

Health and Well-Being Board

20 March 2024

Place & Integrated Neighbourhood Development

Portfolio Holder: Cllr J Somper, Adult Social Care, Health and Housing

Local Councillor(s): All

Executive Director: V Broadhurst, Executive Director of People - Adults
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Report Status: Public

Brief Summary: The purpose of this paper is to discuss the plan to develop integrated neighbourhood teams within Dorset Place.

Dorset's Integrated Care Partnership (ICP) strategy, Working Better Together, sets out how the NHS, councils and other partners within the ICP will work together to make the best possible improvements in the health and wellbeing of local people. This ambition requires partners to work in a more proactive way, particularly paying attention to early help and prevention and enabling communities to thrive.

The key to success is to understand local assets, utilise population health intelligence and insights, and most importantly listen to communities. It is believed that building teams around the natural communities of Dorset, teams that will be integrated, with the right leadership, skills, roles and capabilities needed to meet the needs of the community, is part of the solution to meet our shared ambition and the outcomes for our population that have been agreed through the development of the Strategy.

Recommendation:

The Health and Well-Board is asked to endorse and agree the approach to implementing integrated neighbourhood teams, based on the “Portland Together” approach.

In addition, the Board is asked to consider the following:

- Place leadership, Place based partnership, governance
- Key areas of focus for integrated neighbourhood teams e.g. admission avoidance, intermediate care.
- Additional neighbourhoods to focus on during 2024/25.

1. **Report**

Why Integrated Neighbourhood Teams?

- To improve population health and wellbeing outcomes and achieving our shared strategic priorities as a system.
- A focus on personalised care that is as far as possible anticipatory rather than reactive.
- 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.

Outcomes



Joined-up health and wellbeing,
consider mental and physical health



Invest in and involve informal care
and support



Care closer to home



Children's health, and best start in life



Inequality, or 'fairness' in access,
outcomes and experience



Social isolation, loneliness



Listen and involve people in solutions

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.*

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 do 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:

- **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.

- **Flexibility:** Access to different skill sets will be important at different points in development and implementation.
- **Expertise:** This is a highly complex and technical transformation that will require a range of specialist input.
- **Working together:** This is system-wide change and will need workforce, VCS, population and our provider & commissioner perspectives.
- **Learning together:** This has not been done before at such large scale so the delivery team will need to learn and adapt together.

What we need to consider in our planning:

The journey towards the implementation of Integrated Neighbourhood 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.*

Whilst 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. A summary of the learning from the “Discovery Phase” is shown in the table below. The project team now need to identify key priorities, together with members of the community and agree how to progress these over the coming months.

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.

It is important to recognise that these developments build on pre-established footprints within Dorset and our shared partnership ambition for delivering at a community level. As such, we will work to ensure there is join up and collaboration between Neighbourhood teams and established locality working across our partner organisations. Examples include; PCN’s, Children’s Services Locality Teams and Adult Services Localities. These teams already provide leadership and multi-agency responses aimed at tackling health inequalities. As we work to design and establish our neighbourhood teams, we will ensure that we link with these geographies and build on existing strong practice and multi-agency relationships / practice. Equally, Dorset’s developing Family Hub model is creating a network of community spaces, facilitating the colocation and enabling integrated service delivery at a local level. The Family approach is a place based way of joining up locally in the planning and delivery of children and family services.

Summary

“Portland is a good, great place. And I think that that should be everyone on Portland’s mission.”

“Where we see ourselves now is an island stripped of so much, not pride and not community. That’s still strong, you know, really strong. Not our natural environment, that’s amazing. But a lot of the infrastructure has been taken away.”

In February 2023, Portland’s community came together with members from Dorset’s integrated Care Partnership (ICP), which is made up of the NHS, councils, and groups from the community voluntary sector. The ICP is working to make the best possible improvements to the health and wellbeing of local people in Dorset.

The event, which focused on resident's most significant health-based challenges, ended with a commitment from the ICP to continue the conversation and work towards improving services for local people. The ICP wants to build a better relationship with the local community on Portland and is committed to understanding what it's like to live on the island, and to be informed by what local residents really need.

To do this, the ICP undertook a series of conversations with Portland residents about what their lives on Portland are like, from the moment they wake up to when they go to sleep at night. Island Community Action provided invaluable support in reaching out to a range of local people and arranging the conversations with them.

There were a total of 33 in-depth conversations with Portland residents. Conversations took place from June 2023 to September 2023 and were held either face to face or virtually through online video and telephone calls. Conversations were recorded or videoed.

Darmax Research were commissioned to undertake the analysis and reporting of the conversations.

The vast majority of participants spoke of their pride of Portland and that Portland is a close-knit community which looks out for each other. The majority of participants also spoke about their love of the local environment and the outdoors.

A high number of participants praised the support that voluntary, community and social enterprise (VCSE) organisations provide on the island, particularly Island Community Action (ICA) and The Drop In. However, participants were concerned with regards to the future funding of these organisations and how they will continue to support the local community unless financial support is provided to them by statutory organisations.

Participants also commented that there are high levels of deprivation on Portland and that there has been a lack of investment in the area from statutory organisations. This has resulted in residents feeling like the area has been forgotten and neglected since the navy left and that other local places, such as Weymouth and Swanage, have been prioritised.

The majority of participants commented on a lack of service provision on Portland, particularly a lack of access to GPs, underuse of Portland Community Hospital and the closure of Portland Minor Injuries Unit (MIU). Access to education, youth services and activities, mental health services and support for carers and those who are neurodivergent were also seen as priorities for Portland residents.

Participants were also concerned about the impact that Bibby Stockholm will have on access to services on Portland which are already stretched. They were also concerned about the proposed waste incinerator.

The lack of services on Portland is highlighted further due to a variety of travel and transport concerns, including low car ownership on Portland, there being only one road on and off the island and that buses are expensive for Portland residents to get to health appointments in Weymouth and Dorchester. Hospital transport is infrequently provided to Portland residents and ICA have had to support this through volunteer drivers.

Services need to work closer together and Dorset ICP should include organisations such as ICA, The Drop In and Portland Town Council, as well as the local community, in discussions and decisions surrounding service delivery on Portland

2. **Financial Implications**

This is an invest-to-save programme. Change will not happen if we do not invest our time, energy and priorities into this work. Leadership will come from system partners.

Developing efficient multi-disciplinary teams across health and care, including the voluntary and community sector enables greater efficiency and effectiveness as services can be provided by the right person and in the right place.

3. **Well-being and Health Implications**

Through this work programme, it is expected that wider determinants of health are considered when engaging with each neighbourhood. It is clear through the Portland Together work that housing, education, transport and employment can have the greatest impact on a person's health and well-being. This is an opportunity to work together across the system, focus on the whole population and how we might meet the needs of individuals in a given neighbourhood.

In addition, a cohesive model of integrated teams working in a neighbourhood can enable people to stay well for longer, improve health outcomes and reduce unnecessary acute hospital interventions.

4. **Environmental, Climate and Ecology Implications**

There are no implications for any of those areas

5. **Other Implications**

Variation in service delivery and models of care across Dorset exacerbates unequal outcomes and access. In order to address this, we need to strengthen integration and minimise the barriers to providing quality care.

6. **Background Papers**

[Making Care Closer To Home A Reality | The King's Fund](http://kingsfund.org.uk)
(kingsfund.org.uk)

[Microsoft Word - FINAL 003 250522 - Fuller report\[46\].docx](http://england.nhs.uk)
(england.nhs.uk)

[Unlocking the power of health beyond the hospital | NHS Confederation](http://nhs.uk)

7. **Report Sign Off**

This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Portfolio Holder(s)