

INNOVATION CASE STUDY BRIEFING 1:

# Better Care Together Thurrock

READING TIME

15 mins

TYPE OF INNOVATION

- Social
- Business model
- ✓ Systems

TARGET POPULATION FOR THE INNOVATION

Population of 'local place' (Thurrock Borough Council)

## 1 THE INNOVATION



The 'Better Care Together Thurrock' (BCTT) initiative evolved into a comprehensive redesign of Thurrock's health and wellbeing systems. The proposed transformations arose from the perceived need to address challenges arising from an aging population and its consequential pressures on the NHS, adult social care (ASC), and housing systems. The initiative developed a preventative, place-based approach that aimed to improve population health and wellbeing outcomes by addressing their broader social determinants.

While a distinctively place-based innovation from the outset, it has been implemented at different levels in the Borough through the principle of subsidiarity. From the outset, it has been underpinned by an explicit set of values and principles focussed on strengths-based working within and alongside local communities.

It has included many initiatives over the years such as Local Area Coordination (LAC), Wellbeing Teams, Community-Led Support (CLS), Asset-Based Community Development (ABCD<sup>1</sup>), and Integrated Medical Centres.

### The vision

The initiative aimed to enhance population health and wellbeing outcomes through a transition from a

traditional medical treatment model to a more preventative and integrated approach to care and support commissioning and delivery. From the outset, this shift was recognised as requiring substantial systems wide cultural change to secure long-term efficiencies through better individual and population outcomes.

### The innovation journey

The first significant point in the innovation journey began with the establishment in 2011 of a Commission of Enquiry into Housing, Health and Social Care, which highlighted the challenges arising from an aging population and consequential pressures on health, social care and housing systems. It recommended reducing hospital and residential care admissions by shifting to holistic, multi-disciplinary, care close to home. To maximise independence and quality of life, this approach required integrated working between council services, health partners and the voluntary sector, as well as shifting from crisis intervention to preventative ways of working.

Consequently, the Thurrock council introduced a community resilience programme based on ABCD and established the 'Stronger Together Thurrock' partnership with the voluntary and community sector, and the NHS.

### TIMELINE

2011

Commission of Enquiry into Housing, Health and Social Care

'Stronger Together Thurrock' partnership established

<sup>1</sup> The ABCD approach focuses on identifying and leveraging the existing strengths, skills, and resources (or 'assets') within a community to drive a positive change. (Source: Nurture Development [www.nurturedevelopment.org/asset-based-community-development](http://www.nurturedevelopment.org/asset-based-community-development)).



In 2012, this partnership initiated the ASC-led 'Building Positive Futures' (BPF) programme which aimed to develop physical environments to enable independent living and promote healthier communities. Projects included strengths-based social work, Local Area Coordination, time banking, social prescribing, community hubs, and micro enterprises.

The second critical milestone in the Thurrock journey was the appointment of a new Director of Public Health (DPH) in 2015. This appointment followed the transfer of public health responsibilities to local authorities in 2013, which the council recognised would strengthen its capabilities to transform health and wellbeing. The new DPH was able to prioritise prevention and early intervention by building on his established networks in local health and council systems.

In 2017, DPH led the drafting of the 'Case for Change', which examined issues such as deficiencies in primary care, avoidable hospital admissions, discharge delays, and the need to shift the balance between acute and community services.

The same year, the Community and Voluntary Sector (CVS) was commissioned to lead a Theory of Change (ToC), which allowed system leaders to consider the case for change and agree the vision, goals and principles needed to progress the innovation journey. This process led to the subsequent publication of 'Better Care Together in Thurrock' (BCTT) in 2017 as a system-level model of care. Its initial focus included identification and management of long-term conditions; building capacity and capability in primary care; developing strong and resilient communities and transforming community services.

Two years later (2019), local partners established the Thurrock Integrated Care Alliance (TICA) to reinforce the whole systems implementation of BCTT and accelerate transformation. Although the work was interrupted by COVID-19, it resumed later, with continued development of locality-based approaches.

In 2020, a second ToC workshop was conducted with systems leaders to update BCTT. The overall vision was restated as one for "better outcomes for individuals, close to home, using health and care resources effectively."

**Continuing the innovation journey**

The third critical milestone occurred in 2022, when leaders of TICA published its 'Case for Further Change 2022–2026' and adopted a 'Human Learning Systems' (HLS)<sup>2</sup> as the foundations for its transformation journey. HLS aims to transform BCTT by focusing on change through learning and co-designing human solutions based on the strengths and assets of the entire system and understanding how outcomes are made and delivered for individuals.

The Case for Further Change, together with a related strategy for children and young people (Brighter Futures), formed the vast majority of Thurrock Joint Health and Wellbeing Strategy, which was intended to address the broader determinants of health.

That same year, TICA hosted HLS Scoping Days with experts from the Centre for Public Impact and local practitioners to identify priority areas for HLS adoption and establish learning cycles that guided further collaborative experiments.

Additionally, Thurrock have focused

**TIMELINE**



<sup>2</sup> HLS is a framework for designing and delivering public services that emphasizes adaptability, learning, and collaboration. It moves away from traditional top-down, target-driven models of service delivery, marketization and outcome-based performance measurement. Instead, HLS focuses on the complexity of human systems, continuous learning, and supporting people holistically. See Lowe T et al. (2021). New development: responding to complexity in public services – the human learning systems approach, *Public Money & Management*, 41(7): 573–576.



on developing stronger trial-and-error learning capabilities among all staff by embedding a culture of learning, empowering staff and encouraging reflection.

However, BCTT faced new risks to its innovation journey. The NHS reorganisation and its absorption of the CCG into the Mid and South Essex Integrated Care System (ICS), was seen by many stakeholders as a potential risk

to the established local partnership arrangements. In response, Thurrock Council advocated devolving commissioning responsibilities and funds through its Health and Wellbeing Board, pending decisions from the ICS. At the same time, the council's financial autonomy has been significantly limited by the Section 114 notice issued in 2022 (see below).

## 2 ROCKS/CHALLENGES



### Financing innovation

Financing the innovation journey has been a continual challenge. While the Better Care Fund (BCF) has been a key source of finance for elements of the innovation, it cannot fully bridge gaps in the NHS and local authority budgets.

Tight budgets have been a barrier to implementation as different parts of the system have been drawn to addressing their own operational problems and struggled to find capacity to engage.

Financial constraints have tightened further, as the ICS encountered increasing budgetary pressures, and the council had to issue a Section 114 notice and operate within a financial framework mandated by government-appointed commissioners in Essex County Council.

While Thurrock has navigated national and local financial constraints, and utilised them as opportunities to drive change, financing the innovative work requires continual ingenuity and persistence.

### Capacity of the organisation

The challenges stemming from financial resource shortages have continued to intensify across the health and care system; however, the leaders attempt to navigate them through making a financial case for the innovation, and collecting

evidence to show the value of the innovation across the system (e.g. its impact on demand management).

Innovation leaders have consistently highlighted the importance of engaging external experts to develop various aspects of their innovations and to bolster internal skills and capabilities.

This approach ensures access to the most relevant and advanced knowledge for each component of the innovation. This strategy is particularly crucial for complex innovations like BCTT, which involves multiple components across the care sector (for further details on the role of external expertise, please refer to the section below on learning).

### Collaboration

There are important cultural differences between the principles underpinning BCTT and the "command and control" culture of the NHS.

There has been some scepticism, especially among some NHS partners, about the feasibility of shifting the balance between acute and residential services, on the one hand, and primary and community services, on the other. However, it has also been acknowledged that, hospital discharges have been relatively unproblematic and reductions in cardiac disease are consistent with the local prevention initiatives in this field.

Thurrock has navigated national and local financial constraints, and utilised them as opportunities to drive change



The philosophy and principles of HLS have also met with scepticism in some quarters, but it is still early days for this approach to prove its worth. The shift to the larger geographical footprint overseen by the ICS has yet to deliver financial and other devolved decision-making competences and remains a challenge to place based planning.

Thurrock continues to work actively to engage all partners, but challenges remain.

**Understanding impact**

To assess the effectiveness of the various initiatives within the broader innovation, a range of local evidence has been collected. For instance, the council gathered qualitative data and personal stories to illustrate the impact of specific initiatives.

Additionally, external consultants, including NDTi, collected local data to evaluate the effectiveness of specific

programs (for further details, please refer to section below on learning).

Formal evaluations have been conducted for several schemes, such as the Wellbeing Teams, where internal assessments led to adjustments in implementation. In some cases, as noted by respondents, evaluations were carried out more informally through discussions and meetings, resulting in modifications or the discontinuation of certain programs. Local data further support the effectiveness of the BCTT initiative, with indicators such as a decrease in cardiovascular diseases in Thurrock compared to neighbouring areas.

However, the leaders felt that the complexity of the BCTT posed insurmountable challenges in evaluating its overall impact as a whole-system innovation. Consequently, the available evidence often focuses on the outcomes of individual schemes rather than the broader systemic effects.

Although Thurrock actively works to engage all partners, challenges still remain

**3 NAVIGATING ROCKS**



**Leadership**

Continuity of strong, value-driven leadership has been pivotal to the continuing evolution and implementation of the BCTT initiative. The core leadership team of TICA has prioritized fostering collaboration, learning, and empowerment throughout the partnership. Notably, the team has established routines for periodically revising the strategy's vision in response to shifts in the political and strategic landscape, ensuring ongoing innovation to address emerging challenges and capitalizing on new opportunities. This approach has cultivated a culture of experimentation and continuous improvement, enabling the initiative to adapt and evolve over time. The momentum of the approach has been maintained despite personnel

changes due to retirements, thanks to the robust structures and processes in place. Continuity of key individuals has though been key.

The adoption of HLS principles aims to transform the role of system leaders and commissioners from performance managers to 'System Stewards', with a focus on nurturing relationships and learning across the system. As we noted above, it was still too early for us to conclude how widely and deeply such approaches can become embedded.

The leadership team has consistently emphasized the role of distributed leadership and empowering staff at all levels to make decisions and drive change within their areas of responsibility, aligned with the overarching vision.

A culture of experimentation and continuous improvement, has enabled the BCTT initiative to adapt and evolve over time



### Learning and the innovation journey

Throughout Thurrock’s innovation journey, experimentation and learning have been central tenets as reflected in the adoption of a developmental approach based on ‘test and learn’ experiments before being scaled up across the borough. Thurrock adopted a process of continuous review and adjustment of the interventions when necessary. As a result, some initiatives, such as the Wellbeing Teams and Hospital Social Work, were redesigned before borough-wide implementation. More recent examples of test and learn schemes include ‘blended roles’ within the Wellbeing Teams and new approaches to dealing with complexity, e.g. Complex Housing Improvement Programme that looked at how to improve outcomes for people with mental health and substance misuse issues facing eviction.

Crucially, Thurrock has consistently sought to engage with external experts to inform the development of its initiatives. For instance, BCTT collaborated with Cormac Russell from Nurture Development, Toby Lowe and other experts from the Centre for Public Impact on HLS, Community Catalysts on Micro Enterprises, NDTi on CLS, and Helen Sanderson on Wellbeing Teams. These external organizations also conducted evaluations of specific BCTT schemes; for example, NDTi, collected local data to assess CLS effectiveness in Thurrock, while Nurture Development gathered personal stories to reflect on the effectiveness of the ABCD approach. The innovation was also featured in several studies assessing developments in adult social care.<sup>3</sup>

Initially, many initiatives were more opportunistic than strategically planned. However, over time, a more coordinated strategy and management approach has been developed, treating the various innovations as a portfolio of schemes

consistently managed to produce a system bigger than the sum of its parts. New innovations have been introduced to complement existing ones, aligning with and supporting the broader cultural change efforts within the organization.

### Relationships across the care system

This innovation is a collaborative effort, led from ASC and local Health partners but relying on many partners working together to deliver its vision. Long-term partnerships based on shared values and trust were recognised to be crucial for continuing progress. Local leaders have acknowledged the challenge of securing universal buy-in. Although the complexities of developing new roles and relationships in ICS structures were identified as challenges to collaboration, the new arrangements were also perceived as presenting potential opportunities, such as the possibility of funding for innovation.

### Culture

Cultural change has been a cornerstone of BCTT from the beginning, especially in the context of moving from medical to preventative models of care as well as fostering a more collaborative environment based on trust and empowerment both within and between organizations.

In earlier stages of the work Thurrock worked with specific parts of the system to change cultures. Notably they introduced a strength-based model for social work, which represented a significant cultural shift from “doing to” to “doing with”. This model promoted innovation, decision-making autonomy, self-managed teams based on Buurtzorg principles, open communication, the principle of subsidiarity, and diverse career paths.

By leveraging external expertise, Thurrock has been able to incorporate cutting-edge knowledge into its innovation journey

Cultural change has been a cornerstone of BCTT from the beginning

<sup>3</sup> See, for example: Bolton J (2019). *New Developments in Adult Social Care*. Oxford: Institute of Public Care, Oxford Brookes University. <https://ipc.brookes.ac.uk/publications/new-developments-in-adult-social-care/>; and Think Local Act Personal (2019). *Reimagining Social Care*. Egham: TLAP. [www.thinklocalactpersonal.org.uk/\\_assets/BCC/ReimaginingSocialCare.pdf](http://www.thinklocalactpersonal.org.uk/_assets/BCC/ReimaginingSocialCare.pdf)



The BCTT approach also challenges traditional performance culture by emphasizing learning, collaboration, and open dialogue. Additionally, culture change was deemed essential for aligning

commissioning practices with HLS principles, positioning commissioners, among others, in the role of ‘System Stewards’.

#### 4 KEY LEARNING



The BCTT case study highlights key factors that have supported Thurrock’s innovative approach from 2011 to the present.

These factors include:

- a steadfast commitment to values, principles, and outcomes;
- an acknowledgment of the need for innovation as part of systemic transformation; and
- strong local leadership.

The sustained focus on cultural change and the continuity of senior management have been essential to the progress of the innovation.

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