Place and provider collaboratives

by Colin Scales & Cathy Elliott.

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BLOG

The discussion in this week's New NHS ICS Series webinar centred on the role of place and provider collaboratives in integrated care.

The session was chaired by GGI chief executive Andrew Corbett-Nolan, who felt that the theme would prove vital to the long-term success of integrated care. He said: "The focus is on systems at the moment because they're new and exciting but when we look back in ten years the biggest changes will be among providers and at place."

Culture is key

Cathy Elliott, chair of the West Yorkshire Health & Care Partnership integrated care board, said her ICS was in the process of building the governance to support the 'coalition of the willing' between the NHS, local authorities and the third sector that has been in place for over five years.

For Cathy, the culture underpinning the functions and frameworks of integrated care is key. She said: "We've worked really hard to make sure we've got a shared culture and vision and values. That's very much about risk sharing, it's about suspending egos – which you'll appreciate can be tough some days – it's about subsidiarity, and it's about collaborating in all we do."

She added: "One of our points of development is to make sure we have the right data and intelligence available to us, not only beginning with the strategic needs analysis from the local authority but also how you have genuinely good intelligence to prove that you've got those outcomes and your strategy is genuinely making a difference. How you can keep looking at the here and now as well as looking to the future.

"One of the principles we've agreed is that we must work to ensure there's equal weighting to what the health and wellbeing board plans and aims to do, year to year and over a five-year period, as well as what NHS England requires from us at a regional national level. That's easy to say but how we try to do it within a partnership, day to day, week to week, year to year, is going to be a challenge."

Adding value at place and at scale

Our second speaker was Colin Scales, chief executive of Bridgewater Community Healthcare NHS Foundation Trust, a provider in the Cheshire & Merseyside Health and Care Partnership – which Andrew Corbett-Nolan praised for its approach.

Andrew said: "Cheshire & Merseyside is putting the governance last. They're deciding what it is they're going to achieve and then governing it, rather than the other way around. The second thing they're doing is the art of working on two screens. So they're absolutely driven by the

pressing needs of today and the here and now but always also focused on the long-term benefits that will take many years to achieve."

Colin said: "We have a pragmatic approach to take population health management data and to effect service delivery, connecting mental health, learning development and community services together, securing programmed equality, working to reduce variation in service delivery and standards, achieve consistency of outcomes, secure a resilient workforce and improve efficiency.

"We'll do this by using population health data to segment groups with multiple co-morbidities and/or complex lives to understand what they're experiencing as patients and citizens, and address a service response to better meet their needs. Co-designing connected service frameworks with partners and citizens is central to that. Supporting places and PCNs to tailor services to their unique circumstances.

"This isn't about the application of a system-wide approach to deliver services. We channel our expertise as a collaborative and tune into the sensitivities of our places."

Colin highlighted Cheshire & Merseyside's focus on tackling variation. He said: "There's an absolute imperative to tackle variation, whether that be in intermediate care, services for children and young people, community nursing… every service that's delivered would benefit from a setting of standards and a levelling up, which we believe can only be done at system level.

"From one town to another, one street to another, depending on where you live, there's a different service response available from a range of community providers. Those variations in inputs at a very local level have to be corrected because the outcomes that people are experiencing as a result of that variation will be a challenge. At this stage of the pandemic, the service response and the way we support people who have been through the Covid experience needs to be levelled up to the standards of the very best."

System P

Colin said Cheshire & Merseyside is addressing this through what it calls System P: "…an approach to the sharing of data across multiple sectors at a system level and at place, to the analysis of that data and the direct impact on care delivery. That data enables us to segment our population and the member organisations in the collaborative are using that data to actively determine how services should be organised. And that requires some significant changes to the way services are organised. It's proved quite challenging – it cuts across commissioning specifications and it challenges the history of delivery."

Colin used the example of people with complex lives in Cheshire & Merseyside – those with a physical and mental health condition, alongside other key issues such as homelessness and addictions. Their evidence suggests it costs public services £87m a year to support 3,500 adults with complex lives in Liverpool alone – pro-rated across the ICS that translates to around 30,000 adults costing public services around £800m a year.

He said these people are ten times more likely to go to A&E, 20 times more likely to be admitted to hospital and addressing their needs takes an all-age, family-centred, life course approach. Colin said: "We know that people living complex lives have a unique set of issues and barriers to keeping well. There are often attitudinal issues within services that prevent them from taking the best… they rely on mainly reactive services at great expense.

"Individual services not working in partnership at place or across the system find it really difficult to make their interventions stick. So with System P we're bringing a well-informed overview based on local data enabling us to assess trends, opportunities for system working that we've not previously been able to do.

"This isn't about the shift of care from one organisation to another, it's about people working in a different setting that's more in tune to the needs of individuals.

The big reveal

Assessing the challenge of making a place-based model work across complex systems, Cathy Elliot said: "This is going to be tricky. It's about risk sharing and trust but it's such a wonderful opportunity that we have here so having those difficult conversations is how it will really come alive."

Colin agreed – adding that the way to make it work is to dive in. He said: "I've been waiting for the big reveal. For someone at the centre to say: 'here you go, here's the schematic that answers all your questions about how the system in these complex circumstances will work…what have you been worrying about?'. I've been thinking we'll get such a thing for the past 25 years.

"But we just have to work through it. Starting with a set of improvements that only organisations or places or the system can genuinely deliver is as good a starting place as any."

The next webinar in our New NHS ICS series will take place after Easter. Keep an eye on our events pages for further information. Or, to make sure you don't miss the details of this or any other GGI events, you can subscribe to our weekly newsletter by clicking the button at the bottom of the page.