Evidence tables for review question E2: Based on the views and experiences of everyone involved, what are the facilitators and barriers to integrated working between registered social workers and other practitioners to support adults with complex needs?

Table 9: Evidence tables – qualitative evidence

Study details	Methods and participants	Results	Limitations
Full citation Abendstern, M., CMHTs for older people: team managers' views surveyed, Journal of Integrated Care, 22, 209-219, 2014 **Ref Id** 1220526 **Country/ies where the study was carried out** UK **Study type** General qualitative inquiry. **Study aims** To find out from the views of team managers, how community mental health teams worked, and what is important to the delivery of good practice. **Study dates** 2009.	**Recruitment strategy** A national survey sent to Community Mental Health Team managers. No further details provided. **Setting** Community Mental Health Teams. **Participant characteristics** N=225 Community Mental Health Team managers (of teams that included a social worker). **Data collection and analysis** Data collection Data collection were part of a larger anonymous service evaluation. Free text responses were used from a national survey sent to Community Mental Health Team managers. Data analysis Content analysis of free text survey responses. Three researchers were involved in coding the responses. Themes emerged by dividing statements into content areas.	**Findings (including author's interpretation)** <u>Staffing and teamwork</u> It was reported that clarity around professional roles was needed, and that role blurring was wasteful of skills and expertise. It was suggested that if teams were properly resources, role blurring would not be an issue. "Nursing team model keeps role as a practising clinician and not have time taken away from this in doing a social work role. Avoids dilution of mental health nursing skills, facilitates team to provide service to primary and secondary care." "We have tried mixing and matching social workers and nurses however due to staff shortages we have gone back to doing what we know best." p.213. <u>Management and supervision, documentation and location</u> Respondents thought having a single team manager was needed for integrated health and social care teams. Management without a single manager for the whole integrated team was described as "difficult" and "messy." p.214. The lack of a single shared database system was said to create inefficiency and extra work for social workers who often had to input data onto two systems. '"Having to record on different systems takes away from time available to spend on clinical work, particularly for social workers, having one system of recording patient information is preferable to	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the author has justified why the method chosen would help meet the aims of the study. **4. Was the Recruitment strategy appropriate to the aims of the research?** Can't tell, the author has stated that the survey was sent to Community Mental Health Team managers, but has not explained why they were chosen in particular and why their views are best placed to reflect good practice. **5. Was the data collected in a way that addressed the research issue?** Yes, methods of data collection are clear, but no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** No, there is no information regarding how the survey questions were formulated or whether

Study details	Methods and participants	Results	Limitations
		ensure all patient information is in one place and reduce the level of recording". p.214	researcher bias was considered during formulation of questions. **7. Have ethical issues been taken into consideration?** Yes, approval was received from the National Research Ethics Service for the larger service evaluation, from which this study uses data. **8. Was the data analysis sufficiently rigorous?** Yes, methods of data analysis are detailed and it is clear how the themes were derived. The author describes 3 researchers taking part in the analysis process. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable, the author has considered how the findings contribute to existing literature. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor. **Source of funding** Not industry funded (grant by National Institute for Health Research). **Other information** Total number of Community Mental Health Team respondents was 376. 60% (225) of those had at least one social worker as part of the team. Data was extracted for responses specific to social workers and social care only. Data collection in 2009, which is 1 year before the publication date limits set in the protocol.

Study details	Methods and participants	Results	Limitations
Full citation Abendstern, M., Social workers as members of community mental health teams for older people: what is the added value?, British Journal of Social Work, 46, 63-80, 2016 **Ref Id** 1287493 **Country/ies where the study was carried out** England, UK. **Study type** General qualitative inquiry. **Study aims** To explore social workers' contributions to multidisciplinary teams working with older people with mental ill health. **Study dates** January - August 2011.	**Recruitment strategy** Team managers were asked to provide a list of their team members by occupation. The researcher randomly chose 3 members, usually 1 from each staff group. The members were asked by their managers if they wanted to participate, and if yes they were sent relevant information and consent details. **Setting** Mental Health Trusts in England covering urban, rural and mixed communities. **Participant characteristics** Total participants interviewed: N=21 Hybrid team (co-located team but separately managed health and social care departments) interviewed n=6: Professional role types interviewed: Team manager Consultant psychiatrist Nurse Occupational therapist Social worker Integrated team (co-located and health and social care departments under one manager) interviewed n=15: Professional role types interviewed: Team manager Consultant psychiatrist Nurse Occupational therapist Social worker Support worker **Data collection and analysis** Data collection Semi-structured interviews took place, they	**Findings (including author's interpretation)** <u>Generic or specialist workers</u> In two of the integrated teams that had nurse managers, social workers reported role blurring. In the team managed by a social worker, the social worker experienced more evenly balanced role blurring The social worker from team D felt that she was protected by her manager from taking on more than was appropriate in a way the social workers in the other two integrated teams did not. "The expectation is that social workers will kind of blur . . . for instance medication, all the kind of mental health professional identity whereas . . . there's a lot of reluctance within the rest of the team to take on the social care roles". (social worker, team A). "Our manager is from a social work background, so she knows what our limitations are . . . . So . . . you wouldn't necessarily be taking on something that you wouldn't be trained to do". (social worker, team D). "There's a scary boundary that I feel that I should be very, very careful not to cross". (social worker, team A). [Quotes p.70-71] <u>Communication pathways</u> Ready access to social workers within integrated teams could increase pressure on social workers' caseloads. "No such thing as full up. We don't have a waiting list . . . I think that the new revised caseload weighting tool shows that we were far exceeding the expectations of what we should be doing. . . but . . . We just take it". (social worker, team C) p.74. An advantage of social work team membership was the ability to refer directly to	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the author explained how interviews and a thematic analysis approach would explore the role of the social worker. **4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, the author describes that the team members were randomly chosen from a range of occupations that make up the community mental health teams, although the random selection was not explained in detail. **5. Was the data collected in a way that addressed the research issue?** Yes, method of data collection is clear but no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** No, there is no mention of the relationship between the researcher and participants in the formulation of questions or data collection.

Study details	Methods and participants	Results	Limitations
	were recorded and then professionally transcribed. Data analysis 3 members of the research team were involved in data analysis. The transcripts were coded to themes. A grounded theory approach was taken for the analysis, with subjective interpretations open for challenge.	social workers where social care input was needed. This meant both a faster referral to and response from social workers. "You are referring to a colleague, which is a lot quicker because you are not sending it out of the office, onto a waiting list". (manager of health staff). "I think the integration for the service user has possibly made it quicker . . . for different disciplines to become involved . . . because we haven't got an external referral system . . ..You can come back and you can have the discussion . . . so that process has quickened up now because it's all within the team". (social worker, team C). [Quotes p.74] The informal access and communication that social work membership enabled meant that discussions could take place at an early stage rather than only at the time when decisions needed to be made. This was reported as promoting reflective practice and aiding decision making. 1) In relation to working with an approved mental health professional: ". . . very useful in having some of the discussions about at what stage would we need to think about using the Mental Health Act for somebody in the community who has dementia . . . to have that sort of conversation is invaluable". (consultant, team A). 2) The work would "flow much better" and that the "person in the middle knows exactly where they are". (social worker, team D). [Quotes [73-74] <u>Social work identity, knowledge and qualities</u> Community Mental Health Team social workers were recognised as having undergone a degree of specialist training	**7. Have ethical issues been taken into consideration?** Yes, ethical approval was granted by the Cambridgeshire Research Ethics Committee. **8. Was the data analysis sufficiently rigorous?** Yes, there was an in-depth description of the analysis process, and the author describes that 3 researchers were involved in the analysis to avoid bias. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable, the researchers have provided information for the implication of the findings for service users and community mental health teams. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor. **Source of funding** Not reported.

Study details	Methods and participants	Results	Limitations
		which those outside the teams tended not to have had. There was concern if the team did not understand mental health.	
Full citation Aspinal, F., Outcomes assessment for people with long-term neurological conditions: a qualitative approach to developing and testing a checklist in integrated care, 4, 2014 **Ref Id** 1220816 **Country/ies where the study was carried out** England, UK. **Study type** General qualitative inquiry. **Study aims** To understand models of integration in neurorehabilitation teams for adults with long term neurological conditions, and to explore views on an outcomes checklist. **Study dates** 2010 to 2012.	**Recruitment strategy** Primary Care Trusts were invited to participate if they have a neurorehabilitation team (NRT) that was based in a community setting. An initial interview was taken with a key contact in each case study site. Snowball approach then used for sampling. The key contact identified other staff members involved in commissioning services for adults with long-term neurological conditions (LTNCs). All subsequent interviewees were asked to identify relevant individuals to approach. Organisational staff, NRT staff and staff they were integrated with, people with LTNCs and their carers were all asked to participate using the snowball approach. **Setting** 4 Primary Care Trusts in England. **Participant characteristics** Total participants interviewed or took part in focus groups (from sites A and B) N=66 NHS organisational staff, n=4 Social care organisational staff, n=2 NRT team staff, n=27 non-NRT staff, n=2 People with LTNCs, n=25 Carers of people with LTNCs, n=6 **Data collection and analysis** Data collection Participants were given the choice of a face-to-face or a telephone interview. Interviews were audio recorded and transcribed verbatim. Participants were given the option to view their transcript. Interviews lasted	**Findings (including author's interpretation)** <u>Practice-level (micro) influences</u> In site A, bureaucratic referral processes between health and social care, and waiting times for social care assessments, created delays for people with long-term neurological conditions in getting access to services. Team integration could be hindered when the team responsibilities were being line-managed outside the team. Despite formal integration between health and social care, administration procedures and information technology systems remained separate and different contractual arrangements for health and social care staff within the team led to a perceived divide. Difficulties were reported during referrals to other services when there was a limited understanding of the different roles and responsibilities that different services and professionals adopted. Different legal responsibilities and different approaches to care between health and social care staff were all seen to impede integrated working. Co-location was reported as a helpful factor for team integration in both sites. Having a multidisciplinary clinic situated in a local health and social care centre was valued and said to provide access to a range of disciplines. Integrated sites reported team meetings as useful opportunities to share information within teams.	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the author describes how they decided which methods to use. **4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, the author describes how and why the participants were chosen, there are also discussions around why some chose not to take part. **5. Was the data collected in a way that addressed the research issue?** Yes, the author describes the methods of data collection and has justified why they were chosen. There is mention of the use of a topic guide for the interview structure, and also mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** Yes, the author has considered bias during data collection and has described the methods taken to counter interview bias.

Study details	Methods and participants	Results	Limitations
	between 30 minutes and 1.5 hours. Participants were recruited and data collected until data saturation was achieved. All people with LTNCs and carers of people with LTNCs chose face-to-face interviews. People with LTNCs and carers were given information about support organisations at the end of the interview. NRT staff took part in focus groups which were held in the NRT's office and last 1.5 hours. They were audio-recorded and transcribed verbatim. For people who did not consent to audio-recording, the responses were captured by field notes and analysed alongside the transcripts. Data analysis A thematic framework approach was taken for data analysis. Frameworks were developed using the topic guide and themes emerging from the data. Data from transcripts were mapped onto framework and the research team discussed them throughout to ensure accuracy.	The social worker in the integrated team was seen to be essential in enhancing a holistic team perspective as well as providing a link with social care. Having regular interdisciplinary work-based training within the team was felt to facilitate integrated working by promoting a holistic view of care. "It's very much presenting the whole person back [as] an individual case study, and how the individual elements affect the outcome of what we're doing and the goals that we're working towards and whether they're achieved or not achieved". (NRT9B) p.45. <u>Organisational-level (macro) influences</u> In one integrated site, organisational staff described the culturally distinct nature of health and social care as being a barrier to integration: different political agendas, different financial systems, different approaches to care, and different commissioning structures. Structures that hindered integration at the organisational level included separate finance and accountability systems. NHS restructuring mean that joint forums that has facilitated integrated working had ended. "Now those meetings have come to a grinding halt, again, because there's so much crisis at the upper levels, and key personnel are missing. So all the personnel who I said would have absolute responsibility, and there were four of them, are no longer with us, so we have got this huge hole at a strategic level at the moment". (organisational staff social care) p.44. Developing relationships was key to maintaining integrated working and was	**7. Have ethical issues been taken into consideration?** Yes, ethical approval was granted by the University of York's Humanities and Social Science Committee and the Research Ethics Committee (REC) for Wales. (The location of the REC was chosen because it reviewed a previous study to which this research was linked and does not necessarily reflect the location of case sites). **8. Was the data analysis sufficiently rigorous?** Yes, the methods of data analysis are described in detail and it is clear how themes were derived. The author mentions the discussion of themes with the research team. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable, the author has described the implications of the research in policy and practice. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** No or minor. **Source of funding** Not industry funded (The National Institute for Health Research, Health Services and Delivery Research programme).

Study details	Methods and participants	Results	Limitations
		facilitated by colocation and regular meetings. Senior organisational staff suggested that relationships between agencies were a greater influence on joint working than arrangements such as contracts or pooled budgets. Participants reported shared objectives and plans were facilitators to integration. Understanding the motivations, processes and structures of different organisations was noted by organisational staff as important when working with other agencies. <u>Service processes and outcomes</u> Service users described how the team would identify functional and home-based issues, but these were broadened to the wider environment and the client's personal goals. This view was common across the teams that adopted a holistic approach to service user problems. Effective co-ordination of services and joined-up working within the team was often seen as key to finding solutions to problems. An interviewee in site A described how the team had arranged a social care assessment, helped him find assistance with domestic tasks and assisted with his application for equipment.	
Full citation Bailey, D., Liyanage, L., The Role of the Mental Health Social Worker: Political Pawns in the Reconfiguration of Adult Health and Social Care, British Journal of Social Work, 42, 1113-1131, 2012 **Ref Id** 1081608	**Recruitment strategy** Participants were selected for interview using a snowball sampling and judgemental sampling. Respondents were asked early on to name team members that could contribute a different disciplinary perspective. As the fieldwork progressed and knowledge of systematic relationships expanded, specific team members were purposively selected. **Setting** Mental Health Trusts and Local Authority Social Service Departments	**Findings (including author's interpretation)** <u>Organisational dominance</u> The lack of pooled budgets was identified as a 'system' barrier to integration. "We've always had integrated staff but we've never had integrated budgets. I've got two budgets that I've got to look at so I can't just look at one budget and think oh we've overspent here, we'll pinch from out of there, I've got to look at 2, one's social care, one's health". (team manager 1) p.1121.	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes.

Study details	Methods and participants	Results	Limitations
Country/ies where the study was carried out England, UK. **Study type** Ethnographic. **Study aims** To explore the perspectives of mental health professionals and service users on the social work contribution from a multidisciplinary point. **Study dates** Not reported.	**Participant characteristics** Total participants N=24 Team manager, n=1 Community psychiatric nurse (CPN), n=5 Link worker, n=1 Mental Health Social Worker, n=7 Approved Mental Health Practitioner (AMHP), n=2 Occupational Therapist (OT), OT Assistants and Technicians, n=2 Psychologist, n=1 Advanced practitioner, n=1 Support worker, n=1 Nurse consultant, n=1 Expert practitioner (AMHP), n=1 Consultant Psychiatrist, n=1 **Data collection and analysis** Data collection Data was collected during participant observations in 4 initial meetings with senior managers in the Mental Health Trusts and Local Authority Social Service Departments, and with two managers of the four specialist teams (crisis resolution teams, assertive outreach teams, early intervention teams and affective disorder and psychosis disorder teams). The researcher collected data over 6 months, and was immersed for two to three days a week in each team, undertaking home visits, interviews or participant observations of team meetings. Semi-structured interviews took place. The interview guides were piloted with a social worker and CPN to ensure questions were clear and relevant. Data analysis Data were analysed using a grounded theory approach. Themes were generated and the	Respondents felt a lack of service integration was due to the imbalance of power between a weak local authority and a dominant mental health trust. “We feel that Social Services just don’t figure in this organization at all. Every kind of thing we get is from health. Social Services say you are the lead agency therefore you manage the model”. (AMHP) p.1120. “There’s a very weak local authority in this area. It’s not the same throughout the Trust. In this area it’s a much more uncomfortable relationship”. (community psychiatric nurse) p.1120. “That process to move over to an Affective and Psychosis model was driven very forcibly by Health”. (AMHP) p.1120. Care co-ordination was seen as key to integrated working. Respondents felt that co-ordinator staff should retain their professional specialism. “‘I think we should remain integrated, joint working, joint teams. But I think each profession should have the opportunity to show their qualities and not make everybody the same. So I think we all should be care co-ordinators, but the social workers perhaps get the opportunity to do some of the most complex family work and the nurses get the opportunity to do the complex therapy or prescribing and the OTs get the opportunity to use their skills for OT assessments”. (CPN) p.1121. “I think an integrated team is really, really good, working kind of side by side, but I don’t think we need to be doing the same job because I think we’re losing the kind of individual skills of each profession”. (OT 1) p.1121. <u>Abandonment by the LA</u> Colleagues and managers stated that mental health social workers (MHSWs) had been	**3. Was the research design appropriate to address the aims of the research?** Yes, the author describes how an ethnographic approach would explore the aims of the study. **4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, the author describes how participants were recruited. **5. Was the data collected in a way that addressed the research issue?** Can't tell, methods of data collection are clear, however no mention of the form of the data or data saturation. **6. Has the relationship between researcher and participants been adequately considered?** Yes, the researcher piloted the questions with a social worker and community psychiatric nurse which led to changes in some of the questions. **7. Have ethical issues been taken into consideration?** Yes, ethical approval was sought from ethics committees in the NHS, Local Authority Social Service Departments and a university where the researcher was employed. **8. Was the data analysis sufficiently rigorous?** Yes, there is an in depth description of the analysis process, and the author has explained that 2 researchers were involved in the data analysis process. **9. Is there a clear statement of findings?** Yes.

Study details	Methods and participants	Results	Limitations
	coding of the data was checked by both researchers to ensure reliability and validity.	abandoned by the LASSD ..evidenced by differences in sickness absence policies through to treatment as valued professionals. There were differences in pay and conditions compared to health colleagues which reinforced the devaluing of the social work contribution in the teams. "I think it's really difficult because I manage staff that work for two different organisations. Sickness, disciplinary, appraisal policies are different . . .. The MHSWs would say they feel abandoned by their home organisation. They've said that to me on frequent occasions and I think that's quite sad . . . they do talk about this feeling like they're not wanted by their own organisation because they've been left to the mercies of the Mental Health Trust". (team manager). "I think in the last 10 years social workers have been badly let down by their leaders. I think this affects the mind-set of the social workers. I think they get into this sort of poor relation, so they always feel that they don't get the support from the LA that they'd like to get . . ., in this area they get paid less than anywhere else in the Trust that tells you what LA thinks of them really". (CPN). "I think we're forgotten sort of, . . . compared to other services within the LA and . . . think it's just we'll just let Health get on and manage that and I think sometimes, that we're setback to the LA to a degree, which is a shame". (MHSW). "I don't feel like I'm part of social services anymore, it's all health orientated. We don't feel part of health. In the same time we don't really feel part of social services because we feel almost like they don't actually want us". (AMHP). "X [name of the LA] don't seem to have a clue or a care what happens to any of the social work staff . . . I would not work for that money for those holidays. I mean the SWs are the	**10. How valuable is the research?** Valuable, the researcher has discussed how the study has contributed to existing knowledge around mental health social work. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor. **Source of funding** Not reported.

Study details	Methods and participants	Results	Limitations
		worst paid in the whole region; they're on £2,000 less every grade than anywhere else and there is no support and no training". (MHSW 5). "There are issues around pay and conditions, I can be sitting here with a nurse, she gets more annual leave than me, she gets paid more than me, the career options that are available to me as a SW are less than they would be for the nurse". (AMHP 3). [Quotes: p.1124-1125] There was also evidence of structural oppression that was reflected in social workers' perceptions of their value as professionals. "Health has the lead and they say what's going to happen. It feels more dictatorial and they say 'this is what's going to happen and we're going to do this' and the nurses go along with 'yes, ok', and then our managers go 'yes, that's ok' but no one comes to us and says 'how do you feel about x, y and z'". (AMHP) p.1124. <u>Specialist teams</u> Staff felt there was a knock-on effect of the specialisation on staff workloads. (Specialisation: community mental health teams have been replaced by the specialist teams identified in the Policy Implementation Guide (PIG). These include crisis resolution teams, assertive outreach teams, early intervention teams, and separate teams for affective disorder and psychosis disorder). Some felt this was because the policy was not clear and conflicts arose because guidelines were being followed in an ad hoc way. Staff wanted training to support the clinical specialisation but this had not been forthcoming. "'I think everybody has got amazingly busier but I can't see for what	

Study details	Methods and participants	Results	Limitations
		reason, the work was covered before but it doesn't seem to be now. So I don't understand it". (MHSW) p.1122. <u>Disciplinary contribution</u> Participants agreed that combining the medical and social models was the best approach underpinned best practice and, in this respect, the MHSW contribution was valued. "It's important to get both. I mean yes the medication will stop the mood, but the social model in mental health that means help them to build confidence to go out and meet the people and to live lives to the full. I think it's important to work together both medical and social model". (MHSW). "I would take it back and I might say to one of the SWs 'what do you think' and they would give us their benefit because they've come from a different professional background". (team manager). "Although I would have said the team didn't work from a medical model in the first place, I think having the SWs present has moved the team further towards a more social model of care because the SWs will say 'have you thought about this, have you thought about that' so it opens it up wider so I would have said that having SWs on board has improved patient care". (OT 2). [Quotes: p.1127]	
Full citation Beresford, B., Reablement services for people at risk of needing social care: the MoRe mixed-methods evaluation, Health Services and Delivery Research, 7, 2019 **Ref Id**	**Recruitment strategy** Information relevant for work package 3. Reablement services that accepted referrals of people with dementia were contacted for interview. Service leads were approached via email and telephone. They were also asked to nominate two reablement workers in their service. Those willing to participate returned consent forms. **Setting**	**Findings (including author's interpretation)** <u>Commissioners' and other services' understanding of reablement for people with dementia</u> Some service leads believed that incorrect assumptions were being made as to the appropriateness of referring a person with dementia to reablement. Misperceptions were that people with dementia may not be offered	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes.

Study details	Methods and participants	Results	Limitations
1221051 **Country/ies where the study was carried out** England, UK. **Study type** General qualitative inquiry (within a mixed methods evaluation). **Study aims** To explore the barriers to the delivery of reablement and achievement of positive outcomes for groups in generic reablement services. **Study dates** January to July 2016.	Eight reablement services in England. **Participant characteristics** Information relevant for work package 3. Total participants N=24 Service leads, n=8 Reablement workers, n=16 **Data collection and analysis** Data has been extracted for work package 3 only as other packages were not qualitative research or the themes were not relevant to barriers or facilitators to integrated working. Data collection Topic guides, one for service lead interviews and one for interviews with reablement workers, were developed by the research team, informed by existing literature and findings from WP1 (WP1 not extracted). Consent was secured before the start of the interview. Interview length ranged from 60 to 75 minutes. Interviews were audio-recorded and subsequently transcribed. Data analysis Data was analysed thematically using the framework approach. Lead author led the analysis, with other team members involved during the different stages.	reablement is it should only be offered if someone can be fully reabled, and people with dementia cannot learn new things. <u>Staff training and access to dementia expertise</u> All managers highlighted the importance of dementia training, but none of the reablement workers interviewed said that they had received training specific to reabling an individual with dementia. Managers reported training available on dementia but it was not specific to delivering reablement to this population. In one service, advanced dementia training had only been made available to senior workers. "..they do have the basic video on dementia..but it's not enough for, we need specific training on reablement with dementia.. 'cos if you don't understand dementia then you're not gonna know what to do..to reable them.." p.98.	**3. Was the research design appropriate to address the aims of the research?** Yes, the author has justified the research design. **4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, how the participants were recruited is described. **5. Was the data collected in a way that addressed the research issue?** Yes, it is clear how the data was collected. The author described the use of a topic guide and the form of the data but has not mentioned data saturation. **6. Has the relationship between researcher and participants been adequately considered?** No, the researcher has not critically examined their own role during formulation of questions or data collection. **7. Have ethical issues been taken into consideration?** Yes, ethics approval was obtained from the North East York Research Ethics Committee. **8. Was the data analysis sufficiently rigorous?** Yes, there is an in-depth description of the analysis and it is clear how the themes were derived. The author has described other researchers' involvement in the data analysis process. **9. Is there a clear statement of findings?** Yes.

Study details	Methods and participants	Results	Limitations
			10. How valuable is the research? Valuable, the researcher describes the value of the results for practice. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor. **Source of funding** Not industry funded (National Institute for Health Research)
Full citation Bower, P., Improving care for older people with long-term conditions and social care needs in Salford: the CLASSIC mixed-methods study, including RCT, Health Services and Delivery Research, 6, 2018 **Ref Id** 1221201 **Country/ies where the study was carried out** England, UK. **Study type** General qualitative inquiry. **Study aims** To understand how stakeholders such as commissioners and local authorities view the Salford Integrated Care	**Recruitment strategy** Not reported. **Setting** Salford, north-west England. **Participant characteristics** Total participants interviewed N=59 Foundation trust staff (all senior managers or programme managers), n=6 CCG staff (GPs and senior managers), n=6 Council staff (including senior management, management and public health), n=6 GP provider organisation, n=1 Mental health trust staff (all senior managers), n=3 Multidisciplinary group staff, n=27 Non-multidisciplinary group staff, n=5 Participants/carers, n=5 Data from the Integrated Care Centre was not extracted as the population under the care of this centre was not adults with complex needs. **Data collection and analysis**	**Findings (including author's interpretation)** <u>Alliance agreement</u> Respondents stated that the process of developing the Alliance Agreement (non-legal document that outlined how the organisations would work together as a system of commissioners and providers) had been as important in supporting the early development of the programme. Knowing that there was a formal process, allowed the key organisations to feel secure in decision-making. The process of development allowed the organisations time and resources to think about what they wanted to achieve, outlining risks and benefits for the organisations. They stated that stakeholder organisations were more likely to work through issues when disagreements arose. "But the benefit of the Alliance Agreement was primarily the process we went through to agree it. It was refining a shared vision. It was having the difficult conversations about, you know, what are our anxieties, what do we want to achieve. It codified the things we were setting out to do and our expectations of each other". (ID 4 senior foundation trust manager). "So it's a big deal, you know, you sort of owe the other stakeholders once you've agreed	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the author has justified the methods they have chosen. **4. Was the Recruitment strategy appropriate to the aims of the research?** No, the author has not reported how the participants were selected for interview. **5. Was the data collected in a way that addressed the research issue?** Can't tell, the author has mentioned data collection but not in sufficient detail. There is not enough detail of the form of the data or how the questions were formulated.

Study details	Methods and participants	Results	Limitations
Programme and what they expect from it. **Study dates** November 2014 to September 2016.	Data collection Transcripts from the interviews were coded and organised into themes. Data analysis Thematic analysis using a grounded theory approach was taken. Members of the team met monthly to discuss emerging themes and to agree the final stage of coding.	this. Because people will walk away without any of that control, they always have, and will do. So hence there has to be an overbearing focus on governance, it dominates everything". (ID 3 senior CCG manager) p.56. <u>Enablers of integrated care and the SICP</u> Salford already has the Salford Integrated Record, so sharing information was perceived to be a strength of the local working practices.	**6. Has the relationship between researcher and participants been adequately considered?** No, the author has not critically examined potential for bias or influence during data collection. **7. Have ethical issues been taken into consideration?** Yes, ethics approval was obtained from the National Research Ethics Service North West Lancaster. **8. Was the data analysis sufficiently rigorous?** Yes, the author has provided an in-depth description of the data analysis. It is clear how the themes were derived. The author has explained that the team met monthly to discuss the themes emerging and to agree on the analysis. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable, the author has examined the role of the findings to existing literature. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate. **Source of funding** Not industry funded (National Institute for Health Research).
Full citation Cornes, M., Joly, L., Manthorpe, J., O'Halloran,	**Recruitment strategy** Fieldwork sites were selected purposefully based on applications made to Homeless	**Findings (including author's interpretation)** <u>Collaboration on the ground</u>	**Limitations (assessed using the CASP checklist for qualitative studies). Answer**

Study details	Methods and participants	Results	Limitations
S., Smyth, R., Working Together to Address Multiple Exclusion Homelessness, Social Policy and Society, 10, 513-522, 2011 **Ref Id** 1301934 **Country/ies where the study was carried out** UK, England. **Study type** Exploratory, general qualitative inquiry. **Study aims** To explore how policy frameworks work to support people with experience of multiple exclusion homelessness, and explore the boundaries between services and different professionals. **Study dates** July 2009 - June 2011.	Link. Participants from the selected fieldwork sites were interviewed. **Setting** Three different **Setting**s were used: a housing support and homeless prevention service for offenders; a rent deposit scheme; a non-direct access hostel. **Participant characteristics** Total participants N=77 Key workers, and experts by experience (people with first-hand experience of multiple exclusion homelessness), n=32 Social workers, mental health professional, drug and alcohol workers local authority housing staff and criminal justice staff, n=15 Service managers and commissioners, n=15 Focus groups Social workers, mental health professional, drug and alcohol workers local authority housing staff and criminal justice staff, n=15 **Data collection and analysis** Data collection Data were collected by reflective interviews of key workers and experts by experience. A case study vignette was also used for further interviews and focus groups. Data analysis An exploratory approach was taken for data analysis. The host projects met regularly to discuss the findings and how they can be developed for practice.	Housing support workers and their managers found it extremely difficult to draw on the support of social workers and their employing authority. In one case where a person had a learning disability and social workers were involved, this did not lead to integrated care planning in that there was no overview plan bringing together the different aspects of support. The housing support worker reported poor information sharing and described feeling forgotten when review meetings were being arranged.	**options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the author describes how an exploratory approach will help to address the research aims. **4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, the author has explained how participants were recruited. **5. Was the data collected in a way that addressed the research issue?** Yes, the author has described the data collection method and explained that a case study vignette was used to guide the discussions, but there is no mention of the form of the data. **6. Has the relationship between researcher and participants been adequately considered?** No, the author has not critically examined their role and potential bias during data collection. **7. Have ethical issues been taken into consideration?** Can't tell, the author has not sought ethical approval, nor explained how participants gave consent nor how the research was explained to participants.

Study details	Methods and participants	Results	Limitations
			8. Was the data analysis sufficiently rigorous? Can't tell, the author has described the methods of data analysis, but has not provided detail as to how bias would be addressed. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable, the researcher has considered how the research can be used in practice. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate. **Source of funding** Not industry funded (Economic and Social Research Council funded).
Full citation Farrington, C., Clare, I. C. H., Holland, A. J., Barrett, M., Oborn, E., Knowledge exchange and integrated services: experiences from an integrated community intellectual (learning) disability service for adults, Journal of intellectual disability research: 59, 238-47, 2015 **Ref Id** 1077206 **Country/ies where the study was carried out**	**Recruitment strategy** Purposive sampling was used to recruit participants. The lead author visited each team to explain the purpose of the study and to distribute study information sheets. Members from each staff group were randomly selected and received emails inviting them to participate. **Setting** An English county. **Participant characteristics** Total participants interviewed N=24 Nurse, n=5 Therapist, n=4 Psychologist, n=3 Psychiatrist, n=1 Admin. Support, n=4	**Findings (including author's interpretation)** <u>Formal and informal knowledge exchange solutions</u> Emails and phone calls were see as useful but second-best compared with face-to-face communication. There were potentially negative aspects raised regarding a predominantly informal knowledge exchange culture, principally relating to issues of arbitrariness and sustainability. Informal knowledge exchange was seen as not fulfilling that members of the team reach all the knowledge. One healthcare practitioner mentioned the potential for information to get lost. In regards to sustainability, there was a concern that this method relies of the tacit knowledge of individual team members, the temporary absence or permanent departure of	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the author has explained that using the perspectives of team members would help answer the research question.

Study details	Methods and participants	Results	Limitations
England, UK. **Study type** General qualitative inquiry. **Study aims** To explore knowledge exchange in the intellectual disability partnership, and how it relates to the attempt to provide an integrated service. **Study dates** Not reported.	Care manager, n=4 Manager (team and service), n=3 **Data collection and analysis** Data collection The lead author conducted interviews that lasted between 30-80 minutes. They interviews were audio recorded and transcribed. Data analysis Data was analysed using thematic analysis. Academic colleagues with a range of healthcare and care management roles were consulted with for the final analysis.	these team members represents a loss of 'team knowledge'. "I feel that if [the person who works next to me is] not there and maybe I miss the next meeting or whatever, somehow the information seems to get lost". (HP1). "[s]ometimes there is information out there, which is not necessarily . . . made accessible to everybody who needs to know . . . [T]here is information with different people, [so] it's very ad hoc as to who passes on . . . what to whom". (HP2). "The Urban team only functions from a positive perspective because of the personalities in it . . . you've only got to get somebody leave and somebody else come in . . . are they going to affect the culture? I do wonder sometimes whether there is sufficient attention paid to that". (care manager). "The benefit of people being together for twenty years . . . is actually they've come up with a lot of informal kind of relationships . . . that kind of cover the way things need covering. So I've come in to formalise them, because . . . well, if [they] all do move on, I want people to [work together] not for favours but because it's the culture of the place and it's part of our policy". (urban team manager) p.244 to 245. Team meetings with different staff groups were considered to be opportunities for knowledge exchange. Informal mechanisms of exchange, such as telephone calls, personal emails, conversations, impromptu meetings were seen as supplementing team meetings. "[W]e do formally meet and have kind of multidisciplinary discussions about [service users] . . . I think it's really important for the team to have a view of what someone's problem is and how to help them . . . in a formal kind of way, get it in black and white". (HP). "[B]ecause there seems to be a lack of formal	**4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, the author has described the Recruitment strategy. **5. Was the data collected in a way that addressed the research issue?** Yes, the author has explained methods of data collection but there is no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** No, the researcher has not considered their relationship to the participants during the formulation of the questions or during data collection. **7. Have ethical issues been taken into consideration?** Yes, an opinion regarding ethical status was sought from the appropriate National Research Ethics Service (NRES) committee, which confirmed the study did not require formal ethical approval. **8. Was the data analysis sufficiently rigorous?** Yes, methods of data analysis are clear and the author sought the opinions of colleagues to validate the final analysis. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable, although the study is limited in that there are no service user perspectives, the

Study details	Methods and participants	Results	Limitations
		information sharing . . . we go around in person [instead] . . . I mean, our systems, being what they are, it's very frustrating". (care manager). "I think people are always open to somebody just walking over and saying can I have a quick word with you about this". (HP) p.244. <u>Formal barriers to explicit knowledge exchange</u> Participants were concerned over the accessibility of care records which was compromised by different recording systems between healthcare and care management...leading to issues around confidentiality. The combination of a mix of paper and electronic records and the lack of a single shared IT system has led to significant formal barriers to explicit knowledge exchange. Office arrangements also create barriers; as the Rural team is based in a county council rather than NHS building, healthcare staff in the Rural team cannot access NHS electronic resources (including NHS email, e-learning modules and updates). "Health files, the information is still on paper files, we've got . . . [an] electronic database with recording for [care management] . . . and ne'er the twain shall meet". (service manager for rural team). "I think it's really hard because I think the systems don't help us . . . the fact that you have to anonymise all your emails and stuff . . . [It] can sometimes be confusing, particularly if you've got [service users] in the same team with the same initials". (HP) p.242 to 243.	author has suggested practical ways in which the research can be used. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor. **Source of funding** Not industry funded (funded by National Institute for Health Research [NIHR]).
Full citation Joseph, S., Inter-agency adult support and protection practice: a realistic evaluation with police, health and social	**Recruitment strategy** Participants were invited to participate in the focus groups via the different Adult Support and Protection committees, the Health Boards, and Police Command Areas across Scotland. Representative number of	**Findings (including author's interpretation)** <u>Information sharing</u>	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?**

Study details	Methods and participants	Results	Limitations
care professionals, J Integr Care, 27, 50-63, 2019 **Ref Id** 1288672 **Country/ies where the study was carried out** Scotland, UK. **Study type** General qualitative inquiry. **Study aims** To explore the inter-agency collaboration between the police and health and social care professionals in Scotland, in relation to Adult Support and Protection. **Study dates** Not reported.	professionals from each of the disciplines involved in Adult Support and Protection were invited. **Setting** 14 police divisions across Scotland **Participant characteristics** Total participants N=101 Police n=52 Health n=18 Social care n=31 **Data collection and analysis** Data collection 13 focus groups were conducted and facilitated by different team members. Focus groups used a case study developed from anonymised real cases to guide discussions. They were audio recorded and transcribed verbatim. Data analysis Framework analysis was used to create themes.	Participants identified challenges with information sharing across the different professional that was exacerbated by the need to protect confidentiality. Police and social work reported frustration at healthcare professionals' reluctance to share information. Respondent PO3FG1 (Police): "[…] there is a well-established format within the police to pass on information to our partner agencies […] but it doesn't always flow back to us in a way that we would want it […]" p.55 <u>People and processes</u> When protocols and processes were 'unfit for purpose' this was a demotivating factor for collaborative working... the 3 point test for identifying vulnerable adults in Scotland was criticised...perceived police over-reporting of persons who may not "fit" the test resulted in some social workers reporting less scrutiny of police reports. Conversely, when more than one agency was involved in a case there was a perceived reliance on the police to submit the report, when all agencies should have submitted their own concerns. SW4FG2 (social work): "We actually had one (case) recently and it was someone that didn't meet the 3 point test, but round the table the consultant Psychiatrists and people are saying 'he's a likely candidate to kill himself' and the Police are going 'well do something about it' what? Do you know and it's that bit they don't (do) because they're so risk averse […]" p.55. <u>Referrals</u> There were professional differences in terms of the number and value of referrals. Police described consistent referral practices which referred the most vulnerable to social	Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the author describes why the study design is appropriate to explore the research aims. **4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, the author has described how the participants were recruited. **5. Was the data collected in a way that addressed the research issue?** Yes, the author has described data collection methods, and has described how the case study used in the focus groups facilitated discussion. However there is no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** No, there is no mention of the author critically examining their potential bias or influence during the focus groups. **7. Have ethical issues been taken into consideration?** Yes, ethical approval was granted by the Ethics Committee at Robert Gordon University. **8. Was the data analysis sufficiently rigorous?** Can't tell, the author described the analysis but not in-depth. There is no mention of how the

Study details	Methods and participants	Results	Limitations
		services. Social care workers described practices that prioritised police referrals into those that were high priority only as they did not feel they had the resource capacity to manage them all. Health described low referrals to police or social services. The difference in professional practices might lead to potential risks to adults in need of support and protection. <u>Relationships</u> Team work and information sharing were improved when organisations were co-located and/or informal relationships established. This resulted in greater collaborative working and the development of trust for information sharing. "PO1FG1 (Police): "when we had a social care worker dedicated in our office […] it worked really well, we were finding out all the information we had on the family" p.55 <u>Education and training</u> Themes from responses to a case study: Social workers recommended joint investigation training. Police officers felt they may not know the criteria; agreed police should be trained in Adult Support and Protection with other professionals	researchers addressed potential bias during the analysis. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable, the author has used the findings to make recommendations for the future practice, as well as future research in the field. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate. **Source of funding** Not industry funded (by the Scottish Institute for Policing Research).
Full citation Krayer, A.., Robinson, C. A., Poole, R., Exploration of joint working practices on anti-social behaviour between criminal justice, mental health and social care agencies: a qualitative study, Health and Social Care in the Community, 26, e431-e441, 2018	**Recruitment strategy** Participants were recruited sing purposive sampling. Organisation were recruited with input from the Project Reference Group. Participants were approached by chief executives/directors who passed on the study information provided by the research team. **Setting**	**Findings (including author's interpretation)** <u>Willingness to work towards shared goals and outcomes</u> Reluctance to develop joint working was set in the context of a tightening of criteria as a way of coping with limited resources. Lack of funding can lead to organisations looking to focus on their specific service tasks rather than the needs of individuals.	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes.

Study details	Methods and participants	Results	Limitations
Ref Id 1225508 **Country/ies where the study was carried out** Wales, UK. **Study type** General qualitative inquiry. **Study aims** To explore the relationships, perceptions and barriers and facilitators of joint working between mental health services, social care services, third sector organisation and police forces in regards to anti-social behaviour, vulnerable adults and adults with mental health problems. **Study dates** April 2014 to August 2016.	Two sites, an urban area with low level anti-social behaviour, and a rural area with high level anti-social behaviour. **Participant characteristics** Total participants N=55 (n=39 face-to-face interviews, n=16 participants in focus groups) Manager/senior staff, n=4 Community Mental Health Team (includes 2 mental health social workers), n=14 Police and probation Manager/senior staff, n=3 Officers, n=15 Local authorities Manager/senior staff, n=4 Practitioners, n=1 Third sector organisations Manager/senior staff, n=7 Case worker, n=7 **Data collection and analysis** Data collection Interviews and focus groups lasted on average 80 minutes and used a topic guide. They were audio recorded and transcribed, apart from 1 interview and 1 focus group where detailed notes were taken. Labels were assigned to quotes to avoid identifying participants. Data analysis Transcribed data were coded and a thematic approach was taken to create themes. The analysis and interpretation of the data was discussed within the researcher team, a group of service users and carers and the Project Reference Group	"You know, there's sixteen thousand less officers in the country than there were 4 years ago, so we are saying "no that's your [mental health team] role, you do that". (ASB_I.35, Police). "They [Health Board] tend to stick religiously to the way that they've got to function […] it's so, "no we can't touch that, it doesn't tick the box". Well, they're individuals and it's not going to be a tick box exercise. It's not like going shopping. So there just needs to be that flexibility". (ASB_I.27 Local, Authority) p.438. Participants suggested that some people focused on their organisational goals and criteria to the detriment of the person with mental health problems. This can lead to serious inter-organisational tension. A number of issues were suggested: the right of the individual versus the community; managing risk versus promoting recovery; and planning management of the person in the community to prevent crisis and relapse versus ad hoc crisis intervention. "You know, we're struggling for appointments for people who are—are low and medium risk, so I—I get there has to be some kind of cut off, but it's just a shame sometimes when you can see the way things are going and you know as soon as that person triggers a high risk, they get everything they need. Well, you know, wouldn't it be nice if we could give them that a few months before and save everyone going through the pain". (ASB_I.9, Police) p.438. <u>Understanding of each other's' roles and responsibilities</u> Understanding of each other's' roles and responsibilities was essential for joint working, but often missing. A lack of understanding can	**3. Was the research design appropriate to address the aims of the research?** Yes, the author describes how the study design will help to explore the relationships and perceptions of joint working. **4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, the author has described how participants were recruited. **5. Was the data collected in a way that addressed the research issue?** Yes, methods of data collection are clear, but no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** Can't tell, the author has described the use of a topic guide during data collection but has no critically examined their role in potential bias. **7. Have ethical issues been taken into consideration?** Yes, ethical approval from the Wales Research Ethics Committee was received. **8. Was the data analysis sufficiently rigorous?** Yes, there is an in-depth description of the analysis. It is clear how the themes emerged, and the analysis was discussed within the team as well as with service users and a project reference group. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?**

Study details	Methods and participants	Results	Limitations
		lead to inter-organisational conflict. There were inconsistencies across professional regarding the role of the police in mental health; some feeling they should purely deal with criminal matters and others that they should fulfil safeguarding duties. "I think it could be useful for the police, and—and for us as well to really understand what each, team does, because I think that is still limited". (ASB_I.13, Mental Health). "And it's really hard, I think sometimes, because we sometimes get some very angry people [police] on the phone saying "Well, we can't do that, you're asking us to do something that would be a breach of duty for us. You know, I don't care if they've [patient] signed a care plan, it's not our care plan and we don't know what to do." And you are stuck in a really challenging situation then". (ASB_I.22, Mental Health). "I suppose ours is a safeguarding role as well isn't it?" (ASB_I.21 Police) p.438. <u>Being aware of and valuing other professionals' contributions</u> Some of the participants did not view others as important partners, and there was a lack of enthusiasm for creating working relationships to support joint working practices with shared goals. This was often accompanied by stereotype and negative perceptions. Some mental health professionals felt the police did not understand recovery, and police officers were perceived to interpret signs of distress as mental health problems and call for assessments unnecessarily. Reluctance to engage in joint working was associated with a	Valuable, the author discusses the contribution of the study to existing knowledge and presents ideas for future research. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor. **Source of funding** Not industry funded (National Institute for Social Care and Health Research, Welsh Government).

Study details	Methods and participants	Results	Limitations
		strict role adherence and a concern to protect organisational boundaries. "I could probably speak for most police officers in that our, practical, um, experience of social services is really, really poor. […] We quite often get what we call hit and runs, so on a Friday at half four they'll phone up reporting a problem […]". (ASB_I.9, Police). "Sometimes as well is that they tell individuals, you need a service from the mental health team, and you know they wouldn't reach our criteria for a service". (ASB_I.37, Mental Health Social Worker). "We've had what we perceive as a mission creep into areas that should be the health service". (ASB_I.36 Police) p.438. <u>The continuum of joint working</u> Professionals had developed a shared recognition that complex needs demanded input from a range of organisations. Relationships had developed over time with awareness of roles and responsibilities and the development of trust. <u>The relationship between anti-social behaviour and mental health</u> There was considerable variation in professionals' perceptions about the nature of anti-social behaviour and the roles and responsibilities in responding to it. Variation in interpretation can be a major barrier to joint working. "I guess it [anti-social behaviour] would be a broad spectrum, it would be behaviour that was to be deemed unacceptable within a set of norms and that would change depending on where you lived". (ASB_I.6, Mental Health). "A lot of our clients do behave in a way that is different to the norm, we wouldn't class that as antisocial behaviour, we would probably be	

Study details	Methods and participants	Results	Limitations
		inclined to think to ourselves, "Oh, that's probably symptomatic of their mental illness". (ASB_I.15, Third Sector Organisation). What drives joint working The main drivers for joint working were legal requirements to protect the most vulnerable and at risk. Feedback from staff, and in particular senior and management, indicated that organisations find it hard to neglect their responsibilities as expectations of roles and processes are clearly documented in policy and guidance. These frameworks facilitate joint working. "MAPPA [Multi-Agency Public Protection Arrangements, statutory arrangement for managing sexual and violent offenders] has made that a lot easier […] the police will let us know if she's rung up with any self-harm, so that we can update our risk assessments and our management plans, etc., […] that's worked really well. And again that's—having a really good relationship with the police and […] where there's big risks, and that's worked really well." (ASB_I.14, Mental Health) p.437	
Full citation Levin, K. A.., Implementing a step down intermediate care service, J Integr Care, 27, 276-284, 2019 **Ref Id** 1225770 **Country/ies where the study was carried out** Scotland, UK.	**Recruitment strategy** Staff were selected for interview from each of the agencies involved in Intermediate Care. Intermediate Care is a time limited placement in a care home, for assessment and rehabilitation following discharge from hospital. It involves health and social care services, with social care services leading. **Setting** Glasgow City. **Participant characteristics** Total participants N=25	**Findings (including author's interpretation)** Wider context and replicability IC was seen to increase the workload of social services and many primary care staff. An integrated workforce working towards a common goal Having the technological systems in place to allow sharing of information between social work, acute and GPs and rehabilitation staff was considered critical to joint working.	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?**

Study details	Methods and participants	Results	Limitations
Study type General qualitative inquiry. **Study aims** To explore the implementation of the Intermediate Care service from the perspective of staff, to understand what worked well and what could be improved. **Study dates** May to October 2016.	Participants interviewed n=9: Social work's head of transformational change Liaison nurse Service manager for older people in primary care Rehabilitation manager Speech and language therapist Service manager for older people and physical disability Consultant physician in medicine for the elderly GP working in two Intermediate Care units Discharge team lead for acute hospitals Participants from focus groups: Social work staff - social workers and social care workers, n=6 Rehabilitation staff – physiotherapists and occupational therapists, n=4 Care home staff, n=6 **Data collection and analysis** Data collection Semi-structured interviews and focus groups took place. They were digitally recorded and transcribed verbatim. Researchers made notes of non-verbal observations. Data analysis Data were analysed using a thematic framework approach. Data were coded and then organised into themes. Overarching themes from the interviews and focus groups were indented and these were brought together in a meta-synthesis.	Bringing frontline staff together and sharing best practice and novel methods was found to be beneficial. Training care home staff in a reablement approach encouraged a move away from long-term care methods, and ongoing education of acute staff, GPs and social workers were important due to staff turnover. Having a joint accountability framework were considered to be critical to joint working and having governance in place describing joint aims and accountability were raised as beneficial in overcoming challenges. "If you can do it and you can move to the next step of their journey, do it, then you work out why somebody else hadn't done it later on. And people were shying away from that at first because they'd worked in very clear silos, "oh no they pay for that and I'm not doing that. I've sent it back for them to order." (Participant TL1NS) p.279.	Yes, the author explained how the study design would allow for staff views to be explored. **4. Was the Recruitment strategy appropriate to the aims of the research?** Can't tell, there is information provided on the recruitment but not enough detail and no explanation of how the participants were selected. **5. Was the data collected in a way that addressed the research issue?** Yes, data collection methods are clear but there is no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** No, there is no explanation of whether the researcher examined their role during the formulation of the questions of collection methods, in regards to potential bias or influence. **7. Have ethical issues been taken into consideration?** No, there is no mention of ethical approval being sought, nor consent gained from participants. No explanation of why ethical approval was not needed. The author has not described how they explained the research to participants. **8. Was the data analysis sufficiently rigorous?** Can't tell, the methods of data analysis are detailed, but the author has not explained how potential bias or influence was addressed during the analysis. **9. Is there a clear statement of findings?**

Study details	Methods and participants	Results	Limitations
			Yes. **10. How valuable is the research?** Valuable, the author has considered the contribution the study makes to existing literature, and has considered the findings in relation to policy and practice. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate. **Source of funding** Not reported.
Full citation Mangan, C., Miller, R., Cooper, J., Time for some home truths: exploring the relationship between GPs and social workers, Journal of Integrated Care, 22, 51-61, 2014 **Ref Id** 1221497 **Country/ies where the study was carried out** England, UK. **Study type** General qualitative inquiry. **Study aims** To explore the relationship between general practitioners and social workers, and how	**Recruitment strategy** 6 sites in England were recruited, interviews were conducted with the key stakeholders from the sites. **Setting** 6 sites in England: Barnsley, London Borough of Croydon, Hertfordshire, Redcar and Cleveland, Wiltshire and Wolverhampton. **Participant characteristics** Total participants interviewed N=12 Local authority social care roles, n=6 CCG roles, n=3 Public health role, n=2 Joint health/social care role, n=1 **Data collection and analysis** Data collection Evaluation team conducted semi-structured interviews.	**Findings (including author's interpretation)** <u>GP perspectives on current joint working with social workers</u> GPs did not know about the preventative services that exist to support older people to live independently in their own homes. Where GPs were aware of the services social services offered, they had a lack of understanding or wrong assumptions about them. Some respondents reported that GPs were referring people to social care for inappropriate services. It was suggested this lack of knowledge regarding referrals and assessments was exacerbated by a lack of feedback to GPs. "GPs know very little about social care and probably feel they don't need to know much about social care." (social Care). "... it's really more about a perception of gaps more than service gaps so, in other words, GPs are not necessarily aware of all the opportunities, all the services that are out there to keep people independent in their own homes". (CCG). "Probably one of the things which struck me	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the author described that the interviews would help explore perceptions of working between GPs and social care. **4. Was the Recruitment strategy appropriate to the aims of the research?** Can't tell, there is some information regarding who was selected for interview (key stakeholders), but no explanation on why the 6 sites were chosen.

Study details	Methods and participants	Results	Limitations
general practitioners work with social care services. **Study dates** Not reported.	Data analysis Not reported.	was [..] how many GPs didn't know what Social Care could do in terms of looking after the patients and you know that's something I think I from Public Health assumed." (Public Health). ".. our re-ablement service, which is one of our key services to keep people out of residential care, GPs either aren't comfortable about what that's to do with or they've even been misinformed to think that it's oversubscribed and therefore there's no point applying to it because they won't be able to get the service." (social Care). "GPs also thought they could manage social care better than the local authority, and they referred for residential care rather than assessment so we need to change our information to them so that they understand the process." (joint post). "...they tend to send inappropriate referrals about .. things like housing and potholes and drop kerbs and they send all that to social care". (social care). "GPs reported that they make referrals to social services and then we don't inform them of the outcome." (joint post). [Quotes p.55-56].	**5. Was the data collected in a way that addressed the research issue?** Can't tell, the researcher has mentioned that semi-structured interviews took place but insufficient detail on form of data collection or data saturation. **6. Has the relationship between researcher and participants been adequately considered?** No, there is no mention of consideration of the relationship between researcher and participants. **7. Have ethical issues been taken into consideration?** No, insufficient details of whether the research was explained to participants, informed consent or confidentiality. No information if approval was sought from ethics committee, or why the study might not require ethical approval. **8. Was the data analysis sufficiently rigorous?** Can't tell, there is no information regarding data analysis. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable, the author has described how the findings will lead to actions. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Serious. **Source of funding**

Study details	Methods and participants	Results	Limitations
			Not reported.
Full citation Mitchell, C., Tazzyman, A., Howard, S. J., Hodgson, D., More that unites us than divides us? A qualitative study of integration of community health and social care services, BMC family practice, 21, 96, 2020 **Ref Id** 1289135 **Country/ies where the study was carried out** UK, England. **Study type** General qualitative inquiry. **Study aims** To explore the barriers and obstacles to integration between community NHS and council services. **Study dates** April 2018 to November 2018.	**Recruitment strategy** Purposive sampling was carried out to recruit participants from community health and social care. Snowball sampling was then used to recruit further participants from the initial interviews. **Setting** NHS community health, and a local authority. **Participant characteristics** Total participants N=24 Strategic level staff – social workers, n=3 Strategic level staff – nursing background, n=3 Social workers, n=9 Health professionals with nursing background, n=9 **Data collection and analysis** Data collection 1 or 2 researchers undertook in person semi-structured interviews lasting approx. 1 hour. Interviews were audio-recorded then transcribed verbatim and anonymised. Field notes were taken during interviews. Data analysis Thematic approach taken for data analysis by 3 of the researchers. Coding framework was created using information from a previous literature review. Transcripts were coded using an iterative process by 2 researchers, and the framework agreed by the whole team.	**Findings (including author's interpretation)** <u>Organisational level integration</u> There were concerns regarding bringing together two organisations, in particular over human resources policies when health and social care professionals have difference grading, pay and responsibilities. Staff were concerned that working together where there was not a parity of grading and responsibilities for example could lead to hostility between team members. "That kind of reflects the situation really, that there are kind of big gaps and uncertainties, and also, probably, a lack of cascading messages down and a lack of kind of information that's...you know, we know the headline that we're leaving and things are happening, but I think a lot of the detail is lost and not fed down always." (operational social care, area 2, social care b) p.5. There were also concerns around data protection and what information could be shared and who it can be shared with, which related to a perceived lack of trust between services….This lack of coherence about who could access what information was understood to be a potential risk to individuals and a safeguarding issue. "Like I rung the hospital yesterday and asked for a copy of somebody's capacity assessment and the discharge facilitator said to me, she was like, oh, I don't know if I can send you that because of confidentiality. I was like I can't make the decisions that I need to make ..." (operational social care, area 2, interviewee c) p.6. Every interviewee raised inadequate information systems as an issue, specifically the use of different IT systems for human	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the author explained that the interview schedule was designed to explore the aim of the study. **4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, the author describes how the participants were recruited. **5. Was the data collected in a way that addressed the research issue?** Yes, methods of data collection are clear but no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** No, there is no mention of the relationship between researcher and participants in the formulation of questions or data collection. **7. Have ethical issues been taken into consideration?**

Study details	Methods and participants	Results	Limitations
		resource and clinical work across professions and organisations. Staff were restricted in what clinical data they had access to, leading to barriers to streamlined working. The lack of a joined up IT system was reported to have a negative impact on data sharing. The majority reported that co-location was a necessary aspect of integration. Many felt co-location would be a way of facilitating integration and fostering trust, relationships and shared working. A possible benefit may also be around greater confidence in data sharing. "…co-locating, sharing the same building together, and in order for me to have district nurses information, or in order for me to have information from the GP if I am in the same place as them, and they know that…yes, this is way forward, part of integration, I think, that would make it very easy." (operational social care, area 3, interviewee c) p.6 <u>Professional workforce integration</u> Social care felt overshadowed by the bigger health sector. Both health and social care staff working in the community felt neglected compared to acute services. Acute care was considered to lack an understanding of what community care entailed. Community staff reported concerns over individuals being discharged without sufficient attention to the handover of care leading to significant issues for community staff to pick up the pieces. ... There was a perception from social care staff that they were dominated by the much bigger NHS. "It's a massive barrier. It really is a big barrier and it's a shame. Because if we all came together, the hospital and us, it'd just make things so much easier, and that ride will	Yes, the study was approved by the Health Research Authority, and participants gave signed consent. **8. Was the data analysis sufficiently rigorous?** Yes, the author describes the process of thematic analysis which involved multiple researchers. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable, the research provides the views of practitioners, although there are limitations that it is representative of one local area and there are no views from service users. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor. **Source of funding** Not industry funded (funded by National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care Greater Manchester).

Study details	Methods and participants	Results	Limitations
		be so much more bearable." (operational health, area 2, interviewee C) p.7. Health and social care staff were concerned about being managed by people from different professional backgrounds, and who may not be familiar with their professional codes of practice. Social care staff felt there were fundamental differences to health staff, related to their understanding and implementation of the mental capacity act, and decisions regarding risk. These difference were considered barriers to shared responsibility and trust. Health professionals reported a great responsibility toward those who come under their care, due to their professional standards, and it made them feel as though both social care and acute health services might offload responsibility for certain tasks. "We do have very different kind of ideologies, and really my experience is that the health professionals do tend to be [more] risk-averse." (operational social care, area 2, interviewee b). "So then, what usually happens, is the district nurses pick it up, because they think, well somebody's got to do it, and we have a duty of care, and nurses feel, as part of their professional registration, that they have a duty of care…." (operational health, area 3, interviewee a). "Well I think the first thing is that we have statutory responsibilities. So, I think it's a big learning curve for our health colleagues to understand the importance of that, that we are guided by legal requirements, we're not just doing it because somebody thought it was a good idea that somebody should have a care package." (operational social care, area 2, interviewee a) p.7. Both health and social care interviewees reported that they believed the other	

Study details	Methods and participants	Results	Limitations
		professional group did not fully understand their professional responsibilities, duties and governance. This was highlighted by the ongoing confusion reported by several interviewees around terminology of what to call people using services. This basic terminology issue could act as a barrier to communication. "…it feels like it's so hospital-centric, the whole system, you're either in hospital or out of hospital services. People have short episodes of their lives hopefully in hospitals, then they live in their own homes, in neighbourhoods." (strategic social care, interviewee 2) p.6 <u>Vision and leadership</u> Staff felt that co-location would enable quick and easy discussion regarding what other services could provide. ..interviewees described the potential benefits of joint working, closer collaboration and a deeper understanding of each other's roles..they reported that an understanding of each other's roles from joint working and integration would support seamless care. "…and I would've actually said, I haven't got a clue. I haven't got a clue. I don't deal with that. But now because I've worked with a...and I've been out and I've assessed a patient with a social worker I can say to them, you know, there's different levels of care…... So I can discuss it." (operational health area 2, interviewee health b) p.4	
Full citation Naqvi, D., The general practice perspective on barriers to integration between primary and social care: a London,	**Recruitment strategy** Purposive sampling was used to identify relevant professionals for recruitment. GP surgeries were approached by phone and invited to take part. Information sheets were emailed.	**Findings (including author's interpretation)** <u>Accessing social services - logistical issues</u> Communication between primary care and social care is logistically challenging as	**1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?**

Study details	Methods and participants	Results	Limitations
United Kingdom-based qualitative interview study, BMJ Open, 9, 2019 **Ref Id** 1226668 **Country/ies where the study was carried out** England, UK. **Study type** Phenomenological. **Study aims** To explore the perspectives of primary care staff on the barriers faced when working with social care. **Study dates** Not reported.	**Setting** General practices affiliated with Imperial College London. These include a range of practices in many boroughs in London. **Participant characteristics** Total participants N=25 General practitioners, n=18 Practice Managers n=7 **Data collection and analysis** Data collection Semi-structured interviews were held by 2 researchers which lasted between 26 and 52 minutes. Interviews were audio recorded and then transcribed verbatim. Participants chose between face-to-face or over the phone interviews. Face-to-face interviews took place the participants GP surgery in a quiet room without other staff present. Data saturation was reported by the interviewers after 16 interviews with GPs and 6 interviews with PMs. Further recruitment of participants was concluded after this point. Data analysis A thematic framework approach was used for data analysis. Codes were generated by 3 researchers separate to those involved in data collection, and grouped into themes. Two separate researchers reviewed the themes. Overarching findings were discussed with all of the research team. The findings were checked with the participants via a presentation of results. Feedback was allowed to improve validity and accuracy.	doctors are busy with people using services during the day and social care staff are working in the community, making joint conversations about people using services nearly impossible. Participants explained how inefficiency with communication delays care interventions; there is often no standardised method for contacting the other sector and staff may wait weeks for replies to requests. “If you want to speak to social workers urgently, there are barriers because you don’t necessarily have a telephone contact or a hotline or an email address to contact someone from social care.” (GP10). “Sometimes you fax over important things, but you have to wait weeks for a reply.” (PM4). “It would be much more efficient if an allocated social worker comes along. It cuts out all the referrals and things like that. It saves time.” (GP8) p.4 <u>Accessing social services - overworked staff</u> Participants described how local pressures have led to an increase in their workload and time constraints reduce the motivation and efforts to collaborate with social care. Participants also emphasised staff working high workloads are unlikely to accept new responsibilities (such as those working for integration of care) when there is no immediate anticipated reward in return for their work. “You just don’t have the time to sit down and have these meetings.” (GP4). “Everybody is already doing way more work than they can cope with so when there’s no	Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the author describes how a phenomenological approach will help to answer the research question. **4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, the author describes how participants were recruited. **5. Was the data collected in a way that addressed the research issue?** Yes, methods of data collection are clear and in-depth. There is mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** Can't tell, the interview schedule was first tested with 2 pilot participants but has not critically examined potential bias and influence during data collection. **7. Have ethical issues been taken into consideration?** Yes, ethical approval was received from the NHS Health Research Authority. **8. Was the data analysis sufficiently rigorous?** Yes, there is an in-depth description of data analysis methods. It is clear how themes were emerged. Separate researchers were involved at different stages of the analysis process, as well as results presented back to participants to avoid bias.

Study details	Methods and participants	Results	Limitations
		remuneration for it, nobody wants to do extra work." (PM1) p.3 to 4 <u>Accessing social services - lack of awareness of roles and services</u> Many GPs and PMs mentioned that one of the biggest barriers to service integration is the uncertainty about which roles are carried out by which social service provider and how best to contact these individuals. Often numbers in practice diaries and on websites are out of date, so staff have to ask the person directly what social care they receive and how to contact relevant departments, slowing down both communication and any attempts at collaborative working. Many doctors admitted they were not aware of the roles carried out by each individual member within the social sector, as well as what local services are available and how long each service takes to arrange, which further added to delays in referrals. "CCGs [Clinical Commissioning Groups] have a website of contacts but they are often out of date, you don't know people's names, you don't know who to contact, you don't know how to get hold of them." (GP3). "Sometimes what we find is that there's this amazing service and we knew nothing about it." (GP1) p.3. <u>Interprofessional relationships - poor interprofessional culture</u> All participants perceived the current interprofessional culture as a barrier to service integration and many sensed a lack of mutual respect between social and primary care staff. There is often a siloed working mentality with different teams having different agendas for the person using services and a lack of	**9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable, the author has discussed the contribution of the study to policy makers, and has suggested future areas for research. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor. **Source of funding** Not reported.

Study details	Methods and participants	Results	Limitations
		motivation for collaborative decision-making. This culture can lead to a diffusion of responsibility and a lack of clarity on who is performing which service for the person, further delaying quality care provision. “Sometimes medical people can be quite dismissive of social people, and I think social people can be quite hostile to medical people.” (GP3). “The approach is ‘this is a social problem and so that’s for the social team’ and ‘we’re the medical team so we deal with medical problems’. So there doesn’t seem to be any integration in that way.” (GP6) p.4. <u>Infrastructure - fewer human resources</u> Participants noted that low levels of staffing and inadequate training of staff were barriers to service integration. They explained that collaborative working requires staff time and resources in primary and social care, but they are unable to keep up with current workloads due to short-staffing and post vacancies. Doctors mentioned that they did not have enough exposure to or understanding of the social sector during medical school, so working with them was a novel task. “Human resources on both sides are an issue. Social workers are just under so much pressure: they have no resources, no time, they're looking after loads of vulnerable people. Same with us, we don’t have enough resources to be able to do more other than run the clinics in the practice.” (GP18). “I know in hospitals, as a medical student, to be honest with you, I don’t actually remember talking to a social worker at all.” (GP9).	

Study details	Methods and participants	Results	Limitations
		"The students I have taught recently have never even seen a social worker or carer, let alone spoken to one. And they have no idea what the social worker does. It is only when the come out into the community, which should happen much earlier…Obviously a lecture on social care would be really boring so being able to see them in their role may help, maybe like shadowing." (GP5). "There isn't any structured teaching on social care in the GP training programme either, we definitely need something there to teach future GPs the intricacies of working with other teams." (GP15) p.5. <u>Interprofessional relationships - lack of regular contact</u> Most GPs and PMs felt that regular contact with social care teams is necessary for effective information transfer and a multidisciplinary approach to care, however they felt the current way of contact through forms and emails and minimal face-to-face contact, was inefficient and a barrier to continuity. Participants felt there was a need for proactive communication rather than the current crisis-led approach (especially for safeguarding issues). Staff felt overwhelmed with unnecessary paperwork. "Communication is often sporadic via email, emergency phone calls or when families raise concerns. There is not really a free-flowing system." (PM4). "In one borough we have really good referral pathways and really good contact with our social workers, in the other one I work in I often have to send generic emails or call the council to get in touch with social services, but	

Study details	Methods and participants	Results	Limitations
		you don't have that direct contact, so it is not as cohesive." (GP6) p.4. Infrastructure - interoperability between information systems A major barrier preventing integration is the lack of shared information sources. GP practices and social care teams use different software with no way user-friendly way of transferring information. This meant communication was limited to emails and phone calls which led to confidentiality issues and delays. GPs and PMs felt information transfer was essential for reducing acute admissions, "We don't share the same computer systems. So social care would have their own system that we don't have access to and they don't have access to our clinical system… Social care needs to be integrated into the medical care more electronically, for them to be here within GP surgeries so they aren't picking up patients as an emergency - so they are ahead of the game so to speak." (PM7) p.5. Infrastructure - insufficient funding Lack of funding underpins many of the barriers such as low staffing, poor interprofessional culture. And since staff are not remunerated for extra work, collaboration is not prioritised. Different funding bodies also reduce the incentive for collaboration, as they create a culture of competing interests between sectors. "Funding: that is probably what everything will be classed under… and requirements of social staff to meet general practice, which they don't have as a contractual requirement in most external services." (PM3) p.5.	

Study details	Methods and participants	Results	Limitations
		<u>Interprofessional relationships - inefficient multidisciplinary team meetings.</u> Participants felt the face-to-face meetings with social care teams were inefficient. PMs mentioned that the social care staff attending those meetings did not look up the people being discussed beforehand, or that did not attend, and so the conversations were not informative. GPs complained of a lack of protected time for these meetings which clashed with their clinics. GPs also noted geographical barriers for community teams who are doing home visits, as the team meetings were held in GP practices. Participants who worked in more than one borough noted a variation between GP practices. "There is no blocked off time… they have these meetings in the middle of surgeries, 10 o'clock in the morning, I can't just leave the patients for one and a half hours and go somewhere." (GP8). In one practice I find it very integrated, there is a regular meeting once a month where the social workers, myself, palliative care and anyone else relevant all meets to discuss any relevant patient, any concern with social services and then we follow them up.. the other practice which is in a different borough, you never know if the social worker will turn up and if they don't you have to wait a good few months to discuss a patient, so I end up calling but that doesn't work well either." (GP17) p.4 to 5.	
Full citation Phillipowsky, D. J., The perceptions regarding social workers from within an integrated trust in an age of austerity, Journal	**Recruitment strategy** A convenience sample of professionals from the integrated trust were invited to contribute. Purposive sampling was used to recruit participants using pre-specified criteria that they must be qualified social workers or	**Findings (including author's interpretation)** <u>Organisational: the structures have been poorly designed and bureaucratic</u>	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?**

Study details	Methods and participants	Results	Limitations
of Integrated Care, 26, 38-53, 2018 **Ref Id** 798439 **Country/ies where the study was carried out** UK, England. **Study type** General qualitative inquiry (interpretive). **Study aims** To explore community professionals' opinions on social worker's roles within a multi-disciplinary team. **Study dates** 2016.	qualified registered community professionals who within their role work closely with social workers. **Setting** An NHS trust with integrated health and social care. **Participant characteristics** N= 41 total respondents Social workers, n=21 n Occupational therapists, n=13 Nurses, n=7 **Data collection and analysis** Data collection Participants completed a questionnaire based online survey. Free-text responses were collected for analysis. Data analysis Data from the survey was used produce the initial codes, which were then used for thematic analysis. The researchers and supervisors discussed the data analysis.	1) The systems and structures in place were significant areas of concerns for all professionals. The narrative that was consistent was an organisation that is too large and rigid in its approach to service delivery. 2) An approach that ignores the key differences in ways of working. “1) It is the integrated organisation that is at the root of most problems.” (social worker). “1) We are not an integrated Trust. We are co-located professionals.” (social worker). “2) […] integration means social workers and nurses in same office which doesn’t work.” (nurse). “2) I have very little faith that our organisation will overcome the challenges.” (OT) p.44. There was a sense that the organisation operates primarily as a health care provider and not a health and social care provider. 'It feels as though the trust sees social care as expensive and alien to them. They do not seem to have an understanding of the statutory responsibilities that they carry out for the Local Authority.” (social worker) p.43. Nurses responded in the affirmative with regards to communication having improved significantly since integration. “it clearly makes sense to be integrated, as the professional boundaries have reduced.” (nurse) p.44. <u>Culture: Social workers operate differentially to health colleagues</u> 1) There was a sense of difficulty and frustration trying to maintain and assert one’s culture when subsumed by a larger force,	Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the authors have described how they will use the responses of the survey to explore the research aims. **4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, the author described how the participants were recruited. **5. Was the data collected in a way that addressed the research issue?** Yes, methods of data collection are detailed and justified, although no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** Can't tell, the study specifies that a social worker conducted the study, but does not highlight what impact this may have on bias. The study also specifies that respondents completed the survey at their own discretion. **7. Have ethical issues been taken into consideration?** Yes, ethical approval was gained from the University of Worcester and the local NHS Trust where the study was undertaken. **8. Was the data analysis sufficiently rigorous?**

Study details	Methods and participants	Results	Limitations
		mainly felt by social workers. The answers appeared to be from a position of disempowerment and marginalisation. 2) The clash of cultures was frequently mentioned as a challenge and impediment to true integration. 1) ”It is very difficult for a small minority profession to be based in such a large health organisation.” (social worker). 2) ”Health managers above social workers do not understand social work and often approach challenges in our role from a business or health perspective.” (social worker). “I have never been made to feel so worthless in a 17-year career in social work.” (social worker) p.43. <u>Political: integration and social work as a political football</u> The narrative throughout responses was that social workers were powerless, a sense of being an issue that needed to be dealt with. “We have no power or control anymore.” (social worker). .. Being “subsumed by Health and their agenda.” (social worker) p.45. <u>Austerity: cuts have hampered integration</u> 1) Common thread through the responses was the impact of austerity on every aspect of integration. Respondents believe that severe and enduring cuts to the public sector have results in a poorly designed integrated service where the full benefits of social workers have yet to be realised.	Yes, the analysis was described in depth. The author describes strategies they took such as supervision and debriefing with the researchers during the analysis. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable, the author has used the findings to suggest recommendations for practice. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor. **Source of funding** Not reported.

Study details	Methods and participants	Results	Limitations
		2) There was a perception that the cuts have been disproportionate. Several nurses mentioned budget constraints were impinging on the delivery of services. 3) Some respondents went further, stating that resources are not in place to deliver upon statutory responsibilities/key services. “1) Austerity has torn the social care system to bits.” (social worker). “1) Budgets appear to cause issues.” (nurse). “2) For health it has benefitted health professionals, but I don’t think it has been successful for citizens or for social care, social workers or the care market.” (social worker). “3) The Care Act sounds great but the reality it cannot be delivered within the current climate.” (social worker) p.43 to 44.	
Full citation Phillipowsky, D. J., Perspectives on social workers from within an integrated setting: a thematic analysis of semi-structured interviews with six UK community practitioners, J Integr Care, 28, 65-76, 2020 **Ref Id** 1289502 **Country/ies where the study was carried out** England, UK.	**Recruitment strategy** See Phillipowsky 2018 **Setting** See Phillipowsky 2018. **Participant characteristics** Total participants N=6 Social workers, n=5 Volunteer nurse, n=1 **Data collection and analysis** Data collection 30 minute long semi-structured interviews took place in a place chosen by the participant, to ensure they felt comfortable.	**Findings (including author’s interpretation)** <u>Culture: Social workers operate differentially to health colleagues</u> There was a sense of feeling of abandonment of the social workers. “I think as an integrated Trust we were being eroded anyway but the added stress of the local authority who effectively are abandoning us it’s a double whammy for us.” (social worker 2) p.69. After five years of integrated working, the knowledge and opinions of social workers appear static, as if there is an ingrained cultural bias; their opinions were predictable and it was very difficult for them to move from that established mindset. The social work	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are ‘yes’, ‘can’t tell’ or ‘no’.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the author described why the study design was appropriate to capture rich data.

Study details	Methods and participants	Results	Limitations
Study type Interpretive - general qualitative inquiry. **Study aims** To explore the opinions of professionals on the social worker's roles within a multi-disciplinary team. **Study dates** 2017.	They were recorded digitally and later transcribed. Data analysis Interview data was analysed using thematic analysis by the author.	respondents were clear that they perceived social work as being under threat and that they feel constantly challenged, with attempts to dilute their status and standing. '"We are seen as low priority and low status compared to health." (social worker 5) p.69. Predominant responses suggested that a health-dominated culture persists within the integrate trust. Participants expressed concerns around the ability of social workers to be fully utilised and to effectively inform the assessment with a social perspective, rather than be underutilised as a tool to complete a specific task. There appears to be a barrier that is preventing understanding from developing, the suggestion is this is due to fundamentally different education and training social work and health services received, leading to the development of cultural silos. Social work participants expressed a sense of being marginalised and not being valued for their unique contribution to the assessment. '"I still think the average community nurse does not understand what a social worker does. It doesn't come with a day shadowing." (nurse 1). "Social work is undervalued, very undervalued, our opinions are undervalued, our professionalism doesn't carry the same weight as other professionals I don't think it does." (social worker 2). "The organisation, the Trust, I think it comes from very high up all the way down. A lot of social workers feel undervalued that it hasn't been integration but a take-over." (social worker 3) p.68. Responses picked up on the element of health culture creeping into the social model of welfare, with social workers increasingly asked to quantify the unquantifiable in order to	**4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, the author described how the participants were selected. **5. Was the data collected in a way that addressed the research issue?** Yes, methods of data collection are clear but no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** No, the author has acknowledged and described the bias that their role in interviews and data analysis would have, but has not made adjustments. **7. Have ethical issues been taken into consideration?** Yes, approval was gained from the University of Worcester and the NHS trust involved. **8. Was the data analysis sufficiently rigorous?** No, the author has mentioned data was analysed using thematic analysis, but insufficient details provided and only the author was involved in analysis therefore bias was not eliminated. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Some value, but this is limited to the views of social workers as sample was not representative of the whole integrated team (only 1 nurse interviewed).

Study details	Methods and participants	Results	Limitations
		access budgets and services that are ring-fenced to certain criteria. The issue of role clarity and professional identity was discussed....The prevalence and importance of professional supervision by managers with the same professional background was apparent within participants' accounts of integrated working...these responses appeared to be consistent with opinions about the role of supervision in forming a professional identity and its importance in creating a good working environment. '"We definitely haven't maintained a professional identity." (social worker 4). "My manager was a nurse, she meant well but was clueless about social work practice." (social worker 2) p.68 to 69. Social workers consistently expressed a lack of understanding of their role within the integrated trust. It could be that these factors have obstructed the full integration of social workers, in addition to undermining the effective collaboration among health and social care professionals. <u>Organisational: the structures have been poorly designed and bureaucratic</u> Participants reported the importance of professional identity...Social workers feel that they do not belong [in the integrated trust]. "Social worker's feel devalued, deskilled and underappreciated. It doesn't matter what level you are on if you are a social worker you feel devalued." (social worker 1) p.71. There was a feeling of structural inequality. ""it is very much health dominated, management are very much health orientated, not very	**Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate. **Source of funding** Not reported.

Study details	Methods and participants	Results	Limitations
		much social care managers, I feel we have just been side-lined." (social worker 5) p.71. The tools that are required to facilitate and drive integrated working are not present. The structures and the resources were not present at the time of integration to fully realise the potential of the partnership. This resulted in things remaining distinctively separate as against the envisioned joined up approach. ""the way forward is better technology systems that talk to each other. There is no money, so we can't have that." (nurse 1). "It's just took it back to separating things... services now for health are very much seen separate." (social worker 1) p.70. The participants favoured co-location where health and social care remained within separate organisations with clear and distinct policies and procedures rather than within one integrated organisation. "5 years ago, we were co-located and it worked really well. If you asked me that same question today, I would say we are further apart." (social worker 3). "In terms of our integration, we have always co-worked but the difference is when we had the local authority, we had support as they are an external to the integration. A lot of the higher management are health and they don't look at the social side of it." (social worker 2). "I think co-location absolutely, that worked really, really well. I don't think you can be truly integrated, you are both looking at totally different things." (social worker 3) p.70. <u>Austerity: cuts have hampered integration</u> Respondents' believe that severe and enduring cuts to the public sector have	

Study details	Methods and participants	Results	Limitations
		resulted in a poorly integrated service where the important contribution of social workers has yet to be realised…. A further complication was the lack of pooled budgets to actually realise a seamless service and deliver the efficiencies that the integrated health and social care promised. ““We have integrated in name and where staff are based only. austerity. . . really impacts on integration.” (nurse 1). (Austerity) “Yes, I think it has a huge impact now, I think social care they make it feel like it’s your problem. We are questioned how many times do you have to visit.” (social worker 3). “Services are, there is hardly anything out there and it is very frustrating, it is very difficult trying to be integrated as nobody knows who should be doing what, whose role is what.” (social worker 4). “It is difficult to get any service for anyone these days and it’s all heading towards privatisation.” (social worker 5) p.69.	
Full citation Round, T., An integrated care programme in London: qualitative evaluation, Journal of Integrated Care, 26, 296-308, 2018 **Ref Id** 1224067 **Country/ies where the study was carried out** England, UK.	**Recruitment strategy** Purposive sampling used to recruit participants. Following the purposive approach, the interviewees were selected based on known engagement with the structures, processes and outcomes of integrated care. **Setting** Two inner-city London boroughs (Southward and Lambeth). **Participant characteristics** N= 31 participants interviewed.	**Findings (including author’s interpretation)** <u>Leadership – challenges</u> There was also a lack of communication, “between the leadership and what happened on the ground.” There was also a lack of communication, “between the leadership and what happened on the ground.” p.302. <u>Shared vision and case for change – challenges</u> There was felt to be a lack of communication between leadership of the programme and operational delivery with, “a disconnect between the Sponsor Board and the level	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are ‘yes’, ‘can’t tell’ or ‘no’.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the author described how the qualitative methods would help explore the aims of the research.

Study details	Methods and participants	Results	Limitations
Study type General qualitative inquiry. **Study aims** To identify what worked, what did not work, and the lessons learnt from the integrated care programme. **Study dates** January to May 2016.	Citizen representatives, n=3 Central management team, n=2 Charity partner/funder, n=2 Local authorities, n=3 Local secondary care providers, n=6 Hospital consultants, n==3 General practitioners, n=5 Community providers, n=3 Commissioners/CCG representatives, n=4 **Data collection and analysis** Data collection Semi-structured interviews were conducted by 4 members of the evaluation team and lasted between 30 to 70 minutes. Focus groups and stakeholder meetings were held. The conversations were digitally recorded with researchers taking field notes during interviews and meetings. Data analysis Data were thematically analysed using a framework approach. Themes were analysed and validated by all members of the interview team to improve consistent and reliability. Themes were discussed and cross-checked during interviews and focus groups to ensure respondent validation.	below", leading to it being, "harder to find the common ground." p.300. <u>Macro-level environment – challenges</u> Many stakeholders focused on the, "slashing of local authority budgets", and "cuts to primary care and mental health budgets", which meant it was, "difficult to deliver social care integration". With the external environment reported as making, "the system dysfunctional," this hampered the ability of organisations to deliver innovation which spanned boundaries within the programme. p.303. <u>Relationships – challenges</u> there was, "initial hostility and suspicion on both sides," with, "primary care worried about a takeover," reacting with, "hostility to what felt like a […] secondary care thing," whilst "the complexities of general practice were not properly understood." <u>Relationships – successes</u> Collaborative working and culture change was perceived as a shared success, as a great strength of the programme. This included shared learning. ""Relationships have been built up." "[…]. (the) main strength to help us build relationships between primary care, secondary care, community services and social services." "co-production between different staff and users." p.302. <u>Intervention – successes</u>	**4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, methods of recruitment were explained. **5. Was the data collected in a way that addressed the research issue?** Yes, methods of data collection were clear but no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** No, the researcher has not critically examined their own role, potential bias and influence during formulation of the research questions or data collection. **7. Have ethical issues been taken into consideration?** Can't tell, there are insufficient details of how the research was explained to participants, and ethical approval was not sought and no explanation for why it was not required. The researcher did consider consent during data collection. Ethical approval may have been a requirement of funding but it is not reported. **8. Was the data analysis sufficiently rigorous?** Yes, the author has described data analysis methods in detail and has explained the approaches taken to minimise bias during analysis. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?**

Study details	Methods and participants	Results	Limitations
		Improved information technology such as the Local Care Record (an IT solution created to allow read-only access between primary care, secondary care and mental health case records) was also felt to be a tangible success. ""IT changes have helped and have now been rolled out across general practices." p.301. Some interventions were identified as challenges and barriers to the implementation of the programme because they look longer to carry out. Holistic assessments were felt to be, "a very lengthy assessment", and "hugely dependent on the individual doing them," whilst, "some viewed this as tick box exercise." p.301.	Valuable, the authors have used the findings to make recommendations for the future in integrated working. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor. **Source of funding** Not industry funded (funded by the Southwark and Lambeth Integrated Care (SLIC) programme).
Full citation Sheaff, R., Integration and continuity of primary care: polyclinics and alternatives – a patient-centred analysis of how organisation constrains care co-ordination, Health Services and Delivery Research, 3, 2015 **Ref Id** 1270027 **Country/ies where the study was carried out** England, UK. **Study type** General qualitative inquiry.	**Recruitment strategy** Study sites were selected using purposive sampling. A sample of key informants were selected in each site, and snowballing method was used to recruit further participants. **Setting** Data extracted is relevant to a county which is 1 of 5 study sites - pseudonymised 'Tarrow'. **Participant characteristics** Total participants N=11 General practice (GPs, other staff), n=2 Care network co-ordinators, n=3 NHS trust managers and clinicians, n=4 Social care, n=1 Other, n=1 **Data collection and analysis** Data collection Data were collected from informant interview. All interviews were digitally recorded and professionally transcribed, and interviewees	**Findings (including author's interpretation)** <u>Integration and disintegration</u> One of the reasons for the reversal of joint management of primary, acute care and county council social care was that the trust was not culturally integrated. A social care view was that money was spent on social care not to achieve social care goals, but "short-term responses to the tier four emergency issues that [trust name] were having." (social care manager TP09) prompting social care to leave. <u>Community health services with acute care and social services</u> When social workers at another site (Tarrow) began working as part of the mental health trust team, the benefits of organisationally integrating health and social care were immediate [Tarrow had an integrated team under section 75 agreement].	**1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the author has justified the study design. **4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, it is clear how participants were recruited. **5. Was the data collected in a way that addressed the research issue?** Yes, methods of data collection are clear but no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?**

Study details	Methods and participants	Results	Limitations
Study aims To explore the care-coordination mechanisms that are in use in the NHS. **Study dates** Not reported.	were offered the chance to correct their transcript. Data analysis Data was analysed using a framework. Data was coded against a prior framework. Data was supplemented with ad hoc emails or telephone enquiries where there were gaps.	The subsequent organisational disintegration revealed, with hindsight, how much easier organisational integration had made co-ordinating and maintaining longitudinal continuity of care. "'[D]elayed transfers of care were eradicated within 6 weeks', moving the trust from being 'about the worst in the Strategic Health Authority to the best' and this where there was 'a high performing acute sector and [. . .] an underinvested in community sector.'" (manager TP01). [W]e learnt so much about each other, adult social care and health, because we were together for several years [. . .] We weren't given the 5 years to really make it embed into practice [. . .] it's such a great shame." (Nurse manager TP06) p.68.	No, the researcher has not critically examined their own role or potential bias and influence in the formulation of questions or during data collection. **7. Have ethical issues been taken into consideration?** Yes, ethical approval was obtained from the NHS Research Ethics Committee system. **8. Was the data analysis sufficiently rigorous?** Can't tell, it is clear how the themes were derived but the researcher has not critically examined their own role in potential bias during the analysis. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable, the author has discussed how the findings could be used in practice and in different populations. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate . **Source of funding** Not industry funded (Health Services and Delivery Research programme of the National Institute for Health Research).
Full citation Sonola, L., Oxleas advanced dementia service: supporting carers and building resilience, 32, 2013	**Recruitment strategy** Not reported. **Setting** London boroughs of Greenwich and Bexley	**Findings (including author's interpretation)** <u>Functional integration</u> Communication between staff was not facilitated by the electronic records system used within the trust. Community and mental	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes.

Study details	Methods and participants	Results	Limitations
Ref Id 1280260 **Country/ies where the study was carried out** England, UK. **Study type** General qualitative inquiry. **Study aims** To understand the strategies used to deliver care co-ordination effectively and to examine barriers and facilitators to successful care co-ordination in a model for dementia care. **Study dates** Not reported.	**Participant characteristics** Total participants N=14 Includes staff from the Greenwich and Bexley dementia teams, managers, local commissioners and a GP. **Data collection and analysis** Data collection Semi-structured interviews and observation of a team meeting. Data analysis Not reported.	health staff had access to a web based electronic care record they cannot access each other's systems without special permissions. They have developed mechanisms to ensure that both records are up to date, meeting face-to-face or telephoning to contact other services, followed by a completed form or faxed letter when needed. These personal interactions build rapport and trust between professionals, and appear to be particularly useful in developing relationships with other care providers. In addition, care co-ordinators attend meetings with local GPs to share information. The service relies on 'low tech' solutions to overcome barriers to sharing data electronically. These methods are more time-consuming; however, they help to maintain strong links with professionals outside the service. "We've got so many different systems that don't talk. Much of this [service] depends on clinicians' respect for each other, relationships and the ability to be flexible." (senior manager) p.17. <u>Team culture</u> There is a clear, shared aim among staff in the service to help people in the latter stages of advanced dementia to live well and die at home, with a focus on bringing together physical and mental health. Staff are strongly rooted in their local communities and feel supported by managers to work in an integrated way. "We [physical and mental health] existed in a slightly parallel universe and there was a yearning for each other's input." (clinician) p.17.	**2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes. **4. Was the Recruitment strategy appropriate to the aims of the research?** Can't tell, the **Recruitment strategy** was not reported. **5. Was the data collected in a way that addressed the research issue?** Can't tell, the data collection methods are given but insufficient detail provided. **6. Has the relationship between researcher and participants been adequately considered?** Can't tell, there was no detail provided. **7. Have ethical issues been taken into consideration?** Can't tell, there is no detail provided. **8. Was the data analysis sufficiently rigorous?** Can't tell, data analysis methods have not been reported. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable, the author has mentioned how the findings contribute to current research.

Study details	Methods and participants	Results	Limitations
			Overall methodological limitations (No or minor/Minor/Moderate/Serious) Serious. **Source of funding** Not reported.
Full citation Taylor, A. K., Gilbody, S., Bosanquet, K., Overend, K., Bailey, D., Foster, D., Lewis, H., Chew-Graham, C. A., How should we implement collaborative care for older people with depression? A qualitative study using normalisation process theory within the CASPER plus trial, BMC family practice, 19, 116-, 2018 **Ref Id** 1090825 **Country/ies where the study was carried out** England, UK. **Study type** General qualitative inquiry. **Study aims** To explore the views of people using services and professionals on collaborative care.	**Recruitment strategy** Purposive sampling was used to recruit participants. Invitation letters, information leaflets and consent forms were posted to the trial participants and sent via email to GPs and case managers, **Setting** GP practices in urban and rural areas in the North of England. **Participant characteristics** Total participants N=33 GPs, n=12 Case managers, n=8 Participants, n=13 **Data collection and analysis** Data collection Semi-structured interviews were carried out by 3 researchers, at a time and location that was convenient to the participants (at the practice for GPs, at home for participants, and in the researchers office for case managers). Interviews were digitally recorded and then transcribed verbatim and anonymised. Data analysis Data was analysed used thematic framework analysis by 2 independents researchers who were not involved in data collection. The	**Findings (including author's interpretation)** <u>Liaison between case managers and GPs (collective action)</u> GPs and case managers reported difficulties in being able to communicate reliably with each other, due to CM perceptions about GPs' working hours and the volume of letters and phone calls they already receive, along with GPs' concerns about increasing workload. "'So when I have had contact with the GPs… if they've not been there when I call, then it has been quite difficult, and we tend to keep missing each other, that kind of thing." (CM6). "If someone was to ring me say at three o'clock and say well can you ring me back before five that's going to be pretty impossible because I'm just you know I've just got one patient after another but I could ring them back you know the following morning or that type of thing so that would work. Or email." (GP1). "I would say the only thing with letters is that they'll often sit for a while, while we get through them all really." (GP2) p.6. <u>Evaluating collaborative care (reflexive monitoring)</u>	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the author describes how the methods used will help to answer the research question. **4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, the author describes how the participants were recruited. **5. Was the data collected in a way that addressed the research issue?** Yes, the methods of data collection are clear, the researchers used a topic guide for the interviews. However, there is no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?**

Study details	Methods and participants	Results	Limitations
Study dates May 2013 to November 2014	framework was developed using normalisation process theory, and then agreed across the wider research team. Researchers with different professional backgrounds were consulted to enhance rigour.	GPs suggested that CMs should be attached to, or embedded in, practices to improve liaison and communication. Similarly, CMs felt that being able to review a person with GPs would enable better care, although they recognised that this added an additional time commitment to both the case manager and the GP. "'I know if somebody came to our practice and said, "I'm the case manager to do this, and these are the sort of people that I want to see," we'd love it. If that was provided, I think that would be a really, really good service. And as I said, the case managers that we've had, when we remember that they're there, they're brilliant. It's really nice when you keep going to see the same person with the same kind of things to just think, "Well, if I can get that person in, they can go and see them, have a really long period of time with them, and actually get a handle on things and sort things out." I think we would just love to do that." (GP8). "I think [a joint review would] be a good idea but it's just time isn't it and like when you're lumped with, because I've worked in practice before when you've got like massive caseloads of people and then you've got like this extra, it sounds really horrible but when you've got this extra, you know like, review to do as well and then that needs, you know it's just… I think that would be good for [the patient] because again it's all about liaising and people know about what's going on with them and make them feel more cared for, I think you know it'd be good for them." (CM4) p.6. <u>Understanding of collaborative care (coherence)</u>	No, the author has not critically examined the roles of the researcher during formulation of questions or data collection in regards to potential bias or influence. **7. Have ethical issues been taken into consideration?** Yes, ethical approval was received from Leeds East Research Ethics Committee, Yorkshire & Humber. **8. Was the data analysis sufficiently rigorous?** Yes, there is an in-depth description of the analysis. It is clear how the themes were derived. The author describes more than one researcher involvement in the analysis, and the results were discussed with researchers of varying professional backgrounds. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable, the author has explained the contribution of this study to existing literature. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor. **Source of funding** Not industry funded (NIHR Health Technology Assessment Programme).

Study details	Methods and participants	Results	Limitations
		GPs were keen to highlight their views on the potential benefit of the case manager intervention. "I would see it as yes we sort of complement each other really and what it does it sort of positively reinforces what we do but also picks up on stuff perhaps that we may have missed because of what I'd mentioned with regards to constraints within general practice at the moment." (GP10) p.5.	
Full citation Vicary, S. A., Oakley, B., J., A deliberative study into the impact of integration on mental health social work in England: merely a dialogue or activism?, The Journal of Mental Health Training, Education, and Practice, 13, 77-89, 2018 **Ref Id** 1290098 **Country/ies where the study was carried out** UK, England. **Study type** Deliberative, general research inquiry. **Study aims**	**Recruitment strategy** Sample of professionals and people who access services was purposefully selected through a mental health trust. Participants were accessed through distribution of a flyer and information sheet explaining the purpose of the study. **Setting** Mental health trust **Participant characteristics** N=40 professionals and people who access services. (n= 4 people who access services, n=36 professionals). Social worker professionals: Social workers: n=5 Student social worker: n=3 Senior/lead social worker: n=3 Other professionals: Manager: n=3 Community psychiatric nurse: n=3 Mental health practitioner: n=2 Community development worker: n=1 Chaplain: n=1	**Findings (including author's interpretation)** <u>Clarity of role</u> Social workers who were employed by one of three local authorities and seconded to the "host" service expressed concerns about being forgotten or ignored by their local authority employers and also about the potential for the loss of their professional identity as a result of this separation. Participants identified that the 'medical model' was the dominant model for the medical and social model of mental health care. Participants felt the service was led by doctors and medical issues took priority over social issues. Some social workers were concerned about the tasks they were allocated describing them as "medical roles", for example checking whether someone had taken their medication. Some social workers who provide social work support to secure units were directly employed. They expressed greater clarity with their role; they are organised as a social work team and managed by a social worker, they have a more clearly defined service user	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes, the authors described how deliberative research would help meet the aims. Phase 1, a literature review is undertaken. Phase 2, the views of participants are sought using the information from phase 1. **4. Was the Recruitment strategy appropriate to the aims of the research?** Yes, the authors described how the participants were recruited. **5. Was the data collected in a way that addressed the research issue?**

Study details	Methods and participants	Results	Limitations
To examine the impact of integrated working on mental health social care. **Study dates** January to June 2015.	Safeguarding specialist practitioner: n=1 Lecturer: n=1 Not specified: n=1 Mental health nurse: n=1 Trainee clinical psychologist: n=1 Employment advisor: n=1 Manager (head of social care): n=1 Student nurse: n=1 E and HR: n=1 Project worker: n=2 Acting head practitioner: n=1 Psychologist: n=1 Co-ordinator: n=1 Local authority manager: n=1 **Data collection and analysis** Data collection Deliberation events took place which were jointly facilitated by the mental health service provider and one of the study's researchers. Participants were provided with a summary of the research found during the research phase. Views of participants on the information was collected by facilitators using a flip chart and note taking. Data analysis The data was analysed by 1 researcher. The research phase identified 4 components for what constitutes effective mental health social work in integrated care, which are: clarity of role, access to professional development, effective operational management and leadership. Data was analysed using the 4 components.	group and range of tasks to perform than their colleagues who are community based. The strongest comment questioning current practice was that social workers could be located in the same offices as other mental health workers, but managed separately. These findings suggest that clarity of role is dependent on the quality and type of support provided by employers, whether health or social care. <u>Access to professional development</u> Some social workers were concerned about having “two managers”, one from the “host” service and the other from the local authority. Supervision was raised as an important issue by social workers. Some managers are professionally qualified social workers others have health qualifications, and so there was a concern was expressed by some social workers about not receiving professional supervision from a registered social worker and that this impacted negatively on their professional development. <u>Relevance</u> The service user group stated that they wanted to see “equality” between the professions. Service users were in favour of integrated care and showed no concern about the specific professional training of the person who was working with them as long as the right service was provided when needed. Anger was expressed about the use of authority by some doctors and some social workers. The differentials in power and status that exist between mental health professionals were not seen as benefitting service users... The finding suggests that power differentials between professional in mental health is	Yes, data collection methods were described, but no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** No, there was no mention of the relationship between researcher and participants in the formulation of the questions, or the researchers own bias. **7. Have ethical issues been taken into consideration?** Yes, ethical approval was obtained from the University Research Ethics Committee, the Health Research Ethics Committee and the mental health setting where the research was conducted. **8. Was the data analysis sufficiently rigorous?** No, there is not an in-depth description of the analysis process. The authors have mentioned that the researcher was present for note taking and not part of discussions but has not critically examined their role in potential bias during analysis or selection of data. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Some value, however the authors note that there are limitations to deliberative research that prevents an iterative discussion. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate.

Study details	Methods and participants	Results	Limitations
		detrimental and that integrated care could provide an opportunity for more equitable sharing of power based on skills, as embodied in mental health social work. p.84. <u>Effective operational management and leadership</u> Social workers complained about having to use two different information technology systems which are not compatible, resulting in a loss of time due to duplication of work, and caused frustration. Health service software is used for their work within the host service, but local authority software for community care assessments.	**Source of funding** Not reported.

AMHP: approved mental health practitioner; CASP: critical appraisal skills programme; CCG: clinical commissioning group; CM: case manager; CMHT: community mental health team; CPN: community psychiatric nurse; HP: health practitioner; IT: information technology; LTNCS: long-term neurological conditions; MHSW: mental health social worker; NRT: neurorehabilitation team; OT: occupational therapist; PIG: policy implementation guide; PM: practice manager; RCT: randomised controlled trial; SW: social worker.