Development of Integrated Neighbourhood Teams / Working

Why Integrated Neighbourhood Teams / Working?

- A shared strategic priority to make a fundamental shift in the model of care delivered in the Community, building on from the Clinical Services Review outcomes and recommendations.
- The belief that if we are to address the significant challenges across the system (General Practice sustainability and wider system pressures across health and care that are directly impacting on individuals and their families) reflected in system delivery – quality, performance and money, this model and way of working will make a measurable difference.
- We see this approach as key to improving population health and wellbeing outcomes and achieving our shared strategic priorities as a system.

Working with NAPC to bring this to life:

- The National Association of Primary Care (NAPC) was jointly commissioned by Dorset HealthCare, Dorset GP Alliance and NHS Dorset to support the delivery of this ambition.
- We asked NAPC to help develop an Integrated Community and Neighbourhood Care Framework that starts to build consensus across the system on what the future model might look like and to recommend the work needed to get us there.

What the Framework recommends:

Based on an extensive engagement exercise (recognising an unequal weighting towards health colleagues) and following two workshops with multiple partners in August, NAPC pulled together a Development Framework for the ICS. The Framework confirms the agreed vision and ambition for this work and sets out the key elements of the model:

1. *Building integrated teams around the natural communities of Dorset*
2. *Building the right leadership environment*
3. *Developing flourishing autonomous teams*
4. *Developing/bringing together the skills, roles, capabilities needed*
5. *Tackling inequalities and focus on outcome measures*
6. *Building a continuous learning and improving environment, supported by data.*

2.2 **How will we take this forward?**

The Framework has received widespread positive endorsement from system partners and there is clear commitment to moving this work forward and as quickly as feasible.

To date a small system senior leadership group across Local Authority, General Practice and Health has formed to scope the programme. We have agreed that this

group should be expanded to include other key partners, such as University Hospitals Dorset, the Voluntary and Community Assembly and potentially Healthwatch.

We need to commit to making this change happen:

- Senior leads are essential in key roles – the ability to problem solve and direct resources are key skills needed, as are influencing and persuading others.
- A full-time dedicated core team is vital to help drive changes and to act as a team of relationship managers for each emergent Integrated Neighbourhood and Team; these roles will be vital in corralling the necessary resources and/or problem-solving expertise.
- Subject matter experts need to be part of/partner with the core team.
- There needs to be a focus on realising benefits as quickly as possible – each lead and team needs to have some of their focus on extracting and sharing case studies, quick wins and important developments.

To support this, the following principles have been approved by the System Executive Team to help design and secure this resource:

a) **Sustainability**: This is a long-term programme of change, requiring continuity of knowledge and evolution from design to live operation. A key point is the need to develop and build capacity within the system – it is important to ensure that those who will run it also help to create it.

b) **Flexibility**: Access to different skill sets will be important at different points in development and implementation.

c) **Expertise**: This is a highly complex and technical transformation that will require a range of specialist input.

d) **Working together**: This is system-wide change and will need workforce, VCS, population and our provider & commissioner perspectives.

e) **Learning together**: This has not been done before at such large scale in the NHS, so the delivery team will need to learn and adapt together.

2.3 **What we need to consider in our planning:**

- The journey towards the implementation of Integrated & Neighbourhood Community Teams is going to be challenging – we are breaking new ground with only limited experience in the UK to draw upon.
- It is essential therefore that as a system we commit to a fully joined up and pragmatic approach to problem solving throughout the life of the programme – this is needed to ensure we grow and develop together and that we have shared ownership of the outcomes.

- As with any complex change programme there are several strands of work that need to be carried out simultaneously and in a sequential and incremental order (the 'critical path') to enable the full achievement of programme objectives.
- Based on the Framework recommendations, the programme will need to establish workstreams, (at a place and/or system level) that takes into account each of the following key areas:

  Engagement, Co-design & Build

  1. *Building teams around the natural communities of Dorset.*
  2. *Developing/bringing together the skills, roles, capabilities needed.*
  3. *Building the model based on core standard with local flexibilities.*

  Leadership and culture

  1. *Building the right leadership environment.*
  2. *Developing flourishing autonomous teams.*

  Impact and continuous Improvement

  1. *Tackling inequalities and focus on outcome measures.*
  2. *Building a continuous learning & improving environment, supported by data.*

Whist we are still at the scoping stage for this programme, we have already begun to develop our approach to the development of integrated neighbourhoods and communities with a project in Portland that began last year. We have also begun the conversationincluding through the BCP Council Health and Wellbeing Board about how we move forward equally in the BCP Place. .

As part of developing our programme scope, we recognise the need to clearly define what we mean by 'Neighbourhood', using the Council Ward footprint as a starting point and then mapping both practices and Primary Care Networks, taking into account the need for local versus economies of scale.

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