the PSB's as a means to implement The Seven Wellbeing Goals for Wales (see Figure 1) in their respective areas. These Goals are: "A Prosperous Wales": this goal refers to various economic issues such as poverty, employment/unemployment, education and Gross Domestic Product (GDP. "A Resilient Wales"; this focuses on creating and maintaining biodiversity in Wales and additionally ensuring healthy ecosystems. "A More Equal Wales"; this goal intends to work towards a society that empowers and enables the population to live up to their potential in spite of any socioeconomic disadvantages. It also aspires to a better emphasis on diversity in the workplace and in national decision making. "A Healthier Wales"; this goal focuses on the physical and mental wellbeing of the population and on understanding what factors can affect these two varieties of wellbeing and aims to support service providers in teaching service users about factors and behaviours that benefit their future health (preventative approach[1]). "A Wales of

Cohesive Communities"; is a goal focused on community wellbeing by encouraging active community engagement. "A Wales of Vibrant Culture and Thriving Welsh Language"; aims to enable the community to develop skills, namely the Welsh language to preserve the status of being a bilingual nation. The final goal is "A Globally Responsible Wales"; This goal aims for global responsibility and takes into consideration whether the efforts to improve the social, cultural, economic and environmental wellbeing of the nation can additionally make positive impact to global wellbeing (Future Generations Commissioner for Wales, 2022; see also Roberts & Howe, 2019).

Figure 1: Well-being of Future Generations (Wales) Credit: Future Generations Commissioner (2017)

Partnership working is therefore seen as pivotal to achieving these wellbeing goals. Indeed, given the multitude of factors that impact on the health (see for instance, Marmot, 2020) it is evident that enhancing public health requires a complex range of interventions.

This is particularly poignant as we see persistent wealth inequalities underpinning entrenched health inequalities. The concept of the 'wicked problem' – a complex problem requiring inter-organisational cooperation to find a solution – is therefore a useful one and one that supports the idea that agencies and professionals – as well as the communities themselves – need to work together to address poor health outcomes.

However, as the literature review reveals, the concept of 'partnership' is a contested one, both in relation to theory and practice. Healthy partnerships, in which expertise can be shared and decisions taken, require that participants feel trust and confidence in the benefits of the collaboration. As the literature explored, these can be hindered by a perceived hierarchy, lack of leadership and absence of a shared vision. Therefore, this research presented a unique opportunity to investigate partnership working at a strategic level, implementing national targets for wellbeing. Access to these Boards would allow important insight not only into the dynamics of partnership working across statutory bodies, through the direct observations of the participants, but also into the ability of the Boards to address these complex issues. What is more, the COVID-19 pandemic was an exceptional event which presented an additional opportunity to observe the impact of a real time public health crisis on the work of the Boards. This is particularly relevant in light of the increasing likelihood of future pandemics, and the emerging public health crises presented by climate change (Brown et al., 2010).

2.9.8. Study Rationale

This research proposes to investigate the various barriers and facilitators of Partnership Working in the public health field in South Wales, with a specific focus on the PSBs practices. It additionally proposes to identify potential tensions, and which are most prominent. It will furthermore aim to determine the ways in which Partnership relationships can be adjusted in order for the researcher to make valuable recommendations for ways to strengthen Partnership Working within the PSBs.

2.9.9 Objectives for Study 1

I. Identify different views of Partnership Working within PSBs;
II. Map existing Partnership Working across and within (specifically) PSBs;
III. Identify the barriers and facilitators to Partnership Working within PSBs.

3.0. Study 1: Exploring the Partnership Approach To Delivering Public Health and Wellbeing

3.1 Philosophical Approach To Research

This research project takes an interpretivist approach, adopting the stance that people's viewpoints, knowledge of reality and interpretations of phenomena are a social construction which "distinctively rules out the methods of natural science" (Eliaeson, 2002; McIntosh, 1997). This study will not generalise phenomena or report results as being definitive and applicable universally. It instead will aim to focus on creating rich insight into the specific case of Partnership Working in the public health field (specifically in the PSBs) and interpretivism is imperative in achieving this (Myers, 2008; Saunders et al., 2012; Bhattacherjee, 2012). Specifically, this study takes phenomenology as central to interpretivism, as "phenomenology is the study of human experience and of the ways things present themselves to us in and through such experience" (Sokolowski 2000, p. 2). The focus of this study is on the experiences of the PSB members, furthermore on the experiences presented to them from service users and additionally the experience of the communities during the 2020 lockdowns.

Prior to the decision to take a phenomenological approach, the researcher considered the possibility of using Grounded Theory. Grounded Theory would allow for a sizable contribution to the field of Partnership Working in public health by creating a brand-new theory generated from the collected data (Walker & Myrick, 2006). It would additionally put notable emphasis on the qualitative data collected, with theoretical understanding being deduced from the data rather than the research her setting out to prove or disprove an established theory (Cutcliffe, 2000). This is seen to be advantageous because the researcher is allowing the data to "speak for itself" rather than imposing some structure on it. The problem is that Grounded Theory can generate an unmanageable amount of data. However, the researcher was tasked to engage with existing discourse surrounding Partnership Working, in order to shed light on the barriers and opportunities that the participants on the Partnership Boards face. Given the research project was aimed at supporting professionals to engage more effectively in partnerships, and that the theory of partnership working was one supported by the Welsh Government, engaging with existing theories of partnership working was essential to addressing the research objectives. For as Sokolowski wrote 'Phenomenological statements…state the obvious and the necessary…They are not new information, but even if not new, they can still be important and illuminating' (2000, p.57).

The interviews carried out rely on the introspection of members of the Boards and aim to explore how they experience Partnership Working generally as well as how they experienced a crisis such as the pandemic and their interpretations of how their colleagues and service users experienced the crisis. Phenomenology in the case of Heidegger (1962) describes human existence in the context that “individuals cannot abstract themselves from various contexts that influence their choices and give meaning to lived experience” (Wojnar & Swanson, 2007, p. 174). In other words, it is important to consider the lived experience of individuals in the context of public health and wellbeing, as it is not possible to tackle such issues without having had known how it is to have experienced health and illness. Therefore, this research project aimed to put into context social, political and cultural factors, to help paint a richer understanding of Partnership Working and how individuals’ experiences influence the effectiveness of their ways of working (2007).

In order to ensure the accurate interpretation and understanding of participant statements, the researcher implemented a dynamic process of allowing participants to express their own understanding of the Boards, at the same time as situating that understanding in a policy context. This was approached by implementing the hermeneutic circle into the interpretation process. Debesay and colleagues explain how the process of hermeneutics is one in which we, as researchers, attempt to comprehend concepts which are viewed as generally unclear (2007). Therefore, the authors argue that the hermeneutic circle is a useful tool to facilitate interpretation, using a process of continual revision to optimise the accuracy of that interpretation. In addition, as Grodin states, when interpreting qualitative text one can only gain understanding of individual parts of it by having a concept of its whole and consequently the reverse is also true, that one can only gain the understanding of the whole by investigating its individual parts (2015). In other words, interpretation is not a linear process and thus forms a circle or cycle of understanding.

When the researcher of this study interpreted the meaning and implications of the data brought forth by participants in this study it was important to consider the various contexts and backgrounds to the bigger picture or “whole” that was the concept and practice of Partnership Working in the public health field in South Wales. This whole that had to be kept in mind whilst going through the process of finding and analysing the literature; researching the background of the PSBs; investigating the legislation surrounding the Welsh policy on public health and wellbeing. The preconceived bias of the researcher also had to be kept in mind at all times.

The hermeneutic circle was resolved by three methods in this study. The first was the researcher carrying out an extensive literature search to mitigate against biases from the

researcher. In addition, the literature search was used to identify relevant social and historical contexts that impact on public health and wellbeing interventions in South Wales as well as identifying the various definitions being used in the field, to support the researcher's understanding of the "whole". This literature also helped the researcher gain insight into why each Participants might conceptualise Partnership Working in a specific particular way. This was enhanced by the second method: using Participant interviews. This interview data revealed the various practices of Partnership Working within this context. It helped to clarify how the legislation was implemented in practice, and the meaning it had for the participants, as well as showing the tension between theory and practice which facilitated a more critical analysis of the theoretical concepts. The third method used was an analysis of the legislation, such as the Wellbeing of Future Generations (2015) Act and the 7 Wellbeing Goals for Wales, which were utilized to contextualise the need for Partnership Working in South Wales. This analysis was also necessary to critique the long-term plan from the Welsh Government, drawing on insights into the barriers and facilitators of partnership working in order to better recognise how the practice of Partnership Working may contrast with its description within the legislation. In other words, it adds another layer to the researcher's interpretation of Participant statements.

Whilst it is clear that it is not possible as a researcher to be wholly impartial in their interpretations, as Debesay and colleagues conclude, it is important that a researcher takes the time to listen and learn from their participants. In addition, it is important that the researcher acknowledges that understanding is not a fixed construct and thus time must be taken to continually refine interpretations as more information becomes available (2007).

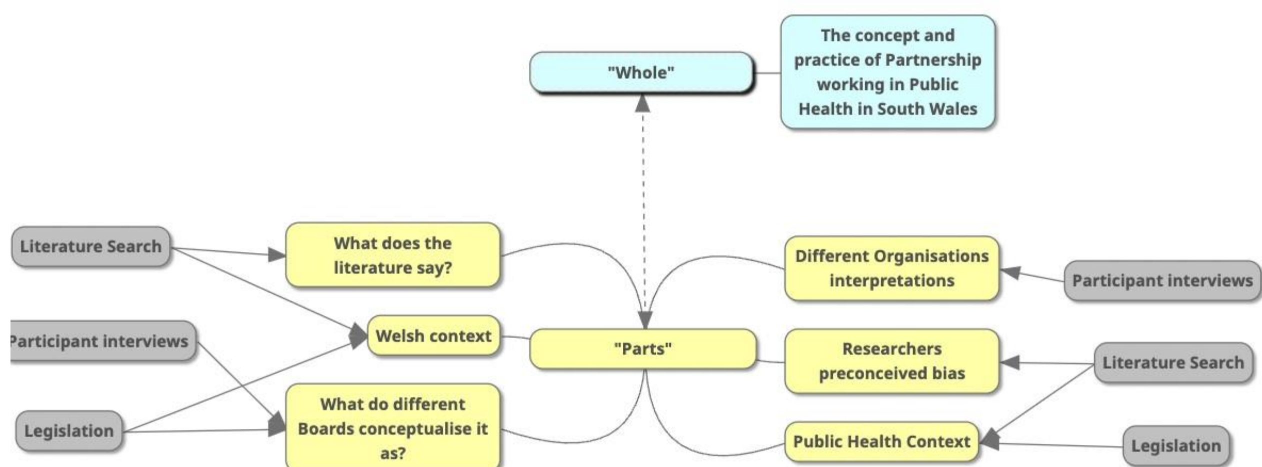


Figure 2: Image of how the researcher reconciled the Hermeneutic Circle (Image inspired by the work of Bontekoe, 1996).

Qualitative research in the public health field, according to Baum is used in three primary ways. The first, to contextualise any social, political, economic and cultural factors that might contribute to health and disease; the second, to identify the ways in which individuals and communities understand health and disease; and the third, to examine the various ways key players in the public health field interact with one another (1995). In other words, qualitative research in this field looks for explanation, comprehension and observation of the factors that surround health and disease. It investigates the involvement of key stakeholders and communities and takes into consideration the complexity of health and the multiple components that can influence unhealthy behaviours (aka wicked problems). As stated by Duhl and Hancock, “unless data are turned into stories that can be understood by all, they are not effective in any process of change, either political or administrative” (1988, p.7).

This thesis aims to explain the social, cultural and political factors acting in the background of health and wellbeing in the Cardiff and Vale area; it aims to comprehend how members of the community, members of organisations in the Partnership, as well as how the leaders of the Boards interpret health and disease and how this translates into the work done on the PSBs; and finally it aims to observe interactions between relevant parties and investigate how relationships within the Partnership structure are important to maintain.

3.2. Rationale For a Qualitative Approach

This section discusses the reasoning for adopting a qualitative approach to researching the effectiveness of the Public Service Boards in supporting Public Health initiatives. The study of public health can be approached from a quantitative perspective. Indeed, there are a range of studies that use quantitative data approaches to find causal links and observable phenomena in health. As Glass et al. state, “The history of public health and of its quantitative disciplines, epidemiology and biostatistics, can be seen as one long discourse on disease causation, the ultimate targets of which are to find and to mitigate reversible causes” (2013, p. 61). For example, qualitative studies have established links between tobacco and lung cancer[6].

Quantitative research is frequently positioned as being readily adaptable to the investigation of a range of social problems, providing objective results which allow causal links to be clearly established (Bryman, 1984). However, in recent years there has been

[6] See for instance the important study by Doll and (1950) that investigates the various causes of lung disease and lung cancer.

a move towards a qualitative approach in the public health field in the pursuit of uncovering the meaning of behaviour that impacts on health and wellbeing. As Bryman says, "because of the commitment to see through the eyes of one's subjects' close involvement is advocated" (1984, p. 78). According to Padgett (2011), whilst quantitative studies 'rely on complicated statistical analyses that require prior knowledge to decode their meaning', qualitative methods are person-centred rather than variable-centred, and focus on a specific context rather than a simple broad overview of an issue (2011, p. 2). Indeed, one of the criticisms of quantitative research is that 'the analysis of relationships between variables creates a static view of social life that is independent of people's lives' (Bryman, 2016, p. 166)

Given the need to understand the changing dynamics of Partnership Working, and the evidence provided by the participants of different levels of commitment to the Boards, the decision was made early in the research process to adopt a qualitative approach, and the use of semi-structured interviews to be the primary data collection method used in the project. As Bryman says, "qualitative research is inherently exploratory. As a result of this emphasis, the qualitative researcher embarks on a voyage of discovery rather than one of verification" (Bryman, 1984, p. 84). Baum supports this, arguing that the new public health agenda moved away from large number sets and moved towards an acknowledgement that "understanding" the needs of the community, and uncovering the social determinants that underpin them, should be the driver of public health research (1995, p. 465).

3.3. Methodology

Several methods were considered during the planning process of the project. Initially focus groups were proposed as the most fitting means to reveal multiple perspectives and demonstrate group dynamics in person, such as group interaction, power dynamics etc. (Litosseliti, 2003). They can also allow for members in the group to dictate the conversation and in turn power is more equally shared between the researcher and participants as the information can then be co-produced (Gibbs, 1997). However, whilst it was a priority for the project to allow the participants the freedom and to encourage them to share their experiences as freely and openly as possible, it was a concern that, while focus groups could allow for this, it could also be more of a challenge with all that was required of participants in a group setting[7]. Moreover, much of the discussion would

[7] In a focus group setting participants are expected to share personal experiences, take initiative and lead the conversation. It also gives them the ability to interact with other participants and ask about and share their experiences with one another. This can lead to conflict or disagreements that can be challenging to an inexperienced researcher (See Gibbs, 1997; Powell & Single, 1996; Guest et al., 2017).

include the participants' opinions regarding group dynamics, decision-making and leadership. With this in mind, it was decided that it would be harder to obtain this information within a group due to lack of anonymity amongst contributors. Focus groups are also difficult for the inexperienced researcher to manage both while conducting the session and in transcribing the data (Rabiee, 2004). The one-on-one interview is easier for the researcher to facilitate than a focus group in which participants may take the initiative. What is more, semi-structured interviews allow the interviewees to ask their own questions during the interview which is a way of encouraging them to give the researcher more information and opinions that may be useful, for example, opinions on sensitive issues. It is also a way of coaxing out reasoning behind the participants' responses in the interviews (Adams, 2015; Miles & Huberman, 1994). This is because semi-structured interviews encourage two-way communication, whilst at the same time, the "structured part of semi-structured interviews" provides the interviewer with "reliable, comparable qualitative data" (Adams, 2015).

The chosen method of analysis was in part due to the nature of the ontological approach to the research, "relativist ontology". According to Saunders et al. this means that 'reality is perceived through intersubjectivity through consideration of meanings as well as understandings of social and experiential aspects in the research' (2012). Therefore, for the analysis of the data it is important to focus on the participants' interpretations of public health, wellbeing, crime, and deviant behaviour etc. In addition, this study also takes on a subjective epistemology, which "provide[s] a clear link between the research and research subject" and "assumes that humans cannot be divided from their knowledge" (Saunders et al., 2012) and the very nature of Partnership Working is the sharing of knowledge. The partners in the PSBs all come from different organisations and agencies with different perspectives and knowledge on the issues discussed in the WBFG Act, therefore having any preconceived themes to underpin the analysis would be difficult. Therefore, themes were selected from the answers provided to the researcher following the transcription process, using an inductive process, while also taking into consideration key themes that emerged from the literature review and other relevant research. Thus, qualitative methodology is imperative to completing the research.

The researcher of this thesis conducted two studies using qualitative data. The first study was based on the original goal of the thesis, conducting semi-structured interviews to evaluate the dynamics of Partnership Working in the PSBs prior to the COVID-19 crisis, drawing on the experiences of partner organisations to identify the barriers and facilitators to effective delivery of Welsh Wellbeing goals. The second study, a case study using interviews with key members of the PSBs, was generated from the real time effects of the pandemic, mapping how the priorities of the PSBs changed from the initial

interviews and the impact that the pandemic had on the boards. Both studies were conducted during particular stages of the COVID 19 pandemic. The first interviews took place at the peak of the March 2020 lockdown and the case study interviews during the period of spring/summer 2021 in which tough restrictions were generally still in place. This second study is aimed to be a richer investigation into the very specific case of COVID-19 and how the lockdown and restrictions impacted the work of the PSBs. The intention overall of including two studies was to demonstrate how the practices and priorities of the boards are able to evolve in a public health crisis. Whilst the pandemic has proven disruptive to the collection of data in this thesis, it has subsequently allowed the opportunity to observe in real time public service responses to a global public health crisis.

4.0. Study 1 Methods

4.1. Participants

This study included 9 participants, 3 male and 6 female, who were aged between 35 and 65 years (mean age = 50.8, SD = 10.6 years). The method of sampling used in this study was purposive which was chosen to ensure that suitable informants who matched the specific inclusion criteria were represented in the research. The inclusion criteria for participation in the study was that participants had to be professionals who were actively involved or familiar with the work of one of the Partnership Boards or those who may have held a leadership position within the Boards. Each participant was required to have attended meetings regularly, communicated with the statutory partners and have an understanding of Partnership Working as a concept (the understanding of Partnership Working was clarified in the Participant Information and is based on the researcher's working definition; see Section 2.9.6). Additionally, the participant had to be professionally based in the Cardiff and Vale area as this was the area on which the study focused. Project members of the Boards who are not professionally based in the Cardiff and Vale Area were excluded. As Patton (1990) states, 'the logic and power of [purposive] sampling lies in selecting information-rich cases for study in depth' (p. 169). In other words, the sample needed for the study required participants with rich and indepth knowledge on the topic of the PSBs and Partnership Working in South Wales. Therefore, participants were identified via the recommendation of the Assistant Commissioner of the South Wales Police (the researcher's company supervisor).

Based upon the requirement to acquire participants that provided information-rich insight, a list of a number of suitable key board members across the Cardiff and Vale Boards were identified. The Boards included were the Swansea, Cardiff, Cwm Taf, Bridgend and Vale of Glamorgan PSBs. The initial intention was to choose 10 participants for interview for Study 1 and thus from that list 10 were selected who were viewed to suit the inclusion criteria most closely and it was planned to have two representative members from each PSB included.

However, in this stage of the project the first lockdown was in process and thus a number of interviews had to be rearranged and one was cancelled entirely due to the strain the pandemic had placed upon that potential participant's organisation. Therefore, nine total interviews were conducted, and the researcher was unable to represent two participants from each Board due to limited availability. Six participants were selected who sat on the Public Services Boards (PSB) and who were from various locations. Three participants were selected who did not directly sit on the Boards but who were either familiar with the work of a particular PSB or had worked closely with the partner organisations involved

with the PSB and thus potentially had valuable insight into the work of the Boards. All participants were white and British. Participants were contacted via their public email address and when accepting the invitation for the interview, were sent the Participant Information Sheet (see Appendix B) and the Participant Consent Form (see Appendix C).

4.2. Procedures

Following the receipt of ethical approval by the College of Engineering Research Ethics Committee (see Appendix A), the company supervisor of the study was used as a gatekeeper in order to identify and select suitable candidates to take part in the study based on the inclusion criteria, as discussed above.

The company supervisor directed the researcher to key individuals who were also able to signpost to membership details from the other Boards. 20 candidates were identified as eligible under the inclusion criteria. These potential participants had been informed that a study was taking place and had initially expressed an interest in taking part. While the company supervisor was a member of one of the Public Services Board, contact was initiated by the researcher, and it was made clear that the supervisor would not be informed which individuals were selected for the study.

All potential participants were contacted directly by the researcher to explain the purpose of the study, how the data would be treated, and to obtain their consent to participate. They were sent participant information which gave additional information about the purpose of the study and what would be expected of participants. This included reassurances about being able to withdraw from the study at any time and that all interview data would be anonymised. Given the company supervisor's role on the Boards, it was essential that participants were reassured that they were not obliged to participate in the study. Of the initial 20 potential participants, 9 individuals contacted the researcher directly to give their consent to be involved in the research.

4.3. Pilot Work

An interview schedule was designed in consultation with the company supervisor. This schedule was then piloted with one individual, who was not included in the main study, but who matched the inclusion criteria. The pilot interview was carried out and then discussed with the company and academic supervisors. Minor changes to the interview questions were suggested as a result of the pilot interview. (See Appendix D for the original interview questions). However, following the lockdown imposed on Wales as a result of the COVID-19 pandemic these questions had to be modified further as a new set of barriers became clear to the researcher. (See Appendix E for the modified version).

See Appendix F for a flow chart of the full procedures of this study.

4.4. Semi-Structured Interviews

As a result of the national lockdown and social distancing rules, face to face interviews were not permitted. Therefore, participants took part in one-to-one virtual interviews, either through Zoom© or Microsoft Teams©, depending on each participant's preference, to ensure COVID-19 guidelines were followed. Whilst there were formally written questions in the interview schedule, these merely acted as a guide and the directions in which the interviews flowed were influenced by the participants based on their answers. This was to ensure a conversational tone remained and so rapport between the interviewer and researcher was maintained throughout. Prior to beginning the interview each participant was thanked for their contribution to the study and the researcher informed them of the full demands required of them by the research. They were reminded that the audio of the interview was being recorded (and if on a Zoom© call the video was also being recorded) and their verbal consent for this was confirmed. They were finally reminded of their anonymity in the study and were given the opportunity to ask any questions or express any concerns before the interview. The interviews varied between 25 minutes to 60 minutes, the mean length being 41.03 minutes with a standard deviation of ± 9.5 minutes. After completing the interview questions all participants were given the opportunity to add any information or reflections about their experiences on the Boards which they felt were not encapsulated in the interview. Finally, the participants were thanked again for taking part in the study.

The themes covered in the interview questions were selected to address the research objectives. The purpose of the interviews was to explore the participants' experiences of Partnership Working in the public health field, and particularly to gain an in-depth understanding of their perceived barriers to, and facilitators of, Partnership Working. The first section of the interviews was intended to gain clarification of roles (e.g., *Do you feel your role in the Partnership is clear? To other people/to yourself?*). This was to ensure that the researcher was aware of the participant's level of involvement in the Board, as well as the way in which the Partnership was structured and managed. The interview then explored the question of whether a definition of Partnership Working was widely shared and understood by all members of the Board/s (e.g., *Does the Board have a fixed understanding of Partnership Working and does this align with your personal understanding of the term?*). Questions such as this were used to gain an understanding of the unity existing in the Boards and whether differences in understanding terminology affected Partnership relationships.

In the exploration of barriers and facilitators of Partnership Working, open-ended questions were included (e.g., *Can you think of an example of a time you believed that the Partnership accomplished a task particularly well?* and, *Do you have any suggestions about what the main constraints to effective Partnership work have been?*). The use of open-ended questions allowed the participant to share complex information about the topic without any predetermined ideas from the researcher influencing their answer (Roulston et al., 2003). Indeed, open-ended questions allow insight into themes and issues that emerge spontaneously in the conversation (Berg, 2009; Ryan et al., 2009) that might not otherwise have come to light. A limitation of using open ended questions, however, is that the interviewee cannot guarantee an answer from the participant that addresses the research question (Rapley, 2001). The interview questions in this study, however, were all carefully selected and tested in the pilot interview in order to adequately answer the research question. Additionally, clarifying to participants the purpose of the study allowed insight into what open ended questions might be searching for.

Throughout the interview process it was important that a comfortable environment was established for the participants as the researcher should pay attention and not come across as judgemental (Adams, 2015). In light of this, the priority during interviews was first and foremost to ensure participants' comfort. This was done by ensuring that participants were not interrupted while speaking, that when there were pauses in answers that the researcher would wait an adequate amount of time before moving to the next question. The researcher also refrained from commenting on answers in any way that would potentially suggest a judgement of the content was being made. As Ritchie and Lewis explain, while commenting on responses may seem helpful in establishing rapport, comments such as "that's interesting”, could be interpreted as judgemental and therefore can interrupt the flow of the interview and the comfort of the participant in sharing further information (2003). Furthermore, all interviews were concluded with a reminder of the sources of support and contact details should they need any support post interview.

4.5. Data Analysis

The data were analysed through thematic analysis using the inductive approach. Inductive thematic analysis allows the researcher to derive the meaning and generate themes directly from the data rather than having preconceived themes in mind before the data collection is carried out. As Strauss and Corbin explain, in inductive approaches; “the researcher *begins* with an area of study and allows the theory to emerge from the data” (1998, p. 12). When using the inductive approach to analysis, the themes and concepts of the study are generated from the interpretations of the researcher from deep analysis of their data transcripts (Thomas, 2006). The process of analysis involved a

deep examination of each transcript and used "line-by-line" coding to begin generating themes. Line-by-line coding is the term for literally going through an interview transcript line by line, making a "memo" of what the researcher has noticed from the statement and then assigning a term to the sentence (Khandkar, 2009). Line-by-line coding deeply familiarizes the researcher with their data, allowing for the continuous scan of possible categories and for themes to become quickly defined and differentiated from one another (Charmaz, 2014, p. 80). Additionally, as Williams and Moser (2019) confirm, the researcher was more able to identify subtleties that gave more of a nuanced understanding of the meaning of the text as opposed to coding "chunks". Coding in "chunks" involves breaking up an interview transcript into several paragraphs at a time. Whilst this is generally a quicker process, it is used for more generalisable data therefore the forementioned subtleties could be potentially missed (Manini et al., 2016).

There are, however, limitations to this method of analysis. Line-by-line coding is time consuming, and it can be unclear when to stop, however the solution to this is to simply observe when labels are being repeated and to ensure to select the most relevant themes with which to answer the research question (Khandkar, 2009). An example of the line-by-line coding used in this study is shown in Figure 1.

4.6. Trustworthiness

Several measures were taken to ensure there was trustworthiness in the study. Namely the researcher used the five definitions of quality criteria in qualitative research as set out by Korstjens and Moser (2017), based on the work of Lincoln and Guba (1985). These definitions are Credibility, Transferability, Dependability, Confirmability and Reflexivity (2017, p. 121). Efforts to ensure credibility were firstly demonstrated by the use of "prolonged engagement". "Prolonged engagement" refers to instances wherein a researcher either spends an extended amount of time with the participants of the study in their field of interest, or (as is the case for this research) involves several long-term factors, that is, a strong presence or persistent observation during a long interview, spending a substantial amount of time observing raw data and generating theories that way (2017). Prior to the interviews in depth research was carried out to gain a full understanding of the background of the PSBs. The researcher was informed by the company supervisor of the processes of the PSBs, was given access to reports, documents and minutes of meetings all of which were helpful in gaining insight into the current circumstances of the Boards[8]. Interviews involve a two-way interaction between interviewer and interviewee; therefore, the researcher must always have knowledge on the context in order to interpret statements made by the participants of the study

[8] See for example the *Review of Public Services Boards by Audit Wales* (2019) available at: https://www.audit.wales/publication/review-public-services-boards

(Carcary, 2020). When data collection was completed and the researcher began to generate themes, the data were analysed, as mentioned in the above section, by line-by-line coding. This method requires the researcher to spend a prolonged amount of time studying and familiarising themself with the content and taking time to generate themes and to reread the data and revise themes where necessary.

At this point the primary supervisor of the project acted as a critical friend to check the interpretation of the data, ensuring that potential researcher bias was exposed and addressed, enhancing credibility (Burnard, 1991). In addition, all interview questions were vetted by the company supervisor (who sits on the PSB) and were piloted in order to ensure there was sensitivity to context and that participants would not be unintentionally offended by the contents of the interviews (Yardley, 2000). As Appleton (1995) reported, consulting an expert in the field of focus can strengthen and verify categorisation of the data, ensuring the researcher is on the right track. Additionally, participants were given the option of seeing the interview questions before participating in the study. This would give them the opportunity for interviewees to prepare themselves before the interview, to clarify any areas they were uncertain about and to allow them to identify any questions they were not comfortable answering[9].

Transferability refers to whether the results of a qualitative study can be applied to different contexts or settings with different participants (Korstjens & Moser, 2017). This research project used “thick description” to ensure its transferability. As Denzin (1989) describes, thick description is more than simply noting down what someone says or does, it evokes the emotional aspects of the experience being described, the implications of the context in which it is taking place as well as the interconnected relationships that join one participant in the study to another.

In order to ensure that an outsider would be able to discern meaning from the results, the researcher spent time not only explaining the experiences and opinions of the participants but also the context behind their experiences. Thick description was used throughout this thesis including the description of the rationale for choosing the methods of the study (see the methodology and philosophy sections), description of how data were gathered in the data analysis section. The use of full illustrative quotations verbatim is another example of thick description used in the study. In addition, the researcher has used a full description of how data analysis was undertaken in the study (See Figure 1; Higgs, 2001). In addition, examples of memos - an interpretative stage between the

[9] Two participants took up this offer.

transcript and the coding - made during the line-by-line analysis are shown in Figures 1 and 7.

Lincoln and Guba suggest an audit trail is useful in assuring both dependability and confirmability, as this can demonstrate to other researchers how decisions were made in the process of data analysis (1985). Thus, the researcher kept a note of the reasoning behind changes made to the interview schedule, as demonstrated in Appendix D1. All interviews were transcribed, so that the meaning of the responses was not misinterpreted. This also permitted detection of conflicting discourses.

Finally, "reflexivity" involves the researcher's awareness of their own implicit or explicit preconceptions or biases that have the potential to steer decisions made in the process (Macbeth, 2001). In spite of the measures taken to ensure trustworthiness in this project, the researcher acknowledges that this research is interpretive and therefore recognises that objectivity cannot be fully achieved as the research relies on the assumptions and interpretations of the participants' experiences (Smith & McGannon, 2017). A full account of the reflexivity of this study will be explored further in the discussion section. The researcher has also reflected on themselves as a researcher throughout the study. This was primarily done during supervision meetings wherein feedback was reported from interviews. This allowed for the modification of interview questions and ideas were discussed and built on by both the researcher and the supervisor.

Coding Example Relationships & Partnership Working Theme	
Participant 1 Transcript	Memos and Codes
P1: *Partnership working in my working life, is about agencies usually, like in the public sector, just coming together to try and pull resources, ideas and thoughts about how they can... how things done in partnership is bigger than things they could do alone.*	Memo Pooling resources that couldn't be done in single agency - have to work together **Relationships in Partnership working theme.**
P1: *So, at some stage [partners] have to leave behind the interests of their individual organizations and think about the partnership as a whole and what that ... what those organizations can bring to the partnership, I suppose to me.*	Memo Prioritizing the partnership as a whole - self-interest affects partnership relationship. **Relationships in Partnership working theme.**
P1: *And it's identifying, you know, what they actually want to achieve, or what outcomes they're looking for, and then working together to decide how they pull resources, who can contribute*	Memo Organizations all have a use- Having a solid idea of roles- Sharing outcomes **Relationships in Partnership working theme.**

Figure 3: Line-by-line coding for Study 1.

5.0. Study 1 Results

5.1 The Difficulty of Definition

During the process of carrying out the literature review it became clear that the term "Partnership Working" is one that is highly disputed, and this was confirmed by this study as the participants themselves offered a number of different interpretations. During the interview process participants were questioned about their personal understanding of Partnership Working and their orientation towards the PSB. Participants were asked, "What do you understand by the term Partnership Working?" and "Do the Board/s use a particular definition or is it more of a general idea?". It was revealing that some of the participants were unable to give a clear definition of "Partnership Working".

> Participant 7: *I understand Partnership Working to be extraordinarily broad term. And it ranges from quite formalized statutory Partnerships through to informal working arrangements, which can be quite ad hoc. But when I talk about Partnership Working in terms of the PSB, I guess I think of …. [a] sliding scale, and that's, of course at the end of the spectrum, which is statutory... set number of partners so others come in as well. But it's an interesting example of it because it is less prescriptive than most statutorily required Partnerships.*

Participant 7 felt that there were different Partnership arrangements depending on the context; whether the arrangement was a formal requirement or was established informally. Indeed, they suggested the idea of a "spectrum" of Partnership arrangements, starting from ad hoc gatherings of stakeholders and culminating in more formal arrangements which are "statutory" Partnerships set up with a prescribed purpose in mind. Formal Partnerships, as described by the Audit Commission, are structured Partnerships which have to be established in response to a policy initiative, for instance, whilst informal Partnerships are described as ones where "organisations behave to one another as partners regardless of the formal links" (1998, p. 16).

5.1.2 Structured v Unstructured Partnerships

In discussing the formation of Partnerships, what is described as an "informal Partnership" is often cited as the starting point for a more formal or "statutory" arrangement (Derkzen et al., 2008). Informal Partnerships can provide a forum in which relationships between individuals are formed and links between organisations are established which can be beneficial to any future formal arrangements. Indeed, informal Partnerships may be more usefully understood as an aspect of the general collaboration or cooperation that can exist between agencies, which are not structured and may ebb and flow. Participant 7's description of formal Partnerships - namely the PSBs - reflects

these characteristics of formal Partnerships: having specific funding, having targets to report to, and having prescribed wellbeing goals to achieve.

> Participant 7: *I think those Partnerships are quite dictated formally by job structures….the individual…one to one Partnerships or more local Partnerships, often (are) topic driven. You know, a particular issue….might be about antisocial behaviour…. but… you sort of realized it was a topic actually, by working together with the police or working together with the fire service. (So) the opportunity to improve things…those tend to be more about personal relationships than topic driven.*

However, Participant 7 does suggest that compared to more formally recognised Partnership Boards, such as the RPBs, the PSBs', arrangements are somewhat more informal, allowing for more freedom and less of a fine-tuned structure. A distinct difference between the two forms of Partnership is that usually statutory Partnerships are funded, have access to resources and have prescribed goals from an outside body whereas informal Partnerships are generally provided with less funding. Funding, as a barrier to Partnership Working, was mentioned by participants multiple times.

> Participant 2: *There's very little funding for the Partnership. So, there's no budget, really set for the Partnership, which is quite different as for example, the Health and Social Care Partnership work….So although the partners will get involved in things like the wellbeing assessment, there's almost an expectation slightly from Welsh Government and also from the other partners that we will make that wellbeing assessment happen.*

It is worth noting that while overall, participants described the PSBs as structured and prescriptive, with a number of rules to be followed and with allocated funding, there were cuts made to funding of the PSBs during the first stages of lockdown in the 2020 pandemic.

5.1.3 Can Partnership Working Be Defined?

The responses to the question of whether Partnership Working (PW) has a set definition have been separated into four arguments. The first category assumes Partnership Working as a prescriptive phenomenon, an ideal definition outlined by Welsh Government officials and embedded in official guidelines. All participants in the Partnership are mindful of this concept of Partnership Working and share the belief that the PSB exists to carry out its task as prescribed to them. The second category presumes that Partnership Working does have a commonly agreed definition, understood by all partners. However, it also assumes that the definition is not a fixed one. Rather it can develop or change its meaning over time, giving some autonomy for the partners in how the Partnership operates, whilst still serving the agenda of the Welsh Government. In a similar vein, the third category is mindful that an official definition of Partnership Working

exists, however it can be variously interpreted by the different individuals and organisations within the Partnership. Hence each organisation or individual may adapt the definition in a way that reflects their culture of working. Lastly, in this category, the definition of Partnership Working evolves organically through the routine interaction of the individuals and organisations, as well as the work of the Partnership. Thus, partners are able to take a more active role and, as a collective, are more in control of the narrative and practices of Partnership Working.

The following segments will draw on interview data to review the issues relating to a formal definition of Partnership Working.

5.1.4 Argument 1: *"There is a Definitive Definition"*

Under the more prescriptive narrative, Participant 3, a member of the Cardiff PSB, explains how the members are given a Partnership Framework which includes Terms of Reference as well as an explanation of what the Partnership does in a formal structure.

> Participant 3: *There will be a common definition somewhere…we've got a sort of Partnership framework actually which sets these things out. So, yeah, there is a formal definition, in the Partnership framework. And within that framework it contains a bunch of things that we'd expect to see in Partnership Working, performance management stuff, risk assessment, any funding, what your membership of it is, all kinds of stuff is set out in formal guidance documents, to the council. I couldn't tell you if other public sector organisations have the same thing, but I imagine that they would.*

Interestingly Participant 3 reveals elements of both certainty and uncertainty in their response to their understanding of Partnership Working within the Board. Whilst they ascribe to the idea of a common definition as detailed in the guidelines resulting in all the partners within the PSB being "on the same page", at the same time they do not demonstrate an absolute conviction about whether a definition of Partnership Working is consistent across the participating organisations. Ironically, they argue that there IS a formal definition which they work to but later they question whether this is a common definition.

> Participant 3*: But I don't know if that's a common definition. It's really to differentiate between, you know, things... that... manage our leisure centres, for example, which is an effective contract.*

It can be presumed from their response that they are aware of a written guide of sorts, prescribing the role of the Board members in it. However, it is also apparent that communication about the optimal model of Partnership Working is not prioritised within their Board. Thus, it appears that the Board functions without ongoing reinforcement about the prescribed model of Partnership Working within meetings of the PSBs.

Nonetheless Participant 8 confirms that there are very specific and descriptive guidelines within the Wellbeing of Future Generations Act.

> Participant 8: *I mean the Public Services Board... obviously we've got the Wellbeing of Future Generations Act, which is just quite descriptive. So, it's quite set in stone what they need to do, but I've not recalled them using a specific definition of Partnership Working … Although obviously we have to follow the five ways of working... sustainable development, the integration involvement maybe you could say that was a definition in a way. Because it's integrated the work into the organisation thinking about the long-term outcomes.*

From the responses of these two participants, clearly the Welsh Government published guidelines, which provide a practical and logical framework which organisations need to follow in order to adhere to the WBFG Act. There are definite benefits, especially at the establishment stage of the Partnership, to have some written guidelines about the process of working together. However, when very prescriptive, Partnership Working can become inauthentic if it restricts the way the partners work. Creativity and flexibility of working, which may be necessary to respond to an emerging problem, could be constrained if partners feel that they have to restrict their practice in order to comply with the Welsh Government's agenda for the WBFG Act. This restriction could also detract from a genuine passion for the work of the Board. Participant 2 expresses this phenomenon and how there is a need to figure their way out of that pattern.

> Participant 2: *I think sometimes where Partnerships are set up, so for example, they're set up by maybe Welsh Government and "you must have this Partnership and these must be people on it, and this is what you must do", then you haven't necessarily come together because you think you're the right people to work together on that topic. So, it can feel a bit artificial to begin with, and you sort of need to navigate a bit around that.*

This is suggestive of a tension if Partnership Boards are set up to fulfil an official role; that they can be perceived by the individuals co-opted onto them that the building of relationships with other professionals has been imposed on them, rendering those relations "artificial" and thus lacking authenticity. Nonetheless Participant 2 also indicates that this may be a short-term tension, and that the PSB has now progressed beyond this point of inauthenticity, succeeding in building healthy relationships between partners.

> Participant 2*: I think that's where the Public Service Board has probably matured and is now a healthier Partnership than it was because people have started to learn some of the benefits of being involved. A lot of it is about establishing relationships.*

5.1.5 Argument 2: *"There is Not a Fixed Definition"*

Participant 5, who not only sits on the PSB but is also a member of a number of other local Partnerships, reflected a more complex response to Partnership Working. They agreed with the narrative that the definition of Partnership Working was prescribed by Welsh Government legislation and, specifically, the Wellbeing Act 2015:

> Participant 5*: I mean, obviously, the PSBs are created through an Act. Yeah, there was government through the Wellbeing of Future Generations Act so what they do and how they do it is, to some extent, you know, prescribed. It's, you know, it's written down in guidance and the actual Welsh government legislation.*

Nonetheless, they felt that the prescribed definition had evolved as the Partnership became more established. They also acknowledge that the formal establishment of the current Partnership Boards were the result of a past commitment to Partnership Working, with previous Partnership arrangements having been created through a number of previous Acts. Thus, Partnership Working is a dynamic practice which has evolved within Welsh policy circles.

> Participant 5: *But that cross cuts across a number of... so for instance, it recognizes that community safety Partnerships ... we're established through UK Government legislation [inaudible], as it's been subsequently amended and updated. And then you've got, so RPBs, Regional Partnership Boards, those are created through a different Welsh Government Act. So, the Health, Social services and Wellbeing Act or Social Care and Wellbeing Act which pre-dated the Future Generations Act.*

However, Participant 5 identifies that whilst the model of Partnership Working may be embedded within the guidelines this does not necessarily impact on the practice of the individual partners. In addition, this respondent indicates that the level of commitment to the Board may vary between partners.

> Participant 5: *So, you've got a multitude of Partnership definitions. And what's written down and what people do is quite often very different. And I don't think there is, you know, certainly my experience is that there is a level of commitment from local authorities and policing towards PSBs that isn't necessarily duplicated with other partners. So, thinking particularly of health boards, as an example, so certain other partners like health boards are much more focused on Regional Partnership Boards as opposed to PSBs.*

Thus, even when the Board is prescriptive, some members who sit on multiple Boards may show varying commitments to each Board. This contrasts to partners who are members of the PSB only who appear to be more committed to the PSB. Therefore, there appears to be a number of reasons for the varying commitment of some partners to the PSBs, including Partnership fatigue, varying levels of funding for the work of the Partnership, and how well the structure of each partner organisation supports the efficacy of its Board member. These will be discussed later.

5.1.6 Argument 3: *"It's Open to Interpretation"*

In relation to the question asked of participants about whether there are firm guidelines that define the Partnership, the variety of answers given by participants revealed that PW is a term open to interpretation. Indeed, the answers differed across the regions of the PSBs, specifically around the measures needed to fulfil the objectives of the Welsh Government's guidelines for the WBFG Act, and their practice of Partnership Working. However, Participant 2 did not view this as a disadvantage. Rather these different ideas within a Partnership were preferable to having rigid legislature in place.

> Participant 2: *I think there's….individual ideas….probably what you end up with is that the organisations can have different ideas about what they think a Partnership is about or what they should give to it or what they're going to get out of it. And then I think almost individuals from that organisation can have quite different views, as well. … But the beginning when the PSB was established, we sort of tried to set out what everyone should be bringing to it and what it was about, but because it was set up by legislation, they're quite dull, I suppose for want of a better word.*

For this participant the availability of individual ideas about how the Partnership should work allowed for creativity and flexibility. However, this introduces an element of uncertainty, dependent on the commitment of the individual members, and partner organisations. This contrasts with the purpose of Partnership Working: that the Partnership should create the conditions for member organisations to converge both in terms of the outcomes of the organisations and the practice of the professions. Thus, having completely contrasting interpretations of the dynamics of the Board and the generation of outcomes, could prove detrimental to the outcomes of the Partnership. This tension needs to be resolved by the partners co-creating their own definition of PW, which would not only better reflect the collective expertise of the membership but enhance "buy in" to the Partnership.

5.1.7 Argument 4: *"Partners Develop the Meaning"*

The assumption that Partnership Working comes about as a result of the partners working within the prescribed definition of PW, limited by the WG guidelines, is questioned. In fact, the development of partner relationships, through the interaction of the organisations on the Board, encourages partners to take more active control of the narrative of what PW means in theory and in practice. Participant 9 describes how the evolution of the relationships with one another, and by defining the Partnership together, has contributed to the successful delivery of outcomes.

> Participant 9*: I think initially, when things like the Public Services Board was set up, you know, it was it was really about trying to get our heads around, what was the purpose of it really, and therefore, why we'll be coming together as a Partnership...I think over time as the relationships develop, and you start to get to*

know the people on the Partnership, and you know, a bit more about what their individual bodies are looking to achieve as well. It has really generated much richer conversations. So that I think, you know, that idea around kind of delivering, delivering on a wider scale, a wider set of objectives by working together I think is starting to happen now.

Clearly the priority of the PSB should be a stronger focus on creating a working environment that is capable of supporting the establishment of strong inter-partner relationships, rather than assuming that by sitting on a Board, those relationships will happen organically. Whilst this does, and can, happen organically it is too reliant on the individual commitment of each partner on the Board, and thus any change to that membership can interrupt the dynamic. Therefore, in order for Partnerships to develop to their full capacity, not only is there need for a clear understanding of what it means to be working constructively in a Partnership, the focus also needs to be on the conditions to ensure that happens. One of those conditions is to encourage a shared understanding of the practice and culture of each of the partner organisations. As participant 7 states:

Participant 7: *An awful lot of [what PW is] is about relationships and seeing the world from our other partners' perspectives*.

Figure 4: Analysis Mind Map: Defining Partnership Working

This figure demonstrates the initial key thinking points drawn from the data analysis focused on this theme.

5.2 Relationship Dynamics in Partnership Working

Although Partnership Working as a term is contested within academia, a "Partnership" does suggest a joining or coming together of a number of agents to form a new entity with a shared purpose. Therefore, by exploring the dynamics of the relationships within the Public Services Boards, and how these have been developed since their formation, can enhance understanding of the benefits of, and barriers to, Partnership Working. The framework for Partnership Working in the official guidelines for members of the PSBs assumes that relationships have to be built and therefore many partners prioritise building these relationships. However, the focus should be on the quality of those relationships in relation to achieving the efficacy of the Board. Hostile partners will not work well together.

As Participant 9 demonstrates, largely the benefit of Partnership Working is strengthening relationships.

> Participant 9*: I think that's the real key [benefit], you know, communication and strong relationships I think, is a way to get anything delivered. I think that by having a kind of Partnership framework, it sort of forces you into making a relationship and actually then they become natural. You are starting to think from each other's perspective a lot more. Now in your everyday work, even when you're not in* ***Partnership mode****, you can think about, you know, the other partner's perspective, even when you're doing a normal day* job.

This idea of being in "Partnership mode" versus thinking from other partners' perspectives in their everyday job is one of the key goals of creating a Partnership in much of the literature (Audit Commission,1998; Mooney, 2010; Rees et al., 2012). The idea is that working in a Partnership will open up the opportunity for a different perspective and that by working in Partnership it generates a natural inclination to listening to perspectives that differ from those of the organisation the individual is part of. Knowing someone on a personal level can be a way of breaking down formal or perceived barriers to another profession which might appear as intimidating to a person not in a statutory organisation.

In addition, from Participant 8's perspective, getting to know other partners on a deeper level is often the key to succeeding at delivering outcomes.

Participant 8*: I think over time as the relationships develop, and you start to get to know the people in the Partnership, and you know a bit more about what their individual bodies are looking to achieve as well. It has really generated much richer conversations. So that I think, you know, that idea around kind of delivering, delivering on a wider scale, a wider set of objectives by working together I think is starting to happen now*.

5.2.1 How Are Partnership Relationships Developed?

Developing a strong Partnership relationship tends to be a long process and develops over time. As Participant 9 states above, being put into a situation wherein organisations have to build relationships for example, then a "natural" trust develops. Whilst it is required for partners to have relationships with each other (as this is key to delivering the outcomes), making it part of the routine professional practice of the partners can create an environment in which equality within the decision-making process comes about naturally. As will be mentioned later regarding power dynamics, any hierarchical barriers can also be broken down. Thus, a sub-theme of optimising the forming of strong working relationships seems to be that without the facilitation of such relationships between members of the Partnership, the Board could become reduced to simply ticking boxes to indicate that objectives have been met, such as writing a required report, which is missing the point of Partnership Working. Participant 2 views the personal relationships they have with the other partners as the main success of their work with the PSB.

> Participant 2: *We have really close relationships with people in all the different partner organisations. And that's very much to me about the success of Partnership Working is building those relationships. And they're probably more important than the plans and the documents and anything because they get written, but it's actually how you're doing it and how you're working with people. And that honesty.*

Participant 2 further clarifies that even when there is conflict within meetings it can be constructive. They describe an incident in particular wherein the local Health Board proposed changes to the local hospital and faced some resistance from the other members, but this situation is described as an example of a positive dynamic.

> Participant 2: *[The Health Board] brought [their proposal] to the PSB because they wanted their input on it. And actually, they got a lot of flack about it, because... a lot of them weren't happy with what they were proposing... that they'd gone about it the wrong way...So it was quite uncomfortable for our colleagues in health in some respects to have to listen to that. And it was all done very politely. But the partners weren't going to say "yeah, just do whatever you want". You know, they were like, you need to rethink this and actually now that is what the Health Board are doing, because that also echoed what the public engagement was, as well… it was a mature conversation, you know, people didn't go off in a huff.*

However, that isn't to say that the PSBs have not encountered issues with dynamics and there are a number of barriers to building and maintaining healthy Partnership relationships that have been identified.

5.2.2 Issue 1: The Difficulty of Group Dynamics

> Participant 7: *[It is important to] understand that when we change members, we need to make an effort to refresh our way of doing the group. Like team building. Yeah, it's that norming, forming, storming stuff. It really is true every time you change somebody. [it is] now a new group and the dynamic has to evolve.*

The "Norming, Forming, Storming" Participant 7 describes is in reference to an article by Tuckman (1965) which describes the stages of group development. There was evidence of the importance of these stages from the information offered by participants; that one of the main issues inhibiting the work of the Boards is a lack of engagement from participants and as stated above, particularly in newer members if the steps to help them to adapt are not carried out. This was noted by participant 7 who talked about a lack of willingness to engage positively with the rest of the group as being a major barrier. From the research it appears that there are two primary reasons why particular members might not engage positively with the Partnership. These reasons have been classified as active and passive dissociation.

Passive dissociation is the type of unwillingness described above. The term refers to instances wherein a member or members of a Board attends the Partnership meetings with the purpose of ticking a box. Participant 5 explained how the objective of Partnership Working meetings is to bring the range of knowledge and resources together in one room in order to achieve the specified outcomes. However, this requires a willingness to share that knowledge and those resources with other professionals and organisations, and a commitment to do so at the Partnership meetings, thus recognizing the importance of those meetings. Indeed, it can become a problem if the commitment is not shared by all partners equally.

> Participant 5: *If you're, if you want a Partnership to work, you know, you've all got to put resources in. Particularly with meetings, quite often what we see is a Partnership leadership board will have a Chief Executive, a Council leader and, you know, senior police officer, whatever it might be. And over a period of time, those people that find themselves too busy with their day job. So, what they think is important back at the office, and they'll send along, you know, to deputies and then there's no real commitment to getting anything done. There's a sort of reporting back thing where "I can't agree this at this meeting we'll have to take it back". So, issues don't move on, things don't get progressed. So yeah, I think it's about seeing Partnership Working as the day job as opposed to something else, they've got to do.*

The idea that there is less commitment among some partners is grounded in the idea that their role in the Partnership can become one of secondary significance from the day job within their own organisation. Participant 5 suggests that in order for priorities to be met, the commitment needs to be with their role in the Partnership. Of course, this would not be straightforward because it would require a number of changes to be made by Welsh Government and more funding to be invested into the Partnership. As this is out

of the control of individual members, passive dissociation in their Board meetings is difficult to rectify unless change happens at organisational and government levels. The other form of dissociation is active dissociation. This form is the mode most frequently reported by the participants. It refers to incidents where a member or members will attend meetings and express their opinions on the topics discussed but have a personal or organisational agendas that may or may not align with those of the Board.

> Participant 3: *I think the most obvious one is that people have got their own...alignment of incentives, which is the big issue. Everybody had their own incentives I suppose to carry on working as they were working, rather than having one overriding [incentive] which [in the case of homelessness] is to get people off the streets especially because of the virus. Something was required like that which smashed through all those barriers. But the funding wasn't there to make it happen from higher levels of government.*

Many of these members with personal agendas, which may conflict with that of the Board, have been identified as usually being members who have positions high up in the hierarchy of their organisation and therefore these voices can talk over other members within smaller organisations. This apparent hierarchy can be disruptive to the work – working relationships – of Partnership Boards.

5.2.3 Issue 2: The Imbalance of Power

> Participant 1: *There is always a potential for one or two people with a very strong voice… [who] come and promote one of their own projects as a Partnership project, but it isn't always a Partnership project. [These] people have quite big egos obviously because they think they're the most important people and they tend to get away with it too.*

This issue discussed by Participant 1 brings forward another problem in Partnership Working dynamics, which is an imbalance of power. Theoretically Partnership Working is a concept that espouses the importance of achieving equality for the voices in the Partnership. Indeed, many definitions of Partnership Working specify that all partners should have an equal voice. However, whether this aim is realistic in practice is hotly debated in much of the literature. Power dynamics can exist in a number of forms within Partnerships. For example, there is a distinct power dynamic between Welsh Government who facilitate the Partnership and the members of the boards. The Welsh Government has the power to fund or defund the board, to give or take away resources and, ultimately, dictate which Partnerships take priority and which perhaps are not given as much recognition. Another example of power dynamics that emerged in the interviews is based on the perception of a power imbalance. This is where members perceive a hierarchy based on their understanding of which public service is held as more important.

> Participant 2: *I think Partnership is quite difficult if people are perceived to have a lot more power than others for whatever reason, so that's sort of probably socially idealistic in some respects.*

From examining the PSBs, it becomes clear that there is not necessarily a hierarchical structure or at least an intentional hierarchy. However, there generally isn't enough in place to accommodate everyone being on an equal footing (i.e., there isn't enough funding to ensure this is always the case) and furthermore there isn't the training in place for a more collaborative leadership approach to take full effect. As there are separate PSBs in different regions, and the (either real or perceived) hierarchical structure, Participant 9 expresses concern about whether there is enough sharing of learning between organisations, partners, PSBs etc. They express a need to adapt the existing practices.

> Participant 9: *So, we have lots of levels of Partnership and have discussions at different levels. And I'm not sure there is any way where we share the learning if you like, you know, we've got 19 PSBs, for example. And I think... it's quite difficult to cascade that learning back down to such a massive set of individuals and organisations. So, I think good ways of sharing, good practice and learning I think would be really helpful.*

Figure 5: Analysis Mind Map: Partnership Working Relationships

This figure demonstrates the initial key thinking points drawn from the data analysis focused on this theme.

5.3 Tackling Wicked Problems

As was discovered during the process of the literature review, there are a multitude of problems faced by public services – many if not all of these could be defined as "wicked problems". These are problems that cannot be "solved" as such, as Dentonia states, but can be managed (2012). The strategies needed to manage wicked problems have been debated in Section 2.1. However, it can be argued that viewing these problems as having multiple causation, and thus requiring multidisciplinary – and organisational-collaboration to help find solutions, is a necessity. As Participant 9 states,

> Participant 9: [*Within individual organisations one can] get a little bit of tunnel vision, you know, you think, you know all the answers well actually you don't. So that approach gives you the opportunity to get someone else looking at a problem from a different perspective. And often come up with sort of fresh ideas or fresh contacts, fresh resources, fresh ways of getting money, for example, things that you haven't thought about, you know, when you've looked at it with your one-dimensional lens on.*

Indeed, by viewing wicked problems from multiple perspectives through engaging multiple organisations in the public sector, it opens up the opportunity for a richer understanding of the problem and a range of expertise to help find solutions. Much of the appeal of Partnership Working as a concept has been to be able to solve complex problems. Therefore, to assess how effectively the Boards were working and whether they were achieving the outcomes that were intended, it was important to discuss with participants the ways in which the Boards go about facing issues surrounding wicked problems.

5.3.1 Issue 1: Wicked Problems and Delivering Outcomes

The participants continuously emphasized the reasons why it was important to address wicked problems in their work together. In fact, a number of participants highlighted this in their personal definitions of Partnership Working. As the name suggests, Partnership Working in the context of public health should be a collaborative effort. Wicked problems by their very definition are problems that are extremely difficult to define and have complex aetiologies. Therefore, attempts to tackle them within a single organisation, with a singular expertise or perspective, is unlikely to be effective; as Participant 3 states:

> Participant 3: *The fact is that you have a multitude of problems facing public services, which cannot be delivered or solved by a single organisation, acting alone... [so] you need to work with others.*

Theoretically, working in Partnership should bring different voices, different perspectives and different experiences to the discussion to create a richer understanding of the deeper issues faced by the PSBs. This is not to say that this task is an easy one and requires much of the relationship building discussed earlier in the chapter.

> Participant 6: *It's about different individuals, different organisations, different teams, and coming together to identify where there are common areas of interest and vision and objective and seeing how they can work together to try and address those issues.*

Participant 7 describes how in coming together in Partnership, partners from various organisations know a great deal about the other and are able to identify the ways in which the problems they tackle can intersect with other organisations.

> Participant 7: *We learn how other organisations see the world; we learn how other organisations tackle problems. And sometimes those problems are very similar to problems we are trying to solve elsewhere.*

The learning process described is a key factor to consider when trying to solve wicked problems present in the wellbeing objectives of the PSBs and so as described above, relationship dynamics are a big part of this. Because of the significance of wicked problems to the Partnership Working model, it was important to understand how partners work with one another to try and solve these problems. This can include decision making, projects that the participants might have been involved in as well as their attitudes towards the issues.

5.3.2 Issue 2: Experiences Addressing Wicked Problems

Participants were asked to recount instances wherein they believed their Partnership has worked particularly well together in trying to solve wicked problems. One example from Participant 2 describes the complex problem of adverse childhood experience and how both academic literature and professional experience reveals why Partnership Working is so important as a practice.

> Participant 2: *I know a lot of the work that's been happening around adverse childhood experiences and recognizing the sort of the prevention angle and the intervention and the support that's needed for young people…[They are] actually recognizing the reasons for why children might be behaving ["badly'] in school … there's a need to take time to sort of find out what that is, rather than I suppose where children used to just be labelled as naughty or difficult… The child or the family might need greater support and actually those agencies can work together to support the whole family.*

In the example described by Participant 2, the effort to recognise the various factors that might contribute to a young person's behaviour, could not be done without the communication between the various agencies that would encounter young people and families. As explained, young people can be portrayed as disruptive or deviant without examining the underlying issues that might be influential. In fact, a number of interacting factors could underpin this behaviour. These factors might include the young person having an undiagnosed learning difficulty or disability; living in an environment in which they are neglected or face abuse; living in a low-income household; bereavement and so on. Having the Partnership Working closely together allows them to develop a broader understanding of the impact on a young person when living in adverse conditions. Acknowledging the multidimensionality of adversity would allow for the implementation of more effective intervention and support for the young person and their family. Another issue highlighted by Participant 6 was about health inequalities and poverty.

> Participant 6: *If we think of poverty, for example, health, we know that people's health is hugely impacted by poverty. So, the huge health inequalities that we have, nationally and locally, are very much down to different levels of deprivation. I think the people will quote the number of ... the difference in mortality rates and sort of life expectancy and healthy life expectancy for different populations. And that's very much the case locally for us as well as nationally. And so, it's very much about trying to reduce those health inequalities and that is what interests me, I guess. That opportunity to look widely so that we're all working to try and improve people's health outcomes.*

Participant 6 describes their interest in Partnership Working being motivated by having the opportunity to tackle wicked problems, such as tackling poor housing, in order to help improve people's health outcomes. By having a Partnership Working together in order to assess how each partner can help bring their expertise to the table, tackling such complex problems becomes more possible. The participant mentions how, to be on the Public Services Board means facilitates widening the horizon of possibilities and allowing partners to become aware that an issue viewed from their narrow, professional perspective might obscure the complexity of a problem and lead to an ineffective solution.

This is a theme that has emerged throughout the interviews.

5.3.3 Issue 3: Barriers to Tackling Wicked Problems

During the early stages of interviews, when asked to list some of the difficulties of working in the PSBs and identify the barriers to effective Partnership Working, a large number of themes emerged around the importance of relationship dynamics. However, regarding barriers to tackling wicked problems there was a more mixed response. Participant 9 cited that to work in the PSB at times could feel pointless and superfluous if not enough effort was put into achieving outcomes.

> Participant 9: *[Sometimes] Partnerships can just feel like a bit of a waste of time, you know, you've spent all the effort in setting up the meetings and having the meeting but actually the meeting doesn't achieve anything, its what people go away and do outside the meeting that is important and bringing that back. I think all too often people see attending the meeting as being the outcome, whereas it's not just an output, you know, the outcome needs the effort put in outside of the meeting.*

In fact, participant 9 identifies that action taken outside of the Board meeting setting was more important than actions taken within meetings. This echoes the idea of passive and active dissociation, members viewing meetings as the outcome and putting less effort into external work. Whilst attending Board meetings is a formal – and important - demonstration of participation in working towards the outcomes of the WBFG Act, Participant 9 highlights the importance of active engagement, with partners needing to view their role on the board as facilitating them to better be able to do their "day job". Participant 8 further emphasises the need for partners to not only have a commitment to the aims of the Board but also to the spirit of what the Board represents. Therefore, just attending Board meetings is not enough, members have to be committed to use their expertise to enhance the knowledge of the Board and contribute to meeting the Partnership objectives.

> Participant 8: *Some wellbeing objectives that we have set hadn't progressed when we did the review... I would say it's probably because the key agencies didn't commit. Maybe [they] weren't involved enough and they didn't have the commitment to take the work forward. It seems like, you know, unless you have someone really driving.... You need to really have a drive in [the] work for it to really take off. Like, if you can agree on lots of lots of things. "Oh yeah, that's a really good idea to do that". But then you come back and meet a couple months later, nothing's actually happened, because you need the resource really to drive the work.*

As mentioned too, participant 8 also claims that resources are needed in maintaining this commitment from partners. This further emphasises that if the PSBs were to be taken more seriously by Welsh Government, and if this were to be reflected in more funding, this could perhaps encourage those seemingly less committed, into further action and drive objectives forward more quickly. There is however evidence that this could be happening more in the wake of the unexpected changes occurring due to the pandemic. This is addressed in the Case Study in chapter 7.0.

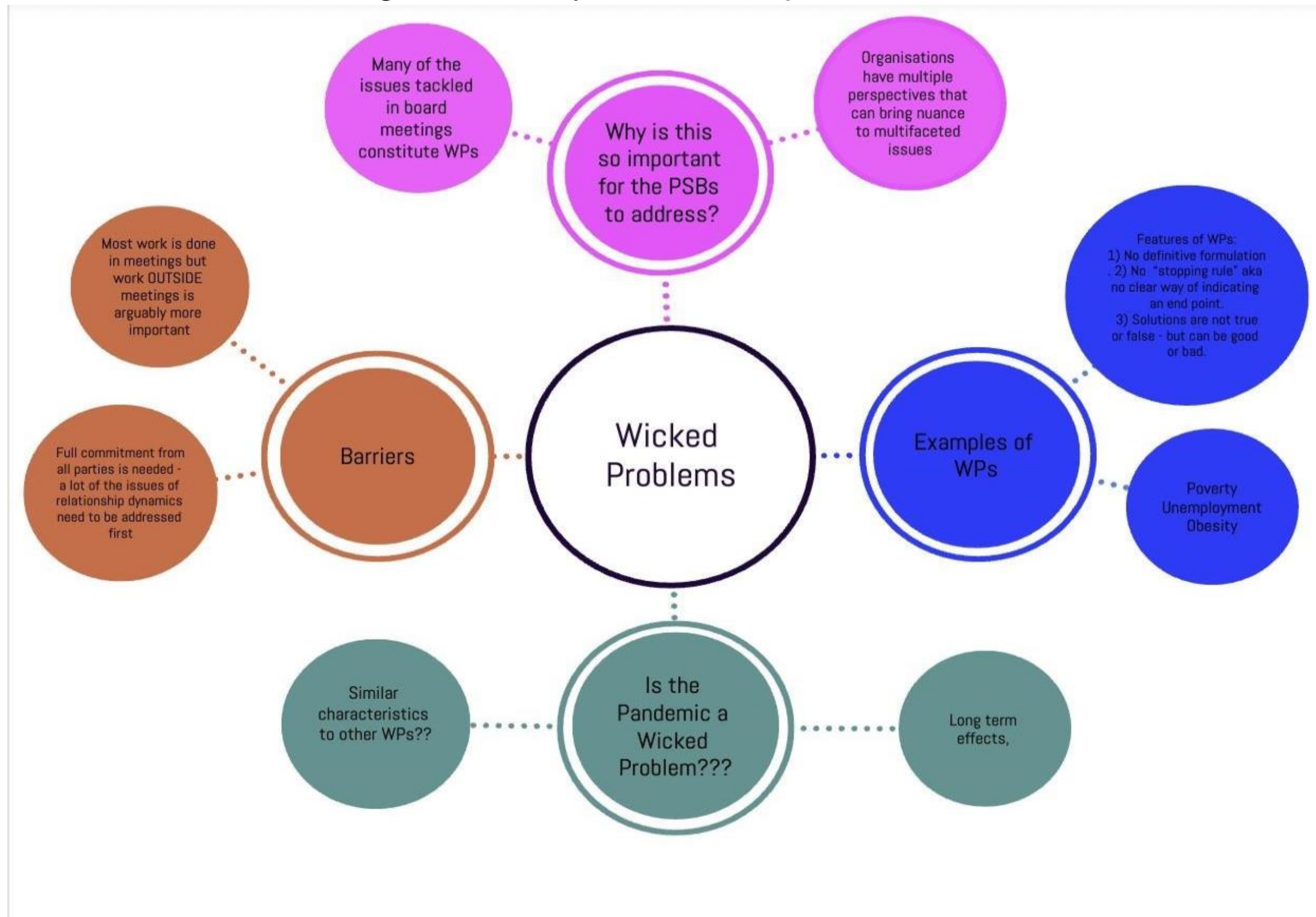
Participant 9 explored the issue of power dynamics. This was particularly evident in the pursuit of solutions to complex problems such as poverty and health inequalities. In the face of such persistent problems, participant 9 states that statutory bodies, such as the health boards, are more likely to take the lead because they are perceived to have greatest expertise in this area. However, this is to the detriment of smaller organisations who may be undervalued and discouraged from sharing their perspective.

> Participant 9: *There are probably two or three… big players, [who] probably punch above their weight … that's usually the local authorities and the health board. I think, because a lot of the objectives that the WBFG Act is trying to address are around things like health inequality and poverty [etc.] … therefore, it's kind of natural that they take the lead …So it's more about trying to find ways to think about this particular problem in a different way, from the perspective that [smaller agencies are] coming from, it can add extra value, [the point of Partnerships is] usually about adding extra value rather than solving the core problem. I think that's where the smaller partners maybe find it a little bit more engaging, to get their voices heard or particularly to actually raise stuff to put on the agenda in the first place because it probably feels a little bit niche on occasions, and they probably feel that some of the bigger partners aren't likely interested or want to get as involved perhaps.*

This could lead to the local and personal perspective being side-lined, and innovation being stifled. Smaller organisations may represent the voices of local groups and individuals and offer a perspective on a wicked problem that encourages different experiences of a problem to be implemented. This is critical as the key to addressing wicked problems is to seek multiple perspectives, with input from every organisation in the PSB, to inform new ways of working and create a fresh outlook on the issue. Indeed, there is a need for the Board to recognise the value of different types of expertise, to learn from different perspectives, including the layperson (Kotzee, 2014). As community engagement literature reveals, there is value in seeing the perspectives of the wider community and service users. This allows for a broader picture, the lived experience of wicked problems. As Participant 8 states:

Participant 8: *Communities need to be involved… I'd say that what interests me the most really is the community involvement...it's nice to see, you know, things happening that the community [when they] have been involved in from the start, and they can they're part of the outcome and they can see the results. So, I think that's a really positive way to move forward.*

Figure 6: Analysis Mind Map: Wicked Problems[10]



This figure demonstrates the initial key thinking points drawn from the data analysis focused on this theme.

[10] Note that in the "Examples of Wicked Problems" bubble, features of Rittel and Webber's (1973) definition of Wicked problems are listed (p. 155-169

5.4 The Importance of Community Voices

As discussed in section 2.1, public health as a term is largely defined as "the health of a population as a whole". However, public health is a broad and complex subject. There are a number of contradictory ideas about how it should be tackled (see section 2.9). Therefore, involving communities and individuals in constructing policies and strategies to enhance health can feel daunting. Number 7 of the Seven Wellbeing Goals named in the Wellbeing of Future Generations Act (2015), recognises a need for "A Wales of Cohesive Communities". The sub-objectives include: "People active in their communities": creating the means in which members of the communities are able to play an active role in the things that matter to them in their community; "Connected communities": supporting members of communities in staying connected to other members; "Access to key wellbeing services": ensuring communities have access to services such as education, health, housing and transport etc. to ensure the wellbeing of the members of the community as well as supporting the local economy; "Community anchor organisations": valuing the roles that community anchor organisations play in building unified communities. Therefore, achieving the desired outcome of Cohesive Communities requires involvement of the community in question in the work of the PSBs. The participants recognised this and explored why this is becoming more important to the work of the PSBs.

> Participant 4: *Service users are involved when appropriate. This has become more prevalent over the last 12 – 18 months*

Though engaging more with their service user communities was a sentiment participants were eager to pursue in the future, there did not appear to be an agreed strategy for implementing this.

5.4.1 Issue 1: The Need For Community Expertise

Participant 7 emphasised how the inclusion of service users' voices is a step in understanding what health needs are present within the PSBs community.

> Participant 7: *I think it starts from the real lives of real people [which] interact with a whole range of organisations and single organisations in a number of ways... if we don't [integrate] service users and organisations... We don't always understand the challenges that poses.*

Participant 7's sentiment is that service users have an "expertise" in their own right. Having an active voice regarding the public health of the community not only emphasises this "expertise" but also provides a foundation to potentially empower disadvantaged communities, as community engagement provides "a real and objective ability to accomplish something in the world that enables the expert either to give advice to others, or to act on others' behalf" (Kotzee, 2012, p. 167). This is also echoed in literature on the benefits of co-production, where communities play a leading role in the construction and implementation of policy initiatives. The sentiment from participant 8 is that community involvement should be integrated within the structure of the Partnerships from the start of their work.

> Participant 8: *I'm quite interested in the community involvement in things going forward. Involving the community is something that I'd like to see more of really... from the start, and just listening to what people have to say and listening to if things are not going well.*

5.4.2 Issue 2: The Challenge of Engagement

Whilst a few participants did report that they intended to, or have actively tried to, involve communities, there was some scepticism about the practicalities of regular community engagement. Participant 9, whilst agreeing in theory that they find community engagement to be important, reported that they felt it was a difficult task to fulfil successfully. Not only that but when communities were engaged in public discussions, they were disappointed in the lack of knowledge within the community about the work they were doing in public health.

> Participant 9: *We've tried sort of various community [meetings] both formal level and informal. We thought we would try and engage with the public around...wellbeing and future generation stuff, which is a little bit dry. So, it's about how to try and find a way to do that in a way that's kind of engaging, [because] on the day, it really felt quite disappointing. You'd kind of go and talk to people and they'd be like "I've never heard of the Public Service Board" "never heard of Future Generation and Wellbeing Act" or you know, "Yeah, it's really important that this is solved"; But would they be happy to come along and help? No. So, you know, you can get quite closed reaction.*

A lack of understanding of, or willingness to understand, the ways in which the Public Services Boards work was also a challenge reported by Participant 7:

> Participant 7: *I would say that actually the general public is probably hardly aware of the PSBs' existence.*

There may be numerous reasons why partner organisations have difficulties engaging with communities. It may not be a lack of willingness to engage but that communities do

not have the knowledge and/or capacity to engage. This could be due to partner organisations lacking the resources to engage with individuals and communities, such as holding events or providing promotional materials to engage their interest. As Participant 4 states, some organisations do engage communities better than others, which stems from having the resources and a duty to engage:

> Participant 4: *All the organisations have different duties around how they engage with communities. In reality, some organisations do it better than others. Some organisations have more of a resource for doing that. I suspect that resource is ever dwindling.*

In addition, this dialogue between particular organisations and communities does not necessarily allow for diverse voices to be heard and often it is the same individuals who get involved, or who are invited to get involved.

> Participant 4: *I think the local authorities are slightly better [than other partners] at having more ongoing mechanisms of dialogue. But, in reality, it's dialogue with the same set of people all the time and we all find it challenging to actually engage with more seldom heard voices.*

Whilst having and maintaining a relationship with a particular individual or community is a positive achievement and is likely to be useful in helping to understand some community needs, it may not be representative of all the needs in the community. Therefore, it is important for partners to reach out to, and listen to, the seldom heard voices mentioned. In fact, Participant 9 reported that those community voices that do engage can be narrow, contradictory and conflicting. They report an unhelpful dynamic wherein community representatives have a tendency to push forward ideas or agendas that are suited to their personal worldviews, rather than looking at an issue objectively, or consulting more widely with their fellow community members.

> Participant 9: *I think from communities when you try to address them on a kind of one-on-one basis, and it tends to then be the kind of the vociferous minorities that tend to have a much bigger voice, rather than, you know, what actually will benefit the majority. And I think that's the hardest bit, I think, getting service users genuinely involved in something which is so broad in its thinking.*

Nevertheless, some one-off community events have shown signs of success but ongoing engagement – more routine involvement of community representatives and service users within the Board meetings - was cited as being harder to implement.

> Participant 7: *We've involved three young people's groups in the discussion of climate change. There's been consultation on the wellbeing plan and measures, which... they put a lot of effort into going out and trying to get people to be aware of it and to understand and contribute. And we had then a big session on what that had shown us. But it is difficult to see how you would engage the community a lot in a Board meeting. They aren't public.*

Whilst there might be difficulties in this endeavour, the COVID-19 pandemic in particular brought into focus how important working with communities can be. Participant 1 discussed how when addressing inequalities in salaries, low paying jobs and poverty in the past, the general sentiment was that more people in the community require training to get higher paying jobs and acquire more "skilled" work. However, the pandemic shed a light on the importance of the work done by blue collar workers.

> Participant 1: *The suggestion [is] that addressing inequality and salaries and stuff needs more training…people need more training, people need more qualifications for that, but I've never agreed to that, because we need entry level people. We need carers, we need road sweepers, we need bus drivers. We need all those people and I think this has demonstrated that and that what we need to do is pay those people properly. Not try and upskill them to get different jobs because you always need people to do those jobs. And what we need to do is pay those people properly. And I think some of that is coming through now, isn't it?*

Working more closely with communities could allow for the recognition and engagement of previously undervalued and low paid occupations. This is particularly important as health and wealth are interlinked (Marmot, 2020). Boards like the PSBs could work with the unskilled workforce, to hear their voices and understand their challenges in order to better meet their needs. Indeed, the pandemic brought a number of important, but previously marginalised, voices into the forefront. This will be the focus of the following section on what has been termed a "super wicked problem": COVID-19.

Figure 7: Analysis Mind Map: Community Voices

This figure demonstrates the initial key thinking points drawn from the data analysis focused on this theme

5.5 Public Health in a Pandemic; a “Super-Wicked” Problem

This study had initially set out to investigate how Partnership Working tackled wicked problems as described in the section 5.4. However, numerous changes had to be made in response to the outbreak of COVID-19 and subsequent lockdowns. PSBs were faced with the biggest public health crisis of their time, and it soon became clear that in addition to working towards tackling existing complex health problems, COVID-19 in itself could be defined as a wicked problem. In fact, authors such as Maccarthaigh (2020) believes that COVID-19 could be referred to as a "super-wicked" problem.

Wicked problems have a number of features, which will be explored in more detail in the discussion section (8.0). However, one specific feature is the fact that there is no concrete solution for this type of problem which often means that a problem may be mitigated against but not solved. In fact, Auld and colleagues recognize four additional features to the definition of a wicked problem that heighten the wickedness and make it a "super-wicked" problem. These are that the problem is likely to have severe consequences but that “time is running out” to mitigate against those consequences (2020, p. 2). Another factor is the lack of a central authority who can coordinate action to try and tackle the problem. As Auld et al. describe, in the case of COVID-19, the authority is indeed decentralised and subsequently whilst each country sets their own guidelines and restrictions, they are still required to adhere to international travel and border rules.

Additionally, another factor of a "super-wicked" problem is that “those seeking to end the problem are also causing it”. This can be applied to COVID-19 in a similar manner to how it is often described in relation to climate change (Levin et al., 2012; Sun & Yang, 2016). Unlike certain wicked problems such as tobacco control, wherein there are divisive perspectives and a clear support *for* and opposition *against* the issue, in relation to COVID-19 and climate change this is not the case. The population has a vested interest in ending climate change and in stopping the spread of COVID-19 but are nevertheless implicated in the cause of the wicked problem. In other words, as Auld and colleagues summarise, the actions needed to combat the pandemic require social and economic sacrifice therefore creating resistance to changing behaviours.

The final factor of super-wicked problems is identified as “policies discounting the future irrationally”. In other words, when faced with a super-wicked problem, even considering the overwhelming scientific information available, policies that are made reflect short term solutions without taking into consideration potential future detrimental effects (Levin et al, 2020). Lipton and colleagues use the example of politicians in Italy and the United States who initially reacted to reports of COVID-19 with scepticism and were reluctant to

implement measures early on despite the scientific evidence presented to them (Lipton et al. 2020)

5.5.1 Issue 1: The Challenges of Super Wicked Problems and The Work of the PSBs

In the planning stages of the interview process the aim had been, initially, to observe the current state of the PSBs which had been established for some time. The intention of this study was to identify barriers to effective Partnership Working, through listening to participants' testimonies about relationship dynamics and other potential issues that might detract from the work of the PSBs. Thus, the qualitative study also aimed to assess the effectiveness of the Partnerships in tackling these issues. However, as the interview schedules were being developed the COVID-19 virus was classified as a pandemic and lockdown measures were put into place (Jebril, 2020). Not only did this significantly delay the process of the interviews, but the Partnership members themselves were unable to attend meetings in person and normal working practices were interrupted. In addition, public health has become a government priority and thus the work of PSBs potentially more prominent.

> Participant 4: *The current situation has meant that organisations have had to work as a Partnership more than ever before. I am confident that this Partnership Work will continue long after the COVID emergency has gone.*

Initial understanding of the pandemic, and how to respond to it in relation to the work of the PSBs, was limited, making the delivery of Partnership outcomes a more challenging task.

> Participant 9: *It's promoted Partnership Working, again, from the point of view of building those relationships or whatever, but I think it has really hindered the delivery of outcomes, if you like.*

In spite of the many strains and difficulties the pandemic caused to this research project, it also opened up the opportunity to explore how the PSBs dealt with a public health crisis such as COVID-19. In relation to the interview process, it was a unique opportunity to talk about developing relationships and Partnerships, the dynamics between partners and the importance of pooling resources in developing public health responses. However, it also became important to discuss with partners their predictions about how their particular Board would evolve and adapt as a result of the pandemic. This was especially relevant as the participants worked within the field of public health and had

expertise that could be drawn on to predict how things might progress, both in terms of community health and in terms of the working practices of the PSBs.

5.5.2 Issue 2: The significance of the PSBs in a Global Pandemic

Due to COVID-19 and the problems of lockdown the interview process had to be spread over a period of 4 months. As a result of this fast-evolving public health situation, an unintentional advantage emerged: the research was able to track adjustments to the PSBs and observe the participants' observations about the impact the pandemic would have on the work of the Boards. In many ways this public health crisis emphasised why – and indeed tested the effectiveness of - the Welsh government prioritised enhancing wellbeing as encapsulated in the WBFG Act. Whilst this work has had a significance in the past, a global pandemic has opened up a public discourse, bringing to the forefront the idea of engaging communities into conversations around public health.

> Participant 9: *For some of the long return elements and stuff that is not specifically related to COVID, as I said, I think has just fallen down the agenda a little bit, we've had to reprioritize all partners, but in terms of actually how the Partnerships are working, I think it's probably strengthened [as a dynamic], you know, because I think, you know, we've managed to keep the Partnership Boards on the whole going. Then on top of that, there's been you know, there's been extra stuff around the local resilience forum so that you know, the Partnerships that actually deal with the pandemic emergency itself, you know, they've been meeting weekly, which wouldn't have happened outside of this. So again, you've had the opportunity to build up those relationships with those partners that you know, you wouldn't necessarily come into contact with as often as we are at the moment.*

A significant finding that emerged from the interviews was that some of the perceived difficulties in the PSBs could now be addressed because of the changes made during the pandemic.

> Participant 9: *One of the difficulties around Partnerships [pre-lockdown] were that I would have to attend the Partnership meeting in the north of my patch … for me, that's an hour and a half trip for a one-hour meeting… whereas most of them would have been more local to where the meetings. When [in the past] I've tried to get set up sort of remote video or telephone conferencing, it's generally been a bit of a disaster because they either didn't have to set up to do it, or they weren't used to running meetings in that way. [So, at the time] it was really hard to engage. But I think we've all learned massively through COVID how to use technology better and even to the point where now you can do workshops online and those kinds of things so actually, they work really well. I think that will kind of change how the Boards work into the future as well.*

Participant 9 highlights that COVID restrictions gave insight into how adjustments can be made to existing working practices that might otherwise not occur. Relying solely on technology in the past appeared to participants to be out of the question. Among other things, generationally, the members of the PSB have not had to, or wanted to, rely on technology quite so much. Therefore, it could have been a difficult adjustment for some

Board members. However, according to the participants in the study, this did not seem to be perceived as such an issue as may have been predicted. Members of the Boards were able and willing to adjust accordingly. As Participant 2 states:

> Participant 2: *We've got to reflect on how we worked and reflect on some of these things that have come a bit more to the forefront. I think it's going to be quite interesting now in the coming months, both in terms of how we manage it, what we're focusing on, and even once we've agreed what it is we want to do… how we make that happen, I think.*

A perception discussed in section 5.4.2 of this chapter, was the idea that the public have either not shown a significant interest in the work of the PSBs or have had a lack of awareness of the importance of the work that the Boards do for their well-being and physical and mental health. However, this is a pattern has been reversed following the early stages of the pandemic.

> Participant 8*: I think we saw something happening in the COVID lockdown where the community did it all themselves and they got together, and they supported each other. So, I think that's something that we want to build going forward. Obviously, a lot of engagement type stuff is hard, because of social distancing, but I definitely think that community involvement is key to moving forward particularly with the recovery in the community.*

Participant 6 emphasises that there have been no significant changes to the priorities rooted in the core of their organisation and the Board they sit on, however what has been different is the recognition of this work being done.

> Participant 6: *All organisations are using the same resources... all those sorts of public health type messages, issues around... services and how you manage and support for particular vulnerable groups ... and conversations around mental health and around domestic violence. None of those are new to the PSB, but I suppose they've had a particular significance during the COVID period.*

Participant 6 further highlights:

> Participant 6: *I think if we see how with the RPB a lot of money comes down from Welsh Government, core funding for health and social care gets diverted into specific schemes that are funded through the RPB. Unless the PSB agenda or work is very much seen as core business or essential to the partner organisations, it stands much less chance of being delivered because everybody is so focused on core business and providing essential services.*

It appears then, that the value of Partnership Working boards is often perceived to be reflected in the amount of funding given to the board by the Welsh Government. As a result, to a number of participants, there can be a level of frustration at the lack of recognition of the important work done by the PSB. Participant 8 demonstrates that in

wake of the pandemic there should be some more flexibility, in terms of how Welsh Government implements the wellbeing objectives and additionally the ways in which funding is distributed to the Boards.

> Participant 8: *I think that [more] flexibility should be there. I think probably it is at the moment because I think Welsh Government understands that Partnerships need to react to you know, what is the current situation really. I also think more funding would help. But I think like, you know, a commitment to, to more funding to like resource we're going forward would obviously help. So, we'll see.*

The participant demonstrates a level of optimism and acknowledges that Welsh Government has already began to make accommodations. Indeed, in wake of the growing significance of public health in the pandemic, there is feasibly room for a shift in how the PSBs importance is viewed by funding bodies.

5.5.3 Issue 3: New Ways of Working?

Much of what has been discussed in this chapter so far, revolves around the difficulties of Partnership dynamics and members of Partnerships perhaps being motivated only to fulfil the regulated aspects of Partnership Working. A need for a shift in some of the ways of working has been suggested by a number of participants within this study, such as new ways to build Partnership relationships and to include communities etc. In conducting this study in the midst of a global pandemic however, it has become clear that a natural shift to the PSBs ways of working has already started to occur.

For example, Participant 1 notes the way in which the pandemic forced the PSBs to almost entirely change how they worked.

> Participant 1: *Our world in particular ... my world, you know, a lot of it revolves around meetings and papers and agendas and deadlines. All those things, which over the last eight weeks [as of April 2020] have all gone out the window. You know everyone has been making decisions without the structure I suppose that goes behind it, and maybe some of that will stay with us maybe. That won't necessarily be a bad thing I don't think. Just the way we work, you know, all of it for us in particular as they go back to operational stuff, it's been a real worry you know, I worried about going into lockdown.*

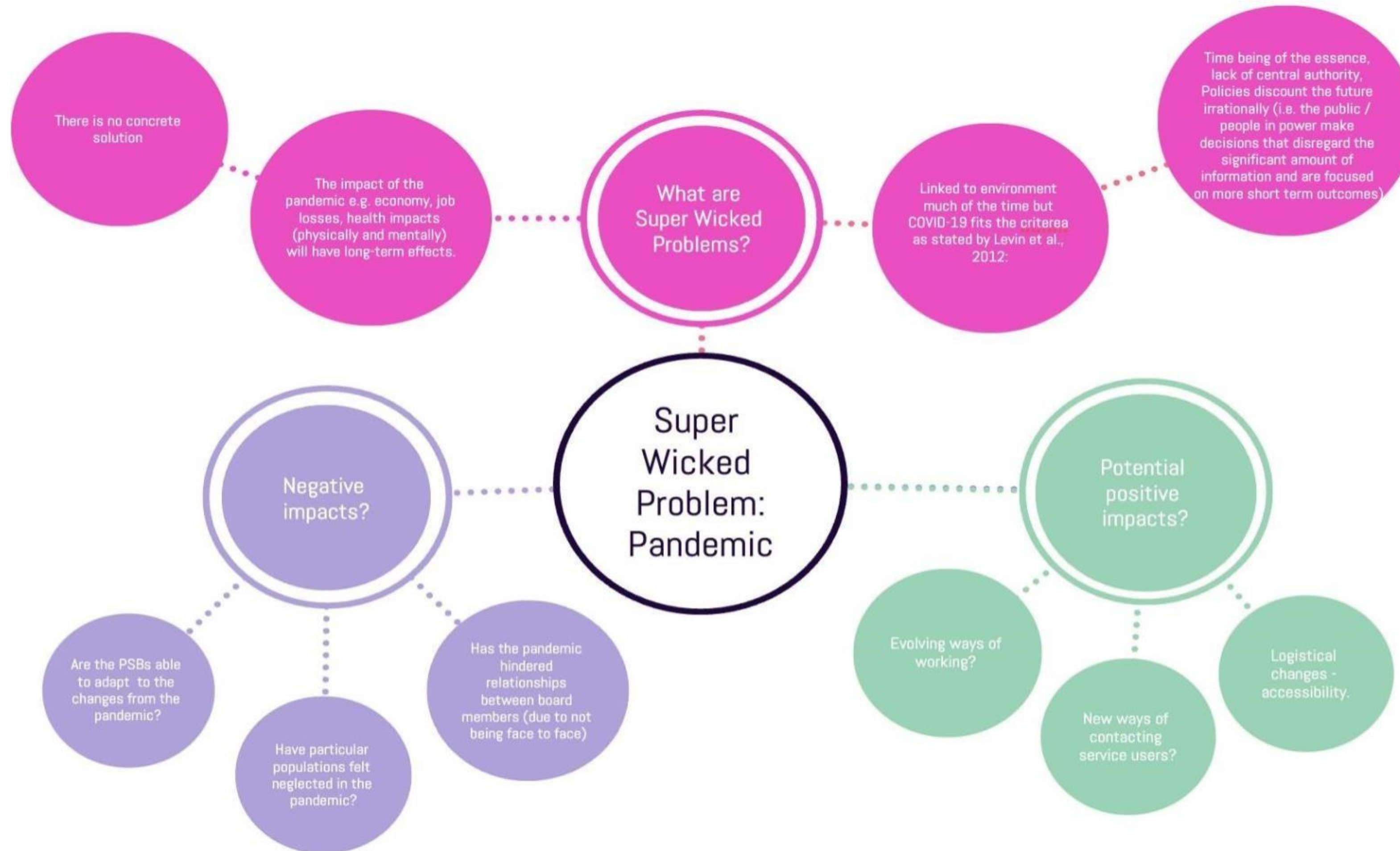
Having very regimented and firm goals, while helpful in understanding the direction of the Board, was perhaps one of the main factors which appear to have hampered Partnership dynamics. This main driver of the work of the organisations within the Partnership was challenged by the pandemic. Being propelled into a substantial pace of change meant that the PSBs had to evolve their ways of working. Participants widely appeared to agree that in the long run the pandemic brought forth the opportunity to improve the work done by the PSBs. The main concern was whether this was a

temporary change and once the world went back to normal then the momentum would be lost.

> Participant 2: *Now what has happened in response to some of the stuff around Coronavirus is... partners have really come together to do some work around food. So, Food Vale is one of the projects with the PSB … And so, one of the things we want to do is make sure that we build on that momentum that's happened. [And] there's something about, well, how do we keep this going.*

There is a clear need, as participant 2 demonstrates, to continue to monitor the changes made during the pandemic and to ensure that the PSB continues to evolve and learn from the positive practices that emerged during the pandemic.

Figure 8: Analysis Mind Map: COVID-19 as a Wicked Problem



This figure demonstrates the initial key thinking points drawn from the data analysis focused on this theme.

6.0 Study 2: How Has COVID Impacted on Partnership Ways of Working?

The initial intention for this study was that the focus on the PSBs would end following the semi-structured interviews. The intention for study two was to conduct a case study on existing policing initiatives and to map the work of a specific organisation against the work of the PSBs in order to fully compare and analyse the group dynamics and ways of working in the group. Synthesising the results from the two studies would then enable recommendations to be made on how to enhance effectiveness in the Partnerships.

However, amidst the planning for the interviews in study 1, the outbreak of COVID-19 vastly disrupted the process. With many members being at the frontlines, supporting vulnerable populations and with the meetings of the Boards temporarily paused, the research project too was temporarily put on hold. The interviews took place between April 2020 to the beginning of August 2020, with the majority taking place during May 2020. Therefore, this interview process took place during the first national lockdown in Wales, making any face-to-face contact impossible. What is more, between periods in which participants were interviewed, information about COVID was still developing and consequently public health messages were frequently changing. Therefore, this intensified the pressure on members of the PSBs and on their individual organisation.

However, with an extended timescale to the project an opportunity to take a more in-depth look into the implications of the pandemic soon arose. It was clear that whilst an unusual and rare occurrence, public health crises such as a pandemic *do* occur (Lewis, 2020) and the effects of such an occurrence are anything but temporary. As is shown in the results section of the preceding study, interview questions evolved to include questions about the pandemic and the participants' answers revealed a pattern that warranted further inquiry. Whilst the pandemic was devastating in a number of ways it also revealed some unexpected benefits for the PSBs.

A study conducted by Beesley and Devonald (2020) explored the pandemic's specific effect on social work provision in the Leeds and Wakefield Social Work Teaching Partnership (LWSWTP). The study discussed how a number of wicked problems were created as a result of the pandemic, which could be directly applied to Partnership Working, one of which being the initial unfamiliarity with coronavirus and the uncertainty of how to tackle a pandemic. However, the study demonstrates that, 'while it is hoped that the COVID-19 pandemic abates and such a worldwide crisis is never seen again, the learning from this wicked problem is important' (2020, p. 1150). In addition, as demonstrated in the Study 1 results, COVID-19 opened up the opportunity to explore

and understand the perspectives of members of the Boards and to ask the question of how Partnerships were equipped to cope with wicked problems created by a global pandemic. As has been demonstrated in late 2021, with new variants of the virus emerging and creating new concerns, it is clear that at this point in time, the pandemic is far from over (Pulliam et al., 2021; Bian et al., 2021). Therefore, an exploration into how Partnerships are able to adapt to such a crisis seemed essential for the completion of this research project and to garner valuable knowledge that can be applied in the future.

It was decided that case study methodology remained the best method of ensuring the required depth in the results for the second study. Case study research is a method that involves a thorough focus on a specific context, be that one individual, one organisation or phenomenon (Zainal, 2007). Case studies are also "multi-perspectival analyses", meaning that the researcher considers both the voice and views of their participants in the study but also considers the context and the interactions between the people involved (Tellis, 1997, p. 2). In the case of this study the focus is on a very specific context through the perspective of members of the PSBs. Case studies provide the means to deepen knowledge on a specific situation or context that is able to 'facilitate describing, understanding and explaining a research problem or situation' (Baskarada, 2014, p. 1).

Robert Yin cited six sources of evidence which can be used in a case study. These sources are documentation, archival records, interviews, direct observation, participant observation and physical artifacts (2003). Yin did not put emphasis on a singular source as having an advantage when conducting case studies, however, he did argue that in order to create a case study of substance, it was recommended that multiple sources of evidence could complement one another. Therefore, using more than one source could enrich the case study as a whole and triangulate the data (Yazan, 2015). Whilst this study intended to use multiple of these sources, time constraints and restrictions from COVID19 prevented the researcher from fulfilling each of them.

Participant interviews were the priority for the researcher as the main intention of this study was to use the events of the pandemic to gain a nuanced outlook into the ways in which Partnerships were able to respond to a public health crisis. In doing so it was able to explore how such challenges presented opportunities for learning, underpinning the development of more effective practices for Partnerships in the future. For this reason, speaking with key members of the PSBs and gaining an understanding into their personal experiences and observations of Partnership Working was key. Whilst documentation, such as reports from the Future Generations Commissioner, excerpts from WBFG Act and information from the gov.uk website were used by the researcher

to enhance understanding of the statements from participants, these were not a focal point of the case study. Ultimately as is stated in section 3.1, this thesis takes a phenomenological approach and focuses on the human experience of working in the field of public health and wellbeing rather than placing more emphasis on documentation or legislation as evidence.

In addition, prior to the pandemic, the researcher had intended to attend several Board meetings in order to observe the Partnership in practice, to view the relationship dynamics and main constraints to Partnership Working in person. However, this was not ultimately possible for a number of reasons. Firstly, due to social distancing measures that were in place due to COVID-19 in person meetings were not possible. Secondly, at the time that the case study was being conducted, very few PSB meetings were actually occurring, even on virtual platforms. It was therefore implausible to assume that by relying solely on one or two meeting observations this would help the researcher gain the richness of data that would be required for a meaningful observation. Lastly, the project had already been delayed several times and the researcher decided that prioritising the interview collection, transcription and analysis was the best course of action to finalise a case study that did not appear rushed.

6.1 Research Objectives for Study 2

Taking into consideration the continuing issues raised in the first study, the following research objectives were selected:

I. Identify the changes the pandemic have brought to the PSBs.

II. Identify whether the priorities of the PSBs have shifted due to the pandemic.

III. Identify the learning that has emerged from the pandemic for the PSBs and make recommendations for how this learning can be maintained.

6.2 Study 2 Methods

6.2.1. Participants

For this case study 4 participants were recruited, including 3 females and 1 male, all of whom were white and British. The recruitment and inclusion criteria were carried out and applied as in Study 1. The participants were contacted via public email addresses and were sent both the Participant Information Sheet and the Participant Consent Form for the case study (see Appendices I and J). The exclusion criteria were more specific in this study than in Study 1 given the need to answer the specific case study question. Members who had less of an involved role in decision making/plans for the future of the PSB were excluded from the study. Due to the geographical reach of the research project, members of the Boards who were not professionally based in the Cardiff and Vale Area were excluded.

6.2.2 Procedures

After receiving ethical approval from the College of Engineering Research Ethics Committee (see Appendix G) the company supervisor was again used as an external gatekeeper. Six potential participants were selected, and all expressed an interest in participating in the study. Following their explicit consent, contact details were passed on to the researcher. The time frame did not allow for all participants to be interviewed; therefore, 4 participants were selected using a random number generator and contacted directly by the researcher. They were then provided with the Participant Information Sheet explaining the nature of the study and the expectations of the participants. Once the consent form was returned, the participants were offered virtual or telephone interviews, due to continuing restrictions that prevented face to face contact.

See Appendix L for a flow chart of the full procedures of Study 2.

6.2.3 Semi-structured Interviews

Like Study 1, Study 2 used semi-structured interviews to gain insight into the experiences of the participants during COVID-19, and their observations of the changes the pandemic brought to the Boards. The researcher used the same method due to the success of the interviews in Study 1 and because it was the most appropriate method for this study. The interview schedule was drafted and with consultation with the company supervisor, 14 questions were generated to help answer the case study research questions, however, in the same way as Study 1 the questions acted as a guide to allow more conversational, semi-structured interviews. The company and academic supervisor approved the interview questions, and no major changes were made. See Appendix K for the full interview questions for Study 2.

Interviews varied from 25 to 50 minutes; the mean length was 39.1 minutes and the standard deviation was ± 24.8 minutes. The beginning of each interview was carried out in the same way as in Study 1, with a similar disclaimer, and verbal consent was given. Following the interviews participants were offered the opportunity to add any information relevant to the study that they believed had not been included in the interview schedule and it was expressed again that they could contact the researcher if they had any concerns or further questions about the research or about the questions they were asked.

Each participant's consent for audio recording was also obtained.

The themes covered in the case study interview questions were selected carefully to ensure the focus was on answering the research questions. The purpose of the interviews was to gauge from the perspective of the participants, the main changes that had occurred to/for the PSBs, whether they had observed any benefits and in which ways the pandemic was affecting the Boards' priorities. The first section of the interviews enquired about what concerns about the PSB work the participants had in the early stages of the pandemic and if the events transpired as expected (e.g., *Could you tell me about some of the main concerns that emerged when the first lockdown was announced?).* The next section was used to establish the changes to the Boards the participants had seen and how they felt that their Board had adapted to these changes (e.g., *Could you explain from your perspective what the main changes have been to the ways of working in the PSBs following the outbreak of the pandemic?*). The middle section of the interviews concerned the shifting and maintaining of relationship dynamics within the Board during the pandemic (e.g., *Have you seen the Boards maintain good working relationships during the pandemic?*) and asked their opinions on the significance of the Boards (e.g., *In which ways have you seen being in a public health crisis highlight the significance of the work of the Public Services Boards?*). The interview concluded by enquiring about changes to interactions with communities (e.g., *Has involving communities in the work of PSBs changed at all?*). Before the interview was concluded the participants were given a chance to add any relevant information about their experience that may not have been covered by the interview. Finally, they were thanked for their participation and the researcher reiterated the relevant contacts they could use should any concerns emerge at any point following the interview.

6.2.4 Methodology

The specific type of case study chosen by the researcher is an intrinsic case study, as termed by Stake (1995). According to Stake, in intrinsic case studies the priority is understanding the case and spending the majority of time directly interpreting aspects of

it (Stake, 1995). Mills and colleagues state that the researcher of an intrinsic case focuses on a particular context and seeks to conduct a deep exploration of it (2010). The authors cite qualitative research as the best method to use in an intrinsic case study due to the complexity of the case and its reliance on the experiences and stories told by both the researcher and their chosen participants (Mills et al., 2010). In addition, the readers of the study should theoretically be able to reconstruct their own experience of the specific context of the case (Stake 1995). However, the case study is not always easy to place into “neat categories” as Stake (1994) argues. Instead, there has to be a strategic plan in motion on the part of the researcher for what should be encompassed in the study, as not every possible avenue can be explored (Baskarada, 2014). The researcher tackled this by using the knowledge gained in the previous study and by narrowing down the most frequently discussed themes in the participants’ responses by line-by-line coding.

The same measures as in Study 1 were carried out to ensure trust and reciprocity between researcher and participant were maintained throughout and that the comfort of interviewees was prioritised above all else.

6.2.5 Data Analysis

The data were analysed and coded in the same way as in Study 1. See Figure 9 for an example of line-by-line coding used in this study.

Coding Example New Logistics of PW	
Participant B Transcript	**Memos and Codes**
PB: It's been a case of utilising where's the best resource or the best individuals, so [Name Omitted], who is sort of the lead for the RPB, she did a huge amount of work on the mass vaccination centre work.	**Memo** Working logistically - joining incentives with RPB- best person for each aspect of job.
PB: It's been a case of utilising where's the best resource or the best individuals, so [Name Omitted], who is sort of the lead for the RPB, she did a huge amount of work on the mass vaccination centre work.	**Memo** Importance of establishing trusting relationships - urgency leads to faster results? The importance better highlighted.
PB: The events should naturally lead to a bit more of an identification of who does what, in terms of some of the work that we need to take forward, then, as well.	**Memo** More strategic roles - what priorities should there be? How can this affect the boards in future?

Figure 9: Line-by-line coding for Study 2.

6.2.6 Trustworthiness

This study adhered to the same 5 definitions of quality criteria in qualitative research as described in Study 1's methods section. In the case of using "prolonged engagement" two of the participants in this study had previously participated in the first study over a year prior to the interviews, so trust and rapport was built this way. In addition, the research project spanned almost two years therefore sufficient time had been spent by the researcher familiarising themself with the context of the study, building trust and spending a prolonged time with the data (Korstjens & Moser, 2017).

7.0 Study 2 Results

7.1. How Have the PSBs Adapted to Remote Working?

A concern that emerged as a result of the first lockdown in March 2020 was how the COVID-19 pandemic would affect Partnership Working. In-person meetings were no longer possible due to lockdown restrictions, in-person projects were halted, and many organisations had to focus on the public health crisis affecting their individual organisations rather than the collective priorities of the PSBs, due to the high demands that emerged. Therefore, participants were asked about how ways of working in the PSBs had been affected and what, from their perspective, the positive or negative impact of these changes had been.

A major change to the Boards' ways of working has been the introduction of remote working. The move into a more virtual approach to PSB meetings and interactions in the PSBs was a necessary measure in order to ensure that Partnership Working could continue, especially during a critical time for the public health field. As was discussed in Study 1 results there were particular ways in which Partnership interactions occurred before the pandemic. Notably, pre-pandemic Partnership meetings were mandatory, with a formal agenda, which included a larger number of attendees sharing their opinions on a particular issue. Whilst the mandatory meetings were necessary, as discussed in the previous study, they facilitated informal conversations between two or more members of the group which allowed for a more personal approach to sharing different perspectives. As Participant C states:

> Participant C: *Now that [meetings are] more virtual, it is harder, because you don't have those informal conversations...And quite often, the bits around meetings are probably more useful than the meetings themselves.*

"The bits around meetings" have been emphasised by a number of participants as one of the key ways in which trust is built between partners, and the introduction of virtual meetings allowed for many of the smaller interactions to be temporarily suspended. In addition, Participant A discusses practical issues of using technology and in particular access issues that hampered participants from the police in the initial stages of the pandemic.

> Participant A: *In terms of practicalities, obviously, we went online, that's been quite surprisingly challenging… Initially, the police weren't able to access Zoom, it got blocked by their systems. So [members of the police] were ringing my mobile and I was putting my mobile phone next to my laptop so they could hear the meeting happening. And then I would have to raise my hand and speak on [their] behalf.*

Each organisation had a different way of working within their daily practice, including different computer systems and rules about what could be accessed. As previously discussed, a number of PSB members had little to no experience with technology, thus actions had to be taken in order to ensure all partners could still contribute equally to meetings. However, over time, and with these adjustments, meeting virtually became the norm, with logistical barriers gradually broken down.

> Participant A (continued): *The logistics of it initially, were a bit more difficult, but we've got through that… we will become a bit more tech savvy. I think what we're starting to see now is that COVID has shown what is possible... because you have to [work around issues]. It's not an option to just say, well, "that's not possible", you've got to find a way of making it happen.*

The severity of the pandemic and how high the stakes were, did not allow partners the option to *not* work around the issues. The communities and service users they served were more reliant on the partner organisations than ever, leaving no option but to integrate virtual work into the everyday practices of the Boards. On the other hand, other participants found that accessibility actually increased due to the majority of meetings being held online. Participant B discussed the pre-pandemic barrier for a number of partners who did not live locally to where meetings were held, therefore prior to the pandemic were having to travel a significant distance (both ways) for a meeting.

> Participant B: *A lot of our partners are based in Cardiff, so to come to a meeting in the Vale, it might take up a whole half day.*

As discussed in the previous study logistical issues affected the engagement of particular members of the Partnership Boards. However, as Participant B continues, online meetings have helped to rectify some of these issues.

> Participant B: *Because of [PSB meetings] happening online, I would say we probably get greater attendance at the meetings… The fact [that] it is so fast... you just press a button and you're in the meeting... that's made it more accessible for people...I think that's really helped in terms of that kind of way of working. We probably would never have moved to doing online meetings without this. Even though now we...think actually, it kind of makes sense.*

In other words, the pandemic has *forced* the PSBs to evolve how they meet to discuss their agendas and has also sped up the process of setting up the meetings, perhaps even making them more efficient than if they were to occur in person. As Participant C articulates:

> Participant C: *There's a bit more speed [in the Partnerships]. And probably, we are more naturally working together. Because...some of the responses had to happen around COVID. So, it's almost a fairly automatic, "How do we solve this?" you know, "how do we set up the test and trace system?", "How do we ...organise*

> *mass vaccination centres"...Things [that] might have been like a three-year project before, were more like three week projects.*

Additionally, it has not just been work between the partners that has had to be moved online, but the work done with service users has also had to be moved to virtual spaces. Participant D explained their surprise in how well service users responded to interacting with partners online.

> Participant D: *Service users seem to surprisingly like [interacting remotely] whether, when restrictions are lifted, whether people will still feel the same. I don't know. We're trying to move now, to more of a ... blended service. So, we'll still offer stuff remotely, but we'll try and be in communities to offer services in community-met venues.*

When asked to discuss how online spaces can actually be positive for vulnerable populations, Participant D used domestic abuse victims as an example.

> Participant D: *We've just developed a remote evidence suite. So that victims won't have to give evidence in court. And that's [come about because of] the pandemic, we were trying to do it before because victims, you know, often go into court in Cardiff, if you live in Bridgend, there's a barrier. You don't want to see the perpetrator in court, you don't want [them to] have to see them getting the train going in. But you still need somebody with you to do that. So, we still need to ideally work alongside them to give remote evidence I'd be interested in seeing how that sort of evolves over the next whatever it is…*

This, again, provides an example of how ways of working prior to the pandemic, which were problematic and added to the vulnerability of service users such as victims of domestic violence, were changed as a result of COVID-19, and this, paradoxically, allowed the Boards to address barriers to achieving their aims that were part of their Agenda. As Participant D stated, professional practice will continue to evolve as society adapts to the virus's continued presence. As a result, the priorities of the Boards have begun to evolve with the virus.

7.2 How Has COVID Impacted on the Priorities of the PSBs?

A question that emerged from Study 1 focused on whether the pandemic had affected the wellbeing objectives and the priorities of the Boards. For instance, were different populations being focused on? Were vulnerable people getting the help they required? And did the PSBs and RPBs come together to help these populations?

When asked about the changes to group objectives, the consensus from the participants was that they *had* to be paused temporarily and this was necessary as the new major challenge to the public health field was the virus. Participant B discusses how at the beginning, the partners felt out of their depth and unprepared for such a crisis. This led to partners having to reconsider previously agreed objectives.

> Participant B: *I think across all the partners, when they have discussed it, none of them had ever dealt with anything like this before. So even those… [in] the police or public health who … [deal with complex issues].... [not] on this scale. It was very tough having to deal with a crisis, but a crisis in a lockdown, as well, was certainly a huge challenge... The delivery of the PSBs' agenda, as had previously been agreed, kind of stopped.*

When asked to clarify how the previous agenda had changed, Participant B talked about how the partner organisations had to not only focus on the work of the Boards, but to respond to the increased needs in their communities, as well as supporting their staff in the crisis. Indeed, this outward looking perspective became the main focus for their Board.

> Participant B *(continued): Everybody was focused on...reforming, reshaping and seeing how they could actually respond to the crisis really that people were facing… we were trying to do that very much outward facing work, but also thinking how internally as organisations, we facilitated staff to carry on into taking their roles.*

In other words, whilst the focus was mainly on supporting service users and the communities affected, there also had to be internal work done in order to ensure that staff in organisations within the PSBs were able to work effectively to do so. This is an acknowledgement of how profound the impact of this public health crisis was on the work of the Boards: the acknowledgement that the health of the organisations and their staff was central to being able to respond to the crisis and thus essential to a Partnership Board whose focus is public health. Participant C also agreed that the wellbeing objectives had paused, whilst making the argument that this wasn't necessarily a disadvantage.

> Participant C: *The fundamental thing about the PSB, if I reflect on [it], is [that it is] an unusual arrangement in ways. The principle is sound, in that you've got the statutory agencies and third sector organisations working together towards common goals; the wellbeing of the population. But ...it's such a broad thing that they were trying to find a purpose initially....the problem with the PSBs is a lack of clarity of purpose and direction. And so, the wellbeing objectives. I think in hindsight some of them, I think they were pieces of work that we would have done, irrespective of the Public Services Board existence.*

Thus, participant C suggests that COVID-19 gave the PSB a clearer purpose and focus that actually enhanced the rationale and practice of the Board. Furthermore, they added:

> Participant C: *For me the absolute central thing is to begin with the end in mind. So, what are we trying to achieve, really? And what's the end point that we're looking for? And if we're clear on that, then we should be clear about what we're doing.*

Indeed, it is important to ensure each partner is clear on what each objective is trying to achieve in their communities. Without this knowledge, as participant C is suggesting, any work done will not be productive. Participant A also discussed how it became clear that the Wellbeing Objectives were too abstract and open to interpretation, thus having to address them in a pandemic became a challenge.

> Participant A: *The wellbeing objectives themselves, as set out in our wellbeing plan sort of had to go out the window. And that's largely because they were things that were quite vague, or abstract. [The objectives] were that we were going to have thriving communities, healthy people, strong economy, and we would tackle loneliness and isolation. [While the] ideas are entirely where they should be [aka these should be addressed], [saying that] you're going to do all of those things in the midst of a pandemic is entirely impractical. So, they sort of paused and then [we had to] revisit it to think about, well, "What does a healthy population or a thriving community look like in the midst of a pandemic?"*

Again, participant A describes how internal work and reflection was needed in the Partnerships to ensure that the Partnership could evolve, that the partners were working together and that the Board would be more effective in achieving its goals. COVID forced the PSB to clarify their public health objectives and to develop a better mutual understanding of each partner's work, which ultimately benefited the Partnership. Ironically then the pandemic created a public health focus that highlighted previous ambiguity and lack of clarity about the work of the Partnership.

As well as reflecting on the objectives of the Boards, additionally the ways of delivering services to service users came into question.

> Participant A: *I think there's now a real emphasis on the really sharper focused things that we as a collective need to do to help manage things that have been exacerbated by the pandemic.*

When asked for an example of how this sharper focus could potentially manifest in the work of the PSBs, participant A discussed tackling mental health as an example.

> Participant A: *Rather than just saying, "we're going to solve mental health", we might say, "we're going to look specifically at children and young people". [The Boards are] really getting to the place where they realise that they're not going to solve the world. And there's probably a lot of already great things happening in the areas that they want to look at. So, it goes back to that regional strategic oversight. So rather than just thinking "we're gonna look at mental health", it's going to start with what is happening in the mental health arena.*

Participant A's statement suggests that, prior to the pandemic, the objectives of the PSBs seemed to be so broad that partners were approaching the issues as if to *solve* them entirely. However, through the lens of a public health crisis it was made apparent that logistically this was not going to be possible. Subsequently the Boards found that by

investigating the recent developments in the mental health field, for example, there became a clearer picture of what would be manageable for their region to do for mental health in their communities. What is more it was revealed that partners should reflect more on the issues faced by service users in order to understand how to try to meet their needs and experiencing COVID-19 strengthened that resolve.

> Participant B: *[COVID has] really highlighted ... the differences across some of our communities... But also, it has highlighted the need for us as partners to really come together to think about how we tackle those issues... I think ...as we have time to reflect on whether some of the things, we'd identified were the right things, they...still reflected a lot of the work that we were doing. So, we might have changed what we were doing because of the COVID lens... I think, whereas you sort of thought [COVID restrictions] means... everything changes, actually, you start to think, "Well no we might be doing slightly different things but some of those, we still need to meet those needs, we just may need to work out how we do it in a slightly different way".*

In other words, the pandemic was initially viewed as a crisis which would delay the work being done in the PSBs at the time. However, participant B argues that, in fact, the work of the Boards was able to continue, but it was the way in which they approached the work that shifted. This imperative to adapt the focus and motivation of the Boards was precipitated by COVID-19 but was a positive evolution. As participant B explained, without COVID-19 the Boards would perhaps not have such a powerful lens highlighting the vast inequalities within the communities. Thus, partners would not have had the impetus to do the inward thinking necessary to address the gap between particular communities. Indeed, participant D cites inequalities as having come to the forefront as a result of the pandemic.

> Participant D: *The thing that's come into [the priorities] strongly is inequality ... across the economy, across health, across access to services… mental emotional wellbeing, vulnerabilities, whatever. I think those are the things that seem to be coming across more strongly now...And... I think taking services into communities rather than dragging lots of people into one central space I think, is the way forward... I think we're still learning about that. But I think there will definitely be a different way of interacting with people.*

Whilst the inequalities in question have existed prior to the pandemic, participants D and B emphasise how these had been exacerbated and how COVID-19 has helped highlight the cause and impact of these inequalities. When prompted about how these inequalities would begin to be addressed, some participants specified that closer working with the RPBs would be a step in the right direction. Participant A is one example:

> Participant A: *We already had a good relationship with the RPB in the area … pre-pandemic, they were one of the bases that we'd work out [of]. So, we have that interaction with them. But I think our joint working has significantly improved over the course of the pandemic, because we were all working to serve the same*

communities...So older people, children and young people, all of those groups that would fall into the remit of the RPB.

In spite of Participant A's Board having previously made efforts to build relationships with the local RPB, it was noticeable to them how the pandemic appeared to be a catalyst for a joint effort between the two Boards. It has been clear throughout this chapter that the PSBs were overwhelmed by the immediacy of having to act to tackle the urgent issues emerging from the pandemic. Thus, the pandemic made it clearer that joining with the RPBs facilitated a more coordinated approach, in which tasks could be allocated to the most appropriate Board.

> Participant B: *[Because of COVID-19] it's been a case of utilising the best resource or the best individuals … I think there's a bit more of an immediate mindset… we're discussing at the moment how we can work together, support each other a little bit more and make it as easy as possible on those partners that cut across the different Partnerships, but make sure we get their involvement and again, how we can divvy up some of the engagement… I think that's a bit easier than it would have been without some of the work that's happened in the past 12 months... I think, again, there's a bit more of an open relationship and trust maybe across some of the individuals involved.*

In the previous study, the lack of collaboration between the RPBs and PSBs was identified as a barrier to productive Partnership Working. COVID-19 presented, paradoxically, an opportunity to refocus and reinvigorate both the process and the content of the Boards.

7.3. The Future of Partnership Working

This opportunity presented by the "coronavirus paradox" opened up conversation about the future of the PSBs, in which new practices were adopted. It is apparent that respondents felt that these practices should become a permanent feature of the Boards, and the focus on persistent inequalities permanently fixed into their agendas, as well as maintaining the improved working relationships within a Partnership. The sense of urgency created from the pandemic has been suggested by participants as encouraging wider systemic change within the PSBs as a whole. Indeed, not only did the pandemic help to facilitate the Boards to address COVID-19-related matters, but it helped to expose the constraints to Partnership Working and encourage a move away from the more rigid ways of working that had existed previously. Participant D demonstrates how the pandemic has shed a light on the importance of the PSBs and has reaffirmed the necessity of the existence of the Board to tackle health and wellbeing in the public health field.

> Participant D: *You could see the opportunity [arise], because obviously, the pandemic needed a multi-agency response. So, the PSB seemed a sensible place to make that happen ... the PSB seemed the most sensible place... to not so much make the strategic decisions, but to bring people together operationally…*

Participant A articulates that the Board's response has not been to return back to the way it operated prior to the pandemic, but to take advantage of the unusual circumstance and attempt to make a lasting change.

> Participant A: *The pandemic has shown the value of the breadth of the Partnership... whilst it might have been a health-based pandemic, it certainly wasn't just health-based in terms of the impact. [It is] so broad ranging. And when you talk about the recovery, you need to think wider still. Because this isn't about building back to what we were [pre pandemic]. We want to build back better. Or maybe completely forget about what happened before and create ... the society that the Future Generations Commissioner wants us to be in… it's almost like a system change needs to happen now. Whereas before, when we talked about it, "It would be a good thing to do", and "we should have a systems change". Now it has to happen, because the old ways of working no longer apply.*

In other words, what was once hypothetical for the PSBs became an imperative moving beyond the pandemic and the ability to make a fundamental change a reality. As Participant B states:

> Participant B: *What's really good is it's given us all a big nudge [because] actually, change can happen, and it can happen quickly.*

When asked about what continued positive outcomes, they would like to persist beyond the pandemic for the PSBs, participant C felt the PSBs should continue to be more focused and efficient, not just getting people into a room for the sake of it.

> Participant C*: For the PSBs, what I would like to see would be a much more streamlined and simplified arrangement. I don't think we need 20-30 people in a room. ... we should only be working on those things that have collaborative advantage. So, where there is added value from working as two or more organisations together... More focused, more efficient, more streamlined, would be my headline.*

Participant C's emphasis on a focused approach aims to ensure more efficiency and to add value to the Partnership by guaranteeing more effective Partnership Working practices. Thus, sometimes there is advantage in 2 or 3 organisations working together rather than getting agreement from the whole Board and expecting the whole Board to work together when this is not appropriate.

Participant D cites co-producing with communities as being something of collaborative advantage but warns that partners should be wary about how to approach such work.

> Participant D: *Co-production is a sort of buzzword …[but] I think there is certainly a move towards more of that [with communities]. I think the pandemic definitely had an influence on that. When you think of the way that community groups and others responded. I think that's a real positive change...The only problem is sometimes people want to harness that, and control it, and manage it. And it is not really our words to manage. If you're a community group, you've got no reason to do what the PSB tells you... you're created for your own aims and objectives, and you do your own thing. So, I think learning how to work alongside people and work together will be something, hopefully, with supportive coproduction, that we'll get our heads around going forward, because it isn't a parent/child relationship.*

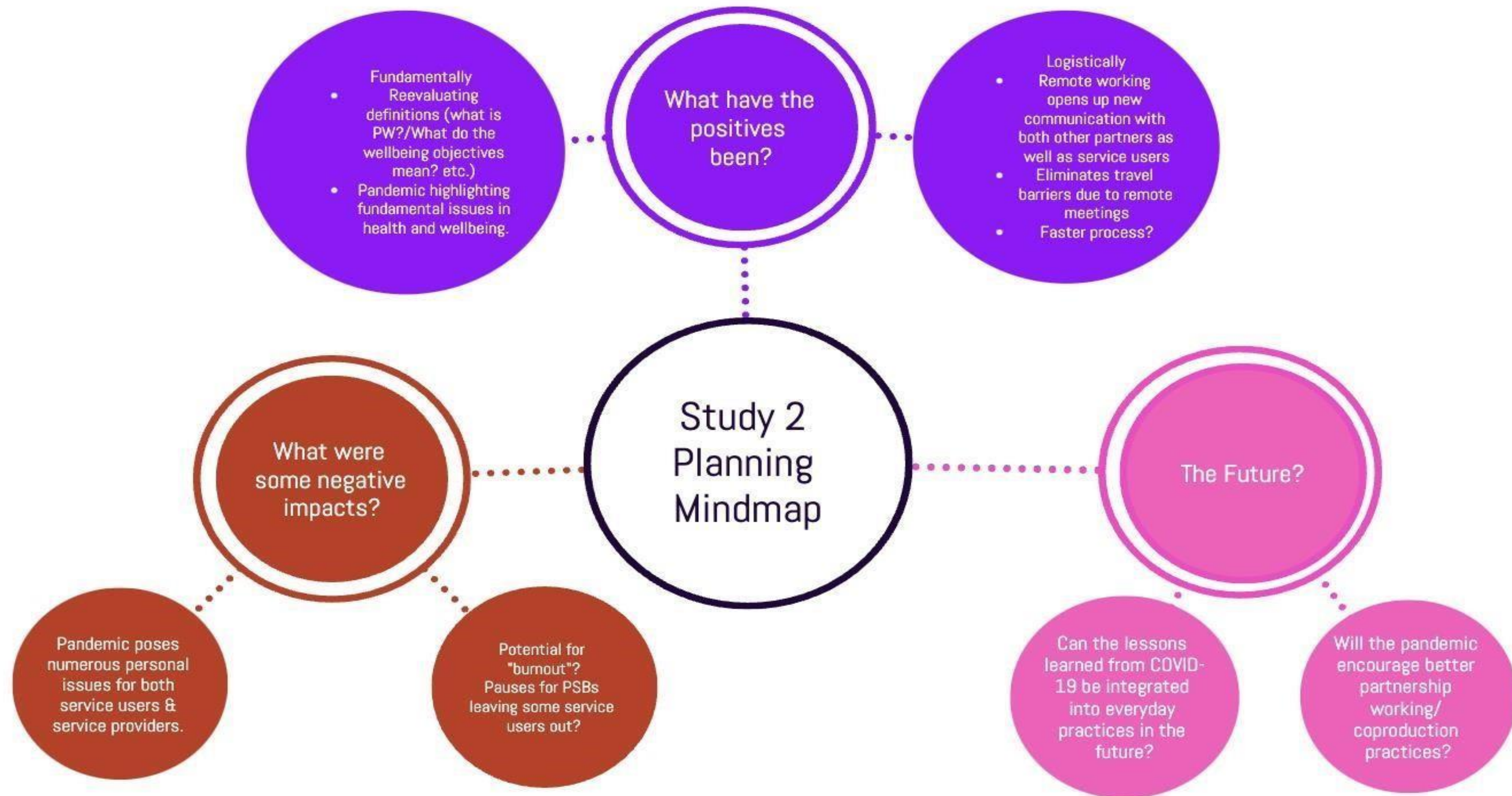
The participant highlights how the pandemic showed the strength of community action, and the hope that this would continue, stressing the benefits of partner organisations working with the communities. However, power relations should also be acknowledged, and communities should be able to take the lead at times. This reflects the findings of the first study; the importance of relationship dynamics and the importance of listening to alternative perspectives, particularly service users who have an expertise of their own. As Participant A states:

> Participant A: *Community need is so different to what it was. Some of our communities have been completely devastated by this. And some of them have shown that given a little bit of trust, and the need to work differently, they can create their own solutions.*

This study has demonstrated how the pandemic has encouraged Partnership Working to continue to evolve [11], to give equal value to the various contributions of the organisations, underlining the capabilities and significance of the PSBs, but it also revealed the significance of the community's involvement in enhancing public health and wellbeing.

[11] Examples of evolution have included; integrating video and telephone meetings to remote working; new ways of interacting with communities; reprioritizing roles of board members.

Figure 10: Analysis Mindmap Study 2



This figure demonstrates the initial key thinking points drawn from the analysis of data collected.

8.0 Discussion

The intention of Study 1 was, firstly, to identify different views of the role of Partnership Working in the field of public health, from the point of view of the participants. Secondly, the study set out to explore the structure of Partnership Working across South Wales: namely the Public Service Boards. Thirdly, to use the research findings to critique Partnership Working, identifying the barriers and facilitators to Partnership Working and, finally, to use these to make distinctive recommendations for more effective Partnership Working in the future. To achieve these objectives, the researcher interviewed current members of the PSB, and those closely linked with the Partnership, and used this interview data to identify common themes. The themes drawn from these interviews prior to the outbreak of COVID-19 were: *defining Partnership Working*; *Partnership Working relationships; tackling wicked problems,* and the *importance of community involvement*. However, as the gravity of COVID-19 crystalised, it became clear that the research was taking place in the context of a public health crisis that was, in real time, fundamentally challenging the focus of the PSBs and those working in the public sector. Therefore, a final theme was generated, with the interviews being adapted to acknowledge and gain insight into the effect of the pandemic. This theme was *public health in a pandemic.* This theme aimed to explore how the PSBs were adapting to the pandemic in its early stages and the impact this was having on both the Boards and public health practitioners. The results demonstrated that a great deal was learned from this public health crisis with, paradoxically, some participants reporting unexpected benefits, such how working remotely lead to enhanced engagement in the Boards.

These responses highlighted a need for further investigation into the impact of COVID19 and its effect on the PSBs. Initially the participants speculated on the change of focus for the Boards, as well as adaptations to the process of Partnership Working. These initial responses coincided with the first national lockdown when all meetings and Partnership projects were paused. Subsequently, and in consultation with the Supervisors of the study, it was decided that the focus of the thesis should include a case study on the PSB. Therefore Study 2 aimed to: *identify the changes the pandemic brought to the PSBs*; *investigate whether the priorities of the PSBs had shifted due to the pandemic*; *determine what could be learned by the PSBs in a public health crisis,* and *consider how this learning could be maintained in the future*. These research questions were to be the basis of a case study: How has COVID-19 impacted on Partnership ways of working?

8.1 Study One

8.1.1. Defining Partnership Working

One of the main findings from Study 1 was that according to the participants of this study, pre-COVID, the Boards lacked focus, working without a shared vision of effective Partnership Working. They additionally reported a lack a clear understanding of community wellbeing and how to achieve it. This was observed in the lack of clarity amongst the participants about what Partnership Working was, and what practices were needed to ensure that organisations worked together to achieve the Board's objectives. The study found that participants were working to different definitions of Partnership Working, which is significant as it is likely that this resulted in conflicting working practices.

In fact, Taylor-Robinson argues that the motivation behind Partnerships is more easily determined (2012, p. 2) than how to implement Partnership Working. Organisations may be required to join a Partnership, or form a Partnership informally, in a policy environment that advocates the benefits of multi-agency working [12] . However, that does not necessarily lead to a harmonisation of working practices and policy decisions. If the representative of an organisation on the Board attends reluctantly – either seeing it as unnecessary or a distraction from their 'real' work – then this will interrupt the flow of what Partnership Working is supposed to achieve. Therefore, a priority for this research study was to explore the participants' understanding of Partnership Working. As Rees et al. state, this is necessary, 'because it is the sort of term that has been deployed by many of its users to mean simply what they want it to mean' (2012, p. 13).

In the process of conducting research, it is widely understood that defining key concepts is imperative and, while it may be difficult to generate a universal understanding of a term, there should be common key features (Hojat, 2007, p. 79). Cooper and Schindler (1998) warn that misunderstandings and confusion around key definitions can be detrimental in research. As Elshaer states, 'if words have different meanings to the parties involved, then they are not communicating on the same wavelength. Definitions are one way to reduce this danger' (2012, p. 2).

[12] Cases such as Victoria Climbié identified the need for multi-agency working. Multiple agencies were involved in the care of this child but had failed to communicate observed signs of child abuse to one another. As a result opportunities to prevent the murder of this child were missed. (see Rustin (2004); Tyson and Hall in Pycroft & Gough (2019).

Therefore, it was vital for this study to identify whether the partners on the Boards were working to the same definition of Partnership Working. From the interview data it was clear that the participants understood the importance of the work being done by the Partnerships and the potential benefits to their organisation. However, it also revealed that they believed that they were oftentimes working to different definitions of Partnership Working varying from organisation to organisation. In fact, four definitions of Partnership Working were identified by the participants in this study and labelled accordingly by the researcher. These were the *definitive definition*, the *non-definitive definition*, the *interpretive definition*, and the *developmental definition*.

In their thesis, Kazankov (2021) discusses how there are two primary models of defining concepts. The first, referred to as the Conservative Model describes the purpose of defining concepts as merely to be descriptive and to report widely agreed meaning of concepts[13]. Under this category would sit the *definitive definition* and the *non-definitive definition* in which participants perceive Partnership Working as having been defined by The Act and this "fixed" definition is what guides the Partnership. The second model is referred to by Kazankov as the Revisionary Model (RM) in which the purpose of defining a concept is to 'make a normative judgment about what [concepts] *should* mean, and, if necessary, *revise* their actual meaning accordingly' (Kazankov, 2021, p. 8). In other words, this model is prescriptive, proposing that there is an "ideal" way of working in Partnership, but includes the notion that this model needs to be adapted to better reflect the context; that the definition should be dynamic rather than fixed. Therefore, this can be applied in the cases of the *interpretive* and *developmental* definitions. Given the importance of context, which has been particularly highlighted by the changing public health landscape as a result of COVID-19, these 'revisionary' definitions are more likely to result in a dynamic and meaningful Partnership, capable of adapting to emerging public health crises and allowing the Board to develop its own identity.

This study revealed that for some PSBs, participants noted how a definition was written in the guidelines along with the objectives of the Board. Whilst this might be useful in ensuring consistency amongst the partner organisations, the descriptive nature of the definitions, with the emphasis on *goals* rather than processes, could discourage a more dynamic exploration of how the partners may wish to work together and obscure the

[13] Examples of CM can be seen in Putnam, H. (1990). Meaning and Method: Essays in Honor of Hilary Putnam. Cambridge: Cambridge University Press. And in Kripke, S. (1980). Naming and Necessity. Cambridge, MA: Harvard University Press.

'fundamental purpose' of the Partnership (Macdonald & Chrisp, 2005, p. 307). Indeed participants 2 and 8 noted the "artificial" and "dull" nature of such a descriptive definition, inhibiting the autonomy of the Board members to build a more dynamic Partnership. As was stated by participant 9, taking the time to come to a shared understanding of Partnership Working, in terms of the purpose and objectives of the Board, encouraged better working relationships to develop. When members from the different organisations were encouraged to share different perspectives on meanings this helped generate a sense of shared ownership. This was confirmed by participant 9 who valued the opportunity to agree a shared understanding of terms, feeling that this led to more productive dialogue between organisations and a more successful delivery of outcomes.

The issue of definitions therefore is fundamental to the Board dynamics. If the definition is too descriptive, this can lead to fixed ideas and a lack of effort to derive deeper meaning from, and revise, the objectives. In addition, it has the potential to stifle the "social" and collaborative aspects of the board. The Boards work better when they encourage creative dialogue and mutual understanding, which enhances the enthusiasm and level of commitment of its members and this, in turn, leads to a firmer commitment to the focus and priorities of the Partnership. This reflects Tress et al. and their analysis of transdisciplinary working, that, 'interdisciplinary studies as projects that involve several unrelated academic disciplines' need to work 'in a way that forces them to cross subject boundaries to create new knowledge and theory and solve a common research goal', because that 'new knowledge and theory' is needed to solve an interdisciplinary[14] problem, and is more likely to 'emerge from the *integration of disciplinary knowledge*.' (2006, p.17).

Instead, partners should be encouraged to develop their "ideal" way of working for their Board, a practice that suits their Board that they can work to. That is not to say that they cannot draw on expertise from the policy field, but that dynamism is needed to encourage a sense of ownership and belonging, rather than feeling a way of working is being imposed on them.

8.1.2. Partnership Working Relationship Dynamics

Another priority for this study was to investigate the respondents' motivations for participating in the Partnership and how this impacted on relationships within the Boards.

[14] Interdisciplinary working is defined by Aboelela and colleagues (2007) as 'any study or group of studies undertaken by scholars from two or more distinct scientific discipline' in other words the study or studies are not limited to a singular field and requires expertise and skills from several researchers from multiple academic disciplines. Transdisciplinary working on the other hand is often cited as impossible to define, however it is generally understood to mean working in a way in which goes beyond a singular discipline, for example a researcher tackling a problem from multiple points of knowledge instead of from one area of expertise (See Augsburg, 2014; Fawcett, 2013 and Tress et al., 2006)

Throughout the course of the interviews, it was apparent that the dynamic of relationships that exist in the Partnership were vital to the Partnership's effectiveness. Relationship dynamics in this context can refer to the entire group's dynamic within a specific meeting, one-on-one interactions between individuals in the Partnership or dialogue between partner organisations. Whilst the results from this research identified that Boards will be more effective if they encourage the building of relationships between their members (Glasby & Dickinson, 2008; Kanter, 1994). At the same time, one of the main barriers to effective Partnership Working was linked by the participants to power dynamics that existed within the Boards (Lymbery, 2005). The relationship between statutory bodies and smaller organisations can be hampered by the different value placed on those bodies, specifically those with bigger budgets and recognised expertise. Indeed, participants reported that there was often a sense that particular statutory organizations had more significant voices. However, smaller organisations work more closely with communities and can represent the service user voice (McKeown et al., 2011). This is not to be underestimated, given the importance of recognising the service user voice in policy making is becoming increasingly evident (see below).

What is more, knowing someone on a personal and/or professional level may sometimes be a key to developing positive working relationships, relying on individual networks may not be an effective way of generating an inclusive, positive working Partnership. What is more, interpersonal conflict can cause a power struggle in the group and create division in the Partnership space (Egolf, 2013). Within this space, task conflict can be beneficial as it can facilitate a better cognitive understanding of the problem (Petersen, 2000). However, participants in this study were wary of the fact that some Board members were pursuing their own personal agenda, or that of their organisation, rather than embodying the spirit of Partnership Working, which is more likely to benefit the wider community.

Therefore, fostering an inclusive environment within the Boards, where partners can get to know each other as professionals, to learn about the work of the partner organisations and value the knowledge of all partners, from the smaller community-based organisations to the larger statutory bodies with a more strategic agenda, is more likely to succeed at delivering outcomes. This may require the introduction of an induction process for all new Board members, highlighting the importance of a parity of voices in the Partnership meetings, so that their participation is not reliant on building personal networks.

8.1.3 The Importance of Partnership Working to Tackling Wicked Problems

Public health and wellbeing are complex issues that cross organisational boundaries. This is because health inequalities are the result of a complex mix of personal, social, and economic factors. Consequently, health inequality is recognised as a wicked

problem (Bernard, 2021; Keep & Mayhew, 2014) that lacks a simple solution. Therefore, as Brown et al (2010) indicate, cooperation across disciplinary, professional, and organisational boundaries is necessary to generate solutions to the poor mental health and physical wellbeing outcomes of the most disadvantaged in society. Individual organisations are unlikely to be able to tackle the causes of health inequalities unilaterally, without drawing on the expertise of a range of professionals – and indeed the communities themselves. Therefore, Partnership Boards are better placed to generate interventions, by bringing together 'the personal, the local and the strategic, as well as specialised contributions to knowledge' (Brown et al, 2010: 4) in the pursuit of wellbeing and public health goals. However, this potential to generate more effective public health interventions will be missed if Board members privilege their own professional or disciplinary perspective. Indeed, as was described in the results for Study 1, some participants described two ways of partners disengaging, labelled by the researcher as "active dissociation" and "passive dissociation". Both forms have the potential to be harmful for the Partnership and to become a barrier to achieving group objectives. Thus, if members attend the Board simply as a 'ticking box' exercise (passive dissociation) or if they carry on working in their organisational silos (active dissociation) then the potential of multi-agency working will be missed. What is more, the literature review revealed that important key terms have been variously reinterpreted and redefined in the public health field, including health and wellbeing. If partners are working with a multitude of interpretations and fail to generate an agreed definition that reflects the complexity of health inequalities experienced in their communities, then the potential to draw on a wealth of expertise in seeking public health solutions, will be diminished (Hunter et al., 2011; Levenson et al., 2005; Taylor-Robinson, 2012).

8.1.4 The Importance of Community Involvement

Professional expertise is important, but it is only one source of expertise. As Kotzee (2014) points out, recognizing different 'expertises' can be beneficial as the professional understanding of inequality may not reflect the different 'expertises' embedded in service using communities. Without community involvement, professional knowledge can reproduce power differentials in society. What is more, as demonstrated above, there is an abundance of literature (i.e., Bjønness et al, 2020; Davies & Gray, 2017; Nykänen, 2020) advocating the importance of service user engagement in decision-making. Thus, the Boards could do more to include the service user voice in their decision-making and, in doing so, empower communities to identify their own needs and work towards local solutions. Most participants in both Study 1 and 2 revealed that prioritising community voices was often overlooked by the PSBs. However, those same participants were beginning to appreciate the potential benefits of including community voices in the Boards. This momentum needs to be embraced. Partnership Working in PSBs would benefit from replacing a "top-down" approach to the development and delivery of public

health initiatives, and move towards a community-based approach, where expertise from both professionals and service users is present. One of the most effective routes to achieve this would be to empower the voices of third sector/community organisations on the PSBs by enhancing their representation (Whitehead, 2004). This would support a more fluid dialogue between the Boards and the wider community, and overcome the problem perceived by some participants that communities simply did not understand or recognise the role of the PSBs. As Beresford (2006) states this lack of community engagement can result from scepticism, disempowered communities feeling left out of decision-making and thus reinforcing power inequalities. However, as Study 2 confirmed, in a public health crisis (COVID-19) communities and individuals did come together to identify needs and work to meet those needs as a community.

8.2. Study 2: The COVID-19 Paradox

Study 2 revealed that far from disrupting the work of the PSBs, the onset of the COVID19 pandemic and subsequent lockdowns led to the adaptation of practices, and new insights on public health, that could have long term benefits for the effectiveness of the Boards.

8.2.1 Adapting to Remote Working

The logistics of Partnership Working in the face of lockdown initially stalled the work of the PSBs. However, it soon became clear that technology could create new spaces for Partnership meetings. Whilst the incidental conversations between partners, before or after face-to-face meetings, reported to enhance interpersonal relationships were lost, other opportunities emerged. A number of authors have reported how online meetings allow for the possibility to eradicate challenges faced in in-person office spaces (Ozimek, 2020). Indeed, for the PSBs, remote working allowed them to overcome geographical barriers, reducing the time limitations for attending the meetings and increasing overall attendance. What is more, many participants revealed that it was less difficult to engage their service users in virtual settings than they anticipated. In fact, whilst digital exclusion was an issue for some of the most economically vulnerable in society, in areas such as domestic violence, a virtual service was more accessible and desirable to some of their service users. For instance, it removed the burden of having to attend court in person. Paradoxically COVID-19 highlighted how remote working, in some ways, enabled Boards to work more effectively as a Partnership, reducing the burden of having to travel to meetings and leading to the development of a more blended approach to providing support to their service users.

It must be noted however, that it has also been reported by authors that remote working can have a detrimental effect on employees. As Adisa and colleagues (2021) reported, working from home can pose several challenges to the mental wellbeing of workers, including intensified workloads and the pressure to remain present online due to the

endless and constant accessibility of the internet. Additionally, for certain vulnerable populations internet access may not be readily available, therefore there is the potential for these populations to be overlooked during the pandemic (Eruchalu et al., 2021). Therefore, in the foreseeable future (as Participant D suggests) the PSBs should look into providing a more blended service for their vulnerable communities. In other words, both in person and online engagement should be encouraged and implemented into the everyday practices of the PSBs.

8.2.2 The Impact of COVID-19 on the Board's Priorities

Initially, in face of the pandemic, there was a temporary pause in operations which was viewed as disruptive to the work of the PSBs by participants. Indeed, COVID-19 had a seismic impact on society and thus this perception of disruption, as noted in Study 1, was unsurprising. On reflection, however, as Study 2 reveals, the hiatus in Board meetings, and the forced reflection on the delivery of services, created the necessity that the PSB's reconsider and reframe their public health priorities. COVID-19 forced the PSBs to focus on the multi-layered causes of vulnerability to poor health in their communities (Marmot, 2020). Prior to the pandemic, the Boards appeared to have been more focused on the process rather than the goals of their partnership. What is more, the uneven impact of COVID-19 put a sharper focus on the social and economic antecedents of health inequality. As Mughal et al. argue, "living in poverty, receiving low wages or being a member of a single parent household…put vulnerable populations at risk of negative health outcomes (from COVID) which are exacerbated by already existing structural and institutional disadvantage (Mughal, et al., 2021, p2)

Therefore, as demonstrated in the results section, it forced the PSB's to rethink how they operated; the need to develop "nuanced results at pace… by multidisciplinary actors in a coordinated manner" (Bowsher et al., 2020, p. 435). COVID-19 highlighted that the wellbeing objectives of the Board were too broad and thus prior to COVID-19 they had spent far too long trying to work out what their priorities should be. Thus, this pandemic, playing in real time, was critical in "generating a clearer locus of expertise" (Bowsher et al., 2020, p. 435). The participants reported that the 'pause' caused by the pandemic allowed them to focus more clearly on what they were trying to achieve, namely reduce health inequalities, and how better to achieve it, through a more "inclusive and coordinated public health response that is locally led, agile, and responsive" (Nazareth et al., 2020, p. E4). It reinforced the necessity for a shift towards working more closely with the communities themselves, as well as working collaboratively with the RPBs. The pandemic was a catalyst for the establishment of joint working between the PSBs and the RPBs, facilitating a more coordinated approach where responsibilities could be

allocated to the most appropriate Board. As a result, resources could be used more efficiently, and responsibilities devolved to the most appropriate level.

8.2.3 The Future of Partnership Working

As has been demonstrated in the above sections, the participants revealed how in a number of ways COVID-19 has inadvertently motivated the PSBs to implement necessary changes. The changes that were recognised as being needed to make the PSBs more effective, as described in Study 1, were made reality by the pandemic. Indeed, one observation that the participants noted in Study 2 was that the pandemic helped to promote the importance of multi-agency working. As the pandemic is a "super wicked" problem (MacCarthaigh, 2020), it highlights the necessity of Partnership Working in the public health field (see also Menichelli, 2021; Driscoll et al., 2020). The urgency of a "super wicked" problem created a momentum in the PSBs, according to the participants, which they became committed to continue in the post-pandemic world.

8.3 Limitations of the Study

The researcher acknowledges that the sample size for both studies was relatively limited. With the inclusion of two of the participants from Study 1 in the Study 2 interviews, only 13 total participants were involved in this research project. Having a smaller sample size in qualitative research can limit the number of perceptions on the topic of the research (Oppong, 2019). In addition, including a larger number of participants has the potential to discover more themes than can be found in a more limited sample (Marshall et al., 2013). Furthermore, using a bigger sample can enhance the transferability of one's research, contributing towards the trustworthiness of the study (Francis et al., 2010).

On the other hand, the researcher was restricted by narrow time constraints, therefore further interviews would not have been possible. In addition, the strain on public services due to the pandemic meant that many of the potential respondents were exceedingly busy and were therefore unable to find the time to participate in the interviews. Moreover, the interviews that *were* conducted generated an abundance of rich data. Therefore, in spite of a small sample size, the data collected was sufficient to ensure the quality required for the study (Roulston & Choi, 2018).

A second limitation of the study was the use of virtual and telephone interviews rather than face-to-face interviews. Three participants in the first study and one in the second study preferred telephone interviews to video interviews. When conducting a telephone interview, the researcher is unable to read non-verbal visual cues like hand gestures, facial expressions or any cue that might indicate distress in the participant (Mirick & Wladkowski, 2019; Novick, 2008). Telephone interviews also have the potential to be shorter (Carr & Worth, 2001). Indeed, this was the case in this study as the two shortest

interviews were those that were conducted on the telephone. In addition, in the case of both telephone and virtual interviews there can be technical complications or glitches. Difficulties such as these can either disrupt the flow of the conversation or can even potentially damage the recording used to transcribe the data (Deakin & Wakefield, 2014). The researcher faced several technical difficulties throughout the interviews including that one of the interview recordings was damaged and therefore transcribing it was not possible. To rectify this issue the participant had to answer the interview questions in written form due to being unavailable for a second interview. In addition, an interview in Study 2 took longer than expected to complete because of unreliable internet connection, which disrupted the natural flow of the discussion. The final limitation of virtual interviews is the potential accessibility restrictions. This study included a number of participants who at the point of the interviews, were unfamiliar with technology and faced difficulties signing on to the call or accessing a webcam which again, limited the researcher's ability to read visual cues. This lack of knowledge of the technology used in the interviews can potentially increase the nerves of the participant and can cause stress for the researcher (Hamilton & Bowers, 2006).

However, the researcher found that there were in fact benefits to conducting interviews virtually. For example, the use of virtual and telephone interviews, allows for more flexibility for the participant and for the researcher. Logistics such as having to travel to a specific location for the interview are eliminated, reducing any costs or chances of delay that would cut interview time down (Mirick & Wladkowski, 2019). As mentioned above, the pandemic presented the PSB members with a number of challenges and became a very busy period for them. By having the option to speak virtually to the researcher, it was easier to arrange an interview date as this did not require them to have to leave their homes.

This study focused on the perceptions of Partnership Working, and the interviewees' observations of the benefits and barriers they experienced whilst attending the PSBs, which were useful in informing the researcher on how Partnership Working is understood among the group. However, the literature review reveals the lack of agreed meaning of public health and goals of public health interventions. These differences were picked up by some of the interviewees. However, it would have been useful to have included more questions focussed on gleaning their personal and organisational understandings of public health in order to investigate whether each partner was working with a distinct concept of public health. This would be important as these different conceptualisations are likely to underpin distinct views about how to tackle public health issues and, in turn, this might impact on identifying the priorities for the Partnership.

Another limitation was that the researcher did not include service user voices in the study. There has been a strong emphasis throughout this study on the importance of service user expertise. By talking to service user groups this study could have enhanced understanding of why communities have a lack of awareness of the work of the PSBs, as well as identifying what the PSBs and their partner organisations could be doing to enhance their profile and how to ensure their voices are represented on the Board.

Finally, it would be useful to have been able to include interviews at the end of 2021 in order to assess the progress of the lessons learned during the pandemic and whether the changes made to the ways of working, such as meeting remotely, collaborating more closely with members of the RPBs and the shifting of priorities have been continued and built on. However due to the timescale of this project, this was not possible.

8.3.1 Future Research

As has been made clear by the discussion of the limitations in this study, there are some areas that would warrant future research. As this study uncovered, the pandemic provided a unique opportunity for the Boards to refocus their priorities and change their working practices. Despite the challenges of the pandemic there were some changes, such as virtual meetings, some changes to the mode of service delivery and a greater public profile for public health, that would be beneficial to maintain. It would be valuable to carry out a study, now that lockdown and social distancing measures are coming to an end, to investigate whether these changes have persisted, and whether these changes have improved the ability of the Boards to achieve their goals and engage with their communities more effectively as a result.

This study also lays the groundwork for future research into how the PSB's can engage more effectively with their communities and service users. As the literature on coproduction revealed, a deeper engagement with service users enhances the ability of those designing and delivering services to identify community needs and meet those needs more effectively. This is particularly important if the PSB's are to reach the most excluded groups and individuals in society. This is especially poignant in light of the pandemic as "Living in poverty, receiving low wages or being a member of a single parent household indicates likelihood of the highest levels of net COVID-19-related impact… These disparities put vulnerable populations at risk of negative health outcomes which are exacerbated by already existing structural and institutional disadvantage (Mughal, et al., 2021, p2). A community-led research project could not only provide data on the lived experience of disadvantage and health inequalities, but it would also give more insight into how the PSB's could engage their communities, and what practices would need to be adopted by the Boards to ensure the service user voice was integral to their

decisionmaking. It could also focus on how voluntary and community groups might work as brokers between service users and the PSB's, and how their integration into the Boards would enhance both community engagement and the profile of the Welsh Government's Wellbeing Goals to the wider community. Indeed, as Mughal argues, "community-based engagement has been crucial during the COVID-19 pandemic, fostering informal and local mutual aid between individuals, community groups, charities, community interest companies and local authorities" (Mughal, et al., 2021, p1).

Therefore, future study could consolidate the findings here – and investigate whether the changes made to the PSB's have been durable, have resulted in more effective partnership working praxis, and highlighted the interventions needed to address heath inequalities, particularly on the socio-economic factors, thus continuing the need for "tackling the challenges ahead with an inclusive and coordinated public health response that is locally led, agile, and responsive" (Nazareth et al., 2020, p. E4).

8.4 Strengths of the Study

First of all, the use of semi-structured interviews proved to be a strength of this study. As Cohen (2006) lists there are several benefits to semi-structured interviews for both researchers and participants. Interview questions can be prepared prior to the interviews and be piloted to test whether the questions provide the depth of insight that helps the researcher understand the subject at hand. Second, they position the researcher as having a level of competence and knowledge around the subject whilst, at the same time, allowing the participants to take some control of the interview process, providing them the space to share their individual experience and reflections (Barriball et al., 1994). Brewerton and Millward (2001) state that semi-structured interviews are helpful in creating a rapport in the interview setting, which is important in building trust in the relationship. Therefore, the relationship between the interviewer and interviewee was prioritised.

The researcher believes that they managed to build trust with each participant, specifically with the two participants who were included in both studies. The nature of the project required that participants discussed personal experiences of Partnership Working, including potentially sensitive information regarding social issues discussed in Board meetings as well as potential inter-group conflicts. Therefore, trust needed to be established. Semi-structured interviews allowed the researcher and participant to be on more of an equal footing than in structured interviews (Yassour-Borochowitz, 2004). Indeed, the researcher found that the participants were easily able to provide honest and open answers. Furthermore, the researcher had no prior experience with Partnerships or the PSBs and trust within participant/researcher relationships is more likely if the interviewer is an "outsider" and is more likely to be perceived by interviewees as objective

and “neutral” (Cohen, 2006). Thus, interviewees are more likely to provide critical reflection, and share personal feedback. What is more, the participants were assured of their anonymity and that all references to the interview data would be anonymised to ensure they could not be identified from their contributions. Participants were informed that they could withdraw from the interview at any time or could choose not to answer any questions that they felt uncomfortable doing so (Orb et al., 2001; Lancaster, 2017).

In addition, the use of two studies, one presented as a case study, allowed for a specific area of public health during a health crisis to be explored that, up to now, has had little academic research attention. This study was conducted in a global crisis and presented an opportunity to investigate the response of public health professionals to that crisis and witness the enhanced profile of public health. It allowed observation of the paradoxical way that a global health crisis could enhance effective work aimed at enhancing public health in a pandemic.

9.0 Conclusion

This research project was initially set up to examine the role of Partnership Working in public health in Wales, with a specific focus on the role of the PSBs in challenging health inequalities. The research intended to investigate whether and how the processes and outcomes of the PSBs could be improved. The initial interview process aimed to identify the opportunities and barriers to Partnership Working in finding policy solutions to poor health and wellbeing amongst Welsh communities. However, the emergence of a global pandemic, COVID-19, changed both the public health landscape and the course of this research project. Partnership Working was established as an important part of working to achieve the wellbeing goals of the Welsh government during the pandemic.

This study has found that according to participants, Public Services Boards have been working well towards achieving the national wellbeing goals (e.g., keeping up to date with annual reports, using preventative measures to tackle major health issues, meeting regularly etc.). However, Study 1 has identified a number of gaps in the ways the partners were working together, as well as in the ways that the PSBs engage with the community. Furthermore Study 2 has highlighted how during the pandemic, according to the participants, the PSBs adapted to the new environment in several ways, including making better use of technology, adapting how services are provided and reconsidering what goals and objectives should be prioritised in the wake of a global health crisis. As a result of these efforts, a number of the logistical barriers mentioned in Study 1 began to be addressed. Additionally, paradoxically, COVID-19 managed to facilitate better communication with service users, and the fact that these developments occurred in a short span of time illustrates the potential for future advancements. In the wake of a global health crisis, the researcher argues that this is the time to implement further practices and continue efforts to engage more with the RPBs and with service users in the community. By widening the reach of the PSBs different areas of expertise would become part of the policy making landscape. According to Brown et al. (2010), different agencies working closely together alongside individuals and groups from the community, is the optimal route to working towards designing solutions for wicked problems. The community voice has up to now been excluded from the membership of the Boards. This could explain why, as the participants identified, the wider community is unaware and/or unengaged with the Boards. This project has highlighted the importance of the community voice. Echoing the burgeoning literature highlighting the benefits of coproduction in decision-making, this study calls for an active community-based approach to public health.

Overall, this study provides positive evidence for the effectiveness of Partnership Working, despite some of the barriers identified by participants. Nonetheless there are changes that could be made that would enhance the impact of the Boards and put them in a stronger position to enact the Wellbeing of Future Generations Act 2015.

9.1 Recommendations

Based upon the conclusions drawn from these two studies, the PSBs should consider incorporating the following recommendations into their everyday practices:

Recommendation One: The PSBs and RPBs should continue to work closely together, coordinating their engagement with the communities they jointly serve, to avoid duplication or gaps in provision.

Recommendation Two: The PSBs should adopt a collaborative leadership approach. The role of collaborative leadership is to enable different contributions from partner organisations to be perceived as of equal value. Swanwick and McKimm describe this as "power can be gained through giving" (2017, p. 59). Therefore, the status of an individual outside of the Partnership should not dictate their status within the Partnership. Instead, roles within the PSB need to be allocated on the basis of a member's attributes, skills and experience, rather than on the basis of perceived power.

Recommendation Three: The structure and guiding documentation of Boards need to create parity between all contributing organisations. This could be achieved by having rotating leadership, where each organisation takes it in turn to Chair the meeting.

Recommendation Four: As has been established in the results section for Study 1, there have been occasions cited by the Participants wherein the understanding of Partnership Working varies from organisation to organisation. Therefore, effort should be made to ensure that the understanding of Partnership Working definitions are discussed and dissected within PSB meetings. The objective should be to update and evolve the definition of Partnership Working as the Public Health environment continues to transform. This can be done by adapting to a developmental understanding of Partnership Working.

Recommendation Five: That the Board enhance the representation of Third sector and community organisations on its membership and use this base to develop better lines of communication with the wider community.

Recommendation Six: The PSBs need to consider how to promote their role and engage more directly with service user communities. This would be resolved in part by more representation of the voluntary and community sectors, however, representation of service users on the Board should be considered.

This study has made a number of key contributions. This thesis has given an inside perspective on the difficulties surrounding Partnership Working in the public health field in South Wales. Firstly, whilst Partnership Working is a well-known practice and is widely encouraged in the field of public health, the literature has not always been clear about how to put that into practice. Not only that, but it has (according to the participants), preCOVID-19, missed the opportunity to work with other important bodies in the public health field in Wales, namely the RPBs. By working together more routinely, and sharing expertise, closer collaboration between these Boards would widen the fields of expertise and lead to more coordinated decision-making. Secondly, in light of COVID-19, the ability of the PSBs to adapt and thrive in a public health crisis provides real optimism for the future.

Indeed, the case study in this thesis is an important illustration of the crucial work that such Boards are able to achieve and reinforces the necessity of multi-agency working in the public health field. Thirdly, the study revealed that the members of the boards that were interviewed perceived that there was a lack of understanding from the general public about the work and purpose of the PSBs. In light of the pandemic, public health has enjoyed a high profile, both in terms of political prominence and its daily attention from the media. This has, paradoxically, provided an opportunity for public health professionals to build on this public awareness and become more active in their communication with their local communities. This is, as the recommendations state, partly achievable through greater engagement with the third sector. However, it is also possible to enhance the profile of service user communities on the PSBs.

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Appendices

Appendix A: Study 1 Ethics Form

APPLICATION FOR ETHICAL COMMITTEE APPROVAL OF A RESEARCH PROJECT

All research with human participants, or on data derived from research with human participants that is not publicly available, undertaken by staff or students linked with A-STEM or in the College of Engineering more widely must be approved by the College of Engineering Research Ethics Committee.

RESEARCH MAY ONLY COMMENCE ONCE ETHICAL APPROVAL HAS BEEN OBTAINED

The researcher(s) should complete the form in consultation with the project supervisor. After completing and signing the form students should ask their supervisor to sign it. The form should be submitted electronically to coe-researchethics@swansea.ac.uk.

Applicants will be informed of the Committee's decision via email to the project leader/supervisor.

1. TITLE OF PROJECT
Evaluation of Partnership Working Across South Wales, Regional Partnership Boards, Public Service Boards and the Criminal Justice Board to Enhance Effectiveness of Community Well-Being Interventions

2. DATE OF PROJECT COMMENCEMENT AND PROPOSED DURATION OF THE STUDY
01/10/2019-30/09/2020

3. NAMES AND STATUS OF THE RESEARCH TEAM *State the names of all members of the research group including the supervisor(s). State the current status of the student(s) in the group i.e. Undergraduate, postgraduate, staff or other (please specify).*
Alice Booth-Rosamond-postgraduate student Dr. Joanne Hudson-staff – primary supervisor Prof. Gareth Stratton-staff – secondary supervisor Mark Brace – company supervisor (police commissioner)

4. RATIONALE AND REFERENCES

Describe in ***no more than 200 words*** *the background to the proposed project.*
In all sections below that detail your study and its aims please use language suitable for a lay audience.

Working in partnerships has become a popular technique in approaching the topic of public health and wellbeing. It is believed that if organizations, such as university health boards, local government, the police, work together to intervene in relation to dangerous behaviour, poor habits and lifestyle choices it is more likely to have an impact on the improvement of wellbeing for vulnerable individuals across South Wales. Regional Partnership Boards, Public Services Boards and the Criminal Justice Board have been put in place to develop strategies to encourage and support those who are most vulnerable to these risky behaviours. However, it has emerged that whilst these organizations, independently, have achieved their wellbeing goals effectively, there is a missed opportunity to work more systematically, embracing the benefits of partnership working and sharing best practice. This is in part because the partnership working arrangements are relatively new and the dynamics between, and within, these Boards are currently unknown. Therefore, research is needed to increase awareness of the strengths and weaknesses of working in partnerships, identifying where tensions exist and where relationships could be enhanced, in order that suggestions about how to strengthen the outcomes of the Partnerships can be made and implemented. This will enhance the ability to achieve co-produced wellbeing goals and common outcomes for the most vulnerable communities. In doing so partnership working, as an academic concept and a professional practice, can be refined, ensuring that interventions in the lives of vulnerable groups and individuals will be more effective.

5. OBJECTIVES

State the objectives of the project, i.e. one or more precise statements of what the project is designed to achieve.

The proposed project will:

1) Explore partnership working across the following organizations in South Wales: Regional Partnership Boards; Public Service Boards, and Criminal Justice.
2) Evaluate the impact of a Public Health policing approach on outcomes across partner organizations.
3) Make recommendations for effective partnership working.

6.1 STUDY DESIGN
Outline the chosen study design (e.g., cross-sectional, longitudinal, intervention, RCT, questionnaire etc)

This study design has also been guided by the British Psychological Society Code of Ethics and Conduct.

Interviews will be carried out with members of the Partnerships Boards in order to access information about the functioning of the Board, any impact on their professional practice and the working of their organization. Prior to the interview participants will be given an Interview Sheet detailing the aim of the research and reassurance that all interview data will be anonymized.
At any point they will be able to remove themselves from the interview. This information will be included on an Interview Sheet given to all participants before the interview.

The research will also involve content analysis of relevant documents related to partnership working such as minutes of meetings. These minutes can be found in the public domain and therefore issues of anonymity do not apply. Nonetheless these recorded minutes are a vital source of analyzing the dynamics of partnership working I have also been given permission by Mark Brace to attend a number of Board Meetings as an independent observer; anonymity for these meetings will be treated in the same way as interview anonymity (see section 6.7.)

Online surveys such as the Health Survey Wales may be used where appropriate to contextualize the state of Public Health in South Wales, namely Cardiff and Vale, and as an indicator of the success of the boards. These are publically available surveys.

6.2. STUDY DESIGN
- *state the number and characteristics of study participants*
- *state the inclusion criteria for participants*
- *state the exclusion criteria for participants and identify any requirements for health screening*
- *state whether the study will involve vulnerable populations (i.e. young, elderly, clinical etc.)*
- *state the requirements/commitments expected of the participants (e.g. time, exertion level etc.)*

The research process will engage with 10-15 participants from the Boards. I will be focusing on four of the Public Service Boards. Specifically these are: The Swansea Board, the Bridgend Board, the Cardiff Board and the Neath Port Talbot Board. Average membership and the attendance of meetings within these boards are 15/16 members. I will interview a sample of two to three members of each Board and my aim is to ensure I include individuals from the variety organizations that make up the Boards. This will give me a sample of approximately 60 potential candidates, and, with steps taken to remove identifying features, will ensure the selected participants cannot be readily identified. The research process will involve individual interviews with the participants. My expectation is to interview those individuals who are in leadership/decision-making positions within the partnerships, such as members

of the University Health Board, the participating local councils and representatives of the Public Services Boards (PSBs), Regional Partnership Boards (RPBs) and the Criminal Justice Boards (CJB).

Inclusion Criteria

The criteria for involvement in the study will be from professionals who are actively involved in one of the Partnership Boards and have attended meetings regularly. An additional criterion for inclusion will be those who hold a leadership position within the Boards.

Exclusion Criteria

Given the geographical reach of the research project members of the Boards who are not professionally based in the Cardiff and Vale Area will be excluded. Individuals who are not directly involved in the Partnership Boards meetings and/or are not involved in decision-making will be excluded from this study.

The study would not explicitly include vulnerable populations, however, social issues such as substance abuse, the criminal justice system, social inequalities and other aspects of well-being in public-health could possibly be discussed with participants.

It is expected that each individual interview will take an hour. Those being interviewed will be offered the opportunity to participate via Skype or, to have their interview in a neutral space, so that they are able to speak honestly and openly about their experiences, without fear of being overheard by colleagues. This will mitigate against “biased” answers being given to interview questions.

6.3. PARTICIPANT RECRUITMENT

Mark Brace, the company supervisor and a member of the Bridgend Public Services Board, will direct me to possible contacts on the Bridgend Board, and key individuals who are able to signpost me to membership details of the other Boards. I will contact the members directly to explain the purpose of the study, how the data will be treated, and to get their consent to participate. All participants involved will have been spoken to by Mark beforehand and informed that I will be contacting them. They will only be contacted through their public work email and not via any means of contact that is not in the public domain. The Interview Schedule will also detail this information and highlight to all participants their ability to withdraw from the study at any time. Initial contact will be made through email and followed up by telephone contact.

6.4 DATA COLLECTION METHODS

- describe all of the data collection/experimental procedures to be undertaken
- state any dietary supplementation that will be given to participants and provide full details in Section 6.5
- state the inclusion of participant information and consent forms (and assent forms where necessary in appendices)
- Where you are asking research participants to undertake physical activity consider appropriate health screening processes. Note that the ACSM have updated their guidelines in a consensus statement dated 2015.

The mode of data gathering will be interviews in which interviewees will be given a participant information sheet beforehand as well as a consent form. Interviews will be recorded and transcribed verbatim. They will all be asked about their involvement in partnership boards, the duration in which they have been involved in the boards and additionally the work they are involved in.
As a result of involvement in partnerships working arrangements the study will explore the participants' experiences of the partnerships, whether their experiences have been positive or negative, and how this has influenced their understanding of both partnership working and concepts of wellbeing.

Please see **Appendix** (page 15) for a list of possible questions to be discussed in the interviews.

Participants will not be made to take part in any physical activity.

I will be taking a qualitative training course to ensure that interviews are approached with the utmost professionalism and ethical practice.

Where second hand data will be included, they will be cited appropriately in line with the Harvard system.

Mark Brace has indicated that he may allow access to documents concerning the Partnership Boards that are not in the public domain. In this case I will ensure that only information necessary to the project is extracted and that the names of anyone involved anonymized and any personal information excluded. Any reporting of data from these documents will refer ONLY to issues related to Partnership working concepts.

6.5 DATA ANALYSIS TECHNIQUES

- describe briefly the techniques that will be used to analyse the data

The method in which the data shall be analyzed will be descriptive thematic content analysis; all interviews will be transcribed and compared to the literature as well as the model of partnership that has been chosen.

Online surveys such as the Health Survey Wales may be used where appropriate to contextualize the state of Public Health in South Wales, namely Cardiff and Vale, and as an indicator of the success of the boards. Data from these surveys will be analysed using descriptive statistics to illustrate trends and outcomes.

6.6. STORAGE AND DISPOSAL OF DATA AND SAMPLES

describe the procedures to be undertaken for the storage and disposal of data and samples

- *identify the people who will have the responsibility for the storage and disposal of data and samples*
- *identify the people who will have access to the data and samples*
- *state the period for which the raw data will be retained on study completion (normally 5 years, or end of award. But data should not be retained for longer than is necessary for the purposes of the research project.)*
- *Please confirm that where data is being stored away from Swansea University (for example on cloud based services) that procedures are still in line with GDPR legislation.*

All data stored will be anonymized and only accessed by the project team, namely myself, Mark Brace, Gareth Stratton and Joanne Hudson, and kept on a secure University drive, and password protected. The data will be stored for the period needed (5 years) whilst the findings are used in the production of the project report and my dissertation. The data will be destroyed after that time, but no longer than a year after the project has ended.

Recordings of interviews will be deleted after transcription.

6.7 HOW DO YOU PROPOSE TO ENSURE PARTICIPANT CONFIDENTIALITY AND ANONYMITY?

Safeguarding issues and the confidentiality of participants will be paramount, and consent for each person's involvement in the project will be obtained. The participants will be given a detailed description of the project aims, objectives, proposed outputs and outcomes, and methodology, and a consent form, which will make explicit the ability for the participant to withdraw from their involvement in the project at any time. However this project is based on the principles of co-production and thus the participants will be treated as partners in the generation of research data and any recommendations for the future Partnership working practices.

When referring to the participant's answers to the interview questions in the research thesis, it will be ensured that there will be no reference to which Board the participant is involved with. Participants' names and information will be logged in a private, password protected folder which only I will be able to have access to. In addition, these names will be put into code and will be listed when directly quoted as persons A, B, C etc. There will no reference to which organization or partnership board they are a member of. Furthermore the organizations will be coded as organization A, B, C etc. Moreover before interviews are conducted participants will be encouraged - when speaking about other members of the boards who have not given their permission for the purposes of this study - to anonymize these people in order that no personal details are revealed that could make the individual identifiable. As co-creators in the project the participating organizations will also have access to the research data generated and will be able to contribute to the interpretation of the research findings.

In addition I will ensure that any uses of board meeting minutes, will be ones that are available in the public domain and that any meetings that are observed will be treated in the same way as interviews. The boards which I will be observing will not be disclosed and any reference to members will be anonymized and coded as persons 1, 2, 3 etc.

7. LOCATION OF THE PREMISES WHERE THE RESEARCH WILL BE CONDUCTED.

- list the location(s) where the data collection and analysis will be carried out
- identify the person who will be present to supervise the research at that location
- If a first aider is relevant, please specify the first aider and confirm that they possess the first aid qualifications appropriate for this form of research

Location will vary according to the area of which members are based and according to the research method being carried out. The location of interviews will vary according to the preference of the participant. Interviews will either take place on a phone call, a Skype call or in person at a private location in a place, which is convenient for them to meet in (for example their office, a room within the police headquarters, the University campus) where the conversation will be private.

My University supervisors Joanne Hudson and Gareth Stratton will supervise where needs be in locations on the University campus and Mark Brace, the company supervisor will supervise where need be if interviews take place in locations around the police headquarters in Bridgend. They will not attend interviews but will be available for any queries or concerns that arise.

8. POTENTIAL PARTICIPANT RISKS AND DISCOMFORTS

- identify any potential physical risk or discomfort that participants might experience as a result of participation in the study.
- identify any potential psychological risk or discomfort that participants might experience as a result of participation in the study.
- Identify the referral process/care pathway if any untoward events occur

Participants will be discussing the dynamics of the Partnership Boards, perhaps the leadership and potentially other members of the boards. Participants may feel uncomfortable within the interviews while discussing faults or negative aspects of other members of their board if they believe that is an essential aspect of the interview. They will therefore be assured about the anonymity of the discussion (see section 6.7.), to be reassured about how the information they give will support the development of partnership working, and will be encouraged not to give away any detail that might identify any board or individual. However if they do give such information, it will be removed from the transcript. Whilst discussions will be more about the dynamics of the group, individual disputes or leadership issues could potentially emerge within the conversation. In addition public health and wellbeing refers to a broad variety of social issues, whilst the focus of the interviews will be on the partnership and the wellbeing goals as a whole, interview questions could potentially involve discussion of particular wellbeing goal/social issues that unknowingly cause discomfort or upset for a participant who finds that issue sensitive.

If this arises, the protocol for dealing with distress during interviews will be followed (please see Appendix).

9.1. HOW WILL INFORMED CONSENT BE SOUGHT? *Will any organizations be used to access the sample population?* *Will parental/coach/teacher consent be required? If so, please specify which and how this will be obtained and recorded?*
As the project is based on the working arrangements between and within the Partnership Boards, professionals from the membership organizations will be the subjects of the interviews. The leaders of the Boards will be involved in signposting me to the possible recruits for the study. Where possible representatives from all member organizations will be sought, aiming to represent the range of public services involved in the partnership- working arrangement, including the police and Health Bodies.

9.2 INFORMATION SHEETS AND CONSENT/ASSENT FORMS **Please ensure that your forms are written in clear, simple language enabling research participants to fully understand the project.**
☐ Have you included a participant information sheet for the participants of the study? ☐ YES ☐ Have you included a parental/guardian information sheet for the parents/guardians of the study? ☐ N/A ☐ Have you included a participant consent (or assent) form for the participants in the study? YES ☐ Have you included a parental/guardian consent form for the participants of the study? ☐ N/A

10. IF YOUR PROPOSED RESEARCH IS WITH VULNERABLE POPULATIONS (E.G., CHILDREN), HAS AN UP-TO-DATE DISCLOSURE AND BARRING SERVICE (DBS) CHECK (PREVIOUSLY CRB) IF UK, OR EQUIVALENT NON-UK, CLEARANCE BEEN REQUESTED AND/OR OBTAINED FOR ALL RELEVANT RESEARCHERS?.
N/A

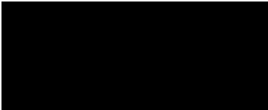
11. HUMAN TISSUE ACT **Does your research involve the collection or storage of human tissue samples?** **Where not relevant please respond N/A. Where appropriate please provide further details.** Please note that University ethics committee approval is not sufficient to comply with legislation for the storage of relevant material for research.
N/A

12. STUDENT DECLARATION

Please read the following declarations carefully and provide details below of any ways in which your project deviates from these. Having done this, each student listed in section 2 is required to sign where indicated.

- ☐ ***"I have ensured that there will be no active deception of participants.***
- ☐ ***I have ensured that no data will be personally identifiable.***
- ☐ ***I have ensured that no participant should suffer any undue physical or psychological discomfort (unless specified and justified in methodology).***
- ☐ ***I certify that there will be no administration of potentially harmful drugs, medicines or foodstuffs.***
- ☐ ***I will obtain written permission from an appropriate authority before recruiting members of any outside institution as participants.***
- ☐ ***I certify that the participants will not experience any potentially unpleasant stimulation or deprivation.***
- ☐ ***I certify that any ethical considerations raised by this proposal have been discussed in detail with my supervisor.***
- ☐ ***I certify that the above statements are true with the following exception(s):***

Student/Researcher signature: (include a signature for each student in research team)

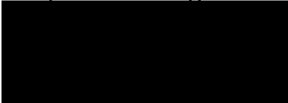


Date: 29/01/20

Where submitted electronically we will accept the lead supervisor/researcher's email of the application as confirmation that both they and other researchers on the project have discussed and are happy to adhere to the above.

13. SUPERVISOR'S APPROVAL

Supervisor's signature:



Date: 29/01/2020

Appendix B: Study 1 Participant Information Sheet

(Version 1.1, Date: 06 /01/20)

Project Title: Evaluation of Partnership Working Across South Wales, Regional Partnership Boards, Public Service Boards and the Criminal Justice Board to Enhance Effectiveness of Community WellBeing Interventions

Contact Details:

Alice Booth-Rosamond

1. **Invitation Paragraph**

   We are researchers at Swansea University and we are contacting you to ask if you will take part in a study we are conducting. The study has received full ethical approval from Swansea University's A-STEM Ethics Committee and thus your wellbeing will be made a priority throughout the study. If you would like to discuss this process or raise any ethical concerns about the study, please contact Dr Andrew Bloodworth, Chair of the College of Engineering Research Ethics Committee, Swansea University.

   . A member of the Public Services Board has recommended for us to seek your participation in the study but this does not mean you are obliged to do so and they will be unaware of who does and doesn't take part in the study.

2. **What is the purpose of the study?**

The purpose of this study is to investigate the dynamics of the Partnership Boards in Cardiff and Vale, (namely Regional Partnership Boards, Public Services Boards & the Criminal Justice Board) and ultimately to assess the strengths and weaknesses of working in Partnership s, to identify where any disparities lie and where relationships between partners could be enhanced and how goals can become common goals in order to suggest stronger methods of working in Partnership s.

3. **Why have I been chosen?**

You have been approached to take part in the study, because you are a member of one of the Partnership Boards in the Cardiff & Vale area in which the research is focused, or you have been involved in one of the boards previously. In addition you are able to speak and write fluently in English; which is important because interviews will given in English.

4. **What will happen to me if I take part?**

You will be contacted by postgraduate student Alice Booth-Rosamond to arrange a face-to-face interview between 30 minutes to an hour. You will be asked a series of questions about Partnership, Partnership dynamics as well as questions about the boards, how decisions are made within the boards and any issues that you might have faced within the boards that could help in the discussion of barriers to, and facilitators of, effective Partnership s.

5. **What are the possible disadvantages of taking part?**

You are unlikely to experience any discomfort during this study, however in the interviews you will be asked to discuss group dynamics and leadership which could be uncomfortable to discuss, knowing that the data will be used in research. Please be assured that all comments will be anonymized. You will not be obligated to say anything you would be uncomfortable being published and collected as data and if you have said

anything that later you wish not to be transcribed, please contact either Alice Booth-Rosamond at [redacted] or her academic supervisor Joanne Hudson at [redacted]. It must also be noted that while specific issues of public health will not be the focus of the discussion, there is a possibility that sensitive issues could come up in conversation. Discussing sensitive issues has the potential to produce an emotional response, if at any point in the interviews you become upset by an issue discussed you can stop at any time and are not required to continue talking about the issue.

6. What are the possible benefits of taking part?

While the benefits of taking part in the study will vary from participant to participant, we hope that by taking part in this study, you can directly help in improving Partnership work in South Wales in the long run. We hope that your answers to the interview questions will give us enough insight to make adequate suggestions so that barriers to effective Partnership can lessen and facilitators be enhanced so that public health interventions will become the priority and that more service users can benefit from the boards working together.

7. Will my taking part in the study be kept confidential?

Any research data used in the postgraduate thesis, project report and any publications will ensure absolute confidentiality, and all references to the participants will be anonymized.

Data Protection and Confidentiality

Your data will be processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2016 (GDPR). All information collected about you will be kept strictly confidential. Your data will only be viewed by the researcher/research team.

All electronic data will be stored on a password-protected computer file on a passport protected laptop owned by postgraduate student Alice Booth-Rosamond, Joanne Hudson will also have access to the file's password. All paper records will be stored in a locked filing cabinet at Swansea University and/or in the Police Headquarters in Bridgend. Your consent information will be kept separately from your responses to minimize risk in the event of a data breach.

Please note that the data we will collect for our study will be made anonymous, anonymization will take place during the transcribing of the interviews, thus it will not be possible to identify and remove your data at a later date, should you decide to withdraw from the study. Therefore, if at the end of this research you decide to have your data withdrawn, please let us know before you leave.

Data Protection Privacy Notice

The data controller for this project will be Swansea University. The University Data Protection Officer provides oversight of university activities involving the processing of personal data, and can be contacted at the Vice Chancellors Office.

Your personal data will be processed for the purposes outlined in this information sheet. Standard ethical procedures will involve you providing your consent to participate in this study by completing the consent form that has been provided to you.

The legal basis that we will rely on to process your personal data will be processing is necessary for the performance of a task carried out in the public interest. This public interest justification is approved by the College of Engineering Research Ethics Committee, Swansea University.

The legal basis that we will rely on to process special categories of data will be processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes.

How long will your information be held?
We will hold any personal data and special categories of data for a maximum period of 7 years after the completion of the research project, after which anonymous electronic data files will be deleted and destroyed.

What are your rights?
You have a right to access your personal information, to object to the processing of your personal information, to rectify, to erase, to restrict and to port your personal information. Please visit the University Data Protection webpages for further information in relation to your rights.

Any requests or objections should be made in writing to the University Data Protection Officer:

University Compliance Officer (FOI/DP)
Vice-Chancellor's Office
Swansea University
Singleton Park
Swansea
SA2 8PP
Email: dataprotection@swansea.ac.uk

How to make a complaint
If you are unhappy with the way in which your personal data has been processed you may in the first instance contact the University Data Protection Officer using the contact details above.

If you remain dissatisfied then you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: -

Information Commissioner's Office,
Wycliffe House,
Water Lane,
Wilmslow,
Cheshire, SK9 5AF
www.ico.org.uk

8. What if I have any questions?

Any further information can be obtained from Alice Booth-Rosamond (k) or Joanne Hudson . The project has been approved by the College of Engineering Research Ethics Committee at Swansea University. If you have any questions regarding this, any complaint, or concerns about the ethics of this research please contact Dr Andrew Bloodworth, Chair of the College of Engineering Research Ethics Committee, Swansea University. . The institutional contact for reporting cases of research conduct is Registrar & Chief Operating Officer Mr Andrew Rhodes. Email: researchmisconduct@swansea.ac.uk. Further details are available at the Swansea University webpages for Research Integrity. http://www.swansea.ac.uk/research/researchintegrity/.

Appendix C: Study 1 PARTICIPANT CONSENT FORM

(Version 1.1, Date: 08/01/2020)

Project Title:
Evaluation of Partnership Working Across South Wales, Regional Partnership Boards, Public Service Boards and the Criminal Justice Board to Enhance Effectiveness of Community Well-Being Interventions

Contact Details: *Alice BoothRosamond*
a

Please initial box

1. I confirm that I have read and understood the information sheet dated 06/01/2020 (version number 1.1) for the above study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. ☐

3. I understand that sections of any of data obtained may be looked at by responsible individuals from the Swansea University or from regulatory authorities where it is relevant to my taking part in ☐ research. I give permission for these individuals to have access to these records.

4. I understand that data I provide may be used in reports and academic publications in an anonymous fashion ☐

5. I agree to take part in the above study. ☐

________________________________ ________________ __________________________ Name of Participant Date Signature

________________________________ ________________ __________________________ Researcher: *Alice Booth-Rosamond* Date Signature

PARTICIPANT DISTRESS

Procedures to follow in the event of participant distress during Interviews/Focus Groups

Prior to the interview:

Prior to conducting interviews, pilot interviews will be conducted in liaison with the supervisor. These interviews will provide the researcher with an opportunity to identify any questions that might lead to distress and where appropriate, take steps to rephrase or change these questions.

Before conducting the first formal interview, the student will meet with their supervisor to discuss to procedures that are in place in case a participant becomes distressed during an interview. The supervisor will also ensure the student feels prepared for the interview. The supervisor must be satisfied that the researcher is competent in conducting interviews before giving approval for the commencement of data collection.

Students will inform their supervisor where and when they are completing all interviews and in turn the supervisor will ensure the student has a means of contacting them when they are conducting interviews.

<u>During the interview:</u>
At the beginning of the interview the student will remind the participant that they can stop the interview at any time, that they can choose not to answer questions, and that there are no right or wrong answers to questions (so there is no fear of 'saying the wrong thing').

Once the interview begins, the researcher will be required to be aware of any potential indications of distress (e.g., withdrawing, visible upset, declining to answer numerous questions, shifting in seat, looking away from the interviewer, asking for the interview to end) and should air on the side of caution in all instances. If there is even the slightest indication that participants might be distressed students must immediately follow the procedure below:

1) The recording will be immediately stopped and the participant will be asked if they are ok. At this point the participant will be asked if they want to take a break/end the interview/continue talking – the participant's decision will be final. If the participant decides to take a break and continue with the interview, confirmation will be sought that the participant is actually comfortable continuing and they will be reminded there is no penalty for withdrawing.

2) If the participant wishes to continue but remains distressed, the interviewer will make the decision to drawn the interview to an end. At this point, the interviewer will commit to providing the participant with an opportunity to talk and ensure the participant is not visibly distressed when leaving the interview.

3) If the participant remains distressed and the researcher does not feel capable of managing the situation they will contact their respective supervisor who will be available at all times during interviews by phone contact. Depending on the situation, the supervisor will either provide guidance to the student, speak directly to the participant over the phone, or make attempts to go and meet with the researcher and the participant.

4) If the participant has become distressed at any point in the interview, the student will ensure the participant has the contact details of the rest of the research team and remind them that they are free to contact any member of the research team if there is anything further they would like to discuss.

5) The interviewer will also offer to provide the participants with a list of local contacts (e.g., counselling services, sport psychology services) if they would like them.

6) Following the interview, the student will debrief the interview with their supervisor and (if necessary) other senior members of the research team. A written record of the incident and the procedures followed will be made.

If participant has become distressed at any point you must debrief with supervisor and write up the steps that were taken throughout to manage the situation.

Appendix D: Draft 1 of interview questions for participants in Study 1.

(Introductions, disclaimer that they are not required to answer any question they are uncomfortable answering and it will be emphasized and encouraged when speaking about other members of the boards to try to anonymize these people to ensure their privacy, they will be reassured that the same will be done for them so that they are not easily identifiable)

1. Firstly, which Partnerships are you involved with?
2. What are your roles and responsibilities within the Partnership/s?
3. Do you feel like this role in the Partnership is clear?
4. What do you understand the term Partnership to be? Do the boards use a specific definition?
5. What draws you to working in Partnerships?
6. How do you feel it benefits you?
7. What do you think is working best about the Partnership?
8. How can Partnerships fail?
9. What have the main constraints to effective Partnership work have been?
10. Do you feel like you get a say in any decisions / do you feel like your voice is represented?
11. How *do* decisions get made?
12. Who has the final say on these decisions? (Does it have to be a unanimous decision?)
13. Have you ever voiced any concerns about Partnership work to leaders? Do you feel you are able to voice concerns to these leaders?

Appendix D1: Notes from feedback meeting with Company Supervisor

Suggested changes to interview questions:

- Start off with clarifying definitions before asking about the role – makes it easier from the offset as I will know where they are coming from.
- Add what my understanding of Partnership working is – so there is context – if there are disparities with their definitions look into it
- Add a few questions at the end addressing COVID-19 – The current circumstances presents the opportunity to compare the current climate vs how it traditionally is. Opens up speculation? Can reveal more about foundation of Partnerships.
- Some questions phrased too on the nose (Q:6/7/8) rephrase – ask for examples aka “Give me an example of good partnership working you have seen?” can get more out of the question.
- Change flow of questions – make sure there are clear ones that follow on for the next – account for which need follow ups – don’t ask for follow ups unless it isn’t answered in their answer.
- Read Roulston & Choi (2018) Qualitative interviews – (Sage should be in Library) – try and get advice about interview phrasing.

Appendix E: Amended interview questions Study 1

Greeting.

Do they have questions about the research in general? Anything about data protection?

Disclaimer: They do not have to answer any question they are uncomfortable answering. All names will be anonymised. You are welcome to contact the researcher/supervisor after the fact for any concerns/clarifications.

Do they have any questions before the interview begins?

1. What do you understand by the term “Partnership Working”?

My definition for context:
Partnership work is when groups or organizations have a shared vision or goal (in our case this is wellbeing interventions and improved public health for South Wales) and working together using each organization’s individual skills and expertise to achieve this goal. In addition, within the context of improving public health, the organizations should aim not to silence the service users' voices; rather, recognise that they too have expertise that should be taken into consideration.

2. Do partnership Board/s use a particular definition or is it more of a general idea?

3. Which partnership/s are you involved with / some background on what that partnership involves?

4. What does your role in particular entail / what responsibilities are required of you?

5. How did you come to be involved in the partnerships – or did you volunteer?

6. What interests you most about Partnership work?

7. What are the benefits of working in Partnerships? To you? To your organisation? To public health generally?

8. What do you think are the ingredients of a healthy Partnership Board? What are the barriers to achieving that?

9. Can you think of an example of a time where you believed that [one of these partnerships] accomplished a task particularly well? And why?

10. Do you have any suggestions about what the main barriers to effective Partnership work have been?

11. Can you think of any examples of how partnerships have perhaps not worked as effectively as intended? Why do you think that was?

12. Do you feel you (as a representative of your organisation and a professional with specific expertise) have had your say in the decisions made / do you feel like your voice is represented?

13. How do decisions get made? What is the process?

14. Are there any dynamics that get in the way or facilitate that decisionmaking?

15. Who has the final say on these decisions?

16. Have you ever voiced any comments/suggestions/concerns about partnership work to leaders? Do you feel you are able to voice concerns to these leaders?

17. How involved are service users in partnership work / decisions?

18. Since the outbreak of COVID-19 how have you seen the Boards adapted? Has it been difficult for the Partnership to adjust to the changes? Why do you think that is?

19. How has the coronavirus impacted on the Public Health agenda and have there been any changes in the priorities of that agenda?

20. So I know that COVID has put a pause on the board's meeting and additionally there have been funding cuts - I wanted to ask whether you believe this legislation promotes or hinders the development of partnership working.

21. Moving forwards what needs to be done to allow partnerships to continue to be successful?

22. Do you have any comments or issues you believe should be raised that I have not touched on?

Appendix F: Flow Chart of procedures for Study 1

Appendix G: Study 2 Ethics Form

APPLICATION FOR ETHICAL COMMITTEE APPROVAL OF A RESEARCH PROJECT

All research with human participants, or on data derived from research with human participants that is not publicly available, undertaken by staff or students linked with A-STEM or the College of Engineering more widely must be approved by the College of Engineering Research Ethics Committee or NHS REC.

RESEARCH MAY ONLY COMMENCE ONCE 'FULL-ETHICAL APPROVAL' HAS BEEN OBTAINED AND AN APPROVAL NUMBER HAS BEEN ISSUED

The researcher(s) should complete the form, with clear plain English and with as much detail as will be necessary for the committee members to make an ethical decision (**failure will result in the application being returned to sender)**. If a student researcher is the main applicant, the form should be completed in consultation with the project supervisor. If the applicant is a student, both the supervisor and student will need to sign the form. The completed form should be submitted electronically to coeresearchethics@swansea.ac.uk by the 1st of the month that you wish the application to be reviewed.

Applicants will be informed of the Committee's decision via an email containing an official College of Engineering Ethics Committee Decision letter, to the applicant/supervisor.

1. TITLE OF PROJECT
From Wicked Problems to Wicked Solutions: An Investigation of the Partnership approach To Delivering Public Health and Adapting to the Pandemic

2. DATE OF PROJECT COMMENCEMENT AND PROPOSED DURATION OF THE STUDY
01/10/2019-31/03/22

3. NAMES AND STATUS OF THE RESEARCH TEAM *State the names of research group members including the supervisor(s), if applicable. If this includes students, state the current status of the student(s) in the group i.e. undergraduate, postgraduate, staff or other (please specify). State clearly, which team member is the principle investigator.*
Alice Booth-Rosamond – postgraduate student Dr. Joanne Hudson-staff – primary supervisor Prof. Gareth Stratton-staff – secondary supervisor Mark Brace – company supervisor

4. RATIONALE AND REFERENCES

*Describe in **no more than 300 words** the background to the proposed project. Please use language suitable for a lay audience.*

Phase one of this project involved an investigation into the existing practices of Partnership Working within Public Services Boards, through the method of semi structured interview. The aim being to identify the benefits and barriers to successful Partnership Working as well as to introduce possible solutions from the analysed data in order to encourage more joined up working with the other existing Partnership Boards (Reginal Partnership Boards/Criminal Justice Boards) in future. However, since the outbreak of COVID-19, the PSBs have seen a number of changes occur. In spite of a number of difficulties and delays to proceedings, the boards have also reported a number of positive outcomes from the pandemic. Phase two of the project will involve case study methodology, talking to key stakeholders and discussing what positive changes they have observed, why they think the pandemic opened up the opportunity for rejuvenations and how they plan on maintaining the progress made. Ultimately the case study will answer the question "What benefits have the COVID-19 crisis brought to PSBs?" as well as make recommendations to continue effective Partnership Working in South Wales.

5. OBJECTIVES

State the objectives of the project, i.e., one or more precise statements of what the project is designed to achieve.

To evaluate the impact of COVID-19 on outcomes across Public Services Boards. Objectives

- Using a case study approach, to identify the potential benefits and ways in which the pandemic has encouraged effective Partnership Working practice.
- Potentially investigating whether the delivery of well-being plans has improved as well as how the Boards might wish to make changes to these plans in wake of the crisis.
- Identify optimal ways to capture and communicate these benefits to external organisations.

6.1 STUDY DESIGN

Outline the chosen study design (e.g., cross-sectional, longitudinal, intervention, RCT, questionnaire etc)

This study design has also been guided by the British Psychological Society Code of Ethics and Conduct. This phase of the project will use empirical Case Study, using detailed and specific interview questions to talk with key stakeholders in the PSBs in order to access information about the functioning of the Board, any impact on their professional practice and the working of their organization. Prior to the interview participants will be given an Interview Sheet

detailing the aim of the research and reassurance that all interview data will be anonymized. At any point they will be able to remove themselves from the interview. This information will be included on an Interview Sheet given to all participants before the interview.

6.2. STUDY DESIGN

- *state the number and characteristics of study participants*
- *state the inclusion criteria for participants*
- *state the exclusion criteria for participants and identify any requirements for health screening*
- *state whether the study will involve vulnerable populations (i.e. young, elderly etc.)*
- *state the requirements/commitments expected of the participants (e.g. time, exertion level etc)*

The research process will engage with 5-6 participants from the PSBs. These will include key stakeholders of the Swansea, Bridgend, Cardiff, Vale of Glamorgan and the Cwm Taf Boards. As part of a Case Study asking a specific question, the members will be specific and asked specific questions. My expectation is to interview those individuals who are in leadership/decisionmaking positions within the Partnership s, such as members of the University Health Board, the participating local councils and representatives of the Public Services Boards.

Inclusion Criteria: The criteria for involvement in the study will be from professionals who are actively involved in one of the Partnership Boards and have attended meetings regularly. An additional criterion for inclusion will be those who hold a leadership position within the Boards.

Exclusion Criteria: Given the need to answer the specific question, members who have less of an involved role in decision making/ plans for the future of the PSB. Due to the geographical reach of the research project, members of the Boards who are not professionally based in the Cardiff and Vale Area will be excluded. Individuals who are not directly involved in the Partnership Boards meetings and/or are not involved in decision-making will be excluded from this study. The study would not explicitly include vulnerable populations. It is expected that each individual interview will take roughly between 40 minutes to an hour. Those being interviewed will be offered the opportunity to participate via Zoom (or another preferred video calling service) or telephone call to have their interview in a neutral space, so that they are able to speak honestly and openly about their experiences, without fear of being overheard by colleagues.

This will mitigate against “biased” answers being given to interview questions.

6.3. PARTICIPANT RECRUITMENT

How and where will participants be recruited? How will you ensure that these methods of recruitment do not compromise the ability of the research participant to freely consent to and withdraw from the study?

Mark Brace, the company supervisor and a member of the Bridgend Public Services Board, will direct me to possible contacts on the Bridgend Board, and key individuals who are able to signpost me to membership details of the other

Boards. I will contact the members directly to explain the purpose of the study, how the data will be treated, and to get their consent to participate. All participants involved will have been spoken to by Mark beforehand and informed that I will be contacting them. They will only be contacted through their public work email and not via any means of contact that is not in the public domain. The Interview

Schedule will also detail this information and highlight to all participants their ability to withdraw from the study at any time. Initial contact will be made through email and followed up by telephone contact.

6.4 DATA COLLECTION METHODS

- *describe all of the data collection/experimental procedures to be undertaken*
- *state any dietary/food supplementation that will be given to participants and provide full details in Section 6.5*
- *state the inclusion of participant information and consent forms (and assent forms where necessary in appendices)*
- *Where you are asking research participants to undertake physical activity consider appropriate health screening processes. Note that the ACSM have updated their guidelines in a consensus statement dated 2015.*

The mode of data gathering will be interviews in which interviewees will be given a participant information sheet beforehand as well as a consent form. Interviews will be recorded and transcribed verbatim.

They will all be asked about their involvement in Partnership Boards, the duration in which they have been involved in the boards and additionally the work they are involved in. As a result of involvement in Partnerships working arrangements the study will explore the participants' experiences of the Partnerships, whether their experiences have been positive or negative, and how this has influenced their understanding of both Partnership Working and concepts of wellbeing. Please see Appendix 2 for a draft list of questions to be discussed in the interviews. Participants will not be made to take part in any physical activity. I have taken qualitative training courses throughout my studies to ensure that interviews are approached with the utmost professionalism and ethical practice. Where second-hand data will be included, they will be cited appropriately in line with the Harvard system.

6.5 DATA ANALYSIS TECHNIQUES

- describe briefly the techniques that will be used to analyse the data

The method in which the data shall be analysed will be descriptive thematic content analysis; all interviews will be transcribed and compared to the data generated in phase 1 of the process as well as the literature review.

6.6. STORAGE AND DISPOSAL OF DATA AND SAMPLES - *describe the procedures to be undertaken for the storage and disposal of data and samples* - *identify the people who will have the responsibility for the storage and disposal of data and samples* - *identify the people who will have access to the data and samples* - *state the period for which the raw data will be retained on study completion (normally 5 years, or end of award. But data should not be retained for longer than is necessary for the purposes of the research project) - Please confirm that where data is being stored away from Swansea University (for example on cloud based services) that procedures are still in line with GDPR legislation*
All data stored will be anonymized and only accessed by the project team, namely myself, Mark Brace, Gareth Stratton and Joanne Hudson, and kept on a secure University drive, and password protected. The data will be stored for the period needed (5 years) whilst the findings are used in the production of the project report and my dissertation. The data will be destroyed after that time, but no longer than a year after the project has ended. Audio and video recordings of interviews will be deleted after transcription.

6.7 HOW DO YOU PROPOSE TO ENSURE PARTICIPANT CONFIDENTIALITY AND ANONYMITY?
Safeguarding issues and the confidentiality of participants will be paramount, and consent for each person's involvement in the project will be obtained. The participants will be given a detailed description of the project aims, objectives, proposed outputs and outcomes, and methodology, and a consent form, which will make explicit the ability for the participant to withdraw from their involvement in the project at any time. However this project is based on the principles of coproduction and thus the participants will be treated as partners in the generation of research data and any recommendations for the future Partnership Working practices. When referring to the participant's answers to the interview questions in the research thesis, it will be ensured that there will be no reference to which Board the participant is involved with. Participants' names and information will be logged in a private, password protected folder which only I will be able to have access to. In addition, these names will be put into code and will be listed when directly quoted as Participants 1, 2, 3 etc. There will be no reference to which organization or Partnership Board they are a member of. Specific roles of participants will not be specified. Furthermore, the organizations will be coded as organization A, B, C etc. Moreover, before interviews are conducted participants will be encouraged - when speaking about other members of the boards who have not given their permission for the purposes of this study - to anonymize these people in order that no personal details are revealed that could make the individual identifiable. As co-creators in the project the participating organizations will also have access to the research data generated and will be able to contribute to the interpretation of the research findings. The boards which I will be observing will not be disclosed and any reference to members will be anonymized and coded as persons 1, 2, 3 etc.

7. LOCATION OF THE PREMISES WHERE THE RESEARCH WILL BE CONDUCTED - *list the location(s) where the data collection and analysis will be carried out* - *identify the person who will be present to supervise the research at that location*

- If a first aider is relevant, please specify the first aider and confirm that they possess the first aid qualifications appropriate for this form of research

All interviews will take place virtually, via video or telephone call depending on the preference of the participants. Analysis will not take place in a public setting.

8. POTENTIAL PARTICIPANT RISKS OR DISCOMFORTS FOR THE ENTIRE PROTOCOL (not mentioned above in section 6.8)

- *identify any potential physical risk or discomfort that participants might experience as a result of participation in the study*
- *identify any potential psychological risk or discomfort that participants might experience as a result of participation in the study*
- *Identify the referral process/care pathway if any untoward events occur*

Participants will be discussing the dynamics of the Partnership Boards, perhaps the leadership and potentially other members of the boards. Participants may feel uncomfortable within the interviews while discussing faults or negative aspects of other members of their board if they believe that is an essential aspect of the interview. They will therefore be assured about the anonymity of the discussion (see section 6.7.), to be re-assured about how the information they give will support the development of Partnership Working and will be encouraged not to give away any detail that might identify any board or individual. However, if they do give such information, it will be removed from the transcript. Whilst discussions will be more about the dynamics of the group, individual disputes or leadership issues could potentially emerge within the conversation. In addition, public health and wellbeing refers to a broad variety of social issues, whilst the focus of the interviews will be on the Partnership and the wellbeing goals as a whole, interview questions could potentially involve discussion of particular wellbeing goal/social issues that unknowingly cause discomfort or upset for a participant who finds that issue sensitive. Although this is extremely unlikely, if this arises, the protocol for dealing with distress during interviews will be followed (please see Appendix). In addition it will be made clear that participants do not have to answer any questions they do not want to, without giving a reason.

9.1. HOW WILL INFORMED CONSENT BE SOUGHT?

Will any organisations be used to access the sample population?

Will parental/coach/teacher consent be required? If so, please specify which and how this will be obtained and recorded?

As the project is based on the working arrangements between and within the Partnership Boards, professionals from the membership organizations will be the participants in the interviews. Where possible representatives from all member organizations will be sought, aiming to represent the range of public services involved in the Partnership Working arrangement, including the police and Health Bodies. Participants will provide written informed consent electronically.

9.2 INFORMATION SHEETS AND CONSENT/ASSENT FORMS

Please ensure that your forms are written in clear, simple language enabling research participants to fully understand the project.

- Have you included a participant information sheet for the participants of the study? YES
- Have you included a parental/guardian information sheet for the parents/guardians of the study? N/A
- Have you included a participant consent (or assent) form for the participants in the study? YES
- Have you included a parental/guardian consent form for the participants of the study?
- N/A

10. IF YOUR PROPOSED RESEARCH IS WITH VULNERABLE POPULATIONS (E.G., CHILDREN), HAS AN UPTODATE DISCLOSURE AND BARRING SERVICE (DBS) CHECK (PREVIOUSLY CRB) IF UK, OR EQUIVALENT NONUK, CLEARANCE BEEN REQUESTED AND/OR OBTAINED FOR ALL RELEVANT RESEARCHERS?

If appropriate please provide a list below including the name of the researcher, and confirming that they have an up to date DBS check. Please also confirm the type of check (i.e. basic/enhanced).

N/A

11. HUMAN TISSUE SAMPLES

Does your research involve the collection or storage of human tissue samples? If yes, give details of sample collection, anonymisation, storage (including location) and disposal.

Please note that college ethics committee approval is not currently sufficient to comply with legislation for the storage of HTA relevant material. If the sample you intent to collect is listed as a relevant material (https://www.hta.gov.uk/policies/list-materials-considered-be-‘relevant-material’underhttps://www.hta.gov.uk/policies/list-materials-considered-be-‘relevant-material’-under-humantissue-act-2004human-tissue-act-2004), seek NHS approval.

N/A

12. COVID-19 DECLERATION

- *Confirm that you have considered the latest (date of submission) UK government COVID-19 guidance and restrictions.*
- *State how you are accounting for the UK government COVID-19 guidance and restrictions in your proposed application, specifically relating the participant – researcher interaction and equipment hygiene.*

Latest UK government advice: https://www.gov.uk/guidance/coronavirus-covid-19-information-for-thehttps://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-publicpublic

I have considered the latest UK Government Guidance and restrictions when planning the study design. All interviews will take place remotely via video or telephone call to maintain social distance.

13. APPLICANT DECLARATION

Please read the following declarations carefully and provide details below of any ways in which your project deviates from these. Having done this, each research member listed in section 2 is required to sign where indicated (unless otherwise stated).

- ***I have ensured that there will be no active deception of participants or the ethics committee • I have ensured that no data will be personally identifiable***
- ***I have ensured that no participant should suffer any undue physical or psychological discomfort (unless specified and justified in methodology)***
- ***I certify that there will be no administration of potentially harmful drugs, medicines or foodstuffs (unless specified and justified in methodology)***
- ***I certify that the participants will not experience any potentially unpleasant stimulation or deprivation (unless specified and justified in methodology)***
- ***I have attached a local Risk Assessment Form***
- ***If a student applicant, I certify that any ethical considerations raised by this proposal have been discussed in detail with my supervisor • I certify that the above statements are true***

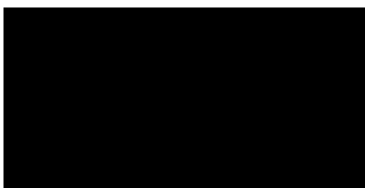
Lead applicant signature (on behalf of all co-applicants)

……………………………………………. **Date:** 30/04/2021

Where submitted electronically the committee will accept the lead supervisor/researcher's email of the application as confirmation that both they and other researchers on the project have discussed and are happy to adhere to the above.

14. IF STUDENT APPLICANT, SUPERVISOR'S APPROVAL (if applicable)

Supervisor's signature:



…………………………………………… **Date: 30/04/2021**

Appendix H: Participant Information Sheet Study 2

(Version 1.1, Date: XX /XX/2021)

Project Title: Evaluation of Partnership Working Across South Wales, Regional Partnership Boards, Public Service Boards and the Criminal Justice Board to Enhance Effectiveness of Community Well-Being Interventions

Contact Details:

Alice Booth-Rosamond

1. Invitation Paragraph

I am a researcher at Swansea University and I am contacting you to ask if you will take part in a study that I am conducting. The study has received full ethical approval from Swansea University's A-STEM Ethics Committee and thus your wellbeing will be made a priority throughout the study. If you would like to discuss this process or raise any ethical concerns about the study, please contact Dr Andrew Bloodworth, Chair of the College of Engineering Research Ethics Committee, Swansea University. A member of the Public Services Board has recommended for us to seek your participation in the study but this does not mean you are obliged to do so and they will be un-aware of who does and doesn't take part in the study.

2. What is the purpose of the study?

The purpose of this study is to investigate the changing dynamics of the Public Services Boards during the COVID-19 pandemic and ultimately to assess what potential benefits have brought to the PSBs. Additionally it will aim to identify how the pandemic has affected the relationships with other partners and how these could be enhanced by what has been learned during this period of time. It aims to assess how PSBs are perhaps beginning to join up with the agendas of the RPBs.

3. Why have I been chosen?

You have been approached to take part in the study, because you are a member of one of the Partnership Boards in the Cardiff & Vale area in which the research is focused, or you have been involved in one of the boards previously. In addition you are able to speak and write fluently in English; which is important because interviews will given in English.

4. What will happen to me if I take part?

You will be contacted by postgraduate student Alice Booth-Rosamond to arrange a face-to-face interview between 40 minutes to an hour. You will be asked a series of questions about your experience on the Boards during the pandemic, your experiences with the changing Partnership dynamics during this time as well as any observations about the future of the boards and any issues that you might have faced within the boards that could help in the discussion of barriers to, and facilitators of, effective Partnerships.

5. What are the possible disadvantages of taking part?

You are unlikely to experience any discomfort during this study, however in the interviews you will be asked to discuss group dynamics which could be uncomfortable to discuss, knowing that the data will be used in research. Please be assured that all comments will be anonymized. You will not be obligated to say anything you would be uncomfortable being published and collected as data and if you have said anything that later you wish not to be transcribed, please contact either Alice Booth-Rosamond at [redacted] or her academic supervisor Joanne Hudson at [redacted]

It must also be noted that while specific issues of public health will not be the focus of the discussion, there is a possibility that sensitive issues could come up in conversation. Discussing sensitive issues has the potential to produce an emotional response, if at any point in the interviews you become upset by an issue dis-cussed you can stop at any time and are not required to continue talking about the issue.

6. What are the possible benefits of taking part?

While the benefits of taking part in the study will vary from participant to participant, we hope that by taking part in this study, you can directly help in improving Partnership work in South Wales in the long run. We hope that your answers to the interview questions will give us enough insight to make adequate suggestions so that barriers to effective Partnership can lessen and facilitators be enhanced so that public health interventions will become the priority and that more service users can benefit from the boards working together.

7. Will my taking part in the study be kept confidential?

Any research data used in the postgraduate thesis, project report and any publications will ensure absolute confidentiality, and all references to the participants will be anonymized.

8. What if I have any questions?

Any further information can be obtained from Alice Booth-Rosamond [redacted] or Joanne Hudson [redacted] The project has been approved by the College of Engineering Research Ethics Committee at Swansea University. If you have any questions regarding this, any complaint, or concerns about the ethics of this research please contact the Chair of the College of Engineering Research Ethics Committee, Swansea University: coe-researchethics@swansea.ac.uk. The institutional contact for reporting cases of research conduct is Registrar & Chief Operating Officer Mr Andrew Rhodes. Email: researchmisconduct@swansea.ac.uk. Further details are available at the Swansea University webpages for Research Integrity. http://www.swansea.ac.uk/research/researchintegrity/."

If you are happy to take part in the study please complete the accompanying consent form.

Further details on data protection and confidentiality are included below.

Data Protection and Confidentiality

Your data will be processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2016 (GDPR). All information collected about you will be kept strictly confidential. Your data will only be viewed by the researcher/research team.

All electronic data will be stored on a password-protected computer file on a passport protected laptop owned by postgraduate student Alice Booth-Rosamond, Joanne Hudson will also have access to the file's password. All paper records will be stored in a locked filing cabinet at Swansea University and/or in the Police Headquarters in Bridgend. Your consent information will be kept separately from your responses to minimize risk in the event of a data breach.

Please note that the data we will collect for our study will be made anonymous, anonymization will take place during the transcribing of the interviews, thus it will not be possible to identify and re-move your data at a later date, should you decide to withdraw from the study. Therefore, if at the end of this research you decide to have your data withdrawn, please let us know before you leave.

Data Protection Privacy Notice

The data controller for this project will be Swansea University. The University Data Protection Officer provides oversight of university activities involving the processing of personal data, and can be contacted at the Vice Chancellors Office.

Your personal data will be processed for the purposes outlined in this information sheet. Standard ethical procedures will involve you providing your consent to participate in this study by completing the consent form that has been provided to you.

The legal basis that we will rely on to process your personal data will be processing is necessary for the performance of a task carried out in the public interest. This public interest justification is approved by the College of Engineering Research Ethics Committee, Swansea University.

The legal basis that we will rely on to process special categories of data will be processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes.

How long will your information be held?

We will hold any personal data and special categories of data for a maximum period of 7 years after the completion of the research project, after which anonymous electronic data files will be deleted and destroyed.

Automated decision making and profiling [only required if applicable]

You have a right to access your personal information, to object to the processing of your personal information, to rectify, to erase, to restrict and to port your personal information. Please visit the University Data Protection webpages for further information in relation to your rights.

What are your rights?

You have a right to access your personal information, to object to the processing of your personal information, to rectify, to erase, to restrict and to port your personal information.

Please visit the University Data Protection webpages for further information in relation to your rights.

Any requests or objections should be made in writing to the University Data Protection Officer:-
University Compliance Officer (FOI/DP)
Vice-Chancellor's Office
Swansea University
Singleton Park
Swansea
SA2 8PP
Email: dataprotection@swansea.ac.uk

How to make a complaint
If you are unhappy with the way in which your personal data has been processed you may in the first instance contact the University Data Protection Officer using the contact details above.

If you remain dissatisfied then you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: -

Information Commissioner's Office,
Wycliffe House,
Water Lane,
Wilmslow,
Cheshire, SK9 5AF
www.ico.org.uk

Appendix I: Participant Consent Form Study 2

(Version 1.1, Date: 01/05/2021)

Project Title:

From Wicked Problems to Wicked Solutions: An Investigation of the Partnership approach To Delivering Public Health and Adapting to the Pandemic

Contact Details:

Alice Booth-Rosamond

Please initial box

1. I confirm that I have read and understood the information sheet ☐ dated **01/05/2021** (version number 1.1) for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free ☐ to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

3. I understand that sections of any of data obtained may be looked at by responsible individuals from the Swansea University or from regulatory ☐ authorities where it is relevant to my taking part in research. I give permission for these individuals to have access these records.

4. I understand that data I provide may be used in reports and ☐ academic publications in anonymous fashion

5. I agree to take part in the above study. ☐

______________________________	________________	_________________________
Name of Participant	Date	Signature
______________________________	________________	_________________________
Name of Person taking consent	Date	Signature
______________________________	________________	_________________________
Researcher	Date	Signature

Appendix J: Draft 1 Case Study Questions

What changes have the pandemic brought to PSBs?

1. Could you tell me about what the main concerns that initially emerged when the first lockdown was announced?
2. How do you feel the PSBs adapted?
3. Would you say these concerns have been eased as the PSB adapted?
4. Could you explain from your perspective the main changes to the ways of working in the PSBs following the outbreak of the pandemic?
5. [If participant has been interviewed in the first half of the research] Since we last spoke [specify time] / [early phase of the pandemic] has your perception on Partnership Working changed at all?
6. In which ways have you seen being in a public health crisis highlight the significance of the work of the Public Services Boards?
7. Could you give me an example of how relationship dynamics have shifted?
8. What methods have you seen the boards use to maintain good working relationships?
9. Are there any tools used to cope with the challenges during COVID that your board will use for the foreseeable future? What kinds of barriers might they help overcome?

Appendix J1: Amendment notes discussed with Company and Academic Supervisors

- For those who weren't interviewed – maybe ask a few questions that will clarify some stuff from S1 aka- what is your role and definitions or PW???
- Ask about whether the significance of the PSB in particular has changed – is there still a lot of work to do to get recognition??
- Ask about community involvement and how this has affected the work done with communities?
- Ask about efforts to join incentives – company supervisor has highlighted how there has been some work towards this.
- Rephrase some questions

Appendix K: Amended Case Study Interview Questions

Case Study:
What changes have the pandemic brought to PSBs?

Greeting.

Do they have questions about the research in general? Anything about data protection?

Disclaimer: They do not have to answer any question they are uncomfortable answering. All names will be anonymised. You are welcome to contact the researcher/supervisor after the fact for any concerns/clarifications.

Do they have any questions before the interview begins?

1. **[Ask this only if I haven't interviewed the participant before]:** Could you tell me what your role involves on the PSBs? / What are your responsibilities? / How long have you worked on the board/s?

2. Could you tell me about some of the main concerns that emerged when the first lockdown was announced?

3. How do you feel the PSBs adapted?

4. Could you explain from your perspective what the main changes have been to the ways of working in the PSBs following the outbreak of the pandemic?

5. Have there been any negative effects in your opinion?

    a. Do you think these will be rectified in the future?

6. [If participant has been interviewed in the first half of the research] Since we last spoke [specify time] / [early phase of the pandemic] has your perception on partnership working changed at all?

    a. Why do you think this is?

7. In which ways have you seen being in a public health crisis highlight the significance of the work of the Public Services Boards?

8. Could you give me an example of how relationship dynamics might have shifted (if at all)?

a. Why you think this might be?

9. What steps have been made to join up incentives with the RPBs?

10. What methods have you seen the boards use to maintain good working relationships?
    a. [Follow up] What plans might be in place to maintain these good relationships? What has changed since before the first lockdown?

11. Are there any tools used to cope with the challenges during COVID that your board will use for the foreseeable future? What kinds of barriers might they help overcome?

12. Has involving communities in the work of PSBs changed at all?

    a. Is it easier to get into contact?

    b. Has anything become more difficult?

    c. If no change / more difficult, ask why might this be?

13. Ideally, if you could choose the outcome, what would you like to see come out of the pandemic for the PSBs?

14. Is there any other relevant information regarding anything we have covered that you think hasn't been mentioned?

15. Do you have any further questions?

Appendix L: Flow Chart of procedures for Study 2

Appendix M: Risk Assessment

HEALTH & SAFETY
IECHYD A DIOGELWCH

Risk Assessment			
College/ PSU	Engineering	Assessment Date	30/04/2021
Location	Remote – Via video call	Assessor	Alice Booth-Rosamond
Activity	Case Study Interviews	Review Date (if applicable)	
Associated documents	•	•	

Part 1: Risk Assessment

What are the hazards?	Who might be harmed?	How could they be harmed?	What are you already doing?	S	L	Risk (SxL)	Do you need to do anything else to manage this risk?	S	L	Risk (SxL)	Additional Action Required
Interviews typically take place face-to-face and in the pandemic the risk is contracting or passing on COVID-19	The researcher and participant	Contracting the virus	None of the interviews will be taking place face to face, having thoroughly researched will take place remotely	1 Low	1 Low	1 Low	No	1 Low	1 Low	1 Low	N/A
Confidentiality Breach	Participant	Identity being discovered by other members of partnership boards	Participants names will be anonymized, any specific situations or people discussed in the thesis will be anonymized. Participants roles on the boards will not be disclosed.	1 Low	1 Low	1 Low	No	1 Low	1 Low	1 Low	