

# Delivering HLS in Thurrock

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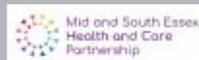
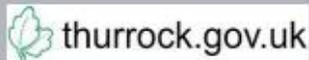
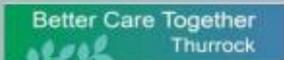


# Conditions for Success #1

A clearly articulated 'Case for Change'

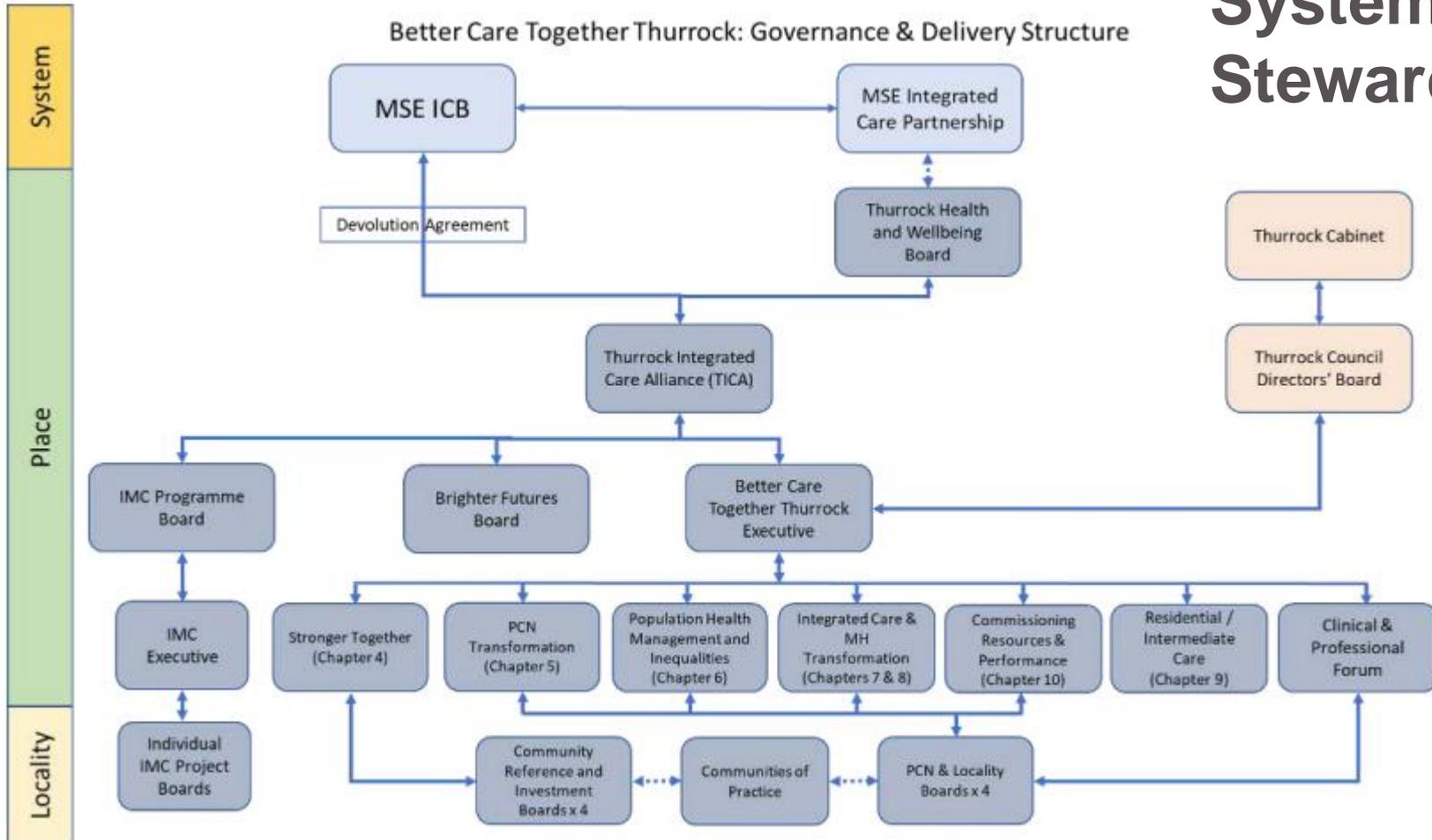
**Better Care Together Thurrock**

The Case for Further Change  
2022-2026



# Leadership Support – including political leadership and trustees

## System Stewards



# #3 Strong and diverse relationships across the system

## Better Care Together Thurrock

### A Partnership of:

Thurrock Council

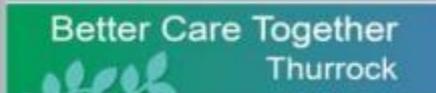
NELFT NHS Foundation Trust

Mid and South Essex NHS Foundation Trust

Essex Partnership University NHS Foundation Trust

NHS Thurrock Clinical Commissioning Group

Working with Communities and the Voluntary Sector



# #4 Involvement of people who the system seeks to support

## Integrated Locality Working

Pillar 1:  
Place as an  
Organising  
Principle

Pillar 2:  
Adopting a  
New Working  
Culture

Pillar 3:  
Coordinated,  
Bespoke Care

### Place as an Organising Principle

**PCN Locality as the Planning Footprint.** Health, Care, Housing, Third Sector multi-disciplinary team approach at locality (PCN) and neighbourhood (sub-locality) level.

**The Integrated Medical Centre** acts as the locality 'hub'

**A Single Integrated Locality Network.** Staff build relationships and collaborate to co-design, develop and deliver single integrated solutions rather than refer on or sign post.

Larger teams organised on and based at the locality footprint. Smaller teams that can't be fully embedded have named staff aligned to each Integrated Locality Network

Support from small specialist teams brokered in by the locality network. Specialist teams used to upskill locality network.

### A New Working Culture

**Empowered Staff** free to use their professional judgement to 'do the right thing' within a broad framework of principles rather than being constrained by standard operating procedures.

**Solutions not services.** Staff build relationships with communities and use community assets and third sector support and embed within solutions rather than automatically prescribing a statutory service.

**A Learning Culture** adopted as the way of managing and transforming the complex system. Staff encouraged to innovate and share learning across the network.

**Focus on what matters to residents.** Staff start by building relationships, finding out what matters to them, and let solutions drop out of the relationship. The resident will define their own goals.

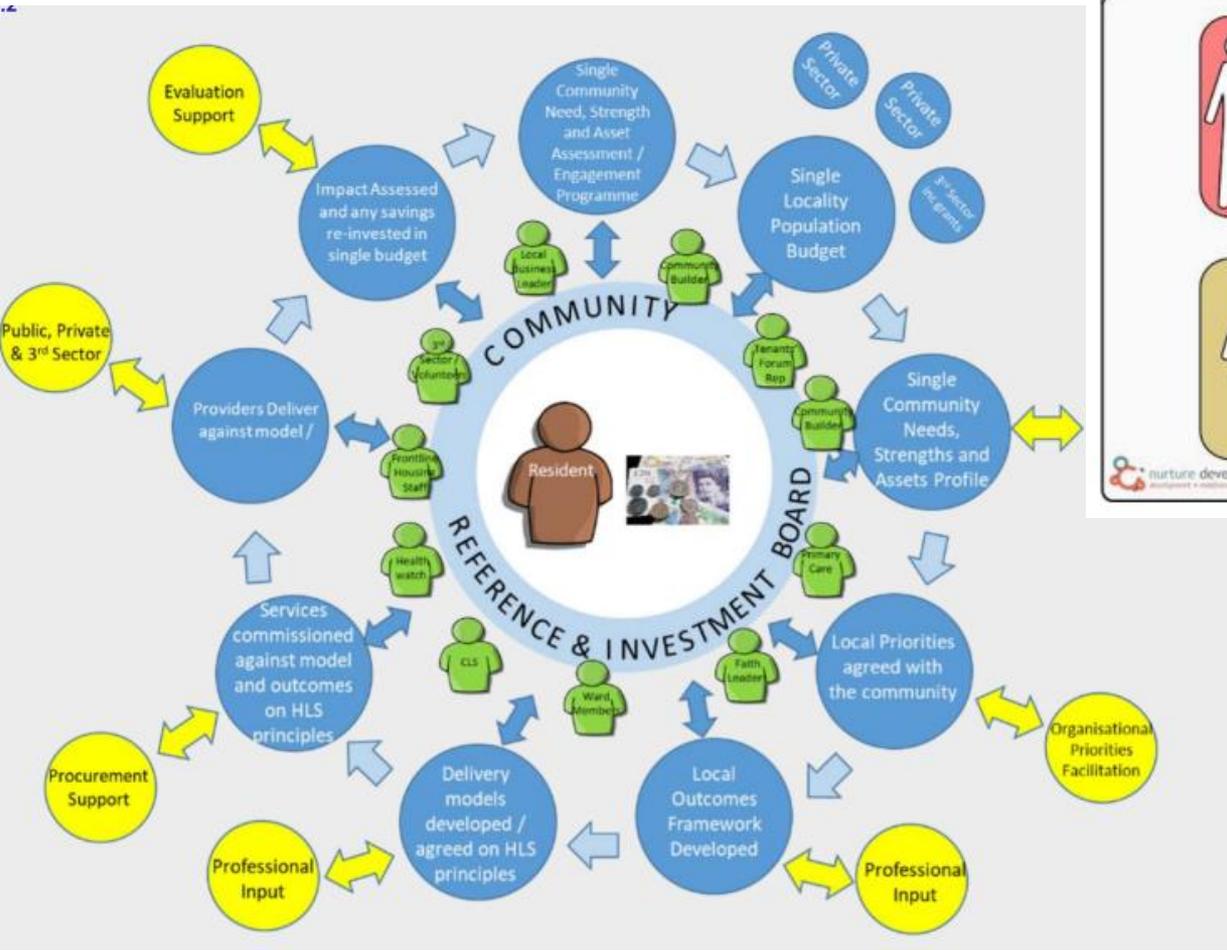
### Coordinated, Bespoke Care

**Bespoke Solutions to Complex Problems** Residents with problems requiring different types of support will access it in one integrated solution at the same time. Solutions will be bespoke and potentially broader than traditional NHS or ASC interventions.

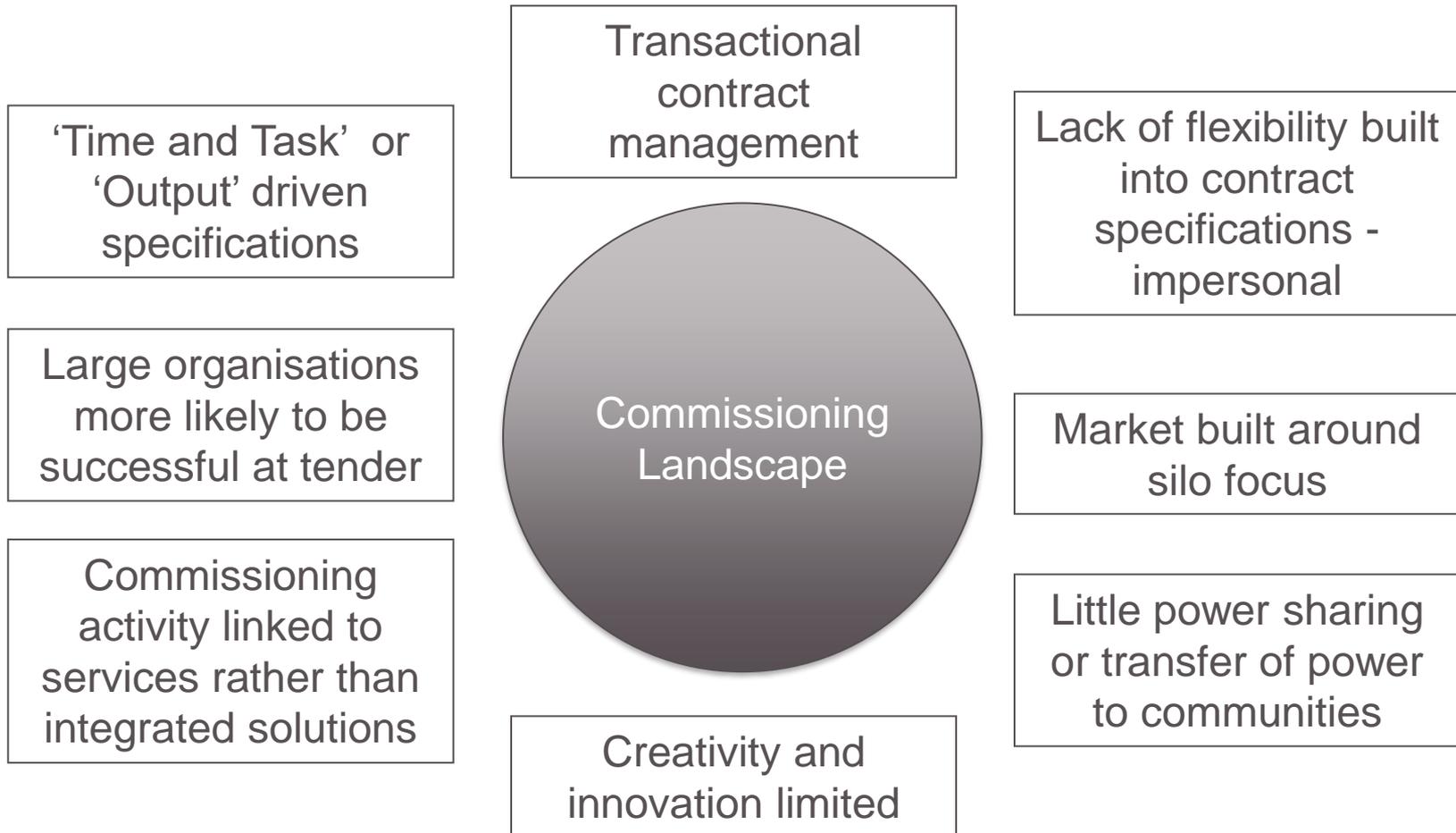
**Care Coordination.** A single named person within the Integrated Locality Network coordinate and broker all care required as part of the solution. This is likely to be the person whom the resident has the best relationship with.

**Single Integrated Care Plans** will be developed for the most complex individuals, linked to the goals that the resident has set for themselves. The plan will set out all input required from NHS, ASC and 3<sup>rd</sup> sector services.

# Community Engagement and Empowerment



# Commissioning – New Public Management



## Enablers

- Areas that are not subject to significant external regulation and legislation
- A willingness to be creative

## Barrier

- Areas subject to significant and restrictive external reporting and compliance requirements

# Condition for success # 5

# Flexible regulation and legislation



APPENDIX 1	
	<b>EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE</b>
<b>Outcome Domain 1</b>	<b>Involvement &amp; Information</b>
<b>Standard 1</b>	<b>Respecting &amp; Involving Clients</b>
	<b>What outcomes can people who use your Services expect?</b>
<b>Core criteria in bold</b>	<b>Clients understand the care and support choices available to them. They are encouraged to express their views and are always involved in making decisions about the way their care and support is delivered. Their privacy, dignity and independence are respected and their (or their carer's) views and experience are taken into account in the way in which the Services is provided.</b>
	<b>To achieve this the Partner will:</b>
<b>1.1</b>	Ensure that its Staff do not discriminate against people because of their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity, have policies that will incorporate respect for both their Staff and Clients irrespective of race and gender and treat Clients with respect, recognise their diversity, values and human rights.
<b>1.2</b>	Have systems in place that uphold and maintain the Client's privacy, dignity and independence.
<b>1.3</b>	Encourage and support Clients to always express their view, choices and preferences about the way their care and support is delivered.
<b>1.4</b>	Put Clients at the centre of their care by giving them adequate information in an appropriate and meaningful way to enable them to make informed decisions about the care and support they receive.

# Room to Manoeuvre???

## Barrier

- A lack of shared understanding



## Condition for success # 6

**Ability to influence key functions including legal, finance, procurement and audit**

# Condition for success # 7

## Local Relationships



### Enablers

- Developing HLS approaches typically involves responding to people where they are at and connecting them to opportunities in their community.

### Barrier

- Lack of local connections

## Condition for success # 8

Letting go the illusion of control

