NAPC | National Association of Primary Care

BUILDING FRONTIERS

Building frontiers

The Building Frontiers Group at the National Association of Primary Care (NAPC) harnesses the power of networks in shaping future care design. Members are drawn from the breadth of primary care as well as other 'system' providers, which enables the creation of opportunities for innovation and collaboration with inputs from different sectors.

This group of clinicians and managers from primary care, secondary care and mental health recently came together to think about how we could support system integration. They are all involved in delivering change on the ground as well as having a passion for seeking new 'frontiers' for innovation and transformation.

From the collective experience of the Frontiers Group, all agreed that whilst policies such as the Long Term Plan and the development of Integrated Care Systems are just what the system needs in theory, the practical implementation is largely overshadowed by disproportionate bureaucracy and governance. We are already seeing this play out with the recent resignation of two ICS Chairs, who said what was set out in the white paper was not what they had signed up for i.e., there was too much central control and not enough local autonomy and flexibility *(HSJ, 17 May 2021)*.

Most NHS reforms contain large elements that provide reason for enthusiasm and optimism, often accompanied by an 'it's going to be different this time' narrative. Often though, 'central' directives, influenced by the inevitable desire for more political control, can get in the way. In local systems there can be a collusion with this erosion of what was originally good in the design. Then, knowing that perhaps much of the reform is going nowhere, there is the inevitable wait for the next one, which usually follows quickly on the heels of the previous one.

Our view is that we need a fundamental shift in energy in the implementation phase of any reform initiative, towards building strong clinical leadership and facilitating practical, collaborative approaches to managing change at the level of place and neighbourhood. This energy should balance the 'normal' focus on structures and governance.

The Frontiers Group argue that to be successful in this, we need to do the following:

1 Ensure that change is clinically led and data driven

All too often new initiatives are contractually driven which stifles any real transformation. For change to be sustainable, creating a sense of autonomy is key. Change should be clinically led, supported by managers, and have a thin effective layer of governance. Autonomy creates ownership, and once there is ownership and buy in, solutions follow.

However, there is a new skill area needed to support clinical leaders to develop. This involves understanding what data can tell us about the inequalities that exist and where there are opportunities for making improvements for communities. Understanding the data landscape, getting curious about what its true meaning is in terms of population health improvement, and how to use it in a smart way to collaborate, will be a core competence for the clinical leader in the future.

Integrating data sets across sectors of health and care delivery to create 'one source of the truth' which can move freely between organisations and is accepted for what it is, enables the improvement journey required to truly integrate care for populations.

Key actions

- **Nurture the enthusiasm of people** working at ground level and encourage them to innovate
- **Develop skills locally to understand data** in the context of local communities and don't rely on centrally driven population health analysis as this can create disempowerment at ground level
- **Develop integrated data sets** across provider sectors to create 'one source of truth' to focus on the priorities to improve the health of local populations
- **Allow change to happen** at the right pace and let that change embed before moving on
- **Trust clinicians on the ground** to manage their work and give them the freedom to innovate
- **Provide them with the time and space to do this** and support where needed e.g., with developing their skills in understanding data
- Understand that **change can't happen all at once**, focus on small quick wins to build momentum and deliver incremental change that lasts

2 Create a common sense of purpose and aims at the level of place and neighbourhood

Improving the health and wellbeing of communities requires local people working with local professionals on the things that matter to them. Whilst it is important to have a vision and a plan at the level of an Integrated Care System, it is even more important at the level at which communities and their clinicians recognise as their place or neighbourhood.

Spending time and energy on building a common view about what matters, and what there is energy for fixing, within the framework of the ICS plan, is a great place to start. Exploring together questions like: What do we want our neighbourhood to be like? What matters to us? Why are we doing what we are doing? Who can help us to improve things for our communities?

Key actions

- **Take a salutogenic[1] approach** to support individuals and communities to stay healthy or keep moving towards improving health
- **Develop an understanding** of the wider social determinants of health in a local area
- **Collaborate with other professions** and organisations to achieve this
- **Focus on creating opportunities**

3 Support clinical and managerial leaders to understand the latest developments in technology and the opportunities they provide

The pandemic has massively accelerated the use of technology and digital solutions, but there is still a long way to go to enable the optimal use of technology to support sustainable and effective care model design.

Integrating proven digital solutions to create 'digital ecosystems' has the potential to optimise use of resources and create sustainable models of care delivery. It benefits all involved in the delivery of healthcare to take responsibility to understand the latest developments and the opportunities they provide.

1. Antonovsky, A. (1996) 'The salutogenic model as a theory to guide health promotion', Health Promotion International, 11(1), pp 11-18.

Key actions

- Take an active interest in **understanding what technology is available** to support integration and improvements in health outcomes
- Shift the focus from single digital solutions to **creating digital ecosystems**
- Ensure the messages of implementation of new technologies isn't seen as just another project, but rather an **enabler for redesigning care and workforce models**
- Support and engage with the population to embrace new technologies if there are gaps in digital uptake

4 Develop the habit for (and expectation of) collaboration across providers

Commissioning approaches focused on procurement of services has had unintended consequences such as loss of control from front line clinical teams, a culture of competition between providers, and a fragmentation of services in the eyes of those people who need those services the most.

The culture of competition and mistrust needs to shift to a culture of collaboration and teamwork across providers. This can only happen by encouraging, and expecting colleagues across sectors to work together, particularly between secondary, primary and community care. Working together across organisational boundaries, and getting confident and skilled at co-producing with communities, can lead to population health improvement.

At a system level, there needs to be a shift to commissioning for outcomes not activities; having the right population level outcomes will naturally drive the right processes and behaviours.

This enables a culture of 'system' working, where things that matter to communities and the clinicians that serve them are prioritised and addressed, and the landscape of silo working may be consigned to history.

Key actions

- **Co-produce solutions** with citizens and other professionals
- **Let people come together** at the level of place without a topic for a programme and design what they think they need locally
- Develop skills for **true co-production** rather than consultation or engagement
- Ensure those on the ground remain engaged and enthusiastic by allowing them to **focus on delivering outcomes**, rather than activities of processes

5 Develop the climate for social movement at the level of place and neighbourhood

Clinical and managerial system leaders set the tone. They need to lead with energy and fan the flames in their neighbourhoods and places.

People need to be given permission to try things and fail quickly, to develop curiosity and challenge the status quo to avoid colluding with activities and processes that are unlikely to lead to health improvement.

Clinical teams need to be supported with the time and space to be able to create change. They also need to be given the appropriate skills and capability to drive towards fully integrated care for those populations that need it. Creating the right culture starts with a leadership approach, that allows constructive challenge and places value in empowering the workforce to support the delivery of high value care.

Key actions

- **Trust people to do the right thing** for their populations and give them time and space to create change
- **Inspire and motivate people** by giving them the freedom to act and create real change
- **Create opportunities for people** to enable more portfolio working as it may help to bring back their enjoyment of clinical work
- **Empower colleagues to lead** at the level of place and to challenge the status quo without fear of reprisal
- **Provide practical wellbeing support** with opportunities for supervision and training where needed

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