

**TITLE OF REPORT:** **Integrating Health and Care in Gateshead – Review and Forward Look**

**REPORT OF:** **Gateshead Health and Care System – Susan Watson and Mark Dornan**

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### **Purpose of the Report**

1. The report provides an update from the Gateshead Health & Care System on progress in taking forward a place-based approach to the integration of health and care in Gateshead, arising from the 'report-out' from the week-long workshop in June of last year.
2. The report is in two parts:
  - A review of work undertaken over the last year – successes, areas of learning and areas that we need to redouble our efforts to progress in 2019/20;
  - A forward look of areas of key focus during 2019/20.
3. The views and continued support of the Health and Wellbeing Board is sought to our work as a system.

### **Background**

4. Reports were brought to the September 2017 and April 2018 Board meetings which set out the thinking of the health and care system leaders in Gateshead about the opportunities for integrating health and care services with the explicit aim of improving the health and wellbeing outcomes of Gateshead residents.
5. It was reported to the Board that there was whole system support for an integrated approach to health and care in Gateshead, shared by accountable officers, their commissioners and their providers, to meet three core objectives:
  - (i) To shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention and early help.
  - (ii) To support the development of integrated care and treatment for people with complicated long-term health conditions, social problems or disabilities.
  - (iii) To create a better framework for managing the difficult decisions required to ensure effective, efficient and economically secure services during a period of continued public sector financial austerity.
6. A shared vision and proposals for taking this work forward was endorsed by the Board and led to a week-long workshop in June 2018 to develop our emerging ideas further. The outcomes from the workshop were presented to Board members at a

report-out session in July 2018. It was reported that a key outcome from the workshop was a commitment to pursue a ‘primacy of place’ approach in taking forward health and care integration in Gateshead. This means that, as far as possible, integrated planning (commissioning and provision) of services takes place at a Gateshead Place level with services being provided as close to peoples’ homes as possible whilst ensuring quality and safe care that is responsive to peoples’ needs. In short, Gateshead System designed, locally delivered, health and care.

7. It was recognised that our place-based approach would also have implications for our relationship with wider footprints/ ‘collaborative areas’ at Integrated Care System (ICS) level and Integrated Care Partnership (ICP) North level that include Gateshead. As a local system, we have made it clear that we see the role of the ICS/ICP as being to support our journey and local working arrangements across health and social care. This is best represented by the inverted ‘pyramid’ diagram at Appendix 1 where local place is placed at the apex, followed by the ICP layer and then the ICS layer at sub-regional and regional levels.
8. This meant that we needed a clear, shared and consistent narrative on what we are seeking to achieve for the benefit of local people that links to Gateshead’s Thrive agenda. This would become a key focus of our work.
9. A further progress report was brought to the Board in October 2018 and regular verbal updates have been provided to subsequent Board meetings.
10. A one-day workshop was held on 6th June 2019 to reflect on our work over the past year (Part 1 of this report) and to identify key priorities/ areas to take forward in 2019/20 (Part 2).

#### **PART 1: Reflection / Stocktake on Work of Gateshead Health & Care System (July 2018 to June 2019)**

11. The first part of the workshop was a stocktake session which focused on how we did last year as a system and where we are currently.
12. It was clear that there was much success to celebrate as well as lessons learned and areas where we will need to redouble our efforts to progress during 2019/20.

#### **Celebrating success: ‘We are still here!’**

13. Key success areas that were highlighted included:

##### ***Good Foundations in Place:***

- **We have developed the ‘skeleton’ for the Gateshead Health Care system** through a Memorandum of Understanding that has been signed up to and a Terms of Reference for the Gateshead Health & Care System.
- **They have provided a framework for us to work as a system**, to see ourselves as a ‘system’ and to speak as a ‘system’.
- As a system, **we have a better understanding of Gateshead’s health inequality challenges and opportunities** to address them are better understood.

- We also have a better understanding of each other's challenges.
- We have developed a Gateshead Plan that acts as an iterative narrative of our journey as a local System (see **Appendix 2** attached).
- We have the bones of a shared set of baseline measures that provide a system 'lens' on quality, performance, exceptions/mitigations etc. i.e. moving away from a single organisational focus.

### ***Building Relationships:***

- **Commitment from system partners** as evidenced by weekly meetings since June of last year to maintain the momentum from the report-out and keeping to our promise to meet regularly.
- There are good, strong and close relationships in place, despite some difficult conversations along the way - a marker of growing system maturity.
- **People get on with one another** and the relationships developed provide a firm foundation for future working.

### ***An Agreed Programme of Work:***

- We have an agreed programme of work in place:

#### ***3 priority areas:***

- Children and Young People's Health and Wellbeing
- Frailty
- People with Multiple and Complex Needs (inc. Frequent Attenders)

#### ***Other transformation programme areas:***

- Deciding Together, Delivering Together
- Community Health Services
- Falls
- Intermediate Care
- Community Model for Learning Disabilities
- End of Life Care

### ***Speaking as One Voice:***

- We have worked together and responded together as a system e.g.
  - Provided a system response to the Council's budget proposals;
  - Provided a system response to the national LGA consultation on an adult social care Green paper and the local consultation on air quality;
  - Input as a system to the direction of an ICS and ICP in our patch;
  - Took a joint approach/ provided a joint response to emerging primary care networks (with a stated clear intention to make the most of opportunities to support and involve the networks in our System work going forward).
- We are confident as a system that we can make some clear, sustainable and exciting changes in Gateshead for the benefit of local people.

### **One Culture:**

- The journey towards ‘one culture’ has started (although it is recognised that there is more to do).

### **National & Regional Interface:**

- We are **recognised externally as a ‘good’ emerging system.** Communications to the region have worked well – we have a good reputation.
- Nationally and regionally **people are talking about Gateshead** and our approach to system working.

## **Lessons Learned**

14. The last year also provided an opportunity to learn some valuable lessons as a system including:

- **System change requires a long-term commitment.** We made a 10 year+ commitment and we have just completed our first year – we should recognise this and celebrate this.
- **System change is very difficult and complex,** especially at a time of uncertainty, but if it wasn’t we would have already cracked it! Also, are we too ambitious or not ambitious enough?
- We need to **stay focused on the people we serve.**
- We have a **lot to learn from other areas** Cumbria, Northumbria, Greater Manchester etc. and other areas can learn from our experience to-date.
- **We need to keep our focus on our objectives and be more specific** about what we are planning to do year by year, programme by programme (our agenda has been too broad – **we need to choose a few ‘smaller’, more tangible items and then make sure we deliver them**).
- We need to better **harness the capacity of the system** to deliver our work programme.
- **Financial constraints** – although the current climate provides opportunities as well as challenges, **it is difficult to get past this issue.** We have not yet identified how we can bring system resources together to implement our priorities. The idea of a local ‘flex’ (transformational) fund has proved difficult to secure in practice – a re-think on this is needed.
- It is important to regularly **build in some time for reflection** i.e. ‘We need some space to come out of the weeds’.

- We need to **continue to advocate a ‘place’ based approach** in seeking to influence emerging relationships with our ICS/ ICP.
- **Primary Care Networks provide an important opportunity to embed system working.** We need to work collaboratively to provide support to the emerging networks and to help shape their development.
- **A focus on inequality is key.** A limited number of radical approaches may be needed e.g. at Place/ neighbourhood level;
- We need to get senior buy-in to **move to a virtual team** ('General Staff').
- **We have gone someway to reach a system view of the position (financial/ planning arrangements) of individual partner organisations** (though further detail is needed).
- **We have not yet answered** the questions:
  - **How do we plan to invest in the right areas as a system?**
  - **How can we invest in community care, prevention and early intervention?**
- **We still need to make a real step-change.** We need to decide what that will be in practice.

#### **Regrets: ‘We have a few!’ – areas where we need to redouble our efforts**

15. Some areas were identified where we have not made as much progress as we would have liked and where we will need to redouble our efforts going forward:

#### ***System Leadership:***

- We haven’t yet developed a **system leadership/ stewardship role**.
- We **need greater CX/AO involvement** to provide necessary leadership and direction.

#### ***Ambition, Momentum & Outcomes:***

- **Have we lost our ambition? There is a worry that we might lose momentum unless we redouble our efforts.**
- We need to ask ourselves **what have been the tangible outcomes** from the last year?

#### ***Planning Arrangements:***

- **Planning arrangements not yet aligned.** Although we have an iterative ‘live’ Gateshead Plan that describes where we want to get to as a system and our journey to-date, we are not yet joined up to the point that there is one Planning document for the Gateshead system (i.e. instead of individual

organisation planning documents that are broadly aligned). We ‘shared’ plans rather than developed a single Planning document.

- **We are still commissioning for services** rather than for outcomes (outcomes-based commissioning). There is also another school of thought on improving outcomes in complex environments (e.g. Toby Lowe) – arguing in favour of adopting a ‘learning organisation’ approach instead i.e. that **our focus should be on ‘learning’ together** rather than ‘measuring’. **We need to find a path that works for us as a system.**

#### ***The Money:***

- **Anything to do with money** – budgets and planning. We have not changed how our organisations behave when the money is difficult.
- Shifting the money - **no agreement yet on how to disinvest in some areas in order to fund priority areas of work.**
- We **haven’t yet developed one system** i.e. pooled money, estate, risk or responsibility.

#### ***Transformation Work:***

- **We have not progressed transformation as fast** as we would like in some areas.
- We **need to challenge our thinking more** – explore different ways of working; link in to public sector reform work etc.
- There are real **barriers to progress** that we need to take on. This requires trust in each other. Sometimes, we have a fear of offending that can get in the way of identifying the core of an issue.

#### ***A General Staff & Capacity:***

- We have **not gone far enough in securing a ‘General staff’** for the Gateshead system. Need to move more to one virtual team.
- **Capacity ‘to do the do’.** We spread ourselves too thin, without the necessary resource to support our work. Where we have invested in capacity, we have made more progress

## **PART 2: Looking Forward - Key Priorities / Areas to take forward in 2019/20**

### **Some Guiding Principles**

16. **Evolution:** Build on our key principles from our work so far, we are on a cultural journey.
17. **Scale & Subsidiarity:** We need to take forward some areas of work at a 'Gateshead wide' level and others at smaller 'locality' geographies within Gateshead.
18. **System integration and Prioritisation:** we now need to ensure we join more of the Gateshead system together to enable all our organisations' work to be serving the 'thrive' agenda. This will involve reviewing culture, governance and how the work of our teams is better aligned to serve our citizens. We also need to focus down, for any additional placed based commissioned work, on a smaller number of specific priorities and to use our collective energies, capacity and resources to take them forward to secure tangible results. The development of the 'General Staff' principle will form part of this approach.
19. As a system, we need to recognise that **Individual Communities Priorities** (e.g. Beacon Lough) / localities (e.g. primary care networks) exist and will evolve over time. We need to consider how we can best enable those communities/ localities to achieve their priorities within an overarching framework for the system as a whole.
20. In order to help ensure that the system focuses its energies on the right things and makes the most of available capacity, the system will need to consider areas of work that it wishes to '**adopt (support)**', '**align**' or '**drive**' itself.
21. In relation to work that falls within these categories, we will need to answer the following questions:
  - How do we 'support' / enable areas of work to press-on (with only issues relating to capacity, barriers and enablers being addressed by the System)?
  - How do we 'align' things we are doing across our organisations (to secure a system wide approach)?
  - How do we 'drive' things that require or would benefit from a system approach (currently are not being led by the system)?

### **Priority Areas of Focus across the System for 2019/20**

22. Consideration has been given to the requirements of the System in terms of:
  - Infrastructure development;
  - Budgetary and planning arrangements;
  - Cultural change across the system;
  - Embedding prevention in ways of working; and
  - Priority programmes of work to be progressed.

#### ***Infrastructure Development:***

23. We need to build on the foundations provided by the MoU for the Gateshead System to support the next phase in the development of integrated working arrangements at Place. We will also need to link with and feed into the development of arrangements at ICP and ICS geographies on the one hand and locality geographies within Place on the other hand including new Primary Care Networks. We have developed the ‘skeleton’ for the system, now we need to put some flesh on the bones!
24. We need to consider how work that is taking place on ‘enablers’ to integration – workforce, IT etc. at ICS level can best support our arrangements at Place as well as clarifying our ‘ask’ at Place.
25. We have learned from other areas of the country, most recently a site visit to Manchester, and we will need to continue to seek out learning that can help us to refine and further shape our arrangements at Place.
26. We also need to explore the contributions of local universities, higher education etc. in providing learning and support to our system.

***Budgetary & Planning Arrangements:***

27. As our System work at Place seeks to link closely with Gateshead’s Thrive agenda and will be taking forward key elements of a revised Health & Wellbeing Strategy for Gateshead we will need to ensure that our planning arrangements are best placed to feed into and work in tandem with programmes of work that flow from them.
28. We also need to progress joint planning arrangements at Place to facilitate a single Planning approach and response to the implementation of the NHS Plan – a key requirement this Autumn. This will require greater alignment of our plans and planning arrangements.
29. We need to build upon the momentum secured from developing a single system response to budgetary and other issues over the last year to make a further step change in our approach. This will include securing a better understanding as a system of our collective pressures and proposals to address them/ mitigate their impact etc.
30. We will also explore how we plan to invest in the right areas as a system:
  - Shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention and early help;
  - Explore opportunities to release resources from one part of the system to another;
  - Ensure there is transparency and a system view of impact in identifying solutions.

***Cultural Change:***

31. Whilst system working has been challenging at times, good and strong working relationships continue to be in place, as mentioned earlier. It is clear, however, that in order to progress to the next level, leadership across our organisations will be key in cascading system values and ways of working so that there is buy-in across our system as a whole. It is recognised that CXs/ A.O.s continue to have an important

role to play here, complemented by engagement with staff at all levels of our organisations.

32. A ‘brand’ for our system, linked to the Thrive agenda may also help with this.

***Our Work Programme for 2019/20:***

33. It is proposed that we retain our 3 key ‘driven’ priorities for 2019/20:

- Children & Young People’s wellbeing and Mental Health;
- People with Multiple & Complex Needs;
- Frailty.

34. However, in line with the principle above of focusing down on specific issues, Senior Responsible Officers (SROs) have been asked to identify particular areas of focus within the 3 priority areas for 2019/20.

35. In taking this work forward, consideration will be given to resources, capacity, and demand management. Consideration will also be given to what support SROs will need to progress priority areas of work e.g. ‘general staff’ to take work forward; wider engagement with frontline staff, service users etc. More generally, the role of SROs will need to be re-visited.

36. The system will also ‘support’ the leadership of our 7 other transformation programme areas working with the SROs for:

- Deciding Together, Delivering Together
- Community Health Services
- Falls
- Intermediate Care
- Community Model for Learning Disabilities
- End of Life Care

***Prevention Embedded in Ways of Working and Programmes of Work:***

37. We recognise the need to further embed preventative approaches in our system working. This will be addressed through our 3 priority and 7 transformation programme areas.

38. We will also build upon the input of Professor Chris Bentley and the Public Health Team to our system work – through the lens of civic-level interventions, community-based interventions and service-based interventions. This includes:

- Locality based working to address health inequality, including a self-assessment to inform areas of focus and future direction;
- Stop-smoking interventions and how the system can work collectively to address;
- Alcohol: including impact on A&E attendances and unplanned admissions.

## **Recommendations**

39. The Board is asked to:

- (i) Consider the progress update set out in this report and the issues which have been identified;
- (ii) Endorse the key areas of focus for 2019/20.

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**Gateshead ‘Place’ based approach to  
Health and Care Integration**

