

# The current position from the perspective of an integrated care board – challenges and potential solutions



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SW Clinical Senate Council Meeting 29<sup>th</sup> June 2023

# UK's high rate of avoidable deaths linked to NHS woes

🕒 8 hours ago



GETTY IMAGES

Stroke damage can be limited or avoided with the right treatment

**By Nick Triggle**

Health correspondent

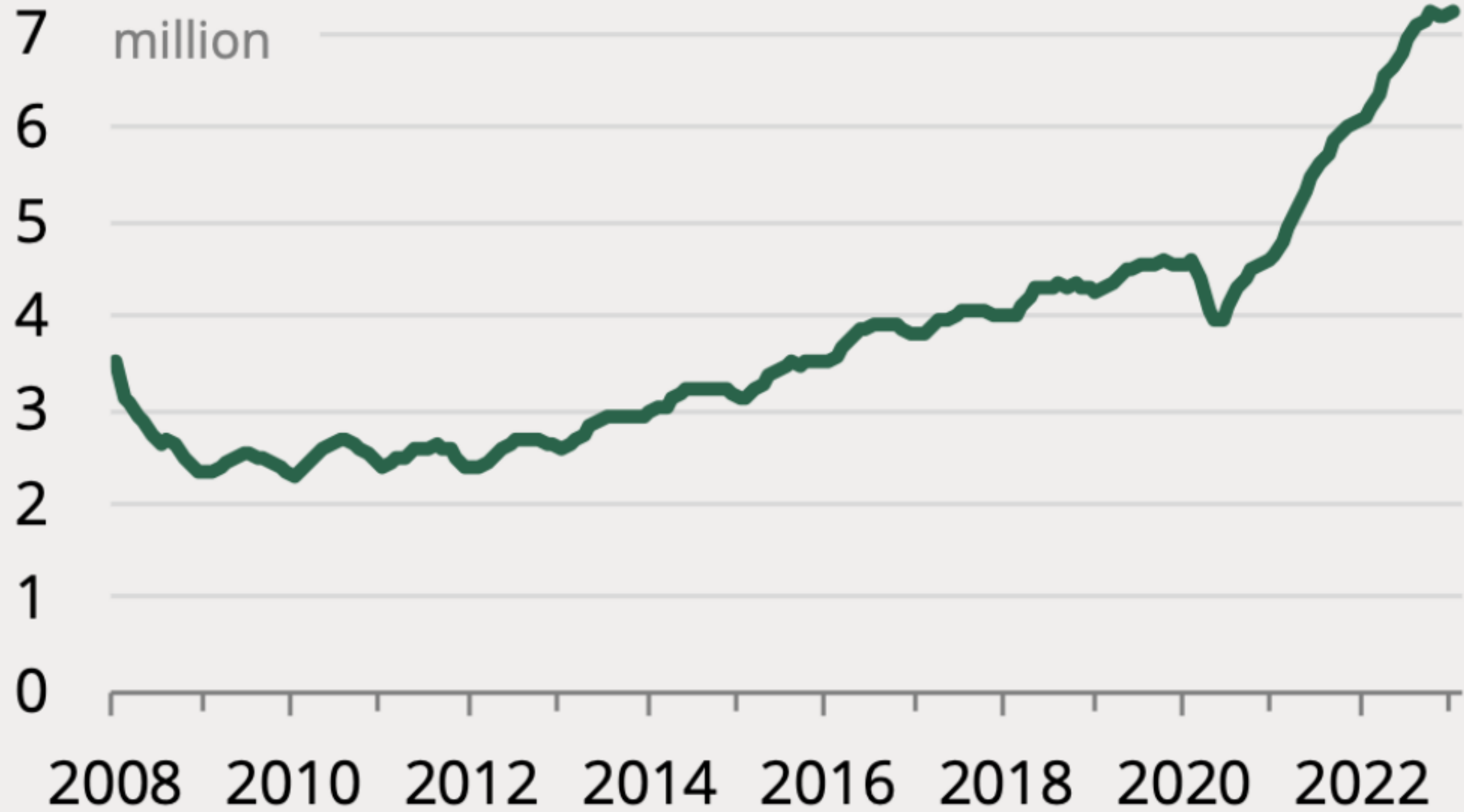
**People in the UK are less likely to survive treatable conditions, such as breast cancer and stroke, than those in other rich nations, a study has found.**

The review, by the **King's Fund** think tank, said the problem may be directly linked to the performance of the NHS.

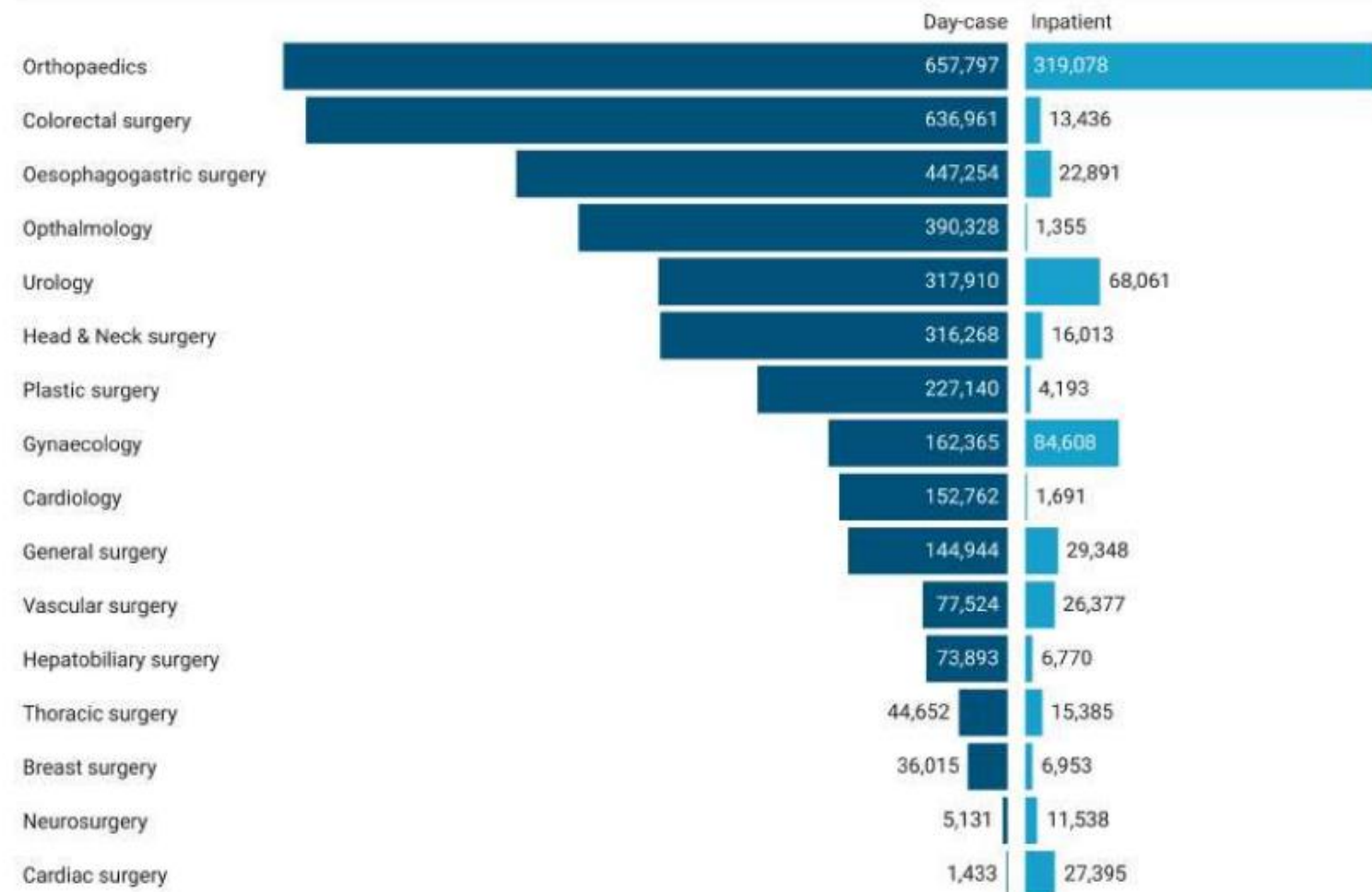
It said below-average spending on the UK health service led to fewer staff and equipment than systems elsewhere.

But the study showed the NHS was very efficient within its budget, with less cash spent on admin than other nations.

# Waiting list for hospital treatment



## Need for elective procedures split by specialty and admission type



Urology

Daycase 317910

Inpatient 68061

# Integrated Care Boards – 1<sup>st</sup> July 2022



## **Integration and Innovation: working together to improve health and social care for all**

Presented to Parliament  
by the Secretary of State for Health and Social Care  
by Command of Her Majesty

February 2021

### Four purposes for systems:

(a) Improving population health and healthcare;

(b) Tackling unequal outcomes and access;

(c) Enhancing productivity and value for money

(d) Helping the NHS to support broader social and economic development

**“we are trying to do difficult things at the hardest of times”**

Toddlers.....BUT:

New opportunity to bring stakeholder partners together in properly formed and resourced provider collaboratives

True system focus

Bring previous knowledge

Clinical leadership will be key



# Devon 5 Year Joint Forward Plan

Final (v0.5) 24 May 2023

# Getting the System in balance

Financial balance is to be achieved through a focused system recovery programme focused on operational, system, clinical and intra-organisation transformation

## What needs to be achieved

### 3 year financial plan linked to activity, workforce, performance:

- 23/24 reported position no worse than £42.3m deficit
- 24/25 c.£30m deficit through use of non-recurrent means
- 25/26 breakeven exit run rate position

## How we will achieve this

- Used the Drivers of the Deficit analysis as the baseline for planning and CIP expectations aligned to model hospital, GIRFT and regional benchmarks
- Stretched CIPs from 1.3% recurrent cost out to 4.5% (with system schemes in support)
- Accelerating the delivery of system-wide shared schemes
- Whole system clinically-led and planned transformation – acute through to community/primary care
- Intra-organisation wide schemes and redesign

**1** Operational improvement cost out – to 4.5%

**2** System wide schemes – targeting c.£60m reduced run rate by Q4 23/24

**3** Intra-organisation working and redesign

**4** System Performance Improvement

## Activity & Performance

1. The activity required is challenging given the historic position and will require a clear Devon-wide clinical plan and new ways of working
2. Delivering on the performance position – or improving it further – will require different ways of thinking about capital, estates, digital etc (eg: a cold elective site, single PTL, sub-specialty centres, etc) as stated.

## Workforce

Workforce will achieve a net -2% workforce change against the current establishment.

## Delivery Principles – we will find solutions that follow these principles:

- Seek solutions that work for the system.
- No organisation will knowingly create an adverse impact on another or the system.
- Standardise practice and services where it makes sense to do so.
- Focus on cost reduction, cost containment and productivity improvements.
- Recognise that participation will be required at system, locality, neighbourhood, and organisational level on the priority areas.
- Ensure equitable distribution of funding and outcomes by locality.
- Not make new investments that lead to a deterioration in the underlying position.
- Consider financial decisions alongside quality, safety and any impact on patient experience of care.
- Share risks and benefits across the system and ensure they are fully understood by all parties.

## Local Authority recovery

Our three local authorities also face significant financial and operational pressures and each has a transformation programme in place that will:

- support increased independence, choice, and control for communities;
- support timely and good quality discharge from hospital;
- support the local economy, improve job prospects and housing opportunities for local people;
- champion opportunities and improve services and outcomes for children and young people;
- support care market sustainability;
- address the impacts of the rising cost of living for those hardest hit;
- improve value for money, through cost improvement plans.



# Devon's Joint Forward Plan

There are 9 key delivery programmes and 10 enabling programmes that make up the Devon JFP:

The delivery plan summarises the ambitions and the key high level objectives for each of the 9 delivery programmes and 10 enabling programmes, with additional detailed milestones and year 1 and 2 work programmes included in Appendix C and Appendix D.

Some of the key objectives for each programme are set out in the next slides.

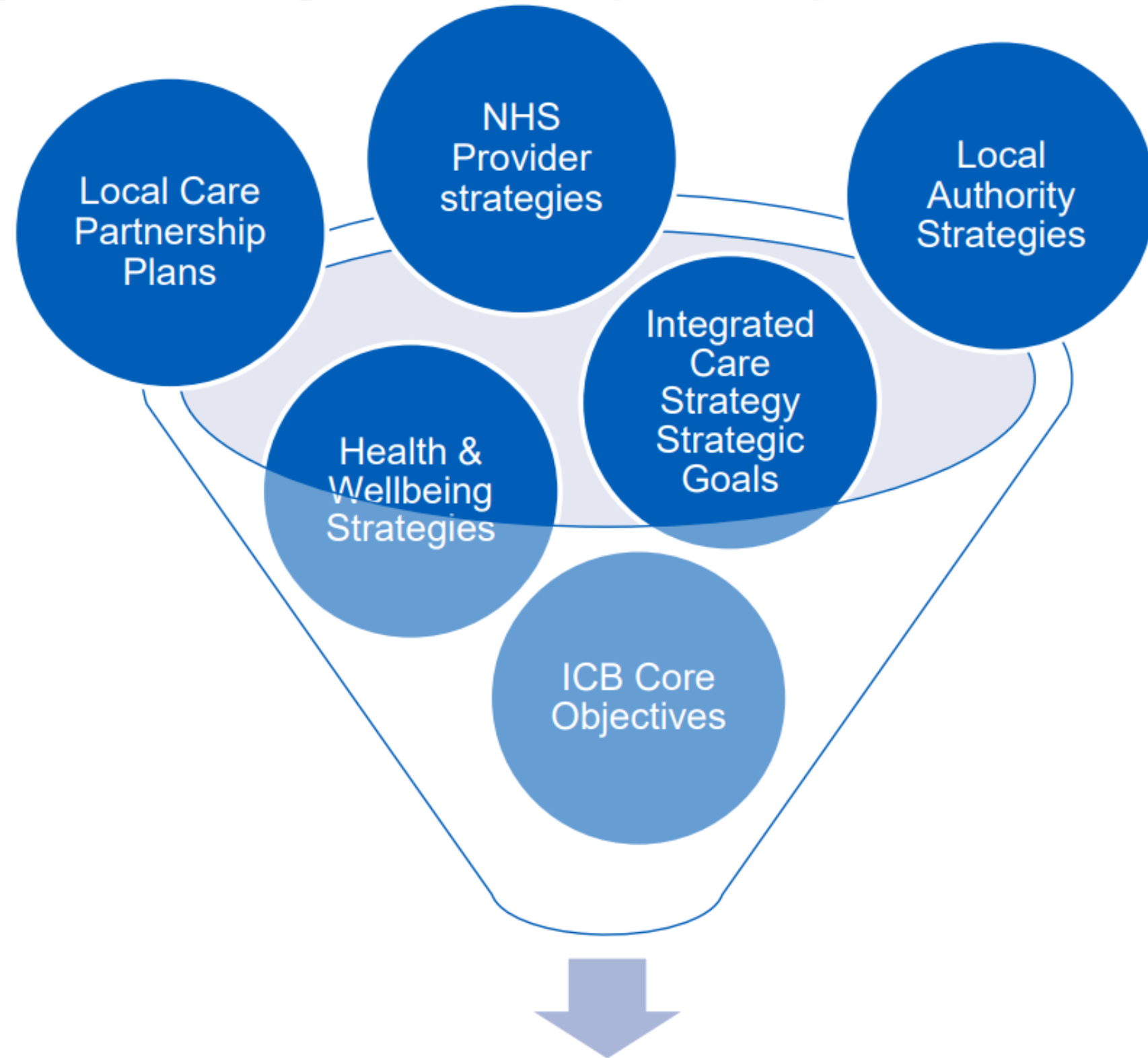


# Inputs into the Joint Forward Plan

The JFP brings together many strategies and plans that already exist or are in development across the system, including, but not limited to:

- NHS Devon's strategic objectives
- Local authority strategies (eg: adult social care strategies)
- Local Care Partnership (LCP) objectives
- Provider trust strategies
- Provider collaborative priorities
- AHP strategy
- SOF4 exit plan

and will demonstrate how these plans align with and deliver the One Devon Partnership strategic goals, as set out in the Integrated Care Strategy.



**Joint Forward Plan**



Health and care working in partnership with local communities  
in Plymouth, Torbay and the rest of the county



# Local Care Partnerships and Adoption of the Devon Operating Model



Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

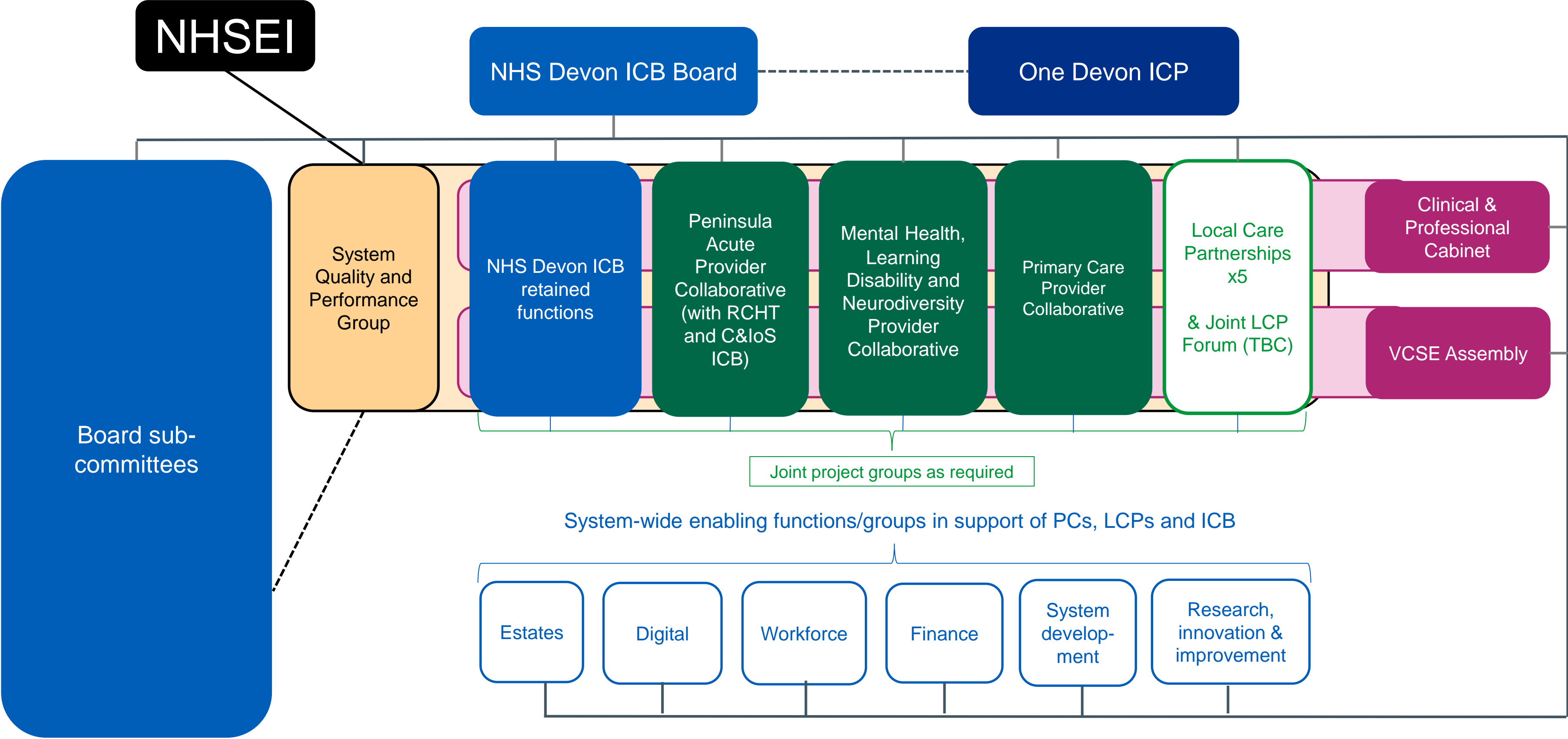
# Executive Summary: The Architecture of One Devon

For each of the new structures in One Devon, partners have identified their key roles in 2022/23 and beyond:

<p><b>One Devon Partnership</b></p>	<ul style="list-style-type: none"> <li>Leading the co-production, development and agreement of the One Devon’s five-year integrated care strategy, focusing on improving health outcomes and reducing inequalities.</li> </ul>	
<p><b>NHS Devon</b></p>	<ul style="list-style-type: none"> <li>The development and agreement of the Joint Forward Plan for Devon and the annual operating plan including revenue allocations, undertaking a strategic commissioning role and outlining the delegation of commissioning responsibilities.</li> <li>Undertaking a performance management role, to ensure services are safe, effective, patient-centred, timely, financially sustainable, efficient and equitable.</li> <li>Ensuring data and intelligence across the entire ICS is collated.</li> </ul>	
<p><b>Acute Provider Collaborative</b></p>	<ul style="list-style-type: none"> <li>Planning changes to the provision of NHS services across providers.</li> <li>Undertaking analysis of healthcare usage and population need to provide the basis for evidence based, outcome focused commissioning.</li> <li>Working together to ensure the best use of the totality of resources at their disposal.</li> <li><b>The commissioning of acute services to meet the outcomes set by NHS Devon and NHS Cornwall &amp; Isles of Scilly.</b></li> </ul>	<p><i>Note: This reflects the current Provider Collaboratives operating across One Devon</i></p>
<p><b>MHLDN Provider Collaborative</b></p>	<ul style="list-style-type: none"> <li>Planning changes to the provision of services across providers.</li> <li>Undertaking analysis of healthcare usage and population need to provide the basis for evidence based, outcome focused commissioning.</li> <li>Working together to ensure the best use of the totality of resources at their disposal.</li> <li><b>The commissioning of MHLDN services to meet the outcomes set by NHS Devon.</b></li> </ul>	
<p><b>Primary &amp; Community Care Provider Collaborative</b></p>	<ul style="list-style-type: none"> <li>Working to provide a coherent primary and community care delivery model across Devon, which meets the needs of the population</li> <li>Sharing knowledge and best practice across primary and community care providers in Devon to deliver a more cohesive and integrated offer of care which reduces inequality.</li> <li>Acting as a strong and united voice for primary and community care in Devon.</li> <li><b>Driving the Devon-wide preventative strategy.</b></li> </ul>	
<p><b>Local Care Partnerships</b></p>	<ul style="list-style-type: none"> <li>Supporting the development of the Integrated Care Strategy including articulating provisions that are specific to each locality.</li> <li>Enhancing integration in their LCP, including planning changes to the provision of services in place to deliver improved integrated care and performance.</li> <li>Improving performance of local services where joint working can improve overall performance.</li> <li><b>Procuring and securing health and care services to meet the needs of local communities, commissioning at the level of place.</b></li> </ul>	
<p><b>Neighbourhoods</b></p>	<ul style="list-style-type: none"> <li>Using neighbourhood population insight to inform the commissioning of services to improve outcomes and reduce inequalities.</li> <li>Delivering population health management at a neighbourhood level.</li> <li>Taking an asset-based approach across all settings to provide holistic care for people with long-term conditions.</li> </ul>	

**Bold** items indicate additional responsibilities beyond 2022/23

# One Devon illustrative future Governance Structure (subject to Governance Review)



# Peninsula acute provider collaborative – our strategic ambition

To work together to deliver high quality, safe, sustainable and affordable services as locally as possible

This will be achieved through listening to our communities and empowering our clinicians to lead the process of.....

- Stabilising care – short term
- Sustaining care – medium term
- Transforming care – longer term

The Mid Staffordshire NHS  
Foundation Trust Inquiry

Independent Inquiry into care provided by  
Mid Staffordshire NHS Foundation Trust  
January 2005 – March 2009  
Volume I  
Chaired by Robert Francis QC

HC375-1

**THE TIMES**  
Friday February 8 2013 | thetimes.co.uk | No 70803  
Max 8C  
Min 1C  
Daily £1

THE TIMES | Friday February 8 2013

**Doh! Of course Assange is no hero, Jemima Heather Brooke Page 22**

**Opinion**

**The NHS is run for the staff, not the patients**  
It's not heresy to demand that hospitals treat people like customers. More listening would have meant fewer deaths

**Philip Collins**

It is safe to say now, after Mid Staffs, that even at the time I found Danny Boyle's Olympic celebration of the NHS cloying and complacent. But for anyone who didn't and who reads the devastating report by Robert Francis, QC, into the treatment of patients at Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009, the sentimental view is no longer available.

The Francis report tells the stories of incontinent patients left to be unattended in soiled bed linen. Many of them testify that it wasn't the dirt that hurt so much as the shame. To be unattended in a ward in which nurses

recommendations for weekly multidisciplinary meetings and a revamping of managerial accreditation, we know we have wandered far away from the main point. It is a rule of thumb that anyone demanding "culture change" has no order of priority among their hundreds of half-relevant suggestions.

The sheer range of recommendations has two malign consequences. The first is that responsibility is assigned to someone in particular. But it is not the "system" that fails to feed anyone. The "system" doesn't leave filth in the bathroom. The estimable Julie Bailey, who established the campaign group Care the NHS after the death of her mother Bella in Mid Staffs, has asked why Sir David Nicholson, now the chief executive of the NHS but at the time the boss of the local health authority, should stay in post. It is never pleasant to demand a resignation but she is surely right. Nobody has resigned over Mid Staffs and nobody has been struck off. The

carefully collected benchmarks and star ratings that came with the imprimatur of the Healthcare Commission. The hospital's chief executive dismissed its high level of mortality as a coding error.

In a system that is currently run by the staff for the staff, the NHS needs to let the public in. People want their hair washed as well as their pain abated, and quite right too. They are paying for it, after all. The hotel industry is now subject to online review from paying customers. So is the travel industry. The NHS will have to put aside its hostility to learning anything from the private sector and follow suit. The satisfaction of patients needs to be built into the judgment of hospitals and the pay of chief executives. Patients should have easy access to their own records and it should be simple to find out where a hospital ranks, both in the area and the country. Boiled down to its essentials, the Francis report says that "NHS staff are hoarding power and they have to be made to listen. It is often said aily

A picture of complacency. Don't let's fall for the Olympic myth of the NHS

the Staffordshire consultants for refusing to engage with management.

system. Instead, David Cameron proposed to create a Chief Inspector of

# A promise to learn – a commitment to act

## Improving the Safety of Patients in England

National Advisory Group on the  
Safety of Patients in England

August 2013



The most important single change in the NHS in response to this report would be for it to become, more than ever before, a system devoted to continual learning and improvement of patient care, top to bottom and end to end

*Don Berwick, August 2013*

# The quality challenge

Too many sub-scale providers

Pathway fragmentation

Unwarranted variation

Procedures of limited value

Contracting  
with individual  
providers for  
part of a  
pathway


Contracting:

- For an entire pathway
- For a whole population


Via:

- A prime contractor
- An accountable care organisation
- A provider chain

# Role of clinical leadership

- Vision and ambition
  - Paradigm shift from provider to population
  - Break down professional silos
  - Regional/system appointments
  - Innovation and Research
- 
- A decorative footer at the bottom of the slide consists of several overlapping, semi-transparent geometric shapes in various colors: blue, red, orange, yellow, green, and purple, arranged in a diagonal pattern from the bottom left towards the bottom right.

# Focus on improving outcomes, reducing health inequalities and improving cost effectiveness

- **Building on strong specialised services foundations** – networks, clinical leadership, clear ambitions
  - **Aim big but start small** – priorities, pilots and partnerships
  - **Realism** – not everything is going to happen everywhere in the same way, at the same time. It never has.
  - **Exciting times!** Minimising the risks while maximising the opportunities.
- 

# Levels of integration, all with the aim of improving outcomes for patients

## Patients

- Individual care planning and case management

## Programme

- Disease management for patients with similar needs

## Population

- Integrated organisation governance for defined populations at risk

Adapted from Fulop et al (2005) in "Clinical and service integration: The route to improved outcomes, Kings Fund, 2010, and M Britnell, KPMG



([patients + staff] X kindness) +  
curiosity = outstanding quality care

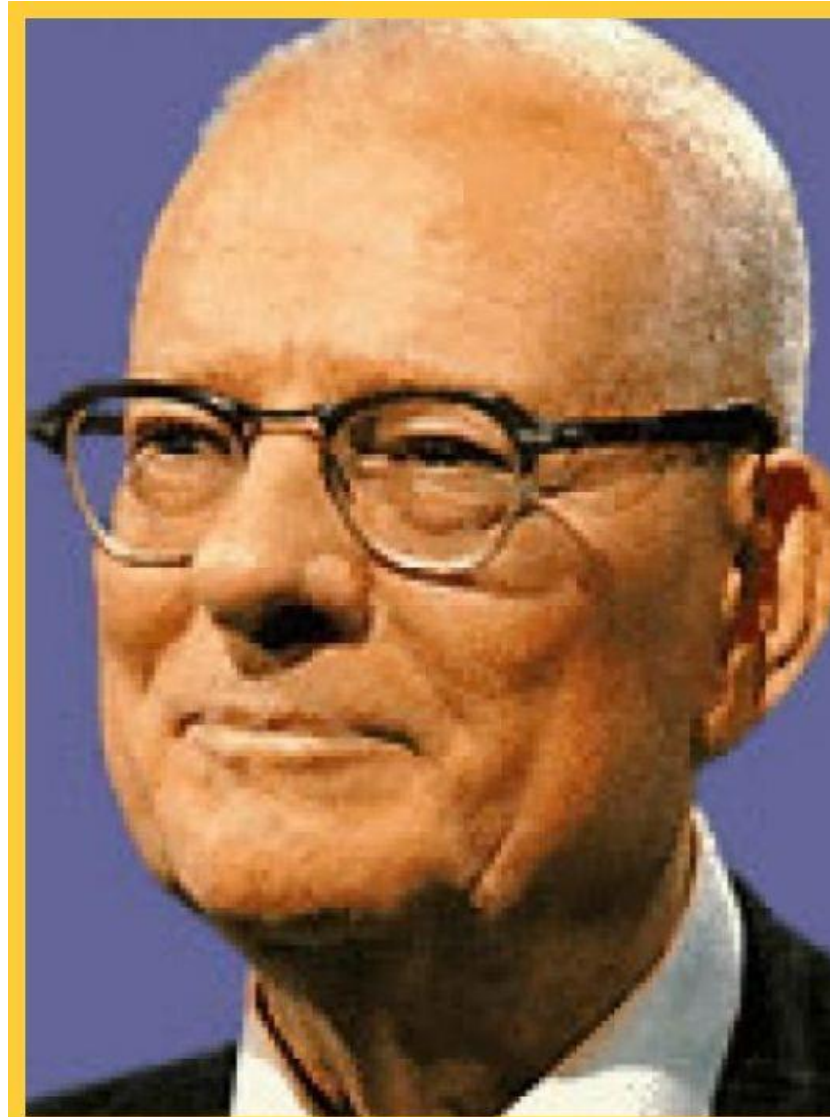
Nigel Acheson

FMLM Conference 2018



# Leadership behaviours for improvement

- People are not cogs in a machine
- Everyone brings extraordinary talents and abilities to their work
- We need to maximise the value that people bring to their work
- This requires giving them pride in their work, freedom to use their brain, tools to be effective and systems that allow people to practice continual improvement



“



A bad system  
will beat a  
good person  
every time.

*W. Edwards Deming*



“The prime responsibility for ensuring the safety of clinical services rests with the clinicians who provide them.”

“The prime responsibility for ensuring that they provide safe services, and that the warning signs of departure from standards are picked up and acted upon, lies with the trust.”

The Report of the Morecambe Bay Investigation



# Three horizons

Horizon 1

Current state

Horizon 3

Future state

Horizon 2 works **backwards** by imagining the future state to inform the steps needed to get from current to future state

It is important to think about the future to ensure that we take the right actions today.



# Questions

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