

## East of England CPH Newsletter Article

### **New models of care, acute providers – break the cycle and start small**

It is no secret that acute Trusts face quality, financial, estate and workforce challenges. The system is focusing on addressing these longer-term – our customers are telling us that they face in-year pressures to address them now. The challenge is to provide more targeted and value-adding care – delivering financial efficiencies, and improved health and wellbeing outcomes. The question for acute providers is **'how do we improve our foundations today, when collaboration on new models of care and public consultation will be lengthy?'**

We have worked across two London acute Trusts to develop a business case for a shared service. Both providers have secured board approval of the case, and are developing a single workforce, set of outcomes, budget and contracting arrangements. Essentially, this will deliver some quick wins in-year and support them and their care economies to meet longer-term strategic goals. They have started small and built a foundation for wider collaboration and a networked approach to care.

## East of England CPH Case Study

### **New models of care, acute providers – break the cycle and start small**

It is no secret that acute Trusts are facing quality, financial, demand, estate and workforce challenges. The system is focusing on addressing these in the longer-term – through Sustainability & Transformation Plans, accountable care, new payment mechanisms and new models of care. Our customers, however, are telling us that they are facing an in-year pressure to address these now.

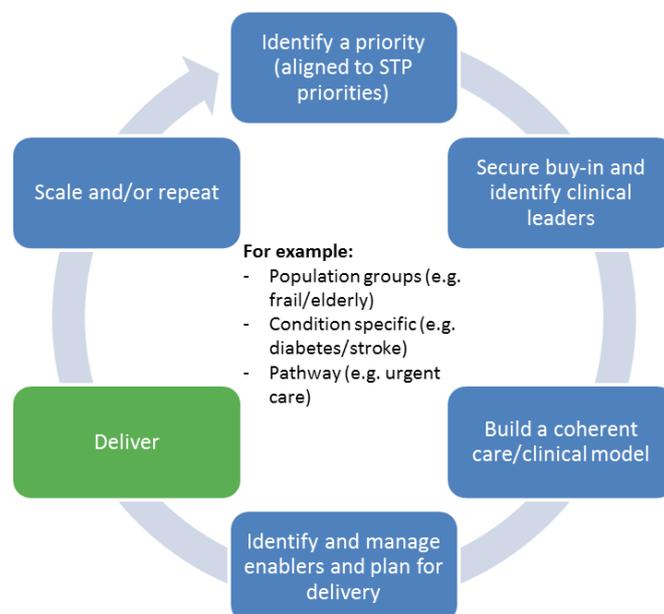
The challenge for acute providers, alongside the wider NHS, is to provide more targeted, impactful and value-adding touchpoints between a patient and a clinician and where appropriate, reduce the ratio of general to subspecialty interventions. This is where potential financial efficiencies, and improved patient health and wellbeing outcomes can be realised. The question for acute providers is **'how do we improve our foundations today, when collaboration on new models of care, legislation and public consultation processes will be lengthy?'**

### **Break the cycle and start small**

*With partners, acute providers should develop a small number of high impact programmes that will deliver real improvements in care in the short-term and support the longer-term sustainability agenda.*

The STP process is supporting care economies to identify a number of clear local priorities which need to be converted into action by providers and commissioners. Discrete, targeted and ambitious transformation programmes designed to address these local priorities, can help keep the ambition manageable, provide a phased journey to the bigger vision and help secure buy-in to transformation. Our experience suggests that these programmes should:

- be driven by clinical/population need
- harness bottom up and local clinical and operational leadership and insight
- be founded on system partnerships, to foster integrated and personalised care
- be based on the principles of accountable care – shared outcomes, budgets and risk
- support the development of a proportional evidence base for transformation
- build on the strengths of the system and its partners
- identify clear accountabilities and responsibilities
- be deliverable, manageable and measurable



## Case study

*“Attain worked through a complex set of issues with a diverse set of clinicians and managers, smoothly and effectively. They delivered the brief comprehensively and to time, and were a pleasure to work with.”*

*Director of Strategy, acute Foundation Trust, London*

We have recently worked across two London acute hospitals, with their executive teams, clinical teams and led by their respective Directors’ of Strategy, to develop a clinical model, operating model and business case for the development of a new shared service. This has involved:

- **Understanding the strategic case for change – ensuring that the proposals fit with wider strategic, clinical and care economy priorities. We have established** a strong case for patients, clinicians, the organisations, system and for staff. Building on this strong foundation for transformation has helped up to establish executive level buy in and ensure that the proposals align with and complement their individual objectives and role
- **Modelling population need and demographic need** from the bottom up, forecasting activity, costing service delivery and set-up, income and workforce. We have worked with multiple data sets to achieve a ‘single version of the truth’ across the two organisations and sought to build a strong foundation of evidence upon which both providers feel they can make critical strategic decisions
- **Working with clinicians at all level to harness their enthusiasm and expertise in building a phased clinical model** that will be safe and put the patients’ needs at its heart. The model includes outlines for clinical accountability, patient journey and details the patient cohorts
- **Building an operating model**, detailing the people and processes required to deliver the clinical model and strategic ambition. This has included outline recommendations on leadership and cultural development, estate, Standard Operating Procedures, workforce, governance, IT and education frameworks.

As a result of this piece of work both providers have gained board approval to proceed with the shared service, and are beginning to negotiate with one another and commissioners to develop a single workforce, set of outcomes, budget and contracting arrangements. Essentially, this will deliver some quick wins in-year and support both organisations and their care economies to meet long-term strategic goals. They have started small and are building a foundation for wider collaboration and a networked approach to patient care.