Thurrock Health And Wellbeing Strategy 2022-2026

Levelling the Playing Field in Thurrock

Created through the partnership of Thurrock Health and Wellbeing Board

Introduction and overview report to Thurrock Health and Wellbeing Board

Domain 3 – Person Led Health and Care

Domain 3 Person Led Health and Care

Domain Aims and Ambitions

Better outcomes for individuals, that take place close to home and make the best use of health and care resources

What we want to achieve

We want to create healthy systems to deliver healthy outcomes - underpinned by strong relationships between all system actors based on respect and trust and a shared vision and understanding of the system. We believe that this will mean:

Residents being able to achieve more of what matters to them; support provided in collaboration with the community and focusing first and foremost on what the community can offer; residents maximising opportunities to stay as healthy as possible and requiring fewer interventions from services; residents being able to find the right solution for them first time and in the right place; residents being empowered to achieve their version of a good life; and our alliance and system resources achieving better outcomes through earlier intervention and preventative and integrated solutions that reduce 'failure demand'.

How this Domain levels the playing field

This will Level the Playing Field by:

- Improving access to services and solutions;
- Reducing and focusing on areas of health inequality within the Borough – e.g. through prevention and early intervention;
- Better use of available resources – e.g. through the reduction of bureaucracy and silo working;
- Ensuring that the system better reflects what people and communities require – e.g. through developing a new approach to community development
- Improving how the system works together to deliver better outcomes for people requiring more complex solutions – e.g. solutions that span services and organisations

Domain Goals

- **3A – Development of more integrated adult health and care services in Thurrock**
- **3B - Improved Primary Care Response that includes timely access, a reduced variation between practices and access to a range of professionals**
- **3C – Delivery of a Single Workforce Locality Model – a health and care workforce that works across organisational boundaries to be able to provide an integrated and seamless response**
- **3D - Delivery of a new place-based model of commissioning that makes the best use of available resources to focus on delivering outcomes that are unique to the individual**

Goal 3A. Development of more integrated health and care services in Thurrock

What we want to achieve

Address current fragmentation to achieve integrated locality networks that co-design single integrated bespoke solutions with residents

Some key challenges

Organisational culture – the ability to overcome and change existing culture to move from 'transactional' process-led thinking to adopting person-led thinking – including staff who feel empowered to do things differently;

Resource constraints – the ability to deliver transformational change whilst continuing to deliver existing services – which includes the ability to 'double-run' and the ability to manage the fragility of and growing demands facing the current system;

Health landscape – the extent to which the new landscape will be able to align its emerging Strategy with the 'principle of subsidiarity' and Thurrock's Integrated Care Strategy

The outcome of these challenges is:

- The ability of change to embed
- The period of time that it may take to deliver change
- The extent to which our vision can be delivered if resources are not sufficient
- The potential impact on the anticipated impact of delivering Thurrock's Integrated Care Strategy

Goal 3A. Development of more integrated health and care services in Thurrock

How we will achieve this Goal

This priority will primarily be achieved through delivery of Thurrock's Adult Integrated Care Strategy – the Case for Further Change. Oversight of the Strategy will be through the governance arrangements established to ensure the Strategy's delivery. The Strategy will lead to a significant shift in how the health and care system (and services within it) operates and functions.

Delivery of the goal will include:

- Develop and embed Human Learning Systems across the system and within organisations operating within the system – including the 'Commissioning' of a 'learning culture'
- Establish and deliver a programme of work based on the principles of Human Learning Systems and on each specific chapter contained within the Strategy – designed to move away from silos and towards integrated solutions
- Development of 'system stewardship' – moving system leaders and commissioners to focus on ensuring the 'health' of the system as opposed to a role of performance management and contract specification and monitoring.

What will we do differently under this strategy?

- Design systems and solutions that are able to operate around people – rather than expecting individuals to navigate their way around and through numerous 'front doors'
- Empower staff to do things differently – to find the right solutions
- Deliver an integrated system that operates around place and close to where people live
- Focus on delivering wellbeing outcomes rather than solely the delivery of needs or treatment of conditions – holistic approach to the individual

Goal 3B. Improved Primary Care Response that includes timely access, a reduced variation between practices and access to a range of professionals

What we want to achieve

We want to deliver Primary Care that is equitable to all .

Some key challenges

Some of the key challenges that may get in the way of us being able to achieve our ambition for goal B are:

- Thurrock is one of the most under-doctored areas of the Country – often exacerbated in the most deprived area of the Borough
- Embedding new ways of working as part of an integrated care system (specifically the end of CCGs and new collaborative requirements under ICBS)
- Core delivery predominantly takes place in silo – rather than sharing of resources across practices or PCN area
- The Pandemic has added greater pressure on an already stretched system

The outcome of these challenges is that:

- Poorer health outcomes for those living in an area under-doctored or where getting an appointment is challenging
- Widening health inequalities – as under doctoring more acute in more deprived areas of the Borough
- Variation in both quality and offer
- Reduced opportunity for prevention and early intervention

Goal 3B. Improved Primary Care Response that includes timely access, a reduced variation between practices and access to a range of professionals

How we will achieve this Goal

Chapter 5 of Thurrock Adult Integrated Care Strategy is focused on 'Transforming Primary Care'

Specific aims for this priority include:

- Improving Primary Care access – including a mixed skill clinical workforce and the delivery of new ways of working;
- Improving quality and addressing variation in outcomes – shifting the balance from reactive to preventative and proactive care and diagnosing and intervening at the earliest opportunity;

In addition, work will be carried out through the Integrated Medical and Wellbeing Centre programme to improve existing primary care estate and through working with partners to develop collaborative working relationships and solutions focused on 'place' and

on PCN areas.

What will we do differently under this strategy?

Wrap around support to GPs by building integrated care teams. In particular:

- Our local Primary Care Strategy has been moving towards GP-led Primary Care rather than solely GP delivered
- Most clinical roles in Primary Care including Physicians Associates are professionally registered and therefore are required to work within the boundaries of their clinical competence. GPs will support the oversight of this within their practices.
- Across NHS Mid and South Essex , 47% of all consultations in Primary Care this year have been provided by GPs. Other provision will be a combination of many different roles – Nurses, Nurse Associates, Pharmacists, Healthcare Assistants, Social Prescribers, Paramedics, First Contact Physios , Local Area Coordinators, Social Workers etc

Goal 3C. Delivery of a Single Workforce Locality Model – a health and care workforce that works across organisational boundaries to be able to provide an integrated and seamless response

What we want to achieve

To deliver the maximum amount of care at locality and neighbourhood level within a multi-disciplinary network of staff who can collaborate to design integrated solutions with residents rather than make onward referrals

Some key challenges

Similar to Goal 3A, key challenges are:

Organisational culture – in particular the ability to empower and encourage staff to do things differently and to be able to work across organisational and service boundaries – working for place rather than an organisation or service.

Communication and engagement– ensuring that residents and staff are aware of the changes and understand why they are being made but importantly are also able to shape those changes.

Health landscape – the extent to which the new landscape (e.g. end of CCGs and establishment of ICBs) will act as an enabler to required change.

The outcome of these challenges is that:

- Transforming organisational culture against a new set of operating principles can take a significant amount of time;
- Not securing the buy-in of all staff and residents – including the ability to manage the anxiety of extensive change;
- The inability to deliver desired change or achieve desired outcomes (either fully or partially)

Goal 3C. Delivery of a Single Workforce Locality Model – a health and care workforce that works across organisational boundaries to be able to provide an integrated and seamless response

How we will achieve this Goal

Chapter 7 (and aspects of 5 and 8) of Thurrock's Adult Integrated Care Strategy describes in detail the vision for a Single Workforce Locality Model – which is overseen through Integrated Care governance by Thurrock Integrated Locality Working Board.

Due to the complexity of change required, work will be undertaken over a number of phases. Activity will include:

- The development of integrated Community Led Support Teams across adult social care – then developing the Teams further to incorporate functions sitting within other services and organisations;
- The development of blended roles, 'Trusted Assessors' and integrated locality networks;
- Using Better Care Together 'Link Nurses' to understand how Community Health can work as part of a Single Workforce Locality Model;
- Conducting a number of staff-led experiments (against the principles of HLS) to understand what needs to change and how; and
- Mental Health Transformation to enable staff to be locality-based and to build integrated working relationships with other professionals working in the same place.

What will we do differently under this strategy?

- Remove the need for 'onward referrals' – especially within the community;
- Developing solutions that wrap around the individual – rather than expecting the individual to go through different 'front doors';
- Better use of resources – releasing capacity in doing so;
- A greater focus on prevention and early intervention – recognising the signs that people require some support at an earlier stage
- Improved career opportunities across and within the system which are attractive to the workforce

Goal 3D. Delivery of a new place-based model of commissioning that makes the best use of available resources to focus on delivering outcomes that are unique to the individual

What we want to achieve

A model of commissioning that supports the achievement of the vision as set out within Thurrock's Adult Integrated Care Strategy.

Some key challenges

Chapter 10 outlines what an integrated and place-based model of commissioning will look like and how it will be achieved. Key challenges in the delivery of this model are:

- Fragility of the Care Market – the ability for providers to adopt and adapt to a new type of relationship and specification and the ability to encourage new providers that can deliver what is required;
- Culture Change – the ability of commissioners to change their approach and to adopt and adapt to a new commissioning model;
- Trust – the ability for both commissioners and providers to develop a new type of relationship and to develop the trust required in order to do so;
- Resources – achieving the commitment across organisations to place-based and integrated funding; and
- Losing Control – the ability for organisations to shift power (and resource) to communities to test and deliver Community Investment Boards

The outcome of these challenges is that:

- Commissioning stays the same – failing to move away from 'time and task' type models of care, reducing opportunities to commission for learning and to improve the outcomes of individuals and limited the ability to broaden the market place and encourage a greater diversity of providers
- Poor use of resources
- Exacerbated fragility of the market place and failure to limit or reduce market failure

Goal 6D. Delivery of a new place-based model of commissioning that makes the best use of available resources to focus on delivering outcomes that are unique to the individual

How we will achieve this Goal

A number of key actions have been identified as part of Chapter 10 of Thurrock's Integrated Care Strategy. This includes:

- Establishing an Integrated Locality Commissioning Board;
- A series of learning experiments designed to shift the working practice of commissioners and providers to one based on HLS principles
- Establishment of a 'learning infrastructure' mechanism to capture and share learning in order to inform commissioning practice
- Implementing 'system steward' training for all commissioners
- Refresh the Market Development Strategy to take into account the principles of HLS and place-based commissioning
- Take steps to shift greater power to communities in relation to commissioning decisions;
- Undertake a full review of the Better Care Fund; and
- Test and evaluate single models of commissioning spanning different service areas across the NHS, Social Care and beyond and bringing together budget and governance arrangements

What will we do differently under this strategy?

- Achieve a different working relationship with providers and other commissioners – one based on co-production, flexibility and learning;
- Enable greater diversification of the market place – particularly by encouraging and enabling grass roots local providers;
- Explore and develop different models of commissioning and provision – e.g. spanning functions, organisations, geographies – as shaped through a Market Development Strategy reflecting integration and place;
- Expand and use integrated commissioning budgets and governance – e.g. via commissioning alliance arrangements

Domain 3 – Person-led Health and Care
Key deliverables, commitments and milestones
Year One (July 2022 - June 2023)

Goal 3A - Development of more integrated adult health and care services in Thurrock

- To have delivered four Human Learning Systems 'learning cycles' and related 'experiments'
- Thurrock Better Care Together Strategy governance (chapter 10) fully established
- Development and delivery of a 'devolution agreement' between the ICB and Thurrock Integrated Care Alliance

Goal 3B - Improved Primary Care Response that includes timely access, a reduced variation between practices and access to a range of professionals

- increase number of ARRS roles to 80
- recruit 12 additional GP fellows,
- deliver a clinical strategy for each of the four PCNS

Goal 3C - Delivery of a Single Workforce Locality Model – a health and care workforce that works across organisational boundaries to be able to provide an integrated and seamless response

- Establish four integrated locality networks
- Deliver a 'blended roles' experiment for Wellbeing Teams – with further 'blending' identified and being tested for other roles
- Establish a clear delivery plan for the delivery of a single workforce locality model – with some elements already in place (e.g. integrated social work teams)

Goal 3D - Delivery of a new place-based model of commissioning that makes the best use of available resources to focus on delivering outcomes that are unique to the individual

- Integrated Locality Based Commissioning Board in place
- Action plan for the delivery of integrated and locality based commissioning
- Better Care Fund Plan reviewed with recommendations identified