# **Unit 2 – Developing Powerful PCN Partnerships**

### PCN LEADERSHIP DEVELOPMENT PROGRAMME



#### How do you make it work?

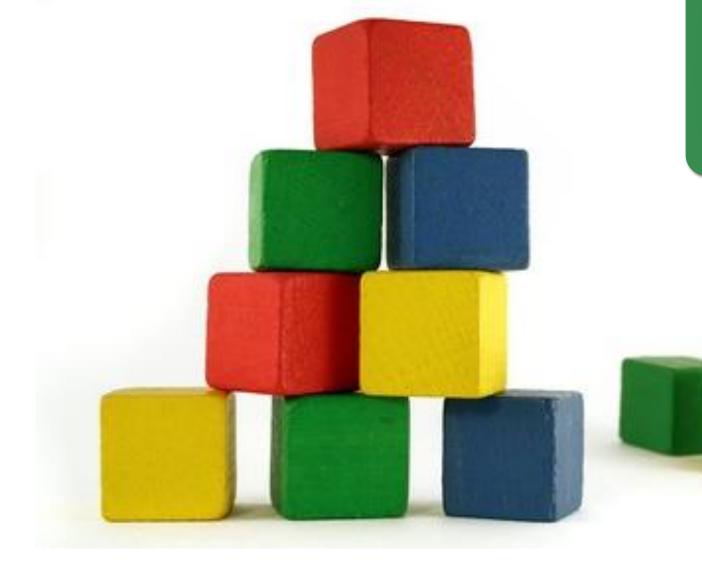
Step I: Spend time getting the set up right (right vision, right partners)

> Step 2: Collaborative working is all about trusted people (making the relationships work)

> > Step 3: Agree roles, processes and enabling technologies (making collaborations work)

> > > shared service architecture

#### **Building powerful partnerships**

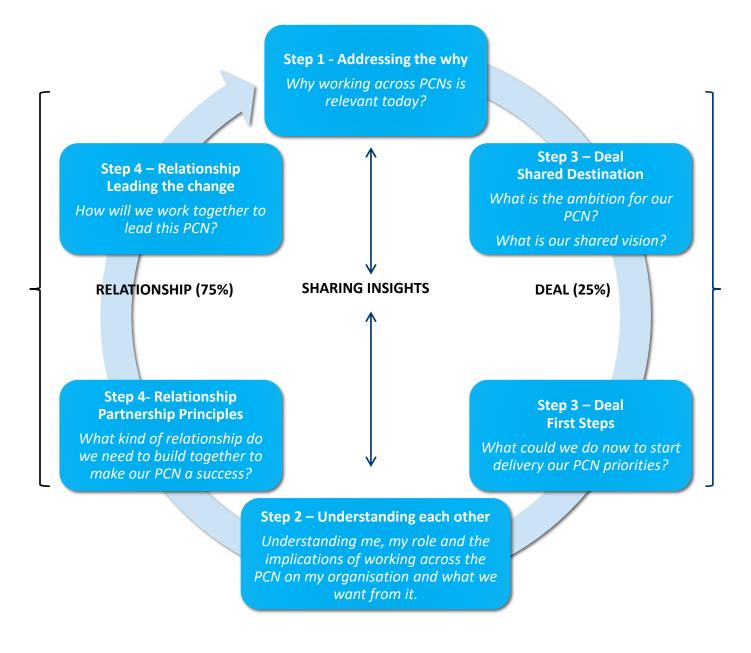


Step I: Spend time getting the set up right (right vision, right partners)

# Understanding the recipe for a successful PCN partnership

...it's all about the Deal and Relationship





# **Deal and Relationship**

The 4 essential steps to getting the set up right for the PCN

Step I – Address the why?

Step 2 – Understand each other

**Step 3 – DEAL – Understand our vision** 

Step 4 – RELATIONSHIP - Agree principles and ways of working

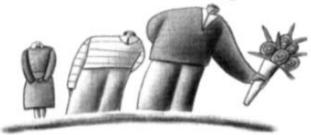


# Getting the balance between deal and the relationship

Top tip

As a rule of thumb you should be spending 75% of the time on developing the relationships and 25% of the time on agreeing the deal Successful partnerships manage the relationship, not just the deal.

#### Collaborative Advantage:



#### by Rosabeth Moss Kanter

Allowers between comparises, whether they are how difference parts of the weaklow difference ends of the signally chain, are a hart of life in boundary index from allowing are so more their flowing economtics. Locating only as long as in solars one particle to condition a boundary and in a new searcher. Uthere are important to all mergers of second traces companew taking disputives of boundary. Whatevier the disputation of disputives of boundary disputishes, bound a good partner two boundary and any disputishes. What we compare the boundary of the disputishest of the disputishest two boundary of the disputishest of the above the disputies of boundary of the disputishest of the accounty is outding the account of a disputishest and sustain the institution of disputies and the dispute as good seconds the single developed ability to consenate a specificant comparison develop more to be the single of the second dispute of the dispute of the size of the dispute the dispute dispute advection of the second seconds the dispute disputes and the size of the second seconds the dispute disputes a dispute advection of the size of the dispute disputes and the size of the dispute disputes and seconds the dispute disputes advection of the size of the size of the dispute disputes and the size of the size of the dispute disputes and the size of the size of the size of the dispute disputes and the size of the size of the size of the size of the dispute disputes and the size of the size of the size of the dispute disputes and dispute disputes and the size of the size of the disputes disputes and disputes and the size of the size of the size of the disputes disputes and disputes and disputes disputes and disputes disputes and disputes and disputes and disputes disputes and disputes and disputes disputes and di

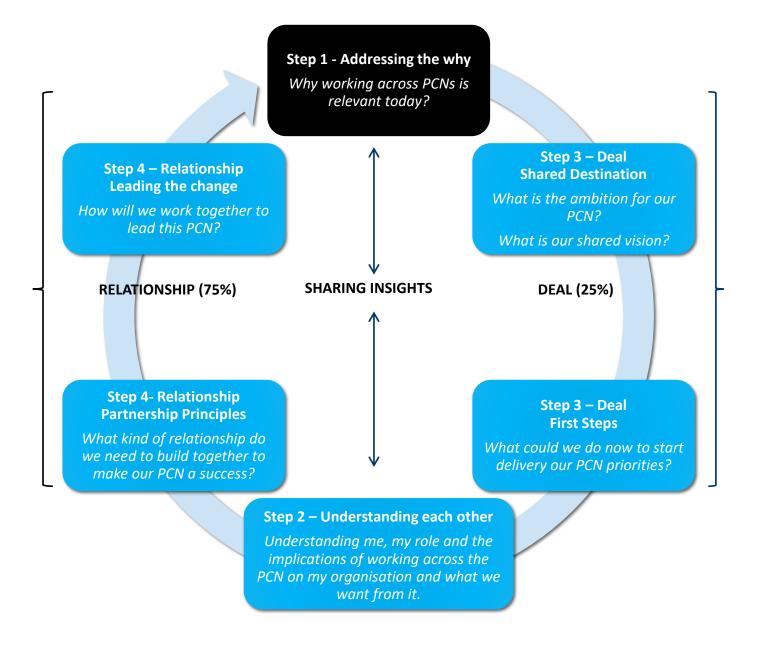
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but not undustroly chose innexistparty relation ships that spanned two or more constitution and cultutos. My encarch group and I also read more than 37 companies and their partners here 11 parts of the workf life United States, Catada, France, Gotmany, the Ontrod Kingdom, the Notherlands. Tarkey, China, Horag Kong, Indonesia, and Iarun1 We included henr and small comparison in back manufacturing and service independent that write in solved in many kinds of alliances. To ensure that the lossons were widely opplicable, we waght comparates less prominent in the basiness prets, that giants like BM, Corning, Monorola, or Ford. Several of the relationships that we studied were more than 30 years old, others had lormed only recourtly in resparse to industry and geopetizical charges. In analogic visio, we conducted more than 500 inner

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Prof Moss Kanter, 1994





# Step I – Address the why?



# What is the ask? - Understanding the PCN Ethos

Stabilise general practice, including the GP partnership model

**\*\*** 

Solve the capacity gap and improve skill-mix by growing the wider workforce by over 20,000 wholly additional staff as well as serving to help increase GP and nurse numbers

Secome a proven platform for further local NHS investment

Dissolve the divide between primary and community care, with PCNs looking out to community partners not just in to fellow practices

Systematically deliver new services to implement the Long Term Plan, including the seven new service specifications, and achieved clear, positive and quantified impacts for people, patients and the wider NHS.



### Self-Activity 2: What is the ask for your PCN?

Realistically, what is driving us to collaborate?

What challenges are being addressed through PCN working?

What is the ask of us at PCN Level ?



- What's needs are we seeking to address through PCN working?
   Who are the partners/team players?
- Where are the permissions coming from to do this? i.e. policies
  Why us?
- What is our experience of working together?





# How do we ensure we make a real difference through PCN Working?



# Co-develop and co-agree your noble cause for your PCN

# What is the use of living, if it be not to strive for noble causes...

Winston Churchil

📧 quotefancy



# Self-Activity 3: What are the benefits of PCN working?

Consider the anticipated benefits of working across a PCN for key stakeholders:

*In your workbook, list the benefits for:* 

- *Patients/ service users*
- For you as a professional
  - For your organisation
- For the wider health and care system



# **Recognise that there will be barriers ....**

Blockers to internal collaborative working	Explanation
Too difficult to work with others	It's quicker to do it on my own
Don't know who to collaborate with	Not enough connection between people in different parts of the organisation
"Not invented here" syndrome	People suspicious of others' motives and intentions
"Knowledge is power" syndrome	Concern that sharing knowledge will lessen one's value to the organisation
Unwilling to ask for help	Concern that asking for help is a sign of weakness
Accountability issues	Who will get the credit if it works and the blame if it doesn't?
Cutting across the organisational structure	Difficulty positioning the collaborative effort in the power structure of the organisation





You will instinctively know what is likely to go wrong in advance of a collaboration.

Follow your instincts and create a list of what could go wrong – before starting the project.

Develop antidote strategies and build them into your plan.

Download Now



# **Overcoming the barriers**

**Step I:** Ask PCN partners to identify what could go wrong **Step 2:** All partners to cluster barriers

into themes 'poisons'

**Step 3:** Ask partners to work together to develop action orientated 'antidotes'.



Niccolò di Bernardo dei Machiavelli (3 May 1469 – 21 June 1527) was an Italian diplomat, politician, historian, philosopher, humanist and writer of the Renaissance period. He has often been called the father of modern political science.



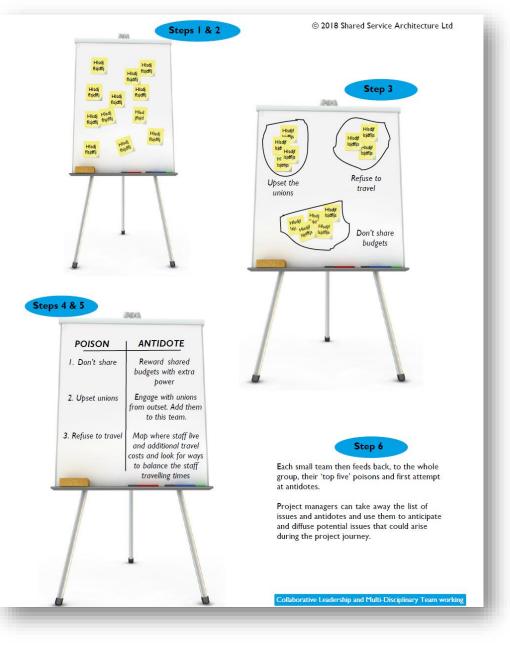
### Self-Activity 4: What could possibly go wrong with PCN Working?

Step 1: Familiarise yourself with Tool TV1.06 – What could possibly go wrong.

Step 2: From your own experience, list in your workbook the barriers to collaborative working across your PCN.

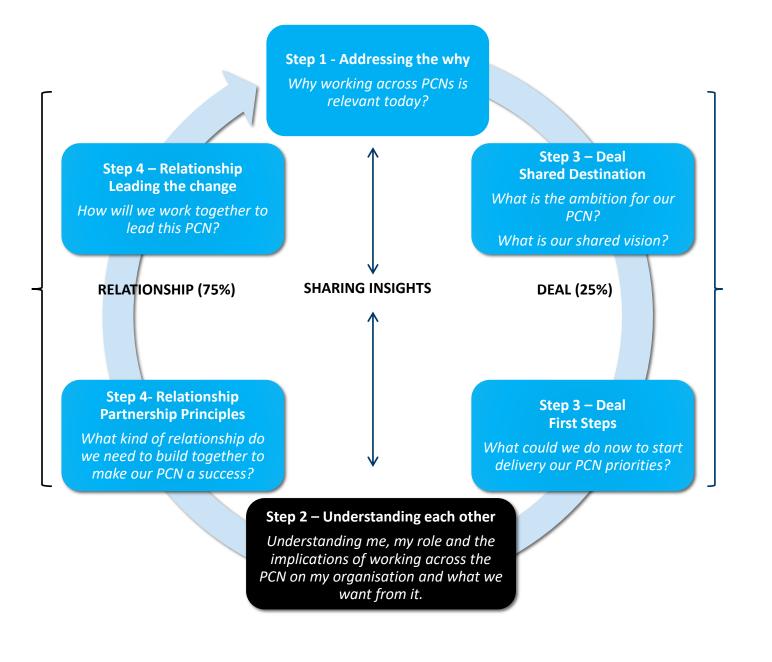
Step 3: Cluster the barriers identified in step 2 around thematic areas i.e. lack of communication.

Step 4: Consider each thematic area identified in Step 3 as a poison and identify 2 antidotes (strategies to overcome that barrier).









# Step 2 – Understand each other



#### Tool 5

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#### Understanding my organisation

To introduce your organisation to the other partners, please complete this simple form and be prepared to share it with others

Name of organisation	
What we want from collaborative working between xxx and xx is? List the areas of service and back office support where you see benefit in more collaborative and joint working.	
What are you prepared to contribute to realise these	What's on the table?
benefits?	What's off the table?
What are we prepared to put on the table and where are our red-lines?	
Why is this important to your organisation? What goals do you want to achieve	
as a result?	
Where are we coming from? Understanding my	
organisation What are the top 5 things others will	
need to understand about our	
organisation, to make a success of this new way of working together?	
How we work together?	
What must we do differently to make our partnership a success?	
List the characteristics and	
behaviours sought of the partners.	
Your Challenges Intuitively, what are the challenges	
your organisation is facing when working with others?	

# **Understand my organisation**

What does my practice want from PCN working?

- What is my practice prepared to contribute to realise the benefits of PCN working? What is on and off the table?
- Why is PCN working important for my practice?
- What are the top 5 things other practices need to know about my practice?

What are our constraints and capabilities?

# Self-Activity 5: Understand my organisation

*In your workbook, reflect on the following:* 

- What are the top 5 things other practices need to know about my practice?
- What are our constraints and capabilities?
- What is on and off the table?



### THE MODEL OF CARE



Integrated care system	<ul> <li>Alliance of commissioners and providers across health and social care</li> <li>Population based and outcomes focused within a shared budget</li> </ul>
The at-scale primary care provider	<ul> <li>Delivering efficiencies of scale and leadership support</li> <li>Providing a voice for integration across boundaries of care</li> </ul>
The primary care network	<ul> <li>Geographically contiguous teams of practices caring for 30-50,000 people</li> <li>Delivery of data driven integrated multidisciplinary team based services</li> </ul>
The practice	<ul> <li>Provision of resilient and sustainable core general practice</li> <li>Coordination and planning of holistic, personalised accessible care</li> </ul>
The person	<ul> <li>Supported by families and local communities</li> <li>Enabled and empowered to access care in a way which works for them</li> </ul>

Do you know who your partners are and how the PCN fits within the wider system?



www.england.nhs.uk

#### **Self-Activity 6: Your Partners**

In your workbook, reflect on the who are the partners in your PCN partnership.

Create a list of organisations and the key personnel that make up your partnership and the key roles they have.

While doing this, consider your role in relation to the PCN Partnership.



#### Step 2 - Understanding each other

Tool: 2.08

© 2012 Shared Service Architecture Ltd Diagnostic scoring guide

		2	tic scoring guide	
	Indicator of	High Score	Medium Score	Low Score
	ollaboration	5 4	3	2 1
I	Evidences partnership willingness	Has a high level strategic commitment to working in partnership.	Mutual interest. Some shared areas of working but no overall strategy.	Self interest. Will carticipate for either self-sain or organizational profile.
2	Evidences strong levels of trust	Strong history of openness and trust evidenced in large scale activities.	Some history of openness and trust evidenced in a number of moderate or small activities.	Little or no evidence of a history of coenness and trust.
3	Has high strategic intent	Close alignment of vision and objectives with this project.	Some shared objectives but not critical ones.	Evidences "objective drift". Blows hat and cold on the project.
4	Evidences a compatible cultural fit	Adopts required culture fit underplaned with clear values and behaviours in their project activity.	Maintains different cultural approach but some willingness to flex to ensure cartnership works.	Unwilling to adopt or flex culture to ensure partnership works
5	Clear partnership ambitions	Ambitions are fully aligned with the cartnership ambitions.	Ambitions are mutually comestible.	No sense of ambition or they are unaligned.
6	Convergent sense of direction	Close convergence with the aims and ambitions for this project.	Similar overall direction, but differing timescales and emohasis.	Diverzinz, is on a different course.
7	Clear partnership horizon	Long term (within corporate or strategic plans)	Medium term (within annual business plan)	Short term (project specific)
8	Shares knowledge and know how	Committed with clear methodology in clace for knowledge sharing.	Willing to share in areas of mutual interest.	Limited scope for sharing. Not willing to share material perceived to give a competitive advantage.
9	Equitable approach to risk management	Clear methodology for manazing risk. Willing to share evenly distributed or balanced risk.	Focus is mainly on risk to the organization, not partnership.	Asks other cartners to carry the risk.
10	Offers high resource allocation	Real resources are willingly pooled for the partnership including people, budgets, etc.	Some resources allocated. Unlikely to be pooled. More In-kind than cash.	Avoids allocation of any resources.
п	Healthy leadership culture	Strong collaboration leadership from the top, empowering staff across the project.	Leadership cives permission to participate, but rarely encade themselves.	Low level of leadership encacement.
12	Evidences Commitment	Appoints dedicated teams with full accountability and responsibility.	Only appoints individuals with limited accountability and responsibility.	No dedicated representative and frequent substitutions used.
13	Seeks joint Improvement outcomes	Pro-actively shares improvement ideas across partnership activity	Shares some improvement Ideas when asked.	Learns from partnership Improvement but does not reciprocate
14	Reward and recognition culture	Rewards and recognizes the partnership-wide workgroup.	Rewards and recognizes own representative's contribution to the worksroup.	No recognition or reward on any level for collaboration activity.
15	Works to build strong governance	Regulariz seeks to improve partnership povernance and formal structure of partnership.	Preference for light-touch minimal povernance arrangements.	Shuna cartnership povernance as a bureaucratic burden.

### Do your partners evidence a culture of collaboration?



#### Tool TV2.08: Do your partners evidence a "culture of collaboration"?

Tool TV2.08 is a diagnostic tool to help you evaluate the culture of collaboration within each partner organisation. It will identify areas for improvement to help partners gain "collaborative advantage".

Download Now!

#### Diagnostic Scoring Sheet

	Collaboration Indicators	5	4	3	2	1
1	Evidences partnership willingness					
2	Evidences strong level of trust					
3	Has high strategic Intent					
4	Evidences a compatible cultural fit					
5	Clear partnership ambitions					
6	Convergent sense of direction					
7	Clear partnership horizon					
8	Shares knowledge and know how					
9	Equitable approach to risk management					
10	Offers high resource allocation					
Ш	Healthy leadership culture					
12	Evidences Commitment					
13	Seeks joint improvement outcomes					
14	Reward and recognition culture					
15	Works to build strong governance					

The scoring criteria are provided in the Diagnostic Scoring Guide on the opposite page



You can use the tool to assess your partner's culture of collaboration

What lessons can you take from this?

税 Tool TV2.08

#### Tool 4

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#### Understanding each other

By way of introduction, can you please complete this mini CV as a means of introducing yourself to the wider team:

What is your job title?	
What do you do?	
What are the key responsibilities in your day job?	
What can you bring?	
What skills, experiences and networks can you bring in collaborative working? (i.e. beyond your day job)	
How can you contribute?	
How do you feel you can best contribute to the team in its role (i.e. to accelerate the transformation and integration of services) ?	
What are your challenges?	
Intuitively, what do you feel are the biggest challenges we will experience?	
Who do you know?	
Which contacts do you have, who you feel could add value to the team and help extend its knowledge?	

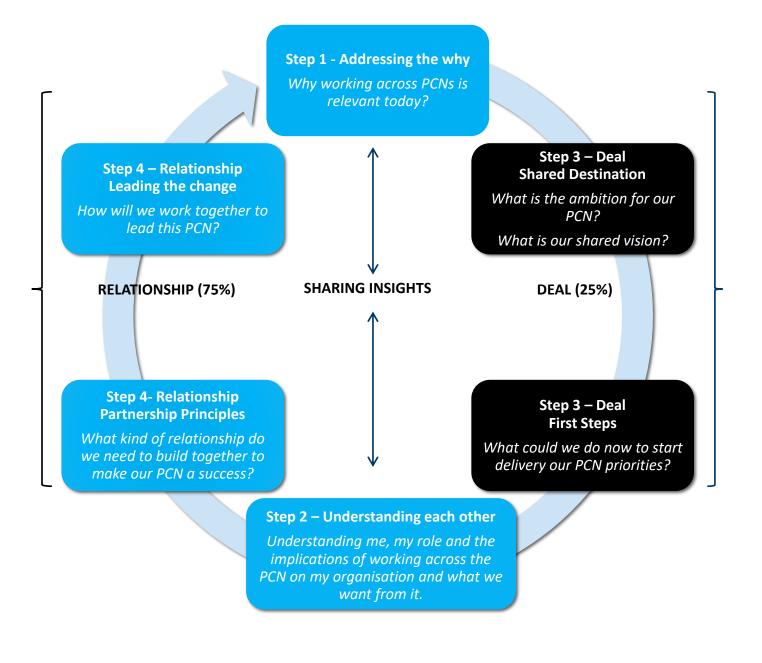
# **Understand me**

What is your main role?

What role do you have in relation to your PCN? What are your responsibilities?

You are more than your role - What other skills/capabilities and knowledge do you bring outside your role?

What networks can you tap into?



# Step 3 – DEAL Understand our vision





"If you don't like what's being said, change the conversation."

-DON DRAPER, MAD MEN

# Deal

What is a vision?

- What is the vision for our PCN? And why is important to have one?
- Revelop one?
- Where are you now and what do you need to realise the vision?



ParadigmNEXT.com

# What is a 'shared vision' ?

"Visions which tap into an organisation's deeper sense of purpose, and articulate specific goals that represent making that purpose real, have unique powers to engender aspiration and commitment." *Professor Peter Senge* 



Charlie Simpson and Haiti



# Lessons from Lambeth Council's Transformation Academy

A vision document should:

- the a compelling picture of the future, creating a shared need and urgency for change
- \* "push" people into action, but the vision steers them in the right direction
- rovide a <u>'motion picture'</u> of the behaviours required for success at all levels
- act as a beacon that assists in identifying the behaviours that must be enhanced...



# **Strategic narratives for partnerships**

### Change the story, change the outcome.

The power of **metaphors**, myths, stories and narratives

- Strategic narratives make it **personal**, give it a collaborative **shared purpose**, connect it with your companies' **DNA**, make it **relevant** today/tomorrow.
- k It describes the **journey** you and you people are on.
- They are co-created by leaders not PR agencies
- Reverful narratives energise leaders, inspire employees, excites partners, builds confidence in customers.



# How to create your vision for the PCN?



#### Through co-creation

Use a narrative framework (simple: where are we now? where do we want to go to? and how will we get there?)

With brevity



By enabling leaders to personalise the narrative



By keeping the narrative alive (long term/ongoing <u>communication</u>)

# How to create a shared vision for our PCN?

- Imagine that your PCN won the partnership award in UK
- What would people be saying about it?
  See tool TV4.01

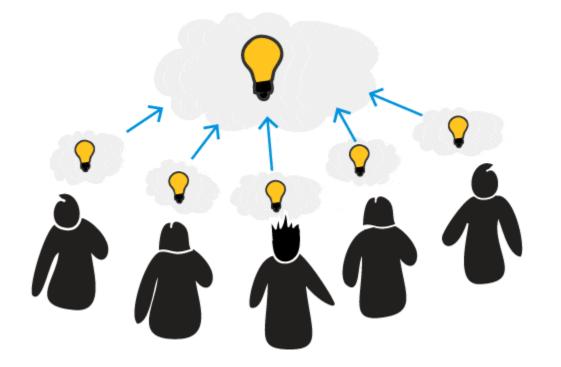


Tool TV4.01: Developing a shared vision across the partners

Tool TV4.01 provides an "emotional intelligence" led tool for visioning workshops.

2.

**Download Now!** 





"On Monday a resident phoned me to ask for help with his elderly mother who was leaving hospital and needed support.

I was able to go straight into the system and trigger the proactive "independence" service across all the concerned agencies.

The most sensible thing we ever did was create a shared service for supporting people back into independence.

Whether its a young person leaving care, an offender returning into the community or an elderly person leaving hospital, the joined up service structure has transformed their experience, and ours as councillors..."



Cllr Ron Valkinski



# Tool:T&V4.01

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What are the <u>service users</u> saying about it, that made the judges award your shared service the prize for <u>**best user experience'**</u>?

AA

Step





On the second page, of each A1 pad, set out the question for the relevant stakeholders in the format shown...

- Service users: What are the students (or residents, or patients, or colleagues who use the system, professional agents, etc) saying about it?
- Service staff: What are the staff who will work to deliver it, saying about working in the new service?
- Decision makers: What are the leadership of the partners (councillors, principals, chief execs, VP, etc) saying about the new service?

Ask your vision session group (many of whom will be these people) what those individuals will want from the new service...

Ask each person to put at least three suggestions (one per post-it note) onto all of the AI pads.

Opening the complaints file...

You may also wish to reveal, just before this exercise, a list of repeated problems and complaints in the way the service is currently delivered. They could be the catalyst for suggestions on how the new service will resolve them.

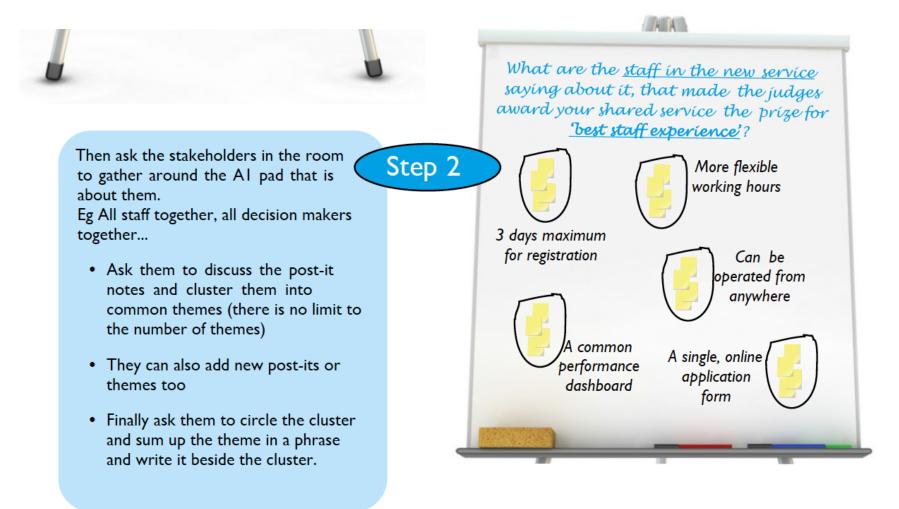


#### Tool TV4.01: Developing a shared vision across the partners

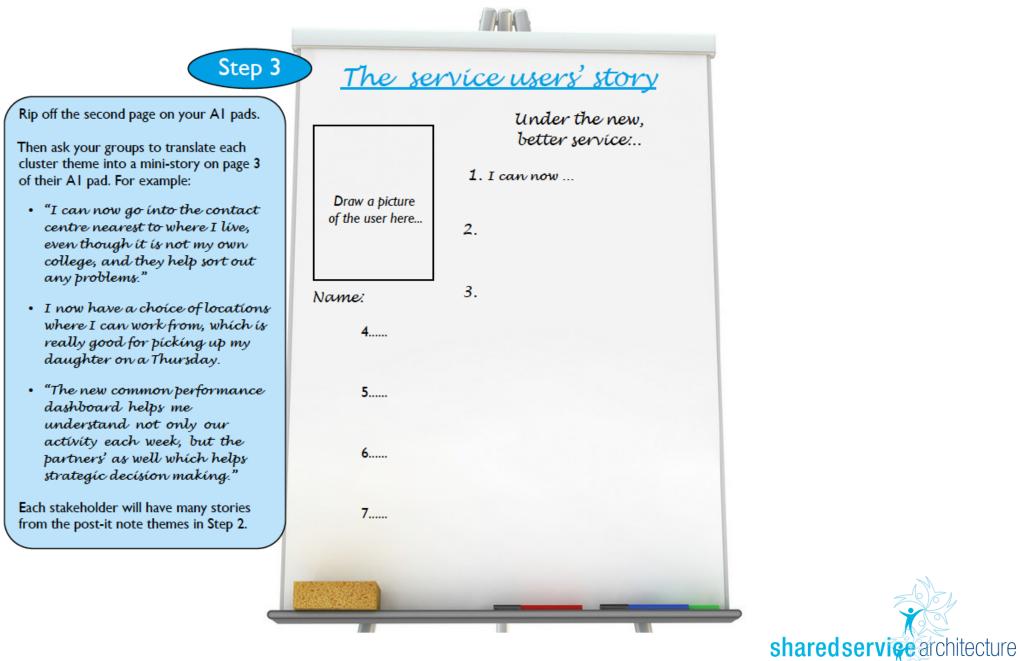
Tool TV4.01 provides an "emotional intelligence" led tool for visioning workshops.











architer



Turning the vision into compelling stories of a better service.

 Using the stakeholders' mini-stories, and the knowledge of the problems that exist in the current way things are done, develop realistic vision stories that set out what the new service will feel like as a user, member of staff in the service, decision maker, etc.

The vision stories should reflect the clustered themes from the visioning session.

They should also explain how past problems are resolved by the new service.

- Set them out, one page per stakeholder in an eye-catching design (see below). For example using pictures of fictional stakeholders to enhance the story.
- You can then use these visions in the next tool, to prepare a vision document.





## Tool CLW4.03: The destination tool – Where will you be in three years' time?

Tool CLW4.03 is designed to help you articulate the improvement approaches you intend to take, to help you reach the destination or 'future end state' for your organisation.



As Is!	The drivers for change	Future State!
Dur technology is primarily used for word processing, data storage, communication and diary planning on desk-based PCs.	Half our buildings are almost empty ICT systems Mobile are old and working will need replacing save movel	Our technology is used to transform business processes, reduce low value administration, enable home and mobile working and increase productivity.
Community leadership is supported by partnership with statutory agencies on the basis that we know what the community must have.	We cannot agencies are shrinkling in funding and influence	Community leadership becomes working in partnership with a cross- section of the local community to establish what they know they need and dow't need.

# **Realising the vision**

WHERE DO WE NEED TO BE?

WHERE ARE

WE NOW?



Departures

**WHAT** 

**ARE THE** 

**FIRST** 

**STEPS?** 

shared service architecture

Today (current practice)	Tomorrow (new integrated ways of working
Practice-base list	Risk stratified list i.e. frail elderly register
Individual business units and as such face multiple capacity restraints	Federal models affording great scope for shared capacity resourcing
Ad-hoc care coordination	Care coordination fully integrated affording better management and targeting of resources
Back office function separate	Alliance approach to shared back office and support functions
Refer to secondary care for specialist patient reviews and diagnostics	Outreach supports specialist patent case reviews and diagnostics within primary care setting
Little scope for delegating clinical role	Greater scope for delegating clinical role e.g. to District Nurses, Community Matrons, Proscribing Pharmacists

Integrated Primary Care

GP perspective on how their role and the way their GP practice will operate in the future



### **Self-Activity 7: Realising our** vision - Moving from 'As Is...To'

Familiarise yourself with Tool CLW4.03 – The Destination Tool.

*In your workbook, create two columns* and reflect on:

WHERE ARE WE NOW - If I were to spend a day in your PCN, what would I see?

WHERE DO WE NEED TO BE – What need to be in place to realise the PCN's vision?

WHERE DO Arrivals WE NEED TO BE?



Tool CLW4.03: The destination tool - Where will you be in three years' time? Tool CLW4.03 is designed to help you articulate the improvement approaches you intend to take, to help you reach **WHAT** the destination or 'future end state' for your organisation. Download Now! **ARE THE FIRST STEPS?** WHERE ARE Departures WE NOW?

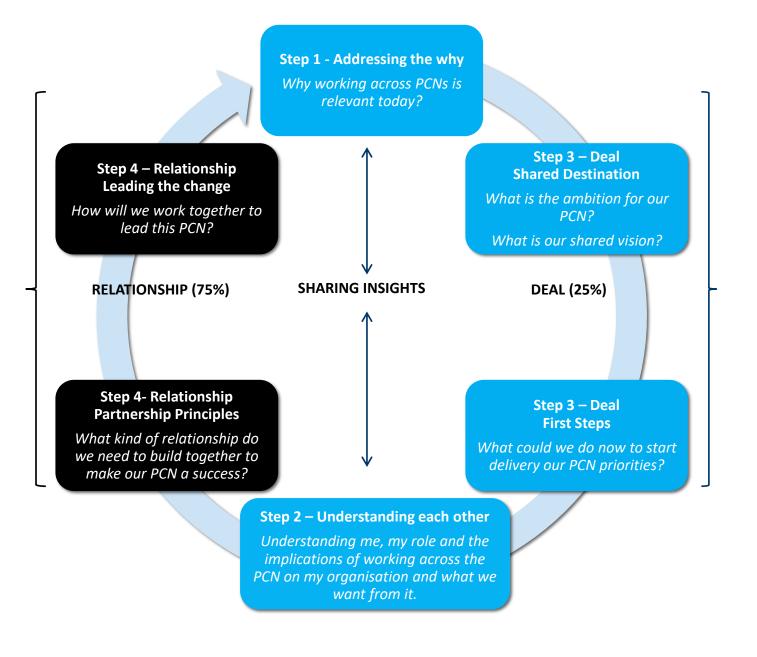


# Self-Activity 8: What are our first steps?

Using your reflections from Self-Activity 7, what are **the first steps** you can do across your PCN to get from **Where we are now** to **Where do we need to be?** 







Step 4 – RELATIONSHIP Agree principles and ways of working



#### **Building powerful partnerships**



Step 2: Collaborative working is all about trusted people (making the relationships work)

> Understanding our governance and decision making processes



## How do we govern our PCN partnership?

- Identify the relevant agents acting on behalf of network members, the weighting of votes, and the quorum requirements.
- The network may have a 'board' comprising one representative from each member practice or all the partners from member practices. Each 'bloc' of partners gets a vote share in line with their respective practice list size.
- Consider how similar staff working in different practices and settings might want to interact at network level (eg a board for nurses, a board for GPs, a board for practice managers) to share ideas, best practice, etc.
- The board should operate as the network's governing body, bringing all members together, overseeing joint decision making, the strategic direction of the network and the network's funding/financial layout.
- It is also the body to which the clinical director would be directly accountable



Source: BMA, 2019



## How do we make decisions?

- What is within the remit of the clinical director to act executively, what needs to go back to the practice representatives?
- How the governing body makes decisions does it require a simple majority, a conditional majority, unanimity, etc ?
- How often should the governing body meet?
- We have a meetings chaired (an elected chair, rotational chair, etc). As the clinical director will be accountable to the governing body, it may be better for the role to be excluded from chairing the governing body.

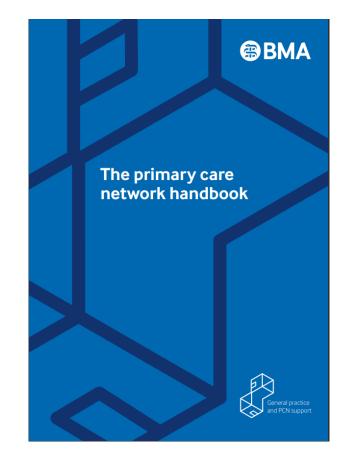


Source: BMA, 2019



### **Other aspects to consider:**

- Accountability do we have clear lines of accountability for all parts of the network?
- Data sharing do you have a data sharing agreement in place across your PCN to access necessary patient data?
- **Dispute resolution** how do you handle conflicts?
- **Finances** how are these handled?
- **HR Policies** what HR polices apply to staff employed under the network?
- The wider system how the network will interact with other healthcare bodies (i.e. create seats on the governing body for these organisations, agreement with the various bodies to identify the services that are to be provided and by whom etc)



Source: BMA, 2019

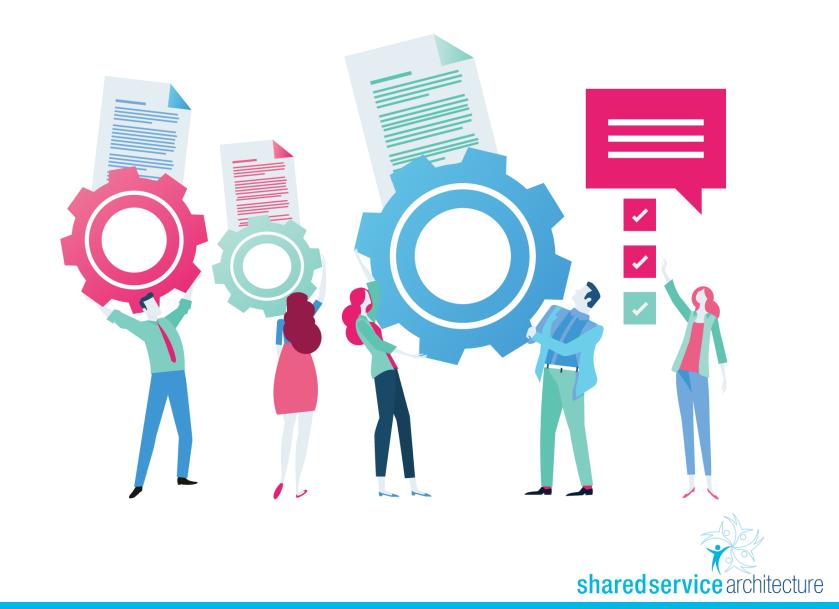


### Self-Activity 9:Understanding your governance structure

In your workbook, illustrate the governance structure for your PCN as you understand it.

Think about governing body/ decision making and accountability when illustrating it.

Share it with your Clinical Director/stakeholder board for understanding and confirmation.



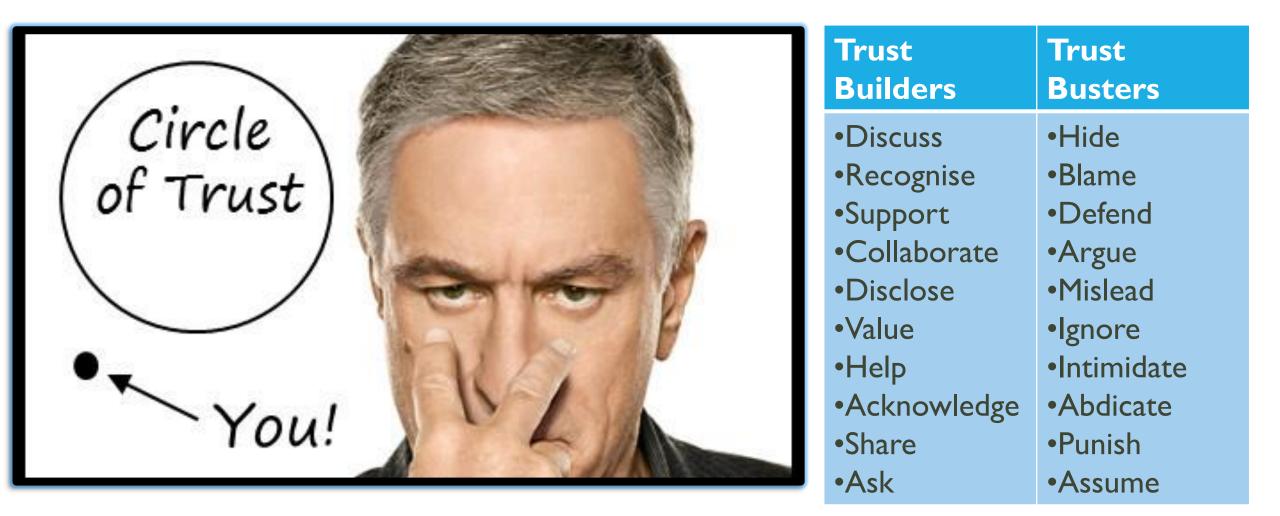
#### **Building powerful partnerships**



Step 2: Collaborative working is all about trusted people (making the relationships work)

> Mapping the quality of our relationships and building trust





# Let's talk about trust

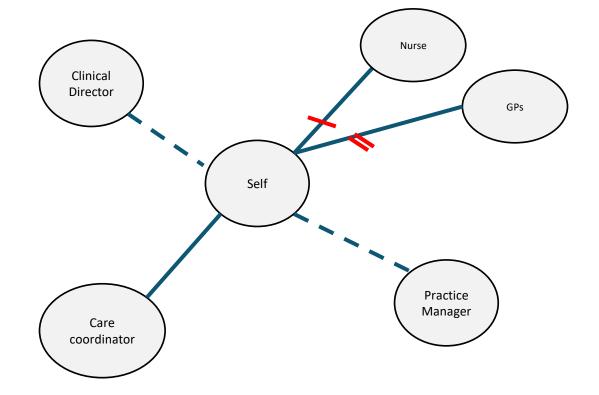


# Self-Activity 10: Mapping your relationships

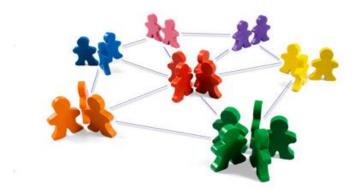
In your workbook, map out the significant relationships which have influence and impact on you and your role across the PCN.

Place them on the diagram with you at the centre and them in relative degrees of proximity.

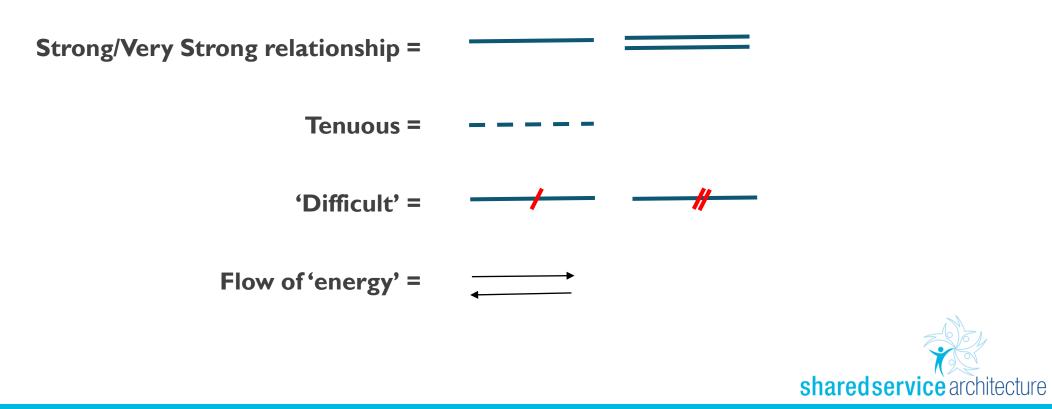
### Mapping your relationships



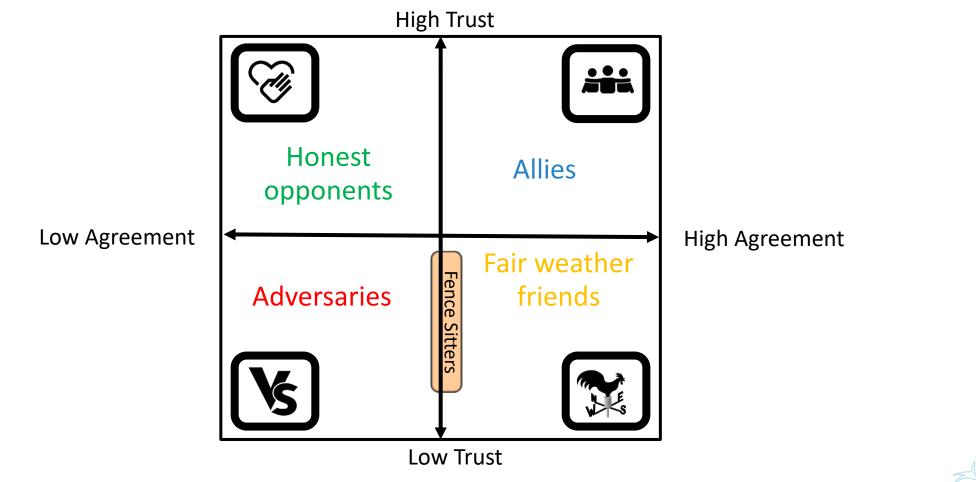




# Mapping your relationships The Key



# **Trust/Agreement Matrix**

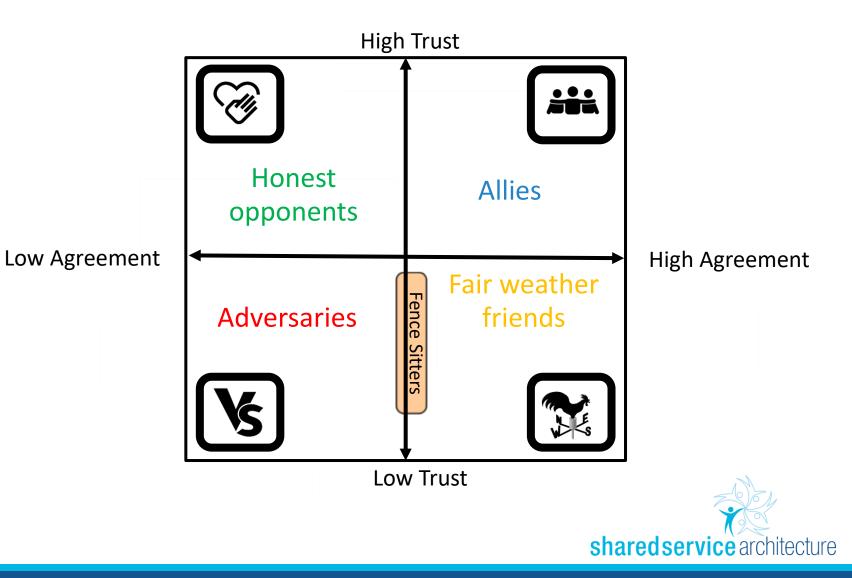




# Self-Activity 11: Mapping your stakeholders

Using the Trust/Agreement Matrix, identify where the key partners/ stakeholders or colleagues across your PCN sit.

Think of different strategies of handling relationships in each quadrant.



## **Tactics for handling the four quadrants**

#### Honest Opponents

High Trust

Trust

#### Allies

<ul> <li>Reaffirm quality of the relationship – one based on trust</li> <li>State your position with supporting views, if necessary</li> <li>State in a neutral way your understanding of their position</li> <li>Engage in some kind of problem solving appropriate to the situation</li> </ul>		<ul> <li>Deal them into your on-going processes and work</li> <li>Affirm agreement on purpose, project, vision</li> <li>Reaffirm the quality of the relationship</li> <li>Acknowledge any doubts/vulnerabilities relating to your tasks, challenges, etc.</li> <li>Ask for advice &amp; support now and as an on-going process</li> </ul>	
<ul> <li>State your vision, purpose, goals, etc</li> <li>State in a neutral way your best understanding of your adversary's position</li> <li>Identify your own contribution to the problem (this might feel like giving them ammunition – but remember whatever damage they can do they probably already have done)</li> <li>End the meeting with stating your plans in dealing with the situation and no demands from them</li> </ul>	Fence Sitters	<ul> <li>High Agreement</li> <li>Reaffirm the agreement – what it is that you agree about and that they are on record as agreeing</li> <li>Acknowledge the caution that exists – there are some reservations, probably from both parties</li> <li>Be clear about what you want from fair weather friends in terms of working together</li> <li>Ask fair weather friends to do the same</li> <li>Try to reach some agreement with fair weather friends as to how you're both going to work together</li> </ul>	
Adversaries	Ļ	Fair weather friends	
	Low		

shared service architecture

#### **Building powerful partnerships**

Step 2: Collaborative working is all about trusted people (making the relationships work)

> Adopt a common language



## Why is language so important?

Misunderstanding happen when we use the same words but we have different meanings



"two nations divided by a common language"

George Bernard Shaw

