Valuing Home

Supporting health and care systems
to sustainably deliver the best possible
intermediate care outcomes

IMPOWER

The challenge

Against a tidal wave of demand, and a relentless focus on operational performance to support recovery, health and care systems have never been more pressurised.

Amidst this, the needs of residents and patients are often engulfed by the need to maintain patient flow, which sometimes leads to achieving value for money, but often leads to worse outcomes[1] or pushes costs from one organisation to the other. Frontline teams are often exhausted and managing high sickness rates.[2] Managers are struggling to balance their focus across the 100s of targets that they are responsible for, and support from the centre often leads to more work or a duplication of priorities and actions. Worse of all, hope has become a scarce commodity – from the ward to community services, the care home to the board.

As a system leader, what can be done?

There is another way.

Over the last 22 years, IMPOWER has been working with frontline teams and system leaders to deliver better outcomes that cost less. We enhance capacity, we don't drain resources, by bringing you dedicated teams of behavioural change leaders, underpinned by analytical rigour, to deliver our Valuing Home approach. It's our approach to operational excellence through frontline behaviour change across every point of your health and care system to make change real.

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I have seen the impact IMPOWER made on adult social care in Manchester and I know that their approach makes change feel real. With IMPOWER's support, we have been able to turn our ambition for the Resilient Strategic Programme into a reality; together, we created an approach where we have focused on delivering specific interventions, we gave these interventions time to succeed, and then we have created real energy in the system."

CEO, Local Care Organisation

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IMPOWER's Theory of Change was integrated with SASH+ principles to design, launch and embed our ambition of what good hospital discharge should look like through our Let's Get You Home programme. IMPOWER provided credible and talented people to work with our front line, multi-disciplinary teams 'at scale,' and took an active role in the delivery of the programme. This approach was valued and seen as supportive by staff as we embedded our learning. The focus on delivery and IMPOWER's approach to this felt different. Prioritising behaviours, values, and delivery meant we have a resilient approach and now, 5 months later, we continue to make progress and remain focused on what is best for our patients - keeping patients at the centre of our ambition throughout."

Karen Breen, Chief Operating Officer, Surrey & Sussex Healthcare NHS Trust

1. www.impower.co.uk/reports/the-age-of-intermediate-care
2. www.nuffieldtrust.org.uk/resource/all-is-not-well-sickness-absence-in-the-nhs-in-england

What we do

Taking a different approach

For us, it's all about people, by using applied behavioural science techniques and grounding our work in best practice in the relevant service area, we work together to implement behaviour change in daily practice that has lasting, life-changing impact on how staff work to deliver services. We don't just write strategies, identify efficiencies and create plans, we work beyond, by rolling up our sleeves and getting involved with people who use services as well as frontline staff to achieve service transformation that delivers better outcomes for less.

QIPP review & planning

Areas of target span across all health conditions and using Getting It Right First Time (GIRFT) and RightCare databases with you, following in-depth analysis, we work with you to develop approaches to address benefits realisation, savings and ROI. We are experienced in business case development to achieve savings, using available data and staff insight. In addition to the use of data and staff insight, we can delve further, working with staff and patients. Through the utilisation of our journey mining tool, we can identify the customer journey and the focus areas that provide opportunities for improvement.

Admissions avoidance

Holding up the mirror to understand what is happening at the front and back door of acutes, across community hospitals, primary care networks, community care, and third sector providers, we will work with your staff to develop, and implement at scale, best practice initiatives that are proven to work and save resources (e.g. red bag pathway, improving resident's wellbeing through implementation of digital technology, development of hospital at home services, implementation of initiatives that develop resilience across the workforce and the system).

Discharge and flow models in hospitals

Working with frontline staff, we understand the issues, and develop, test and scale solutions to improve ward-based decision making, intermediate care and discharge to assess (D2A) processes, integrated health and care teams, strengths-based assessment and approaches, and develop resilience in staff working on the frontline (e.g. front door improvement, wholescale hospital transformation).

Commissioning transformation and service re-design

Using a wider lens, working with staff and stakeholders to reframe your ambition, we create clear commissioning and service transformation vision and implementation plans. Using our journey mining tool, we review and co-design pathways. We can co-design standard operating procedures (SOP) for primary care networks, frailty, dementia, palliative and end-of-life care (all ages), intermediate care and D2A, virtual wards, and care home services advocating multidisciplinary team approaches. Working beyond the design, we work with staff to fully implement new ways of working and through cultural change, we develop staff resilience to deliver best practice approaches.

Vision/strategy development driving system performance

Better data and insight are critical to understanding population requirements. Alongside developing a revitalised management approach, we work with you to define prime metrics, and set trajectories and forecasting models. We work with you to analyse population cohorts, and co-design with staff and stakeholders, including patients, your strategic vision, ambitions and strategies for the various population cohorts in your geographical area. We work with you and your teams to implement action plans for Place/ICB/LA, acute, community hospitals and other providers.

Integrated hub design

We support new service design, including business case development for new hubs – costing and co-design of standard operating procedures – and operationalise integrated hubs such as transfer of care, frailty, dementia and primary care, including performance monitoring. Our approach to working across boundaries, unlocking people's potentials and delivering at the front line enables us to operationalise new hubs.

Integration of digitally-enabled care

We can support health and social care providers to review technology enabled care across the system and to co-design best practice approaches to integrate telecare and telehealth into discharge-related pathways. We can support areas to understand their digital maturity using our social care digital maturity tool.

Programme review and action planning

Working with commissioning staff, providers and operational staff, we can review currently commissioned services funded through joint arrangements such as S75 funded services: Better Care Fund (BCF), Continuing Healthcare (CHC), community equipment and S117. Our analysis and insights will provide a benefits summary of investment, system impact, identified savings, ROI and approaches to addressing them.

Our impact stands out

Average length of stay for patients on intervention wards has fallen by **1.5** days[1]

21,170 annual bed days saved across non-elective care Trust wide via length of stay reductions, equivalent to 58 beds[2]

Ambulance handover and Emergency Department 4-hour performance improvements to highest in two years (16% and 13% improvements respectively)[2]

£2.3m cost avoidance achieved via an additional 4 people being discharged in acute medical assessment department per day[3]

49% increase in ward staff's understanding of strengths-based practice[1]

60% of staff agreed IMPOWER input improved their collaboration[5]

39% decrease in Pathway 3 (higher cost intensive support, usually in a care/nursing home) discharges and 88% more discharges home on Pathway 1[4]

81% reduction in long-term care placements from hospital – maximising patient independence in Somerset[5]

1. 2022, Manchester Local Care Organisation, signed off by Resilient Programme Discharge Board
2. 2023, East Surrey Hospital, signed off by Karen Breen, Chief Operating Officer, Surrey and Sussex Healthcare NHS Trust
3. 2022, Lincoln County Hospital, signed off by Nikki Pownall, System Flow Director, United Lincolnshire Hospitals Trust
4. 2023, Surrey County Council with East Surrey Hospital, signed off by Karen Breen, Chief Operating Officer, Surrey and Sussex Healthcare NHS Trust and Paul Richards, SCC Area Director and Deputy DASS
5. 2020/2022, Somerset Council, signed off by Mel Lock, Director of Social Care and Anna Littlewood, Deputy Director of Adult and Health Operations

Building resilient teams

We support real change with you – developing your teams and taking pride in supporting systems and places to become more resilient after working with us. This is not just hot air – **100% of our clients would recommend us.**[1]
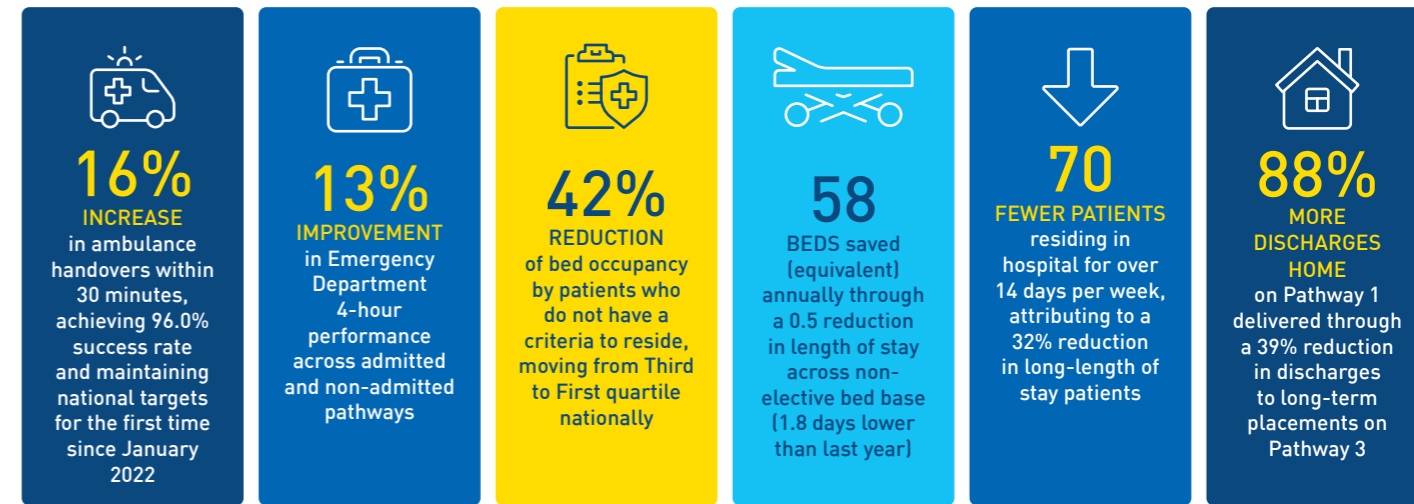
At this time of continued pressure, acting as an additional asset, we build on what you are currently doing, amplifying benefits and bringing in best practice from other systems. By working with us, we bring you operational improvement through empowering your teams, not process and model change alone.

1. IMPOWER In Flight Review scores – 12 month period, August 2023
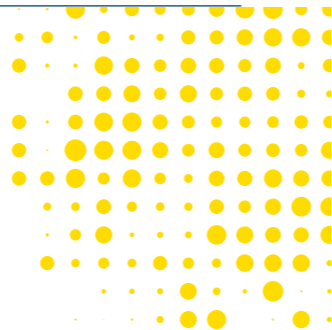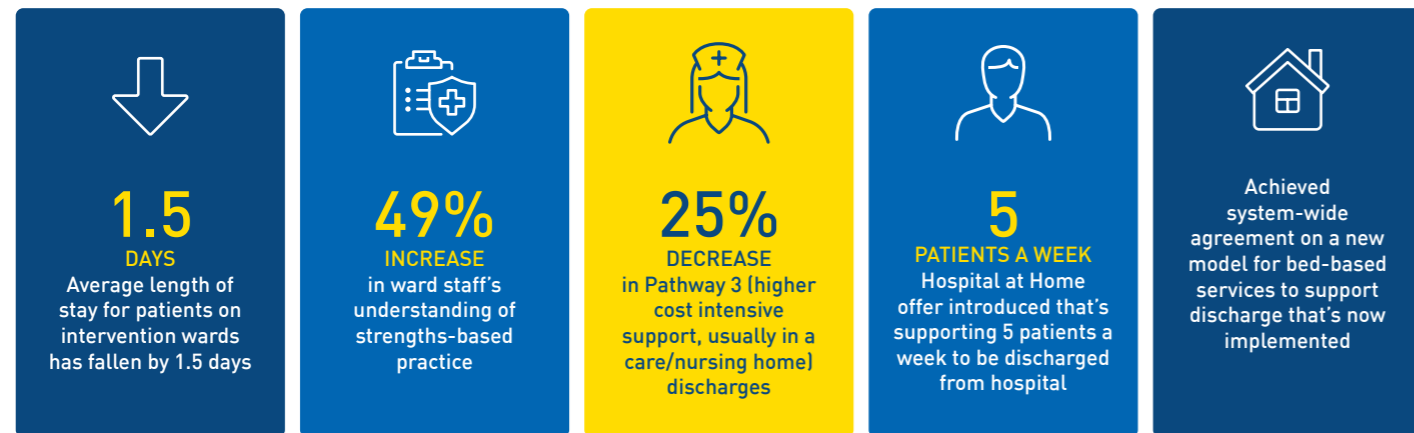
Our impact – East Surrey Hospital Case Study

Our work makes a significant difference at the frontline and, critically, for people. From day one, we deliver 'quick wins' with pilot interventions, building confidence amongst teams that efforts are making a difference. We then support organisations to scale up and deliver impact across the patient journey. The result is a more resilient organisation that delivers better outcomes for less cost, or by releasing capacity for frontline staff, providers, commissioners and people.

16% INCREASE in ambulance handovers within 30 minutes, achieving 96.0% success rate and maintaining national targets for the first time since January 2022	**13%** IMPROVEMENT in Emergency Department 4-hour performance across admitted and non-admitted pathways	**42%** REDUCTION of bed occupancy by patients who do not have a criteria to reside, moving from Third to First quartile nationally	**58** BEDS saved (equivalent) annually through a 0.5 reduction in length of stay across non-elective bed base (1.8 days lower than last year)	**70** FEWER PATIENTS residing in hospital for over 14 days per week, attributing to a 32% reduction in long-length of stay patients	**88%** MORE DISCHARGES HOME on Pathway 1 delivered through a 39% reduction in discharges to long-term placements on Pathway 3

Statistics approved by Karen Breen, Chief Operating Officer at Surrey and Sussex Healthcare Trust, and Paul Richards, Deputy Director of Adult Social Care at Surrey County Council
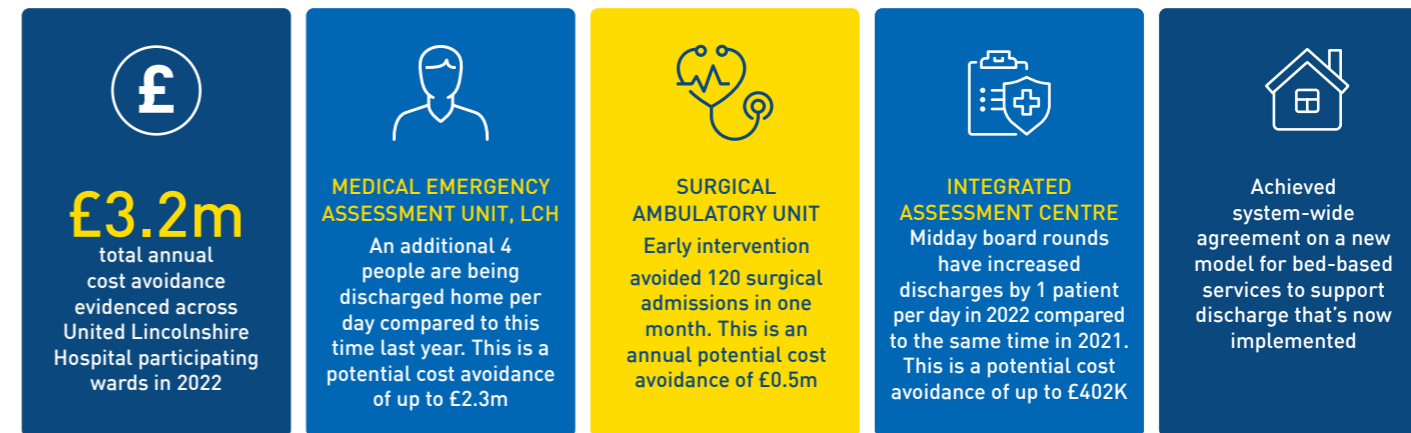
Our impact – Manchester Hospital Case Study

Manchester Local Care Organisation and Trafford Local Care Organisation (LCO) Case Study

1.5 DAYS
Average length of stay for patients on intervention wards has fallen by 1.5 days

49% INCREASE
in ward staff's understanding of strengths-based practice

25% DECREASE
in Pathway 3 (higher cost intensive support, usually in a care/nursing home) discharges

5 PATIENTS A WEEK
Hospital at Home offer introduced that's supporting 5 patients a week to be discharged from hospital

Achieved system-wide agreement on a new model for bed-based services to support discharge that's now implemented

Data from the 2022 Manchester Local Care Organisation and Trafford Local Care Organisation IMPOWER Impact Reports

Our impact – United Lincolnshire NHS Trust Case Study

£3.2m
total annual cost avoidance evidenced across United Lincolnshire Hospital participating wards in 2022

MEDICAL EMERGENCY ASSESSMENT UNIT, LCH
An additional 4 people are being discharged home per day compared to this time last year. This is a potential cost avoidance of up to £2.3m

SURGICAL AMBULATORY UNIT
Early intervention avoided 120 surgical admissions in one month. This is an annual potential cost avoidance of £0.5m

INTEGRATED ASSESSMENT CENTRE
Midday board rounds have increased discharges by 1 patient per day in 2022 compared to the same time in 2021. This is a potential cost avoidance of up to £402K

Achieved system-wide agreement on a new model for bed-based services to support discharge that's now implemented

Data from the 2022 United Lincolnshire NHS Trust IMPOWER Impact Report

Whole system transformation

The focus on acute admissions, flow and discharge is only a small component of intermediate care. IMPOWER is proud to work with a number of systems helping them to shape wider models of intermediate care.

This can include designing end-to-end integrated models of intermediate care, working with commissioners to enhance the sufficiency and quality at key stages of the person's journey, and developing options appraisals for shaping provision. IMPOWER's approach combines both the technical rigour of demand modelling, with a co-productive focus that is built on achieving consensus and ownership from system partners. This ensures system ownership and commitment from the outset.

End-to-end model design enables systems to align and set an inclusive ambition to achieve an agreed model, supporting clarity of focus, activity prioritisation, and informed decisions on funding, workforce and commissioning.

Targeted commissioning and options appraisal work supports systems in putting the right services in place in the short and medium term, enabling outcome delivery and financial benefits. This can include driving the end-to-end commissioning process for services, defining service specifications in line with target outcomes, or supporting a business case to evaluate the costs/benefits of different provider models.

Delivered in parallel with in-hospital work, this enables systems to benefit from immediate short-term improvements in flow, concurrent to putting in place the key components of sustainable future service.

The outcome

A health and social care system that delivers the best outcomes to patients and is operationally and financially sustainable to providers. Targeted flow activity will enable systems to navigate seasonal demand spikes with appropriate step-up and discharge activity that does not create longer-term challenges and poor patient outcomes. A clear 'to-be' model that is configured and commissioned around the whole intermediate care journey, for systems to work towards.

At IMPOWER we're different.

When you work with us, you know that we really care. You can tell because we always do the right thing, even though it might make our jobs harder. You can tell because, through our behaviour, we demonstrate deep respect for the people who work in the public sector. And you can tell because, despite all the challenges, we stay focused on results that bring positive outcomes, and we keep going until tangible change is delivered.

It's a very different kind of consulting.

We don't just assume private sector innovation can be shoehorned into the public sector. Instead, we have a deep understanding of the complexity of public services, recognising that a different kind of challenge needs a different type of approach. Borne from this understanding, and over two decades serving the public sector, we developed EDGEWORK®. This is our unique approach which works by helping local services to identify their reach of influence, so they can integrate and create a more joined-up public sector, with greater outcomes.

There is a better way.

We believe that a better public sector is the cornerstone of a better society. Delivering better outcomes is at the heart of what we do and is the key to financial sustainability. We aim to put humanity at the heart of public service reform.
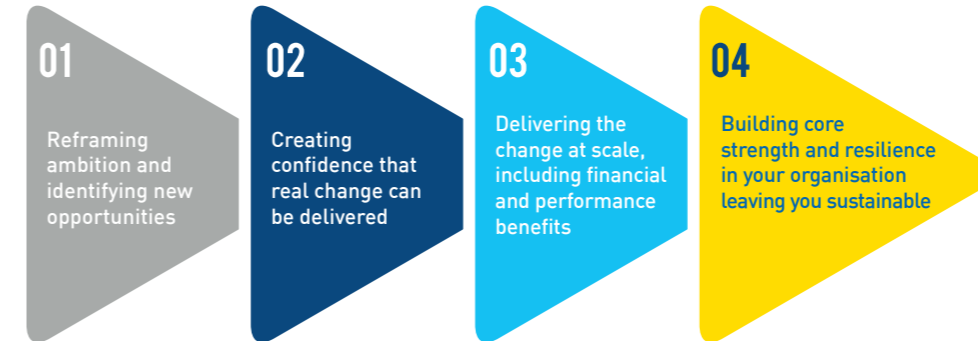
We're also the most committed, engaging, helpful and supportive team to work with. Don't just take our word for it - ask our clients. We get results, at scale, which last - because we understand that you don't just need our help now, you also need the capability to keep going once we're gone.

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Whenever I run into a problem I can't solve, I always make it bigger. I can never solve it by trying to make it smaller, but if I make it big enough, I can see the outlines of a solution."
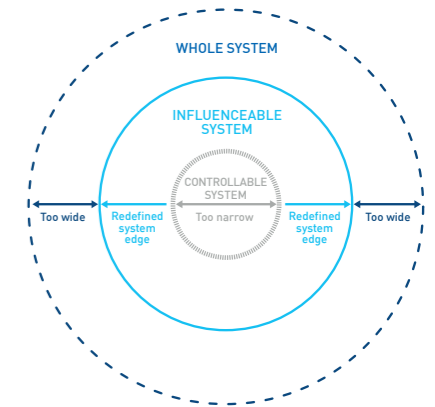Dwight D. Eisenhower

There is a different way. The IMPOWER way. Through our EDGEWORK® approach we help our clients deliver successful transformation through four key stages:

01 Reframing ambition and identifying new opportunities

02 Creating confidence that real change can be delivered

03 Delivering the change at scale, including financial and performance benefits

04 Building core strength and resilience in your organisation leaving you sustainable

So, how does this approach deliver transformation for a public sector health and care organisation?

In practical terms this means we work with you, your frontline teams and partners to develop and implement the tools, training, and systems you need to drive the change to make these sustainable well into the future and beyond your original programme. We build confidence in your team and provide transferable tools that expedite and accelerate the impact of your programme.

WHOLE SYSTEM
INFLUENCEABLE SYSTEM
CONTROLLABLE SYSTEM
Too wide | Redefined system edge | Too narrow | Redefined system edge | Too wide

Influenceable system diagram

Don't just take our word for it

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The programme really helped the team to get an understanding about the Home First ethos and become more confident in discharge pathways and managing challenges. "

Ward Manager, Manchester Royal Infirmary, Manchester University NHS Foundation Trust

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IMPOWER's ability to set out complex data in a meaningful and engaging way, such that having the insights and understanding of what we want to achieve and are achieving has further helped keep our momentum of improvement. Most importantly, remaining focused on what is best for our patients and keeping patients at the centre of our ambition throughout. Being able to work across many partners and understanding the importance of reaching collective agreement and building relations to enable this was powerful."

Karen Breen, Chief Operating Officer, Surrey & Sussex Healthcare NHS Trust

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IMPOWER have been a really helpful partner in our intermediate care development journey so far, supporting us at every level from system-wide strategic planning to front-line operational improvement. Our IMPOWER colleagues are valued members of the programme team, always willing to help and consistently bringing a can-do approach that is most welcomed and appreciated."

Becky Whale, System Director of Flow, Dorset ICS

To find out more about impact we could achieve together, please get in touch:

James Swaffield
Director and Head of Health, IMPOWER
jswaffield@impower.co.uk

Ben Evans
Director, IMPOWER
bevans@impower.co.uk

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