

A practical guide to establishing an integrated care system (ICS)

Part two:
delivery that
works



PART ONE

INTRODUCTION AND BACKGROUND

The NHS faces unprecedented pressures to improve outcomes in a context of rising demand, funding constraints, fragmented services, and a model that is still too reliant on reactive hospital-based care. Transactional change – making improvements within the confines of current structures, processes and parameters – is in most instances unlikely to be enough to meet the scale of the challenge. Improving outcomes through sustainable, integrated, proactive services will almost certainly require transformational change. Indeed, both theory and experience tell us that complex problems and unpredictable outcomes simply cannot be addressed without transformational change.

The NHS is a complex set of organisations requiring whole-system solutions, including the focus on integration and the move towards integrated care systems (ICSs). As we explored in [‘What does a good integrated care system look like?’](#), there is no ‘silver bullet’ for integrating care. System transformation will only be delivered by collaboratively focusing on the interventions that work and scaling them over time. As illustrated in Figure 1 below, the approach needs to focus initially on incremental gains rather than trying to achieve a ‘big-bang’ transformation - starting with the things you know you can influence and you know make a difference. This enables service models to be proven and their performance

enhanced. Breakthrough is achieved through applying these models at scale, and holding your nerve through the inevitable challenges while they bed in. Ultimately, this leads to system transformation and improved population outcomes.

Technology represents a major opportunity and enabler for such transformation. We believe the NHS cannot afford to be off the pace on the digital agenda – in fact, it could be a trailblazer.

This publication draws upon Capita’s extensive experience of implementing digital and cutting-edge technology and shares practical insights into how transformation can achieve successful outcomes.

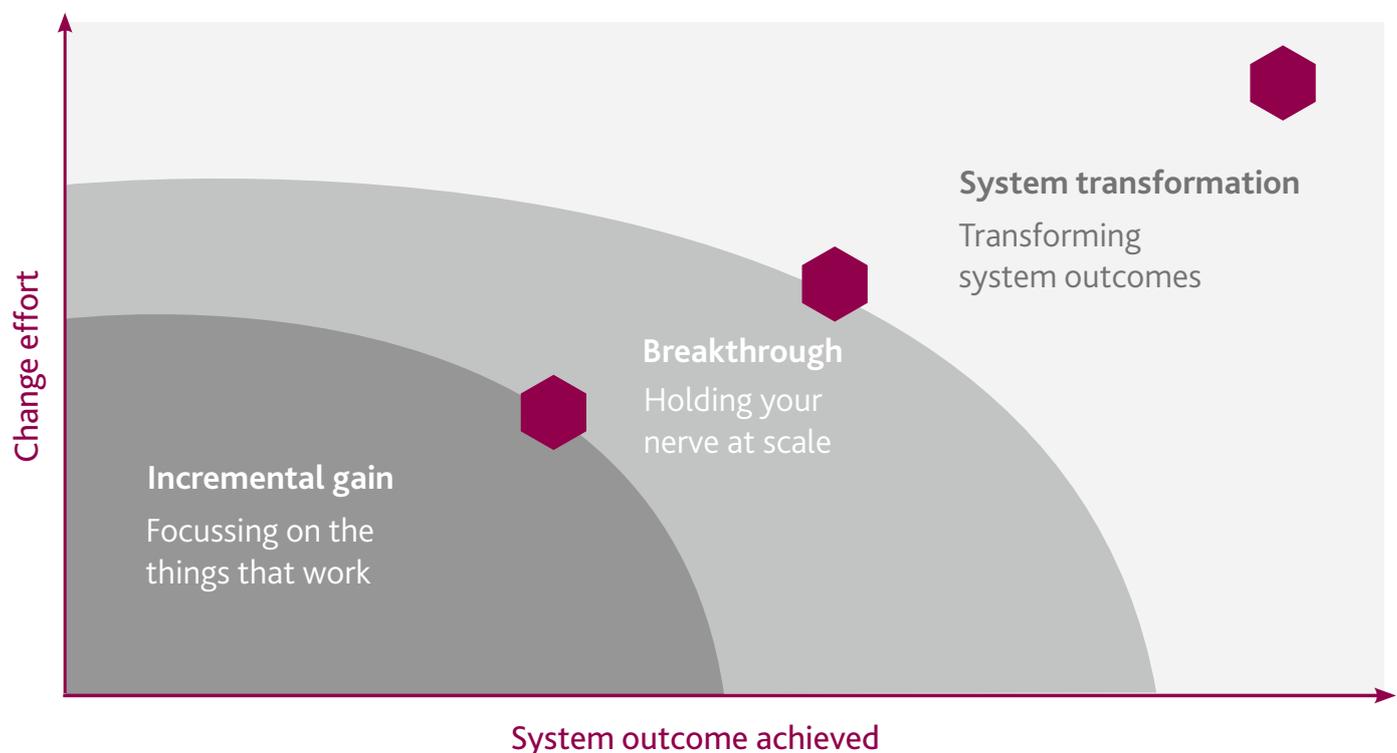


Figure 1: Achieving system transformation through incremental gains

¹‘We face a once-in-a-generation chance to reform the NHS’, Jeremy Hunt, Daily Telegraph, 27 May 2018

PART TWO

WHAT DOES SUCCESSFUL TRANSFORMATION LOOK LIKE?

We have found that the best performers in health and care follow an incremental, evolutionary approach to transformation and we are seeing this with the eight urgent and emergency care (UEC) vanguards that are transforming their urgent care systems.

Another example of this is our partnership with the [Scottish Breast Screening Programme](#) which has delivered a state-of-the-art, fully digital service.

Meanwhile we have seen our Primary and Acute Care System (PACS) and Multi-specialty Community Provider (MCP) vanguard clients begin to make real progress. This has been achieved by experimenting, finding out what works, and using the ingredients of success as a foundation for growth. An example of this is Principia Partners in Rushcliffe, where their community ambulance technicians model has reduced the hospital conveyance rate from 68% to 59%. This has resulted in reduced A&E attendances and hospital admissions, while simultaneously improving patient and staff experience. At the heart of these improvements has been better integration of ambulance emergency response teams with primary and community care. Now, having proven the model in the Rushcliffe locality, Principia is working with partners across Greater Nottingham to improve outcomes in the wider ICS – demonstrating the importance of 'holding your nerve at scale'. The expected impact across Greater Nottingham is up to 6,500 A&E attendances avoided and 16,900 bed days saved, leading to a system saving of up to £7.5m.

In our experience, the rollout of incremental improvements must always be underpinned by agile transformation delivery and continually evaluating what works. This starts with a clear delivery framework. While terminology varies between organisations, the principles that underpin successful delivery are very similar in practice. In our case, we summarise these under the headings of Definition, Transition and Optimisation (DTO):



Definition is about working with stakeholders across the system to understand population health needs and agree a common vision and strategy for addressing them. In successful transformations this includes:

- leaders who have built effective alliances and partnerships to bring a clear collective vision, with a focus on long term sustainability and outcomes
- vision and objectives that articulate how outcomes will be achieved through whole-system solutions delivered through optimised use of resources
- a healthy balance between system priorities and organisational accountability
- a case for change that has been communicated effectively to stakeholders
- an evidence-based model of care – co-produced with patients and the public, staff and other stakeholders – that describes how services will be delivered and how this will meet the needs of the population now and into the future.

Transition involves applying proven methodologies to rapidly deliver the change to the new state, realising the expected benefits. Organisations and systems that manage the transition successfully will:

- apply AGILE methodology to learn 'on the go' and feed the learning back into improving the design and implementation of new service models
- have robust but 'fleet of foot' programme governance that enables quick and effective decision making based on evaluating what is working and what is not
- involve stakeholders continually and through a wide range of forums and channels to reiterate the case for change, energise the programme and harness ideas and innovation to make the new delivery models even better
- 'hard-wire in' changes through clearly communicated processes that are endorsed by key influencers and become embedded in ways of working.

Optimisation is about continuously improving the efficiency and effectiveness of services – delivering better outcomes for the same or reduced cost. High performing organisations and systems will:

- continuously evaluate, report and hold people accountable to the outcomes that are being achieved
- use statistical analysis to understand which interventions are having the most impact and why
- monitor the extent to which services are impacting the intended cohorts of patients and understand any unintended consequences
- act on evidence to refine service models to improve their effectiveness
- be eager to learn both from their own experience and from elsewhere and be adventurous in trying new ways of doing things.

An approach based on these principles provides a framework for successfully delivering systematic incremental change, which enables health and care organisations to:

- collaborate across complex stakeholder communities
- have space to learn and adjust
- drive financial balance and stability, minimising early transition investment
- decommission poor performing services and re-invest in proven service models.

PART THREE

WHAT HAVE WE LEARNT ABOUT HOW TO DELIVER SUCCESSFUL TRANSFORMATIONS IN PRACTICE?

Our experience tells us there are some key factors that influence the success of large-scale transformations:

1. Transformation isn't a quick fix – it's systematic, incremental gains

Digital transformation means making interventions to activate new behaviours that deliver desired outcomes. Success is therefore found in working hard to truly understand stakeholder needs and to build a collaborative approach to addressing them. This then shapes the process and technology – rather than the other way around. Technology is therefore an enabler for change and must not become the end in itself – easier said than done when you're in the thick of the implementation phase!

But a continued commitment to such an approach can result in real, sustainable benefits. For example, Capita has been working with many NHS organisations including Hywel Dda University Health Board and National Services Scotland to help define the 'future state of services' which are both operationally effective and clinically safe and develop a robust framework for 'how we get there'. This collaborative approach has secured robust buy-in across stakeholder groups which not only have a clear vision of future services but also co-own the transition plan. This puts the transformation on the right foundations, setting it up for success.

2. Agile programme delivery is integral to this

During large transformation programmes the landscape will inevitably change. Flexibility to changing requirements throughout the transformation (e.g., through AGILE methodology) allows the project to adapt to changes made during development, so the solution is tested 'on the go' rather than at the end of the process. This substantially reduces the risk of solutions that are not fit for purpose – often with significant time and cost implications.

As an example, Capita's work with the Cervical Cancer Screening Programme has delivered an AGILE approach to transforming this programme based on sound science and technology. It has involved designing and testing whole system change across all services, people and processes. The result has been that we have delivered an initial design model that has been tested across the programme. There is a high degree of confidence that the model will meet service needs, but the AGILE approach ensures that it can also be flexed as required through the implementation phase.

3. Delivering at scale is essential to turn the needle on outcomes

The NHS always lives in a tension between the need to be responsive to local populations and the need to secure the benefits that come from doing things at scale. When implemented well, technology offers an opportunity to do both simultaneously – through standardising processes to make them more efficient, whilst also enabling smarter, more responsive and more personalised interventions. This enables

services to deliver what patients and staff need, when they need it, through the most appropriate channel. The result is both improved outcomes and reduced cost.

An example of this is Capita's work with Central London Community Healthcare Trust, who commissioned us as a strategic partner to help address a number of challenges, which included a 30% savings target in 3 years. Deficiencies in support services were generating increased costs and hindering the ability of frontline staff to focus on delivering timely, efficient and effective care.

In partnership with the Trust, we introduced an integrated set of solutions, including mobile working, increased automation, estates rationalisation, improved record sharing, improvements to the IT service desk, the introduction of rostering software, an improved recruitment process, and more rigorous financial processes. The outcomes were:

- over £1.6m recurring estates savings
- 91% customer satisfaction with our IT service
- bank to agency staff ratio increased (68% vs 32%)
- job vacancy rate 6.1% lower
- corporate services operating costs reduced by £54m
- 25% reduction in debt.

4. Leadership and respecting the people within the change is critical

There is a greater need than ever to develop a truly collaborative approach across the system, focusing on population – not organisational – outcomes. This requires leaders who have the skills to influence across the system, who are comfortable with complexity and uncertainty, and have the political skills to align varied and at times conflicting stakeholder objectives.

Continuous and robust stakeholder engagement is a key factor in success. Supporting the workforce to develop an ease with new (perhaps wholly digital) ways of working is crucial to sustaining the benefits of transformation. Programmes need to ensure that stakeholders have the opportunity and resources to engage with the process. External support – where used – should form one team with the partner organisations.

An example of this is our work with Hywel Dda University Health Board, where the Capita team forms a seamless, integrated team with Health Board colleagues to manage the Transforming Clinical Services programme. Crucial to the success of the programme to date has been the development of a collaborative, inclusive approach with stakeholders – based on robust system modelling, best practice evidence and effective clinical involvement – that has seen the programme progress smoothly into the consultation phase.

CONCLUSION

- The NHS needs radical, large scale, whole system solutions to deliver improved population health outcomes in a context of constrained resources.
- In our experience the best way get there is through achieving systematic, incremental gains that – when you 'hold your nerve' at scale – ultimately lead to transformed system outcomes.
- Digital technology offers incredible potential for improved outcomes at reduced cost, if people and process are at the heart of transformation.
- System leaders must collaborate with partners across the system and with external support to develop integrated solutions that focus on delivering population rather than organisational outcomes.
- Investment needs to be made in developing the skillset of system leaders to lead change in the midst of complex, fluid and uncertain environments.
- Programme methodologies need to be AGILE to adapt to continual change and the pace of change, supported by robust evaluation to understand the interventions that are working.



Capita are specialists in providing assisted transformation to improve health and care outcomes. To discuss our point of view and how we can support you, contact Capita's Health and Care Transformation Practice.

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