Northern Devon GP Collaborative Board: Exploring Integrated Neighbourhood Teams

Outcomes, Vision & Next Steps

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Executive Summary

This report summarises the outputs of the North Devon Primary Care Collaborative session, which brought together clinical and non-clinical leaders from across all four PCNs to

- Develop a shared understanding of INTs and neighbourhood health
- Explore what this means for practices, PCNs and the Collaborative Board
- Agree a clear sense of direction and immediate priorities to focus on

The session re-enforced that North Devon is well positioned to move forward collaboratively, with strong existing relationships, a shared sense of purpose, and alignment on the direction of travel. There is a clear opportunity to build on what already exists to develop a sustainable model of primary care.

Headline Outcomes

- There is strong consensus that closer collaboration across practices and PCNs is both necessary and achievable
- North Devon has a mature and trusted working culture, providing a solid platform for further development
- Integrated Neighbourhood Teams (INTs) are widely supported as the future delivery model for care
- There is recognition that primary care needs to work together at a scale that enables it to influence system decisions and secure future opportunities

Key Opportunities

- Develop a coordinated North Devon model that improves patient flow, reduces duplication and makes better use of workforce
- Strengthen primary care's system voice and negotiating position, particularly in relation to commissioning and partnership working
- Use shared data and collaboration to target need, reduce variation and improve outcomes
- Establish organisational structures, and strong governance including a Community Interest Company (CIC), to enable a mechanism to participate in future contracting arrangements

Key Risks and Considerations

- Practices will need to balance collaboration with maintaining autonomy, which remains a key concern
- There is limited capacity and headroom within practices to deliver change at pace
- National policy and contracting models remain uncertain and evolving
- Without proactive organisation, there is a risk that primary care influence is reduced, particularly as larger system partners consolidate

Conclusion

North Devon is in a strong position, but the direction of travel across the NHS is unclear. Moving toward neighbourhood-based, integrated and at-scale delivery is not optional, but inevitable. The Collaborative Board has an opportunity to shape this transition locally, in a way that reflects the needs of practices and patients, rather than reacting to externally imposed models.

Immediate Next Steps

- Refine and communicate a clear narrative for practices and partners both internally within the collaborative and externally with key stakeholders
- Once the Devon CIC has been established, progress discussions on development of a North Devon CIC
- Agree a small number of priority workstreams aligned to both local need and system direction
- Define leadership and ownership for next phase development
- Begin structured engagement with practices to build understanding and support

Context and Purpose

The North Devon Primary Care Collaborative session was convened to support a shared discussion across practices and PCNs on the future direction of primary care, in the context of ongoing national and system-wide change.

The NHS is moving toward a more integrated, neighbourhood-based model of care, with increasing emphasis on prevention, population health management and multidisciplinary working. Alongside this, there is growing expectation that primary care will operate at greater scale, working more closely with system partners and playing a central role in coordinating care.

North Devon is well placed to respond to this shift. There is a strong history of collaboration across practices and PCNs, supported by established relationships, a pragmatic approach to joint working, and a shared commitment to improving outcomes for patients and sustainability for general practice.

The purpose of the session was to build on this foundation by:

- Developing a shared vision for the future of primary care in North Devon
- Exploring how Integrated Neighbourhood Teams (INTs) could support delivery
- Identifying priority areas for collective focus
- Considering the organisational and contractual structures required to support future models
- Agreeing practical next steps to progress this work

The session brought together clinical and non-clinical representatives from across all four PCNs, ensuring that the discussion reflected a broad range of perspectives and provided a strong basis for collective ownership of the outputs.

Vision and Strategic Direction

The session demonstrated a high level of alignment around the future direction for primary care in North Devon, with a clear ambition to move toward a more connected, sustainable and patient-centred system.

Emerging Vision

The following statement was developed during the session as a working articulation of this direction:

> *A collaborative primary care system where patients feel known, practices feel supported, and the wider system works as one.*

This reflects a shift from fragmented, reactive care toward a model that is more coordinated, proactive and centred on the needs of local populations.

What Success Looks Like

Participants described success across three interconnected levels:

For Patients

- Easier access to services and clearer pathways
- More joined-up, coordinated care with fewer handoffs
- Greater continuity, with patients telling their story once
- Care delivered closer to home where appropriate
- A more personalised, compassionate experience

For Practices

- Reduced duplication, inefficiency and avoidable workload
- Greater clarity on pathways, services and available support
- Improved communication with system partners
- Better alignment of resources to demand
- A more sustainable and attractive working environment

For the Wider System

- Stronger relationships across primary, community, acute and voluntary sectors
- More effective use of workforce and financial resources
- A shift toward prevention and proactive care
- Clear and visible leadership from primary care
- Improved system flow and reduced fragmentation

Core Principles

A set of shared principles emerged to underpin future development:

- **Patient-centred**. Designing services around people, not organisations
- **Collaboration**. Working collectively to achieve outcomes not possible individually
- **Equity**. Targeting support based on population need

- **Sustainability**. Protecting the long-term viability of general practice
- **Transparency**. Open decision-making and clear communication
- **Prevention**. Shifting focus upstream wherever possible
- **Partnership**. Shared leadership across organisations and sectors

Strategic Direction

There was a clear and consistent view that North Devon should:

- Build on its existing collaborative foundations to develop a more formalised and coordinated model of working
- Use Integrated Neighbourhood Teams (INTs) as the primary delivery mechanism for change
- Strengthen its ability to operate at scale, both to improve local delivery and to influence wider system decisions
- Develop the organisational infrastructure required to support future contracting and partnership models

This represents a transition from informal collaboration toward a more structured, system-facing model, while retaining the strengths of local relationships and practice-led care.

Case for Change

The session highlighted a clear and shared understanding that while North Devon has a strong foundation, the current model of delivery is under increasing pressure and will not be sustainable without change.

Population and System Pressures

Participants identified a number of structural challenges linked to the North Devon population and geography:

- **Rurality and access challenges**. Large geographic areas, limited transport options and dispersed populations create barriers to accessing care and delivering services efficiently
- **Ageing population**. A higher proportion of older patients, often with complex and multiple conditions, is driving increasing demand, particularly in relation to frailty and end of life care
- **Social isolation and reduced support networks**. Migration of younger populations and changing family structures are contributing to increased reliance on health services
- **Housing and economic factors**. Poor quality housing, high costs and seasonal economies create additional health and wellbeing pressures
- **Workforce constraints across the wider system**. Challenges in social care provision and community services are directly impacting primary care workload and patient flow

These factors combine to create a population with high and growing levels of need, which cannot be addressed through traditional models of care alone.

Practice-Level Pressures

At practice level, there was strong alignment on the key operational challenges:

- **Rising workload and demand-capacity mismatch**, particularly in relation to same-day access expectations
- **Fragmented pathways and system "churn"**, with patients moving between services without resolution, leading to repeated contacts and inefficiency
- **Unclear or changing referral processes**, with limited visibility of available services, particularly within the voluntary and community sector
- **Administrative burden and inefficiency**, including duplication, unnecessary processes and suboptimal use of skill mix
- **Workforce challenges**, including recruitment, retention and the effective deployment of multidisciplinary teams

A consistent theme was that a significant proportion of current workload represents unmet need, avoidable demand or system inefficiency, rather than appropriate clinical activity.

System Opportunity

Alongside these pressures, there was clear recognition of a significant opportunity.

The national and system direction of travel toward neighbourhood-based care provides a framework to:

- **Redesign care around populations**, rather than organisational boundaries
- **Make better use of the wider workforce**, including community, voluntary and social care partners
- **Reduce duplication and improve flow**, by coordinating care more effectively
- **Operate at scale**, enabling shared solutions, reduced bureaucracy and stronger system influence

There was strong consensus that Integrated Neighbourhood Teams (INTs) offer a practical mechanism to deliver this shift, particularly in addressing complex, cross-cutting challenges such as frailty, urgent care demand and mental health.

Summary

The current pressures facing both the population and practices are significant and increasing. However, North Devon's collaborative culture, combined with the wider system shift toward integrated care, creates a clear opportunity to respond proactively.

The case for change is therefore not only about addressing current pressures, but about positioning North Devon primary care to remain sustainable, influential and effective in the future system.

Emerging Model for North Devon

The session explored what a future model of primary care could look like in North Devon, with a clear emphasis on maintaining the strengths of general practice while developing a more coordinated, system-facing approach.

A consistent theme was the need to clarify roles across different levels, ensuring alignment between strategy, coordination and delivery. The following are suggested roles and will be further developed and clarified through engagement with practices and PCNs

Role of the Collaborative Board

The Collaborative Board could operate as the **strategic and coordinating layer** across North Devon.

Key functions would include:

- Providing strategic leadership and direction, aligned to both local priorities and system expectations
- Acting as a single interface with the wider system, including commissioners and partners
- Coordinating shared priorities, programmes and resources across PCNs
- Enabling working at scale, including governance, partnerships and system engagement
- Supporting the development of consistent approaches and standards, where appropriate

There was strong agreement that this layer is essential to reduce fragmentation and ensure that primary care has a clear and coherent voice within the system.

Role of Primary Care Networks (PCNs)

PCNs could act as the local leadership and implementation layer, translating strategy into delivery that reflects the needs of their populations.
Key functions would include:

- Interpreting and implementing collaborative priorities in a way that reflects local population need
- Providing clinical and operational leadership across neighbourhood teams
- Coordinating multidisciplinary working at locality level
- Acting as the link between practices and the Collaborative Board, ensuring two-way communication
- Supporting data collection, review and continuous improvement

A key principle is that PCNs enable equity rather than uniformity, allowing different areas to prioritise and deliver based on their specific context.

Role of Practices

Practices remain the **core delivery units** within the model.

Their role focused on:

- Delivering high-quality, patient-centred care
- Adapting delivery models to align with neighbourhood and system priorities
- Participating in shared approaches and pathways, where this improves outcomes and efficiency
- Contributing to multidisciplinary working, including the use of broader skill mix
- Providing feedback and insight to inform ongoing development

There was recognition that this model may require practices to adapt aspects of current ways of working, including potential changes to autonomy in some areas. However, this is balanced by the opportunity to improve sustainability, reduce workload and enhance patient care.

Operating as a System

Across all levels, the model is underpinned by a shift toward:

- **Doing things once, at scale, where this adds value**
- **Reducing duplication and variation, particularly in administrative and operational processes**
- **Aligning resources to need, rather than historical structures**
- **Strengthening communication and coordination, both within primary care and with system partners**

This creates a more coherent and efficient system, while retaining the local knowledge and relationships that are central to general practice.

Summary

The emerging model represents a move toward a layered, coordinated system, where:

- The Collaborative Board provides direction and system alignment
- PCNs provide local leadership and implementation
- Practices provide delivery and patient care

This structure is intended to enable North Devon to operate more effectively at scale, while preserving the strengths of locally delivered, relationship-based care.

Integrated Neighbourhood Teams (INTs)

Integrated Neighbourhood Teams (INTs) were consistently identified during the session as the primary mechanism for delivering change within the North Devon model.

They provide a practical way to bring together services around patients and communities, enabling more coordinated, proactive and efficient care.

Role and Purpose of INTs

INTs are intended to operate at a **local population level**, aligned to PCN footprints, bringing together:

- General practice
- Community health services
- Social care
- Mental health services
- Voluntary, community and social enterprise (VCSE) organisations

The core purpose of INTs is to:

- Coordinate care around individuals and populations
- Reduce fragmentation and duplication across services
- Improve access and patient flow
- Enable more proactive and preventative care

This represents a shift from organisation-based delivery to a place-based, team-based model.

Practical Benefits Identified

Participants highlighted a number of tangible benefits that INTs could deliver:

- Reduced GP workload, by ensuring patients are seen by the most appropriate professional
- Improved patient flow, reducing repeated contacts and unnecessary delays
- Better use of workforce, including wider multidisciplinary teams
- More coordinated care for complex patients, particularly those with frailty, mental health needs or multiple conditions
- Enhanced access, including more local and flexible models of delivery

A key theme was that INTs should help address avoidable demand and system inefficiency, rather than simply adding additional layers of work.

Application to Priority Areas

INTs were seen as particularly relevant to the priority areas identified during the session:

- **Frailty and complex care**
  Supporting coordinated, multidisciplinary management of high-need patients, reducing unplanned demand and improving continuity

- **Urgent and same-day care**
  Enabling more effective triage, shared capacity and alternative pathways to reduce pressure on practices and emergency departments
- **End of life care**
  Improving coordination across services to support patients closer to home and reduce fragmentation
- **Mental health**
  Strengthening links between primary care, mental health services and the voluntary sector to better meet rising demand

Across all areas, INTs enable a **whole-system response**, rather than isolated interventions.

Enablers of Success

For INTs to be effective, a number of key enablers were identified:

- Clear coordination and leadership, including defined roles for clinical and operational oversight
- Shared understanding of pathways and services, reducing variation and confusion
- Improved communication and data sharing across organisations
- Strong links with the voluntary and community sector, which are currently underutilised
- Flexibility in delivery models, reflecting differences in geography and population need

There was also recognition that INTs must be designed to support practices, not add additional burden.

Summary

INTs provide a practical and scalable approach to addressing many of the challenges identified during the session.

By bringing together teams around local populations, they offer a way to:

- Reduce pressure on general practice
- Improve patient experience and outcomes
- Make better use of system resources

As such, they are central to the successful delivery of the North Devon model.

Priority Areas for Development

The session identified a small number of priority areas where collaborative working could be developed initially. These reflect a balance between:

- System priorities, where there is likely to be alignment with commissioning and resource
- Local pressures, where practices are experiencing the greatest challenges
- Opportunities for early impact, where integrated working could demonstrate value

Agreed Priority Areas

Four core areas were identified as initial priorities for development:

Frailty and Complex Care

- High and growing demand linked to an ageing population
- Significant impact on unplanned care and workload
- Strong opportunity for coordinated, multidisciplinary approaches

Urgent and Same-Day Care

- Increasing demand and pressure on practice capacity
- Challenges in managing access and patient expectations
- Opportunity to improve triage, flow and shared capacity

End of Life Care

- Need for more coordinated and proactive support
- Opportunity to improve patient experience and reduce fragmentation
- Alignment with wider system priorities

Mental Health

- Rising demand and significant impact on practice workload
- Gaps in access, pathways and coordination
- Strong opportunity to work more closely with community and voluntary sector partners

Cross-Cutting Priorities

In addition to the core focus areas, a number of cross-cutting themes were identified as essential to support delivery:

- Improving pathways and flow, reducing unnecessary handoffs and duplication
- Better use of data, to understand variation, demand and population need
- Workforce optimisation, ensuring patients are seen by the right professional
- Stronger links with voluntary and community services, which are currently underutilised
- Communication and engagement, both within primary care and with wider partners

These areas are not standalone workstreams but are enablers that underpin all priority areas.

Balancing Local and System Priorities

There was recognition that while some priorities are driven by system-level commissioning intentions, it is essential that:

- Local priorities are reflected and retained
- The rationale for priorities is clearly communicated to practices
- Workstreams are framed in a way that is meaningful and relevant to day-to-day practice pressures

This balance will be critical in securing engagement and maintaining momentum.

Summary

The identified priorities provide a focused starting point for collaborative development, allowing North Devon to:

- Target areas of highest impact
- Align with system direction
- Demonstrate early value

This approach supports a phased progression, rather than attempting large-scale transformation from the outset.

Organisational and Contractual Considerations

The session included detailed discussion on the organisational and contractual arrangements required to support the future model of primary care in North Devon.

There was strong consensus that, alongside service redesign, appropriate organisational infrastructure will be essential to enable primary care to operate at scale, participate in future contracting arrangements, and maintain influence within the wider system.

The Need for Organisational Development

Participants recognised that the current structure of primary care presents limitations:

- Practices operate as individual legal entities, with limited ability to contract at scale
- PCNs have variable infrastructure and limited formal legal standing
- There is currently no North Devon-wide vehicle to hold contracts, manage risk or coordinate large-scale delivery

In contrast, other system partners, particularly acute trusts, already have the scale, infrastructure and legal status to operate at this level.

Without developing a comparable structure, there is a risk that:

- Primary care has **reduced influence over future service models**
- Opportunities for funding and service development are **missed or directed elsewhere**
- Decision-making becomes increasingly **centralised outside of primary care**

Development of a Community Interest Company (CIC)

The development of a Community Interest Company (CIC) was identified as a key enabling step.

Two complementary components were discussed:

Devon CIC

- A system-level vehicle to operate at scale across Devon
- Enables participation in larger contracts and procurement processes
- Provides a platform to engage with system partners on a more equal footing

North Devon CIC (Proposed)

- A local vehicle aligned to the North Devon Collaborative
- Enables local control and delivery, while linking to wider Devon structures
- Provides a mechanism to:
    - Hold contracts
    - Manage financial flows
    - Support workforce and infrastructure
    - Coordinate delivery across PCNs

There was agreement that a North Devon CIC should be explored following the establishment of the Devon CIC, using existing work as a foundation.

Strategic Rationale

The development of a CIC model supports several key objectives:

- Operating at scale, enabling shared delivery and reduced duplication
- Strengthening negotiating position, particularly in relation to system partners and commissioners
- Accessing new opportunities, including contracts that cannot be held at practice level
- De-risking participation, by separating contractual and financial risk from individual practices
- Supporting integration, by providing a structure that can work across organisational boundaries

Key Considerations and Non-Negotiables

A number of important considerations were highlighted:

- **Maintaining practice autonomy**
  The partnership model remains highly valued and must be protected
- **Managing financial and legal risk**
  Structures must ensure that risk is not transferred inappropriately to practices
- **Ensuring equitable distribution of resources**
  There must be confidence that North Devon benefits fairly within any wider system arrangements
- **Clarity of purpose and communication**
  The role of any new organisation must be clearly understood to avoid confusion or disengagement
- **Balancing collaboration and competition**
  While collaboration with system partners remains essential, there is also a need to be prepared to **compete for opportunities where appropriate**

Summary

The development of appropriate organisational structures, including a CIC model, is a critical enabler of the future North Devon model.

It provides the mechanism through which primary care can:

- Operate effectively at scale
- Participate in future contracting models
- Maintain influence within a changing system

Without this development, there is a clear risk that primary care is limited in its ability to shape and deliver future services.

Key Risks and Considerations

While there was strong alignment on the direction of travel, the session also highlighted a number of risks and considerations that will need to be actively managed as the work progresses.

Engagement and Practice Confidence

- There is a risk that practices may perceive elements of the model, particularly organisational changes, as a threat to autonomy or existing income streams
- Engagement will depend on clearly demonstrating tangible benefits, particularly in relation to workload, sustainability and patient care
- Consistent and transparent communication will be essential to build trust and maintain momentum

Capacity to Deliver Change

- Practices and PCNs are already operating under significant workload pressure, with limited headroom for additional activity
- There is a risk that transformation activity is seen as additional work rather than a solution to existing pressures
- Progress will require a phased and prioritised approach, focusing on areas where impact can be demonstrated early

System and Policy Uncertainty

- National policy and contracting models, including the development of neighbourhood-level contracts, remain evolving and not fully defined
- There is uncertainty regarding:
    - Future funding flows
    - Contract holders and procurement processes
    - The role of different system partners
- This creates a risk of delayed decision-making or misalignment, but also reinforces the importance of being prepared

Risk of Reduced Primary Care Influence

- If primary care does not organise at scale, there is a risk that:
    - Decisions are made without sufficient primary care input
    - Other organisations, with greater infrastructure, take on system roles by default
- This could result in reduced ability to shape services in a way that reflects local population and practice needs

Delivery Complexity

- Moving to a more integrated, system-based model introduces greater complexity, including:
    - Coordinating multiple organisations and stakeholders

    - Aligning priorities across different levels
    - Managing variation in local delivery
- Without clear governance, leadership and communication, there is a risk of fragmentation within the model itself

Summary

The risks identified are significant but not unexpected, and are consistent with system-wide transformation.

They reinforce the need for:

- Clear communication and engagement
- Strong and visible leadership
- A phased, realistic approach to implementation

Addressing these risks proactively will be critical to maintaining confidence and ensuring successful delivery.

Immediate Next Steps

The session identified a number of immediate actions to maintain momentum and translate the outputs into practical progress.

These next steps are focused on building clarity, securing engagement and establishing the foundations for delivery.

Communication and Engagement

- Develop and share a clear and consistent narrative for practices, explaining:
  - The direction of travel
  - What this means in practice
  - The benefits and implications

- Begin structured engagement with practices and partners, ensuring:
  - Opportunities for feedback
  - Alignment of understanding
  - Early identification of concerns

- Consider the development of a communication pack to support consistent messaging across PCNs

Organisational Development

- Progress discussions on the Devon Community Interest Company (CIC), including:
  - Governance
  - Shareholding
  - Representation

- Following this, begin planning for a North Devon CIC, including:
  - Engagement with practices
  - Development of a local model
  - Indicative timelines for establishment

- Ensure clarity on how organisational development will:
  - Support practices
  - Manage risk
  - Enable participation in future opportunities

Priority Workstreams

- Agree a small number of initial priority workstreams, aligned to:
  - Frailty and complex care
  - Urgent and same-day care
  - End of life care
  - Mental health

- Define:
  - Leadership and ownership for each workstream
  - Expected outcomes and measures of success
  - Initial scope and delivery approach

- Identify opportunities for early wins, particularly where:
  - Existing work can be built upon
  - Impact can be demonstrated quickly

Strategic Alignment

- Continue engagement with system partners to:
  - Align with ICB priorities and commissioning intentions
  - Position North Devon as a coordinated and credible partner

- Begin to articulate a North Devon offer, setting out:
  - How primary care can contribute to system priorities
  - What is required to enable delivery

Planning and Coordination

- Establish a **clear delivery structure**, including:
  - Defined roles and responsibilities
  - Programme coordination
  - Regular reporting and review

- Agree a **phased timeline**, including:
  - Short-term (0–3 months). Engagement and setup
  - Medium-term (3–6 months). Initial delivery and organisational development
  - Longer-term (6–12 months). Scaling and refinement

Summary

The immediate focus is on creating clarity, building confidence and establishing momentum.

By progressing these steps in a coordinated way, North Devon can move from discussion to delivery while maintaining engagement across practices and partners.

Conclusion

The North Devon Primary Care Collaborative session demonstrated a strong foundation for collective progress.

There is clear alignment on the direction of travel, supported by:

- Established relationships across practices and PCNs
- A shared understanding of the challenges facing primary care
- A willingness to explore new ways of working

The pressures facing both the population and practices are significant and increasing. However, there is also a clear opportunity to respond in a way that strengthens primary care's role within the wider system.

North Devon is well positioned to take a proactive approach, shaping the development of neighbourhood-based care locally, rather than responding to externally driven change.

The transition toward a more integrated, at-scale model will require:

- Clear communication and engagement
- Strong leadership and coordination
- A pragmatic and phased approach to delivery

If these elements are in place, there is a significant opportunity to create a model that:

- Improves outcomes and experience for patients
- Supports practices to work more sustainably
- Strengthens the influence of primary care within the system

The session marks an important step in this process. The focus now is on maintaining momentum and translating this shared ambition into practical delivery.