



The importance of place in the success of integrated care systems

11 November 2020

Professor Andrew Corbett-Nolan, Chief Executive, Good Governance Institute

Who we are



INTRODUCING GGI



COMPANY FOUNDED IN

2009



+ ASSOCIATE POOL OF SUBJECT MATTER EXPERTS

SECTORS

70% HEALTHCARE

20% EDUCATION

10% OTHER (3RD SECTOR, SPORT, HOUSING, COMMERCIAL)

160+

 CLIENTS ACROSS 3 SECTORS

EXAMPLE PUBLICATIONS



GOOD GOVERNANCE HANDBOOK



RISK APPETITE BAP



ARTISTIC DIRECTOR / MEDICAL DIRECTOR



DIVERSITY IN THE NHS

COVID-19 100 BULLETIN SERIES

COVID-19 19 June 2020

Systemic racism

VIRTUAL WEBINARS

LGBTQ+ ALLIES EMPOWERMENT SESSION

01 SEPTEMBER 2020

31 August - 4 September 2020

PREVIOUS AND CURRENT CLIENTS INCLUDE

GGI WORKS ACROSS ENGLAND, SCOTLAND, WALES AND NORTHERN IRELAND.



FESTIVAL OF GOVERNANCE 2020

diversity (n.) week

31 August - 4 September 2020

FREEBODI RENAISSANCE 2.0

RANKED IN FT AS ONE OF TOP CONSULTANCY FIRM RECOMMENDED BY CLIENTS AND PEERS SINCE 2017



FT 2017	UK's Leading Management Consultants	FT 2018	UK's Leading Management Consultants
FT 2019	UK's Leading Management Consultants	FT 2020	UK's Leading Management Consultants

AFFILIATIONS



ADVISORY GROUP CREATED IN

2019



LEADING NATIONAL COMMISSION ON THE FUTURE OF PUBLIC SERVICES

Design principles

A series of six weekly webinars from GGI

11 November	At pace development of Place that will make ICSs success
18 November	Driving value by the effective use of payment mechanisms
25 November	ICSs and the economics of population health
2 December	ICPs and anchor institutions
9 December	The purpose and scope of strong provider boards in making ICSs succeed
16 December	Non-executives and the development of ICSs and ICPs

In the ether

Sustainable
development
goals

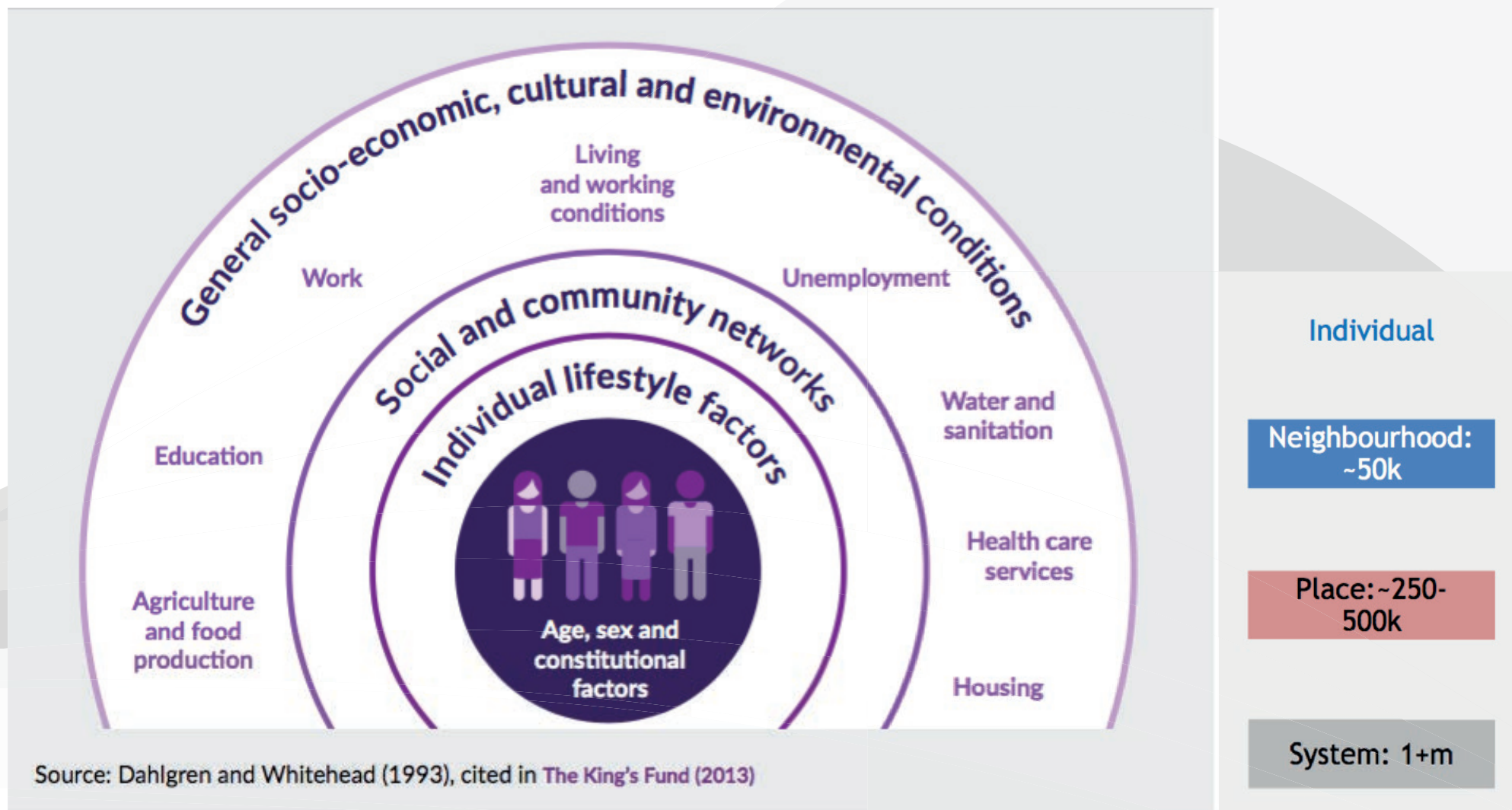
Competition
model hasn't
delivered better
resource
utilisation

People,
money and
changing delivery
model means
collaboration to
ensure
sustainability

Social
contract with
citizens

New legislation

Social determinants of health and wellbeing



Source: Dahlgren and Whitehead (1993), cited in [The King's Fund \(2013\)](#)

Rationale for place-based approaches



ICS direction of travel

NHS organisations and Local Government will discharge their statutory functions in three different ways:

- **As an ICS** - agreeing strategy and priorities, outcomes for which system will be held to account, unit of reporting to Centre: balancing risk across a larger population base
- **As Place** – NHS bodies and the Local Authority working together on planning, generative and transformation programmes and tackling the wider determinants of inequalities. PCNs included as the unit of delivery for Primary Care. Locus for adoption of local care pathways, local regeneration. Engagement with the independent sector and citizens
- **As individual statutory organisations** – undertaking business as usual, both collaboratives and individual organisations, integration arrangements for delivery, shared roles, subcontracting

This implies some 'reshuffling of the pack' in terms of responsibilities – for example strategy will become an endeavor in common as an ICS rather than as a 'market' member e.g. individual provider organisation.

Does 'place' mean different things to different people?

"ICSs will have a key role in working with Local Authorities at 'place' level and through ICSs, commissioners will make shared decisions with providers on how to use resources, design services and improve population health."

NHS Long Term Plan, (2019)

"Place-based working is a person-centred, bottom-up approach used to meet the unique needs of people in one given location by working together to use the best available resources and collaborate to gain local knowledge and insight"

Pugalis L and Bentley G, (2014)

"Placed-based care involves NHS bodies, local authorities and other partners working together on planning, generative and transformation programmes and tackling the wider determinants of inequalities. Primary care networks (PCNs) are included as the unit of delivery for primary care. Place becomes the locus for adoption of local care pathways and regeneration. Authentic engagement with citizens, the voluntary and independent sectors is a core function of place-based working"

GGI, (2020)

Place: moving beyond the NHS talking to itself about integration

- Rebalancing the value chain
- Realistic understanding of local 'assets'
- Local ownership of specific care pathways
- Engagement with primary care through PCNs hard-wired in, (especially after the defenestration of CCG memberships)
- Local authority ownership of solutions for their voters
- Independent sector & voluntary and third sector provider engagement
- Community-based assets and community resilience
- Local regeneration
- Potential for beneficial supply chain or employment impact by statutory organisations
- Connecting stakeholders to make better decisions
- Citizens and a new social contract
- Long-term partnerships and commitments

Governance and decision making at place

Formal mechanisms

- In reality none – senior leaders just meeting, taking decisions and reporting back with fait á complis
- Formal meetings of leaders without pre-agreed, formalised inter-organisational/governance arrangements (eg, CEOs meetings)
- Memorandum of understanding (MOU)
- Formal delegations
- Contractual models (eg lead provider)
- Committees in common – can be with limited and defined scope
- Management contracts
- Joint committees - can be with limited and defined scope (not available for NHS FTs)
- Joint ventures, of varying legal forms
- Merger/acquisition

Informal mechanisms

- Joint values and intent
- Common information (open book accounting, whole system quality metrics, etc)
- Principle of subsidiarity (with authentic authority)
- In-common mechanisms (eg, risk systems)
- Place-based joint endeavour (eg, planning, priorities, pathway agreement)
- Relationships
- Regular caucusing of key actors (eg, regular meetings of non-executives and Cabinet members across the system)
- Joint posts (eg, Chairs in common, joint appointment of non-executives)

Making place real

Ability to take decisions
Delegated budget
Local risk management and assurance systems
Local delivery of outcomes framework
Unit of reporting to ICS
Acceptance by providers that solutions will be local

Developing governance – options for ICP

1

Management arrangements only -outside of formal governance

- Not competently governed
- Too ad hoc to participate as locus for participation in ICS

2

Develop as some form of partnership arrangement

- Enables GP and Local Authority engagement and involvement in discussions
- Could include a forum for non-executive input
- Potential to include citizens and independent sector
- Does not allow definite decision taking

3

Develop as some form of governed entity similar to an AHSN or CLRN in legal form (Hosted arrangement, LLP or CIC)

- Enables competent governance and formal non-executive input
- Place for GP and Local Authority engagement and involvement in decision taking
- Potential to include citizens and independent sector in decision-making

Issues to consider

i How do we get on with developing 'place' in the period before legislation?

ii. How do we balance flexibility and variety in place-based working with clear accountability for delivering improved local outcomes?

iii. Does collaboration change what you need to know about partners?

iv. What are the implications of an absence of coterminous NHS boundaries with local government?

v. What is the interplay with place-based working and service pathways which may exist across a larger geography, such as provider collaboratives?

vi. How do we clarify the difference between forums for participation and engagement, and those tasked with taking decisions?