

Case study

NHS CONFEDERATION



Joint working at place level in Newcastle upon Tyne

Overview

Excellent partnership relationships have developed over many years between the statutory sector, voluntary and community sector and other key partners in Newcastle. This has enabled a more cohesive and joined-up approach to delivering health and social care and addressing health inequalities.

The challenge


The North East has historically benefitted from strong acute health services. Increases in life expectancy, along with reductions in smoking, have been greater than elsewhere in the UK. However, health outcomes are poor and health inequalities within the region are far too great.

Health inequalities, alongside other economic and social challenges, have resulted in the North East receiving funding from various area-based Initiatives, including City Challenge, Single Regeneration Budget, Neighbourhood Renewal Fund, and New Deal for Communities. While there is little doubt that these short-term interventions have helped support partnership working, partners in the North of Tyne are also keen to shape and enable a long term, sustainable way of working across sectors.

What they did

While STPs, and later ICSs, are the latest iteration of an NHS-driven methodology to encourage and enable joint working, organisations in Newcastle have long recognised the importance of working collaboratively to improve health inequalities and respond to the dynamic needs of local communities.

One example of the commitment and innovation at place level is how colleagues in the voluntary and community sector (VCS) and statutory services have worked together to develop new services that reduce demand. For example, the [Ways to Wellness](#) service in



the west of Newcastle was an innovator in developing models of social prescribing and link workers that reduce demand in the acute sector through the development of stronger links between the VCS and GP communities. Some of this learning is being reflected in how social prescribing is now being developed nationally through the new primary care networks (PCN) approach.

Similarly, the [Together in a Crisis](#) service supports people who identify as being in crisis, but who do not meet the threshold for the local NHS mental health service. This is often described as a challenge by those working in mental health services and has the potential to support a part of the population that historically has had no access to services.

Public commitment to place-based working

At a strategic level, civic institutions are making public their commitment to supporting place-based working across sectors. The latest published [strategy for Newcastle upon Tyne Foundation Trust](#) commits to a leadership role in the local health and care system and being an anchor institution. Similarly, Newcastle University has published an [engagement and place strategy](#), which has values at its heart that reflect a commitment to providing ideas and solutions that will have economic and social impact. Both organisations have a significant role in the city of Newcastle, providing employment opportunities for example, but they also connect across partners in the health and education sectors at regional level.

However, leaders are aware that whilst system leadership and partnership working skills are developing well amongst CEOs and directors, the operational delivery of integration most often falls to clinicians and middle managers, many of whom have not had the opportunity to work across different sectors.

To address this, partners across Newcastle agreed to develop a cross-sectoral system leadership programme for participants nominated from the NHS (primary, community, secondary care and mental health), local government and the voluntary and community sector. The nine-month Programme is hosted by Newcastle Hospitals on behalf of the system and is being repeated twice per year. Participants are enabled to develop boundary spanning and influencing skills, as well as develop personal relationships to deliver service improvements across pathways. A next step for participants of the programme could involve secondment opportunities across different sectors, enabling leaders to build stronger facilitation skills and future alliances.

Results

These mature and robust relationships have been developed over many years, enduring despite financial challenges across all sectors. There is a genuine commitment to partnership working that develops solutions, rather than governance structures that enable dialogue but little or no action.

Each of the projects described above demonstrate that the history of joint working is well established, with many partners having worked in their relevant sectors and organisations for several years. The maturing of relationships has enabled partnerships to move beyond procurement decisions to shared decision making and solutions. This more sophisticated conversation has developed more aligned interventions.

Leaders recognise that the cross-sectoral leadership course is not about achieving quick wins, but is about enabling future leaders of the system to think and work differently. Participants have described the benefit of 'being able to see the world through a different set of eyes' and how this has enabled them to consider issues and challenges from a much broader perspective.

Obstacles

One of the challenges described by partners is how to retain the identity of place-based working within a large integrated care system. The new ICS geographies make sense to the NHS but colleagues recognise the need to take that footprint and make it meaningful for the other civic partners and the communities in which they serve. Partners agreed that there needs to be flexibility in the conceptions of place, whether that be neighbourhood, ward, local authority boundary or something else entirely. The prevailing concept of an 'anchor institution' should be considered at various levels, and could, for example include a strong VCS organisation operating at neighbourhood level, connecting communities to statutory services.

Tips

- **Build a core narrative across partners** about the ambition for health and wellbeing at place level. This message will enable you to have broader conversations with partners and the communities you serve.
- **Be willing to take risks**, developing returns based upon outcomes for service users and communities, rather than transactional performance measures.
- **Enable the building of relationships across the system**, not just at senior leadership level, but with senior clinicians and managers at all levels as well. They are the front line of enabling integration.
- **Take a long-term view of what you want to achieve for your local communities**. Health improvements take time and commitment to deliver. As system leaders you need to avoid short-termism, investing time, finance and commitment to work that may not bring immediate value.

Key learning

- **Building successful partnerships involves spending time in the room together**. There is no substitute for taking the time to understand each other and individuals and the organisations of which they are part.
- **Be clear on the vision at place level and drive from the bottom up**. ICSs have been grappling with how to engage a broader range of partners. From a VCS perspective, this should be done at place level.
- **Anchor institutions should not be distant and remote**. They should proactively develop strategies to engage with their external partners and shape the places in which they are situated. The most recently published strategy from Newcastle Hospitals demonstrates this very clear commitment to the local place. Be considerate of the role of VCS organisations in the local communities and neighbourhoods they serve.
- **Statutory partners need to commit to developing long-term, mature relationships** with partners in the voluntary and community sector. It should not be about providing small, piecemeal funding at the end of the financial year, but instead about co-designing and delivering sustainable service interventions that have service users at the heart, and which capitalise on the strengths of the partners involved.

For more information

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The **NHS Confederation** is the membership body that brings together and speaks on behalf of the whole NHS.