

Gateshead's Health and Care Systems response to the national guidance: Thriving places: Guidance on the development of place based partnerships

Introduction

The Thriving Places guidance, published in September 2021 seeks to support all partner organisations in integrated care systems to collectively define their place-based partnership working, and to consider how they will evolve to support the transition to the new statutory ICS arrangements, from April 2022.

This Place based response to the guidance is proposed in the context of transitioning with safety and then embedding the new ways of working underpinned by a clear aspiration for our public and patients. We hope this will help the evolving discussion happening at the ICS but we recognise it will be reviewed in the light of those developments. We will put reviews in place once the ICS has agreed its next steps.

Background

The guidance recognises that Place-based partnerships represent a flexible, bottom-up approach and are an important enabler for meaningful collaboration.

As part of the development of ICSs, there is an expectation that partnerships at place level will play a central role in planning and improving health and care services, proactively identifying and responding to population need.

Place-based partnerships also provide an opportunity for the organisations responsible for planning and delivering these services to continue to build and maintain broader coalitions with community partners to promote health and wellbeing, influencing the wider determinants of health.

The White Paper also emphasised the important role of place-based partnerships to support joint-working between the NHS, local government and other partners in sub-system localities, as well as the opportunity for a significant amount of system decision-making at place-level where appropriate.

The Bill does not set out fixed arrangements for the governance of place-based partnerships; instead it gives flexibility for partners to agree how they work locally.

Key points from the guidance

- Place-based partnerships are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community.

- Place-based partnerships will remain as the foundations of integrated care systems as they are put on a statutory footing (subject to legislation), building on existing local arrangements and relationships.
- It will be for system partners to determine the footprint for each place-based partnership, the leadership arrangements and what functions it will carry out.
- The document describes the activities placed partnerships may lead, capabilities required and potential governance arrangements.

Proposals for place-based arrangements for 2022/23 onwards - Action required

As part of the establishment of new ICS arrangements from April 2021, ICS leaders should confirm their proposed place-based partnership arrangements for 2022/23, including their boundaries, leadership and membership.

More specifically, they should set out:

- the configuration, size and boundaries of the ICS's places
- the system responsibilities and functions to be carried out at place level
- the planned governance model, including membership, decision-making arrangements, leadership roles as well as agreed representation on, and reporting relationships with, the ICP and ICB.

Questions that have been considered by Gateshead Cares

1 Confirm the geography of Gateshead Place

Background: The guidance states that the footprint of place should be based on what is meaningful to local people, has a coherent identity and is where they live their lives – such as a town, city, borough or county. The footprint for place-based partnerships must be defined collaboratively, to ensure that it is a meaningful forum for engaging partners to deliver joint actions (page 10).

Qu Confirm that the geography of Gateshead Place is the LA boundary as is currently the case for Gateshead Cares.

Yes, all agree that they wish the place based partnership to be on the LA boundary.

2 Responsibilities and functions to be carried out at place level - agreeing the shared capabilities and activities of the partnership

Background: The NHS, local government and other local partners should agree the ICS responsibilities and functions to be carried out at place level (page 12). The guidance states that what is undertaken at system or place should be guided by the principle of subsidiarity, with decisions taken as close to local communities as possible, and at a larger scale where there are demonstrable benefits or where co-ordination across places adds value.

The guidance states that some of the programmes and activities that place-based partnerships may undertake together include (pages 15 to 18):

- a) Health and care strategy and planning at place
- b) Service planning
- c) Service delivery and transformation
- d) Population health management (*much happening at ICS*)
- e) Connect support in the community
- f) Promote health and wellbeing
- g) Align management support

Qu What programmes and activities should Gateshead Place undertake together? all of a) to g)?

Yes, the evolving place-based partnership would like to deliver all functions. They are broad in nature and it provides an opportunity for Places to shape/ interpret.

Clarity is needed on what can be done at Gateshead Place and what needs to be done at scale at broader geographies in line with the Primacy of Place principle. Gateshead would wish to do as much as it can at Place level i.e. unless there is a compelling reason for a function/activity to be undertaken at scale but recognises many specialist services require planning at scale. Our rule of thumb is to commission services at the geography they are provided at. Given this we would hope as much of the CCG budget, running cost, staff (including clinicians) would be transferred to the place based team to allow them autonomy for the place based partnership to evolve its team for the functions delegated to place.

It was noted that these functions describe commissioning rather than mentioning it specifically – this is consistent with a view of commissioning and provision working in tandem together where possible.

Background: The place-based partnership and ICB leadership should consider and define the role the place-based partnership and its leadership team will play to support effective monitoring of performance within the system, sharing data and intelligence across partners, identifying risks and helping to agree remedial actions particularly in relation to any statutory functions have been delegated to the place-based partnership (page 27).

Qu What role should Gateshead place-based partnership and its leadership team play to support effective monitoring of performance within the system, sharing data and intelligence across partners, identifying risks and helping to agree remedial actions?

We are working with NECS and Gateshead public health to explore a single version of the truth. This is likely to be using Axiom and we hope to pilot in Gateshead soon.

3. Additional functions and Capabilities

Background: The guidance also states that these programmes and activities may be underpinned by shared functions or capabilities, such as people, digital and technology functions, business intelligence and analytics (page 12). They should be supported by an approach to working that embeds systematic involvement of relevant professional groups, service users, carers and communities described further in chapter 4 on governance, decision-making and accountability (page 13).

Qu What shared functions or capabilities should be undertaken at Gateshead Place?

Whilst recognising there needs to be an ICS dimension to some functions where there are particular benefits of scale, there also needs to be a place based capability to coordinate our approach to these functions and to take a bottom-up approach to planning i.e. for:

- Workforce
- Estates
- Digital agendas (Inc. digital inclusion/poverty).
- Health Inequalities – it has to be a key part of programmes/activity at Gateshead Place and localities (communities) within Gateshead Place.

There will be other large scale functions that place needs to input and interface with.

4 Delivery

Background: The guidance goes on to state that a place-based partnership may agree that these capabilities and activities should be led by individual organisations or resourced collaboratively by programmes delivered across organisational boundaries. It is most important that the

partnership helps organisations to agree where capabilities and programmes should sit to avoid conflicting activities or duplicated effort (page 13).

Qu How can we best deliver those Functions and Capabilities?

Approaches:

- Partnership - Conflicts of interest are not a bad thing if they are appropriately managed.
- Subsidiarity - We want to do as much as possible at Place level where appropriate.
- Convergence - Many of our programmes in Gateshead fit with activities listed under A to G above (Question 2).
- Evolve - We already have much of the structure here in Gateshead and it works. We need to build on and ensure that our programmes follow our Principles on working arrangements (see separate note on this).

5 ICS support needed

Background: Place-based partnerships should work with other partners across the ICS to agree the activities and capabilities that may be most effectively delivered at scale across the system, or where a consistent approach across places is appropriate (page 13), including making decisions with at-scale provider collaboratives (page 21).

Qu What activities and capabilities may be most effectively delivered at scale across the system, or where a consistent approach across places is appropriate, including making decisions with at-scale provider collaboratives?

As per section 3: some dimensions of the Workforce, Digital and Estate agendas needs to be undertaken at regional level with Place influencing and inputting to the approach taken. However, Place will also need to undertake a coordinating role in relation to the enablers of integration and to take a bottom-up approach to planning e.g. local workforce planning.

There is also the need to ensure that the voice of Place feeds into the ICS in a meaningful way e.g. the voice of primary care, so that it can influence the ICS. This also relates to the function around engagement.

The voice of Place may still need to feed into other geographies - the 'space' between Place and ICS level. There is a need to think about how this will be addressed - a collaboration of Places?

It was felt that further discussions are needed on what is best done at scale. It was noted that a Finance paper has been prepared looking at the issues on what could be done at scale / at Place.

6 Providers

Background: Place-based partnerships may also consider different approaches to take locally to support providers of different types and from different sectors to work together to co-ordinate care

and integrate services in their locality, though this will be distinct from the role of the at-scale provider collaboratives (page 13).

Qu What approaches does Gateshead Place wish to take to support providers of different types and from different sectors to work together to co-ordinate care and integrate services in its locality?

Noted that this links to the issue of provider representation. For social care, it was noted that a single provider is not in a position to represent the sector - the sector is so varied.

There are provider forums that can be used e.g. to engage and consult with the social care provider sector as and when needed and this would work better than finding a representative to sit on the place based partnership.

7 Governance, decision-making and accountability

Background: The guidance states that the NHS, local government and other local partners should agree the planned governance model for place (page 19) including:

- Membership
- Place-level decision-making arrangements, including any joint arrangements for statutory decision-making functions between the NHS and local government
- Leadership roles, for convening the place-based partnership, as well as any individuals responsible for delegated functions
- Representation on, and reporting relationships with, the ICP and ICB

Membership

The guidance states that while it will be for local partners to agree the appropriate organisations and individuals to be included in the place-based partnership arrangements, they will do well to consider how they will include representation from the following (page 19):

- **primary care provider leadership**, represented by PCN clinical directors or other relevant primary care leaders
- **providers of acute, community and mental health services**, including representatives of provider collaboratives where appropriate
- **people who use care and support services and their representatives** including Healthwatch
- **local authorities**, including Directors of Adult Social Services and Directors of Public Health and elected members
- **social care providers**
- the **voluntary, community and social enterprise sector (VCSE)**
- the **ICB**

Place partners should agree the membership of the different parts of their governance arrangements, recognising the different role partners will play, and that it may not be considered

appropriate for some members of the place-based partnership to participate in some formal decision-making arrangements (page 23).

Qu Should Gateshead Place Partnership change / extend its membership?

It was felt that the Gateshead Place partnership did not need to extend its membership. See Appendix for current membership and governance diagram.

Qu What parts of the governance arrangements for Gateshead Place need to be considered further from a membership perspective?

It was felt that other organisations don't necessarily need to become 'members' - they can feed into Gateshead Place as appropriate (e.g. housing sector, colleges etc.) e.g. they could also input through a Reference Group arrangement where they are kept informed regularly and brought in as needed.

8. Engagement

Background: The guidance also states that the place-based partnership should agree which other community partners with an important voice or role should be involved in the partnership, as members of committees or through other working groups and arrangements. This will depend on the objectives of the partnership, and may include housing associations, emergency services, prisons, universities and education providers. There will be partners with more complex footprints, such as ambulance trusts, which depending on the nature of working relationships, may be most appropriately represented as members or through other working arrangements, which should be agreed (page 20).

Qu What approach does Gateshead Place wish to take towards the involvement of other community partners? Should we have a yearly reference group?

We would like to have a yearly reference group. We also want to ensure we embed community engagement in all place work.

Working with people and communities

Background: As part of their decision-making arrangements, place-based partnerships should systematically involve professionals, people and communities in their programmes of work and decision-making processes. This should build on existing approaches to engaging and co-producing with people and communities; for example, those approaches developed by HWBs. These arrangements should be a source of genuine co-production and a key tool for supporting accountability and transparency of the system (page 21).

Qu What approach does Gateshead Place wish to take involving professionals, people and communities in their programmes of work and decision-making processes?

Engagement with the Public: Through our Place workstreams, arrangements are being made to ensure that community engagement is embedded into everything we do. Arrangements are also needed to encompass the Voice of the Child.

There is a continuing need to consider how we utilise our collective comms which is being progressed (a comms work programme is being developed).

Traditional methods of communication also have a role to play such as the Gateshead Council magazine, which includes pages dedicated to health and care issues.

People engagement also needs to be factored in as part of the ongoing development of work programmes. A number of different approaches are needed.

Engagement with our workforce: We also need to further consider how we harness our workforce to promote involvement and to communicate on behalf of Gateshead Place .

Engagement with Professional leaders: Professional Advisory Group Everyone supports this being set up. Initially, it would need to meet more frequently than 1-2 a year to input into the place based partnership. This needs to involve a range of professionals including social care professionals. It also needs to involve community professionals (e.g. Chief Executive of Edberts House). TOR are being drafted.

9 Agreeing the Resources and delegation at Place

Background: A number of the questions have already been picked up under the section on 'Responsibilities and functions to be carried out at place level' (page 2 above). Consideration should also be given by system leaders to how they ensure appropriate resource and delegated decision-making are established at place (page 21).

Where place-based partnerships agree with statutory bodies –for example, the ICB, NHS providers or local government –to take on delegated statutory functions for the place, the relevant bodies will retain accountability for these functions and must be satisfied the place -based partnership is able to manage the functions appropriately. They will agree with the partnership any terms of the delegation including the governance and assurance arrangements required to ensure the functions are delivered in a proper way (page 22).

Qu How can we seek to ensure (and/or advocate) that appropriate resource and delegated decision-making is established at Gateshead Place?

We need to consider how the 'Gateshead Cares' Alliance Agreement can evolve to do this. See Appendix for current version.

Timescales: Noted that Joint Committee arrangements, will take some time to evolve. The ICB will be a new organisation and it will need to build trust and delegate to Place – it won't happen overnight. This is unlikely to be ready for April 2022 and may be more likely Autumn 2022.

Steps needed: Joint Committee arrangements will require organisations to agree functions, budgets and schemes of delegation.

Preparation: Gateshead Place wants to be proactive by putting the necessary arrangements in place so that it is ready to take on those responsibilities and make the most of those opportunities i.e. so that it can demonstrate in advance that it is fit for purpose.

As part of this, we need to consider what shadow arrangements can be put in place. As a local system, Gateshead Cares will continue to function/operate for the benefit of Gateshead residents while waiting (and ready) to take on further responsibilities.

In summary, we need to consider what we can do now to demonstrate maturity / our state of readiness e.g. financial & performance monitoring.

10 Governance and decision-making arrangements

Background: Local areas must also consider how to balance and build on existing relationships and governance arrangements, with the delivery of the functions and duties set out in the proposed legislation (Page 22).

Table 2 (pages 24 to 26) summarises the broad types of governance arrangements that could be established to support place-based partnerships to make decisions between the appropriate partners, if the Bill is passed in its current form (page 22/23).

Some of the arrangements described in table 2 may be implemented through existing arrangements, such as HWBs. However, there may be some arrangements that must be established independently. The arrangements are not mutually exclusive, and places may adapt and revise the arrangements to address their particular business and decision-making needs. It is also possible to use a single forum for multiple purposes. Place-based partnerships should consider, along with wider system partners, how they will ensure governance and decision-making remains clear and proportionate and avoids duplication across the ICS, and how they share information and involve partners to promote joined-up decision-making (page 23).

Qu Of the options set out under Table 2 of the Thriving Places Guidance (on pages 24 to 26), what governance would we wish for Gateshead Place?

A Joint Committee arrangement would most closely match the approach we would wish to take.

A staged approach will likely be needed and there would be value in putting shadow arrangements in place as soon as practicable.

Qu What shadow arrangements do we want for Gateshead Place in advance of the proposed changes for April 2022?

As mentioned, a two stage process can be taken – set the infrastructure up/ plan for our governance and put supporting arrangements in place i.e. so that Gateshead Place can take on further responsibilities and functions when we and the ICB are ready (inc. delegated functions/ budgets). The Gateshead Place system can continue to evolve and grow, consistent with its aspirations – a steady progression.

It was also noted that there is an ICS Task & Finish Group looking at this issue and there is a need to finalise the detail.

11 Accountability arrangements

Background: The guidance states that while NHS partners will be accountable for delivery of their functions through NHS England and NHS Improvement and to central government, local authority partners are accountable to communities through local democracy. Place-based partnerships should agree the arrangements required to fulfil each of these relationships appropriately, including how they engage council elected members or NHS non-executive directors in decision-making, as well as their relationships with HWBs and local authority health overview and scrutiny arrangements, and the relationship between NHS bodies and NHS England and NHS Improvement (page 27).

Qu What accountability arrangements should be in place for the Gateshead Place Partnership going forward?

Noted that this is set out in our governance diagram for Gateshead Place – agreed, that there would be accountability to the Health & Wellbeing Board (as there is currently).

Also noted that an ICS Design Group has been established which includes LA representatives.

12 Leadership & Workforce developments

Background: The guidance states that there is a range of leadership roles that may be fulfilled at place, and they will depend on the responsibilities the place-based partnership has agreed to undertake together. Partnerships may choose to have an overall lead for the place, its vision and plan, which will likely comprise the role of convening the partnership but may also include responsibility for managing delegated statutory functions. This will typically be accompanied by other leadership roles in the partnership for defined functions or programmes of work. The roles and responsibilities of the leadership team will typically fall into the three broad categories described in Table 3 (page 28) of the guidance:

- Partnership convenor
- Executive leads
- Programme leads

It is important that the leadership roles of the place-based partnership are agreed and defined clearly, based on the functions and programmes of the partnership, and there is an agreed process to manage any potential conflicts of interest (page 29).

Qu Are the leadership roles of Gateshead place-based partnership agreed and defined clearly, based on the functions and programmes of the partnership?

Yes, but this needs to be kept under review.

Additional capacity will be needed in such areas as finance, performance management, engagement.

Leadership skills and capabilities

Background: Whilst leaders and teams will clearly want to shape their own development, the guidance states that learning to-date suggests the key skills and behaviours that place-based leaders should aspire towards to be effective in their role include (page 29/30):

- openness and honesty with colleagues, as well as acting with integrity
- a commitment to listening to others and understanding different points of view
- strong relationship-building skills, with the capability to work with partners to develop a shared vision around joint priorities and plans
- a readiness to take ownership of complex problems
- curiosity and the ability to understand what is really happening, and not what is supposed to be happening
- encouraging close working between leaders from different organisations to build relationships and solve problems
- fostering a culture of continuous learning, measuring effectiveness and adapting the approach on what is or is not working
- regularly engaging with people who use services, carers and members of the voluntary sector to understand their experiences of care and acting on their views.

Qu are we happy to use these principles?

Yes

Background: The guidance states that the partnership may also use this as an opportunity to consider how they will support the continued development and capability of the place's professional communities to meet the future work of the partnership (page 13).

Qu How will Gateshead Place support the continued development and capability of its professional communities to meet the future work of the partnership?

1st cohort of the Gateshead system leadership development is ongoing. We will need to consider how we can best move the Leadership Programme forward. The infrastructure is in place, but it will need to evolve. We then need to explore options for the wider teams.

Qu What working arrangements should be put in place that embeds systematic involvement of relevant professional groups, service users, carers and communities?

We feel the professional forum and engagement evolving is a good start and this will evolve.

Link to the full ISC Thriving Places guidance document:

[ICS-implementation-guidance-on-thriving \(england.nhs.uk\)](https://www.england.nhs.uk/publications/ics-implementation-guidance-on-thriving-places/)

J Costello

Current Gateshead Cares System Board

Chair: Mark Dornan

Vice-Chair: Steve Kirk

Plus Senior Representatives of:

- Newcastle Gateshead CCG
- Gateshead Council
- Gateshead Health NHS FT
- Newcastle upon Tyne Hospitals NHS FT
- Cumbria, Northumberland, Tyne & Wear NHS FT
- Community Based Care Health
- Blue Stone Collaborative
- Connected Voice

Governance of Gateshead Cares:

See Illustration attached.

Current Alliance Agreement:



With
Signatures-Gateshe:

Gateshead Health & Care System (Gateshead Cares) – Governance

