



# RSA

Action and Research Centre

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## **Transforming Together: Leading for People and Place**

**An inquiry into leading  
for innovation in public  
sector partnerships**

*by Joan Munro,  
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## **About the authors**

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## **About the RSA**

The RSA (Royal Society for the encouragement of Arts, Manufactures and Commerce) believes that everyone should have the freedom and power to turn their ideas into reality – we call this the Power to Create. Through our ideas, research and 28,000-strong Fellowship, we seek to realise a society where creative power is distributed, where concentrations of power are confronted, and where creative values are nurtured. The RSA Action and Research Centre combines practical experimentation with rigorous research to achieve these goals.

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With austerity we realised if we wanted to press on with regeneration and transforming the borough we could only do that by working in partnership with everyone else.

**Council Leader**

We all know we are going to be really pushed for resources so we must all work more collaboratively

**Vice chancellor, University**

We don't really have a lot of options. Services need to be delivered dramatically differently in the future for them to be affordable.

**Joint health and social care leader**

It is harder to do things with no money - but innovation is more vital than ever.

**Chief executive, voluntary organisation**

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# Foreword - Innovation that changes places: what will it take?

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I have written in the past that where change in public service outcomes is concerned, there is no transformation without collaboration, and no collaboration without building readiness. The use of transformation as a signifier for a particular kind of cost-cutting ambition will wither alongside the culture of austerity-above-all-else that popularised it. But the need for radical change in some service areas in the face of demographic and social change remains clear. Mobilising for it takes more than a spreadsheet. Purposeful collaboration takes more than a room full of people. System change is more than just a clever way to articulate and share the problem.

In this report, Joan Munro and colleagues at the RSA have sought to explore the conditions for collaborative innovation in local government and local places. Her findings make instructive sense. Focus on outcomes not services; think systemically; lead with passion, energy and a recognition that the best strategies come from people using and working at the coalface. Relationships at the heart of change. At least, change that has a chance of sticking.

Few surprises then – but a reminder to redouble our efforts and keep drawing the line between purpose and practice. Case studies showing that where professionals have been able to orientate themselves around the lived experience of citizens, the possibility of something different can emerge. The organisations that can do this most effectively are, almost inevitably, those which put a premium on learning and the ability to work adaptively in complex situations. As one health manager is quoted as saying: “we evolve and develop ideas...”

We have spent the last five years at Collaborate building a body of practice on the preconditions for effective collaboration for better public outcomes. We might surmise that the future is bright if the future is relational. For any leader in public services, civil society or a socially focused business, the idea that increasingly complex challenges can be solved by any sector or organisation alone is recognised as foolish. My sometime colleague Dr Toby Lowe at Newcastle University Business School would remind us that, anyway, outcomes are produced by systems, not organisations.

Collaboration is a route to change, not an end in itself. The same might be said of innovation (though not always). And this is what seems to demarcate the good from the mediocre in Joan Munro’s estimation: the strength of purpose, and the clarity with which a range of actors, agencies

and partners can work together, whether tactically, strategically or even selfishly. The traditional talking shop or the overly hierarchical partnership meeting is the death knell for this kind of creativity.

One question we should ask ourselves is what all of this means as the operating context within local government changes once again. Recent tragic events in Manchester and London illustrate both the absolute need for the state, and the need for its actions to be underpinned by trust and integrity. But if we want to make the case for strong public services (which I explicitly do), then they need to adapt. This is what the long term reform agenda is about.

We are pleased to be working with colleagues at the RSA on this agenda. For me, it is about finding that balance between creative thinking about the future and a credible account of how we support people to shift from today's starting point. Local public services have shown incredible ability to adapt and roll with the punches of a financial settlement and parallel rise in demand, despite obvious organisational strain and abject misery for some. As the austerity experiment tips into its next phase, we need to start applying the principles in this report much more systematically, or we can forget about the possibility of inclusive growth or accountable health.

The test should be how we can support local areas to pick up and run with these approaches. Thinking into practice – and vice versa. Where, for example, is a culture of learning influencing the service offer within local government? Where is an investment in relationships strengthening what Matt Andrews and his Harvard colleagues call 'load bearing capacity' across a health and care system? Can we point to outcome based review processes that have fundamentally changed the way budgets are allocated and KPIs are applied?

The examples in this report show the potential. Other, equally exciting approaches are emerging. Suffolk's 'figure of eight' model framing economic and community development. The Oldham Model based on fundamental coherence between co-operative services and thriving communities. Brent's work on outcome-based change and collaborative demand management. Gateshead's emerging approach to changing systems for people with complex needs. The way in which cities like Newport in South Wales are creating new possibilities for themselves through collaborative leadership.

The development studies writer Ben Ramalingam argues that the imperative for leaders working in complexity is not to know the answers, but to "know what questions to ask". We should therefore see this work as part of an inquiry – a contribution that shares characteristics with wider work on system change, collaboration, public service reform and economic regeneration, and which owes a debt to its progenitors. The findings in this report suggest we are collectively on to something. Time to make it real.

**Henry Kippin, Collaborate**

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# Introduction - Innovation in times of austerity

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At first glance this might be seen as an odd time to be looking at innovation in public sector partnerships as councils and the wider sector have experienced almost a decade of significant, sustained funding cuts. Yet although necessity can be the mother of invention, it does not always follow that a necessity driven by austerity leads to innovative responses to the resulting challenges. The timing could perhaps never be better to explore whether having less resource to tackle increasing need crowds out innovation, both within organisations and between them.

Central to this investigation is the assessment of whether local partnership working and collaboration across the public sector is seen as a critical response to, or a casualty of, a sustained period of austerity. On the one hand, the case for taking a system-wide view to address complex social issues is clear,<sup>1</sup> supporting the case for partnership working as a crucial response to these issues. On the other hand, ‘working in partnership’ is often seen as nice-to-do, supporting the case for it being squeezed out as fewer staff try to deliver more with less. At the point at which partnerships and collaboration are arguably most needed, therefore, they are also most vulnerable.

The bleak financial and operational landscape has often led to a retrenchment of services, shifting resource away from preventative to responsive, from discretionary to statutory. Where areas have strong social capital, the community may have stepped in and helped filled the gap – volunteers running some libraries, for example. In other areas there are simply gaps where services were once provided. A narrowing of focus on the most essential services in a locality reduces the capacity to take a system-wide – and often preventative – perspective.

The wider context of continued uncertainty is generated and sustained by another general election, Brexit, the inequality and technocratic nature of devolution and talks of further changes to local government funding. Compounded by the increasing complexity of the social, economic, political and environmental challenges local places are being asked to respond to, we are left to wonder how any sort of long-term thinking, collaboration and innovation could survive such crushing here-and-now realities?

1. Burbidge, I. (2017) Outdated public services must empower people to achieve change. *RSA Journal*. Available at: <https://medium.com/rsa-journal/outdated-public-services-must-empower-people-to-achieve-change-70d7c6a3f3fo>

When a situation is undesirable, Adam Kahane suggests there are four available options: fight, adapt, exit or collaborate.<sup>2</sup> In this case the challenge is how to respond to the constraints of austerity. Fighting the situation is all the more difficult for the political and organisational relationships involved, though in the loosest of definitions this might include lobbying, fighting government decisions, and highlighting the impact of cuts.

Adapting to, rather than exiting the situation has seen some councils merge their management or service delivery functions whilst retaining local democratic accountability and sovereignty. Others have driven through efficiency, commercialisation, outsourcing or service reviews designed to take out costs whilst, wherever possible, retaining an acceptable standard of service delivery. This adaptation sometimes manifests through innovation, sometimes through salami-slicing budgets, sometimes through major corporate change programmes.

Exiting the situation is a more radical option: we have yet to see the financial failure of a council. Some have merged into new unitary councils, not as an overt response to austerity but always predicated on achieving cost savings. And some councils have completely withdrawn from particular service domains, such as youth services.

The last option is to change the situation by collaborating with others. Whilst the capacity needed to invest in collaborative working arrangements and relationships is often the very thing that gets squeezed out, cutting out functions or refocusing existing staff, a time of reducing resources is more than ever a time to collaborate. In so doing organisations can seek out efficiencies and redesign more effective service delivery. At a system scale this could include the potential to invest in early interventions and prevention to reduce demand.<sup>3</sup>

There remain many places that are actively supporting new ways of working and innovating around service delivery, seeking the opportunities in such a challenging context. We wanted to talk to councils and their partners in some of these places, and this report presents a deep dive into six areas. In particular, we wanted to discover what the councils' senior managers were doing that appeared to be helping to achieve more significant innovations with their public sector partners.

The report details the core leadership actions that we found helped such coalitions achieve clear outcomes for their populations.

In some cases, this was the result of innovative approaches and/or new ways of working across organisational boundaries. In others, it was the result of long-standing investment in the relationships between those in each part of the system. Some explicitly engaged local people and rebalanced the provider-consumer dynamic, others actively worked to develop a more risk-tolerant, trust-based culture.

What does our research mean for political and managerial leaders in local government and public sector delivery bodies – for those working in services as diverse as education, social care or criminal justice? Thankfully our research showed that there are places where innovation happens,

2. Kahane, A. (2017) *Collaborating with the Enemy* (Kindle Edition)

3. For further reading see - RSA (2013) *From social security to social productivity: a vision for 2020 public services*. Available at: [http://www.2020publicservicestrust.org/downloads/2\\_From\\_social\\_security\\_to\\_social\\_productivity.pdf](http://www.2020publicservicestrust.org/downloads/2_From_social_security_to_social_productivity.pdf)

where relationships are invested in, where staff - and citizens - are seen as equal participants in conversations about their needs, where interesting work is being enabled and where the challenges of austerity are being addressed. There are no secrets or shortcuts: it requires hard, diligent work, getting the basics right and building out from there.

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# What is innovation?

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There is no single agreed academic definition of innovation. Academics generally agree that an innovation is something that is both new and relevant: a fresh idea that works in practice. However, a working definition provided by Goller and Bessant defines innovation as being ‘the process of creating value from ideas’, noting this can be economic or social value.<sup>4</sup> They go on to identify four dimensions of innovation: product innovation changes the things an organisation provides; process innovation changes the way these things are created and delivered; position innovation changes the context into which the thing is introduced, and paradigm innovation changes the mental models that frame what the organisation does.

Across these dimensions, innovation can appear as incremental or radical. Incremental innovation is a process of exploiting what we already know, whereas radical innovation requires dealing with the unknown. As the saying goes, there is only so much you can improve on a candle; there are no number of iterative improvements that will result in a lightbulb. To arrive at the lightbulb requires radical innovation and, often, simultaneous changes across all four dimensions of product, process, position and paradigm.<sup>5</sup> This is often achieved through what Frans Johansson terms the Medici Effect – by bringing two diverse disciplines together and creating a new intersection of insights.

This is a useful way of contextualising the research we undertook. The expectation was that we would find a focus on product and process innovations within partnerships: seeing new services emerging or new ways of delivering existing services being tried between partners. We were less expectant about position or paradigm innovation, although in some respects austerity and the role of technology are driving changes in contexts within which public services are provided.

The biggest challenge in innovating is usually not having the idea in the first place, but in successfully implementing it, thereby creating economic and social value. The subsequent challenges in so doing are many and varied, ranging from the need to overcome the institutional ‘immune response’ to the need to involve users in testing and iterating solutions.<sup>6</sup> ‘Learning by doing’ is itself a risk that many organisations and people are uncomfortable embracing.

This document sets out some of the key actions being taken by senior managers in the councils we visited that appeared to be starting to overcome the challenges they faced.

4. Goller, I. & Bessant, J. (2017) *Creativity for Innovation Management*. Routledge

5. Innovation Portal (2014) *Exploring innovation in action: The dimming of the light bulb*. Available at: <http://www.innovation-portal.info/wp-content/uploads/Lighting-industry-updated-2014.pdf>

6. Conway, R. (2017) *Why we need to rethink how innovation scales*. RSA. Available at: <https://www.thersa.org/discover/publications-and-articles/rsa-blogs/2017/07/why-we-need-to-rethink-how-innovation-scales>

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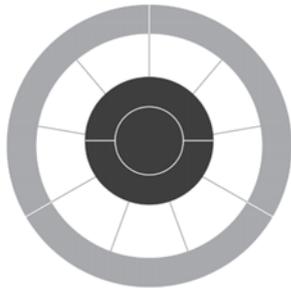
# Key Findings

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The public sector partnerships that were successfully innovating shared a number of characteristics. Their work was underpinned by a desire to help make their places better for their citizens, and was characterised by a focus on each organisation's role in the wider systems within which they were operating, as well as on the change they wanted to achieve.

The **Transforming Together Framework** captures the most important actions the leaders in councils were taking with their partners to achieve significant collaborative innovations.





### **Convene around places**

Actively make the time and capacity to engage with partners

1. Focus on local citizens and places
2. Develop honest, committed relationships

This was supported by a range of actions across three broad areas: taking a system-wide perspective to their work, building a shared ethos and developing an entrepreneurial edge. Collectively, these characteristics maximised the likelihood of successful partnership working.



### **Take a system focus**

Develop a strategic, outcomes-focused approach

3. Think and act systemically
4. Agree a clear purpose, outcomes and priorities
5. Encourage long-term political support



### **Develop an entrepreneurial edge**

Take a transformational approach

6. Be optimistic, courageous and creative
7. Be passionate, persuasive and persistent
8. Track, reflect, learn and adapt

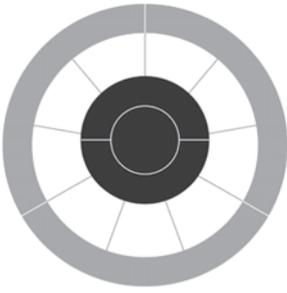


### **Build a shared ethos**

Effectively engage others across the system

9. Empower middle managers and engage the frontline workforce
10. Actively involve service users and citizens
11. Devote time, energy and resources to the process

More details about these key leadership actions are set out in the following sections.



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# Convene around place

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Organisations were investing in the time and capacity to understand their places and engage with each other.

## Focus on the needs of local residents and the place

“It’s not like your normal partnerships: it’s a system-wide holistic approach. It’s all about a new relationship between citizen and state, an integrated service, an engaged workforce, confident communities, self-reliant and independent residents.”

**Chief executive, council**

“We want to get a consistency of vision for the borough as a whole, as a place, not just an organisation.”

**Senior manager, council**

Almost all the partnerships were focusing on improving the lives of particular groups of residents, such as older people, or unpaid carers, or people with mental health issues, or private tenants or school children.

Many aimed to support their residents in becoming more independent, empowered and healthier, to reduce the demand for public services. One was both saving significant costs and improving the environment by turning waste into energy.

Many interviewees commented on the fact that key local issues could not be solved by one organisation alone. For example: “The drivers of demand for health and social care services often lies in other services, for example loneliness, domestic violence, worklessness, debt, alcohol, mental health, housing.”

Others highlighted the need to focus on what will really benefit local people: “We have only got to where we are today because we have leaders who are committed to delivering the service that people really need, as opposed to leaders who only want to build and protect their empires.”

In Wigan, health and social care integration is being combined with wider public services reform. As one manager explained: “We’re creating multiagency teams behaving with courage, enthusiasm and positivity, having different conversations. We are quite a long way down the track rolling out place-based integration in seven different footprints covering the whole of the borough.”

Many partners praised their council’s senior managers’ devotion to improving their local area. For example, in Brighton and Hove a partner commented: “They bust a gut to do the best they can for the city.”

In many areas there was a strong sense of place. For example, a new South Tyneside senior manager remarked: “There is a strong identity of place here, a commitment to the community. There is commitment to make visible changes, to make South Tyneside a better place.”

In South Tyneside, many interviewees discussed the central importance of the 20 year vision, agreed in 2010. As Iain Malcolm, the council leader, explained: “The council didn’t just formulate a document and say to partners would you like to come along to this launch, and give it some support? We sat down with partners first and said, over the next 20 years the public sector as a whole is going to change, so we need to work together now to think about what our place is going to be like over the next 20 years.”

## **Develop strong, honest, committed personal relationships**

“It is always about people. Where people trust you, and you’ve got their respect, and you respect them, then suddenly the barriers between organisations can be levelled.”

**Council leader**

“Developing trust between partners takes lots of time and energy. We have deliberately invested in that.”

**Chief officer, clinical commissioning group**

Every interviewee stressed the critical importance of strong, positive, open, committed relationships in achieving innovations in partnership. Partners valued council officers who listened to them and treated them with respect.

Many interviewees stressed the need for give and take. In addition, many recommended taking the time to understand each others’ pressures and operating environment better, including learning their “language”. Several suggested that partners should encourage mutual secondments and shadowing.

Others recommended that council officers needed to discover and draw on their partners’ skills more: “Part of partnership working is recognising each of other’s strengths and playing to these strengths.”

Not all relationships were easy. In some partnerships there were tensions, for example around risk taking or the pace at which to move forward.

Several leaders observed that your partners had to be ready to co-operate: “We have recognised that you can’t force people to the table, you have to work with the willing, and then hope that the progress you are developing with the willing will bring in the people who are not wanting to be part of it.”



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# Take a system focus

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Partnerships were taking a strategic outcome-focused approach to their work

## Think and act systematically

“If you look at the projections for the next few years, I don’t think there is any other way than working as a system. I don’t think any one organisation can solve the problems facing us.”

**Senior manager, clinical commissioning group**

“We took a whole systems approach. What was important for local residents? What do good integrated services look like?”

**Senior manager, health service**

Many commented on the need for a whole system approach to leadership. As one interviewee remarked: “You need more empathy, understanding, the courage to break through other people’s systems, resilience and personal mastery. Some of the technical skills that would previously have been measured are less important than the ability to navigate the relationships and the system.”

In one area some partners wanted deeper and more systemic consideration of issues: “A lot of consultations are a bit ‘tick boxes’ exercises. A lot of people in the room, you stick things on post-it notes. There isn’t any real depth and the value is questionable. You need to allocate sufficient time for more in-depth discussions to allow solutions to emerge.”

Some interviewees stressed the importance of recognising that systems change takes time. As one interviewee explained: “After a year and half people are saying: ‘Where are the results?’ But actually in integrated care you wanted system change: it takes a little bit of time.”

In some settings, interviewees were concerned that the local public sector leaders were still focusing primarily on their organisations, rather than the whole system.

## Agree a clear shared purpose, outcomes and priorities

“If you feel you have got a common agenda, then you feel you can take on the world.”

**Transformation lead, clinical commissioning group**

“We had a very strategic objective and we did everything we could to make it work.”

**Senior manager, council**

“You must have an absolutely clear understanding of what is your vision.”

**Chief officer, clinical commissioning group**

Leaders in all the partnerships successfully delivering innovations stressed the importance of having a clear agreed purpose, outcomes and priorities.

Some interviewees stressed the importance of ensuring all partners were truly committed to the vision. Others stressed the importance of the vision being completely clear.

Many partners recommended focusing on a limited number of innovation priorities. As a chief fire officer commented: “Politics is the art of the possible.”

Another partner observed: “The council senior managers need to channel their enthusiasm into making a real difference. Let’s just do a few things where there is real mutual synergy.” Some commented that their local council started too many new initiatives, but failed to follow them through.

## Encourage consistent, long-term political support

“Councillors make a big difference. In the next door council the politicians are very traditional. This council leader speaks for innovation.”

**Senior manager, health organisation**

“Leading politicians have been consistently supportive of it. That is really significant in getting the initial impetus going.”

**Chief officer, clinical commissioning group**

All the successful partnership innovations had strong, consistent, long-term political backing. For example, in Surrey, officers and partners described the benefit of having councillors who acted as champions for developing better support for carers. Meanwhile, in the South Tyne and Wear waste management partnership, the officers cited the importance of long term political commitment.

In the areas that were achieving the most significant innovations, the leading politician had a long-term focus. For example, Peter Fox of Monmouthshire described challenging fellow politicians: “What do you want for your grandchildren and their children? Do you want them to live in this same situation again and again? Or do you want to use your

position you have been entrusted with to make a difference? Do you want to sit on your laurels and be remembered for doing nothing? Or do you want to have a go at making a change?"

Unsurprisingly, in the areas where the political administration was less likely to change, it was easier to gain the long-term political commitment required to achieve significant partnership innovations.

All the leaders of established partnerships developing innovations stressed the need for an effective governance structure.



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# Develop an entrepreneurial edge

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Partnerships were taking a transformational approach to their work

## Be optimistic, courageous and creative

“We have a group of politicians from a commercial background, with an open mindset. And we have chief officers, a team that have been built by the chief executive, who equally want to push the barriers and challenge the status quo. And so we empower each other to push those boundaries.”

**Council leader**

“The authority shows courage. They have taken a leap of faith to improve their assets, to protect their future liabilities, to invest to save. In order to do that they are having to take some risks.”

**Chief executive, arts organisation**

“The senior managers have been creative, brave and trusting, risk enabling, tenacious at all levels.”

**Project manager, council**

Despite severe financial challenges, and many other pressures and issues, most interviewees were upbeat about what could be achieved. As one project lead explained: “I’m optimistic but realistic.”

Many talked about the need for partnership leaders to be enterprising, to seize opportunities, and to be prepared to take necessary risks. For example: “We have this burning platform opportunity to really galvanise people with courage to boldly go.”

Generally, partners described the council officers as being open to fresh ideas: “There are real issues and problems, and financial and physical constraints, so it takes a bit of creative thinking to make progress.”

In Surrey, the carers’ partnership was encouraging creativity through both encouraging learning and gentle peer competition between the different organisations involved.

In most areas interviewees stressed the benefits of devolving leadership to all levels to enable creativity. For example, in Monmouthshire: “The council is brave at all levels. It encourages leadership at all levels. It trusts people to take decisions taken at all levels, to take their own decisions.”

In partnerships that were struggling more, some partners were dependent about the impact of the challenges public services are facing. “We are so busy trying to fire fight and feed the beast, we really can’t find the headspace for creativity and innovation.”

### **Be passionate, persuasive and persistent about the outcomes you want to achieve**

“The passion for change and transformation can drive away barriers. You have got to be tenacious and passionate, and to really feel that you are going to make a difference.”

**Joint health and social care lead**

“You have to have passion and values. You need to care to move things forward.”

**Strategic lead, council**

Almost every interviewee used the word ‘passion’. Individuals’ deep personal commitment to implementing a partnership innovation appears to be a key ingredient of success.

Many of the council senior managers most instrumental in successfully implementing transformations were persuasive storytellers, often explaining what they were achieving in terms of the impact on particular residents’ lives.

They were also deeply determined. As one council chief executive explained: “You need tenacity and patience. Don’t let go.”

In partnerships that were struggling, several interviewees suggested that some of the leaders needed better transformational skills. “We now need strategic and transformational leaders, when we have got really good operational managers.”

### **Track progress...**

“We’re really specific in our plans. What are we going to do, who is going to do it, when is it going to be done by, and how are we going to know if it has worked.”

**Chief executive, council**

“We have one page of dashboard indicators for every partnership. We go into it in painstaking detail at every partnership board. And then we agree what actions we need to take to put it right if it isn’t right.”

**Chief officer, council**

Some projects were using project management techniques. For example, Guy Kilminster, the interim leader of the Cheshire shared care record project was an enthusiast for project management. “It’s been a massive amount of work to get there, with humps and bumps that we have had to get over. It has taken some relentless project management and a superb project manager to progress it, and we wouldn’t have got there without that.”

Others used outcome indicators to test the impact of their initiatives. For example, one chief executive received a weekly email with details of instances of delayed transfer of care from the hospital, asking for an explanation as to why the problems had arisen.

Most were using long-term indicators to discover whether they were moving towards achieving their outcomes. For example, in Monmouthshire, an evaluation of the work of the multi-agency short term assessment and reablement teams found that more than half of those who had used the service have returned to full independence and did not require a package of care. Their longitudinal studies showed that the majority of those helped remained fully independent for two and a half years and those that did need care tended to require a much lower level of support than is typical.

### **...and reflect, learn and adapt**

“We evolve and develop ideas.”

**Senior manager, health organisation**

“It’s important how you nurture learning. How you learn from small failures.”

**Senior manager, council**

Almost all of the most successful partnerships had developed their innovations step by step over many years. For example, the Surrey carers’ partnership had grown over a long period: “The carers’ agenda has evolved. It has developed into much more than I ever envisaged. There is a long history. It didn’t fall out of the sky.”

Brighton and Hove council’s executive leaders described taking a careful and measured approach to setting up the ORBIS shared services partnership to run their ‘back office’ services with Surrey and East Sussex councils. “We are not going for the biggest of bangs. We are doing it piece by piece, acknowledging that people have savings targets to hit, but actually there has got to be some cultural join up as well as delivering economies of scale.”

In Monmouthshire’s Monnow Vale, the integration of health and social care services is managed without a project leader and without project management techniques such as milestones. Instead, the managers meet weekly to discuss progress and issues, and to decide what is most important to do next. “We take a ‘plan do study act’ approach.”

In Wigan, the council requires the community organisations they are investing in to provide performance monitoring data, but they also adopt a learning style when they have review meetings. “We have quarterly progress meeting where we ask ‘Do you need more support, how is it going, are there areas you could develop?’”

And in the South Tyneside health and social care partnership, Tom Hall, a senior public health officer explained: “What we don’t do is send out weekly or monthly reporting forms. Instead we report directly to the board at regular intervals. You are asked questions like: “What is going well? What is not going well? How can we help you? How can you help

us?” It’s more of an open dialogue. The visioning work that took place in 2010 is pivotal. We are not bound together by targets, or rules, but bound together by the values and outcomes that we want to achieve.”

A ‘tight-loose’ leadership style appeared to be helpful, where the overall purpose, outcome and priorities were clear, but middle managers and frontline staff have the freedom to experiment, develop ideas, and learn from failures.



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# Build a shared ethos

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Successful partnerships were engaging others effectively in their work

## Actively involve service users and local citizens

“If you have the confidence to go and talk to people it is amazing what they come up with. There is an entrepreneurial spirit in the community.”

**Council leader**

“We have become much more of a listening council. We know that communities can come up with much better solutions.”

**Senior manager, council**

“The mindset shift for the public needs to move from you go to the council, they are this remote organisation, they function alone, you ask them for something and they give it to you. Whatever ones’ politics, it just isn’t realistic anymore.”

**Council leader**

In the partnerships that were developing successful innovations, engaging service users and other local residents formed a key part of the approach. For example, in Wigan, a council senior manager described the way a new multi-agency team started by spending a month talking to residents in a local area. “They took a month to understand the community. They took their badges off. They went out and door knocked. And now the community trust them. The police said they had been working in the area for years, but had learned so much in a month.”

Many interviewees stressed the importance of focusing on what service users want. For example, a Monmouthshire interviewee explained: “Our perspective here is ground up. The most important person is the person or the patient: how we best deliver services from their perspective.”

In Cheshire East, children and young people were centrally involved in developing the children and young people’s plan 2015-18, as well as helping to oversee its implementation. Around 2,800 children and young people took part in a ‘good childhood conversation’ by responding to a survey, and 800 participated in discussions about the findings.

Others discussed the importance of changing residents’ expectations of the council, as well as their behaviour. For example, in Wigan: “There is a very clear expectation placed on residents to behave differently. We are clear we want them to sustain themselves.”

## Empower middle managers...

“To be innovative you have got to have people with the right mindset. So much depends on middle managers: whether they have a ‘can do’ attitude and are prepared to take a risk.”

**Senior manager, health organisation**

“Generally the people at the top have been saying ‘we buy into this’, but the middle managers need to grasp and understand that they are free to explore and bend guidelines or work around them.”

**Chief executive, voluntary organisation**

Galvanising middle managers appeared to be a critical action in the more successful examples of partnership innovations. Several councils, like Surrey, were developing their managers’ skills in collaborative working.

Some interviewees particularly emphasised the importance of engaging middle managers in agreeing key values and principles. Some had run workshops with middle managers, for example, to develop agreed values.

In one area, several partners were critical that senior managers had great ideas and proposals, but that implementation could be stymied lower down the organisation. And, in another area, the project leader reflected: “We should have engaged more of the middle managers more quickly. We thought we had communicated what the project was about, but we hadn’t.”

## ...And engage the frontline workforce

“Across all the organisations we needed to change the way the workforce did things, and to ensure they understood why they were changing the way they were doing things, to make any of this integration work.”

**Project leader, council**

“Our chief executive has been brilliant in enabling people to think outside the box. Basically we are challenging our staff to think of different ways of doing things, because we have a different set of problems now.”

**Council leader**

In all the partnerships that were implementing innovations successfully, huge effort had been put into engaging the frontline workforce.

For example, in South Tyneside, the chief executives of the five organisations leading the implementation of the health and social care partnership consulted frontline staff together. “We had no blueprint. Five chief executives stood up in front of 100 front line staff and said that they were in the best position to design the new service.”

Several interviewees commented on the importance of engaging staff directly. “Even where the chief executive and the chair of the governing body are signed up to an initiative, that does not mean that the folk on the ground are going to get involved.”

In several councils, senior managers described how the workforce culture had changed. For example, one health organisation interviewee observed: “Over the last ten years the council has rooted out a lot of the traditionalists”. Many were now recruiting and retaining staff based on their attitudes, as well as encouraging the development of values like ‘collaboration’.

### **Devote time, energy and resources to the process**

“Social workers have committed time to do things that they might not have otherwise been released to do. And they are doing that because they want to help along the integration programme.”

**Chief executive, voluntary organisation**

“The public sector has an ability to write wonderful plans. It’s not so good at delivering on them. The scale of leadership and commitment to our plan didn’t reflect the quality of the plan.”

**Chief officer, clinical commissioning group**

In all the partnerships that were succeeding in developing innovations, the leaders, managers and staff had invested enormous time and energy. Often it was the dogged determination of key individuals that was fueling the achievements.

However, capacity issues in councils were often cited as a major barrier to implementing innovations. Meanwhile, in some areas there was concern about the strain placed on individuals who were trying to set something up against the odds.

Some areas had achieved amazing innovations with very little resources. For example, the Surrey carers’ partnership was running an innovative “carers’ prescription” scheme costing less than £1,000 a year.

However, most large-scale innovations had required significant investment. Cheshire’s shared care records cost £2.8 million to set up, with a recurring annual cost of £400k across the partners. And Wigan’s health and social care partnership was being supported by a grant of £40 million from Greater Manchester transformation fund.

As a clinical commissioning group chief officer observed: “Where you spot an opportunity to innovate you need to really back it at the highest level. You need to be willing to take a career risk, and you have to put the resources in to drive that through to completion.”

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# Overcoming the challenges

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All the interviewees were asked about what barriers the partnerships had encountered in developing their innovations, and what the council senior managers had done to help to overcome these. The main challenges and reflections identified by interviewees are set out below, utilising the Transforming Together Framework.



## **Councils have an essential role in convening around places**

Partners were asked whether the innovation would have happened without the council's involvement. Universally, the response was no. Councils were seen as being able to provide many more connections between potential partners than other local organisations.



## **Encouraging a system-wide focus**

In many areas formal partnership bodies were in place, such as Local Strategic Partnerships, Health and Well Being Boards, and, in Wales, Public Services Boards. In most cases interviewees were unenthusiastic about what they had achieved. Many were described as “talking shops”. In many cases the partnership structure played an important role in formalising decisions around innovations, but generally they did not appear to be the vital force that initiated them.

In some areas council leaders were frustrated because key partners did not share their concerns, or had other priorities. Others found that their partners were willing to co-operate, but wanted to move ahead more cautiously. In some situations, there were tensions between other partners, for example, between different parts of the health system.

When council leaders found their partners did not share their concerns or their sense of urgency, they were trying various approaches. These included persuasion and persistence, meetings to resolve differences, looking for allies in the partner organisation, bringing in facilitators, giving partners resources to help them to move faster, using peer comparators, encouraging pressure from above, or waiting until key blockers changed their mind or moved on.

Some approaches seemed to help in particular circumstances, but there did not appear to be any guaranteed ways of engaging partners if they really did not want to co-operate. The most successful approach seemed to be building a coalition of willing partners and hoping that others would join in eventually.



## **Building a shared ethos across different organisational cultures**

In many instances interviewees raised the problem of different partners thinking and behaving in different ways, as well as having different assumptions and norms. Several leaders recommended the need for leaders to do more to understand and respond to each other's organisational cultures.

This study strongly suggests that 'chemistry counts': strong relationships and trust between partners was one of the critical factors in achieving major partnership innovations.

How someone approached their partners was seen as being important. For example, whether they were open and transparent, treated their partners with respect, and worked hard to understand their partners' pressures, organisational culture and priorities.

It also appeared that individuals' personalities and motivations were vital to success. The findings suggest that it takes passionate, determined and focused individuals to come together to achieve major partnership innovations.

No matter how ambitious, enthusiastic and determined council managers were, there was a limit to how much they could achieve without the time to build relationships and do the work necessary to achieve significant innovations with their partners.

At the same time as trying to work together in new ways, many of the partners involved were undergoing their own major internal transformations, limiting leaders' energies for partnership initiatives. Partnerships need to be realistic about what can be achieved in particular circumstances.



## **Being entrepreneurial despite capacity issues**

Most major innovations require an upfront investment of resources. With so many potential public sector partners struggling to balance their books, securing sufficient investment was an issue for many of the initiatives.

The impact of turnover in council senior managers was raised in many of the areas. In some situations new managers had taken the project in a different direction, or it had taken time to convince them of the merits of the initiative. In other areas, there had been a long gap between managers being in post, so that the lack of someone to make decisions had held the project back.

Almost everywhere the issue of capacity to deliver was raised as a barrier to achieving major partnership innovations. To reduce costs, many councils had cut significant numbers of middle managers, who are often 'the engine' that delivers innovations.

Bureaucracy was also an issue raised by many interviewees, particularly where several different organisations' procedures had to be dealt with at once. Some partners felt that their councils operated too slowly: "Sometimes decisions get lost in the 'dark arts of the council'. They disappear for ages."

### **What else helps?**

While the focus of the research was on public sector partners, nearly every successful partnership involved voluntary organisations. For example, in South Tyneside the voluntary sector representatives are integral to the partnership boards, and the voluntary sector forms part of a cabinet member's portfolio. Most voluntary organisation interviewees highlighted the importance of council officers involving them as equal partners, and treating them with respect. Often the voluntary sector can be more responsive and bring innovations to the work of the council and its partners.

Every partnership achieving a major innovation had been working on it for many years. They had all started small, and gradually worked together to develop their innovation, as well as their confidence in what they might achieve together, and their trust in each other.

The leaders of the successful partnership innovations all had the immense tenacity necessary to overcome the many barriers and constraints. This might help inform how local authorities and public sector bodies should recruit senior leaders and managers and the skills they look for; how they train their staff; the kind of culture and/or behaviours that would be needed to maximise the likelihood of effective collaboration; and, how they incentivise/reward these behaviours and hold individuals/organisations within the partnership to account. These are critical questions to explore for those working in the partnership and system space.

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# The National Context

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Interviewees mentioned a range of different national approaches that were holding partnerships back in achieving more significant innovations more quickly, although some enabling factors were identified. As many of the partnership innovations studied were in the health and social care field, many interviewees' comments refer to issues encountered in that area of work.

## Ever changing national priorities and initiatives

“We keep moving all of the deckchairs, not just in health, but in all public sector services. The music doesn't stop for long enough to make any meaningful change.”

**Transformation lead, clinical commissioning group**

“The changing landscape is difficult to deal with. You have to keep changing. You have to flex. It's a whirlwind.”

**Chief executive, voluntary organisation**

Many interviewees raised the difficulties of developing radical long-term innovations when nationally the priorities and the initiatives kept changing.

## Regulation

“The NHS financial pressures mean the CCGs are under so much scrutiny from Monitor and NHS England and the regulatory body. They are being told you do not spend money on anything that is not critical to patient care.”

**Project leader, council**

“Monitor, and the people who are looking at the finances are not interested in what is going on in the system, they are looking at the organisation.”

**Project leader, council**

“Nationally there is lots of talk about health and social care integration, but the regulatory system isn't driving it.”

**Chief officer, clinical commissioning group**

Many interviewees felt that the regulators were holding back local public sector partnership innovations. Some were only evaluating organisations

against previous ‘best practice’. Others were judging them just on internal performance measures, rather than looking at how they were contributing to performance across the system.

## **Different geographical boundaries for different national initiatives**

“One of our problems is the lack of co-terminus boundaries.”

**Project leader, council**

“STPs are very strongly health driven, and devolution has been very much about local authorities.”

**Chief officer, clinical commissioning group**

“We are dealing increasingly with overlapping geographies that the government is imposing upon us in delivering health and economic development. So we are functioning as part of a health geography that is greater than our borough.”

**Council leader**

Several interviewees discussed the problem of different government initiatives using different boundaries.

## **NHS England’s approach**

Many interviewees involved in different aspects of integrating health and social care services commented on the rigid, top down and bureaucratic approach of NHS England. Several were concerned that the NHS was measuring the wrong things, preventing partnerships from developing new, more effective, ways of working.

Some interviewees raised issues about the NHS’s sustainable transformation plans (STPs). Several were concerned that the size and scope of the local ‘footprint’ was too large. Others commented that STPs were too health-driven nationally, or that the engagement with the public was being done too crudely.

## **Enabling guidance**

“The NHS’s ‘Five Year Forward View’ and ‘Future in Mind’ guidance underpins everything we want to achieve. We are working on how we adapt and translate them for local area.”

**Strategic lead, clinical commissioning group**

“The Welsh Government’s ‘Well Being of Future Generations Act 2014’ took us to a different level. And the Social Services Improvement Agency’s ‘An Anatomy of Resilience: Helps and Hindrances as We Age’ is gorgeous.”

**Project leader, council**

Many interviewees referred positively to some of the guidance and legislation that has been produced by NHS England and the Welsh Government. What appeared to be most valued was enabling guidance and legislation that sets out broad principles, giving plenty of scope for local discretion and initiative.

### **Devolution**

Do combined authorities, where the structures for cross-boundary, cross-organisation collaboration are put in place, offer a ‘fast track’ for the kind of innovative partnerships we need to drive system change? Or do they bring with them all the barriers and issues associated with collective working, heightened by territorial bureaucracy and small ‘p’ politics? Where are the advantages for a place like Wigan, part of Greater Manchester, which has led the way on devolution? As Donna Hall, Wigan’s chief executive explained: “Devolution has been amazing, giving us flexibility. We would never be doing what we are doing now without it. It has given us the ability to be bold and courageous and create these new structures.”

### **National bodies could do more to support local partnership innovations**

The actions and initiatives of governments and their departments, and other key national bodies, such as NHS England and regulators, appear to play a major role in either incentivising or discouraging successful local partnership innovations. The study suggests that national bodies could do much more to enable and encourage more successful local partnership innovations.

For example, they could:

- Work together across systems to create a coherent national context for local partnerships.
- Set performance indicators which support working across systems, rather than ones that focus narrowly on organisations.
- Regulate systems rather than individual organisations.
- Maintain their commitment to particular directions, rather than regularly introducing new initiatives or changing legislation and guidance.
- Agree the same geographical boundaries for different initiatives, so that public service leaders do not have to build so many relationships with different sets of people.
- Offer non-prescriptive guidance that inspires partnerships in a particular direction, but leaves them free to implement the ideas in a way that is appropriate locally.
- Continue to invest for the long-term in transformation funds that support achieving innovations through public services partnerships.
- Continue to devolve power to local regions.

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# Provocations: Creating more innovation-ready partnerships

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One of the reasons that insights in public services do not readily scale is that we face such radically different contexts in our communities. How can we afford to invest time and effort in practices that might help drive innovation within our organisations and partnerships when we are also custodians of public money? Line up your accountants, risk management officers and internal auditors as witnesses for the prosecution. As businessman and politician Michael Bloomberg notes: “In medicine, or in science, [if] you go down a path and it turns out to be a dead end, you really made a contribution, because we know we don’t have to go down that path again. In the press, they call it failure. And so people are unwilling to innovate, unwilling to take risks in government.”<sup>7</sup>

Can we start to reframe this debate to the point where testing and innovating is part of the way we do business, a means of securing value for money because the new might work more effectively than the old? And if so, what challenges do we have to overcome to foster innovative practices in our organisations?

Reading the examples and insights from this research it is easy to dismiss them as only being applicable to the area in which they have been developed, a product of the unique set of relationships and wider context in which they have arisen. However, we argue in this report that the fundamental building blocks of successful, innovative partnerships are generalisable. Putting them in place requires more than a simple check-box approach, of course. To conclude, here are some provocations through which to help question the status quo and adapt these building blocks within your local context.

**Be determined, invest effort, commit for the long term.** Innovation could be seen as analogous to signing up to the gym in January: there’s a clear need to tackle issues that are not as we would want them. But there is no correlation between gym membership and weight loss, any more than there is between a commitment to the idea of developing innovations and innovation itself. Both require systematic, diligent, on-going hard work to translate will into action. Reflecting on, and putting in place, some of the building blocks we advocate in this report is one such action, using local knowledge to translate the learning into your local context.

7. Bennet, J. (2012) *The Bloomberg Way*. The Atlantic. Available at: <https://www.theatlantic.com/magazine/archive/2012/11/the-bloomberg-way/309136/>

**Tackle organisational immune-responses.** This is a more subversive provocation: the need to overcome what Birkinshaw and Ridderstrale call the organisational immune system which kicks in to protect the status quo.<sup>8</sup> There are, of course, many such organisational responses that will crowd out innovation and help prevent change: think dead-end working groups, over-zealously applied rules, ‘not in my job description’, office gossip. The RSA’s work in other spheres has surfaced a wide variety.<sup>9</sup> When considering innovation within a multi-agency partnership the strength of this immune-response can be compounded. It is essential that leaders in organisations and partnerships strengthen the sense of solidarity and entrepreneurialism to help overcome the immune responses that will inevitably arise.

**Do not wait until you have everyone on board.** Do you really need to start by trying to get all partners on the same page? Different people, different organisations, different incentive systems and motivations, each part of a bigger system but concerned with their own part of this bigger picture. As Adam Kahane notes, “Collaborating with diverse others therefore cannot and must not require agreeing on a single truth or answer or solution.<sup>10</sup> Instead, it involves finding a way to move forward together in the absence of or beyond such agreements.” This is linked to the insight from our research of the need to work with the willing: sometimes it’s necessary to follow the energy and ‘do stuff’. Taking action in this way is an opportunity to prove the value of collaboration and generate trust among partners, which in turn can lead to agreement on a shared vision further down the line. In other words, this is not a linear sequence to be followed at all costs. If we are to truly develop an entrepreneurial edge it is about recognising the need for flexibility, which in turn allows opportunities to make a difference to be spotted and taken.

**Focus beyond organisation-friendly innovation.** Developing new service paradigms is clearly essential, but it will never happen unless those who make policy and those who deliver it are prepared to change their world views. This is not an easy shift to bring about. Are you starting a debate about possible new futures for your institutions and partners? And in so doing, how are you striking a balance between the need to foster the entrepreneurial attitude required to underpin innovation and the need to have in place the appropriate level of bureaucracy required to manage the risks associated with public money?

8. Birkinshaw, J. and Ridderstråle, J. (1999) Fighting the corporate immune system: a process study of subsidiary initiatives in multinational corporations. *International Business Review*. 8: 149–180. Available at: [http://faculty.london.edu/jbirkinshaw/assets/documents/18fighting\\_the\\_corporate\\_immune\\_system.sloan\\_management\\_review.1998.pdf](http://faculty.london.edu/jbirkinshaw/assets/documents/18fighting_the_corporate_immune_system.sloan_management_review.1998.pdf)

9. Conway, R. (2017) *Why we need to rethink how innovation scales*. RSA. Available at: <https://www.thersa.org/discover/publications-and-articles/rsa-blogs/2017/07/why-we-need-to-rethink-how-innovation-scales>

10. Kahane, A. (2017) *Collaborating with the Enemy* (Kindle Edition)

**Embrace diverse disciplines and perspectives.** In his book *The Medici Effect*, Frans Johanssen coins the term ‘intersection’ to describe how the more radical innovations arise when different disciplines are brought together around a particular issue.<sup>11</sup> This can, in many ways, be analogous to the partnership table. However, are you actually bringing in a diverse set of perspectives from within the relevant system to help identify new approaches and ideas? Beyond widening out the number of public sector partners, to what extent are you courting opposing or dissenting views, bringing in people with no knowledge of the system at hand, but with expertise in a different field?

Ultimately, the toughest assignment is to address the idea that the result of an intervention in a complex, adaptive system cannot be predicted with certainty. How, then, might we ultimately think about the process of innovation to address such complex challenges?

11. Johansson, F. (2017) *The Medici effect, with a new preface and discussion guide: What elephants and epidemics can teach us about innovation*. Boston, Mass: Harvard Business Review Press.

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# Innovating within complex adaptive systems

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At the RSA, we believe that when we think about the pursuit of progressive social change, we should care as much about how we achieve that change as about the goals we pursue. There are two broad challenges that this presents. The first is developing the ability to think systemically and see the wide range of actors and influences around a particular issue. This clearly speaks to the complexity of social issues and the fact that achieving change in a world ever more defined by complexity is difficult. Often a solution is agreed for a particular issue in isolation from this wider systemic context.

The second is developing the capacity to act like an entrepreneur to overcome path dependency. Typically underpinning the implementation of solutions, path dependency is the reliance on and rigid adherence to previous decisions and linear implementation plans. By the time a solution has been designed, a plan developed and policy and budgetary sign-off received, the system conditions impacting the issue have often evolved and changed. This is the nature of such complex social issues we are working to address. We argue that to effectively address these challenges we need agile, iterative and responsive means of implementation, not a perfect plan.

System leadership is all about collaboration and convening, bringing the constituent parts together to see the whole. How we collaborate in these increasingly complex, networked times is of vital importance to all in the public services. It relies on working together towards a shared goal through consensus. This is the utopian idea of 'joined-up government' that has historically struggled to make the transition from the stakeholder roundtable to genuine joint-working on the ground. We should not therefore assume that collaboration is as simple as bringing stakeholders together and that problem-solving will ensue. The process by which a multi-agency group works together is rarely examined, but it is ultimately the relational dynamics that foster or foil a collective commitment to change. And at its worst, collaboration can foster new pyramids of hierarchical power and authority aside from those existing in more formal bureaucratic structures.

We see that those organisations that are working effectively to achieve social change, deploy an ongoing, collaborative, iterative process. This is not one that proceeds in a traditional linear fashion with a clear start and end point, a process often stifled by project plans and governance. It is one characterised by a rebalancing of relationships, judicious risk-taking, the

development of a supportive culture, and a recognition that not working across traditional boundaries is not an option. These are the factors we found in our research as the areas we looked at were, in one way or another, moving beyond traditional approaches to partnership working and experimenting with new approaches.

Our insights from cultural theory – which states that sources of power in any social context lie in the actions of the individual, the community and the hierarchy – map clearly against the findings in this research. The entrepreneurial edge focuses on liberating the agency for change within individual staff and citizens; the shared ethos focuses on developing a solidaristic response to an issue; and the system focus addresses the hierarchical and systemic challenges. We argue that for places to successfully work in partnership they need to be cognisant of these sources of power and cultivate them equally. The emerging framework will help with this.

Collectively, we label our approach as the need to ‘think like a system and act like an entrepreneur’, and it forms our emergent way of thinking about how to achieve the change we want to make in the world. We recognise that making change in systems as complex as – say – health and social care may seem insurmountable, especially when compounded by ongoing financial challenges. Think like a system, act like an entrepreneur is an attempt to provide a finer-grained approach, comprising a number of insights, tools and techniques to help people more effectively tackle these complex challenges.

As one interviewee told us: “If you look at the projections for the next few years, I don’t think there is any other way than working as a system. I don’t think any one organisation can solve the problems facing us.” The places we saw that were working most effectively together were demonstrating clear system leadership of place backed with the flexibility to respond rapidly to changing circumstances. We think this is crucial to the improvement of public services. As such, we would be interested to work in more depth with a number of areas to explore what this might mean for their organisation, community and citizens and how it could lead to better public services.

### **Taking this work forward**

In earlier work the RSA has explored the concept of social capital in which the networks, norms and values that bind people can be strengthened or weakened depending on the activities or events taking place in any given community at any point in time. By viewing a multi-agency partnership as a community drawn around a system – such as criminal justice, education or mental health – we are interested to explore the idea that this sense of ‘capital’ can be applied to a partnership setting.

This work has confirmed many of the building blocks on which successful partnerships are based. Codifying these in a concept of partnership capital could help local partnerships and collaborative working arrangements think through the conditions in which it can be created or destroyed, and apply this learning framework in their own context.

We think that actively taking a system focus, building a shared ethos and developing an entrepreneurial edge will lead to the creation of partnership capital. We are keen to work further with areas to explore whether partnership capital translates, ultimately, into better programmes of work and better outcomes.

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# Overall recommendations

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## **For political and managerial leaders in councils**

- Use the factors in the ‘Transforming Together Framework’ to review whether there are areas that might need more attention in your key transformational partnerships.
- Ensure your key leaders have the skills and attitudes necessary to lead major transformations with other public sector leaders.
- Recruit and retain key managers and staff for their attitudes and actions as much as for their qualifications and experience.

## **For public services partnerships**

- Use the factors in the ‘Transforming Together Framework’ as a review tool in your partnership, to see if there are areas that might need more attention.
- Consider how you might further develop your key leaders’ skills to support them in transforming systems together.

## **For the governments and other national organisations**

- Work across government departments to develop a coherent approach to the whole public sector.
- Join up with other key national partners to create an integrated national environment that local areas can mirror.
- Consider individually, and across systems, how you might encourage and enhance the achievement of more public service partnership innovations in local areas.
- Use the same local geographic boundaries for different partnership initiatives across the whole public sector.

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# Case studies

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## Surrey Carers Partnership

### Building a coalition of the willing

The Surrey Carers' Partnership aims to provide support and appropriate services for unpaid carers supporting their relatives and friends. "Our vision is empowering carers, allowing carers to take control of their own destiny."

The partnership has developed over many years to involve over 100 organisations, including Surrey county council, the six local clinical commissioning groups, the ten local health providers, GP surgeries, pharmacists and voluntary organisations.

"We are an integrated team. We walk integration. We have the commitment to work together across boundaries to make things happen. We have senior permission from on high right across the organisations."

Debbie Hustings, the partnership manager employed by two of the local clinical commissioning groups, stressed the importance of "working with the willing", rather than bullying organisations into being part of the partnership. "We work with the organisations that are ready for the journey, and bring along the others when they are ready. You can't push them. It doesn't work." The partnership encourages each organisation to develop its own carers' action plan: "We throw ideas out. We are not prescriptive about what organisations should do."



### Putting service users in the driving seat

In the Surrey carers' partnership, carers themselves direct the priorities for action. For example, carers form 75 percent of the membership of the board of one of the key voluntary organisations, Action for Carers.

As their chief executive explained: "Our vision is empowering carers, allowing carers to take control of their own destiny. We have action for carers, with carers."

He emphasised the need for leaders to understand the many different needs users might have. "There are so many different types of carers. For example, we recently had an event for Nepalese carers: there are many retired Ghurkhas living in the area."

In the Surrey young carers partnership, the young carers themselves run workshops at partnership meetings: "If a young carer asks you to do something it breaks the barriers down. It really has an impact."



### **Assessing progress, identifying issues**

The Surrey carers' partnership has developed an online 'carers' prescription'. It is a quick and straightforward way of people from many different agencies referring a carer for appropriate support from a menu of possible services.

"It takes people two minutes to complete. Previously some of the applications for services were nine pages long."

Many different agencies use it, such as GPs, hospitals, social care agencies, pharmacists, and voluntary organisations. The partnership manager tightly monitors the data to see which agencies have been using it, and who in particular within the agency. She is then able to pinpoint agencies and people that need to be encouraged to make more use of the tool.



### **Cheshire Shared Care Records**

#### **Creating connections**

The Cheshire shared care record project involves two councils, three clinical commissioning groups, three local hospitals, the mental health trust and 92 percent of local GP practices.

Guy Kilminster, the interim project lead, described the importance of bringing the right people together to create a coherent approach. "When I started the IT functions in some of the different organisations, they were completely disconnected from everything else. We had IT bods working away. But did they know what the frontline workers need in terms of their technology and how the information was being used?"

"There were many different IT providers and systems across Cheshire. They were not working together across the three different transformation programmes. There were commissioning IT leads in health not working with each other and none of them talking to the council IT people or vice versa."

"I called a meeting of all the IT professionals. We had about 40 people in the room. They said: 'we should have done this ages ago'. Overall they recognised that they needed to be working more closely together. They discovered that they might have different systems, but they all had similar needs and issues."

"From this we set up the digital steering group and that took the lead in identifying what needed to be done, what were the issues. And we created the digital roadmap, ready to be picked up through the sustainability and transformation plan."

"The key role I played was as a facilitator and a door opener. Getting people with the right expertise talking to each other."

For more details about the Cheshire shared care records see: <https://www.cheshirecarerecord.co.uk/>



## Cheshire East's Emotionally Healthy Schools

### Learning by doing

In Cheshire East, a partnership is developing better support for children to be resilient and 'mentally healthy' by creating 'emotionally healthy schools'. Those involved include the council, the clinical commissioning groups, the child and adolescents' mental health service, headteachers and voluntary organisations.

The partnership started with a pilot scheme in six secondary schools chosen to reflect a geographic and socio-economic spread across the area. Salford University are involved in the evaluation. Later in 2017, having learnt from the pilot, work will begin in the other schools across the area.

The project aims to support schools in becoming better equipped to deal confidently with the emotional health of their pupils, and to provide pupils with a graduated and co-ordinated response to their mental health issues.

Pilot activity included developing support materials, systems and tools for monitoring and assessing pupil wellbeing, training for key pastoral staff, support and consultation for school staff, new pathways for referrals and targeting work with more vulnerable students.

As one interviewee observed: "It is pretty unique in its nature, scope and formality. There is not a mandate for schools to engage in this sort of thing. The project evolved. We had the same shared outcomes. We were pragmatic. There was give and take, we built consensus."

The council project leader recommended making short plans. However, some partners were less comfortable with taking a flexible approach: "The shape of the idea changed quite drastically over time. It became much bigger. Lots of the objectives became blurred. People had different priorities. We would have preferred more clarity."



## Cheshire East Homeless Mental Health Discharges

### Taking the initiative across middle management

In Cheshire East, council staff were concerned that the local hospital's mental health ward was discharging homeless people on a Friday afternoon, making it difficult to provide them with accommodation, given the short notice.

To resolve the problem, the council's strategic housing lead contacted the hospital matron, and discovered that health service staff had a misconception about what accommodation was available.

The two managers agreed to organise a workshop together, with everyone round the table, to understand each others' issues better: "It was an open and honest discussion. An expert facilitator who had knowledge of what other places were doing supported us. We discussed practical solutions and agreed to set up a protocol."

As one of the hospital workers explained: "We looked at how we could support each other and support the patient. We mapped the patient's pathway. We developed a flowchart, which set out who linked into who. We've come up with a cost effective solution. And we've established a relationship. We can signpost and support each other. We've put a face to other services."



## Monnow Vale, Monmouthshire

### Making integration work in practice

Monnow Vale health and social care services for older people have been integrated for ten years, jointly funded by Aneurin Bevan health board and Monmouthshire county council.

There are a 19 hospital beds as well as community services such as nurses, occupational therapists, physiotherapists, home care staff, social workers, day services, reablement teams, a day hospital, a memory clinic and out patient services. Staff work across the service, for example, they might work on the ward as well as in community services.

The integration has happened over time, moving from co-location to integration. Staff are employed either by the health board or by Monmouthshire county council, so have different terms and conditions, but are managed under one structure.

As Eve Parkinson, the integrated services manager explained: “Across Monmouthshire we have put a lot of time and effort into integrating services. It is hard work. Some other areas locally have tried to integrate and there has been resistance from the workforce. But here we had permission from the leaders. Perhaps in other areas there is a lack of trust.”

“Staff are very happy. They love the way that it works. Some who have moved away for jobs in other areas tell us they can’t believe how difficult it is to work when, for example, you can’t get hold of a nurse. Here you just ask for help, you don’t have to refer someone, and fill in lots of paperwork.”

“We maybe have five or six people on our waiting list, and they will be seen in a week. If it is a crisis they will be seen that day. In other areas there are huge waiting lists, for example for occupational therapy services. People don’t have to be referred by a GP. Anyone can walk in, or refer someone. We are there for the people.”

“There are so many silos across a complex system, with people operating in their own little bubbles. Whereas we have a bubble at Monnow Vale, but it is a bubble where everything has been tipped into that bubble.”

The Monnow Vale partners have signed a Welsh Government ‘section 33 agreement’ that set out the obligations and responsibilities of both parties. The agreement is legally binding so it gives the integrated working a sense of safety and security in planning for the long-term. If one of the organisations wants to change it they have to go back to the Welsh Government. Smaller changes can be made by the agreement of the partners.



## Mardy Park in Abergavenny

### Focusing on what's best for local people

Mardy Park is an integrated health and social care facility centre that provides wellbeing, care and support for a wide range of people in the north of Abergavenny. The centre has a huge range of services located in one place, including, reablement, therapy, nursing and social work support, day and community activities.

Working together, all those at the centre aim to: “recalibrate our relationships with individuals and communities. In this way we will ensure resources are available at the right time, in the right place, whilst making best use of existing gifts, skills and talents.”

The purpose of Monmouthshire Social Care and Health is to: “Help people to live their own lives by concentrating on what matters to people, focusing on assets and strengths we work alongside individuals and their families to find imaginative solutions to the situations they face.”

The support was developed “ground up”, through consultation with the local community: “We started by talking to the community, not by writing a project plan. We had 400 people at an open day with tea and cake where we asked local people what they wanted. We learned this included community gardening, crèches, volunteering opportunities, a community café.”

The original aim was to create more community resources to support older people to reduce loneliness and isolation. “We found there were masses already and what was missing was the ability to knit and weave these together.”



## South Tyneside and Canterbury, New Zealand

### Learning from elsewhere

South Tyneside is the only area in Europe working with Canterbury New Zealand, supported by the Kings Fund. Canterbury has been working in an integrated way for some time and now advises others around the world in doing the same.

Leaders from Canterbury are helping the health and social care partnership to create an effective alliance.

“The New Zealand stuff is fascinating and an example of what is to come in South Tyneside. In the past we had quite transactional partnership arrangements. The New Zealand work shifts you towards a much more transformational relationship where we are not bound together by targets or rules, but bound together by the values and outcomes that we want to achieve.”

Martin Swales, the council chief executive, added: “We have a mutually supportive and ambitious health partnership in South Tyneside. The English Indices of Deprivation articulate the health challenges our communities face, yet we do not allow the evidence to form a rationale for anything but aspiring to the very best services, wherever in the world that learning takes us.”

For more details see: <https://www.southtyneside.gov.uk/article/38350/Councillors-and-committees?id=27952>



## South Tyne and Wear Waste Management Partnership

### Committing for the long term

South Tyne and Wear waste management partnership is a partnership between three councils: Gateshead, South Tyneside and Sunderland. The councils have made a 25 year commitment to work with each other. Together they employ a private sector contractor, SUEZ.

The aim is to save the authorities at least £200 million over 25 years, and to avoid using landfill: “We needed the three authorities to co-operate to make the investment worthwhile.”

The scheme attracted PFI funding from DEFRA and took five years of preparation before the contract went live.

The project leaders spent a lot of time convincing politicians and others to support the scheme, and overcoming all the barriers. As one commented: “You have to make sure the drive is there.”

Martin Swales, South Tyneside council’s chief executive added: “We have confirmation of the long-term benefits to be gained from measured risk-taking in the public-private sector. Working across three councils also means winning the hearts and minds of residents of three different areas. The evidence now speaks for itself, with transformational outcomes in terms of waste going to landfill now at less than one percent: a real success for councils, residents and the environment.”

For more details see: <http://www.sita.co.uk/services-and-products/local-authority-customers/public-private-partnerships/south-tyne-and-wear>



## Brighton and Hove

### Supporting politicians leading partnership innovations

In Brighton and Hove, the council leader, Warren Morgan described how councillors were leading two very successful partnerships delivering innovations.

“The private rented sector here is like the wild west. So we have appointed a lead councillor for the private rented sector. She has set about her brief with vigour and has brought together the universities and a whole load of other parties, even the private sector landlords, in something that has been branded as ‘rent smart’. We are increasingly engaging with the market, setting standards, setting minimums, opposing outrageous fees, making sure people have got a trusted place to go.”

“We’ve also appointed a lead councillor for rough sleepers, who is bringing together all the different people and organisations around that issue. We have an innovative campaign called ‘make change count’, which has brought all the organisations dealing with rough sleepers together and created one fund that they share. Instead of giving change to people on the street, it encourages people to give money to initiatives to tackle rough sleeping. It’s a good example of where we have taken a civic leadership role.”

### **Deeply understanding the issues**

The Brighton and Hove Community Banking Partnership brings together many local organisations that provide advice and support around debt, including Money Advice Plus, the credit union and local banks.

The council commissioned a report from Toynbee Hall that recommended setting up the community banking partnership to provide a coherent approach to dealing with poverty locally. As one of the key partners commented: “That brought about some interesting research about the issues, really drilling down and finding out about what the specific problems people are facing, why people get into debt.”

“Most of the lead council officers made a massive effort to understand things like the nature of advice. They really did their homework, became as knowledgeable as they could about the subject, in order to broker these arrangements.”



### **The Wigan Deal**

#### **Investing in the community**

Wigan Council wants to support more individuals and community organisations in becoming more independent and resilient. It wants to encourage them to lead healthier lives, to reduce the dependence on public services. “As we shrink we want the community to grow.”

As chief executive, Donna Hall explained: “In 2011 we realised that we need to do something quite radically different, and ‘the deal’ was our internal response and our external partnership response. We needed to work on a consistent demand reduction strategy, and that is what ‘the deal’ is. It’s a holistic strategy. It permeates everything we do. It’s about local people’s rights and responsibilities.”

Another senior manager added: “By engaging people within their local communities we’ve found that it has reduced demand because people are getting much more of what they want. Previously they were just getting what we were providing.”

One aspect of ‘the deal’ is a ‘community investment fund’ that has invested £7.5 million in local community organisations over four years. “We blew up the grants structure and said we are not going to do it like this anymore. Now people put forward a proposal for investment. People now feel they are now being invested in. It helps with the sustainability strategy. They know they are an organisation that we believe in.”

As one of the council’s senior managers explained: “We co-design activities with the community. We facilitate. It is more of a mindset than an action. We give the space for other people to come forward. We don’t jump in: we are learning to listen more.”

The organisations that have benefitted described the impact of being invested in: “Before we had loads of money. But in other ways they have given you more. They email us with information about other funding sources. I tell them: ‘This is the best thing you have ever done’. We do so much with people that no one else can be bothered with.”

The approach, combined with the council’s other strategies, appears to be working well. “We’ve had a 52 percent increase in local people’s satisfaction with council services since austerity started because we are listening harder. We used to be a very paternalistic organisation. We

would do things to people not with people.”

And the council leader, Lord Peter Smith, reflected: “If we got more money now, we wouldn’t go back to what we were doing. What we are doing now is more effective, people have better outcomes.”

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# Appendix: Methodology and Interviews

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This study examined the key leadership actions that council senior managers might take to achieve more significant innovations with their public sector partners more quickly.

It was conducted with councils and their public sector and voluntary organisation partners in Brighton and Hove, Cheshire East, Monmouthshire, South Tyneside, Surrey and Wigan.

The areas were selected because of their reputation for achieving cross public sector innovations, whilst being mindful of the need to have a mix between council type, political leadership and geographical location. In some areas just one major partnership was studied, in others two or more. Some partnerships involved one or two main partners, and others many more.

In each area the researchers first interviewed the senior council officers leading the partnerships, then their partners. The researchers also interviewed five of the councils' political leaders. At the end of the interviews, the researchers met the council senior managers to feed back and discuss their findings.

The authors would like to thank all the organisations and interviewees who contributed to this study.

## **Brighton and Hove**

Cllr Warren Morgan, Leader, Brighton and Hove Council

Geoff Raw, Chief Executive, Brighton and Hove Council

Nick Hibberd, Executive Director Economy, Environment and Culture, Brighton and Hove Council

Pinaki Ghoshal, Executive Director Families, Children and Learning, Brighton and Hove Council

Abraham Ghebre-Ghiorghis, Executive Lead Strategy, Governance and Law, Brighton and Hove Council

Rob Persey, Executive Director, Health and Adult Social Care, Brighton and Hove Council

Larissa Reed, Executive Director, Neighbourhoods, Communities and Housing, Brighton and Hove Council

David Kuenssberg, Executive Director Finance and Resources, Brighton and Hove Council

Debra Humphris, Vice Chancellor, Brighton University

Adam Tickell, Vice Chancellor, Sussex University

Lisa Bell, Superintendent, Sussex Police

Imogen Forbes, Chief Executive, Citizen's Advice  
Jessica Sumner, Chief Executive, Brighton and Hove, Age UK  
Sally Polanski, Chief Executive, Community Works  
Caroline Ridley, Chief Executive, Impetus  
Jackie Gibb, Money Advice Plus  
Gary Walsh, Chief Fire Officer, Sussex Fire and Rescue  
Martin Harris, Chief Executive, Brighton and Hove Bus Company  
Andrew Comben, Chief Executive, Brighton Dome and Brighton Festival  
Nick Juba, Chief Executive, Brighton College

### **Wigan**

Cllr Lord Peter Smith, Leader, Wigan Council  
Donna Hall, Chief Executive, Wigan Council  
Alison McKenzie Folan, Deputy Chief Executive, Wigan Council  
Rebecca Murphy, Partnership Director, Integrated Care Organisation  
Nicola Rigby, Engagement Manager, Wigan Council  
Shirley Southworth, Director, Fur Clemt  
Paul Lynch, Assistant Director for Strategy, Wigan Clinical  
Commissioning Group  
Lynn Hayes, Director, Green Grass Community Hub  
Barbara Nettleton, Director, Sunshine House  
Will Blandamer, Assistant Director Partnerships, Safeguarding and  
Reform, Wigan Council  
Kathryn Rees, Assistant Director Transformation, Wigan Council

### **Cheshire East**

Cllr Rachel Bailey, Leader, Cheshire East Council  
Gill Betton, Head of Children's Development and Partnership, Cheshire  
East Council  
Jonathan Potter, Head of Service, Preventative Services, Cheshire East  
Council  
Guy Kilminster, Head of Health Improvement, Cheshire East Council  
Jerry Hawker, Chief Officer, East Cheshire Clinical Commissioning  
Group  
Fleur Blakeman, Programme Director, East Cheshire Clinical  
Commissioning Group  
Karen Carsberg, Strategic Housing Manager, Cheshire East Council  
Kate Chapman, Matron, Millbrook Unit, Macclesfield District General  
Hospital  
Keith Simpson, Headteacher, Middlewich High School  
Clare Holmes, Young Person's Mentor, Middlewich High School  
Emma Leigh, East Cheshire Clinical Commissioning Group  
Rob Edmondson, Adelphi Ward, Millbrook Unit, Macclesfield District  
General Hospital  
Rob Lupton, East Cheshire Children and Adolescent Mental Health  
Services  
Alistair Jeffs, Director of Commissioning People, Cheshire West And  
Chester Council  
Ann Wright, Chief Executive, Just Drop In  
Sandi Marshall, Chief Executive, Visyon  
Andy Mills, Public Health Consultant, Cheshire East Council

## **South Tyneside**

Cllr Iain Malcolm, Leader, South Tyneside Council

Martin Swales, Chief Executive, South Tyneside Council

John Pearce, Director of Children's, Adults and Health Services, South Tyneside Council

Tom Hall, Public Health Consultant, South Tyneside Council

Dr David Hambleton, Chief Officer, South Tyneside Clinical Commissioning Group

Christine Briggs, Director of Operations, South Tyneside Clinical Commissioning Group

Andrew Whittaker, Corporate Lead Area Management, South Tyneside Council

Tony Alder, Corporate Projects Director, Gateshead Council

Anna Bell, Regional Manager, SUEZ

## **Monmouthshire**

Cllr Peter Fox, Leader, Monmouthshire County Council

Bronwyn John, Integrated Services Manager, Aneurin Bevan University Health Board

Nicola Needle, Changing Lives Lead, Monmouthshire County Council

Ash Morgan, Local Area Co-ordinator, Monmouthshire County Council

Sian Miller, Head of Primary Care, Aneurin Bevan University Health Board

Sharon Martin, Living Well Manager, Merlin Housing Association

David Jenkins, Chair, Aneurin Bevan University Health Board

Matthew Gatehouse, Policy and Performance Manager, Monmouthshire County Council

Eve Parkinson, Integrated Services Manager, Aneurin Bevan University Health Board

## **Surrey**

John Bangs, Carers Strategy and Development Manager, Surrey County Council

Debbie Hustings, Partnership Manager (Carers), NHS Guildford and Waverley, East Surrey and Surrey Downs Clinical Commissioning Group

Sonya Sellar, Area Director Mid Surrey, Surrey County Council and Co Chair Carers Commissioning Group

East Surrey and Surrey Downs Clinical Commissioning Groups

Janice Clark, Carer Ambassador and Co Chair Carers Commissioning Group

Jamie Gault, Chief Executive Officer, Action for Carers Surrey

Kathryn Telford and Jayne Low, Carer Practice Advisors

Ron Critcher, Carers Policy Officer, Surrey County Council

Karen Massetti, Head of Quality Nursing, CSH Surrey

Jo Embleton, Deputy Director of Nursing, Royal Surrey County Hospital

Erica Frohlick, ESD Co-ordinator/Stoke Specialist Nurse, CSH Surrey  
(email input)

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