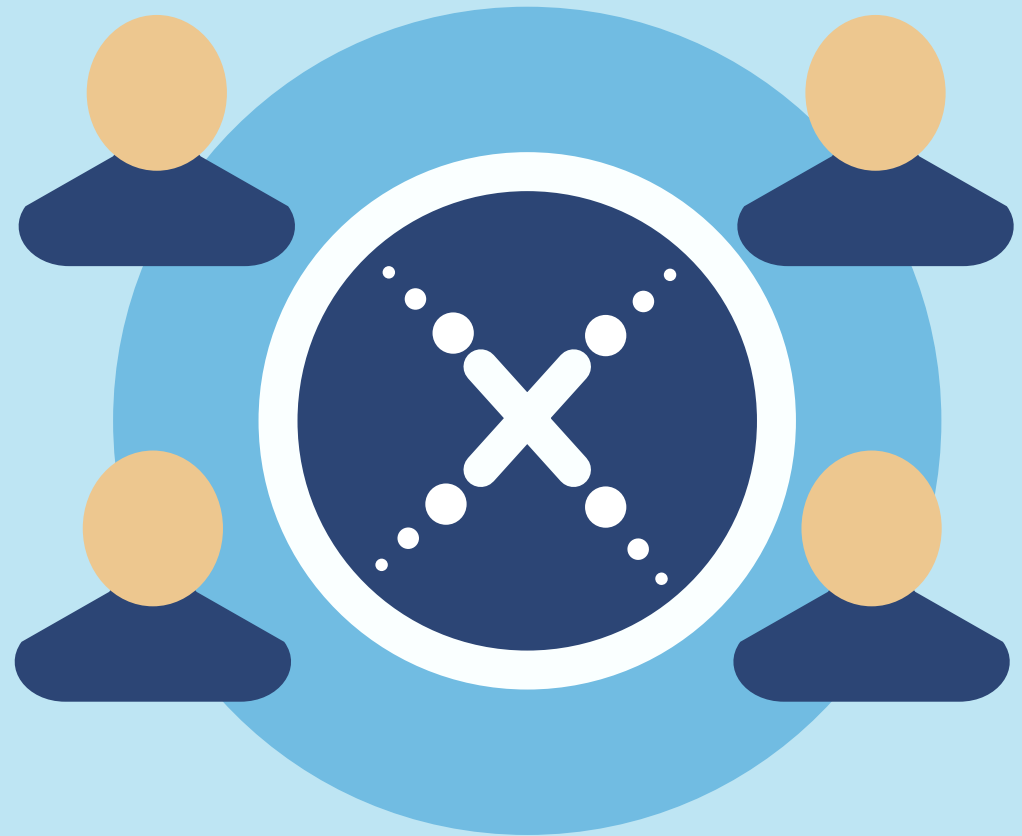


Moving from the margins:  
The challenges of  
building integrated  
local services

BY TURNING POINT AND COLLABORATE CIC



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# The Starting Point.

It is hard to disagree with the idea of integrating services around the needs and capabilities of citizens. The intention is explicit in successive agendas for public service reform from 1997 onwards. Yet public services have consistently failed to do it on a systematic basis. The result is an expensive and inefficient system that still passes too many people from pillar to post. Excellence in delivery has, in too many places, made little difference to wider social outcomes.

The Institute for Government's recent report traced a line from 1997 to 2016 featuring countless attempts by central and local government to 'join up' services for citizens<sup>1</sup>. Their overriding message is one of failure: not necessarily of principle, policy or practice; but of failing to understand and build the preconditions for new ways of working to scale and sustain service integration. It is critical that keynote reforms in the NHS, local government and criminal justice do not make the same mistakes.

This paper addresses policymakers, commissioners and providers of public services with a simple overriding message: Local integrated services should be at the heart of strategies for social renewal and public service reform. The fundamental change that this approach implies - shifting the locus of power away from 'producers' and towards communities - is counterintuitive and incredibly hard to effect. But there are people and places that have started to do things differently. We can learn from and build on these examples.

The following pages unpick the constituent parts of local integrated service models that have been shown to make a difference. They are, in effect, the preconditions for success that can only be created through collaborative working between the payers, providers and public. We present them here as reflections which stakeholders, trying to develop more integrated local services, can use to inform commissioning, design and delivery of services.

# Purpose and Context

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*“We are still talking about it- how do we move it from the margins?”*

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Turning Point and Collaborate recently convened a group of expert practitioners to explore an important and pressing question: **why, despite the relative maturity of multiple models, and evidence of their effectiveness, do integrated systems remain at the fringes of local public services?**

The discussion was motivated by a combination of optimism, frustration, and realism. Optimism around the possibilities that lie within outcome-focused integrated services at the local level. Frustration over the fact that an antiquated approach to public service delivery is frequently the default position, and that despite the current context of devolution, austerity, and inequality, integration remains the exception rather than the rule. The feeling of realism came from the shared understanding that change won't happen without a significant shift in process and behaviour.

This Discussion Paper captures the insights generated from the discussion. It reflects on the challenges that face those who believe integrated services offer an effective and affordable way of improving local outcomes and are shifting their work away from the margins. Contributors to the discussion were highly cognisant of the financial and demand challenges facing local public services. Yet the challenges were felt to be products of the behavioural, the cultural and the systemic, rather than the purely financial pressures within the system.

The paper also reflects on the changing policy context, acknowledging the fact that current drivers such as the NHS Five Year Forward View and its new models of care; the Vanguard programme; and local government-led service reform, are encouraging more integrated models at scale. Hard work will be needed to ensure that people using services feel the benefits of such integration.

Part of the aim of this discussion paper is therefore to make the case for overcoming a sort of collective amnesia, in other words learning from - and implementing - existing models, rather than starting again from scratch.

An analysis of the roundtable is presented as seven insights for building integrated local public services. The insights are relevant to those considering the delivery of effective public services across whole places and systems. The combination of the current political, economic, and social context coupled with the presentation of credible models of community-led integrated care, makes a compelling argument for these insights to be taken seriously.

In order to move the discussion away from the abstract and ground it in something tangible, a number of models were explored, including Turning Point's Connected Care model, the MEAM Approach, developed by Making Every Adult Matter (a coalition of Clinks, Homeless Link and Mind), and the West London Zone for Children and Young People.<sup>2</sup> We are, of course, acutely aware that integrated service models are already part of the landscape we seek to influence, and that there are numerous examples across the United Kingdom and beyond of public services being designed and delivered in innovative and integrated ways. However, as previously stated we have some way to go before this is systematic in practice. The decision to focus on these three initiatives is not intended to dismiss others, but rather to characterise the various routes to change when considering integrated public services. Connected Care, the MEAM Approach, and the West London Children's Zone - with their different starting points, methodologies, and perspectives - all demonstrate aspects of the seven insights, and this will be evidenced throughout the paper.

Collaborate and Turning Point intend to use this discussion paper to support their future work, and challenge others to consider these insights within the context of local service design and delivery.

## Connected Care:

### WHAT:

Connected Care is Turning Point's model of community engagement, which leverages the assets within the community to design and deliver effective public services. Established in 2004 Connected Care sought to redesign public services and close existing gaps through which those with multiple needs often fall.

### HOW:

Since 2004 Turning Point have conducted 20 Connected Care projects to inform innovative and community-led public services. The methodology is based on training local people as researchers who engage with their peers, offering community insight into the effectiveness of existing services and changes needed to improve provision. Connected Care has trained over 200 Community Researchers and Consulted with 10,000 people.

### WHO:

Connected Care works alongside commissioners and stakeholders to design bespoke services and support for integrated health, housing and social care services. This has proven to improve patient outcomes, save money and strengthen community resilience.

## The MEAM Approach:

### WHAT:

Making Every Adult Matter (MEAM) is a coalition of Clinks, Homeless Link and Mind, formed in 2009 to improve policy and services for people with multiple needs such as homelessness, substance misuse, mental ill-health and repeat contact with the Criminal Justice System.

### HOW:

During 2011-14, MEAM supported and evaluated a series of local pilots to explore whether better-coordinated services could improve individuals' wellbeing and reduce costs. Following this, MEAM developed the MEAM Approach, a non-prescriptive framework to help local areas design and deliver better coordinated services for people facing multiple needs. It provides a practical seven-stage guide that areas can adapt to local circumstances. MEAM has developed a Local Network Teams to provide 'critical friend' support to local areas using the approach.

### WHO:

There are currently 15 local areas using the MEAM Approach (and local area can use the MEAM Approach). In addition, MEAM works with the Big Lottery Fund to provide support and development to 12 partnerships across England through the Fund's Fulfilling Lives: Supporting People with multiple needs programme.

## West London Zone (WLZ):

### WHAT:

WLZ is a collective impact initiative set up to improve children and young people's outcomes across three square miles of inner west London, starting in White City. It is founded on the belief that the challenges facing young people are too complex for any one agency to resolve.

### HOW:

WLZ's partnership model does three things: identifies the children to work with, supports them to get the help they need, and monitors their progress and the effectiveness of multiple interventions. To achieve this and grow community capability WLZ bases 'Link Workers' in children's centres, schools and employment agencies, and commission's local charities to provide specialist support to those children and young people likely to struggle in later life. The WLZ 'backbone' team supports all of these partners. This model has been developed to provide a collective and tailored response to children and families in need. The collective impact approach means the outcomes are co-designed and informed by the experience of delivery organisations, and the community identifies the assets and needs.

Seven insights for  
building integrated  
local public services

# One.

## It's about principles and context

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*"We often see models that work with citizens but sit on the edge of a wider system that isn't behaving in the same way as other projects."*

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Although the specific models presented in this paper vary in design, a number of principles<sup>3</sup> underpin the ways in which they work. Understanding these principles is critical to making the case for broader change in the way public services work:

1. Beneficiary impact over organisational focus
2. Citizen-centred from concept to delivery, including service users and other beneficiaries being involved in service design
3. Issues are acknowledged as systemic and requiring collaboration between different organisations frontline staff and service recipients
4. Strengths-based approach to design and delivery, utilising the assets of people and place and valuing community networks.

This paper is not the first to propose a user-focused approach to system change, but there was a strong consensus from experts at the roundtable, that the traditional model of paternalistic, 'state knows best' public services was not capable of achieving significant, long term, improvements in social outcomes. The challenge, therefore, is to reform the principles that govern how services are designed and how public servants behave.

**Participants felt that two key contextual challenges needed to be acknowledged when considering how to shift and reform principles:**

1. Changes in the policy environment <sup>4</sup>, particularly devolution, NHS reform (through the 2012 Health and Social Care Act and Five Year Forward View), and local authority solutions to austerity mean that many places are talking about the importance of integrated public services, underpinned by the principles outlined above. However, there is not a high level of awareness across sectors of the value of existing models or clear routes to change.
2. Despite some of these ideas and practical models having been around for some years, experience suggests that wider system change or lasting change in commissioning practice rarely follows small-scale innovation. Social, political and economic factors all have a role in preventing this shift; the Austerity Agenda (for example) has arguably driven silo working rather than integration across areas of public service. This means that effective projects sit at the periphery of larger systems that do not embed these principles in their operating models and behaviours, thereby maintaining the status quo.

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*"Interestingly, austerity has led to people thinking more of place-based approaches, so there is currently a real opportunity to shape the agenda."*

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**The participants were interested in building a shared narrative and strategy for long-term change based on common principles.** It was stressed that a critical dependency for embedding these principles at scale in public service systems is a deep understanding the cultural, social and economic drivers of demand within communities - something that public bodies often struggle to generate and apply to the improvement of services.

The presentation of the three initiatives reinforced the thinking that simply promoting the effectiveness of initiatives on the margins will not suffice, and that deliberate attention needs to be given to how we can shift local public service systems in a way that unlocks the principles and value of such initiatives within a wider system.

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*"We need a social equivalent of the Greater Manchester Economic Review"*

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The design of the **WLZ** model is rooted in context i.e. the citizens and community it works with. Importantly, the Zone is not a single administrative area – its cuts across four local authority areas - but is based on a genuine neighbourhood and its potential for sustainable change.<sup>5</sup>

Underpinning this is a set of shared principles that brings the range of partners together (as part of a one-team approach). This in turn helps align the goals, activities, and resources of organisations that have normally had a fragmented way of working. The collective impact principles also support a commitment to engage in new ways with communities and institutions- reinforcing the community as the critical backbone for improving social outcomes.

# Two.

## We need to shift the narrative from one of austerity to one of social challenges in a place.

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*“Top-down approaches do not work effectively as they often fail the people working at the frontline, who do not have the authority or backing to do things differently”*

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The reality of austerity cannot be ignored as a critical part of the public service landscape, but it does not need to be the only narrative or motivation for change, especially at the local level. In terms of building tangible and practical narrative, it is more effective to consider how to tackle a particular social challenge than make theoretical arguments that don't "move" politicians (or citizens) locally or nationally - people "need to see a problem to solve".

**Participants in the discussion were clear that there were a range of other factors that need to be considered when developing narratives and principles:**

- The need to make better use of the resources that do exist in public services through better integration, alignment and collaboration. Achieving this at scale may require a shift towards place-based public sector budgets
- The opportunity to utilise resource within communities, for example through asset-based models of engagement, commissioning, design and delivery of public services.

It was argued that making the case for change based on "place" - or local factors - can also help open up the debate. For example, Greater Manchester's initial focus on economic growth was described as a tangible route into a much wider set of issues, such as public health challenges such as smoking, obesity and low birth-weight babies.

Models that integrate local services must therefore be seen as being driven by, and developed around issues, not the existing structures. The important shift is to begin with the social challenge, understand the drivers of the problem in a community, build the evidence base and work backwards from there.

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*“We need language that practitioners can engage with - that works across a system (from community, middle management to senior) - and that makes it easy for politicians and philanthropists to engage”*

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*“I don't understand austerity as excuses go – are we seriously saying there isn't enough money? There are many resources available. It's just a question of how we use them and also how to we change the current narrative around systems and services”*

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The **CONNECTED CARE** methodology was established more than a decade ago in recognition of people with multiple needs falling through the gaps in service provision. The identification of the root issue and the idiosyncrasies of a place informed the entire design of Connected Care: by working with people in their communities, services are able to more effectively understand and meet their needs, delivering efficiencies and positive social impact.

For example, in Birmingham community researchers found that older people were feeling isolated, unaware of community support and unable to access it. By working with this group, Connected Care put in place 'navigators' and supported people to develop new networks, access different services, reduce their reliance on GPs and experience improved health outcomes.

**THE MEAM APPROACH** isn't about developing a new standalone service but rather in each area better coordinating existing local services and ensuring flexible responses from local agencies.

To achieve this, the partners in a local area must first agree a narrative about the need for change and a shared responsibility for action. Local areas using the MEAM Approach recognise that the 'status quo' of repeated but uncoordinated interventions from a range of agencies is not just costly, but damaging for the place as a whole. They agree that by working together they can create coordinated models of working that are better for people and communities within existing resources.



# Three.

## You need a catalyst – but it's irrelevant without commitment

There was agreement that some form of catalyst for change is needed to begin the process of shifting a system of local public services, and that this can come from both within and outside of the system. However, a catalyst is only effective if it is supported by deep and wide engagement that shares the case for change, learning, evidence and practice. There was some frustration from participants who felt that they had harnessed a catalyst but remain for the most part on the edge of the system.

**During the discussion it was recognised that catalysts are often framed and considered from a negative perspective, often to the detriment of long-term commitment:**

- A crisis: an internal failing, a serious case review, or a high profile incident. All of which can result in a short term, risk averse, sudden shift in activity.
- Leadership change: A new leader brings different skills, perspectives, and ambition. This can result in sweeping changes and a new approach to system reform based on personal priorities and vision that may not align to existing or previously supported innovation, and fails to consider the culture shift and 'buy-in' required.
- Cuts: the driver to commission a new service based on cost savings. Such a catalyst can lead to project-based ways of working that are short term and not focused enough on the wider place or citizen outcomes.

The problem with the above, is that they are unsustainable models of change; if the catalyst is not supported from the outset the vision, infrastructure, culture, and strategy may either fall short, or be missing entirely. Alternatively, places and services can at times run the risk of lacking a catalyst, meaning that the impetus to innovate is missing.

**As demonstrated by the three case studies (and many other examples), a stimulus for change does not need to be solely derived from the negative, it can be about shifting and flipping the starting point. There is an argument that a positive catalyst may result in more sustainable design and delivery:**

- Modeling: The opportunity to observe and learn from a proven, outcomes focused initiative. This provides a strong case and platform for change.
- Identifying assets: By understanding the nuances of a place there is the opportunity to harness the local resources in a more sustainable delivery model can be developed.
- Citizen involvement: Unlocking citizen potential can help to build insight and capability among communities and systems. This requires system leaders to view citizens as social partners and develop strategies that strengthen these relationships.

By reframing what we perceive a catalyst to be, we are more likely to see opportunities for a sustainable and collaborative shift towards integrated local public services.

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*“We need to know the role of the hierarchy in systems change.  
We should be asking ourselves what it takes to collaborate with the hierarchy.  
Conditions for change should never be reliant on one leading individual in the system”*

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**CONNECTED CARE** is driven by the understanding that a more connected approach for individuals living in deprived neighbourhoods is required, and that the voice of the community is central to the design and delivery of connected services.

This catalyst for change (based on community potential) has been supported by the argument (and evidence) that the Connected Care model helps commissioners to engage with communities, prioritise investments and ensure cost efficiencies.

Furthermore, as an example of commitment beyond the catalyst each of the 20 Connected Care projects supported by Turning Point to date has included a steering group made up of community representatives, key partners and the leaders of both the Council and NHS.

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*“The third sector needs to be used on an industrial scale”*

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You can't tackle multiple needs alone but often no one in a local area has responsibility for it or a remit to drive solutions, meaning that opportunities and catalysts that could lead to change are missed.

The **MEAM APPROACH** was designed to ensure that anyone working within a system – be they a frontline worker or a chief executive - has a framework they can use to help progress local conversations on multiple needs when a catalyst is identified. By becoming part of the MEAM Approach network local areas can also learn and share with others across the country as they respond to catalysts. This ensures that they do not have to start from scratch as they develop their plans and that common pitfalls can be avoided.

# Four.

## Evolution and revolution: It isn't a zero sum game

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*“Top-down approaches do not work effectively as they often fail the people working at the frontline, who do not have the authority or backing to do things differently”*

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The benefits of, and challenges to, evolutionary and revolutionary approaches to change were discussed at the roundtable, and a critical insight was that disrupting normal practice through deliberate iteration and sequencing is important in building the case for a more systemic approach to change.

‘Starting small’ was the most common approach represented in the discussion when cast against the wider public service systems they operate within. However, it is worth noting that in the main, these approaches had not been strategically designed as a means to scaling different ways of working: they had been set up as projects which worked outside of the wider system. Where projects are seen as ‘pilots’ (often discrete and outside of business as usual) rather than a strategic imperative, there is little or no incentive for the shift in culture that would be required to embed their operating principles across the public services system more widely.

Top-down or ‘big bang’ approaches can also be problematic, often lacking the permission to change frontline practice in the ways that would be needed and relying too heavily on the pronouncements - however inspirational - of one or two senior leaders. It is often assumed that practice will change if the right signals are given from organisational leaders, but this is not enough.

Any step towards wider system change, whether evolutionary or revolutionary, must be adaptive, taking into account the nuances of place and the change in local context over time. The current climate of uncertainty makes this even more crucial. In order to move an initiative from a pilot to business as usual, the case for change must be purposeful and reflect the environment it seeks to influence. This requires conditions for success to be understood, created, and supported by a long-term commitment.

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*“Though there is much work to be done for the integrated services agenda, I am optimistic that people in the health sector know that change is required. We are already seeing small successes and these can lead to greater outcomes in the future”*

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In many ways, **WLZ** is revolutionary (inspired by Harlem Children’s Zone that provides a ‘cradle to college’ pathway of support to children)- an example of an initiative working outside of the traditional statutory system, attempting to organise community resource in a place and redefine the way social services and the state work together to improve social outcomes.

The evolution, however, comes from the case for change that WLZ is continually building as the work progresses: WLZ is evidence led, with a focus on shared measurement and outcome evaluation. Each child or young person, and each partner, has a dashboard summarising their progress so that WLZ can identify what is working and what’s not. This tests the model and provides evidence for it to be scaled across a larger area of West London.

**CONNECTED CARE’S** focus on redefining the relationship between commissioners and their local communities demonstrates routes to change through evolution and revolution. The evolution comes from Connected Care’s ability to start small (both in terms of cost and scale)- recognising the assets of a local community and developing bespoke solutions and financial models that work for all key stakeholders. The revolution lies in its mission for whole system redesign of health, housing and social care through shifting the balance of power towards local people, putting their voice at the heart of the design of local services. By balancing aspects of evolution and revolution Connected Care is able to deliver service transformation that is relevant to a local place, provides realistic investment options to commissioners, and drives the delivery of improved outcomes.

# Five.

## 'Culture' becomes a blocker because it's often forgotten until it's too late

*"The reason we did not make more progress was the lack of culture change"*

Culture change is often an afterthought when it comes to service design (and redesign) and embedding change. There was consensus at the roundtable that culture needs to be at the forefront of social change, and that shifts in behaviour and culture do not just happen, but are a deliberate process. Culture is a 'soft' infrastructure that needs to be underpinned by 'hard wiring', such as organisational development strategies, workforce development and human resource plans. Culture change involves staff training, changes to recruitment, mentoring, effective people management and supportive performance management and reward.

The participants at the roundtable were clear that we needed to think about the role of various actors in creating and sustaining a new, collaborative culture. This requires people to think across and outside of a traditional organisation's structure.

Participants shared the view that engagement and 'buy-in' from frontline staff is critical to any culture shift. Any move towards local integrated services requires the frontline staff to have a vested interest, they must be supported and incentivized to problem solve and work across competitive and sector boundaries. If services want to move to a place where citizens are part of the delivery of outcomes, then the frontline professionals are the ones that will get them there.

The role of 'middle managers' was explored at the roundtable, with many in agreement that it is easy to dismiss 'middle managers' as blockers to change - risk-averse, lacking in senior direction or permission to try new things - but there is a risk of 'dismissing those that hold the levers for areas that innovators can find hard to navigate (for example commissioning, regulation, finance). As they hold the space between the frontline and senior management there is value in leveraging their role as culture connectors: Ongoing, facilitated and honest conversations between frontline and middle management are needed in order to sustain and scale initiatives that are resonating with communities.

Culture change, alongside other factors, needs to be upfront and centre of any attempt to build integrated public services at scale and safety nets need to be in place to stop people reverting back to the traditional cultural norms of service delivery.

*"Conditions for changing systems can't be reliant on one individual - otherwise they are not systemic"*

Part of the success of the **CONNECTED CARE** model is in the way it looks at the commissioning environment. Instead of seeing structures, it starts with community need and how the system needs to operate to meet this.

This requires a culture and power shift that can take a while to embed. Trusting a community research approach to provide insights to commissioners involves new way of thinking and behaving. However, the acceptance to do things differently can pay dividends. For example, In Worcester people with long-term conditions were over reliant on A&E. Community Researchers engaged with this group to ascertain why and worked with the NHS and community services to improve pathways to reduce A&E attendance.

Creating new cultures - and challenging existing ones - is a key activity in local areas that are using **THE MEAM APPROACH**. This first begins to happen when local areas develop their MEAM Approach partnerships, creating a forum in which ideas and plans for change can be discussed.

It continues as local areas implement their new models, which often involve the employment of a coordinator. The coordinator will work 'outside organisational boundaries', to provide a personalised service to clients and engage directly with service providers and commissioners to ensure flexible responses. This involves challenging cultures and working practices so that the best results can be achieved for individuals and can only be done with a clear managerial mandate from the local partnership as a whole.

# Six.

## System infrastructure is important - but we need to understand more about its composition and sequencing

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*“There are many problems with current systems, including dependence on the traditional infrastructure”*

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The role of infrastructure to support system change is often overlooked, misunderstood, and hugely underplayed, leading proponents to rely heavily on narrow pieces of evidence and the vision of one or two system leaders when developing the case for change. As noted earlier, the lack of connected and collaborative system wide infrastructure is one of the barriers keeping initiatives at the fringes. A new narrative and case for change should be supported by infrastructure that enables collaboration between different people in the system (public services, third sector and community). Importantly, it's not just about building the new, but repurposing and redesigning the current to pull services together and incentivise collaboration, rather than pushing organisations apart.

Understanding the value of infrastructure requires us to recognise the interplay of parts as critical: As noted in insight five, culture change must be approached in a deliberate way and supported by the 'hard' infrastructure. In order for an organisation such as a local authority (never mind a partnership of public service organisations in a place, including the relevant NHS bodies, police etc.) to take shift the culture of a place, a number of other factors need to be embedded such as a clear strategic vision, and place-based strategies- the 'hardwiring'.

The building of collaborative infrastructure is depending on people being able to identify all of the 'hardwiring' that enables organisations to function and considering the different role each piece of infrastructure needs to play in supporting a place-based approach to integrated public services. It includes re-thinking and re-designing the role of many of the things already identified as blockers – such as culture (or organisational and workforce development), accountability systems, funding streams and data sharing systems and protocols. Participants were honest about some of the 'unknowns'- for example evidence for genuinely collaborative commissioning models needs further development.

It may also require the creation of new system infrastructure - things that don't currently exist - for example opportunities for people from different system perspectives to share, learn and co-produce, new commissioning models, or collaborative performance management systems. Getting the right infrastructure in place is critical to integrated services, but to do so takes time and requires people and organisations to look above the parapet and recognise the value of partnership and relationships.

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*“Using partnerships to create change is important, particularly when it comes to engagement. Power comes through the building of relationships”*

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**WLZ'S** infrastructure is intentionally designed to sit between individuals and the state-helping to erode historical organisational structures, develop shared goals, and focus on reducing the fragmentation of services; WLZ itself is a social sector agency, without statutory power. Using the collective impact model WLZ focuses on five conditions for collaboration: a common agenda; shared measurement; mutually reinforcing activities; continuous communication; and backbone support for coordinating the initiative.<sup>6</sup>

Acting as the 'backbone organisation' for the voluntary, community, and social enterprise sector, WLZ plays the defined role of providing finance, coordination, and data support. The relationship between the anchor institutions (children's centres and schools), link workers, and families forms the 'delivery' piece of infrastructure. By having link workers based in the anchors and working over the long term with families they are able to make connections, form relationships, and identify areas of support that were previously disjointed.

# Seven.

## Change requires doing less, better, not doing more.

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*“Power and control combined with bureaucracy are the main enforcers of the status quo. Councils will go into overdrive to maintain control when it comes to public money. They are unable to surrender control.”*

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As stated in the previous insight, it is important to recognise that building local integrated services may require us to stop and/or change some of the things we currently do. The most obvious example from the discussion related to behaviours - “letting go” is not necessarily about giving up control, but choosing to exert it in different ways and distributing leadership and responsibility. Building public services that embed the principles outlined above require leaders, managers and the frontline to acknowledge their different strengths, as well as the strengths in the community. ‘Heroic’, ego-driven models of change and leadership are unlikely to be effective in this context, although systems leadership, underpinned by a clear narrative and case for change, is crucial.

In order to create meaningful change, and support the ‘bright spots’ of activity that are often spoken of, the blockers must be acknowledged. During the discussion, a number of barriers to wider system change were identified, many of which have been drawn on in the earlier insights:

- Regulatory frameworks that prevent innovation and collaboration
- Lack of coordination of the efforts of different organisations and agencies
- Lack of systemic use of data to understand demand and target interventions
- The lack of ‘infrastructure’ to enable collaboration
- Silo funding streams and accountability

Removing some of the barriers to integration will require some things to be deliberately changed or re-purposed. For instance, re-thinking of risk frameworks is required if people are want to build collaborative relationships. This requires a change in thinking and activity from both central government and regulatory bodies, as without this shift time-consuming, and unconstructive blockers will continue to stifle activity at the local level.

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*“People always think in terms of risk and there can be a common perception that the management of change is in the wrong hands. There needs to be more active encouragement for communities and local authorities to take on a certain amount of risk.”*

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**CONNECTED CARE** Community Researchers have access to the most marginalised groups, and living in the areas they research means that they often have first hand interactions with health and social care services. This deep understanding of communities greatly informs any case for a change in service delivery, a benefit not often present in conversations with commissioners (and citizens).

Services are frequently delivered with good intentions but without a full understanding of local need. This was the case in Hammersmith & Fulham where a new health centre was built but wasn’t being used. By engaging Connected Care Researchers it became clear that it was not accessible by public transport and did not offer sessions at times local people could attend. By listening to the voice of local people the centre started to provide more outreach support. However, if the centre had been co-designed in the first place, it would likely be in a different location but more readily accessible.

# Conclusion.

A discussion paper like this achieves nothing in and of itself. But as a statement of intent, it is important. We do not underestimate the scale of the challenges facing public services as the supply-and-demand gap increases and the financial blueprint that shapes our current public service model is stretched to breaking point. But we also see an opportunity, and this was validated during a roundtable discussion at which participants were open about both the difficulty and the promise of change.

A shift towards integration of services and systems almost certainly needs to be a collaborative endeavour, bringing together the people and organisations that understand the drivers and principles and are willing to turn them into practice. Collaborate and Turning Point are committed to actively engaging in the development of integrated models through various initiatives, including Turning Point's ongoing development of its Connected Care methodology and Collaborate's work on system infrastructure which is set to be published in December 2016.

In the end this is all about shifting power to citizens and communities with creativity, collaboration and what Ballatt and Campling call 'intelligent kindness'<sup>7</sup>. It is the opposite of an approach to reform that is more about protecting organisational interest than treating citizens like whole people with something to contribute. That is why it is so difficult to do. But that is the challenge we need to embrace.

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