

Successful Integrated Working: A Discussion Paper to Inform Policy and Practice in Rochdale

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Executive Summary

This policy paper begins with a literature review that maps existing evidence for successful Integrated Working before analysing and reflecting on conversations held at workshops run by Rochdale Metropolitan Borough Council and on one to one interviews held between residents and local authority staff. The paper aims to identify what success means for Integrated Working in general and in particular what it might mean in Lower Falinge and College Bank, in Rochdale.

This policy paper has emerged as part of the policy changes introduced across Greater Manchester, that has renewed focus on locality based teams of professionals working together. Neighbourhoods have been identified to pilot new ways of working, reducing costs. In Rochdale, there is particular focus on seeking to ensure that local people play a leading role. As a result of a successful integrated working pilot in Kirkcaldy, Rochdale, an integrated working project was set up to work within the Lower Falinge and College Bank areas of Rochdale. As part of this integrated working approach, a project team was set up with the intention of developing a community of practice that could draw on the expertise of the local residents and activists and create opportunity for reflective practice within the integrated working team.

Conclusions from the literature review, workshops and reflections on one to one conversations lead us to suggest that Integrated Working works best when it is based in communities and focussed on creating good person centred integrated working, which will in turn benefit the wider community. Successful Integrated Working will ensure that the integrated working team has the right people, the right leaders and managers and has communication and processes clear from the start. But more importantly, it will look for the tricky issues and bring them out into the open. In 'calling out' the issues of power, trust, emotion and control the project becomes honest. It can then remain honest when things go right and if they go wrong. Owning, sharing and discussing failure, creates an honesty that communities can respect. When you have the respect of a community, they will speak to you and engage with your project, you have success.

Introduction

This literature review and policy paper considers what might be regarded as successful approaches to Integrated Working in general and how experience might be informed by this in Rochdale. As part of the policy changes introduced across Greater Manchester, renewed focus has been placed on locality based teams of professionals working together. Neighbourhoods have been identified to pilot new ways of working. There are a number of explicit aims of this initiative from reducing costs to enhancing resident engagement. In Rochdale, there has been particular focus on seeking to explore how local people might play an important role in shaping the ways of working. As a result of a successful integrated working pilot in Kirkcaldy, an integrated working project was set up to work within the Lower Falinge and College Bank areas. As part of this integrated working approach, a project team was developed to create a community of practice that could work with skills and the local knowledge of residents develop an opportunity for reflective practice with the integrated working team. As part of our role in working with the activists to create the initiative we identified the following key questions;

1. What are the necessary ingredients for **successful integrated working**?
2. What is **the evidence base**?
3. What works here and why?
4. What are **the gains** for all those involved – **learning, professional and personal development** including employment/promotion
5. What are **the losses – sharing of roles/responsibilities/identity**?

Through a combination of conversations within workshops and reflections on one to one discussions held between residents, including leading members of tenants and Residents Associations and local authority staff, the project team began to unpack the responses to the five key questions, listed above. The project began from a place which believes that successful integrated working depends on a willingness on the part of key professionals to share their knowledge and understandings as well as listen to the experiences of local residents. Through a complex and contested process of dialogue, mutual respect of other professionals and local residents as well as reflection, the following analysis considers ways of working which are informed by a localised and particular understanding of place as well as respecting the needs and rights of local residents.

This report begins with a literature review that maps existing evidence for successful Integrated Working before considering conversations held at workshops and reflections on one to one interviews held between residents and local authority staff, in order to track what success means for Integrated Working in Rochdale and in particular what it might mean in Lower Falinge and College Bank.

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Our Approach

We have taken a dual approach to the project. Conducting a literature review to support the specific workshops and one-to-one discussions, which were conducted by key staff leading the integrated approach.

Literature Review

This literature review aims to gain a detailed picture of current policy, theory and practice. A literature review can be defined as ‘a systematic and thorough search of all types of published literature in order to identify as many items as possible that are relevant to that particular topic’ (Gash 1999:1). The size and variety of research into integrated working did not allow for a complete review of the literature. Reflecting these limitations, a snowball (Ridley 2012) approach was taken to the literature, whereby after an initial data search, via online tools such as Google scholar, other relevant literature was drawn from the bibliographies of existing documents (Ridley 2012, Boyd et al. 2007).

The review cites over one hundred sources; these are made up of policy papers, academic articles, books and news articles. Literature was broadly searched under these terms; Integrated Working, Multi-disciplinary Working, Partnership Working). Key texts were identified (Atkinson et al 2002, Cameron and Lart 2003, Dickenson et al 2012, Hunter et al 2015, Home Office 2014, Tett 2015, Øvretveit 1997) and the literature search was snowballed from the bibliographies of these key texts. A broader document search was also conducted using internet search engines to ensure policy and think tank publications were included in the review.

From the literature review, we seek to examine the evidence base for successful integrated working and key areas that contribute to successful multi-disciplinary projects and also the evidence which questions or challenges such approaches.

Workshops

Workshops were held in December 2016 and January to March 2017. These brought together a variety of people with expertise. Invitation to participate in these were sent out by the team leading the project. Those invited included;

- College Bank Tenant & Resident’s Association
- Community Champions
- Councillor (Ward)
- Greater Manchester Police
- Hebron Church
- Lower Falinge Community Activity Group
- NESTAC (New Step for African Communities)
- Rochdale Borough Council (Skills/Employment & Neighbourhood Team)
- Rochdale Boroughwide Housing (RBH)
- Rochdale Mediation Service
- Spotland Community Centre
- Vintage Worx
- Workers Education Association (WEA)

These workshops were led by Rochdale Borough Council staff and supported by the Institute for Public Policy and Professional Practice staff at Edge Hill University. The sessions were well attended by a mixture of professionals and volunteers and community representatives. These workshops were attended by at various points; Rochdale Community Champions volunteers, front line staff – some who have experience and are committed to integrate working others who are new to the approach, local residents and tenants, existing community based projects, police officers, housing providers. The sessions did not have a consistent membership and were attended by different groups each time which enabled an ‘open access’ discussion to the community and professionals. The limitation of this was that it affected the nature of the conversation, the group had to go back and update those who were new to the session each time. There were four workshops in total. The first two sessions were held in the community space at College Bank, hosted by the Tennant and Residents Association (TRA). The third session was in the Falinge Park, hosted by Vintage Works and the fourth was at Hepron Church.

The key aim of the workshops were to develop an understanding of what makes successful integrated working? What works and why here? and what do we mean by being sustainable? Discussions were had at each session focussing on what people thought might be key success factors for integrated working, and what these might look like. This paper reflects on the conversations held at these workshops. The workshops were preliminary meetings set up before the start of the Integrated Working projects in College Bank and Lower Falinge in order to build support and engagement within the communities for the planned integrated working projects.

One to One Meetings

One to one meetings were held with residents and community members of the Lower Falinge and College Bank areas to ask them to share in more detail what the main issues were for them and what the key success factors of an integrated working project in the area might look like. The purpose of these conversations were to share in more detail resident and community member’s perspectives in a more confidential space. These were organised by the Integrated Working Team at Rochdale Borough Council.

People shared that a number of issues that affected them. Isolation was highlighted as the biggest issue by those interviewed, followed by drugs and alcohol misuse. A number of issues were common themes including unemployment, poverty and debt, the effect of benefit delays on housing and people’s finances, which was expressed in feelings of a lack of hope and an experience of not belonging.

Having summarised our approach, we will now summarise the literature in relation to integrated working.

Searching the Literature

This section will consider a definition of Integrated Working and briefly consider the historical context in which Integrated Working sits before considering key success factors and challenges to Integrated Working.

Defining Integrated Working

Collaborative work is ‘an inherently complex phenomenon’ (Patel et al 2012:21). Integrated working is used interchangeably with a variety of other terms. Indeed terms such as partnership, collaboration, cooperation and joint working are used inter-changeably, leading to what Ling describes as ‘methodological anarchy and definitional chaos’ (2000:82). Patel et al (2012:1) define collaboration as involving ‘two or more people engaged in interaction with each other, within a single episode or series of episodes, working towards common goals.’ Karapetrovic and Junker (2003) define integrated working using a systems approach. For them integrated working is

‘a composite of interdependent processes that operate harmoniously, share the same pool of human material, information, infrastructure and financial resources, and are all aimed towards the fulfillment of a set of goals’ (Karapetrovic and Jonker 2003:455).

A more human centred definition is offered by the Institute of Public Care who define integration as

‘integration is not as matter of following pre-given steps of a particular model of delivery, but often involves finding multiple creative ways of reorganising work in new organisational settings to reduce waste and duplication, deliver more preventative care, target resources more effectively or improve quality of care’ (2013: 2).

Integration can be broken down into ‘real integration, in which organisations merge their services, and virtual integration, in which providers work together through networks and alliances’ (Ham and Curry 2011: 2).

History of Integrated Working

Whilst integrated working existed pre-1997, the election of New Labour in 1997 reignited partnership working as a policy approach (Cameron & Lart 2003). The word partnership was used 6197 times in Parliament during 1999, compared to just 38 times a decade earlier (Jupp 2000). Despite issues such as differing professional cultures, organisational culture and accountability being identified by research in the 1980s (Booth, 1981, Wistow 1982) and other issues such as fragmentation, inflexibility, budget and planning cycles being identified as challenges in the later 1980s and 1990s (Lewis & Glennerster, 1996, Hudson 1987) joint working was a key part of the Blair-Brown narrative (Cameron & Lart, 2003). Indeed Giddens (1998) placed it as central to the ‘third way’ approach.

Integrated working has remained central to the policy narratives of successive governments, up and to the present Conservative leadership (Hunter et al 2015). However Integrated working is currently being enacted in a climate of unprecedented financial tension within local authorities and of increasing patterns of demand on services that require innovative responses (Hunter et al 2015, Department of Health et al 2013, Ham et al 2012).

With the new policy challenges created by austerity so too come new freedoms, 'more than ever all practitioners need to be prepared for enhanced responsibilities without increasing risks' (Daniels and Edwards 2012:14). Local government and health care providers have extensive experience of partnership working over many years, and it should be recognised that 'many of these previous attempts to introduce partnership working had not been successful' (Hunter et al 2015:12). The current policy environment of austerity places new challenges upon Integrated Working projects.

Rationale for Integrated Working

There are a variety of rationales for integrated working but they often centred on key factors; improving services and improving client outcomes (Atkinson et al 2002). Fragmentation can occur both within and between sectors (Ling et al 2012) through structural and financial barriers that divide services. Fragmentation creates 'wider system inefficiencies' (Ling et al 2012:2). Integration therefore can improve quality and reduce costs (Ling et al 2012). In a policy context of continuing funding cuts, increased efficiency in the face of declining resources and reducing client frustration (Atkinson et al 2002, Fleury 2006, Powell Davies 1996, Whetten, 1982) are clear motivations for integration;

'...the case for treating social problems in a holistic fashion is overwhelming. People know, in a simple everyday fashion, that crime, poverty, low achievement at school, bad housing are connected' (Payne 1998:12).

Integrated systems are considered to 'provide superior performance in terms of quality and safety as a result of effective communication and standardised protocols (Suter et al 2009:16). Utilising existing networks, partnerships and collaborations to improve client outcome or to respond to funding crisis are also important rationales (Atkinson et al 2002, Zapka et al 1992, Rogers and Whetton 1982,). Atkinson et al (2002:24) list the rationale for multi-agency working; meeting the needs of clients, developing a more comprehensive service, specifically to offer multi agency working, to address gaps in provision or as a response to policy trends.

Approaches to Integrated Working

The majority of integrated working approaches fall broadly into four approaches (Cameron & Lart 2003); placement schemes, multi-agency teams, case management, strategic level working. Placement schemes involve the creation of job posts across organisational divides, examples might be integrating a community and primary care approach to create a care manager role. Multi agency teams, often exist within mental health or health and social care and exist around an ethos of person centred care. Case management approaches set a multi-agency team around the case management of a client. Strategic level working involves the integration of the planning, commissioning and purchasing of work.

The design and delivery of integrated working has generated much debate. The shared roles and responsibilities created within an integrated working project can blur professional and organisational boundaries, this has been perceived to be beneficial by some, but not all (Atkinson et al 2002). Others researched by Atkinson et al (2002) preferred maintaining distinct roles within interagency project, thereby allowing individual agencies to make valuable and unique contributions. Petch (2014) suggests that there is no single way of working as an integrated team but that client focus was key. Within the multiplicity of approaches, Petch (2014) identifies six dimensions to integrated working; vision, leadership, culture, local context, integrated teams and time.

Key Success Factors for Integrated Working

Key success factors identified by Robertson (2011) for integrated working include; shared values, coordination of services, collaboration between disciplines and consistent roles and responsibilities at organisational level. For Atkinson et al (2002) success factors involve the importance of creating effective systems and procedures, those involved in the integrated working project actually wanting to be involved and an approach to leadership of the project that demonstrated vision and tenacity. Pooled budgets and / or appropriate funding alongside the importance of high quality communication skills were also identifiable success factors by Atkinson et al (2002). Karapetrovic and Jonker (2003) reinforce the importance of having identifiable success factors, arguing that a unifying blue print is important, and a clear purpose that agencies can gather around.

Team working is enhanced when individual roles are effectively coordinated to meet team goals (Patel et al 2012). Good team relationships reduce communication and coordination demands. The capacity for joint action is conceptualised by Emerson et al (2011) as containing four elements; Procedural and Instructional Arrangements, Leadership, Knowledge and Resources.



Figure taken from Petch (2014:3)

Getting the Right People

The right people on the project was a recurring theme throughout research into success factors for integrated working, yet the ‘relationships between combinations of individual expertise, expertise diversity and team performance have proven difficult to disentangle’ (Bercovitz and Feldman 2011:81). The sort of person that contributed and supported the successful development of an Integrated Working project was described by Atkinson et al as;

‘**a new hybrid professional type** who has personal experience and knowledge of other agencies, including importantly, these services’ cultures, structures, discourse and priorities. This understanding would seem to be vital sine qua non for successful interagency collaboration’ (2002:vi).

An integrated working team is ‘a collection of individuals who share responsibility for an outcome’ (Bercovitz and Feldman 2011:81). The value of heterogeneous teams is that each individual brings specific human and social capital to the project. Getting the ‘right’ people is key, the people involved in the integrated project need to be professionals with the correct skills and an attitude that takes ownership of the project (Abbott 1997, Hodgeson, 1997, Cumella et al 1996). Work, collaborative or otherwise Patel et al (2012) suggests is best understood in terms of the context in which people are working;

‘with collaborative work we often find continually changing people, technology, information and space, and so collaboration is understood through peoples interactions with each other, technology, information and the environment and not solely in terms of the cognitive skills of workers and organisational norms’ Patel et al (2012:3).

Patel et al (2012) break the factors that affect collaborative working down into four sections; context, support, teams, individuals. In terms of context, organisational cultures are important as are the policy environment and organisational structures in which integrated working team members sit. In terms of supplying the tools (digital or otherwise) available for integrated working, resources available and staff training as well as staff management and error management are important. In terms of teams **shared knowledge, relationships within the team and team composition** are important. In terms of individuals the skills that they bring, the levels of trust between individuals, their **experience of integrated working** and their individual management support are key factors.

From an individual’s perspective, **the skills that they bring to the multidisciplinary team are important but so too are psychological factors** such as, motivation, confidence, and openness to other models of working. Collaborative working has been associated with improved employee wellbeing and productivity; Patel et al (2012) suggest that this might be due to the social links and ties developed through integrated working practices. However, integrated working can be linked too to poorer work-life balance and its associated psychological strain (Patel et al 2012).

The Right Language

In addition to finding the right people, finding a **common language** was also key to a project success (Atkinson et al 2002). Co-locating teams can be a positive means of increasingly shared communication and building shared language (Mathieson 2011, Syson and Bond 2010). Persuading people that despite the additional workload created by taking an integrated approach that it was worth the effort and finding mutually convenient times to meet and maintaining momentum despite changes in staffing, were key to a project's success (Atkinson et al 2002). Indeed '**creating valuable and novel solutions requires melding multiple types of individual expertise**' (Bercovitz and Feldman 2011: 81). The Institute for Public Care (2013) suggest that the creation of new roles working across professional boundaries can improve success factor in integrated working.

Shared Aims and Objectives

Shared aims and objectives are key success factors, projects may already have similar aims and objectives but within an integrated working project, these require extension into a shared vision and shared ownership of the project (Lankshear et al 1999, Hodgson, 1997, 1998, Henwood et al 1997). Integrated working occurs over time, it is an iterative process that develops a shared sense of purpose, and a shared theory of action based around four key elements (Emerson et al 2011); discovery, definition, deliberation, determination. Discovery brings together the groups shared interests. Deliberation develops reasoned communication, a deliberation with analysis that develops honest communication across boundaries. Determination is the point at which aims and objectives are agreed as a group.

'For sustainable change you need to be part of the re-setting and to re-set yourself. Re-setting is not a quick fix. You need to tell a grand vision story and enable people to see their pathways. It's not as linear as you would like' Director of Children's Services. (Daniels and Edwards 2012:26)

Often if staff have previous experience of working in an integrated way then they can testify as to its success and are more motivated to work on further integrated working projects (Atkinson et al 2002). Aims and objectives of any joint project need also to be realistic and achievable (Hardy et al 1989).

Experience of Integrated Working

There is debate however as to whether the skill and expertise of the professionals involved is a key success factor or if it is more **personal** than that, about **individuals, and the quality of their relationships** (Atkinson et al 2002). Certainly being motivated to engage in multi-agency working, a genuine desire to ‘instigate and be proactive in developing multi-agency practice’ (Atkinson et al 2002:77) is an important factor in project success. Shared knowledge allows team members to work together effectively; this shared knowledge relies on the creation of collaborative expertise. Collaborative expertise is affected by context, team cohesion, and levels of participation, trust, negotiations of conflict, internal and external communication and coordination (Patel et al 2012). Here experience of multidisciplinary teams becomes a key success factor.

The experience of working in a multi agency way builds ‘soft’ skills and accepting that whilst their role will bring the unique professional inputs of their profession that there will be a certain amount of burring of boundaries. The **range of roles and responsibilities of integrated working**, Atkinson al (2002) suggest can be **shared across three levels; initiative, interagency and individual**. At initiative level there will be shared planning and budgetary responsibilities, at interagency level there will be information exchange, advice and communications, at the individual level responsibilities will be focussed managing their agencies contribution and personal involvement. Across project, there is a considerable variety of approaches as to how these tri-level roles are managed (Atkinson et al 2002). Barnsley et al reinforce however the importance of an ‘organisational structure with diverse communication channels that can effectively transfer information across organisational boundaries (1998:19). Indeed **creating shared knowledge in multi-disciplinary teams is fundamentally dependant of the group dynamic of that team;**

‘Individual and cultural differences (professional and national) can affect collaboration positively or negatively. For example, multidisciplinary teams can overcome organisational barriers to improve communication and productivity and their diversity of perspectives can promote creativity’ (Patel et al 2012:11).

Multidisciplinary team dynamic becomes a key success factor, ‘the development of shared knowledge relies on stable team membership’ (Patel et al 2012:11). Through repeated interactions, experience in working together develops, ‘teams develop coordination capabilities, communication mechanisms and task routines that enhance ... performance’ (Bercovitz and Feldman (2011:91). Bercovitz and Feldman (2011) reiterate that previous experience of working on integrated projects improves the success of multi-agency working as does the presence of proper social ties within the multidisciplinary team. The effectiveness of team working is enhanced when individuals within it have multiple and diverse social worlds that they can bring to the project. Indeed **social capital is integral to the development and transfer of tacit knowledge and know how** (Bercovitz and Feldman (2011).

Roles, Responsibilities and Training

Having **clear roles and responsibilities is a key to successful integrated working**, especially where projects were seeking to work together using innovative approaches (Abbot, 1997, Ross and Tissier, 1997, Higgins et al 1994). Here Ovretveit (1997) suggests that **developing formal policies and procedures** for working together is important. Ensuring that these policies and procedures reflect the evolving project is also as important (Ross and Tissier 1997, Henwood et al 1997).

The Institute for Public Care suggest that there is some evidence to argue that **training** is a key success factor for integrated working; that 'inter-professional training can support inter-professional working and hence enhance integrated services' (2013:vii). Training that brings together team members can increase understanding of each other's professional role (Scragg 2006). Training is important in all inter-agency working, however it is of particular importance when staff are working in innovative roles or where their professional boundaries are being challenged (Cameron and Lart 2003, Hodgson 1998). Ling et al (2012) suggest that external facilitation can be helpful in encouraging organisations to work in an integrated setting.

Building Trust

It is here that notions of **social trust** or mutual trust among integrated working group members becomes a key success factor; one would assume that 'the greater the social trust among organisational members the more favourable will be the attitude towards knowledge sharing' (Chow and Chan 2008:460). Trust, Patel et al found, was central to team performance; 'individuals and teams have to trust that they are being given the best support available in order to perform their tasks' (2012:5). Issues of trust relate strongly to a sense of security and confidentiality. **Trust itself is multifaceted being both personal and institutionalised**; 'a climate of trust enables people to engage in business with each other, and is of high value to an organisation or economy' (Patel et al 2012:13). Chow and Chan (2008) however found that trust did not play a direct role in knowledge sharing, but that social networks and shared goals did influence individuals to share knowledge.

Social capital is separated into three clusters by Chow and Chan (2008); **structural, relational and cognitive**. Structural social capital relates to social and network relations that define who can be reached and how. Relational social capital relates to the level of trust developed between people during these interactions. Cognitive social capital relates to the resources that exist to increase understanding between individuals. Chow and Chan (2008) develop the **theory of reasoned action**; the more a person wishes to engage the more they are likely to, the greater the subjective norm the stronger the intention to engage, the stronger the intention the more likely it is that the person will engage in the behaviour.

'the time required to build relationships and trust, enable frank and open and constructive discussions to take place without feelings of blame and attribution ... as a newcomer to the NHS the blame culture seems to be strong, particularly across organisational boundaries' Living Document, Site 11 (Ling et al 2012:6)

Trust can be instrumental in ‘reducing transactional costs, improving investments and stability in relations an stimulating learning, knowledge exchange and innovation’ (Emerson et al 2011: 13). Building trust between teams, departments and organisations is challenging, however trust ‘enables people to go beyond their own personal and institutional and jurisdictional frames of reference and perspectives toward understanding other peoples interests needs values and constraints’ (Emerson et al 2011:13). Patel et al (2012) recommend face-to-face communication intertwined with regular communication and social interaction as important to building this trust within integrated working teams. This forms the basis of mutual understanding and trust a key success factor in inter-agency working (Huxham and Vangen 2005, Leach and Sabatier 2005, Koppenjan and Klijin 2004, Ostrom 1998).

Bercovitz and Feldman (2011) frame this diversity of social ties into **horizontal and vertical knowledge**. Horizontal knowledge can be understood as project specific knowledge and vertical knowledge can be understood as the broader market needs and importunities. **Bridging ties** (Putnam 2001) **can promote knowledge dissemination from the integrated working context**. Daniels and Edwards (2012) develop this into how leadership can develop learning within integrated learning project. They distinguish between horizontal learning, vertical learning and partnership learning. Horizontal learning crosses boundaries within an organisation. Vertical learning develops within organisations and partnership; learning develops within a multi-disciplinary context. An intelligent leader integrates these learning contexts and enables their integration.

Power

Trust and Power are interlinked. **Power** can be negotiated through subversive means, with those not wishing to fully engage with integrated projects choosing to avoid direct conflict by citing issues of confidentiality as barriers to communication. Ling et al (2012) identify reluctance to engage in integrated working as a key barrier to success, affecting shared vision and communication **A perceived loss of power can be a significant challenge to professionals wishing to engage in integrated working** (Suter et al 2009, Budetti et al 2002, Coddington et al 2001d, Appleby et al 1999, Anderson 1999, Hawkins 1998);

‘obviously professionals have responsibility for maintaining confidentiality and clients have a right to this. Sometimes however, workers suspect that information of a non-confidential nature is being withheld as a means of retaining a degree of control/authority. Careful negotiation of what really is and not, necessary seams important’ (Maycell and Bradley 1991:39)

It is key that professionals are engaged, and in engaging are able to provide leadership and develop new skills. Practical barriers exist to affect engagement; bureaucracy, budgets, employment conditions, welfare reform, organisational culture (Ling et al 2012). Overcoming these barriers involves the negotiation of power structures. Power is a

‘relational phenomenon; created sustained, increased or lost in the context of interpersonal relationships and can be used positively to influence the behaviour of others, mobilise resources, and achieve social and organisational goals or negatively for personal whim or advantage or corruptly’ (Patel et al 2012:10)

Policy, culture and status differences can all be factors that affect relationship building across team, the negotiation of power within these relationships can be complex.

Power can be related to status and job hierarchies as well as access to information, confidential or otherwise. Brown and Duquid (1991) can aid an understanding of how professional power is negotiated, in their research they demonstrated how individuals use narratives, shared storytelling, to share their enquire professional knowledge and solve problems. This shared storytelling, what Daniels and Edwards (2012:21) refer to as **'the dynamic building of narratives'** is a key driver for organisational learning; developing collective meanings and personal sense-making. Patel et al (2012) identify the importance of connectors in integrated working – these connectors can be both personal and professional but they open communication. **System 'navigators' can link integrated working approaches and build successful integrated working approaches. Power is negotiated through this shared sense making** (Wieck 1995).

Creativity and Conflict

Conflict within integrated teams is not necessarily negative and can lead if appropriately managed, to creativity (Patel et al 2012). The impact of conflict within collaboration can be influenced by the context in which it occurs. Conflict, managed effectively ensuring that it does not limit process on the task, reduce performance of individuals within the team, or reduce trust within the team can be positive. Conflict within a team where trust and a listening culture exists can lead to creatively developing solutions. Indeed a consensus culture can lead to 'group think' where issues are not discussed or concerns not raised for fear of criticism. Dickinson et al (2007) share their research into the creation of a care trust, where consensus created an element of 'collaborative inertia' (Petch 2014:9) and opportunities to engage wider partners were missed for fear of threatening consensus. A health-integrated team able to negotiate conflict effectively, can listen to each other's concerns and develop collaborative solutions to issues. Indeed consensus among teams may not bring about the benefits sought (Starbuck and Hedburg 2001, Grinyer and Norburn 1975).

Having considered key success factors this paper will now consider approaches to integrated working.

How might you integrate?

Models of integration are as various as the projects that they integrate. Ovretveit et al (1993, 1997) list four dimensions for an inter professional team; degree of integration, team membership, team process issues, team management. Atkinson et al (2002:4) detail four models for integrated working; the formation of a separate legal entity, the formation of a virtual organisation, co-locating staff from partner organisations abs steering groups without dedicated resources. Approaches to multi-agency working were slightly different depending on the type of multi-agency work required. For example, decision-making groups focussed their on ensuring joint priorities and ensuring effective use of resources and allocated funding. Centre based and operational-team delivery approaches focused on offering one point of access for clients. Steering group style projects tended to focus on joint planning and integrating all the views of one agency into a broad strategic framework.

By Listening but not Agreeing

Fullan's (1999) **complexity theory** is perhaps a useful concept with which to consider approaches to integrated working. The value of using Fullan's (1999) complexity theory, to consider integrated working lies in its consideration of diversity. In gathering the diversity of opinions ideas and approaches '**creative solutions arise out of interaction under conditions of uncertainty, diversity and instability**' (Fullan 1999:4). Fullan (1999) argues that **partnerships are at their most effective when all opposing voices at the table can be heard**, there is a need to be diverse, to have conflicted conversations. Harris (1999) considers the fact that often in multiagency meetings, in order to avoid conflict members of the group defer to the chair or project leader, this Harris (1999) suggests reduces the efficiency of integrated decision making. Bloxham suggests a **listening but not agreeing approach** to multi-agency working 'shared aims and mutual respect among the participants can be achieved by slowly nurtured relationships growing from clear personal incentive to collaborate' (1996:389). These shared aims could be developed in a situation where individuals within the partnership were empathetic towards one another and self-aware. This enabled clear communication regarding roles and responsibilities within the project as well as open and supportive croquet of individual agencies procedures. **Negotiation and flexibility were key skills to bring to integrated working**, these create then a willingness to shape practice collaboratively based on client needs rather as opposed to the needs of organisational systems.

Key to successful integrated working is **communication** (Cameron and Lart 2003, Lankshear et al, 1999, Ross and Tissier, 1997). Indeed, 'good communication is the bedrock of successful interagency working' (Cameron & Lart, 2003). At an inter personal level communication is important, as discussed above but also at an interagency level; disseminating information and **keeping everyone 'in the loop' is integral** to an integrated approach. Developing opportunities for communication at a procedural level (protocols and principles), systems level (e-mails groups, project blogs) and human level (shared office space) is important to create a sense of shared practice. Co-locating teams can be beneficial; 'collocated working environments facilitate effective team working as it enables frequent face to face communication' (Patel et a 2012:19)

Integrating terms and conditions of employment (Glendinning 2003) can be important to creating equality within an integrated working environment, although the process and management can also challenge the project (Rand 2012, Pickup 2004). The **context in which integration occurs** is an important factor in its success (Ling et al 2012). Ling et al are clear that 'attempts to integrate care cannot therefore be seen separately from their clinical, geographic, financial and policy contexts (2012:2). Ling et al (2012) suggest a 'route map' that consider four key factors; clinical, geographic, financial and policy context as a means of evaluating the key success factors for integrated working. The environment in which the partnership takes place is important – the environment might include financial climate, institutional and Leal structures and wider inter-agency activity (Dowling et al 2004).

Creating Identity

Creating a new **cultural identity** for the team, of shared beliefs and assumptions (IRISS, 2012) is key to creating the integrated team. Schein (2004) describes culture as having three layers; cultural artefacts, espoused values and basic assumptions. Culture can be an aspiration and barrier to multi-disciplinary working, how integrated working team members see their organisation and the integrated working approach is key in its success;

‘But we are completely hardwired, and have been for decades and quite frankly the health system will continue to be unless this has a paradigm shift. We are hardwired to ensure that our decisions and our leadership is based on protecting and optimising our own organisations and our own budgets as a primacy’ (2) (Hunter et al 2015:13)

Sullivan and Williams (2012) somewhat facetiously suggest that ‘**you know you have cracked it when there is only one kettle in the kitchen**’ but their message is that a cultural identity, a sense of group or team is a key success factor in integrated working.

Good Leadership

Good Leadership of integrated working projects is key to success (Hunter et al 2015, Wilderspin, 2013). Research is clear that **integrated working approaches that receive a high degree of strategic support and organisational commitment are much more likely to achieve success** (Cameron and Lart 2003, Ross and Tissier 1997, Smith and Shapiro, 1995). Good leadership builds understanding amid the uncertainty of mixed emotions (Daniels and Edwards 2012). **Intelligent leadership** builds capacity based on recognition, response and reflection. Using the recognition, response, reflection approach, intelligent leadership questions practise, examines approaches and formulates and models solutions. Intelligent leadership builds common knowledge developing;

‘empathy throughout, mediating different positions and priorities, linking conversations to outcomes ...drawing everyone into a common theme, explaining but being relentless in [my] ... focus’ Director of Children’s Services (Daniels and Edwards 2012:20)

Leadership that is both strategic and operational that has drive and vision is important.

Research makes a direct link between good leadership of integrated project and positive outcomes (Petch 2014, Bogg 2011). The Institute of Public Care (2013) identify good leadership as key to successful integration, as important was effective management of integrated teams. Successful integrated working projects require a distinctive leadership style, a leader of an integrated working team needs to be a ‘different animal’ (Atkinson et al 2002:153). This distinctive leader needs to be able to drive an agenda forward when required and let go when necessary, the effective leader within an integrated working project needs to exhibit responsiveness and a capacity to successfully negotiate change. **Resourceful leadership** is key to integrated working (Daniels and Edwards 2012, Canwell et al 2011). Resourceful leadership enables organisations that are focussed on learning to evolve effectively to new operating environments. Resourceful leadership allows projects to respond innovatively and compassionately to what Daniels and Edwards (2012) refer to as ‘wicked issues’ – these are complex issues that cannot easily be solved but are more often managed or contained.

Complex systems theory (Hunter et al 2010) recognises the importance of understanding the **context at multi-level** (local, regional, national and international) **and multi-sector** (health, education, housing and leisure). Complex systems initiatives bridge policy and action (Seddon, 2008). **Using complex systems theory a good leader of an integrated learning project needs to recognise how parts of each system give rise to the collective behaviours of the system, and then reflect on that to consider how the system interacts with its environment.** The successful leader in this context needs to distribute their expertise (Daniels and Edwards 2012). Successful integrated working negotiates distributed expertise to build a forum for shared and respectful project work, it is comfortable delegating control across the project;

‘I think that you’ve got to learn to trust people. You be got to lead by example... well actually we will relinquish a bit of control’ Director of Social Services (Atkinson et al 2002:155).

Key leadership tasks within an integrated learning project are listed by Daniels and Edwards (2012); focussing on the bottom line, what really matters for the client, bringing people together to improve outcomes, ensuring everyone maintains the commitment to complete the job, openness to learning in order to create a positive climate for change. This requires sophisticated skills that facilitate collaborative decision-making (Petch 2014). **In relinquishing this control**, the leader needs to be comfortable with risk-taking within supportive contexts, where professionals are encouraged to think and act outside of their usual practice. This approach requires **clear lines of accountability, transparent governance, robust supervision and knowledge of the integrated team** (Petch 2014). Accountability within integrated working needs to be a sophisticated mixture of formal and informal mechanisms, the difficulty and complexity of such arrangements should not be underestimated (Hunter et al 2015).

A successful leader in an integrated working project needs **vision and tenacity**, ‘intelligent leadership is not formulaic, rather it is a thoughtful form of practice’ (Daniels and Edwards 2012:8). **Vision is key to transformational leadership of project**, ‘integration cannot be an end in itself; it must be for a purpose’ (Petch 2014:5). The role of the leader is to ensure that the vision is ‘communicated, shared, reinforced and embedded’ (Petch 2014:5) Patel et al (2012) distinguish between a **transformational leader** and a **transactional leader**. Transformational leadership focusses on inspiring team members to work together towards a shared goal; transactional leadership is based on incentives (positive or punitive). Petch (2014:1) argues that ‘transformational and distributed leadership led by a vision that is shared and maintained is essential’. Patel et al state that both leadership styles have been linked to effective team performance, the context of the collaboration will often require a specific leadership style, ‘management of collaboration should focus on establishing the most conducive conditions for team prosperity which can remain in place as other things change over time’ (2012:15).

The leader of an integrated team will be a successful **'boundary spanner'** (Williams 2011, Spillane et al 2004) successful at negotiating skills, **a creative innovator, a communicator across professional language barriers and a reticulist, using their inter personal skills to effectively network** (Petch 2014). For the boundary spanner, the formulation and choice of strategic alternatives is **driven through interpretation** (Williams 2011), so **enhancing the importance of ideas, narratives and policy paradigms is key;**

'Bringing different cultures together demands committed and visible leadership with clear communication processes' (Suter et al 2009:22).

A boundary spanner engages in integrated working through a process of interpretation, of **framing** (Benford and Snow, 2000) and **sense making** (Weick 1995). Williams (2002) identifies three approaches to the role; **reticulist, entrepreneur and interpreter.**

The boundary spanner leader engages in **interpretative work**, linking organisational cultures, 'in the interpretive processes whereby choices are imagined, evaluated, and contingently reconstructed by actors in on-going dialogue with unfolding situations' (Emirbayer and Mische 1998:966). Boundary Spanners take on the role of **'cognitive filter'**(Williams 2011), helping others to interpret the integrated working approach, role and respective responsibilities. This Williams (2011) links to ability of visionary leaders to shape the perceptions and preferences of others, an idea he develops from Luke's (1974) notion of **the third face of power**. The approach boundary spanning leaders take to leadership **can produce tension and ambiguity due to the challenges associated in leading without power**, whilst attempting to maintain a balance in accountability between partnerships and their host organizations.

Innovative working in order to solve complex problems requires **skilful management of complexity**, sometimes **'on the edge of chaos, where learning is crucial'** (O'Flynn et al (2014:57). Intelligent leadership is characterised by Daniels and Edwards (2012:7) as having nine leading learning behaviours themes around system level changes (directing, questioning and pulling together) cultural changes (translating and engaging) and individual or group challenges (enabling, coaching, facilitating and collaborating). For Daniels and Edwards intelligent leaders within integrated working settings are

'high performers who demonstrated thoughtfulness and a desire to promote a strong degree of evidence informed reflection throughout the organisations they led' (2012:7).

Karapetrovic and Jonker (2003) liken leadership of an integrated working partnership to **the role of a chef**; a successful leader will consider the **'ingredients'** (which elements of a project to integrate) and **the recipe** (how these will be integrated). They argue that in order to bring our systems together, both the ingredients and the recipe for integration must be developed; you need a clear methodology in order to put different systems together in a meaningful way. Bringing a disparate group of individuals together into a coherent team requires strong internal coordination; coordination and communication skills are essential. In developing responsibilities, 'learning where specific knowledge resides within the team is important for developing roles and responsibilities that support the effective division of labour' (Bercovitz and Feldman 2011:83). Indeed, **'successful leaders recognise the importance of learning and how it contributes to the overall integration goal'** (Suter et al 2009:22).

Good Management

Good management of integrated working projects is also fundamental to success (Institute of Public Care 2013). Thistlethwaite (2011) **reinforced the importance in investing in integrated management and change management**. For management structures to support integrated working Snooks et al (2006) state that they too should be integrated and flexible. Creating a supportive management environment was considered by Snooks et al (2006) and Glendinning et al (2002) to be a key success factor for integrated working.

Heenan et al (2006) argues for **an integrated management approach** as a key success factor for integrated working . A distinction can be made between team management, clinical management (in health settings) and professional supervision (Cameron 2010). Petch (2014:11) details five types of management structure used to manage inter agency teams; profession managed, single manager, joint management, specific to project integrated team manager, hybrid management. Petch (2014:11) does not favour a particular type of management but is clear that 'it is essential that there is a structure and process for team accountability.' **High quality performance management is considered a key success factor for integrated working** (Suter et al 2009, Wilson et al 2003, Hunter 1999).

Making the Complex Routine

Good management of an integrated working project involves making the complex routine. **Normalisation Process Theory** (May et al 2007) can be used to consider why and how people change practice in response to integrated working, it seeks to explain how complex interventions become routinised in health care practice. Normalisation Theory also recognised that normalisation is not an inevitable outcome of collective action, the intended values and integrated practice may not become normalised. Ling et al (2012) suggest that to normalise integrated working behaviour, values and practice need to be established at a micro level, whilst recognising that meso factors such as the policy environment. This links into **change theory** (Kaplan et al 2010) which considers the impact of the meso contextual factors on integrated working, such as leadership, infrastructure and existing working relationships. **A key success factor then is how at a micro level professionals understand their role within the context of their existing professional identities and how then they relate this to meso factors such as their institutional environment**. For Ling et al (2012) normalisation is contingent upon professional distancing and engagement in integrated working. This reinforces the findings of Ham et al that 'dogged attention to project and change management' (2008:309) is a key success factor for integrated working.

Change management can be considered an evolutionary process (Nelson and Winter (1982). Organisations contain much more knowledge than people can express (Weick 1995, Polanyi 1966), some of this is explicit and available other knowledge is much more difficult to articulate. Managerial practice spreads through interorganisational networks, much of this is evolutionary (winter 1994) **much of the knowledge being 'tacit, and not communicable in symbolic form'** (Starbuck and Hedburg 2001:7). This difficult to articulate knowledge is awaiting voice and interpretation. **This knowledge can be interpreted in an integrated working context through social links, communication and developing working relationships**, whereby the knowledge held by individuals becomes the knowledge held by group (Starbucks and Hamburg 2001). Knowledge is continuously re-developed;

‘organisations continuously create new knowledge by re-constructing existing perspectives, frameworks or premises on a daily basis. In other words the capacity for double-loop learning is built into the knowledge creating organisations without the unrealistic assumption of the existence of a ‘right’ answer’ (Nonaka and Takeuchi 1995:45-6)

The **size and complexity** of the integrated working project contributed to how well the integrated working could be managed. A small central team that had both decision making capacity, authority and drive is a key success factor (Ling et al 2012). In larger projects Ling et al (2012) were clear that significant time and resources need to be allocated in order to build good management structures.

Good Governance

Good governance is essential to integrated working (Coddington 2001, Shortell et al 2000, Hawkins 1998). We can define governance within a multi-agency project as a form of collaborative governance;

‘a governing arrangement where one or more public agencies directly engage non state stakeholders in collective decision making processes that is formal, consensus orientated and deliberative and that aims to make or implement public policy or manage programs or assets’ (Emerson et al 2011:3)

Indeed, ‘governance must be diversified ensuring representation from a variety of stakeholder groups’ (Suter et al 2009). **Integrated working creates complex layers of accountability** (Suter et al 2009, Friedman and Goes, 2001). **Clear, effective and well-communicated accountability and governance procedures are key success factors** (Dowling et al 2004, Campbell 2001, Evans and Killoran 2000)

Evidencing Impact

Evidencing Impact is a key challenge for Integrated Working, its important to consider whether integrated working changed anyone’s life? (Grieg and Poxton 2001). Ostrom (2007) warns us of the problems of creating panaceas, Integrated Working isn’t a panacea. Successful integrated work can be broken down into valuing the process of partnership working (Asthana et al 2002) and measuring outcomes. A successful method of overcoming professional silos is to focus on the client that will benefit from the service improvements achieved by integrated working (Robertson 2011).

Perceptions about performance are linked to how we see the world and not fact (Starbuck and Hedburg 2001). People tend to overestimate their own influence on success and overestimate external or situational; influences on their failures (Heider 1958), indeed Huff and Schwenk (1990) in their study of Chrysler leadership found that executives attributed negative company performance to environmental causes whilst they attributed positive performance to good leadership. It is important to consider the costs of the partnership; partnerships are time consuming and require multiple meetings which has cost implications (Powell and Glendenning 2002).

‘I do think there are some occasions where things take an inordinate amount of effort to get done, much more than I expected to be honest’ Manager 1, Site 04, Interview (Ling et al 2012:5)

Connected to good project management is the need to ensure on-going **evaluation and audit** of the integrated working project (Cameron and Lart 2003, Huxley and Oliver, 1993 Hardy et al 1989). Dowling et al (2004) list the range of partnership evaluation tools available but recognise that evaluation partnerships is complex territory. Partnerships may be seen as ends in themselves or pragmatic solutions to difficult situations. Evaluating partnerships is an attempt to assess the counterfactual; how does one evaluate what would have occurred in the absence of the partnership?

Liddle and Diamond (2014) explore **the six hallmarks of effective partnerships** set out by the Home Office in 2007, considering them as factors by which they might evaluate a community safety partnership. The six hall marks are; collective leadership, intelligence-led business processes engaged communities, visible and constructive accountability mechanisms, appropriate skills and knowledge. They noted that as useful these categories were for evaluation they were not able to fully capture the essence of the project. Liddle and Diamond suggest instead eight themes that **'characterise the potential for learning across different boundaries of practice'** (2014:276). The eight themes are; the necessity and success of the change process, the socio economic context, managing and achieving expectations, locating decision making, capacity of organisations to work with **'blended professionals,'** extent of shared understandings, levels of public confidence in 'the system' how objectives were defined and measured and how resources were allocated (Liddle and Diamond 2014:276).

Evidencing impact can be separated into; impact of integrated working on clients and the impact of integrated working on agencies. In terms of the impact on clients, Atkinson et al can evidence

'a wide range of direct benefits of working in a multi-agency way... for children and families. These centred on three main areas: improved services, direct outcomes, prevention.' (2002:iv).

Atkinson et al (2002:94) list outcomes from integrated working for clients as; access to services not available previously, easier / quicker access to services, early identification, and more clients engaged in service, coordinated approach, greater support for clients & carers, client needs addressed more appropriately. Dowling et al (2004) lists more equal distribution of services, improved efficiency, improved client experience and improved health status or quality of life for clients as key areas where partnership working has shown success. Although Dowling et al also recognise that despite the extensive research into partnership processes 'evidence that partnerships produce successful outcomes for staff, users, financial sponsors or other stakeholders is in comparison, very sparse' (2004:314). Thistlewaite (2011) **is clear that keeping the needs and perspectives of the client at the heart of any discussion about integrated working is key.** Without integrated working in a care context; 'patients can get lost in the system, needed services fail to be delivered or are delayed or duplicated, the quality of the care experience declines and the potential for cost effectiveness diminishes' (Goodwin et al 2011:4). In terms of measuring impact, Goodwin et al (2011) suggest that it is important to define the ambitions and goals of in the case of their research, integrated care services, and translate these into specific and measurable objectives. Goodwin et al (2011) argue that in order to make a stronger case for integrated working then clear and specific evidence of why it should be a priority.

For those **agencies involved in multiagency working the benefits centred around offering them a wider perspective on their work, increased understanding of other agencies roles and improved working relationships with other agencies.** Atkinson et al (2002:97) list impacts for agencies involved in integrated working; broader perspective or focus, improved understanding or awareness of issues, improved understanding or knowledge of other agencies, increased demands or pressures, raised status or profile, improved access to other services or expertise, addressing unmet need, improved planning. The key areas for improvement were noted as improved understanding, improved relationships, improved practice, and raised professional profile and extension into other areas of work. Resources were a key success factor identified by Ling et al (2012). Access to digital resources, system sharing and poor implementation of shared IT resources affected the quality of integrated working. In a care setting especially confidentiality in data sharing was a key concern (Ling et al 2012).

Key success factors noted by Atkinson et al (2002: 138) are a commitment or **willingness to engage**, understanding roles and responsibilities, common aims and objectives, effective communication and information sharing, leadership or drive, involving the relevant professionals, appropriate funding and **resources**, good working relationships between agencies and individuals and having enough time to make it work. **Time** was especially important; time to focus on the process of integrated working, to prioritise it despite a busy existing workload and having an open attitude that allowed issues to be resolved as they emerged. Ling et al (2012) share the personal cost to staff of integrated working, many staff on the integrated care politics of their research spoke of **working overtime** to keep the project activity on track. This **lead to questions of sustainability of the projects longer term.**

Having considered key success factors and approaches to integrated working as well as approaches to measuring success, we will now consider the challenges of integrated working.

The Challenges of Integrated Working

The challenges involved in integrated working are numerous and reflect the complexity of taking an integrated approach. Challenges centre around funding, roles and responsibilities, priorities, communication and organisational cultures. Stewart et al (2003) identify four key challenges to integrated working; lack of clarity of roles, poor communication, lack of clarity of procedure and imbalances of power between individuals and agencies. Atkinson et al (2002:6) list the key challenges faced by integrated working projects; agency differences, local authority structures and boundaries, staffing arrangement and time, individual staff members expectations and priorities, aims and objectives of each agency involved, budgets, confidentiality proposals, language and how it is used by different partners, the need for joint or shared training. Atkinson et al (2002) **identified the need to be clear about responsibilities, which responsibilities were shared and which were specific to an agency** or individual professional: 'partnership working does not mean passing the buck to another agency, but does mean each agency being clear about its area of responsibility and expertise' Atkinson et al (2002:101). Whilst those interviewed by Atkinson et al (2002) involved in integrated working found it rewarding and stimulating, they also acknowledged that it **increased demands on them as individual workers**. The impact on Individual workers was not all positive whilst some found the project work interesting and enjoyable they noted the increased pressure and added workload attached to integrated working.

An important reflection identified by Atkinson et al (2002) was the importance of recognising that professionals and agencies will be **entering the integrated working process at different stages and places of understanding**. The importance of taking time to build relationships and to 'take everyone with you' was noted;

'I think one of the mistakes I made early on was assuming that everybody was at the same stage of partnership and tried perhaps to rush things through, sometimes we've had to go back and bring people on board' Child Psychiatrist (Atkinson et al 2002:104).

Time is an important consideration. Developing relationships, creating new and effective means of working together and understanding other professional working practice, language and culture are time consuming. Indeed Petch (2014:1) suggests that **'timescales of several years are required to develop and embrace integration.'**

When mistakes happen...

Collaborative work can lead to an element of group norms and an element of **'group think.'** Recognising and managing errors is an important element of integrated working

'errors made during collaborative work may result from ineffective coordination of individuals within teams, inappropriate normative and informational influences which may impact on team decision making, and poor leadership, in addition to high mental workload and external stressors' (Patel et al 2012:7).

Developing a 'no-blame' culture which reports and shares errors as they occur and facilitates positive organisational learning when errors occur is linked positively by Patel et al (2012) to achieving integrated working goals. Mutual performance monitoring, where team members monitor each other's work, is suggested by Patel et al (2012), as a way of identifying issues before they arise although it should be noted that this is only successful if there are positive working relationships and mutual trust within the team. Levinthal and March recognise that error management is one of the challenges of organisational learning; **'organisational learning oversamples successes and under samples failures because success and failures are defined by the organisations'** (1993:109).

'You have to acknowledge that people make mistakes. They also need to trust and can be rightly sceptical. You do need a culture of checking. I can create a structure, for example, a children's centre. Then I play back what I see there. You might think you have the overview but [its] really important to look through the Kaleidoscope as a practitioner might. You have to give the best chance of success for the social worker to trust the teacher' Director of Children's Services (Daniels and Edwards 2012:25)

Professional Identities

Atkinson et al (2002) noted the fact that the **blurring of boundaries** require a high level of reflection and self-criticism, professional identity can feel challenged (Scragg 2006). The tension of managing ones professional and inter-agency role can be challenging;

'The challenge of maintaining successful aspects of professional identity whilst at the same time relaxing into more inclusive identities is a key issue that has to be navigated in the delivery of integrated care' (Petch 2014:11)

Professional status can feel threatened within an integrated working approach (Robertson 2011, Hubbard and Themessl-Huber 2005) leading to what Rolls et al (2002) refer to as **professional tribalism**. This can be challenging for professionals;

'it's bloody hard. It is much easier to work on your own, to what you are used to. So it can be more draining, more time consuming and you have to work through [that], challenge your own beliefs... its complex enough in child mental health anyway' Child Psychiatrist (Atkinson et al 2002:123).

This challenge to professional identity precipitated by integrated working can lead to individuals overemphasising their professional identity (Huby et al 2010). It is **integral to integrated working then that team members understand each other roles and responsibilities** (Holland 2004, Cameron and Lart 2003). Professional credibility can be threatened by integrated working, Cameron and Lart (2003) document how social workers based within care settings lacked credibility among colleagues in more formal social work settings and how GP's failure to understand social worker's roles threatened integrated working. Professions have distinct methods of working, based in their own professional philosophy and ideology (Cameron and Lart 2003, Ross and Tissier, 1997). **These differences can threaten trust and professional rivalries can emerge** (Cameron and Lart 2003, Hudson and Willis, 1995, Huxley and Oliver, 1993). Boundaries, physical rather than professional are a challenge within integrated working. **Co-terminus** boundaries (Petch 2014, Maycell and Bradley 1991), can be a key success factor or key challenge depending on the overlaps between local authority, CCT, policing areas.

When Integration isn't what they wanted

Mandatory Collaboration where individuals or teams have entered the collaboration feeling or being mandated to collaborate rather than entirely through choice or in a commitment to an improved service could be a significant challenge to integrated working. In mandated partnerships (Dickinson et al 2012) 'organisational, social and contextual factors can impact on whether team members focus on working together to maximise team outcomes or to maximise their individual outcomes (Patel et al 2012:14). Indeed Miller and Ahmad (2000) state that within the UK collaboration is either recommended as good practice or enshrined as a requirement within legislation.

Integrated working can be critiqued in the context of group theory (Bentley 1949) game theory (Dawes 1973) and the Logic of Collective Action (Olsen 1965). In collaborations that do not have 'buy in,' the individuals within them can be accused of playing games. Bentley (1949) argues within **group theory** that the interactions of groups are the basis for political life, that group activity determines legislation, administration and adjudication. Olsen (1965) argues for **the logic of collective action**. Olsen (1965) describes three types of groups; privileged, intermediate and latent. Olsen (1965) argues that larger groups have more problems as the benefits to being a group member get smaller. Olsen (1965) identifies two types of 'goods' from group activities; exclusive (focussed on product) and inclusive (focussed on the union). Dawes (1973) **game theory** supplies us with a reason why two rational individuals might not cooperate even if there is a systemic bias towards cooperation. It should be recognised therefore, that despite the perceived benefits of a group becoming engaged in Integrated Working (Olsen 1965), that not all involved in integrated working projects may be co-operating.

There is security in a Silo

Silos exist within working environments, Tett (2015) asks is there anything that we can do to take control before silos take over? Tett argues that ‘the world has become a hum of interconnected voices and a hive of interlinked lives’ (2015:15) yet our lives remain fragmented. **Tett identifies that silos are a cultural phenomenon.** Silo literally defined means corn pit, management consultants have developed the word to mean ‘system, process, department etc. that operates in isolation from others’ (Tett 2015:16). Silos exist within structures but Tett argues that they exist within our mind and social groups as well. Specialisation and the division of labour go right back to be beginning of the neoliberal idea, Adam Smith, identified that economies flourish when there is a division of labour. **Silos offer a security and certainty of role and purpose. However Silos can isolate teams of department and allow the failure of communication within and between organisations.**

However, there is **security in a single agency culture.** In engaging in multi-agency working, each agency exposes itself to external scrutiny, each agencies individual culture is threatened. **Sharing knowledge across differing professional boundaries can feel threatening** and ‘knowledge management initiatives must acknowledge that for many workers their knowledge is their currency or status and collaborative work systems which just assume that people will make available all they know may be avoided or worked around’ (Patel et al 2012:7). Indeed **partnership working ‘incurs high transaction costs and therefore needs to add value to be worth the investment’** (Hunter et al 2015:3).

Reflection

Reflection is key to successful integrated working. **Reflection involves inviting peer challenge at all stages of the work,** offering workplace shadowing to gain cross project reflections, including reflective learning in all integrated project training, including feedback and challenge within all aspects of the system and commissioning external evaluation (Daniels and Edwards 2012). Reflection takes time and Integrated Working involves taking time to work with other people and in an already pressurised system, this adds further challenges. Navigating organisational language, professional assumptions (standard within one agency yet alien to another) and understandings of purpose all require complex navigation, which time is consuming. Ling et al (2012) continue that embedding integrated working takes significant time, suggesting that strategies for early quick wins require modification in order to develop and achieve sustainable changes. **Creating a ‘landscape where people can grow’** (Daniels and Edwards 2012:27) **takes time.** Managing risk ‘while people do their best work’ (Daniels and Edwards 2012:27) is a key management challenge.

Navigating the intricacies of professional language, understandings of purpose and shared assumptions requires **trust;**

Building up cultures of confidence and trust that does take time and does depend on individual commitments of the people to make the group. Some agencies find it a more comfortable for than others Director of Social Services (Atkinson et al 2002:127)

Applying 'back-up behaviours' Patel et al suggest is a way of combatting the extra time demand of collaborative working; 'in times of high demand, successful teams employ 'back-up behaviours' (e.g. when team members are flexible enough to assist overloaded colleagues) to ensure performance is not negatively affected' (2012:8). Successful back up requires that all members of the integrated working team have high levels of shared awareness of task status, roles and responsibilities.

Summary

This section has considered a definition of Integrated Working and briefly considered the historical context in which integrated working sits before considering key success factors and challenges to integrated working. We will now consider three case studies that highlight themes that emerge during successful integrated working projects before examining the content of conversations about successful integrated working in Rochdale.

Case Studies

Three case studies of integrated working approaches are shared here to document the range of approaches to integrated practice and to draw out key learning from the various approaches. Each of the case studies come from reports or in Gillian Tetts case study, a book, within each there are several other case studies. We have identified three key examples here as we feel that they offer learning and insight that can be utilised within the Lower Falinge and College Bank Integrated Working Projects.

MASH @ Bury

This case study has been taken from a Home Office report into Multi-agency Working (2014) and is just one case study cited within the report. A variety of other equally useful case studies are shared within the report, this case study has been chosen for it's over all aim to become 'a centre for excellence.'

As a result of a review in the same year in 2013, a Multi – Agency Safeguarding Hub (MASH) was set up. Referrals dealt with by MASH include children at significant risk of harm (physical, sexual, emotional, neglect), domestic violence, child sexual exploitation/trafficking and children and families in need of targeted services or early help (Home Office 2014). The aim of the integrated working project was to develop a centre for excellence, by 'developing a single integrated gateway for safeguarding and community safeguarding referrals' (Home Office 2014). This integrated working approach aimed to better protect the most vulnerable.

Co-Location

The team is made up of a health Safeguarding specialist, social workers, administrative support, Police Officers (with specific safeguarding and Domestic Violence specialisms) Police Sergeant, Children's Team Manager, Development Officer, Education Attendance Officer, Probation Officer, Housing Officer, Early Break (substance misuse Officer, Child Sexual Exploitation Police Officer, Police Mental Health Liaison Officer (home Office (2014). They are based at Bury police station. Prior to being based together there was a wide degree of physical separation in terms of office location. The team is now physically located together which 'has supported the early identification of risk, harm and need and also then, timely, coordinated and proportionate interventions consistent with the provision of early help' (Home Office 2014:29)

Shared Values

The co-located MASH team now have Operating Principles and a Memorandum of Understanding formulated by the partner agencies of MASH which sets a value framework and clear lines of communication regarding confidential information sharing. There are clear aims and objectives for the integrated project which are led by a strategic leadership group and managed by a steering group.

Communication

Communication is key, daily meetings discuss the day's activity, 'daily meetings are a critical element in ensuring that all high and medium cases receive an approximate, timely, proportionate and coordinated response' (Home Office 2014:30).

Summary and Top Tips

This case study highlights the importance of daily case meetings and co-location for Integrated Working.

- The team all adapting a 'can do' approach
- Spend time and get the detail of the planning right
- Ensure that all partner agencies have committed
- Create a shared vision that everyone can buy into
- Learn from other integrated working approach BUT develop YOUR way – that's fits your project & circumstances
- Be aware that Integrated Working causes people to feel their power is threatened and respond submissively
- Work together to identify emerging themes in order to develop earl prevention in case work
- Work with people who want to work with you; Create a Coalition of the Willing
- Sharing the same physical workspace create a strong vision of a team
- Getting the 'right people' with the right skill set but also the right attitude for integrated approaches
- Set up ways to measure impacts an outcomes for the project
- Ensure that integrated working also allows agencies to simply with statutory frameworks and legislative requirements.

The Silo Effect by Gillian Tett

Gillian Tett is a journalist, anthropologist and author in 2015 of *The Silo Effect*. She shares several international case studies of successful integrated working approaches from big business (Google and Facebook) to large government departments. Tett (2015) argues that 'silos are a cultural phenomenon' (2015: xii). This case study has been chosen because it demonstrates clearly the importance of moving away from fragmented working and the value in terms of outcomes for the client as well as the tacit outcomes for the staff of working in a multidisciplinary team. This case study shares how work across departments and connecting unconnected data enabled the New York Fire Department to significantly reduce fires within the city.

New York's Fire Department

In the wake of a fatal house fire in a deprived area of New York, reasons for the tragedy were sought. The building in which the fire took place had been illegally subdivided several times, enabling the landlord to earn more rental fees. The dangerous condition within the property of multiple occupation had been reported to the city officials but no action had been taken. There were multi-use issues with the property, drug dealers were using the basement as a meeting point. The owner of the property had taken out a sub-prime loan to purchase it and had then defaulted. The house had then been placed in 'legal limbo' (2015:2) by the banks.

This tragedy sparked debate within the town hall – Mayor Bloomberg asked his staff to investigate whether anything could have been done to prevent this type of fire. In New York house fires are 'tragically commonplace' (Tett 2015:2) these fires typically occurring in deprived areas in subdivided houses of multiple occupation. New York has a team of inspectors whose responsibility it was to combat fire risk. The odds 'were hopelessly stacked against anybody hunting for firetraps' (Tett 2015:3), they received over 20,000 complaints annually about dangerous housing and were a team two hundred that had the task of monitoring four million properties and one million buildings. The inspectors found that, even when inspectors investigated properties that has attracted specific complaints they only found dangerous conditions in thirteen present of cases (Tett 2015:3).

The issue of house fires and monitoring dangerous housing conditions seemed overwhelming. Mayor Bloomberg's team began thinking about silos. New York government was a large bureaucracy, subdivided into multiple agencies which ran a wide variety of services from fire to theatre. Communication across departments was limited. The fire department was in fact so independent that when the emergency services rushed to respond to the World Trade Centre in September 2001, they discovered that the separate services; fire, police and health could not tune into the same communication channels (Tett 2015:4). Mayor Bloomberg's team began to reconsider the problem of house fires; what would happen if the problem of fire risk was addressed from a joined – up perspective? What the team discovered is;

'that if you start thinking about silos and even breaking them down, this endeavour can produce big wins. And not just in relation to handling fire risks, but almost every other area of the modern world' (Tett 2015:4).

Using Data Differently

Bloomberg's team began to use the data collected within the neighbourhood of the fire tragedy differently. Mayor Bloomberg's team knew from previous experience that combining data from a variety of sources you could solve problems effectively. Mayor Bloomberg was determined to break down organisational silos. City Hall in New York, the oldest multiple building in America, was divided into small separately divided office space. When Bloomberg began his role he required staff to move into the only large space in the building, the speakers hall, giving everyone the same size desk and the Mayor sat in the middle alongside everyone else.

The complaints made to the government, were mostly from lower Manhattan which was not the place where there were most fires. Most fires were in the Bronx and Queens, these were both deprived areas, where there were most subdivided houses, yet people didn't complain for fear of eviction. Bloomberg's team began to look outside of Fire Department Data. He sent members of his team out with various services, sheriff's office, police, fire, housing, building department. He asked them to discover what were the essential features of fire traps and how you might identify them? This decision was based on the belief that 'if you wanted to understand a problem there was no substitute for getting out and watching real life unfold (Tett 2015:10).

Gradually a pattern began to unfold. Dangerous buildings were those built pre-1938 when tighter building regulation was brought in in New York, they were often in deprived areas where the owners had defaulted on their mortgages and the buildings had been reported for issues such as vermin. Bloomberg's team attempted to coordinate this learning by searching the New York Cites databases. They discovered that this was surprisingly difficult, that whilst the data existed, it was not integrated, nor was it held in a central location. However the team were able to combine data pools and create a 'single statistical model' (Tett 2015:11). This statistical model identified four risk factors for fires; mortgage defaults, violations of building codes, age of buildings, indicators of deprivation. The incidences of house fires evidenced this model; that even if no complaint had been received, there was as dramatic increase in house fires in areas where the four risk factors combined. With this new approach, the fire detection process increased from thirteen per cent to seventy per cent.

Summary and Top Tips

This Case Study highlights the importance of shared data and co-location of teams, as well as the importance of getting out into the area in which the project is based to engage with communities.

- Adopt a 'can do' approach
- Identify and Integrate Multiple Knowledge's (Statistical Data from multiple sources)
- Co-Locate teams to encourage communication
- Create shadowing placement so that informal communication can build creative thinking

Multi Agency working in Local Government.

This case study has been chosen because it offers an example of a decision making strategy group which incorporates a number of operational teams and consultation and training. The report that the case study sits within (Atkinson et al 2002) offers a detailed consideration of how you understand success within multi-agency working, and considers multi agency working within complex systems. The report itself is fifteen years old, so reflects a previous policy climate. However the learning regarding developing successful integrated working is as applicable today as it was fifteen years ago. This case study sits within six case studies offered by the report.

Mental Health Strategy Decision Making Group

This case study describes a mental health decision making strategy group with a number of operational teams and consultation and training at other levels. The mental health strategy group was made up of three local authorities and a health authority that shared the **co-terminus boundary**. The aim of the group was to deliver a more coordinated approach to mental health services across the three local authority areas. The operational team was set up to address a gap in service provision for families with children under the age of twelve who were not receiving adequate service delivery from Social Services. The aims of the project were to;

Provide a team of family aides to offer early intervention to support families whose children are presenting behavioural difficulties or experiencing problems linked to neglect or poor emotional care. The emphasis will be in offering practical and emotional support and direct work to improve the parenting skills through advice and guidance and role modelling (Atkinson et al 2002:216)

The multi-agency project **was well resourced financially** from a variety of sources across the organisations involved. There were some issues in the logistics of setting up the funding for the project with some organisations being able to access funding more easily than others which impacted on long term planning and placed additional pressure on some agencies to maintain their project involvement.

Strategy and Operational Groups

At a strategic level a strategy group was set up, and good relationships were retained with the local authority and health authority. **There were good relationships on an individual level between those on the steering group although managing personalities was an issue.** There were tensions and often solutions to issues didn't suit all partners;

'[it wasn't] a place for the faint hearted... there are an unusual number of highly opinionated people with lots of experience... a group of very strong willed representatives' (Atkinson et al 2002:217)

At an operational level each local authority was responsible for implementing its own mental health strategy within its own area, this allowed a local implementation focussed on local needs. **Team members continued to function within their own agency as well as acting on behalf of the team and were not based in the same physical space.**

Team meetings were informal and discussed each case after a presentation of information, team members asking for clarification on details or for further information on points. Practical solutions to supporting each case were discussed and action points developed. The meeting was chaired by the lead case manager but this was very light touch and the meetings followed the case by case agendas naturally rather than being led by the chair. The meetings whilst informal included very little small talk although the team members knew each other well and communicated on an informal basis.

Threefold Benefits

The benefits of multi-agency working were three fold' benefits for the clients, referring agencies and cost effectiveness. In terms of benefits to clients the primary improvement was that families who were previously unable to access services were now offered support;

'people are much more willing to accept a service that doesn't involve a social worker... they [the operational team] are perceived very differently' Child Services (Atkinson et al 2002:222).

The benefits for referring agencies were listed as offering alternative points of referral and an improved communication and cooperation between agencies. The project had had substantial investment, the funding was extremely complex with a variety of agencies having responsibility for sections of the funding. This made assessing cost-effectiveness difficult. The project was described by the chair of the steering group as 'it's not as effective as we would like. But it's still very effective' (Atkinson et al 2002:223).

Summary and Top Tips

This case study highlights the importance of good personal and professional relationships within Integrated Working Teams and the importance of hybrid professionals being able to negotiate roles between their home organisation and their integrated working role.

- Having adequate time to discuss each case in detail
- Team members already having good working relationships, that understood the purpose of the meeting and the amount of time needed to discuss each case.
- The multi-agency meeting allowed the team to consider each case holistically and decide on the best as to support each case, allocating actions to specific team members according to the support expertise required.
- An advance agenda helped team members to have prepared their thoughts and inputs.

What are the necessary ingredients for successful integrated working?

Our sessions with residents explored why they felt Integrated Working could have a positive benefit for all those involved and, especially, for residents and those who use local services. The sessions were led by Rochdale Borough Council staff and supported by staff at the Institute for Public Policy and Professional Practice. The reflections here are based on our notes from the sessions. Over the series of sessions we discussed success factors and considered the possible limits of the integrated working approach; considering the ways in which the different groups of interests represented in a neighbourhood can come together and work co-operatively. We began with the idea that co-operation and collaboration as well as co-ordination are all positive ways of thinking and that by working together we might end up not only responding to but anticipating the needs of residents and their families.

Our first two sessions focussed on place, sharing experiences as equals and was about building relationships within the group. The approach of the first two sessions was to start with a place; a neighbourhood or group of neighbourhoods. Discussions shared that whatever the starting point, it is a powerful idea, that a physical sense of place is the best starting point for imagining what successful integrated working could look like. Small groups discussed how people thought and felt about the place that they lived in. The group shared that there were significant barriers to be overcome, we are all experts in our area, there is a need to travel with each other. Much of integrated working it was recognised by the group is about community relationships. There are smaller frustrations in every area, often around the practical application of services, the bins, bobbies on the beat but these **smaller frustrations can often denote larger issues of trust, power and responsibility and how these are negotiation by professionals and their respective agencies within the community.** It is these issues, of power, trust, responsibility that need to be negotiated before sustainability in Integrated Working can be achieved.

The third session developed the thinking of the first two. Conversations developed the notion that **Integrated working is about the whole person, single agency working cuts and slices that person into single issues such as rent arrears which out knowing that persons health or educational experience.** The conversation developed to include the implications of the fast paced funding cuts. In any reform you need to see and hear your own voice in what is being presented to you. Very often **public sector decisions are made from a place of privilege,** terminology such as “Sub optimising system conditions” don’t represent the experiences of most people – most people understand “cuts”, “benefit caps”. **The language of public sector needs to sound like the people it represents.**

There was a discussion around what might that voice sound like, what would people like the public sector to listen to? Would community advocates be a way forward? The opportunities to have voice in Rochdale and opportunities to have voice within Greater Manchester Place Makers were shared with the group.

There are **different ways to approach integrated working.** Salford for example has taken a top down approach focussing on smaller themes and issues. Rochdale has chosen a grassroots approach based on community voices. **Sharing the learning from these different approaches** will hopefully lead to some joined up learning. **The integrated working projects are trying to learn and listen to other peoples experience.** Bringing together different agencies for early intervention. **Gaining trust from communities is hard.** As was shared in the workshops, communities have seen this before and ‘promises, promises, promises’ will not be taken at face value.

Sharing the Learning from a Successful Integrated Working Project; Kirkolt Pilot

The experiences of professionals on the Kirkolt Integrated Working Project were shared. A Housing Officer had begun the integrated working project with a much more traditional, single agency perspective on working with clients and was initially sceptical of integrated working as an approach. He heard that multi agency working was making a difference with one of the families that he worked with within Kirkolt and as he started to work with individuals and could see the difference. The difference the housing officer identified was that **the integrated working approach was person centred**, it is a way of working with people. In engaging with the integrated working project the housing officer shared that he had lost his enforcement approach and started to look at the reasons why people were behaving in certain ways. He shared that this changed that way that he worked but that **he recognised that it has changed his thinking too, that if you want to be part of the team you need new learning.**

The Housing officer's reflections on his engagement in the Kirkolt pilot, was that in order to make an integrated working project a success, then you **needed enthusiasm and you needed to be one hundred percent commitment.** He shared that he has enjoyed **seeing people's lives change for the better.** In two years he has seen massive changes in clients, and clients taking small steps and he can testify that integrated working gets results. However **it was a process**, for each step forward working with a client, there are often six steps back but he said that you have to get over that. **Integrated working is about the personal engagement, about making a difference, about creating an environment in which you feel good about why you work.** There are **real benefits in the outcome for the families supported by Integrated Working.** Integrated working for the Housing Officer was about the importance of realising that people can change; it is about how you create the environment where people can change.

Integrated working **needs a safe space where we can hear what people say. Where people listen, have space to reflect,** it's about creating the space where you can say 'if you want to work with us, this is how you bring people together'. Ultimately integrated working is about building trust and confidence. **In this trust and confidence people can choose to desist. Building desistence** is about supporting people to stop their behaviour, **it is hard to choose to stop.** Integrated working is not fluffy it is hard , it is difficult to be optimistic. **It is easy to say that it will never work but it's hard to be optimistic. It is the hard option.**

With respect I have seen this before

It is **entirely reasonable to share cynicism, and uncertainty.** Integrated working professionals need to walk in the residents shoes, residents have had years of short-term initiatives. In the Kirkolt pilot project tenants and residents were left out. That is why there had been an effort in the Lower Falinge and College Bank projects to ensure the tenants and residents have a voice, because those experiencing the anti-social behaviour need a voice.

Integrated Working isn't a magic wand. However, discussion shared that, if you focus on the negative, you cannot help. In the Kirkolt pilot project there were things that went wrong and things that went right. **In order to make change happen then integrated working needs to focus on what went right.** Integrated Working in Kirkolt did work, it reduced anti-social behaviour and was cost effective. In Kirkolt an externally validated cost benefit analysis concluded that every £1 spent on the Integrated Working project was valued at £3.68 (Cost Benefit Analysis).

You can't work in a community without hope

Integrated working **does require a significant cultural change** for professionals used to working in specialised teams. Discussions considered how do we might measure success? **Perhaps this is in small-scale victories**, if the feedback is more positive than negative then you have won. You then have a butterfly effect, a causal chain that is positive. If you reduce the anti-social behaviour of one-person on the twelfth floor of a block of flats with six flats per landing, then you have helped the residents all around that person to live quiet lives. You might not find out about it however as a project.

The location of Lower Falinge & College Bank is different to Kirkcaldy, **the impact of reducing Anti-Social Behaviour has a ripple effect in a tower block, which enables integrated working to maximise the effect of helping just one person**. Indicators of success, can be about the absence of something; the absence of anti-social behaviour. From the perspective of the Neighbourhood team, it is about having a different conversation – people do not necessarily notice the absence of something and wonder why people are getting the attention and not me.

The fourth session was held at Hepron church in the café area, it discussed the idea that evidencing success as **shifting faith**. Often professionals can't admit their cynicism, instead becoming quiet, but the tension this creates plays out through subversive conflict. Evidencing success through changes in client behaviours leads people to believe that the approach works, and engage in the integrated working approach. Resilience is different, as are the ways people choose to resist change, and projects need to recognise this.

The fourth session considered the impact of integrated working on the professionals involved. The group shared that the way that they think about the work, when engaging in integrated working has changed. They are doing the same job, attending the same shift patterns but the way that they perceive the work has changed,

“It is a bit more of yourself that you are putting into it.” Worker, I4P Integrated Working Workshop Notes.

The Kirkcaldy integrated working project required a huge investment to be put in on behalf of the worker. When things don't go right, in the event of a crisis with a client, or a death, the workers feel some more involved and question if could they have done more. **Successful integrated working then needs to recognise the additional emotional involvement it requires on behalf of the worker and put in place support and supervision for the integrated working project workers**. There was worry created by integrated working, that by integrating your approach, in revealing the complexity of a client's needs, that you have lifted the stone up and you know everything. There is a responsibility and anxiety attached to this. The professionals at the fourth session spoke of

“going to bed at night and hoping that everybody is going to be all right tonight” Worker, I4P Integrated Working Workshop Notes.

There was a recognition in the fourth session that the Integrated Working approach in creating a team will have to take people, and work with them at various stages in their professional development. **The integrated working team will have those that are fully engaged in integrated working and those that are new to integrated working.** This will create tensions within the team that will need to be recognised and good things, can in fact be the absence of bad things, less signs of poverty and drug use, less anti-social behaviour, less damage to the physical environment.

Bringing the Community on Board with the Integrated Working Project

From this conversation came the decision to run strengths based Door Knock in May. This would be a knock on every residents door to ask them strengths based questions, what is good about the area, what would make it better? This will build the conversation and ask about those in whom you have observed change role for neighbourliness and environment. The conversation around measuring success, moved towards engagement and how you get engagement. It was agreed that people do turn out if there's a party going on, when people are busy enjoying themselves within a gathering event, we can ask them what successful integrated working might look like. In creating space for people to get together, the story can be told about what is really going on, people can be invited to say what they would like to see, foregrounded in a community event. In this way wider community involvement can be built, to feedback on experiences and gather ideas for future successful integrated working.

This section has discussed the feedback and conversations from the workshops held in Rochdale to discuss what successful integrated working might look like in Lower Falinge and College Bank. The next section will consider our reflections on the one to one conversations held with residents by Rochdale Borough Council Staff before reflecting on the literature review in the light of the thoughts shared in Rochdale.

Summarising 1:1 Conversations

These conversations were undertaken with residents from the College Bank and Lower Falinge Estates by Rochdale Borough Council staff. They were private conversations with workers from the integrated working team focussed on considering what successful integrated working in their area might look like.

People shared that a number of issues that affected them. Isolation was highlighted as the biggest issue by those interviewed, followed by drugs and alcohol misuse. A number of issues were common themes including unemployment, poverty and debt, the effect of benefit delays on housing and people's finances, which was expressed in feelings of a lack of hope and an experience of not belonging.

There were a number of common themes remarked upon during the conversation about the place. The negative stories and perceived bad reputation of the area alongside lack of projects and activities to improve people's lives and connections were considered by those involved in the one to one conversations to be of equal importance. Other common issues highlighted were the poor visual environment of the area, which was referred to as a 'concrete city.' The one to one conversations described a lack of trust in services, and the impact of drug dealing in the area. The area despite multiple challenges was described as having a good community spirit.

There were a number of thoughts and ideas emerging from the one to one conversations. The most popular suggestions were projects and activities that bring the community together and the creation of a joint facility or focal point was suggested for the community. A common theme was the need to build trust within the area, to keep promises and work within the community to be ongoing and sustainable.

Other ideas and thoughts suggested included the need to involve young people in integrated working, to build the capacity in the youth as future community leaders. A consultation exercise was suggested to reach people and to listen to them. A further idea was to bring Falinge Park to the people, to promote community use of the park which is a free green space on the doorstep. Linked to this idea was the suggestion that more use could be made of the outdoor space at College Bank, possibly with community led, self directed activities. Training and Skills development was a further suggestion, investing in upskilling people, linking local people to growth sectors such as the digital economy and care sectors. Another suggestion was to re-open the Police one stop shop on Lower Falinge and to include IT facilities.

From the one to one conversations, these hopes for the community emerged as key quotes;

If we have leaders (young people, but also others not always the loudest but can lead) in the community - who can emerge and are anchored in the community spreading the word both in and out of the community, people will feel a greater sense of belonging and bring the community back to life.

If we knew we could bring the community together, raising their confidence and bringing the park to the people, using the talents of individuals, leaders (current and emerging), groups that champion activities, we can build and raise aspirations together through trust and ongoing activity.

If we had a local focused place (for both areas) to deliver in a safe space for people, we can create strong links with services, whilst building up people's confidence, skills and learning, and help people manage before issues become a crisis.

Maybe a change of thinking - not what College bank and Lower Falinge can do for you, rather - what you can do for College Bank and Lower Falinge.

When building bridges between services/organisations and residents - we must keep true to promises, be genuine and honest about what we can offer

We need to build up trust between organisations/services and local residents and groups - let's build a better place together - tackle the negative perceptions on both sides and build trust.

Approaches to embedding New Ways of Working

To conclude therefore, this paper set out to consider: What are the necessary ingredients for successful integrated working? what is the evidence base? What works here and Why? What are the gains for all those involved – learning, professional and personal development including employment/promotion What are the losses – sharing of roles/responsibilities/identity? In addressing the questions above this report seeks to address some of the cynicism shared by residents;

‘Promises, promises, promises... Integrated Working is a wonderful way of working and works in communities. With respect I’ve seen it all before... and I’m cheesed off with “do-gooders” trying to help... who pay lip service to great ideas and then “bugger off”’ Resident, I4P Integrated Working Workshop Notes.

The literature review revealed much about best practice in Integrated Working projects. The process of integrated working, how to gather a team, how to manage funding and co-terminus boundaries and how to lead the project is well examined within the literature. What is less frequently discussed are the key themes that emerged from the conversations in workshop sessions in Lower Falinge and College Bank.

The themes can be explored within an analogy of a swimmer on the river Roch, the river that runs through Rochdale, giving the town its name. The swimmer is the Integrated Working Team. The task of the integrated working swimmer, is to swim through the community river. The waves on the community river have issues such as frustration, time, stress, all the connected factors that relate to the processes of integrated working. The fish in the river are the area specific community groups and projects that the integrated team needs to swim alongside. The banks of the river, are the home organisation from which the Integrated Working team are based, for example, police or social services. The sand at the bottom of the river however, is where it gets interesting. The sand represents the tough issues, the tricky themes that need to be addressed by the integrated working project to achieve success. The issues of power, trust, emotion and control are the issues that Integrated Working projects need to address for successful project working to function.

What are the necessary ingredients for successful integrated working? What is the evidence base? For successful integrated working you need to process of integrated working to be well led and well managed for communication to be effective, for the staff to be skilled and experienced and for the project to have adequate funding and buy in from its partners. The factors are all clearly documented in the literature review above.

What works here and why? What are the gains for all those involved – learning, professional and personal development including employment/promotion? For Integrated Working in Rochdale to work well, the workshop conversations tell us that, yes the process of integration needs to be well lead and managed but the core themes underlying the integration, power, trust, emotion, control, need to be negotiated too. The community members quite understandably felt cynicism and so did many staff on the integrated team. For integrated working is new and many have experienced unsuccessful attempts before. Integrated working only works when you address the core themes that it is built around, that you have conversations about power, trust, control and emotion first, continue to have them and involve people in the on-going process of negotiation them. The gains for those are important however, communities feeling more in control, professionals feeling emotionally engaged in their work for the first time in decades, a person-centred client focussed approach that makes a difference.

What are the losses – sharing of roles/responsibilities/identity? Professional identity and power can feel threatened. Once the full picture of a client's needs is revealed, the responsibility of supporting that person can feel overwhelming. Negotiating the blurred boundaries, can create risk and these needs to be responded to quickly and intelligently by those leading the integrated working projects. There is also an emotional element, by investing integrated working, and the literature review above documents the additional time involved, the worker invests more of themselves. This, to use the analogy above, removes the lifejacket of the organisational uniform or lanyard and places them, as worker, in the foreground. This can be scary and a very emotional experience. Staff shared in workshop sessions how they felt engaged for the first time in decades they felt that this was what they has joined the organisation, but when things go wrong, then there is a heightened sense of responsibility too.

Ways forward

Conclusions from the literature review, conversations held within workshops and reflections on one to one conversations had between residents and Rochdale Borough Council staff, lead us to suggest that the way forward for Integrated Working is to base it in communities, focus on creating good person centred integrated working, which will in turn benefit the wider community. Ensure that you have the right people, the right leaders and managers and have communication and processes clear from the start, but more importantly look for the tricky issues and bring them out into the open.

In 'calling out' the issues of power, trust, emotion and control the project becomes honest. It can then remain honest when things go right and if they go wrong. **Owning, sharing and discussing failure, creates an honesty that communities can respect. When you have the respect of a community, they will speak to you and engage with your project, you have success.**

Reflective Cues for future projects

- **Being Clear about Values** – we need to be explicit about the principles which underpin how we are working – collaboration is not just about sharing information it is also about developing a shared commitment and an approach based on shared values.
- **Commitment from leaders and decision makers** – we need the support of the leaders and decision makers especially at very key moments in developing an integrated approach, when we can anticipate resistance and push back from other agencies or interest groups. Developing this way of working does need the active or deliberate support of leaders and decision makers.
- **Person Centred Approaches** – what does this mean in practice? How do we ensure a ‘person centred’ approach when we are balancing the needs of different individuals? What changes in how our organisations work do we need to anticipate and put into practice? How do we balance apparently conflicting needs of confidentiality, priority setting and the different needs or expectations of our partner agencies?
- **Honest conversations build trusting relationships** – how do we develop our skill and confidence in working in this way? Do we need to be ‘honest’ in every context? With our Teams or Managers? Creating and sustaining trusting relationships takes time – what support do we need? From where?
- **Starting small scale and finishing?** – What are our expectations of effecting change? Over what time scale and where? Where is our starting point? Neighbourhoods? or Smaller scale? We need to consider who we need to be included as part of the conversation?
- **Watching the impact – feeling the ripples of change:** How do we know what they are? The unintended ripples? The unplanned interventions or successes – can we describe them and how do we capture their impact? Whose needs do we focus on?
- **Thinking about the challenges and tensions – as part of our preparation what do we need to anticipate?** Differences between professionals as well as differences between residents and between residents and professionals? How do we work to reduce these tensions and potential resistance to integrated working? We need time and emotional support as well as practical support? How do we get these?
- **Losses and Gains** – Integrated working can provide real gains: savings, skill development as well as personal satisfaction and gains for residents and professionals. What do we lose? How are we supported in this process?
- **Cross Boundary Working** is more than working across different geographic or administrative boundaries and professional boundaries – it can be thought of as a new way of thinking too as well as providing services and support. What are the personal, professional and practical gains that we might to promote?
- **Learning from the outside** – We can really benefit from also integrating our learning into the learning from other similar projects. Moving from the particular local context to the national and international – integrated working has many forms and listening to and learning from other examples adds to the richness of the particular place we are working in.

References

- Atkinson, M., Wilkin, A., Stott, A., Doherty, P., and Kinder, K. (2002) *Multi-agency working: A Detailed Study* National Foundation for Educational Research, Berkshire
- Abbott, S. (1997) *The Castlefields Social Care Project: An Evaluation*. Liverpool: HaCCRU.
- Anderson, S, T. (1998) How Healthcare Organizations Can Achieve True Integration. *Healthcare Financial Management*. 1998; 52:31–34.
- Appleby, N.J., Dunt, D., Southern, D, M, Young D. (1999) *General Practice Integration in Australia. Primary Health Services Provider and Consumer Perceptions of Barriers and Solutions*. *Australian Family Physician*. 1999;28:858–63
- Asthana, S., Richardson, S., Halliday, J., (2002) *Partnership working in public policy provision: A framework for evaluation*. *Social Policy & Administration*, 36, 780-795.
- Benford, R.D. and Snow, D.A. (2000) 'Framing Processes and Social Movements: An Overview and Assessment', *Annual Review of Sociology*, Vol 26, 611-639
- Bentley, A (1949) *The Process of Government*. Evanston, IL: Principia Press.
- Bercovitz, J and Feldman, M (2011) *The mechanisms of collaboration in inventive teams: Composition, social networks and geography* *Research Policy* 40 (2011) 81-93
- Bloxham, S., (1996). 'A case study of inter-agency collaboration in the education and promotion of young people's sexual health', *Health Education Journal*, 55, 4, 389–403.
- Bogg, D (2011) *Leadership for social care outcomes in mental health provision*, *International Journal of Leadership in Public Services*, 7 (1), 32-47
- Booth, T. (1981) *Collaboration between the health and social services: a case study of joint care planning*. *Policy and Politics* 19 (1) 23-49.
- Boyd, A., Geerling, T., Gregory, W.J., Kagan, C., Midgley, G., Murray, P. and Walsh, M. (2007) 'Systematic evaluation: a participative, multi-method approach.' *Journal of Operational Research Society*, 58(10) pp. 1306-1320.
- Budetti PP, Shortell SM, Waters TM, Alexander JA, Burns LR, Gillies RR, (2002) *Physician and Health System Integration*. *Health Affairs*. 2002;21:203–10
- Cameron, A & Lart R (2003) *Factors promoting & obstacles hindering joint working*. *Journal of Integrated Care* 11 (2), pp 9-17
- Cameron, A (2010) *The contribution of housing support workers to joined up working*. *Journal of Inter-professional Care* 24 (1), pp 100-110
- Campbell, F. (2001) *The public health agenda: strengthening the democratic voice*. *Managing Community Care* 9,23–31.
- Canwell, A, Hannan, S, Longfils, H & Edwards, A, (2011) *Resourceful leadership: how directors of children's services improve outcomes for children*, Nottingham, National College for School Leadership
- Chow, WS and Chan, LS (2008) *Social Network, Social Trust and Shared Goals in Organisational Knowledge Sharing Information and Management* 45 (2008) 458-465
- Coddington DC, Ackerman FK, Jr, Moore KD. (2001) *Setting the Record Straight: Physician Networking Is an Effective Strategy*. *Healthcare Financial Management*. 2001d;55:34–7.

- Cumella, S., Le Mesurier, N. & Tomlin, H. (1996) *Social Work in Practice; An evaluation of the care management received by elderly people from social workers based in GP practices in South Worcestershire*. Worcester: The Martley Press.
- Daniels, H. and Edwards, A. (2012). *Leading for learning: how the intelligent leader builds capacity*. Nottingham. National College for School Leadership.
- Dawes, R M. (1973). *The commons dilemma game: An N-person mixed-motive game with a dominating strategy for defection*. ORI Research Bulletin 13:1–12.
- Department of Health, LGA and NHS Confederation (2013). *Making a Local Difference. State of play and challenges ahead for Health and Wellbeing Boards*. London: NHS Confederation.
- Dickinson H, Peck E and Davidson D (2007) *Opportunity seized or missed? A case study of leadership and organisational change in the creation of a Care Trust*, Journal of Inter-professional Care, 21 (5), 503-513
- Dickinson, H., Allen, K., Alcock, P., Macmillan, R. and Glasby, J. (2012) *The role of the third sector in delivering social care: scoping review*. Birmingham: NIHR School for Social Care Research.
- Downling, B., Powell, M., Glendinning, C. (2004) *Conceptualising Successful Partnerships Health and Social Care in the Community* 12 (4), 309-317
- Emerson, K., Nabatchi, T., Balogh, S., (2011) *An Integrative Framework for Collaborative Governance* Public Administration Research and Theory
- Emirbayer, M. and Mische, A. (1998) "What is agency?", American Journal of Sociology, Vol. 103. Pp. 962-1023
- Evans D. & Killoran A. (2000) *Tackling health inequalities through partnership working: learning from a realistic evaluation*. Critical Public Health 10, 125–140.
- Fleury MJ. *Integrated Service Networks: The Quebec Case*. Health Services Management Research. 2006;19:153–65.
- Friedman L, Goes J. (2001) *Why Integrated Health Networks Have Failed*. Frontiers of Health Services Management. 2001;17:3–28
- Fullan, M. (1999) *Change Forces: The Sequel* Falmer Press, London
- Gash, S. (1999) *Effective literature searching for research*. 2nd ed., Aldershot: Gower Publishing Ltd.
- Giddens A. (1998) *The Third Way: the Renewal of Social Democracy*. Policy Press, Bristol.
- Glendinning, C (2003) *Breaking down barriers: integrating health and care services for older people in England*. Health Policy 65 (2), pp 139-151
- Glendinning, C, Hudson, B, Hardy, B, Young, R (2002) *National Evaluation of Notifications for the Use of the Section 31 Partnership Flexibilities in the Health Act 1999: Final Report*. National Institute of Health and national Primary Care Research & Development Centre
- Goodwin, N, Smith, J, Davies, A, Perry, C, Rosen, R, Dixon, A, Ham, C (2011) *A Report to Department of Health and NHS Future Forum* The Kings Fund & Nuffield Trust
- Greig R. & Poxton R. (2001) *Nice process – but did joint commissioning change anyone’s life?* Managing Community Care 9, 16–21.
- Grinyer, P. H., and Norburn, D. (1975). 'Planning for existing markets: Perceptions of executives and financial performance.' Journal of the Royal Statistical Society, Series A, 138: 70-97.

- Ham C, Parker H, Singh D, Wade E. (2008) *Making the shift from hospital to the community: lessons from an evaluation of a pilot programme*. Primary Health Care Research and Development 2008;9(4):299–309.
- Ham, C and Curry, N (2011) *Integrated Care: What is it, How does it Work and What does it mean for the NHS?* Kings Fund, London
- Ham, C., Dixon, A. & Brooke, B. 2012. *Transforming the Delivery of Health and Social Care: the case for fundamental change*. London: The King's Fund.
- Hardy, B., Turrell, A., Webb, A. & Wistow, G. (1989) *Innovations in Joint Management: Final Report*. Centre for Research in Social Policy
- Harris, J. (1999). 'Multi-professional decision making: the myth of the rational', Educational Psychology in Practice, 14, 4, 246–52.
- Hawkins MA. (1998) *Clinical Integration across Multiple Hospitals: The Agony, the Ecstasy*. Advanced Practice Nursing Quarterly. 1998;4:16–26.
- Heenan, D & Birrell, D (2006) *The integration of health and social care: the lessons learnt from Northern Ireland*. Social Policy & Administration 40 (1), pp 47-66
- Heider, F. (1958). *The Psychology of Interpersonal Relations*. New York: Wiley.
- Henwood, M., Hardy, B., Hudson, B. & Wistow, G.(1997) *Inter-agency Collaboration: Hospital Discharge and Continuing Care Sub-Study*. Leeds: Nuffield Institute for Health.
- Higgins, R., Oldman, C. & Hunter, D. (1994) *Working together: lessons for collaboration between health and social services*. Health and Social Care in the Community 2 269-77.
- Hodgson, C. R. (1997) 'It's all good practice'. *Evaluating Practice-based Care Management in Greenwich*. Kent:SIPH (King's College London).
- Hodgson, C. R. (1998) *It's all good practice: linking primary care and social services in Greenwich*. Journal of Interprofessional Care 12 (1) 89-91.
- Holland, K (2004) *Inter-professional working and learning for integrated health and social care services*. Nurse education in practice 4 (4), pp 228-229"
- Home Office (2014) *Multi Agency Working and Information Sharing Project: Final Report*. Home Office, July 2014
- Hubbard G and Themessl-Huber M (2005) *Professional perceptions of joint working in primary care and social care services for older people in Scotland*, Journal of Interprofessional Care, 14 (3), 8-18
- Huby, G., Warner, P. Harries, J. Donaghy, E, Lee, R., Williams, L. (2010) *Supporting reconfiguration of social care roles in integrated settings in the UK: a comparative study across three health and social care economies*. University of Edinburgh/Swansea University
- Hudson, B. & Willis, J. (1995) *Analysis of Joint Commissioning Developments in the Northern Region Stage 2*. Leeds: Nuffield Institute for Health.
- Huff, A., and Schwenk, C. R. (1990). 'Bias and sensemaking in good times and bad.' In A. Huff (ed.), Mapping Strategic Thought. New York: Wiley, 98-108.
- Hunter DJ.(1999) *Integrated Care*. Journal of Integrated Care. 1999;3:155–61.
- Hunter, D. & Perkins, N. (2012). *Partnership working in public health: the implications for governance of a systems approach*. Journal of Health Services Research & Policy, 17, 45-52.

- Hunter, D., Marks, L. & Smith, K. (2010). *The Public Health System in England*, Bristol, Policy Press.
- Hunter, DJ., O’Leary, C., Visram, S., Adams, L., Finn, R., Forrest, A., Gosling, J. (2015) *Evaluating the Leadership Role of Health and Wellbeing Boards as Drivers of Health Improvement and Integrated Care Across England* Centre for Public Policy and Health, Durham University
- Huxham, Chris, and Siv Vangen. (2005). *Managing to collaborate: The theory and practice of collaborative advantage*. New York, NY: Routledge.
- Huxley, P. & Oliver, J. (1993) *Mental health policy in practice: lessons from the All Wales Strategy on Mental Illness*. International Journal of Social Psychiatry 39 (3) 177-89.
- Institute for Public Care (2013) *Evidence Review: Integrated Health and Social Care Skills for Care*, Oxford Brookes University
- Iriss (2012) *Measuring personal outcomes: Challenges and strategies*, Iriss Insights No 12
- Jupp B. (2000) *Working Together. Creating a Better Environment for Cross-Sector Partnerships*. Demos, London.
- Kaplan HC, Brady PW, Dritz MC, Hooper DK, Linam WM, Froehle CM, (2010) . *The influence of context on quality improvement success in health care: A systematic review of the literature*. Milbank Quarterly 2010;88(4):500–59.
- Koppenjan and Klijin 2004, Koppenjan, Joop, and Erik-Hans Klijn. (2004) *Managing uncertainty in networks: A network approach to problem solving and decision making*. New York, NY: Routledge.
- Lankshear, G., Giarchi, G. G. & Hodges, V. (1999) *The placement of a social service care manager in a GP surgery as a way to improve carer access to services and improve liaison between statutory agencies*. Health and Social Care in the Community 7 (3) 206-15.
- Leach, William D., and Paul A. Sabatier. (2005). *To trust an adversary: Integrating rational and psychological models of collaborative policy making*. American Political Science Review 99:491–503.
- Levinthal, D., and March, J. G. (1993). ‘*The myopia of learning*.’ Strategic Management Journal, 14: 95-112.
- Liddle, J and Diamond, J (2014) *Community Safety: Partnerships across Boundaries in England* IN O’Flynn, J., Blackman, D., Halligan, J., (2014) *Crossing Boundaries in Public Management and Policy: The International Experience*, Routledge, Oxon
- Ling T, Brereton L, Conklin A et al (2012) *Barriers and facilitators to integrating care: experiences from the English Integrated Care Pilots*, International Journal of Integrated Care, 12, July
- Ling T, Brereton L, Conklin A, Newbould J, Roland M.(2012) *Barriers and facilitators to integrating care: experiences from the English Integrated Care Pilots*. International Journal of Integrated Care. 2012;12(5).
- Ling T. (2000) *Unpacking partnership: the case of health care*. In: J. Clarke, S. Gewirtz & E. McLaughlin (Eds) *New Managerialism, New Welfare?* pp. 82–101. Sage, Thousand Oaks, CA.
- Matthieson, A (2011) *Integration of health and social care: a snapshot of current practice* in Scotland. RCN Scotland
- May C, Finch T, Mair F, Ballini L, Dowrick C, Eccles M, (2007). *Understanding the implementation of complex interventions in health care: the normalization process model*. BMC Health Services Research 2007;7:148. doi:10.1186/1472-6963-7-148.
- Maycell, K., and Bradley, J., (1991). *Preparing for Partnership: Multi-agency Support for Special Needs*. Slough: NFER.

- Nelson, R. R., and Winter, S. G. Jr. (1982). *An Evolutionary Theory of Economic Change*. Cambridge, MA: Harvard University Press.
- Nonaka, I., and Takeuchi, H. (1995). *The Knowledge-Creating Company: How Japanese Companies Create the Dynamics of Innovation*. New York: Oxford University Press.
- O'Flynn, J., Blackman, D., Halligan, J., (2014) *Crossing Boundaries in Public Management and Policy: The International Experience*, Routledge, Oxon
- Olsen, M. (1965). *The logic of collective action: Public goods and the theory of groups*. Cambridge, MA: Harvard Univ. Press.
- Ostrom (1998). *A behavioural approach to the rational choice theory of collective action*. American Political Science Review 92:1–22.
- Ostrom (2007) *A diagnostic approach for going beyond panaceas*. Proceedings of the National Academy of Sciences 104:15181–7.
- Øvretveit J (1993) *Coordinating Community Care*, Buckingham: Open University Press
- Øvretveit J, Mathias P and Thompson T (1997) *Inter-professional Working for Health and Social Care*, Basingstoke: Macmillan
- Øvretveit, J. (1997) *Planning and managing teams*. Health and Social Care in the Community 5 (4) 269-83.
- Patel, H., Pettitt, M., Wilson, J.R. (2012) *Factors of Collaborative Working: A Framework for a Collaboration Model Applied Ergonomics* 43 (2012) 1-26
- Payne, J., (1998). 'The attractions of joined up thinking', *Adults Learning*, 10, 4, 12–14.
- Petch, A (2014, February) *Insights; Evidence Summary's to support social services in Social Services in Scotland* Institute for Research and Innovation in Social Services (IRISS)
- Pickup, S (2004) *Partnership & Governance: The Herefordshire Experience*. Journal of Integrated Care 12 (2), pp 14-19
- Polanyi, M. (1966). *The Tacit Dimension*. London: Routledge & Kegan Paul.
- Powell Davies GP. Chapter 1: Integration: An overview. In: Powell Davies G, Betbeder-Matibet L, Nicholls A, Reynolds F, Bonney MA, Traynor V, Lucas G, editors. (1996) *General Practice Integration: A Literature Review*. Centre for General Practice Integration Studies. University of New South Wales; 1996.
- Powell M. & Exworthy M. (2002) *Partnerships, quasi-networks and social policy*. In: C. Glendinning, M. Powell & K. Rummery (Eds) *Partnerships, New Labour and the governance of Welfare*, pp. 15–32. Policy Press, Bristol.
- Putnam, R.D. (2000) *Bowling alone: the collapse and revival of American community*. New York: Simon and Schuster.
- RAND Europe/Ernst & Young (2012) *National Evaluation of the Department of Health's Integrated Care Pilots*. DH
- Reilly, S, Challis, D, Burns, A, Hughes, J (2003) *Does integration really make a difference? A comparison of old age psychiatry services in England and Northern Ireland*. International Journal of Geriatric Psychiatry 18 (10), pp 887-893"
- Ridley, D. (2012) *The literature review: a step-by-step guide for students*. London: SAGE.
- Robertson, H (2011) *Integration of health and social care: A review of literature and models - implications for Scotland*. RCN

- Rogers, D.S. and Whetten, D.A. (Eds) (1982). *Inter-organisational Coordination: Theory Research and Implementation*. First edn. Ames, IA: Iowa State University.
- Rolls, L, Davis, E, Coupland, L (2002) *Improving serious mental illness through interprofessional education*. Journal of Psychiatric & MH Nursing 9 (), pp 327-324
- Ross, F. & Tissier, J. (1997) *The care management interface with general practice: a case study*. Health and Social Care in the Community 5 153-61.
- Schein, E, H (2004) *Organisational Culture and Leadership* Jossey-Bass
- Scragg, T (2006) *An evaluation of integrated team management*. Journal of Integrated Care 14 (3), pp 39-48”
- Seddon, J. (2008). *Systems Thinking in the Public Sector*, Axminster, Triarchy Press.
- Smith, J. & Shapiro, J. (1995) *Evaluation of Easington Joint Commissioning Board*. Birmingham: Health Services Management Centre.
- Snooks, H, Peconi, V, Porter, A (2006) *An overview of evidence concerning the effectiveness of services delivered jointly by health and social care providers and related workforce issues*. All Wales Alliance for R & D (AWARD)
- Spillane, J. P., Halverson, R. and Diamond, J. B. (2004) *Towards a theory of leadership practice: a distributed perspective*. Journal of Curriculum Studies, 36(1), 3–34.
- Karapetrovic, S & Jonker, J (2003) Integration of standardized management systems: Searching for a recipe and ingredients, Total Quality Management & Business Excellence, 14:4, 451-459,
- Starbuck, W.H. & Hedberg, B. *How organizations learn from success and failure*. In M. Dierkes, A.B. Antal, J. Child & I. Nonaka (Eds), Handbook of organizational learning and knowledge . Oxford: Oxford University Press , 2001, pp. 327-50. Google Scholar
- Stewart, A, Petch, A, Curtice, L (2003) *Moving towards integrated working in health and social care in Scotland: from maze to matrix*. Journal of Interprofessional Care 17 (4), pp335-350
- Sullivan H and Williams P (2012) *Whose kettle? Exploring the role of objects in managing and mediating the boundaries of integration in health and social care*, Journal of Health Organization and Management, 26 (6), 697-712
- Suter, E, Oelke, ND, Adair, CE, Armitage, GD (2009) *Ten Key Principles for Successful Health Systems Integration* Healthc Q. 2009 October; 13 (Spec NO): 16-23
- Syson, G, Bond, J (2010) *Integrating health and social care teams in Salford*. Journal of Integrated Care 18 (2), pp 17-24
- Tett, G (2015) *The Silo Effect* Little Brown, London
- Thistlethwaite P (2011). *Integrating health and social care in Torbay: Improving care for Mrs Smith*. London: The King’s Fund.
- Weick, K. E. (1995). *Sensemaking in Organizations*. Thousand Oaks, CA: Sage.
- Whetten, D.A. (1982). ‘Objectives and issues: setting the stage.’ In: Rogers, D.S. and Whetten, D.A. (Eds) *Interorganisational Coordination: Theory Research and Implementation*. First edn. Ames, IA: Iowa State University. Cited in: DELANEY, F.G. (1994). ‘Muddling through the middle ground: theoretical concerns in inter-sectoral collaboration and health promotion’, *Health Promotion International*, 9, 3, 217–25.

Wilderspin, J. (2013). *Health and wellbeing boards and service transformation*. Journal of Integrated Care, 21.

Williams, P. (2002) *The Competent Boundary Spanner*, Public Administration, Vol. 80 No.1 pp. 103-124

Williams, P. (2011) *The life and times of the boundary spanner*, Journal of Integrated Care, Vol. 19 Issue: 3, pp.26-33,

Wilson B, Rogowski D, Popplewell R. *Integrated Services Pathways (ISP): A Best Practice Model*. Australian Health Review. 2003;26:43–51

Winter, S. G. (1994). 'Organizing for continuous improvement: Evolutionary theory meets the quality revolution.' In J. A. C. Baum and J. V. Singh (eds.), *Evolutionary Dynamics of Organizations*. New York: Oxford University Press, 90-108.

Wistow, G. (1982) *Collaboration between health and local authorities: why is it necessary?* Social Policy and Administration 16 (1) 44-62.

Zapka, J.G., Marrocco, G.R., Lweis, B., McCusker, J., Sullivan, J., McCarthy, J and Birch, F.X. (1992). 'Health Education Research: Theory and Practice', 7, 31–46. Cited in: Delaney, F.G. (1994). 'Muddling through the middle ground: theoretical concerns in inter-sectoral collaboration and health promotion', Health Promotion International, 9, 3, 217–25.

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Institute for Public Policy and Professional Practice (I4P)

I4P is Edge Hill University's cross-disciplinary research and knowledge exchange initiative established in 2013. The Institute is committed to exploring the opportunities for cross sector collaboration and co-operation and to draw on the experience of practitioners as well as academic researchers to inform new ways of working and learning.

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