

**neighbourhood
integration
project**



Community
NETWORK

Delivering integrated care at neighbourhood level

Approaches to governance

JULY 2020

Introduction

The COVID-19 pandemic has rapidly accelerated the integration of care in the community. The transformative potential of organisations working together at a neighbourhood level to meet local needs has never been clearer.

Before the crisis hit, the Community Network initiated a project to capture the successes and share the learning from areas where local service integration was already well underway. This briefing forms part of a series published as part of this Neighbourhood Integration Project. With funding from NHS England and Improvement, the project focuses on how long-standing local partnerships have resolved the operational challenges that so often hold back the integration agenda.

A member survey carried out by the Community Network found that the need to develop frameworks for integrated governance was one of the four main barriers to more seamless care at the local level. This briefing focuses on how organisations in Hull, Worcestershire and Newcastle have found ways to overcome this barrier and establish effective governance arrangements for their local partnerships.

The case studies in this briefing were written before the pandemic, with all the change that has brought about, not least the move to digital ways of working. However, as the NHS faces unprecedented pressures not just to recover but reset how services are delivered, we hope they are still a timely way of sharing the practical strategies health and care organisations have already used to deliver more joined-up care.

This Community Network project is supported by NHS Providers, the NHS Confederation, the National Association of Primary Care, the Association of Directors of Adult Social Services and the Association of Ambulance Chief Executives.

Common themes

The organisations that contributed to this briefing faced a range of different governance challenges. In Hull, partners had to decide how they could best comply with regulatory and legal requirements when co-locating a wide range of health and care services in one physical space. Working to deliver integrated care in Worcestershire, on the other hand, meant bringing together teams operating across a footprint including both rural and urban areas, with primary care networks (PCNs) that don't map directly onto council districts. In Newcastle, local leaders wanted to enable health and social care providers to play their part in a city-wide strategy aimed at delivering economic prosperity as well as improved health outcomes.

Partners have tackled these challenges in a number of different ways. Designating the community services provider as lead provider in Hull, as well as using honorary contracts, ensured that there was legal accountability as well as regulatory protection for professionals working across disciplines. A system of tiered meetings in Worcestershire enabled the 'golden thread' of communication and accountability through operational, tactical, and strategic levels of management. Newcastle leaders looked outside their sector and made use of academic learning on how to make new kinds of system work, embedding this approach in their shared leadership programme.

Despite these different governance challenges and responses, there are a number of common themes across all the case studies featured in this briefing:

- Transformation programmes need a dedicated leader with grit, resilience and credibility.
- Governance arrangements need to facilitate clear communication and transparency between staff working at operational, tactical, and strategic management levels.
- Leaders and staff need to be brave and 'go for it' in creating governance arrangements that support operational staff to take risks to innovate and change long-established ways of working, while ensuring broader accountability sits with the strategic partners.
- Having a lead organisation can ensure that professionals feel safe to step outside their usual roles, and that legal accountability is clear.

The Jean Bishop Integrated Care Centre, Hull

Key learning

- A dedicated leader is essential. If designing ways to deliver integrated care is not a dedicated role, it will never be as high a priority as the 'day job'.
- Leading change requires grit, resilience, and credibility – as well as strong relationships.
- It helped that in this case the project leader sat within the clinical commissioning group (CCG). Providers saw her as impartial as they decided on the rules of engagement for the project and began to design new pathways.
- Once a new pathway becomes operational, it needs a lead provider. As the team put it, someone had to 'hold the reins' on matters such as CQC registration, complaints procedures and legal liability.



However good your vision is, you've got to overlay that with reality.

Lesley Windass, head of transformation, Hull CCG
Carol Waudby, chief operating officer, City Health Care Partnership CIC

How integrated services are being delivered

The planning and delivery of integrated services for frail older people at the Jean Bishop Integrated Care Centre (ICC) in Hull has brought together partners including the local CCG, City Health Care Partnership CIC (CHCP – the community services provider), social care, the voluntary sector, local GPs, the acute trust, the mental health trust and the fire and rescue service. When the Electronic Frailty Index (eFI) was run across the city of Hull, it identified 3,000 patients who were severely frail or at risk of severe frailty. By looking at a sample of 60 patients in more depth, professionals identified a cohort of patients who lacked advanced care plans and were in need of interventions like medication reviews. Once this unmet need was recognised, partners developed a programme structure:

- A strategic steering group, with director-level representation. This delivers support across organisational boundaries with any difficult issues.
- A frailty workstream, tasked with translating the concept into an organisational model.
- A clinical forum with senior medical representation including the medical and nursing directors from community services, as well as GP representation. The clinical forum ensures that the right professional governance is in place. The clinical forum's input lends the work credibility across the system.

The clinical forum helped to identify the cohort of patients that would use the ICC, targeting the most severely frail patients on the basis that they were the most frequent hospital users but also were a small enough group to evaluate interventions effectively.

The Jean Bishop Integrated Care Centre

GPs can refer patients directly to the centre. Alternatively, community teams and others identify patients and the ICC team will liaise with the GP for them to come in. The process works as follows:

- GPs contact patients about the service.
- An ICC support worker visits them in their home, carrying out an assessment and getting their permission to access their record in System One (the integrated record) and speak to carers, as well as finding out what they want from the process.
- Patients attend the ICC, with transport arranged if necessary, and throughout that day receive tailored input and a comprehensive geriatric assessment from a range of professionals. This can include advanced nurse practitioners, occupational therapists, physical therapists, pharmacists, geriatricians, social care, and voluntary organisations including Parkinson's UK and Alzheimer's UK.
- Patients can receive follow up from the local rehabilitation team or the ICC team.

How governance challenges were resolved

The ICC project team faced the challenge of how to develop a truly integrated pathway with a large number of partners, while ensuring that governance was robust and complied with regulatory and legal requirements.

To tackle this challenge, the ICC team decided to appoint a lead provider. CHCP are now registered as the lead provider with the CQC, with standard operating procedures in place for all the work carried out at the ICC.

A systems and oversight group brings together technicians and clinicians to build solutions that work for patients and partners alike. Honorary contracts were used to give professionals outside the organisation access to relevant areas of System One without conflicting with GDPR regulations.

The benefits

For severely frail patients, there have been big reductions in ED attendance and admission, with patients giving great feedback about the support and care they receive for them as a whole person not just their physical health.

Advice for others

By starting small and then scaling up in light of the evidence, the team in Hull has "moved mountains for the future." A dedicated project leader was essential to deliver the ICC – someone for whom this was their 'day job', and who had the grit, resilience, credibility and relationships to

motivate the wide range of partners. Whereas trusts often put their best people in operational roles, transformation teams need experience – and adequate support from ‘back office’, contractual and analytical teams is also key. Relationships are also crucially important – partners may not always agree, but they need to be able to have challenging conversations safe in the knowledge that there is a shared aim.



If we are really serious about doing what we need to do, we need to start considering making our dream team our transformation team.

Lesley Windass, head of transformation, Hull CCG
Carol Waudby, chief operating officer, City Health Care Partnership CIC

Integrated services in Worcestershire

Key learning

- Be brave and go for it – create a governance structure that supports operational decision-making and enables both innovation and integration.
- Ensure that your governance structures support a ‘golden thread’ of information exchange and transparency at all levels of the system.

How integrated services are being delivered

Local health and care partners in Worcestershire wanted to work together as they faced shared challenges in providing the best care to vulnerable people living in care homes. Building on the strong working relationships between primary care and neighbourhood teams, they wanted to test new ways of working as PCNs emerged, and ensure that investments were aligned across the system.

As a result, they established a care home in-reach programme model in the Droitwich and Ombersley PCN. The operational staff involved were advanced nurse practitioners (ANPs), GPs, a pharmacist and an HCA. The team works together to build relationships with and provide education to care home staff, responding rapidly to care home queries and needs and carrying out virtual MDT reviews. Practice nurses, case home nurses and the team HCA complete long-term conditions annual reviews for the QOF, with a single point of data entry.

How governance challenges were resolved

With multiple footprints and types of organisation working together, and council districts that don’t map neatly to PCNs, the team in Worcestershire had to ensure that governance operated effectively.

Partners designed a system of governance that encourages and supports decision-making at an operational level, with accountability at organisational levels and system level oversight.

Governance for integrated care in Worcestershire

Strategic level

Worcestershire Alliance Board, chaired by the chief executive of the community mental health trust, who is also joint STP lead, and including the chief executives of provider organisations:

- System leadership
- Vision and strategy, horizon scanning
- Ensuring robust governance and clear lines of accountability

Tactical level

Integrated Care Partnership Group, chaired by the associate director of integrated community services at Worcestershire Health and Care Trust and including the three alliance chairs, the acute trust and the local ambulance services:

- Operational management
- Translating the vision into policy and procedure
- Resource allocation and mobilisation
- Integrated decision-making and performance monitoring

Operational level

Three local Alliance Boards, each with neighbourhood teams, of which there are 13 in total, aligned with 11 PCNs. Membership varies across the three alliances but includes GP leads and clinical directors:

- Clinical leadership
- Neighbourhood focus
- Delivery of care to local population
- Integrated working

In practice, when an issue arises and cannot be resolved at PCN level the team escalate it to the next tier, and can in turn go to the alliance board where high-level strategic decision-making is required.

Primary care professionals have also worked on how to ensure they play a part in collective oversight and decision-making despite being physically more disparate. The GP provider board includes PCN clinical directors from across the STP, providing a forum where all GPs have equal representation and the system can relate to them as a unified voice rather than a number of separate groups.

The benefits

The new approach to working with vulnerable people in care homes has enabled staff to provide more joined-up care to patients. The increased transparency provided by the tiered governance arrangement has also been a great enabler for the partners involved, providing clarity of shared aims and requirements.

Advice for others

Partners across Worcestershire – from the CCG to the community trust to a local PCN director – agree that within the culture of the NHS it can be easy to get caught up in governance. To innovate, they have got on and done things, ‘seeking forgiveness not permission’ – but they have also worked to create a governance structure that supports that spirit of innovation.



Be brave and go for it.

Rob Cunningham, associate director of integrated community services,
Worcestershire Health and Care Trust

Collaborative Newcastle

Key learning

- Develop a clear and transparent model for accountability at strategic and tactical levels.
- Be proactive in seeking out models for what effective system leadership can look like.
- Be reflective about the leadership in your system and take steps to change it where it is working less well.

How integrated services are being delivered

Newcastle’s joint system leadership focuses on delivering priorities in health and care, as well as growth and prosperity. Partners in delivering the vision for health and care include the CCG, the city council, the local acute, community, and mental health trusts and the Blue Stone consortium of voluntary organisations.

How governance challenges were resolved

Like other areas, Newcastle faced the challenge of developing governance structures that would enable integrated working, along with commissioning approaches that would incentivise the right kind of behaviours from providers and embed a sustainable health system.

Partners in Newcastle have developed a structure that allows leaders to retain strategic oversight of progress towards their overarching goals, while enabling colleagues at executive level to move forward on delivery.

At the strategic level, the Joint Executive Group (JEG) chaired by the council’s chief executive includes chief officers and their deputies from the city council, the CCG, the acute and community trust, and the mental health trust. They are responsible for driving forward a plan called ‘Improving Health, Wealth and Wellbeing.’

The chief operating officer for the acute and community trust, who sits on the JEG, also chairs the tactical Joint Delivery Group (JDG), which reports into the JEG. This includes representatives from the provider organisations, the voluntary sector, the GP federation, the local DASS, the local DCS and the director of public health, alongside clinical directors from the system's seven PCNs. The JEG's role is to problem solve any knotty issues that can't be solved by the JDG.

Twice a year the JDG proposes its workplan to the JEG. The JEG reviews the workplan, gets updates on its workstreams, and takes presentations from speakers on key potential developments. It can also give the go-ahead for new initiatives.

The JDG also feeds up to the JEG on the challenges that it faces in realising its 'Collaborative Newcastle' vision of health, growth and prosperity for the city. For example, the JEG gave its blessing to a proposal for legal support to develop a governance framework for the JDG's plans to progress coproduction and develop collective purchasing and spending power.

The JDG has also worked with an academic called Toby Lowe at Northumbria University with a research interest in complex commissioning. His work found that traditional contracts tended to incentivise gaming, with metrics unable to capture the level of complexity involved in delivering more integrated health and care. Instead, this academic proposed a 'human learning system' approach as an opportunity to get beyond 'old commissioner and provider speak' and establish a model that goes beyond the confines of a commercial contract. The JDG have also made use of Lankelly Chase's work on what good system leadership looks like, using the nine dimensions they propose to survey their own members every six months to test how healthy behaviours are and whether any areas need more attention.

Having delivered a workshop to the JDG, Toby Lowe and his colleagues now train cohorts on the citywide joint leadership programme, where 25 senior leaders at a time from across disciplines will learn together for a year, working on joint projects to deliver real change for local people.

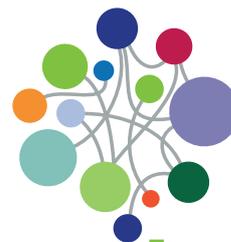
The benefits

The JEG and JDG structure makes accountability clear. This helps foster a high level of engagement, together with a clear sense that the work of the JDG is making a real difference.



People are seeing it as being the future.

Martin Wilson, chief operating officer,
The Newcastle Upon Tyne Hospitals NHS Foundation Trust



Community NETWORK

The **Community Network** is the national voice of NHS community providers, hosted by the NHS Confederation and NHS Providers. We support trusts and not-for-profit organisations providing NHS community health services to deliver high-quality care by influencing national policy development, sharing good practice, and promoting a vision of integrated care in the community.

neighbourhood integration project

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For further information and to get in touch:

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