The SEL Neighbourhood Maturity Matrix

August 2025

Context and application

- This document outlines how cross-organisation partnerships at place, supported by integrator host organisations may need to mature over time to enable neighbourhood care.

- Neighbourhood implementation at place is being led by a **cross-organisational partnership** (typically covering primary care, community care, the local authority, acute services and the VCSE**), supported by an integrator host organisation**. Each place have developed their own arrangements meaning there will be **natural variation** in how these partnerships and their host integrator organisation(s) choose to structure their approach.

- We are also in a **period of significant change in roles and responsibilities across the NHS system**. Initially, Local Care Partnerships (as committees of the ICB) will continue to play a key coordinating role at place to drive change and delivery of neighbourhood care. However, it is anticipated that **we will increasingly move towards more provider-led partnership leadership** as referenced within the 10 year plan and the model ICB blueprint. The **pace of change at place may be differential** and as such all partners should be involved in assessing maturity of the relational and operational functions required across the place to deliver neighbourhood-based care as well as agreeing who is best placed to lead on different functions (recognising that this may shift over time and should be continually under review).

- **National policy related to neighbourhood care is emerging**, with significant policy decisions expected over the period of the current Parliament. In South East London **we want to move towards neighbourhood care at pace**, to deliver the benefits for our population, our workforce and our system. This requires us to be **building our maturity and readiness for what may come, even whilst there may be a level of ambiguity about future policy direction.**

- This maturity matrix outlines both **short-term priorities areas for maturity** which are based on what we already know, and **longer-term areas for maturity development** which are based on the expected policy direction. **Initially places are only expected to address the shorter-term priorities for maturity**, but some may wish to consider longer-term maturity priorities where this is agreed locally. The matrix will iterate overtime, and we will grow the expected scope of maturity of place-based arrangements in-line with national policy development

Integrator Principles: Functions

South East London
Integrated Care System

The functions listed below were developed across places and were signed off by the Neighbourhood Based Care Board in April 2025. It is expected that functions will evolve over time as Neighbourhood working evolves. The list includes short and longer term developmental functions.

Support operational coordination between sectors and partners across the borough and between INTs, bridging the gap across the current reality of fragmented pathways and services by addressing the practicalities of collaboration (e.g., building interfaces and relationships and supporting workforce planning.

Integration operational: operate dedicated integrated functions of neighbourhoods (e.g. the core INT) and support transformation initiatives, working with the Local Care Partnership teams.

Facilitate population health management (PHM) by promoting the sharing and effective use of data and real-time information across organisations, enabling holistic care for residents and improving population health outcomes. Integrators will need to support ICB work to ensure the provision of real-time population health data, drawing down on regional and place capacity and skills, to enable INTs to target interventions proactively and preventatively addressing health inequalities and needs.

Address interface issues and share learning through coordinating discussions at Place level (e.g., sharing resources and managing care transitions) and escalating issues affecting multiple neighbourhoods to ensure system-wide alignment. They will need to facilitate cross-borough collaboration, spread and scaling of successful practice, ensuring continuous improvement and increasing alignment to the most efficient and effective models of local care.

Drive equity in access and outcomes across system, Neighbourhood and Place levels using PHM data and working closely with partners (including VCSFEs) to identify and address disparities in access and care delivery, supporting INTs to meet local needs and reduce inequalities.

Lead the delivery of INTs, driving the test and learn approach: The integrator will work within system and place leadership structures, including with primary care and local government, and in partnership with all local providers to ensure that agreed local and SEL ICB/S strategies and priorities for improving health and wellbeing are being translated into day-to-day delivery of services and care, and that the integrators are supporting the continuous improvement approach.

Support system sustainability and resilience supporting to identify and strategically manage where there might be issues and risks (e.g., alignment with Caretaker Arrangement)

Provide essential infrastructure for INTs, supporting people, finance, governance and risk management in a way which is consistent and cost-effective so that neighbourhood delivery becomes business-as-usual. This will include:
- o Enabling shared use of estates from across the public, private and VCSE sector to enable co-location of services and public access where applicable
- o Maintaining an up to date view of local assets, including the VCFSE sector, to ensure continual seamless delivery of Neighbourhood Health Services

Functional Maturity Domains

Functional Domain	Sub domains (initial priorities)
Operational Coordination	Operating integrated functions (e.g. the Core INT)**
	Shared clinical risk
	Integrated and shared workforce planning
Facilitating population health management	Facilitating data sharing
	Promoting use of data
	Supporting segmentation and stratification (inline with SEL wide approaches)
Improving the interface	Process and pathway mapping
	Scaling best practice
	Reducing transfers of care
	Cross boundary collaboration
Driving Equity	Understanding variation
	Building structures that tackle variation
Leading delivery	Integrated Neighbourhood Teams (beginning with frailty, multiple LTC and CYP)
	Integrated intermediate care with a 'Home First' approach
	Urgent neighbourhood services
	Modern General Practice (not yet developed)
	Prevention (not yet developed)
Supporting system sustainability	Encouraging mutual support
	Sustainability offer
	Driving efficiency
Essential Infrastructure	Digital optimisation
	Integrated estates optimisation
	Education, training and workforce development

The functional maturity domains are **aligned to the scope of the integrator function** shared with integrators earlier in 2025 (see previous slide).

These reflect the key role that integrator arrangements are expected to play within the delivery of neighbourhood care.

Initial priority domains are highlighted in green, and are the first focus of maturity development for integrator arrangements

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Relational Maturity Domains

The relational maturity domains **reflect the relationships that will need to be developed and matured between and across the partnership of organisations supporting neighbourhoods implementation**, the integrator host organisation and wider partners at place.

Given the different arrangements in place and the shifting roles and responsibilities across the NHS, **local places will need to decide how best to manage development across these domains**. This may not be via the integrator host initially.

Initial priority domains are highlighted in green, and are the first focus of maturity development

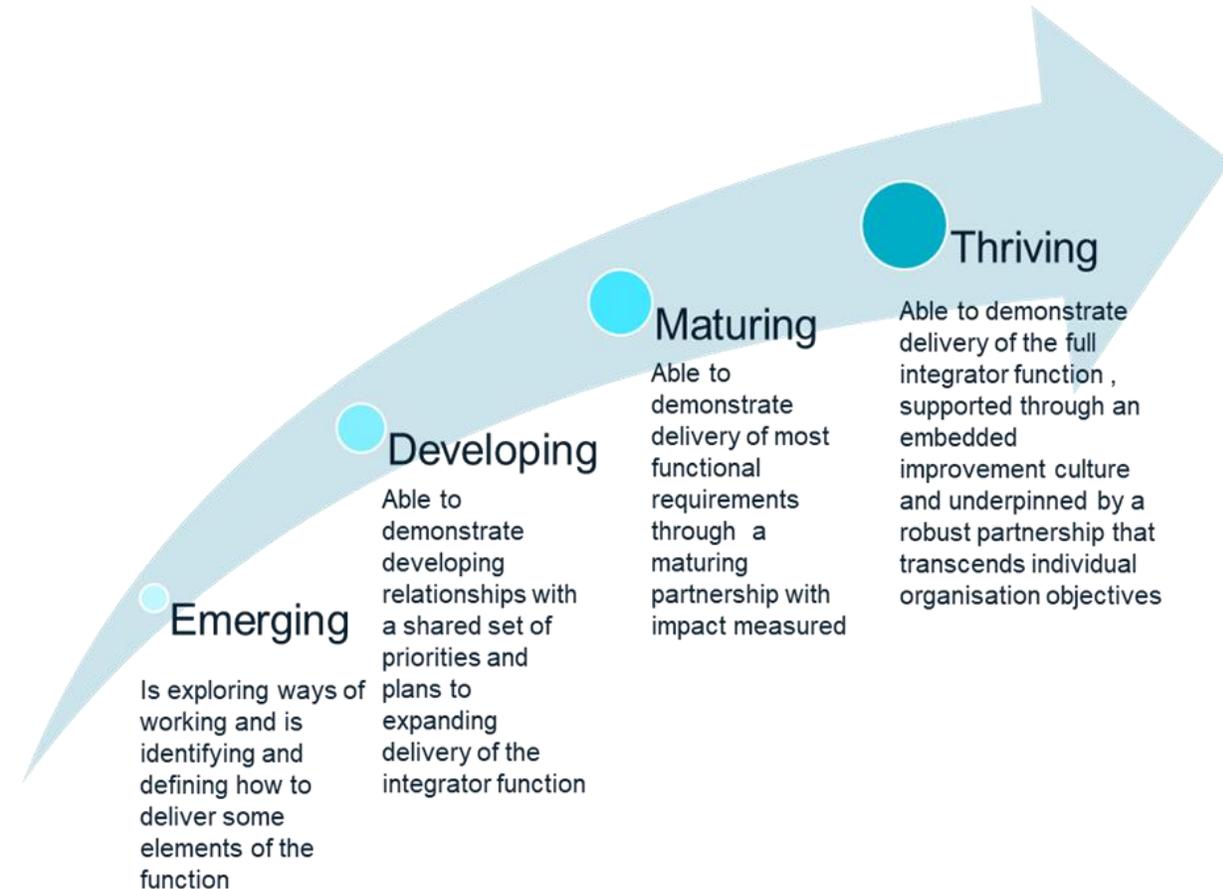| Relational Domains	Sub-Domains (green are the initial priorities)
Building relationships and trust	Co-design of ways of working
	Parity of voice
	Shared Accountability
	Aligned resources
Organisation development and culture	Embedding holistic and personalised care
	"One team" approach
	Sharing risk
Resident and neighbourhoods*	Supporting neighbourhood infrastructure
	Aligned communication and engagement around INTs
	Co-production and participative models
People, staff and teams	Integrated staff communication and engagement
	Staff activation
	Collaborative leadership development
	Wellbeing

Our Neighbourhood Maturity Matrix

The South East London Neighbourhood Maturity Matrix outlines the broad developmental functions that and partnerships and host integrators may be expected to develop overtime. The matrix is split into core domains that all integrators will be expected to develop, and enhanced domains that may be developed depending on local circumstances. The domains reflect both functional requirements and also the relationships that an integrator may need to develop and mature. The matrix sets out what these domains may look like at various levels of maturity at a high-level.

Shorter term priorities	Shorter term priorities are the agreed areas that all place partnership arrangements supported by host integrator organisations are expected to initially priorities
Longer term domains	Longer term domains outline maturity domains that are likely to be required across place partnership arrangements, supported by host integrator organisations over the next 2-5 years (dependent on national policy decisions)
Functional Domains	These reflect the potential functions of place partnership arrangements supported by host integrator organisations based on the London Target Operating Model and the South East London Integrator Functions (see previous slide)
Relational Domains	These reflect the potential relationships that the place partnerships and host integrator organisations will need to nurture both within their partnerships arrangement and with residents, staff and the ICB.

What the Maturity Matrix is (and what it isn't)

- The maturity matrix provides a description of **how the maturity of neighbourhood care** _may_ **develop** over time, considering both **functions** and **relationships.**

- It is also intended to **ready local systems to respond to the strategic commissioning of neighbourhoods in the future** through a **coordinated provider system** and the provision of **underpinning infrastructure support** via an integrator host.

- As each place partnership and integrator arrangement is unique, **flexibility is required in the adoption of the matrix locally**. Some elements may not be relevant to all place arrangements or may only be relevant in the future.

- There are however an agreed set of **short-term priority domains** which will be relevant to all places from the very beginning.

- The maturity approach is intended to be **supportive but not exhaustive**. This is **not a blueprint or specification**. The intention is to:
    - **Provide prompts that promote open discussion, debate and deep reflection** within and across place partnership arrangements supported by host integrator organisations on **what the role of local partners and the integrator host is in enabling neighbourhood health**.
    - Enables local partners to reach a **common view as to the current level of maturity** of local functions; and
    - Jointly identify key **developmental priorities**.

Thriving
Able to demonstrate delivery of the full integrator function , supported through an embedded improvement culture and underpinned by a robust partnership that transcends individual organisation objectives

Maturing
Able to demonstrate delivery of most functional requirements through a maturing partnership with impact measured

Developing
Able to demonstrate developing relationships with a shared set of priorities and plans to expanding delivery of the integrator function

Emerging
Is exploring ways of working and is identifying and defining how to deliver some elements of the function

How to use the Maturity Matrix

- **All shorter term priority domains should be addressed,** but any longer term domains will be down to local determination at this stage.

- The integrator host organisation(s) may be best placed to coordinate the **completion the maturity matrix assessment**, working with their partnership to **ensure that the position reached is reflective of all partners views**.

- This could be achieved by ensuring each partner is able to submit their views on maturity domains independently (and potentially anonymously). It is highly **likely that partners will have different views, and an approach which registers and reflects those differences may help build relationship and trust**, as well as provide deeper insight into the current maturity of the relationship between partners supported by the host integrator

- Once a baseline understanding of partner views has been reached, place partnerships, supported by the integrator host organisations should **review the baseline assessment collectively** through a process of open discussion and debate. Places may want to consider bringing in a cross-section of place leadership, subject matter expertise and public/patient representatives to **provide reflection and challenge** where this is appropriate.

- This process should also ensure that there is clarity about the next steps needed to improve maturity and who is responsible for putting plans into action (initially within the shorter term priority domains).

- The integrator should **use the matrix to inform initial developmental priorities** and ensure these are reflected in local plans agreed for the use of the £250k non-recurrent development funding provided. This will also be reported into the ICB Board for their continued oversight.

- The maturity matrix tool should also be **used to monitor and track the development** of maturity over time. Equally, there should be continued discussion between the place partnership, integrator organisations and ICB on what domains across the matrix should be assessed, which is expected to mean that **new domains are likely to need additional assessment over time**.

Initial Maturity Domains

Supporting Operational Coordination

Sub-Domain	Emerging	Developing	Maturing	Thriving
Operating integrated functions (e.g. the Core INT)	• We have produced our functional operating model for INTs • We have agreed the key functions that need to be performed within the INT and the core staff roles required to deliver those functions • We have mapped the tools and support INTs will require to provide care	• We have aligned names staff from all our member organisations to neighbourhood footprints, including operation, clinical and senior management roles • We understand the skills required across our INT and have identified where there are current skills gaps • Work is underway to develop operating models for INTs, including pathways into, through and out of integrated neighbourhood teams • We have a plan in place to secure the necessary tools to operationalise the team • We have defined how we are going to measure patient and staff experience across INTs	• We have secured the tools needed to support INT working and are developing the skills and knowledge of our team • We are clear on how we will code information on clinical systems so that we can track the impact of our INT • We have co-produced ways of working across the team that support integrated working and holistic care • We have put in place the processes necessary to measure patient and staff experience	• All INTs are operating effectively and can deliver neighbourhood health to their target population • INTs report having access to the necessary tools, infrastructure and support they required • We can demonstrate qualitative and quantitative improvements for patients and staff across our INTs
Shared clinical risk	• We are committed to developing a shared approach to the management of clinical risk • We have established a working group to look at our current approaches to clinical risk management across the partnership	• We have mapped the current clinical risk management processes and governance structures of our member organisations • We understand the level of risk appetite of member organisations and have understood what this means for the management of shared care, including identifying key pain points • We are developing shared clinical risk management approaches for integrated neighbourhood teams	• We have approved our shared clinical risk management approach to support delivery of integrated neighbourhood teams, and there is clarity about how these relate back to individual organisational accountabilities. • We are testing our new processes and governance in shadow arrangements, and can demonstrate a strong, learning environment that promotes quality and safety. • We have set out how we will oversee the use of shared clinical risk management as a partnership and have the tools in place to do so	• We have shared clinical risk management in place within our integrated neighbourhood teams • We have shared governance as a partnership that enables us to oversee shared clinical risk and act where needed to improve the safety and effectiveness of these arrangements.

Facilitating Population Health Management

Sub-Domain	Emerging	Developing	Maturing	Thriving
Facilitating data sharing (noting that there are regional data sharing arrangements in place but that some places and integrators may have additional local arrangements)	• Our partnership has data sharing agreements in place between health partners that allow for the sharing of data for direct care and secondary uses • We offer support to partners who need further information on the benefits of sharing data	• Our partnership has data sharing agreements in place between health partners, adult/children social care and commissioned VCSE providers that allow for the sharing of data for direct care and secondary care uses • We meet regularly with organisations that do not currently share data to build a shared understanding of where this would benefit direct patient care	• Our partnership is exploring whether additional data should be shared between health partners, wider local authority teams, wider VCSE organisations and other system partners to support broader support population health management across neighbourhoods • Consideration is being given to the purpose of sharing data and therefore the type of data that should be shared. • We are investing in developing relationships with organisations that do not currently share data and are proactively addressing concerns that are inhibiting data sharing where this would benefit direct patient care.	• Our partnership has access to the data it needs to facilitate population health management. • We have processes in place to manage requests from new organisations to access or share data (these processes may be shared with other integrators or statutory partners) • We continue to provide support to individual partners to facilitate data sharing where this is required
Promoting use of data	• We have reviewed the data that is available to us across the partnership and have considered how we can best use this data to support population health	• We have the necessary analytical support in place to ensure that we can use data as planned • We are using data to drive discussions about our INT model of care • We have considered how we might best use the data available to us to understand impact • We are clear on how we will code information on clinical systems so that we can track the impact of our INT	• We have consistent and effective coding practices across our INTs • Our INTs are using data consistently to support the provision of direct care • As a partnership, we have the tools and processes in place to understand the impact out INTs are having	• Our partnership uses available data to plan how resources will be used across the partnership

Improving the interface

Sub-Domain	Emerging	Developing	Maturing	Thriving
Process and pathway mapping	• As a partnership we have identified the key pain points in processes and pathways between different organisations and sectors and have agreed initial areas for improvements	• We have undertaken process mapping of these priority areas and understand what is driving challenges across the interface within these areas • We have agreed high-impact improvements and have defined roles and responsibilities across the partnership	• We are implementing improvements to our processes and pathways • We have the tools, processes and governance in place to identify challenges across the interfaces within the partnership. • We regularly review interface issues within our partnership and identify solutions for implementation	• All partners feel that they can raise concerns about the processes and pathways across the partnership and that these concerns will be responded to • All member organisations within the partnership have leadership roles who are responsible for implementing changes where these are agreed by the partnership • Our data demonstrates that we are improving patient care and staff experience as a result of the changes we are making to processes and pathways

Driving Equity

Sub-Domain	Emerging	Developing	Maturing	Thriving
Understanding variation	• We have co-developed as a partnerships the key areas of variation that we want to more fully understand • We are developing data-sets that enable our partnership to understand unwarranted variation	• We understand the outcomes with most significant unwarranted variation across our partnership • We have agreed our priorities to reduce unwarranted variation and have set up cross-partnership groups to explore these	• We understand the impact of unwarranted variation on health inequalities across our partnership • We are delivering plans to reduce unwarranted variation within our priority areas	• We have highly effective tools, process and governance in place to identify and manage unwarranted variation • We have delivered demonstrable improvements in unwarranted variation in our priority areas • All partners feel supported and able to improve the quality and effectiveness of care • We have a long-term plan to drive improved health equity across our partnership

Leading Delivery

Sub-Domain	Emerging	Developing	Maturing	Thriving
Integrated Neighbourhood Teams (beginning with frailty, multiple long term conditions and children and young people)	• We understand the size of our priority populations in each neighbourhood and have an agreed approach to scaling up our INTs	• Integrated neighbourhood teams are established and delivering on our shared commitments for our three priority populations • We have a shared approach to holistic and personalised assessment of an individual's need. • We are working to joint care plans for our priority populations.	• Our INTs are reaching into neighbourhoods to deliver care, aligned to areas of greatest health inequalities • Frontline teams are routinely accessing help and support for their patients and service users from across the partnership • In-reach and out-reach pathways between INTs and aligned functions are in place • We are working to expand INTs to support additional population cohorts	• Our whole population is supported via a neighbourhood working model • We are working to joint care plans for all who need them, across age groups, mental and physical health and care services. • We are building direct support for the wider determinants of health into our neighbourhood model through our relationships with the local authority, skills and education providers and housing providers

Essential Infrastructure

Sub-Domain	Emerging	Developing	Maturing	Thriving
Digital optimisation	• We have identified the digital challenges that prevent information sharing, joint working across teams and that drive inefficiency • We have identified the digital opportunities across individual organisations which could support greater partnership working	• We have agreed our shared priorities for digital optimisation and have put in place shared programmes of work to achieve these objectives • We have identified members who needs more support to optimise digital tools and undertake digital change	• We are implementing shared digital tools • We are providing change management support to members across the partnership	• As a partnership, we use joint digital solutions to support the planning and delivery of care, including population health management, shared care records and plans, collaborative working and shared case management etc. • We regularly evaluate the effectiveness of our digital solutions and put in place new programmes of work as required to support efficiency and integration

Building Relationships and Trusts

Sub-Domain	Emerging	Developing	Maturing	Thriving
Co-design of ways of working	• We have an agreed shared purpose and a vision	• We understand the roles and responsibilities of partners in contributing to our shared purpose. • We have agreed mechanisms for all partners to collaborate on shared issues and solutions	• We have established open communication across partners • All partners feel they can influence integrator priorities and implementation programmes	• We have effective relationships with strong trust in place that support challenging discussions about how shared resources should be utilised to delivery optimum benefit for the population
Parity of voice	• We have equal representation from all key local sectors and partners (primary care, NHS Trusts, Social Care, VCSE, patients) on decision-making structures.	• Our representatives understand the benefit of the partnership and are developing an understanding of the strengths and challenging being faced by other partners. • All partners understand the shared decision-making processes in place.	• There are appropriate mechanisms and support in place to enable the partnership to make evidence-based shared decisions. • Our representatives have developed strong and deep mechanisms for engaging with front-line staff within the sector they represent.	• All members of the partnership are confident that the decisions being taken are best for the population and individual representatives take responsibility for leading challenging discussions within their sector or organisation
Shared Accountability	• Our integrator partnership has set out what we aim to achieve (starting initially with short-term objectives) - We understand how we can achieve these and are clear on how we will measure success	• We have clear lines of accountability in place between each member of the partnership, the partnership bodies they represent and any decision-making structures within constituent organisations • Integrator partnership objectives are understood by all individual member organisations. • We have established shared programmes to deliver our objectives • We are regularly reviewing information in our integrator partnership on how well we are achieving our shared objectives	• All members of the integrator take responsibility for engaging the integrator partnership in decisions that may be taken by their member organisation where these could impact on the delivery of the integrator objectives. • Open, transparent and bi-lateral communication enables our partnership to engage in discussions about conflicted priorities in a constructive manner. • We are sharing information on how well we are achieving our shared objectives with our population.	• Our member organisations do not make unilateral decisions which may impact on the integrator partnership objectives. • Our member organisations specifically address how well individual organisations decisions align to the integrator objectives as part of their decision-making process. • All partners feel able to hold each other to account for their individual and organisations roles in supporting the shared objectives of the integrator. • We are transparent with our population on the decisions we are taking and our progress in delivering shared objectives

Organisational development and Culture

Sub-Domain	Emerging	Developing	Maturing	Thriving
Embedding holistic and personalised care	• We are working with our population to define what holistic and personalised care would mean in practice	• We have an agreed definition of holistic and personalised care and a set of shared standards • We are working with our front-line teams to re-design care pathways that better enable holistic and personalised care • We have co-produced guidance for staff and patients on undertaking holistic assessments and competing shared care plans	• We are supporting staff through the provision of tools and support, peer review and training and development to deliver improved holistic and personalised care • We have measures in place to track improvements in the delivery of holistic and personalised care (which may include patient experience and activation measures)	• We can identify where care is falling below our shared standards and can provide rapid support to improve this across the partnership • We can demonstrate that our population feel involved in decisions about their care • We can demonstrate that our staff consider the broader health and wellbeing of our residents when planning and delivering care

Residents and Neighbourhood

Sub-Domain	Emerging	Developing	Maturing	Thriving
Supporting neighbourhood infrastructure (community assets, VCSE services etc.)	• We have mapped all the assets our member organisations have within our neighbourhoods • We are working with our VCSE representatives to map broader neighbourhood groups and assets	• We have developed a deep understanding of our population need within each neighbourhood (starting initially with the three priority populations) • We are reviewing population need against our neighbourhood assets to identify opportunities and gaps, including relative resource distribution against inequalities	• We have produced and agreed a plan to maximise the use of our existing neighbourhood assets to improve population health • We understand the gaps in our existing neighbourhood infrastructure and are considering the options available across the shared resources of the integrator to address those gaps • We have considered whether we need to shift resources across neighbourhoods to better address inequalities	• We have an agreed plan in place to address gaps in neighbourhood infrastructure over the medium term using our shared resources

Appendix: Longer Term / Future Domains

Supporting Operational Coordination

Sub-Domain	Emerging	Developing	Maturing	Thriving
Integrated and shared workforce planning	• We share information on the workforce structures within our member organisations across the partnership • We have mapped our workforce against staff groups and functions - beginning with core INTs	• We share information on our grading, pay rates and JDs of staff across shared staff groups and functions. • We utilise demand and capacity tools to understand organisational and partnership capacity and demand. • We have joint assumptions on demand growth (linked to broader system assumptions) and understand the impact these would have on organisational and partnership capacity • We understand where we have areas of duplication and inefficiency across our shared workforce, and where there are gaps in capacity across the partnership	• We have identified differences across grading, pay rates and the responsibilities of staff within shared staff groups delivering the same function. We are considering opportunities to align. • We are exploring opportunities to improve the efficiency of staffing models in areas where we have duplication and how we could jointly invest in our staffing gaps. • We have put in place staff passporting approaches and/or lead employment models • We are considering where new roles may be required and are creating career pathways for these roles	• We have a shared long-term workforce plan that aligns to predicted demand increases within neighbourhood models • We are considering shared HR and employment models where this would improve our ability to mobilise shared capacity more easily

Facilitating Population Health Management

Sub-Domain	Emerging	Developing	Maturing	Thriving
Supporting segmentation and stratification (inline with SEL wide approaches)	• We are building our understanding of population segmentation and risk stratification approaches.	• We have completed segmentation of our whole population utilising SEL-wide approaches. • We are considering the needs of different population segments and are exploring what this means for service models and resource (staff, clinical capacity etc.) allocation. • We are using risk stratification in certain projects on an experimental basis, i.e. identifying those who are at risk of becoming frequent service users.	• All partners use the same language when describing population segmentation. • We have implemented new pathways aligned to the needs of specific population segments. • We are taking steps to align our resources to the needs of different population segments and are using this to determine patient flow. • A population risk approach is applied to integrated neighbourhood teams but not yet systematically across the partnership or to the full population.	• Whole population segmentation and risk stratification deployed and fully implemented across the full partnership

Improving the Interface

South East London Integrated Care System

Sub-Domain	Emerging	Developing	Maturing	Thriving
Scaling best practice	• All members agree to support the partnership through the sharing of best practice between organisations and sectors within the partnership, within South East London and with other partnerships nationally,	• We identify potential best practice from across member organisations or more widely when we develop programmes and approaches • We have established informal mechanisms with some other integrator partnerships in South East London	• We embed best practice within all programmes and develop our own case studies to share across the partnership, across South East London and nationally • We have established formal and informal mechanisms to share best practice with other integrator partnerships within South East London	• We share best practice regularly with other partnerships nationally through a variety of channels • We have strong connections with other partnerships in South East London and have developed shared priorities that can be taken forward together • We continuously learn from peers and adapt insights to local need
Reducing transfers of care	• Starting with INTs for our three priority populations, we understand the services that make up the care of those populations	• We have mapped current transfers of care across the services making up INTs for our three priority populations	• We have designed ways of working within our INTs that reduce the number of transfers of care between and across services supporting INTs	• We are using the learning from INTs to explore how we can reduce transfers of care for our broader population through new ways of working
Cross boundary collaboration	• We have used data available to use via our partnership to understand the current cross-border flow of the population our partnership services	• We have worked with other integrators within South East London to agree cross-boundary arrangements that most effectively supports integrated care for our population	• We have worked with other integrator partnerships in London to agree cross-boundary arrangements that most effectively support integrated care for our population • We have worked with priority partnerships outside of London (where applicable) to agree cross-boundary arrangements that most effectively support integrated care for our population	• We are confident that the our resident and patient populations receive integrated neighbourhood care within our area

Driving Equity

Sub-Domain	Emerging	Developing	Maturing	Thriving
Building structures that tackle variation	• We are having open and honest discussion about the drivers for unwarranted variation in access, experience and outcomes across our partnership	• We fully understand the drivers for unwarranted variation across our partnership (e.g. resource allocation, workforce, quality, processes) • We are developing plans as a partnership for how we can tackle these drivers of unwarranted variation	• We have built trust across our partnership that enables cross-member support to be offered to address variation in access, experience and outcomes across the partnership • We have a long term plan to address the drivers of variation across our partnership	• We take accountability as a partnership for any unwarranted variation in access, experience and outcomes and we address variation using our collective resources as a partnership

Leading Delivery

Sub-Domain	Emerging	Developing	Maturing	Thriving
Integrated intermediate care with a 'Home First' approach	• We have mapped all intermediate care services in place across our partnership, including understanding variation in eligibility, access and operating model • We have used the data available to us in our partnership to identify the populations most in-need of intermediate care • We have committed as a partnership to develop an integrated intermediate care offer that can in-reach into neighbourhood teams	• We have defined the capacity of all our existing intermediate care services and the demand anticipated for intermediate care within our partnership • We have co-produced an operating model for an integrated intermediate care offer working with existing services and established neighbourhood teams. • We have co-defined the ways of working required to offer swift and effective draw down support into neighbourhoods to support patients outside of hospital, and into hospitals to enable early discharge.	• We have defined the remote monitoring technology required and have agreed how we will secure this as a partnership • We have defined other support required such as rapid access diagnostics and point of care testing and have agreed how we will secure this as a partnership • We are testing the new operating model for integrated intermediate care as part of a test, learn and evolve approach • We can demonstrate that our approach will improve timeliness of intermediate care and will work hand in glove with neighbourhood teams	• Our integrated intermediate care approach is embedded across the partnership and is fully enabled with appropriate staffing capacity, digital capacity and other support (e.g diagnostics) • Our INTs can draw down support from intermediate care seamlessly to management exacerbations or increased complexity and reduce the need for hospital admissions • Our integrated intermediate care offer is fully embedded in discharge planning from admission and is supporting our hospitals to discharge patients at the earliest, effective point
Same Day Urgent Care	• We understand the demand for same day, urgent care within each of our neighbourhoods and how this is proportioned across primary care (pharmacy, GP practice, enhanced access), NHS 111, UTCs and A&E • We understand how demand changes seasonally, daily and hourly within each neighbourhood	• We have reviewed and understand inequalities in access, experience and outcome for same day urgent care within our neighbourhoods. • We have identified the drivers of variation where it exists • We have identified our assets and opportunities within each neighbourhoods that could improve same day, urgent care.	• We have developed as a partnership a functional model for how urgent care will be responded to within a neighbourhood using the full resources of the partnership • We have tested this model within a neighbourhood	• Our partnership delivers integrated same day, urgent care within and across a neighbourhood that is effective at meeting need outside of hospital Patients know the best route to access same day, urgent care and are supported to reach the right place for care regardless of their entry route.

Supporting System Sustainability

South East London Integrated Care System

Sub-Domain	Emerging	Developing	Maturing	Thriving
Encouraging mutual support	Commit to share resources and capacity to deliver population benefits, increase productivity, reduce inefficiency and delivery savings	Develop programmes or systems to identify and begin to implement opportunities to share resources and capacity	Implement programmes or systems to manage shared resources and capacity, to create efficiencies and delivery population benefit	Share resources and capacity of partners with members flexibly to support wider system and population need
Sustainability offer	• We understand the drivers of cost over the short, medium and long term for all member organisations • We have identified areas where we could reduce costs in the short and medium term through different ways of working across our partnership	• As a partnership, we are committed to mitigating cost-drivers across our partnership, even if that means that our member organisations need to make decisions that increase their individual organisational costs • We understand our total partnership allocation and costs and are operating shadow budgets	• Our partnership understands its medium and long term financial context and has developed a plan to maximise sustainability across the partnership. • As a partnership, we have established risk and gain structures and associated processes that support individual organisations to change ways of working where this benefits the broader sustainability of the partnership • Member organisations feel confident that where there overall cost increases, resources will flow through the partnership to compensate	• Our partnerships increasingly plans, monitor and utilises resources at a partnership level. Resource allocation decisions are made in line with population need, rather than historical allocations
Driving efficiency	• Our partnership has identified where joint or hosted delivery in clinical care or corporate functions could drive efficiencies e.g., clinical/operational/managerial leadership, procurement, HR, digital	• Our partnership is developing programmes to deliver joint clinical care and corporate functions where we believe efficiencies can be created • We have put in place the appropriate governance to ensure collaborative ownership of any shared functions.	• Our partnership is delivering joint clinical care and is sharing some corporate functions All members have confidence and trust in shared functions and feel an active part of decision-making around those functions	• Our partnership is share and/or utilise savings from efficiencies effectively to support delivery of our collaborative priorities and objectives. • We regularly review the operations of our member organisations and our partnership to identify new priorities for the sharing of services • Our members are confidence that shared functions have delivered improvements for staff and patients, and that decisions on reinvestment of savings are being taken collaboratively

Essential Infrastructure

Sub-Domain	Emerging	Developing	Maturing	Thriving
Integrated estates optimisation	• We have mapped the estate available across our partnership and the current care delivered within this estate	• We understand the ownership, cost, lease conditions of our estate now and over time and have identified key estates challenges across our partnership; • We understand current utilisation of existing state, void areas and have identified opportunities to optimise our current estate	• We have developed a short and medium term estates plan to optimise our current estate through the shifting of settings of care (in-line with neighbourhood health) • We are developing a longer-term estates strategy that will full enable neighbourhood health and that will manage estates risk across our partnership. This strategy is aligned with our delivery plan for neighbourhood health, our sustainability plan and our workforce plan. • We understand our green plan responsibilities as a partnership and are building these into our estates optimisation work.	• Our partnership operates a unified estate that is fit for purpose, provides sufficient capacity for neighbourhood care reflective of health inequalities and is financially and environmentally sustainable
Education, training and workforce development	• We are working with staff and teams involved in the delivery of integrated neighbourhood teams to identify skills and training gaps	• We have agreed an initial shared education, training and workforce development programme for staff working within Integrated Neighbourhood teams • We have developed an implementation plan for this programme via our partnership resources	• We have implemented an education, training and workforce development offer for staff working within Integrated Neighbourhood Teams. We understand the impact that his has had for staff • We are working across our partnership to align education, training and workforce programmes	• Our partnership has a shared education, training and workforce development programme for neigbourhood health. • We review regular information on the needs of our collective workforce and their experience of our development programmes • We are proactive in responding to feedback for staff

Building Partnerships

Sub-Domain	Emerging	Developing	Maturing	Thriving
Aligned resources	• We have committed to share resources and capacity to delivery the objectives of the integrator partnership • We are actively working to identify the resources and capacity required to deliver the objectives of the integrator partnership	• We have agreed the resources and capacity required to delivery initial integrator objectives and have agreed the contribution of each member partner • We have established mechanisms which enable the pooling of resources and capacity against agreed objectives • We are developing approaches to enable more flexible and agile ways sharing of resources and capacity on a needs basis	• We are designing shared finance and workforce plans as an integrator partnership in tandem with organisational planning processes • We are using these shared processes to identify opportunities for greater efficiency across our partnership within our shared resources and capacity • We can quickly and effectively operationalise shared resource when opportunities are identified • We are actively considering the establishment of pooled budgets to support our neighbourhood teams	• We have pooled budgets in place that support neighbourhood teams • We have a shared medium term financial and workforce plan that all organisations have agreed and that is being implemented

Organisational Development and Culture

Sub-Domain	Emerging	Developing	Maturing	Thriving
Sharing risk	• We have identified delivery, quality, clinical and financial risks that impact on our shared objectives and programmes	• We have mechanisms in place to track and manage shared risks	• We take shared responsibility for the active identification and management of shared risk, including clarity on our respective roles and responsibilities	• We regularly reflect on how well these arrangements are working for all partners and how they need to be further improved
"One team" approach	• We are committed to developing an open culture of sharing and trust at all staff levels • We have aligned staff from all of our member organisations to neighbourhood footprints (where this is applicable to the staff function), including operation, clinical and senior management roles	• We have established approaches that support effective communication across staff at neighbourhood level • We are support staff at neighbourhood level to develop their team identity and their standard operating procedures • We are enabling staff to share ideas and opportunities to work better together at neighbourhood level • We are reflecting the emergence of neighbourhood development within the organisation development programmes of our member organisations	• We are measuring ways of working for effectiveness • We are developing a culture where staff feel able to speak openly about the challenges being experienced and are being encouraged to develop shared solutions • Work planning, annual reviews and personal development approaches within member organisations are changed to reflect neighbourhood teams	• Our staff identify themselves as working for a neighbourhood geography, population and team rather than an organisation • Our staff feel able to change their ways of working to align to the needs of the neighbourhood team (within specific competencies) • Staff are held to account for their contribution to population health within a neighbourhood

Residents and neighbourhoods

Sub-Domain	Emerging	Developing	Maturing	Thriving
Aligned communications for INTs with residents	• We are co-producing a shared vision for our integrated neighbourhood teams and defining the benefit for our population, staff and member organisations	• We have agreed shared communications materials for our residents and staff about integrated neighbourhood teams	• We have shared nomenclature for our integrated neighbourhood teams and the services working within those teams and are developing shared identity	• All member organisations are committed to the shared identify of our integrated neighbourhood teams • We have established single and shared communication routes with our patients who are supported by integrated neighbourhood teams, and no-longer use our organisation specific routes. • These routes include all digital, phone and written communication routes.
Co-production and participative models	• We have mapped all of the current ways we have to engage with residents across our partnerships, identifying the opportunities and gaps within our current infrastructure • We have discussed our commitment to co-production with residents as a partnerships and have agreed shared principles and values to support this	• We have worked with residents to develop integrated neighbourhood team approaches. We have made efforts to ensure that we have engaged with a representative group of residents aligned to the population demographics of our priority populations • We have developed our relationships across the VCSFE sector and are building a shared understanding of co-production and participative models	• We have agreed a model for co-production and participation with the VCSFE and a representative resident group. • We have identified how this model can be implemented and how resources will be shared across the partnership to support the mode	• Patients, service users, carers and residents consistently feedback that their priorities and objectives are fully incorporated into the planning, delivery and assurance of their care.

People, staff and teams

Sub-Domain	Emerging	Developing	Maturing	Thriving
Collaborative leadership development	• Our partnership is discussing the leadership functions that will be needed to support neighbourhood working of the short to medium term	• Our partnership has identified senior leadership within each neighbourhood and within each member organisation with responsibility for leading staff change • Our partnership has agreed shared values for our people that reflect neighbourhood working • We are designing mentoring, coaching and/or peer support approaches that will develop leadership around neighbourhood working • Our partner organisations are engaging the broader senior leadership team off member organisations on collaborative leadership	• Our partnership has agreed our shared values and are holding each other to account for living these values • Our partnership is implementing a leadership development programme within member organisations and within neighbourhoods aligned to our shared values • The senior leadership teams of our member organisations understand our shared collaborative leadership values	• There is strong senior, clinical and operational leadership within all neighbourhoods • Our partnership is investing in collaborative leadership develop and capability across all member organisations • The senior leadership teams within our member organisations are committed to the collective delivery of neighbourhoods
Wellbeing	• Our partnership is committed to improving the wellbeing of our staff and is undertaking engagement with staff to understand needs • We are sharing data via the staff survey and other opportunities across our partnership	• We have identified where we have common wellbeing challenges as a partnership and have put in place programmes of work to develop shared solutions to these challenges • We have identified areas of best practice across the partnership and are using these to inform our work	• We have implemented shared programmes of work to improve staff wellbeing • As a partnership, we are confidence that we have the right processes in place to gather the data we need regarding staff wellbeing • We continued to build our awareness of best practice from within the partnership and beyond. • As a partnership, we have set out our commitments to staff wellbeing publicly and have the processes in place to measure our delivery against these	• Our partnership can demonstrate improvement in staff wellbeing through both qualitative and quantitative data • We have the mechanisms we need in place as a partnership to track wellbeing across our organisations • We have the trust required as a partnership to hold each other to account for the wellbeing of our collective people and provider support to each other to improve wellbeing where required.

People, Staff and Teams

Sub-Domain	Emerging	Developing	Maturing	Thriving
Integrated staff communication and engagement	• We have mapped and understood how we communicate with staff within our member organisations and, where relevant, their broader sectors	• We have developed and agreed a shared communication and engagement plan for all staff within our member organisations about neighbourhood care • We have agreed a shared communication approach for broader sectors and have aligned resources to support member representatives from those sectors	• - We have put in place the structures required to ensure all member organisations and broader sectors are using our shared communication materials when communicating with staff.	• We have established single and shared communication routes with staff who are involved in integrated neighbourhood teams to ensure that our communications are aligned
Staff activation	• Our partnership has agreed which staff groups will be most impacted by the implementation of integrated neighbourhood teams • Our partnership has committed to supporting engagement with those key staff groups	• Our key staff groups are aware of the concept of neighbourhood teams and can engage in discussions about what this means for them as individuals • Our partner organisations have identified potential change agents/activists within the key staff group.	• Our key staff groups have been bought together to develop a shared understanding of integrated neighbourhood teams • Some staff are confident in championing the change and are being supported to lead discussions across their peer groups • Our partner organisations are utilising internal resources to support staff leading change	• Our key staff groups can articulate what integrated neighbourhood teams means for them as individuals and for our population • Some staff have taken ownership for leading the change and there are effective staff networks that will enable integrated neighbourhood team working • Our partner organisations are rewarding staff for leadership around integrated neighbourhood team working