

**Department for Education**

**Alternative Delivery Models**

**Rapid Research Review**

**August 2018**

# Department for Education

## Alternative Delivery Models

### Rapid Research Review

#### 1 Introduction

The government, through the Department for Education (DfE), has embarked on a wide reaching reform agenda to transform children's social care and to promote greater innovation and flexibility in the delivery of children's services.

In 2014 the government set up the Children's Social Care Innovation Programme to support councils and partners to test innovative ways of supporting vulnerable children and young people and developing new approaches to deliver significant and sustained improvement. Running alongside the Innovation Programme, the Partners in Practice Programme is a partnership between local and central government that brings together practitioners and leaders in children's social care to continue to demonstrate what works and increase understanding of the conditions needed to enable innovative and improved practice. It aims to drive sector led improvement through peer support to authorities who need to improve and to supporting DfE to shape and test policy on wider programmes and reform.

Putting Children First was published in 2016 and further sets out the government's strategy for achieving and delivering its vision of transformation of children's services (DfE, 2016). It sets out fundamental reform under three key principles:

- People and leadership - children's services should aim to bring the best into the profession and give them the right knowledge and skills, this includes developing leaders equipped to nurture excellent practice.
- Enabling practice and innovation to flourish. This involves learning from the very best practice and highlighting and sharing key lessons when things go wrong.
- Governance and accountability - ensuring that services are effective and provide assurance of outcomes. This includes the possibility of developing innovative new organisational models with the potential to radically improve services.

Part of this government ambition is that by 2020 over a third of all current local authorities will have reviewed a new delivery model. The key drivers for this include addressing issues of bureaucracy and related inefficiencies and replication; developing effective support systems and infrastructure across children's services; creating sustainable organisational models; and effecting organisational culture change.

A number of councils have responded to this agenda by creating more integrated approaches and structures to the delivery of children's services, including the creation of Alternative Delivery Models (ADMs). The choice and scale of approach and model has varied according to a number of factors including local context and the range of services involved. This report brings together some of the key messages from the

evidence of what is known and has been learnt from implementing these new organisational or structural arrangements, as well as wider evidence from the experience of implementing integrated models of practice across the sector, and their impact on professional practice and outcomes for children, young people and their families.

## 2 Clear Vision and Leadership

Almost all of the first wave Children's Social Care Innovation Programme evaluation reports commented on the quality, consistency and sustainability of leadership. Highlighted as crucial were:

- strong leadership;
- a shared vision;
- clear communication channels,
- common goals; and
- buy-in within and across partner agencies.

In projects where these were present, the evaluations also highlighted evidence of the effect of this on achieving outcomes.

Research into the role and models of external improvement support for children's services (Local Government Association and Isos Partnership, 2017) identified that one of the key factors vital in the successful establishment of an ADM was that staff, partners, service-users and other stakeholders are engaged meaningfully in shaping the overall vision for improvement and determining how the creation of an alternative delivery model will help to achieve that vision.

Leeds provides an example of investment in their approach to ensure wide engagement and involvement of partners and the community in the development and communication of an overarching shared vision and purpose.

**Leeds'** overarching vision is to improve quality of care and outcomes for people with complex needs by overcoming the fragmentation associated with multiple providers. The vision is articulated through a person-centred vision statement and a common narrative to create a shared purpose and outcomes for integration in health and care. They have developed 'I statements' and design principles for integration, keeping the voice of the people of Leeds at the heart of everything they do. A fundamental part of their approach is to involve people at every stage, to the extent that they have developed a Leeds charter for involvement in integration. This engagement approach with organisations and users is supporting the creation of a culture of cooperation, co-production and coordination between health, social care, public health, other local services and the third sector (Local Government Association, 2016, p.53).

Strong and committed leadership and buy in to the vision, together with a continual drive and a relentless focus on the desired function and outcomes is essential to enable the choice of the right format and model to flourish.

*“Embedding new ways of working and developing trust and understanding between organisations and their leaders are vital to successful integration. This can take many years because the cultures and working practices in the health and local government sectors are very different.”* (National Audit Office, 2017, p.8)

An independent review (Institute of Public Care, 2018) of the shared vision for integrated care ‘Stepping up to the place’ reported the example below from Norfolk, which illustrates the importance of ensuring continual shared leadership and focus on the model and outcomes to sustain the approach over the longer term.

**Norfolk:** a future leaders training programme was specifically targeted at changing attitudes and behaviours of a mixed cohort of leaders across the care system, with specific targeted development on the aptitude and capacity to lead and influence models of integrated care. The Norfolk programme appears unique in its focus on mid-level and future managers rather than existing leadership. The iterative, rapid-cycle approach to content development does not appear to have been studied elsewhere but may be a valuable approach for other training and leadership programmes to consider due to positive feedback from participants.

Even if a local system has not developed formal arrangements for integration, the principle of shared leadership is an important factor in making a positive impact:

*“The concept of shared leadership is about transcending individual organisations and their interests and coming together to make a combined effort on behalf of local people. This may mean on occasion overriding the best interests of one constituent organisation in favour of the best interests of the system as a whole, and therefore of people who use or will use services. It may also mean one or more existing bodies devolving power and/or funds so that the whole system can be more powerful and effective.”* (Local Government Association, 2014, p.9)

An alternative descriptor is that of “system leaders”: a series of interviews with people who could be described as “system leaders” identified several themes around what makes it work (The Kings Fund, 2015, p.7):

- It requires a conflicting combination of constancy of purpose and flexibility.
- It takes time – often a lot of time – to achieve results.
- It starts with a coalition of the willing.
- It is important to have stability of at least a core of the leadership team across those involved.
- Patients and carers are crucial in helping design the changes.
- System leadership is an act of persuasion that needs to have an evidence base for change – not least because that is the key tool for persuading the unconvinced.
- As several interviewees put it in one form or another, ‘you can achieve almost anything so long as you don’t want to take the credit for it’. You have to ‘give away ownership’.

The importance of having an evidence base for change is also highlighted in the external improvement support research (Local Government Association and Isos Partnership, 2017). What needs to be determined is whether the leadership of the local

area – political, corporate, service-level and partnership – has the capacity to self-assess accurately, to use this evidence to inform decisions and develop a strategic approach based on that self-assessment that is likely to lead to long-term improvements, and to implement that approach effectively.

### 3 Governance and Accountabilities

Together with the importance of engagement in shaping the vision, the external improvement support research (Local Government Association and Isos Partnership, 2017) identified the second key factor crucial in the successful establishment of an ADM is the need for absolute clarity about the way in which the relationship between the body delivering children's services – whether this is a newly created, independent organisation or a partnership with another local authority – and the council will function. Specifically, this includes matters such as governance and accountability, the interface and transition between services (e.g. between children's services and education, or between children's and adult services), and the interface with corporate, back-office support functions.

A key factor is whether the Director of Children's Services (DCS) remains inside the council or transfers to the new provider (Centre for Public Scrutiny and Local Government Association, 2017). The Centre for Public Scrutiny report found that both options have different implications for accountability and scrutiny. In all of the case studies scrutinised in the report, the DCS role was retained within the council, and became a commissioning and monitoring role to ensure that the council fulfils its statutory duty. This seems to be the norm currently when it comes to outsourcing services as a way to ensure that a council can continue to fulfil its statutory duties. Experiences indicate that moving the DCS role to an ADM can potentially lead to more difficult line management arrangements. However, being at arm's length from the council, the lead member and DCS need to have good working relationships with those leading the ADM. Having the roles of Chief Executive Officer of an ADM and DCS held by one person could be perceived as a conflict of interest and do not necessarily require the same skills set in the long-term.

Whilst individual boards and partnerships appear to be beginning to develop an understanding of the impact of their work on outcomes for local communities, this is an emerging picture and often focused more on outputs at a systems level rather than health and wellbeing outcomes for individuals. Achieving for Children (AfC) is an example of an alternative delivery model, built on the political ambition of two London Authorities, the Royal Borough of Kingston upon Thames and the London Borough of Richmond upon Thames, to radically improve the delivery of public services. This new Community Interest Company represents the interests of children's services on a number of statutory partnership bodies, including the Health and Wellbeing Boards, Community Safety Partnerships and the Local Safeguarding Children Boards. A review of the establishment of AfC (DfE and Spring Consortium, 2016) and its impact on children's social services in Kingston and Richmond found that the top level governance structures provided little change to the previous restrictions that faced both organisations and it has been slower to integrate services than was originally planned.

The experience of AfC illustrates the important issue and challenge in working across systems, and particularly across health and social care, and the difference in accountability within different organisations working around statutory and other

governance requirements where they do not support integrated approaches. Accountability is a complex issue with individuals feeling accountable in many directions, so for example: to their service users; to their staff; to their local communities; to their professional bodies; to their electorate and/or local communities; to commissioners and/or funders; to regulators; and to national government.

Currently regulation is largely organisation based rather than looking across the system, although work is underway to respond to the complexity of providing integrated care, for example through the development of national integration standards.

A variety of joint or collaborative governance arrangements have been developing across England, helping to drive forward the integration of health and social care and providing accountability for the new ways of working. These include Sustainability and Transformation Partnerships (STPs). A recent review of STPs (London South Bank University, 2017, p.4) noted:

*“With local government democratically accountable to its local population, working to meet local needs; and with the NHS accountable through NHS England and NHS Improvement; planning together over a wider footprint in terms of population, with completely different accountabilities, means the starting point for STP-level collective decision-making and planning is a challenge”.*

It is still early days to assess whether STP partnerships and plans are having a positive impact in achieving the vision for integrated care. Emerging sticking points (The Kings Fund, 2016a) include:

- Pressures facing local services are significant and growing, and the timescales available to develop the plans have been extremely tight.
- The original purpose of STPs included the development of new models of care and making prevention and public health a priority. However, the emphasis has shifted over time to how STPs can bring the NHS into financial balance (quickly).
- Existing NHS structures and legislation may not help to facilitate joint working and collaboration, or collective governance.
- The limited time available to develop STPs has made it difficult for local leaders to meaningfully involve all parts of the health and care system particularly clinicians and frontline staff.
- Likewise, there has been a lack of sufficient engagement with communities and their elected representatives. A survey of senior councillors in May 2017 found that 69% of respondents didn't think they had been sufficiently engaged.

A recent review (NHS Providers, 2018) of community health services found that provider trust leaders felt STPs were focusing on the reconfiguration of acute services rather than planning to strengthen and expand community services: *“only two thirds of trust leaders said community services in their local area were somewhat influential in shaping their STP. If new care models, STPs and integrated care systems (ICSs) are to flourish, it is vital that community services and the prevention agenda are at the centre of these plans”.*

In summary, clarity about the formal governance structures and accountabilities is crucial but the characteristics that emerge for a successful approach are largely about non-structural elements of the arrangements:

- The leadership qualities inherent in the governance structure are critical – strong leadership, trust and respect between leaders.
- Equality amongst the leaders of different organisations/sectors, so without one organisation dominating.
- A shared focus on a meaningful ‘place’ or community is seen to be a key enabler to thinking and delivering across the whole system.
- An inclusive approach to the governance approach, i.e. beyond health and social care, and in terms of health, beyond traditional players to include GP’s, community health etc.
- A sense that this is not something that can be created overnight, and that should be allowed to develop and emerge at a pace that suits local circumstances (so creating a new governance structure will not solve issues immediately or without the other characteristics being in place). It may well be that a more robust approach is to develop the formal governance arrangements after the non-structural elements are in place.
- A sense that there are and will be different routes into delivering integrated care, and these will be dependent on history, funding opportunities, and local circumstances. It is not clear from the evidence whether one route is more effective at delivering improved health and wellbeing outcomes for local communities than others.

## 4 Organisational Form and Structure

There is no single Alternative Delivery Model for children’s services that has been used to date, and those that have been implemented have differed across a number of key dimensions, as well as the range of services they deliver. The precise choice of delivery model has, to date, been influenced by a number of factors, including the local context.

Across public services in England and the United Kingdom there is a growing diversity of delivery models that are different from the traditional model of full provision and ownership by the public sector. These models differ by:

- Geographic coverage: Some models cover services from one local authority area while others integrate services across geographies.
- Delivery model: Services can be delivered in-house or can be outsourced to another entity in an alternative delivery model. The scope of services may vary from part of one service (e.g. social care or education), to multiple services (e.g. children’s services and health).
- Ownership: The new entity may be wholly local authority owned, an employee owned mutual, public or private, or a joint venture between multiple entities.
- Corporate structure/legal form: This will affect the regulations the company must comply with and may determine governance structures.

Models include limited companies, mutuals, community interest companies and charitable trusts. Examples of current areas developing the various ADMs include Doncaster and Slough, Sunderland, Birmingham, Sandwell, Northamptonshire and Northumberland, Newcastle and Newham and Richmond and Kingston (soon to include Windsor and Maidenhead).

**Achieving for Children (AfC)** is an example of an alternative delivery model. Formed in 2014 following the merger of children's services in the Royal Borough of Kingston upon Thames and the London Borough of Richmond upon Thames, this Community Interest Company has been recognised as a pioneer in establishing new ways of working and has been recently recognised as a DfE Partner in Practice.

#### 4.1 Cultures and behaviours

The culture of the different organisations potentially involved in planning and delivering integrated care is a key enabler or barrier to effective working. It has been argued (Institute for Research and Innovation in Social Services, 2013) that the development of integrated care and support requires an acknowledgement of the need for cultural change. Seeking to retain existing cultures inevitably leads to a fight for dominance and a concern that the culture of one or other of the partners in the collaboration will win out. The drive to deliver integrated care and support should lead to the emergence of a new cultural identity, one committed to the integrated working agenda.

The same review of research evidence argues that delivery on the dimension of culture requires:

- Acknowledgement of the differing cultures of different organisations, professions and individuals.
- Awareness of the need to facilitate, promote and foster the development of a fresh emerging culture.
- Effective communication of the emerging cultural identity.
- Leadership which encourages positive risk-taking and rewards innovation and engagement with unfamiliar activities or approaches.
- Addressing issues for front-line staff.
- Navigating and overcoming barriers of communication and perception.

Whilst there is evidence of attention being paid to addressing organisational culture, as illustrated variously below, there is not a consistent and early acknowledgement of this as a critical element of effective leadership practice in terms of integration. It is important not to assume that simply changing the structures for its delivery will automatically bring about improvements.

Existing research on innovation confirms that innovation is not always the best way to achieve progress but that the evidence base is lacking for helping to identify which services or situations in children's social care are most likely to benefit from innovation. The evaluation of the first wave of innovation projects in children's services (DfE, 2017) found that a majority of the evaluations noted the slow speed at which the required system-level change took place. The least impactful element of Firstline seemed to be the influence of leaders on their organisations more widely, demonstrating the huge challenge in changing organisational culture. Some services were seen to be

particularly problematic in this respect - mental health, housing (and particularly local authority housing), probation and others. The evaluation of Pause noted that there are limits to what advocacy at the operational level could achieve, particularly where established protocols de-prioritise clients within services. The report exemplifies this by noting that a common systemic barrier to access is the requirement within several services that professionals close cases if clients miss multiple appointments, a behaviour common to Pause clients.

The findings from an international study on integrating children's services (Nolan and Nuttall, 2013) indicated that, whilst enthusiasm for collaborative work is high amongst strategic and operational staff in multi-agency programmes for integrated care, they view the ability of the programme's problem-solving capacity differently, depending on which organisation they work in. This may affect the programme's transformational capacity which appears to depend on extraneous factors such as leadership within individual organisations. It also points to the 'skin-deep' character of many integration efforts unable to challenge or transform organisational cultures and fragmentation.

## 4.2 Partnerships

The evaluation of the first wave children's services Innovation Programmes found that improved outcomes were achieved through multi-professional teams, co-located and undertaking assessment and reviews of individual cases to achieve better safety planning. The role of multi-professional teams and specialist adult workers appeared to contribute to better outcomes even where the quality of social work practice with families was yet to be judged as better. It was noted that co-located teams develop and adopt a shared vocabulary that provided families with more accessible and consistent language. Individual professional expertise is shared but enhanced through the sharing of case knowledge in regular team meetings in which any team member was equipped to take on the role of lead professional, referring to other team members as necessary. This investment in case management ensured that the process was not delayed because one key worker was not available. Group case discussion within a clear framework for practice seems to have contributed to better outcomes.

An evaluation of AfC (DfE and Spring Consortium, 2016, p.27) found that the integration of functions remains low, but there were many benefits of partnership working evident:

**Richmond and Kingston AFC** - It has proved beneficial to agree that AfC be responsible for delivering all aspects of children's services for the local authorities. The company has been able to foster close partnerships across police, health services and schools based on the fact it covers a range of children's services, not just one element. This is especially pertinent in an area where there is a relative high proportion of academies across the two local authorities, which is likely to grow - 34% of schools in Kingston and 18% in Richmond are free schools or academies. Having the full range of children's services gave AfC the permission to continue to be engaged with local schools, even where the local authorities had reduced oversight/engagement. This has allowed consistent delivery of services and improvement of quality so that children and their families achieve better outcomes for a full range of services and therefore no services suffer or get left behind. This was a key principle that AfC Management has mentioned during the engagement and is likely to be relevant in other geographies with high numbers of academies and free school.

## 5 Shared Systems

Whilst there is evidence that organisations are beginning to tackle the challenge of information sharing across systems this is still in relatively early stages. It is however widely recognised as a major enabler for the delivery of integrated care.

The evaluation of AfC (DfE and Spring Consortium, 2016) found that the integration of the core systems proved very complex and time consuming as well as having financial costs. Although careful planning was at the heart of the implementation, the complexity was underestimated. This created delays in integration efforts and impacted the day to day running of the company. Clarity about scope, skills required, and governance of major systems work is key to the success of systems integration. There continues to be integration challenges in IT for AfC and it needed to set-out plans in its medium-term plan to transform its technology.

The evaluation of children's services innovation programmes concluded that, despite recognising the importance of multi-agency data-sharing in principle, this was not realised in practice in many projects with any degree of success, due to the complexity of different organisational targets, systems and priorities. It undermined the ability of the evaluation to articulate the impact of the service. In Ealing and North Yorkshire, the sharing of data was a particular strength and added a rich multi-agency context to the evaluation of those projects. Some other projects had real difficulty providing baseline and initial data on impact as the challenges of developing an integrated multi-agency data collection system were greater than anticipated.

The ability to support mobile and remote working has been recognised as critical to enabling locality working and multi-disciplinary team working. The two main elements of what is being used and developed include offering secure and remote access to key care systems from offices outside of the estate and simple collaborative tools such as shared email directories, shared calendars, service directories or instant messaging platforms that can be used across organisations (Institute of Public Care, 2018).

## 6 Costs

Budget sharing mechanisms are seen as a way of creating opportunities for taking joined up or integrated approaches to the commissioning and delivery of services. They require partners to resolve the challenges around risk sharing, as well as requiring a clear understanding of expenditure across the system on specific issue.

The review of AfC (DfE and Spring Consortium, 2016) found that they had been able to realise significant savings resulting from the provision of joint services. They achieved this for example through the integration of resources and services, and by developing alternative revenue streams such as delivering a range of consultancy services to other local authorities. They did, however, find that they had underestimated the set up costs of the ADM. The cost of set-up was originally estimated to cover a range of programme management activities, legal and finance advice, technology, and organisational design development. In addition to these one-off costs, however, a significant amount of council staff time was dedicated to the set up and it was considered that there were other additional costs that had not been quantified.

## 7 Impact on Workforce and Professional Practice

Findings from a study on integrating children's services (Axel Kaehne, 2016) indicate that commitment and enthusiasm for collaborative work was initially high amongst participants and remained so throughout the first year of integration. Scepticism about the problem-solving capacity of multi-agency work was however significant amongst respondents which contrasts with their enthusiasm for collaborative work. Staff from non NHS organisations showed particularly high levels of pessimism about the programme's ability to improve service quality and service outcomes.

The review of AfC (DfE and Spring Consortium, 2016) showed some improvements in delivery of services, quality outcomes and workforce satisfaction. These were described as and credited to:

- Service quality: improvements in the delivery of core services (Early Care, Social Care, Education and Special Educational Needs and Disabilities) using an integrated approach.
- Internal operating environment: increased innovation, improved staff engagement, commitment and its ability to recruit and retain high quality people.
- A new organisation model based on consistent principles. It was not bound to the behaviours and cultures of the legacy local authority organisations. It largely started with a 'blank sheet of paper' and was able to create an environment where the sole focus is to improve services for children and families. This resulted in an engaged and innovative workforce and a culture that was different to either of the two legacy organisations.
- The organisation was provided with greater autonomy of internal decision making. Within the organisational model for the workforce is the objective to have devolved responsibility, giving front line staff more accountability. This had to be balanced with good management and support frameworks. Staff report that devolving responsibility has led to better decision making and financial control, as well as improved staff engagement. This has led to improved staff job satisfaction, which is recognised to have contributed to the increase.

The review commented that AfC has established an organisation of people who are passionate about ensuring the best possible outcomes for children and their families. Staff now have a genuine involvement in the governance, strategic direction and day to day operational management in ways that were simply not possible in a much larger local authority organisation (DfE and Spring Consortium, 2016, p.42):

*"A new delivery model cannot, in itself, improve service quality. Our engagement with AfC has highlighted the importance in creating the right environment for excellent practice and innovation to develop. This complements the new delivery model and we have seen evidence from AfC that this can:*

1. *Assist in the recruitment and retention of strong and ambitious people, including areas that have had a poor reputation and recruitment problems;*
2. *Provide a better focus on children's social care and overall service delivery;*
3. *Enable organisations to innovate more easily and to create a distinctive culture of excellence;*

4. *Bring together areas of organisations that complement each other and introduce not only collaboration but true integrations”*

The change in the internal environment can be evidenced in some key performance metrics as well as more intangible changes in the culture of the organisation. In AfC, across the main service areas of Early Help, Social Care, Education, and Special Educational Needs and Disabilities, improvements were seen across a number of key performance indicators (KPIs). The change in the internal environment can also be seen across KPIs on engagement, retention and absenteeism, as well as by more intangible changes in the culture of the organisation.

The evaluation of the innovation programme also found workforce improvements in some of the projects - 9 out of 31 projects that intended to do so, reported positive improvements in staff knowledge, attitudes and self-efficacy, 6 of the 31 reported increased social worker job satisfaction reflected in reductions in absence rates and/or use of agency staff.

## 7.1 New roles

There are three ways that work roles may change in the development of integrated care:

- New leadership and management roles (e.g. systems leadership, integrated leadership/management roles)
- New professional roles (e.g. care co-ordinators, lead professionals)
- New working environments (e.g. multi-disciplinary pathways, interdisciplinary meetings, prevention, person-centred, asset based approaches)

The successful development of new roles (The Kings Fund, 2016b) entails significant management challenges. A culture of protecting professional and organisational identities is one of the most prominent barriers to new ways of working, especially where established skills and roles are reconfigured. Other barriers include overestimating the capacity of individual roles to deliver integrated care, difficulties in making these roles sustainable over time, and poor accountability and oversight of staff in roles that do not fit into established structures.

New roles to support integrated care by working across organisational boundaries are only effective when they are part of a system-wide process of integration. The support of senior leaders is crucial for establishing a framework for integration, legitimising new ways of working, and ensuring a climate and processes are established that enable practice to develop in the desired direction.

The skills needed to deliver integrated care often already exist within the workforce; the issue is how these skills are shared and distributed as part of an overall integrated system of care that spans organisational boundaries. Skills in communication, management and creating relationships are vital, and may be required by professional and non-professional groups more broadly. Interdisciplinary training, training of managers as well as practitioners, and cross-organisational placements can help develop and spread the necessary skills and competencies. Critical enablers include:

- Making space for employees of all levels to come together
- Recognising when something has not worked and working together to find solutions
- Independently facilitated discussion, inputs and outputs
- Developing relationships to build trust and respect with other workers
- Opportunity to understand others' roles

## 8 Key Lessons

A summary of the key lessons, themes and advice from a range of the new integrated models and ADMs being implemented:

- Clarify the purpose and drivers for the development of a local ADM
- Empowerment of leadership around a single focus on children's services
- Focus on outcomes and improvements first before considering the structural changes needed to achieve them – what are the potential benefits for children and young people?
- Emphasis on engagement - engage early in the design process for an ADM before final decisions are made
- Consider the organisational form for the ADM including the legal regulations
- Identify the ongoing commissioning and performance monitoring roles in the council for the ADM
- Identify how local governance arrangements will involve local partners and stakeholders
- Understand how the role of the DCS will change or develop once an ADM is established
- Having a stable political environment that is conducive to the model
- The importance of having clear governance and leadership during transition with roles and responsibilities defined in order to build trust and avoid confusion
- Having the political will and ambition, allied with consistent executive vision, to drive forward change, achieve wider stakeholder buy-in and maintain momentum
- Maintaining a holistic approach to children's services to allow the new organisation to quickly establish wider networks and address problems end-to-end
- Being clear with staff that the merger was the creation of a new organisation, not a takeover by one organisation or the other
- Having careful planning around system integration and not underestimating the effort required to achieve this
- Taking a wider view of health, wellbeing and outcomes for children and families and communities, including looking at preventative approaches
- Working at a more local level, whether this is with individuals, communities or taking a locality approach
- Developing a different relationship between individuals, children and families, local communities and professionals working with them, which shifts power and responsibility, and taps into a wider pool of resources
- The importance of not assuming "one size fits all" – there are a wide variety of models and approaches albeit sharing common themes

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