

**Place-Based Partnership Development**

**Colleague Survey Feedback Summary**

1. **Introduction**

As part of the work being undertaken to support the exploration of re-aligning boundaries of place-based partnerships in Lancashire and South Cumbria, a survey is being undertaken to seek as much feedback as possible from staff working in organisations within place-based partnerships. The survey would be used to support our understanding of how partners within each new footprint will be able to work most effectively together.

The survey ran over a 4-week period, from the last week of May until 17 June 2022. 248 responses were received, which included 522 open text comments, consisting of over 26,000 words of text.

1. **Summary of main findings**

The findings will be considered in the order the survey questions were asked.

**Which place-based partnership(s) are you involved with?**

Responses were received from all place-based partnerships. Almost half (46%) were received from Morecambe Bay. From within Lancashire and South Cumbria the West Lancashire Partnership provided the least number of responses (12.5%).

A proportion of those who said ‘other’ (10% of all responses) were from one the partnerships mentioned but did not realise this. Almost half of the ‘other’ responses were from people with an ICS role working across all or most partnerships.

**2.1 Which of the following organisations do you work for?**

Responses were received from a wide spread of organisations. The most responses came from CCGs (29%), followed by General Practice (18.5%) and the VCFSE sector (13%). 10% of responses came from Local Authority partners, with the largest proportion from the upper tier.

**2.2 How aware are you of the development of a place-based partnership in your area?**

| **3. How aware are you of the development of a place-based partnership in your area? (The partnerships are Central Lancashire, Fylde Coast, Morecambe Bay, Pennine Lancashire and West Lancashire.)**  |
| --- |
| **Answer Choices** | **Response Percent** | **Response Total** |
| 1 | Very aware |

|  |
| --- |
|   |

 | 43.55% | 108 |
| 2 | Somewhat aware |

|  |
| --- |
|   |

 | 37.50% | 93 |
| 3 | Not very aware |

|  |
| --- |
|   |

 | 13.31% | 33 |
| 4 | Not at all aware |

|  |
| --- |
|   |

 | 5.65% | 14 |
|  | answered | 248 |
| skipped | 0 |

Well over a third of respondents were very aware of the place-based partnerships in their area, with over 80% at least somewhat aware of them. A little over 5% of respondents were not at all aware of a place-based partnership.

This question was asked in a similar survey undertaken in October 2021 and the latest survey compares favourably with the results from the previous survey. In the previous survey less than a quarter of respondents were very aware (24.8%), 23% were not very aware and over 14% were not at all aware. This shows a significant increase in awareness at the highest level and a significant reduction in those who are not at all aware.

**2.3 When considering re-aligning boundaries, what needs to be considered a potential risk to the positive work that is currently taking place?**

For the responses to this question and the subsequent question on opportunities, the tone of response was dependent to a certain degree upon the organisation the respondent worked for. In general terms, respondents from NHS organisations were more inclined to feel the risks were greater and that there were fewer or even no opportunities or benefits. This was particularly noticeable from General Practice respondents.

Respondents from local authority organisations tended to consider risks were fewer or less onerous and that the re-alignment provided more opportunities or benefits. Some VCSFE respondents were more inclined to the local authority perspective, but others were concerned their position could be weakened, especially smaller VCFSE organisations. This was the general feel of the responses from each type of organisation, but they are by no means universal across these organisations.

86% of respondents provided their view on the potential risks to the positive work currently underway. The main risks identified were as follows:

* Risk of losing current work, work already completed or historical work – shared visions, integration and good practice already in place
* Pathways of care severely disrupted and decline of services already in place
	+ Patient flows aligned to acute/community providers will be negatively impacted/destabilised; key integrated services put at risk
	+ Impact on patients registered in schemes under current areas
	+ Clinical pathways inherently more complex and multi-organisational and boundary change will have a more disproportionate impact on healthcare
	+ Trusts will have to link in with two or more partnerships
	+ Patient care disrupted/damaged leading to poorer outcomes for patients - cannot see how this benefits patients
* Damage to trust and relationships that have been hard won and many years in the making
	+ Time and effort to build trust with VCFSE, Trusts, social care and others will be lost or need to start again
	+ Good partnerships built across all health partners greatly at risk of being undermined by this change
	+ Having large areas will damage/weaken established relationships
	+ All existing places (except central Lancs) indicated relationships forged over many years will be lost, undermined or set back years
* Detrimental impact on existing workforce – morale, make-up of teams, staff retention
	+ Frustration, uncertainty and disillusionment of staff
	+ Disruption to existing teams, pathways and relationships
	+ Losing jobs and losing knowledge – some staff already leaving
* GPs/PCNs are critical to patient care and stretched to breaking point and consider their voices will struggle to be heard in the new system and even more so with these boundary changes
	+ Cannot see how this change would necessarily lead to improvements in population health, the provision of care for vulnerable populations or the safer, more efficient discharge of patients from hospitals
	+ GP/PCNs would still cross boundaries, only different ones
* Large boundary (of Lancashire/Cumbria) may damage more local, neighbourhood approach to community working
	+ Population health needs local focus, undermined by having too big an area - too large a footprint becomes unmanageable and makes meaningful consultation and local level more difficult
	+ Risk of losing local voices, local services and solutions – one size does not fit all
	+ Operational flexibility undermined – need to put people and communities first, not geographical boundaries
	+ Potentially weakens relationship with districts and still leaves many other boundaries misaligned
	+ Risk of centralisation of functions, services and decision-making
	+ Places that work well now as a system (Fylde Coast, Morecambe Bay, Pennine, West Lancashire) will be adversely affected and may compound health inequalities
	+ Integration is not simply a matter of structural boundaries but of relationships, culture, financial and political drivers and competing priorities – boundary change on its own will change little
* An unwelcome last-minute change
	+ Concentrate on improving healthcare for patients, not governance of geographical areas
	+ Change upon change risks fragmenting services, teams and functions
	+ This should be planned and based on evidence and a clear case for change, not done in a rush
	+ Previous boundary changes led to services being lost, dilution of good services, creation of mediocrity across a bigger footprint – reform is not benign
	+ ICS boundaries to be reviewed in 12 months; LA boundaries being reviewed in Cumbria and this boundary change will still leave anomalies – always at least one partner going through a reorganisation
* Won’t help those with cross border/boundaries now and may create other cross-boundary issues going forward
* Will need to equalise resources and skill mix across each place to reduce unwarranted variation in practice and service development
	+ Ensure continuity of care
	+ Avoid post code lottery of service delivery and accessibility
	+ Messaging and communication crucial for staff

The overview of risks respondents raised outlined above is by necessity, a simplification of the detailed points many respondents made about these issues. This does not convey the passion and intensity some respondents clearly felt, nor does it reflect the many examples of relationships or service pathways that respondents felt would be impacted. Respondents wrote paragraphs and, in some cases, the equivalent of a page or so of comment to support their view.

For most, this was done from the perspective of their current place-based partnership. Morecambe Bay and Fylde Coast respondents in particular, were very concerned about the detrimental impact this change could have on their existing relationships, systems of collaboration and pathways of care. Many from Morecambe Bay also highlighted the ongoing boundary issues in south Cumbria this proposal would do nothing to resolve. It was pointed out that Cumbria County Council may cease to exist is 2023.

**2.4 When considering re-aligning boundaries, what opportunities do you see to bring about positive change?**

79% of respondents gave their view on the opportunities the re-aligning of boundaries offered for positive change. This again, was a high level of responses.

The main themes identified were as follows:

* Improved relationship with councils/more integration between health and social care
	+ Greater involvement of LA’s in partnerships
	+ Greater opportunities for pooled budgets and delegated budgets
	+ More integrated senior leadership, strategy and systems
	+ Improved strategic planning
	+ Governance is simpler – less bureaucracy, fewer bodies, fewer meetings, leaner decision-making
	+ Focus priorities
	+ Greater alignment and support for intermediate care and other services
* Less duplication, greater consistency
	+ Makes resourcing more straightforward
	+ Less energy spent trying to align services across existing boundaries
	+ Economies of scale
	+ Sharing best practice
* Improved local data
* Have boundaries more recognisable to the public
	+ Better neighbourhood working
	+ Aligned and focused integrated action at local levels
	+ Pro-active involvement of people in decisions on health and social care
* Greater support for population health, public health and reducing inequalities
* There are no benefits (10% of those who responded to this question)
* There are no coterminous boundaries that make sense to all partners
* Lack of information and context about these boundary changes

The responses to the opportunities were less voluble than the risks identified, which may reflect in part, the lower level of responses from local authority colleagues. There remained however, some detailed comments which the overview above does not fully capture, both in terms of areas of work that could benefit (such as preventative work, children’s services, intermediate care) and factors for better integration that some respondents feel re-alignment may not or cannot address (such as behaviour change, budget management, and competing priorities and pressures).

**2.5 Overall, do you feel the re-aligning of boundaries will lead to deeper integration between health and care?**

| **6. Overall, do you feel the re-aligning of boundaries will lead to deeper integration between health and care?**  |
| --- |
| **Answer Choices** | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 24.19% | 60 |
| 2 | No |

|  |
| --- |
|   |

 | 36.69% | 91 |
| 3 | I don't know |

|  |
| --- |
|   |

 | 39.11% | 97 |
|  | answered | 248 |
| skipped | 0 |

Less than a quarter of respondents appeared positive that the re-alignment of boundaries would lead to deeper integration between health and social care. Over a third of respondents felt it would not do so and a similar proportion of respondents did not know. Overall, there was a high level of uncertainty that the re-alignment would achieve deeper integration.

**Any other comments?**

Respondents were asked if they had any other comments to make. 47% of respondents took this opportunity to make further comments.

Overall, these comments were negative or at best cautious, with relatively few that supported the proposal making additional comments.

The main points raised were as follows:

* Great concern that this will fracture existing relationships, service provision, teams, and staff
* Detract from patient outcomes
* Focus time, resources and effort in the wrong direction and not on building systems to improve patient care
* Create further anxiety and uncertainty for staff already stressed and uncertain and lead to staff moving elsewhere
* Not lead to the integration needed as this depends on culture, a clear vision, commitment, behaviours and leadership, not on boundaries
* The benefits will be outweighed by the disbenefits
* A manoeuvre to appease councils to the detriment of the NHS
* The concept of re-alignment has been poorly explained, with little or no supporting evidence or documentation
	+ The survey is a tokenistic gesture
	+ Needs a full impact assessment
	+ Needs full and proper consultation (patients, the public, staff), not a last-minute change
* This is long overdue

A range of respondents felt that the case for change at this time had not been made and that, with all the other changes taking place, it would be better to consider this over the next year or so rather than be done now. Others felt boundary changes were still taking place in parts of the region which had implications for this. There were also concerns that the existing boundaries of ICBs and of LCC could change over the next few years and that this change was, therefore, premature. Some respondents were of the view that changes of this nature have been done before and had not worked.

There was a sizeable body of opinion expressed throughout these responses that considered integration between health and care was far more than a boundary change. The boundary change may help, but what mattered were other elements that go beyond aligned boundaries and which could be achieved without them.

Many of the comments highlighted a genuine concern that from a health and patient perspective, the re-alignment as proposed would have a detrimental impact which could last for some time to come. However, others felt many of these same things would benefit from the realignment going forward.