

Impact case study (REF3)

Institution: University of Essex		
Unit of Assessment: 17		
Title of case study: Unlocking the silos: Service innovation in Mid Essex health and social care providers		
Period when the underpinning research was undertaken: 2011-2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Dr. Martin Harris	Senior Lecturer	Sept 2001 – to date
Dr. Danielle Tucker	Lecturer/Senior Lecturer	Sept 2014 – to date
Period when the claimed impact occurred: 2013-2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact		
<p>A seven-year engagement and collaborative partnership has facilitated knowledge exchange, based on robust research, between Harris and Tucker and two local health and social care providers, Essex County Council (ECC) and <i>Provide</i>. Both have substantially benefitted from the adoption of new and more distributed ways of managing the integration of previously separate care services. Harris and Tucker have informed a series of briefings, reports, and jointly organised workshops given to staff working at different levels within each of the two organisations. The sustained engagement has facilitated new forms of joint working and the adoption of techniques for the management of shared knowledge assets.</p>		
2. Underpinning research		
<p>The theoretical underpinning for this engagement derives from contemporary debates on how 'post-Bureaucratic' organisational forms can enable public sector organisations to develop more flexible and responsive services [R1, R2]. The management of innovation in the UK health and social care system has historically been strongly influenced by centralized policy directives and/or quality measures. Such directives (which are typically based on highly formalised representations of best practice) have thus far failed to provide an effective way of diffusing useful knowledge to health or social care professionals.</p> <p>Research undertaken by Harris [R1, R2, R3] has shown how capacity for service innovation is a cumulative process that emerges from changes in the locally articulated roles, responsibilities and identities of public sector professionals. The engagement has built on two recommendations that follow from this research. The first is that previously compartmentalised care services can be redefined and reconfigured by local managers and/or front-line staff that are working at, or close to the front line of care provision [R4]. These elements of Harris's underpinning research have been complemented by Tucker's work on how different criteria of staff recognition can be used to facilitate the effective implementation of change programmes [R5]. The second recommendation arising from the underpinning research is that senior managers who want to maximise the broader 'systems-wide' benefits associated with the integration of previously separate care services should prioritise collaborative joint ventures and close interaction with strategic partners rather than formalised contracting out mechanisms or outsourcing strategies [R3]. The seven-year engagement gave Harris the opportunity to conduct a programme of qualitative data gathering (N=70 semi-structured interviews) on how service innovations emerged cumulatively between 2013 and 2020. Published research findings arising from this data gathering [R6] have been shared with local managers and this has in turn allowed Harris and Tucker to collaborate with the</p>		

two partner organisations on the development of new tools for organisational learning and the management of shared knowledge assets [R7].

3. References to the research [available from HEI on request]

[R1] Harris, M. (2011) 'Network Governance and the Politics of Organisational Resistance in UK Health Care' in Clegg, S. and Harris, M. (eds.) *Managing Modernity: Beyond Bureaucracy?*, Oxford: Oxford University Press. ISBN 9780199563647.

[R2] Harris, M. Clegg, S. and Hopfl, H. (2011) 'Introduction: Managing Modernity: Beyond Bureaucracy?' in Clegg, S. and Harris, M. (ed.) *Managing Modernity: Beyond Bureaucracy?*, Oxford: Oxford University Press ISBN 9780199563647.

[R3] Harris (2013) Enacting the Lead Contractor Model. University of Essex Business School report on the management of innovation, contractual restructuring and organisational change at Central Essex Community Services Internal project report to *Provide* (available on request).

[R4] Sarwar, A. and Harris, M. (2018). 'Children's Services in the Age of Information Technology: What Matters Most to Frontline Professionals?' *Journal of Social Work*, 19 (6) pp.699-718 <https://doi.org/10.1177/1468017318788194>

[R5] Hancock, P. and Tucker, D. A. (2020) Recognition and Change: Embracing a Mobile Policing Initiative. *Journal of Organizational Change Management* 33 (5) pp.965-977 <https://doi.org/10.1108/JOCM-11-2018-0305>

[R6] Harris, M. and Wood, G. (2020) 'Ambidextrous Working in Health and Social Care Services: A Configurational View'. *Long Range Planning* 53 (6) <https://doi.org/10.1016/j.lrp.2020.102051>

[R7] Harris, M. and Tucker, D. (2020) Organisational learning tool developed for *Provide* and Essex County Council (available on request).

Grants

[G1] Harris, M. Patient Care Services Secondment to *Provide* ESRC IAA £9,546 2016 – 2017

[G2] Harris, M. Managing across organisational boundaries in the Mid Essex health and social care sector ESRC IAA £9,516 2018 - 2019

4. Details of the impact

The collaboration between *Provide* and Essex Business School (EBS) was initiated by Professor Nigel South of the Essex University Sociology department. South introduced Harris to the CEO of *Provide* in late 2012. In early 2013 the Mid Essex Clinical Commissioning Group (CCG) established a committee that brought together local providers of community health care, acute care and social care in order to consider how services delivered to particular patient groups in Mid Essex might be more effectively integrated. Harris was invited to contribute academic expertise on the management of service innovation to this body [S1]. Harris then drew on his research to examine the ways in which indigenous workplace cultures and communities of practice could underpin service innovation within and between different care providers in Mid Essex.

Adoption of distributed leadership across *Provide* and Essex County Council

In October 2015 Harris and the CEO of *Provide* collaborated on the design and delivery of an Essex Business School/*Provide* workshop on new forms of distributed leadership and change management. This event allowed Harris to engage closely with twenty selected professionals from four provider organisations (*Provide*, Essex County Council Social Services, Mid Essex Health Trust, Age UK Essex) and one purchaser organisation (the Mid Essex CCG). The workshop introduced the concept of 'distributed change management' – this offers a distinctive approach to

project implementation that is well suited to professionalised workforces [R1-R7]. Through this approach, local care professionals working in multidisciplinary teams (MDTs) were empowered to develop patient-centred care services [S1]. The CEO of *Provide* states that: *'[Harris' research] has helped to establish a 'distributed' approach to building alliances with other care providers. This approach to the implementation of large complex projects differs markedly from 'industry standard' change management models. Martin's work on this front has facilitated closer engagement with strategic partners and it has been recognised by the Mid Essex Clinical Commissioning Group as a valuable tool'* [S1]. Between 2016 and 2017, Harris used an IAA (Impact Acceleration Account) secondment to *Provide* [G1] to monitor the benefits of MDT working. Whilst MDT working produced local improvements in the coordination of previously separate health or social care services, these benefits could not be scaled in ways that would create the 'systems-wide' benefits identified by recommendation two of the 2013 report [R3]. Qualitative data gathering conducted during the course of the secondment indicated that rigid and impermeable organisational boundaries between primary, acute and social care had continued to inhibit 'systems-wide' innovation in these services.

Essex University facilitation of the *Provide*/Essex County Council joint venture

In October 2017 the University of Essex Vice Chancellor was approached by the head of Essex County Council with a proposal that Harris and South could facilitate discussions between senior executives responsible for community care, social care and acute care on the 'systems-wide' integration of separate primary and acute services in Mid Essex. Intensive discussions hosted by Harris and South at EBS led to the emergence of a collaborative joint venture between *Provide* and Essex County Council Adult Social Care. The joint venture emphasised high-trust collaborative relationships and knowledge sharing rather than formalised bureaucratic procedures [R3]. This resonates with the underpinning research on how 'post-Bureaucratic' organisational forms can enable public sector organisations to develop more flexible and responsive services [R1, R2]. Whilst the title of the new body (known as the *Provide*/ECC Integrated Community Health and Social Care Programme Board or ICH&SCPB) reflects the formalised nomenclature found in public sector settings, this functioned as an 'arms-length' project management organisation that operated outside the formalised bureaucratic hierarchies of the two partner organisations. These features of the *Provide*/ECC joint venture accord closely with the organisational designs that were recommended by Harris in 2013 [R3]. Harris was invited to sit as an advisor to the newly established Programme Board in March 2018. Further IAA funding allowed Harris to disseminate techniques for joint working across previously fixed organisational boundaries in 2018-19 [G2].

Adoption and embedding of evaluation tool for *Provide* and Essex County Council

In early 2019 the Project Lead for the newly created Integrated Care Programme Board (ICH&SCPB) invited Harris to contribute expertise on how the new approach to service integration could be envisioned and evaluated. At this point Harris invited Tucker to bring specialist expertise on sense making and change management techniques to the engagement [R5]. Tucker joined the programme Board in early 2019 and later worked with a small group of *Provide* and ECC middle managers on the joint redesign of critical service interfaces. In May 2019, Tucker and Harris introduced a customised project monitoring/evaluation methodology at a specially convened workshop [S2]. This event built on the idea that service interfaces could be reconfigured on a 'distributed' basis by these managers. The new methodology was subsequently adopted by *Provide* and ECC middle managers who are responsible for evaluating redesigned service provision in the key areas of integrated rapid response, crisis prevention, and the joint processing of patient referrals. The Programme Lead for the ICH&SCPB stated that the evaluation tool *'has made a tangible difference to our capacity for monitoring and evaluating progress on a 'real time' basis, and it has been adopted as our preferred method of evaluating complex organisational change processes...Using this methodology to evaluate the programme will be of direct and lasting benefit in informing new ways of commissioning integrated care services in Mid Essex'* [S3]. Tucker later advocated the creation of new 'boundary spanning' roles that would further facilitate and consolidate the diffusion of best practice. These efforts came to fruition in late summer 2019 when senior managers at *Provide* and ECC agreed to create a jointly funded post for an Integrated Health and Social Care Programme Manager [S4].

Collaborative design and development of a management learning tool to ensure continued learning and open dialogue between health and social care providers

The final stages of the engagement have seen Harris and Tucker working closely with the CEO of *Provide* and the ECC Director for Strategy and Integration on the identification and management of new capacities for the realisation of 'systems-wide' improvements in joint care services. Harris published a longitudinal account of the organisational learning that has occurred over the course of the seven-year *Provide/ECC* 'integration journey' [R6]. Key insights on the nature of this learning journey have been reflected back to senior and middle managers who have in turn worked closely with Harris and Tucker on the introduction of knowledge management techniques and strategies for building capacity for organisational learning [R7]. The ECC Head of Integration and Partnerships has stated that: *'The techniques we've learnt for developing a shared project culture have been of direct benefit in consolidating our joint venture with Provide. Building capacity for collaboration across previously fixed organisational boundaries has allowed us to reduce the transaction costs that would have been incurred had we adopted a conventional contracting out model of joint care provision'* [S5].

This learning tool has been used to run intensive groupwork sessions that allow small groups of middle and senior managers to work across previously fixed professional jurisdictions and organisational divides. The Integrated Health and Social Care Programme Manager confirms that: *'Using the management learning tool has allowed Provide to get a much stronger grasp of how care professionals from different organisations can work together at different points in the integration process. The tool has also given us more effective ways of disseminating new forms of best practice as we redesign our care services in collaboration with colleagues from ECC Adult Social Care'* [S6].

The ECC Director for Strategy and Integration has stated that: *'The EBS management learning tool (introduced in September 2020) is helping to facilitate dialogue between personnel (from both ECC and Provide) who may have very different professional world views or managerial priorities. The introduction of the tool has been of particular value in maintaining this dialogue under COVID conditions. We are keen to maintain the momentum on this work, and we look forward to working closely with Martin and Danielle on future teambuilding and management learning events in 2021'* [S5].

5. Sources to corroborate the impact

[S1] Testimonial from CEO, *Provide*.

[S2] Minutes of Programme Board Meeting July 2019 announcing workshop for new evaluation methodology.

[S3] Testimonial and endorsement of new evaluation methodology Programme Lead, Mid Essex Integrated Community Health and Social Care Programme.

[S4] *Provide/Essex County Council* agreement to create a jointly funded post for an Integrated Health and Social Care Programme Manager.

[S5] Testimonial from Essex County Council Director for Strategy and Integration.

[S6] Testimonial from Integrated Health and Social Care Programme Manager on learning tool.