iMPOWER

Bending the Curve

Helping you deliver high-impact out-of-hospital preventative care to drive better outcomes and big savings

Bending the curve - 'Yes we did'

It is often overlooked but the NHS and Local Government are amazing at change. We often see negative headlines but the truth is that both parts of the public sector have overseen huge transformations in performance and have been at the cutting edge of innovation. I have been lucky enough to work in and with the public sector for over 30 years and I've lived it at the operational level and as a policy wonk. I worked on national delivery at the Prime Minister's Delivery Unit, then as Special Advisor to the Prime Minister and later to the Secretary of State for Health.

During that time, I have witnessed impressive changes. Think about the days when it took 18 months to get an operation in hospital. It now takes weeks. Recall how Councils helped to liberate half a million people to manage their own care with an individual budget. Mortality from cancer, heart disease and stroke slashed. Local partnerships between health, the criminal justice system and local authorities leading the way on issues like anti-social behaviour and domestic violence.

Each time, the challenge looks too complex, too challenging and too big. Each time, the public sector steps up to innovate, to change but most of all to deliver.

Health and social care, along with partners in the third sector are being asked to step up again to meet the interlinked challenges of a growing and ageing population; a fixed NHS budget; declining social care budgets and new medical interventions. The sceptics will say 'no they can't' but we will say 'yes we did' **BUT we need to be smart to get there**.

- Kieran Brett, iMPOWER Director of Health

The track record of reform in health and social care means we can be optimistic, but it is challenging

Bending the Curve

iMPOWER solves complex social challenges through changing behaviours. We use behavioural insight to understand how and why citizens and institutions act the way that they do, as well as best-practice techniques and rigorous performance management. Through uncovering these hidden truths we redesign public services from the bottom up, with staff, users and citizens at the heart of design, testing and delivery.

IMPOWER & HEALTH

BENDING THE CURVE

*"The NHS cannot achieve this alone: **bending the curve** on ill health will require concerted action from individuals, local government and other public, private and third sector bodies alongside the health service."* (NHS Five Year Forward View: Time To Deliver, 2015)

PREVENTION

"It's a no brainer - pull out all the stops on prevention, or face the music." (Simon Stevens - NHS Chief Executive, May 2015)

PERSONALISED AND AFFORDABLE

"The Five Year Forward View is about creating a radically new preventative, personalised and affordable health and care system. Local areas risk taking the wrong path if they focus on structures without a sharp focus on spend, prevention and personalisation." (Kieran Brett – Former Special Advisor to the Secretary of State for Health & iMPOWER Director of Health, Nov 2015)

The pressure to deliver will be strong and the scale of savings required is high

The case for reform

On July 5th 1948, the NHS was born. It was based on three core principles:

- that it meet the needs of **everyone**
- that it be **free** at the point of delivery
- that it be based on clinical need, **not ability to pay**

As the NHS approaches its 70th birthday, this generation of leaders now has the formidable task of preserving and protecting those principles

Done badly, these principles could be breached. This will mean cuts in services; unnecessary suffering often affecting those who need the NHS most and a risk of flight by those who can afford it

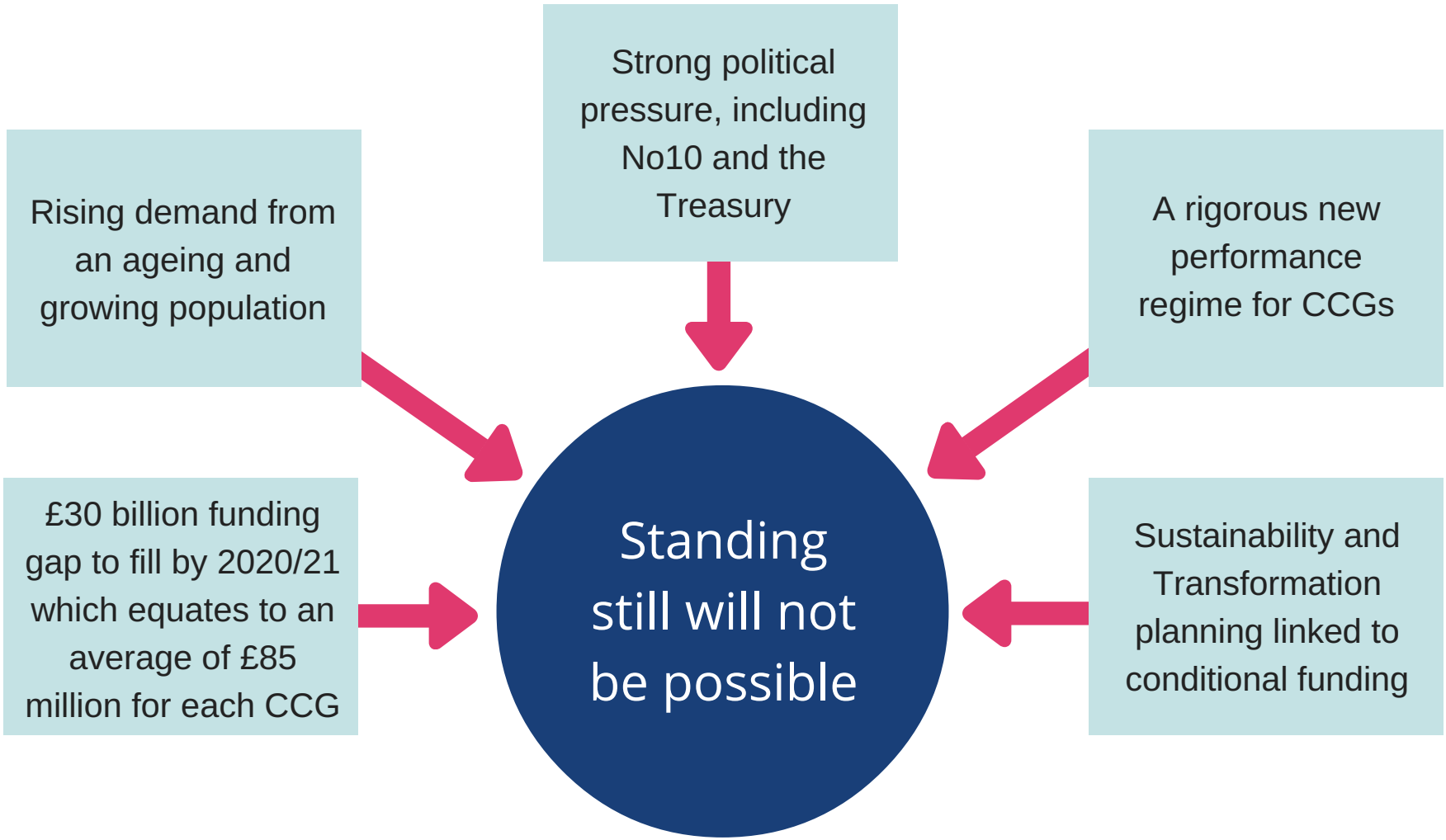
Done well, it will mean better outcomes; less suffering; fewer years lost to life-limiting illness and lower costs.

NHS England's Right Care Programme is central to what we do at iMPOWER and it makes a big difference to avoidable suffering and a poor use of resources

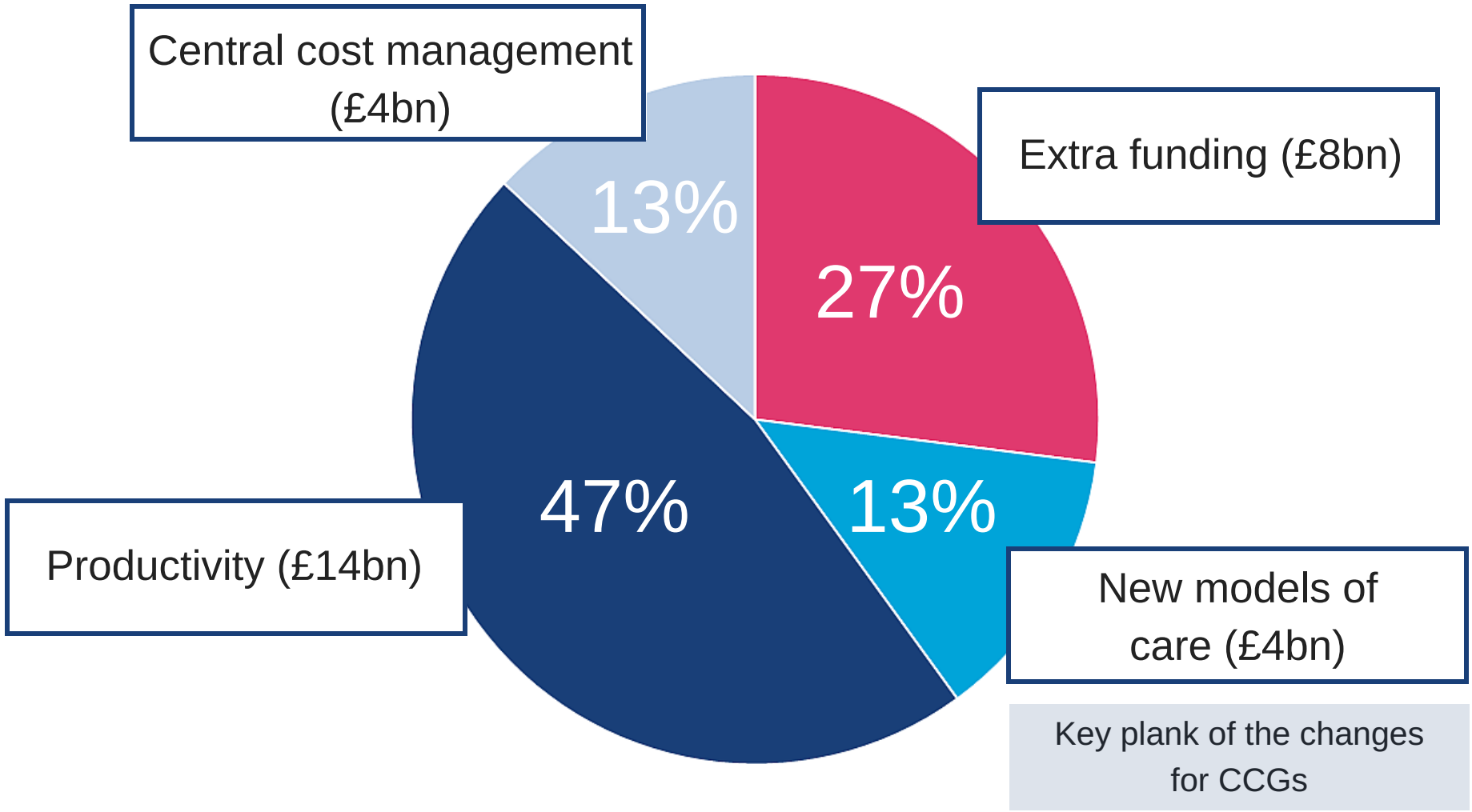
Example: Paul's case - diagnosed with diabetes at 45

	HIGH-COST, POOR-OUTCOME JOURNEY	RIGHT CARE JOURNEY
NATURE OF CARE	• Age 50, develops vascular disease - attends specialists • Age 52, leg amputated plus renal, heart & visual problems.	• Age 44, NHS Health Check identifies Paul's condition and case management begins • Paul is supported in self management & access advice on smoking cessation, diet and exercise and he has this refreshed every two years. • Paul has a collaborative care plan and optimal medication and retinopathy screening begins 18 months earlier
OUTCOMES	• Multiple visits to the Practice Nurse and numerous Laboratory tests • No self-management or patient education	• Paul avoids vascular disease which in turn means no amputation is necessary and visual problems do not develop • He lives a happy and active life
COSTS TO NHS	**This version of Paul's patient journey costs £49,000 at 2014/15 prices**	**Paul's care costs £9,000**

Pressure for reform



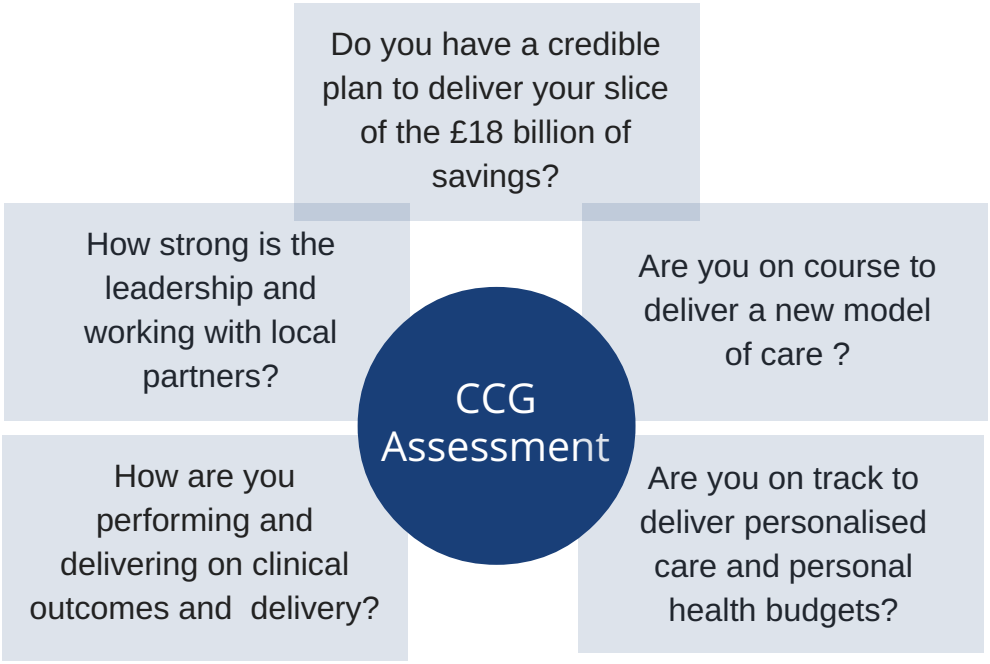
Filling the £30billion gap



Key plank of the changes for CCGs

The new performance assessment model matters

The details of the performance assessment will be published soon by NHS England but the direction of travel is clear and **it matters a lot** for CCGs and health economies.



OUTSTANDING	Very light touch future assessments based on performance against agreed indicators. No intervention from NHS England
GOOD	Light touch assessment where CCG has to submit an improvement plan to NHS England for sign off. No intervention from NHS England
LIMITED ASSURANCE REQUIRES IMPROVEMENT	Required to produce an improvement plan which is signed off and monitored by NHS England. The plan will include a clear set of central interventions where plans fail to deliver. Plans will also set out external support for the CCG. A CCG could also be rated as not assured for non-compliance with the improvement plan.
NOT ASSURED	Thorough assessment by NHS England to identify root causes. A plan will be specified with clear consequences where CCGs fail to deliver and where leadership is identified as the reason for the 'not assured' judgement, NHS will take steps to replace CCG leaders. NHS England may also assume direct control of a CCG

The challenge for every health economy

By 2020/21 the local NHS will need to find £18 billion in savings to ensure financial sustainability. That means an average of £85 million for each health economy. Social care budgets remain under pressure.

This leads to 5 big questions:

1. How will you answer the £85 million savings challenge, whilst delivering better outcomes?

2. Do you know where the big opportunities for savings are?

3. What is your plan to deliver better outcomes and your savings?

4. How can you ensure a positive rating from NHS England when you are assessed in 2016/17 and the assessments are publicly reported in April 2017?

5. How will you work with your acute and local authority to address sustainability across the whole health and care economy?

Big savings and better outcomes will need a comprehensive, evidence-based plan

New models of care badly implemented will not be enough

NHS England will want to see a credible plan, implemented well

Many CCGs do not feel well placed to meet the gap

An iMPOWER survey of CCGs shows that most places understand the gap they face by 2020/21 but many do not feel well-placed to meet the gap.

70%
understand the financial gap by 2020/21

20%
think they have well-developed plans

'Needs a more proactive agenda than the one we have'

'Understand very well the amount and the issues but delivering in a meaningful way is very challenging'

'Themes identified to address the gap but not supported by robust, agreed, clearly defined schemes'

Why integrated care can fail to deliver

BRIDGING FROM THE PLAN TO THE IMPLEMENTATION	Good quality planning matters but plans have to be deliverable. At iMPOWER we know how to do that.
THE WRONG PEOPLE GET SELECTED	Predictive risk stratification combined with other key selection techniques gets you to the right cohort. iMPOWER has developed a powerful method for get the right people on the programme
IT IS A PEOPLE CHALLENGE FIRST AND A STRUCTURES CHALLENGE SECOND	This is one of the biggest shifts in the NHS since 1948. Understanding and engaging patients, carers and professionals is fundamental to success. iMPOWER uses proven behavioural science techniques to accelerate and embed change.
PATIENTS AND CARERS NEED TO BE KEY ACTORS	Really empowering, engaging and educating patients and carer is a critical success factor. Care plans 'done' to patients will not deliver the change. Integration around the patient and carer is at the heart of iMPOWER's technique
CARE PLANS ARE TOO GENERIC AND LACK BEST-PRACTICE DETAIL	International evidence demonstrates what excellent care plans look like and they have to be 'more than medicine' to really move the numbers to deliver better outcomes and drive out big savings. iMPOWER understands this detail in depth
THE SKILLS AND CAPACITY OF THE THIRD SECTOR ARE NOT HARNESSED	The third sector can play a powerful role in supporting patients and carers to co-ordinate care, provide ongoing contact and offer a wide range of services. This can liberate health care teams to operate much more efficiently. At iMPOWER we get the third sector and know how they can support you.
PERFORMANCE IS NOT MANAGED SHARPLY ENOUGH	'Hit and hope' is not enough. The new model of care needs to be tightly performance managed both for patients and the system. iMPOWER gets how to do this drawing on best-practice such as the techniques developed by the Prime Minister's Delivery Unit, where Kieran Brett worked for three years.

What getting it right can do for you & how we can help

Bending the Curve draws heavily on the work that our Director of Health, Kieran Brett led in partnership with Age UK in his previous role as a Partner at Improving Care. The model was developed in Cornwall with Kernow CCG and Newquay GP practice. It is rooted in international best-practice from large-scale systems which have delivered impressive improvements in outcomes and cost savings:

THE BENEFITS*

- 30% reduction in non-elective admission cost
- 40% drop in acute admissions for long term conditions
- 23% improvement in peoples self reported wellbeing
- 87% of practitioners say integration is working very well and their work is meaningful

In 2013, it won the HSJ Award for the Management of Long-term Conditions (under the banner of Kernow CCG) and attracted significant Ministerial and Media attention.

** People, Place, Purpose – Shaping services around people and communities through the Newquay Pathfinder*

iMPOWER insights

Good strategy, analysis and plans will not be enough. Delivery is the big game in town

If strategy becomes disconnected from delivery then organisations will struggle to deliver. This still happens a lot in the public sector and good strategy or policy badly implemented is the same as bad strategy because nobody benefits.

iMPOWER deploys a unique approach to support our clients to develop a deliverable strategy backed by robust plans rooted in strong analysis of each health economy. We use proven behavioural techniques to help our clients to build a strategy that will deliver.

Building the bridge from that strategy to making real world changes is the next step and we have a good track record across the public sector of securing transformational change.

A critical component in locking in the change programme is making the links to world-class performance management processes and the iMPOWER team has extensive experience of how to do that well.

Our team is the national leader on personal budgets, personalisation and has implemented integrated care, so we've lived it

iMPOWER is a recognised national leader on personalisation and personal health budgets. We know the hard practicalities and one of our non-executive Directors, Steve Jones pioneered individual budgets as Chief Executive at Wigan. Our Adult Social Care Director, Jeremy Cooper had supported many local areas to implement personal budgets and also advised the Department of Health on the policy development for personal health budgets.

Before joining iMPOWER, Health Director Kieran Brett led a project in Cornwall in partnership with Age UK which focused on reducing avoidable emergency admissions. The model we developed combined risk stratification, evidence-based global best-practice, an innovative partnership with the third sector and

rigorous performance management. Patients and carers were at the heart of the model to deliver personalised care. The Cornwall model has delivered a 34% reduction in emergency admissions; a 27% increase in satisfaction and a notional return on investment of 5:1. In 2014, the model won the HSJ Award for the management of long-term conditions and various Ministers, journalists and NHS England officials have visited the project.

You are unique and we respect that

Here at iMPOWER we reject production line consultancy. This is a core value for us and reflects our team's experience of working in the public sector.

A 'one size fits all' approach is not what we do because we have lived the journey that our clients are facing now. The challenges are specific to each locality. Every organisation has a unique culture. Some are more ready for change than others. We do not arrive with a preconceived plan because we think it's impossible. Our approach is to get to understand you and your unique situation.

Co-design is at the heart of what we do and that's not lip-service. We want you to achieve amazing results and we know that has to be premised on working with you. We can bring experience, techniques and ideas from elsewhere but they need to be shaped to your problem and culture.

We draw on our behavioural insights techniques to help make co-design as productive as possible.

Behavioural change is crucial for sustainable change

Change can soon be reversed if it's not embedded in new behaviour. Behaviour change is a central part of our approach **inside** organisations and with **those using public services**. Our team have all been trained in MindSpace techniques which enable us to identify both the drivers of behaviour and what works to change behaviour. We have many successful examples from our work across the public sector which show how powerful these techniques can be.

In health we know that patient and carer education is a key driver of reduced emergency admissions. This was central to the model developed in Cornwall and is a core part of our method at iMPOWER.

We have innovated to develop our approach but in the end, we are interested in helping our clients move the numbers using proven, evidence-based behavioural techniques.

Great implementation depends on really understanding the operational commissioning and contracting

Moving to the new models of care in a way that drives out big costs and delivers better outcomes will require a lot of organisational change, workforce development and new services, for example with the third sector.

There is a risk with the new service models that out of hospital care costs the same as existing care patterns but this undermines the need for local health economies to find £18 billion in savings. New models will require innovative thinking which places patients and carers at the heart of care, as well as developing exciting partnerships with voluntary sector organisations.

CCGs will also need to think about how to manage a reduction in demand for providers and how contracts for future services need to be changed. Innovations like Alliance Contracting can be a powerful way of incentivising local partners to re-shape services in a way that benefits everybody, including acute providers.

iMPOWER has extensive experience in this space and we can support our clients to develop powerful contracts which facilitate new models of care.

Actively managing to a planned and agreed savings trajectory is a great way to stay on course.

If the local portion of the £30 billion of savings is to be delivered, CCGs and their partners will need to develop a credible, robust

and costed plan. This means being able to demonstrate patterns of spend today and then how you will bend the curve to reach the required level of sustainable spend.

This will mean going beyond plans that set out a series of strategies and interventions to a much more structured approach which demonstrate both the investment required to deliver the savings but also the expected impact of each part of the plan. This can be the point where organisations step away from committing themselves **but in the end the savings target is a real number** that all parts of the country will have to deliver.

Developing a well constructed, thought through trajectory which sets out what savings you expect from each intervention or reconfiguration and then the cumulative impact of your whole strategy is a powerful way of knowing where you are headed and a tool to manage performance to get there. The team at iMPOWER has significant experience of managing performance in this way.

Risk and reward contracts will become a much more common feature of consultancy with the NHS

The changes that the NHS and local partners are being asked to make are some of the biggest since 1948. They differ from many of the transformational gains of recent years because they are (in part) about how we re-shape services to allocate resources in new ways via new models of care.

This is a big ask for the public sector but it also has implications for the consultancy sector. As discussed, diagnosing problems, analysing current provision and preparing change plans with clients will only get them so far. NHS England will want to be reassured that plans will deliver. Consultancies will need to think again about their fee structures and share some of the risk with their clients to incentivise shared success. It is our assessment at iMPOWER that NHS England and NHS Improvement will not be looking for more of the same when they assess all bids over

£50k but will be looking for new models of partnership between the NHS and the consultancy sector. At iMPOWER we are **firmly committed** to the principle of sharing risk.

There are exciting possibilities to work across health and social care to benefit the whole health care economy

An obvious risk in the current fiscal environment is that costs are shunted between health and social care. This might take the form of delayed hospital discharge because of limited resources on the local authority side or a greater reliance on domiciliary care arising from an expansion in care at home.

However, there are win-wins where there is a local appetite to work across organisations. The analysis in John Bolton's excellent report Use of Resources in Adult Social Care (2009) still stands up well and points to the reduction in the permanent use of residential care as the single biggest opportunity to reduce adult social care spend and more recent reports support that position.

This coincides with growing deficits in the provider side of the NHS, where length-of-stay is a key cost driver, so there is scope for a solution that reduces length-of-stay by expediting discharge (using best-practice approaches) and developing new models of care in the community to divert patients away from permanent placement into residential care.

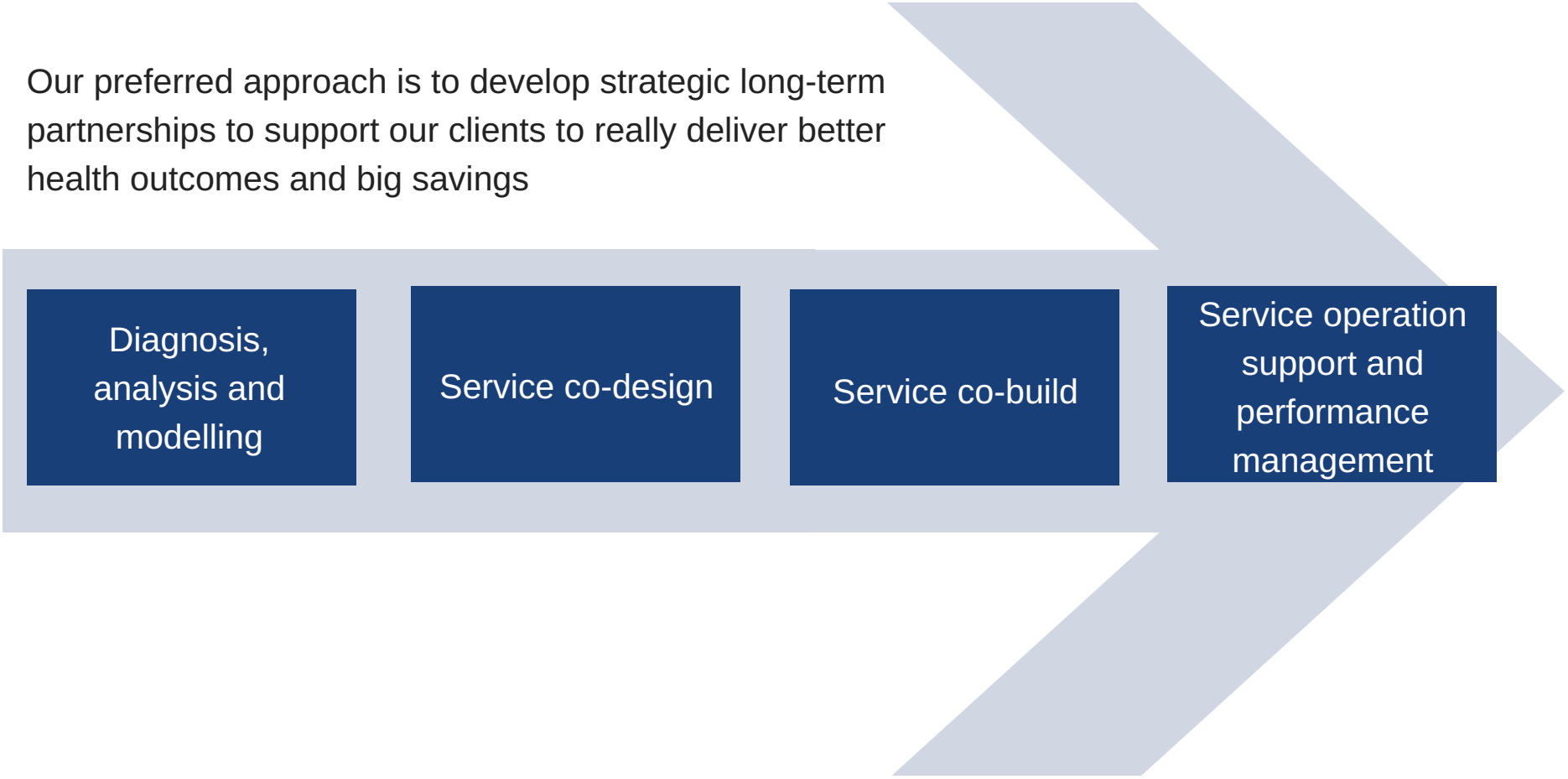
iMPOWER's experience across health and social care, alongside our practical knowledge of delivering innovative community-based care models allows us to bring some unique insights to these.

Whether it's the Spending Review; changes to the Better Care Fund; funding streams for the Vanguard sites; legislative changes or new announcements on policy, it is important for our clients to up-to-date and responding to opportunities.

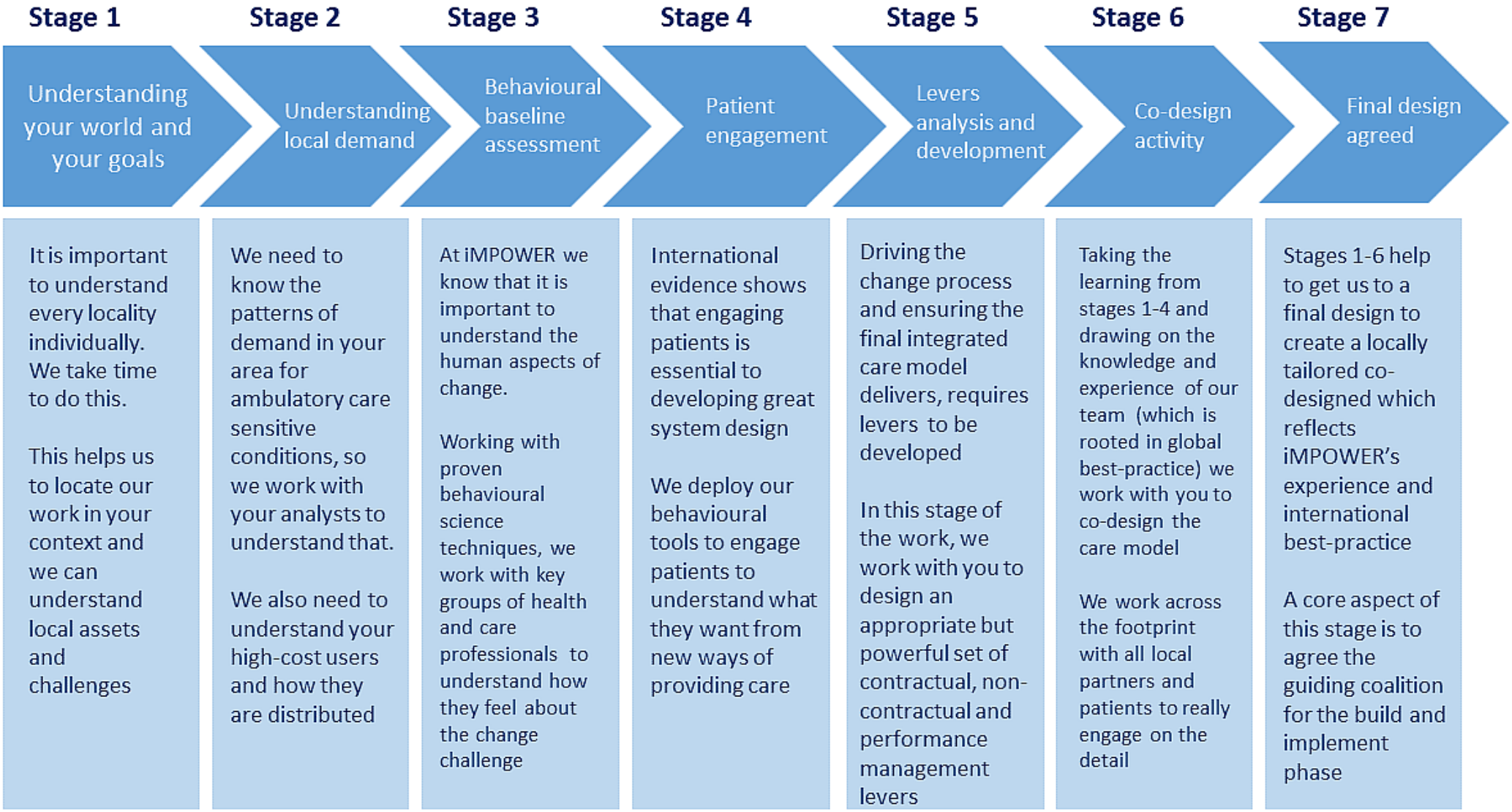
At iMPOWER we have extensive knowledge of Whitehall spanning No10; the Treasury; DH; DCLG and many other departments. Our networks inside NHS England remain strong at a senior level and we actively seek to stay ahead of the curve to help support our clients in the best way possible.

How we work with our clients

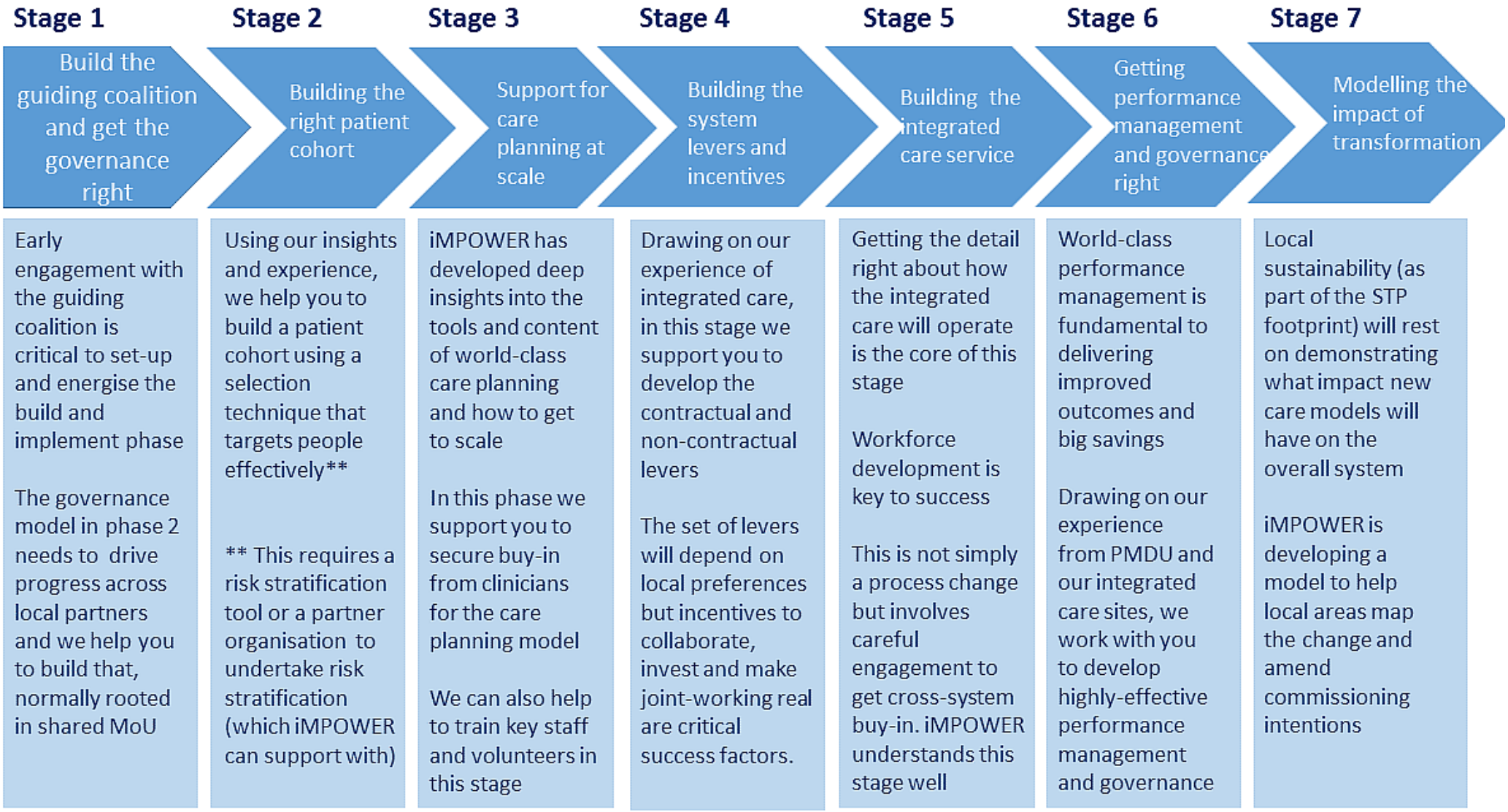
Our preferred approach is to develop strategic long-term partnerships to support our clients to really deliver better health outcomes and big savings



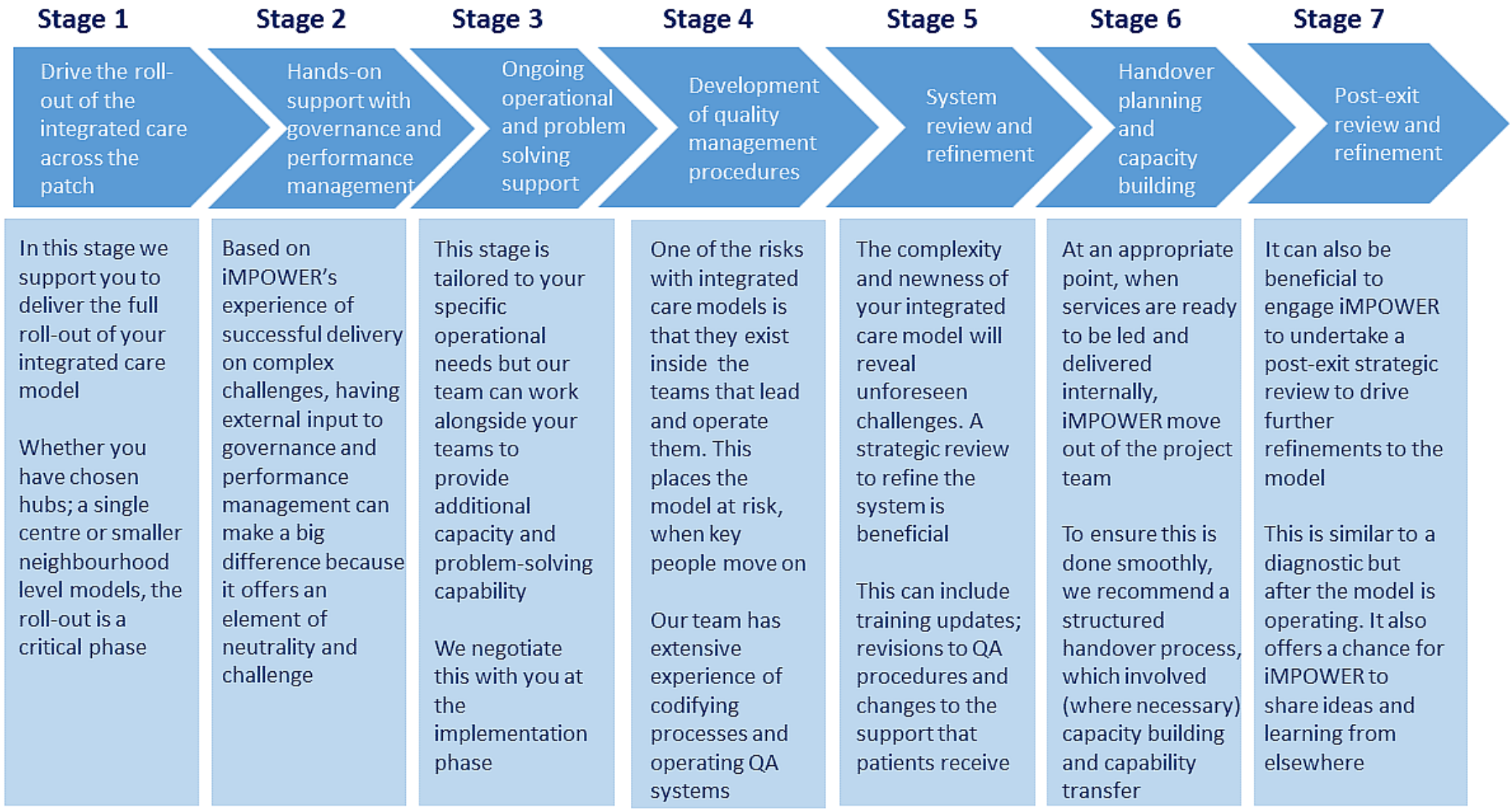
iMPOWER always co-designs but typically our approach has three phases. Phase 1: Diagnostic and Design



Phase 2: Build



Phase 3: Implementation and operation



Getting integrated care to work is not easy – The right model and great implementation matter

Welding parts of the NHS, Social Care and the third sector together will not in and of itself deliver integration, let alone impact. Great planning won't either, although it matters

The pressure from the new CCG performance assurance framework combined with the conditionality for STP funding means that CCGs and their partners have a great chance in 2016/17 to head out on the right track. Credibility, delivery and likely impact will be the watchwords for STPs and all of the local activity that sits beneath them will be assessed against those tests

iMPOWER can support you to deliver great integrated care models that help people to have much better health outcomes and at much lower cost. We are as passionate about it as you.

If you think we could work well together to do this, then please get in touch.

Get in touch

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