What have other organisations learned about the key elements of creating a high performing productive integrated team?  
What works and what doesn’t.

Summary

Effective team integration seems to depend on good leadership and staff training, with a clear whole team goal to motivate and also retain staff, though co-location can help. I have included examples from both health and the wider workforce where they demonstrate impact.

The main factors identified in this search, influencing the success or failure to integrate teams, were as reported in The Health Foundation’s Cross sector working to support large-scale change (2012):

- Leadership and vision
- Culture and attitudes
- Staff roles and training
- Infrastructure and processes

The search revealed two significant reports specifically in the health and social care context: Evidence review - integrated health and social care – a Skills for Care discussion paper (2013) is a review of evidence for “effective workforce practice in integrated health and social care services”. Social Care Institute for Excellence (SCIE) ‘s Factors that promote and hinder joint and integrated working between health and social services (2012) considers both sides of the question.

A paper from the King’s Fund in 2013 Making integrated care happen at scale and pace is a practical guide on how to integrate health services effectively.

Several articles cover the HR aspects and emphasise that the key to better integration is not just co-location of teams but that it is also necessary to focus on leadership, training of individuals and working practices, such as to by-pass the hierarchy, illustrated by Gore’s “lattice organization structure” The CIPD has an interesting factsheet: The psychological contract (2014) which explains that this “may be more influential than the formal contract in affecting how employees behave from day to day”.

Another literature review by S. Maslin-Prothero and A. Bennion (2010) found that “to encourage integrated working there is a need for strong management of integrated teams, adequate resources and clear standards for monitoring”. A common goal for an integrated team to be effective was also
emphasized in the article focussing on the construction industry. The characteristics of and cornerstones for creating integrated teams (2013)

Within health alone there were several case studies in the mental health field where care teams work across organisational boundaries.

A couple of integration tools are included as they could prove useful in identifying where and how weaknesses of teams could be improved.

Sources searched:
Emerald database
NHS evidence HDAS
Google Scholar
PubMed

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