# SOUTH TYNESIDE: INTEGRATING HEALTH AND SOCIAL CARE

In 2017 South Tyneside council, the NHS clinical commissioning group (CCG) and the local voluntary sector established the 'South Tyneside Alliance'. Their aim was to achieve the best possible health and well being outcomes for local people by integrating health and social care services, and focussing on prevention, to create: "A Better U, a proactive, person-centred and fair whole system". To achieve this they recognise that they need a "brave, high trust, low bureaucracy approach to systems leadership".

Over a very short time they have made substantial progress in instituting new ways of working across many of their services. As one leader explained: "Partnership working has become the norm". And another observed: "We've made overwhelming positive progress, specifically in the relationships between our organisations and people in them. We've built on our successes. We've established an alliance leadership team and we've continued to have the support of the chief executive community in the local leadership of health group." A third added: "We are moving the whole system in the right direction. In 2017 we were in the very early stages of our journey. We are genuinely now making decisions and looking things through a very similar lens."

The alliance is underpinned and supported by South Tyneside's twenty year vision, agreed in 2010 by the council and its local public sector partners. As a senior manager described: "We are not bound together by targets, or rules, but by the values and outcomes that we want to achieve".

## ACHIEVEMENTS

### Integrated support for people with learning disabilities

The council and the CCG have pooled their funds for learning disabilities to create a joint £25 million budget. To plan and oversee activities in this area, a learning disabilities alliance (LDA) has been created. It's chaired by three people with learning difficulties, and includes family members and third sector representatives.

As a senior manager explained: “When we started talking to people with learning disabilities and their carers they told us when they needed support there was always an argument about who paid. So we pooled the budgets”. Another added: “The alliance has fundamentally re-shaped the model to focus on wellness not bed-based issues. We are making sure people can live in suitable houses and are working towards or maintaining employment. Those things have become the priority not the after thought. The aim is to get people out of institutional care but you can only do that by making stuff better in communities.”

The LDA meets every six weeks, to discuss activities and priorities. The budget is ring-fenced so that when it decides that a particular services is no longer priority, the funds are reinvested to support people with learning disabilities in new ways. For example, far fewer hospital beds are now required, so funds have been reallocated to create a new ‘safe haven’ centre, and an assertive outreach team. As a manager explained: “It’s a whole systems approach, a different philosophy. Previously cuts made in one part of the system often ended up being picked up by other parts of the system.”

**Community integrated teams supporting frail older people working in three localities**

After running two successful pilots, the council, the CCG and the voluntary sector now run community integrated teams that support frail older people across three localities. The teams include district nurses, occupational therapists, social workers, community matrons and voluntary sector staff. Each person being supported has their own care co-ordinator. Multi- disciplinary team meetings are held weekly to discuss individuals’ requirements. Staff make referrals to each other directly and conduct shared care visits.

The teams take a “strength based” approach, as one manager described: “We have evolved from co-locating teams to thinking about what these teams do on a daily basis. This should be based around what matters to the person, not what is the matter with you. So the conversation with the citizen should be based on what they want to achieve, not diagnosis and trying to medicalise everything too quickly. “
Find out more here: https://youtu.be/-CQN3VX5aaE

**New help to live at home service**

The council and the CCG are tendering for a new 'help to live at home' service which will help people to develop independence, and promote well being. The new service includes rapid response, reablement and long term support. The contract has a term of seven years with the possibility of an extension of up to 3 years. It will be delivered in four different zones, with a different provider in each to ensure sustainability. The intention is also for the commissioners to work with the contractors to develop and evolve provision over time.

**New centre providing practical support for people with autism and their families**

In the past many families who suspected their child had autism would be put on a long waiting list for mental health services. When they were finally seen, they would get a diagnoses, but very little support.

In January 2020 the council, CCG and the third sector launched a new 'life-span hub' to provide immediate practical support and advice for people with autism and their families on a drop in basis, without the requirement to have had a formal diagnosis. Parents were involved in designing the new centre's activities and aims.

**The best start in life locality hubs**

The council and CCG have created two 'best start in life locality hubs' (attached to existing children's centres) to bring together the support of different groups such as school nurses, early years and perinatal workers and maternity staff. Two more are planned.

**School based mental health support**

Three years ago a child or young person had to have significant mental health needs to get access to specialist support. Now the council and the CCG, with additional NHS England funds, employs 25 mental health practitioners in schools, who also work with nominated school staff who are trained mental health champions. There is no referral system and no waiting list. Any child or young person, or their families, can see one of the champions or mental health practitioners for immediate support. There is full coverage across all schools in the borough.

**Integrated support for people with long terms conditions**

South Tyneside has a comprehensive long term conditions strategy overseen by a 'long term conditions alliance'. As a senior manager explained: "It supports people to manage their long term conditions in the comfort of the community. It is much more cost effective than trying to 'fix' them through acute services. The emphasis is on primary care, self care and well being. So, for example, we have introduced health coaches linked to every single GP practice to give additional help and support to the people that don't manage their conditions very well."

**More streamlined support for people with palliative care or end of life needs**

When the the CCG asked families what they thought about end of life care they said they were happy with the service, but it took far too long, and too much bureaucracy, to get it.

As a senior CCG leader explained: "Our costs were rising and the waiting list was growing. We were one of the worse areas in the country. We could have kept introducing more checks and balances. Instead we decided to trust the front line to agree with people what to do. It took courage. Now both waiting times and costs have gone down."

District nurses now identify what support someone who is dying and their family or friends need. As a senior manager commented: "Families didn't like lots of people traipsing in to do assessments. The district nurses are already there doing pain management. They plan and organise the end of life care. The district nurses were shocked that actually their judgement was going to be trusted — they didn't quite believe it. They are passionate about it, and the experience is better. Now they're coming up with other new ideas."

## OUTCOMES

South Tyneside is performing well against the NHS's national indicators. As a senior health service manager said: "We are in a better place locally. Our performance is much better because we are working much more effectively as a system."

The borough now has some of the best NHS waiting times in the country. The delayed transfer of care performance, previously described as "some of the worst around", has improved significantly. Permanent admissions to residential homes continue to "move in a positive direction". The demand for accident and emergency services is "relatively good, given it is a major issue nationally", and non-elective hospital admissions continue to be "pretty stable, whereas in most other places they are escalating".

Managers have noticed other changes. As one observed: "You can hear the change in the system in the language people use". Another explained: "We have seen some significant developments with the approaches staff are taking, and the way they are behaving." A third described a recent Alliance celebration: "We asked staff to come along and share the work they are doing under the banner of 'we are all in it together'. We got some fantastic things coming forward, they were all brilliant."

## KEY LEADERSHIP ACTIONS

### Building mutual trust by:

**Developing strong positive open personal relationships between leaders** All the interviewees described how positive the relationships and mutual trust are between the partners locally. As one manager commented: "South Tyneside is not a sprawling authority so you can develop positive relationships with the key partners. We are a collective group leaders. We have networks, conversations. We can pick up the phone and speak to each other." The time invested in talking and reflecting together informally in the alliance leadership team appears to pay dividends in fostering deep personal connections between the key leaders.

**Agreeing clear shared principles and values** Several commented on the contribution of agreed shared principles and values. As one explained: "We have trust in each other at very senior levels. There has been no wavering on the principles of what we wanted to see."

**Continuing to deepen and extend connections** Interviewees described how connections with more local organisations were being developed and broadened. For example one explained: "Since March 2017 we have continued down the relationship angle and tried to build more and more partners into that relationship."

## Agreeing shared strategies by:

**Learning from elsewhere** South Tyneside leaders have received immense support from the Canterbury New Zealand Health and Social Care Alliance. They have also learnt from other places such as Tameside and Glossop, North East Lincolnshire, and Wigan. But they haven't just copied what others are doing: "You need to get your own ownership. We probably stole some of Canterbury's values and principles – because they aligned so well with ours – they feel right. But much of the other stuff we have tweaked."

**Listening to local people** In the different service areas the approach has been to begin by listening to the people receiving the services, to understand their ambitions and concerns, and to get feedback on how well the services are responding to these. As one manager commented: "We try to pull people into whatever we are doing, not paying lip service to co-production".

**Working with politicians and community leaders** The alliance has built on and supported the ambitions set out in the borough's twenty year vision. It has also benefited from a very stable and consistent political leadership. It has always had the formal backing of leading local politicians, but recently the leaders have started try to work with politicians from the very beginning of the conversation.

**Agreeing a clear vision** Alliance leaders are refining the local health and wellbeing vision. "We are doing a piece of work to really galvanise the vision at the moment. We are trying to come up with a clearer place-based vision that we can say is our alliance vision.

**Applying the agreed principles** As one leader described: "The model was initially for integrated community teams. What tried to roll that out across the whole of the borough. What we learnt from that was the absolute model you can't replicate but you can try and just apply the principles. We had to go back and reinvent. Why are we having these things? Why are we having these problems? People have come together to redesign the way that they are doing their business. It hasn't been particularly systematic, but we have absolutely encouraged people to do what is required."

**Taking an organic approach** The approach to strategy is becoming more organic. As one manager described: "We are no longer commissioning pilots: we now set up prototypes. We are clear on outcomes we want to achieve and the starting points. Small groups work on developing the prototypes with the buy-in of the strategic leaders."

**Learning, reflecting and adapting** The alliance leadership team spends much of its time, asking themselves questions and reflecting, rather than dealing with a formal agenda, and wading through hefty reports. They make learning from what has worked and what hasn't a priority. As one explained: "We just have lots of conversations about how do we keep doing this better? That in itself has been like gold. It allows us all to come back to this feels like the right thing to do'."

## Delivering results by:

**Pooling budgets and commissioning jointly** A joint commissioning unit operates between the council and the CCG driving forward transformation. As a commissioning manager explained: "I have a good overview. I don't let pieces of the jigsaw fall off the table. We span children and adults. We are not allied to one organisation: we look for benefits for the whole system."

**Being brave and tenacious.** As one manager commented: "It takes time: you have to be tenacious. There are peaks and troughs." And another: "You have to persevere. It takes effort and energy. You need to be brave – although it didn't feel brave at the time – it just felt like the right thing to do –and focus across the system. It's much more rewarding."

**Demonstrating the desired behaviours** Several leaders discussed the importance of being aware of the impact of their own behaviour. For example: "It is really important that you are visible to people and demonstrate that you are behaving differently yourself. Modelling with your own behaviour. And it's really important to be consistent with that. It's very difficult, especially as day to day issues drive you to adopt an organisational position – and everybody spots that." And another: "Senior leaders are cheerleaders for this approach. No one is an active doubter — there are just questions about how you do it." And a third: "It's important to have a powerful narrative. Be consistent, be authentic, be visible. You need to ensure staff are bought in: that's what makes it sustainable when people leave."

**Developing systems leaders at all levels in the organisations** Creating a critical mass of support for new ways of working has been important. As one leader described: "We recognised that we need to see these leadership behaviours at all levels, not just senior levels. We have used NHS England funds to set up an alliance learning approach and physical space to develop leadership at all levels. We are taking a co-production approach, asking people what they want to see out of it. To create a movement you have got to get new followers. You need to bring new people into that space."

**Engaging and empowering managers and staff** One of the biggest driving force that is delivering results appears to be the way managers and staff are encouraged and empowered to work together to improve the lives of local residents. For example one explained: "We have permission. The chief officer of the CCG says 'if there is something to benefit the person go ahead and develop it'. No business case is needed. That's a big difference: we are trusted by leadership team." And another: "There is genuine permission for staff to test and try things out — if they believe it is the right thing to do." A senior manager agreed: "You have to let go of power and give permission to people. It's not the heroic leadership model."

**Admitting that you don't have all the answers** As one leader explained: "We had no blueprint. Five chief executives stood up in front of 100 front line staff and said that they were in the best position to design the new service." And another: "You don't want to lose face but you have to be prepared to stand up in front of staff and say I do not have the answers, admit your own fallibility – it's quite liberating." And a third: "You need to be brave about admitting that something hasn't worked".

**Promoting successes, attracting new staff committed to partnership working** Getting a positive press externally has given managers and staff confidence and attracted more people to get involved. As one leader remarked: "We have become a bit more successful in demonstrating that we are all working together as a system – so more people have wanted to come along and join in. People who we had difficulty getting engaged we are now seeing them coming towards us. And it has also attracted people who are committed to partnership working to apply for jobs in South Tyneside."

## CHALLENGES

**Responding to NHS England and regulators' requirements** Several leaders felt that NHS England could do more to encourage partnership working. For example one said: "There appears to be a tension between their policy and how they really want the world to be, which is manageable for them. They seem find it easier to work from the point of view of a single organisation, not a system." And another: "The regulators' mindset is a problem still. It's difficult for them to get out of that mindset – but they need to do that."

**Creating an overall organisational structure** As one leader explained: "We are thinking about what form might support the functions we have been creating. We have done a lot of the stuff we have been doing without changing the structures or the systems and processes. Now we saying some of the enabling systems and processes might actually help us – avoiding having to make decisions twice in different governances for the council and the CCG. Why aren't we just doing that once in a joint committee? The decisions will be made but it's extra bureaucracy." And another added: "It's only now that we are getting round to saying is there some sort of structure and framework that we need to put in place? We don't want to stifle people but equally they want to understand where they fit in the system."

**Financial pressures and the need to manage reduced spending power with increased demand** Over the last decade the council has lost a significant proportion of its government funding, while demand for adult care services continues to rise.

## MORE DETAILS

The Alliance blog: https://alliancingsouthtyneside.home.blog
An introduction to the Alliance: https://youtu.be/puPxKPgWWbQ

Or contact Tom Hall, Director of Public Health: tom.hall@southtyneside.gov.uk

This case study was developed from interviews with South Tyneside managers between November 2019 and January 2020, building on previous interviews undertaken in March 2017.