Devon STP

Change management in the public sector

Case study
24/05/2018

Executive Summary

The Devon region has historically struggled to provide high-quality, cost-effective health and care services which meet the needs of their 1.2m population, among the oldest in England. Among other gaps in quality of care, more than a third of patients in hospital beds were medically fit, yet unable to return home. There was a £100m financial deficit and a long history of poor working relationships.

We supported Devon to create a compelling vision and case for change, establish strong regional leadership and governance structure, develop, consult on and implement a new care model, and develop financial and implementation plans.

Our involvement in the project provided the region with an experienced, impartial and objective chair to align and coach leadership, the analytical firepower to effectively define population needs, as well as clinical, financial and programme management support in model development and plans.

The new governance structure has changed the mind-set of the Devon leadership to lead and deliver at a regional, rather than organisational, level. The region is delivering against a clear, locally-owned, five-year plan to improve the health, wellbeing and care of the population, whilst improving the financial position.

New community hospital care models were implemented ahead of plan, with annual recurrent savings of £5m and each year ensuring 600 fewer patients are stranded, fit-to-leave, in community hospital beds, instead being cared for at home.

Client challenge and objectives

In Devon, the local NHS organisations have historically struggled to provide high-quality, cost-effective services which meet the needs of their population.

There were significant gaps in the quality of care being provided to patients. One of the specific issues faced was delayed discharges, with 35% and 50% of patients being fit-to-leave in acute and community hospital beds, respectively. Clinical evidence shows unnecessarily long hospital stays causes patients to lose independence and exposes then to a greater risk of infections and falls.

In 2015, despite the local NHS receiving 2% more funding compared to their target, Devon was forecasting a £100m deficit, which was predicted to grow to £400m by 2020/21, the highest proportional deficit of any region in England. There was a lack of understanding as to the root causes of this financial poor performance.

This was compounded by poor relationships between NHS organisations in the region. The leaders had a poor working relationship, a lack of a joint working and understanding, and a limited capacity to execute strategic change. This led to poor best practice sharing and considerable variation in both spending and outcomes.

Consequently, we were asked to undertake a capacity and change readiness assessment across the Northern, Eastern and Western (NEW) Devon region in late 2014. The outputs of this were a factor in the region being placed into the Success Regime in 2015. This required the region to jointly assess the current state of the sector, develop an understanding of future pressures and create a five-year strategic plan to address the identified issues. Subsequently in 2016, the Devon Sustainability and Transformation

Partnership (STP) was created, which extended the region to include South Devon and Torbay.

We were asked to support in:

- Facilitating more effective system working,
- Developing options for service delivery and creating of a business case,
- Supporting a formal consultation for new care models,
- Planning for implementing the new care models.

In order to meet these objectives, it was clear that to make the work a success, the mind-set first needed changing from one of individual organisational leadership, to a shared regional focus. We therefore proposed to also support leadership skills development.

Our approach

Our change programme consisted of five phases:

1. Aligning around a compelling, shared case for change and vision
2. Facilitating leadership development and establishing Devon-wide governance
3. Developing care models
4. Delivering a public consultation in Eastern Devon
5. Supporting Devon in developing plans to continue improving

1. Aligning around a compelling, shared case for change and vision

We approached this from two perspectives; development of robust evidence-based data analysis and engagement of leaders, staff, voluntary organisations, patients, carers and the public. This provided insight into the care Devon wants to provide to the population and identified key issues.

We then crafted the output through workshops, with representative membership from across the region, creating a compelling case and vision. This was widely shared within organisations and published for the wider public engagement.

2. Facilitating leadership development and establishing Devon-wide governance

We supported leaders across Devon to understand current capabilities and change readiness, then facilitated leaders in coming together and strengthening governance arrangements.

Initially we established a new shared governance structure, including Programme Board, Clinical Cabinet, and Finance Group, to manage delivery, provide assurance and ensure there was a collective voice. Designed jointly with the client, this was one of the key achievements of the piece of work, and undoubtedly a major enabler for the success of the programme.

We drafted job descriptions and helped appoint a Devon-wide full-time Chief Executive and Finance Director, as well as a part-time Medical Director, each with the local knowledge and standing to be able to provide leadership. These roles were agreed with NHS England and NHS Improvement a year before the roles were a requirement of STPs.

We provided an independent chair, Dame Ruth Carnall, one of our partners. Given the particular circumstances of the Devon region, we felt it was important to have an

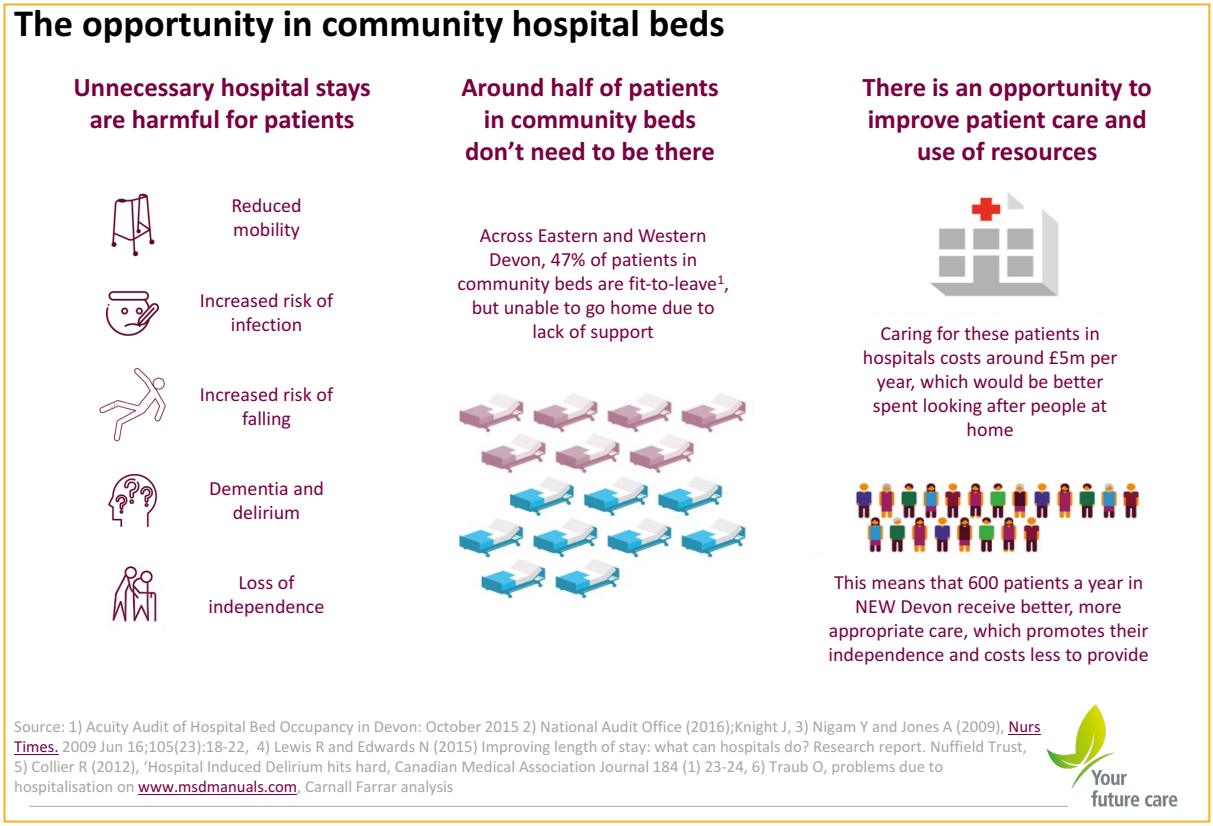
objective, impartial chair to support and coach the regional leadership adjust to a new, more regional-focussed mind-set.

3. Developing care models

In understanding care models across Devon, our hypothesis-driven method focussed on providing robust analytical support to generate recommendations; covering outcomes, patient impact, estates, primary care provision, bed requirements, finance, governance and workforce.

In light of 50% of patients in community hospital being fit-to-leave, and at risk of harm (Figure 1), we focussed on community beds and critically examined their role in meeting care needs. Our analysis proved that even following socioeconomic deprivation adjustments, community bed usage in Eastern Devon was double that of Northern Devon. We showed a previous 50% reduction in community hospital beds in Northern Devon had had no adverse impact on acute hospital activity or patient outcomes.

Figure 1:



Building on that work, we developed a new "John" case model for frail/elderly patients (Figure 2), through a series of workshops and supported by thorough root cause analysis. The workshops were subject-specific, facilitated by us, but locally chaired, and bringing together over 90 staff from all care settings.

Among other interventions, three key ones were the establishment of a rapid response function, a single point of access and an integrated assessment team. These provided additional home support enabling acute clinicians to support the vision of "the best bed is my own bed" by discharging directly to home.

Figure 2:

Frail / elderly model of care to improve outcomes for John

	1. Avoid admissions	2. Reduce time spent in a bed	3. Optimise the discharge process	4. Facilitate re-ablement and return to independence
In hospital	• Behaviour change, "removing barriers of permission" • Education of providers, especially acute junior doctors & therapy staff • A&E process improvements to enable going home early; discharge to assess model • Night sitting as an option for admission avoidance	• Ownership of patient retained by community teams. • Discharge to assess	• Daily MDT discharge meeting including community and care coordinators, nursing and medical team • Advance care plan	• Enhanced transport offer
Out of hospital	• Single point of access • Ensure consistency across care models at point of crises • Integrated care planning • Greater interaction with voluntary sector including contracting and coordination • Focus on wider integrated care • Better interface with specialist advice	• Shift attitude and behavior of workforce toward risk management to avoid admission	• Rapid access to packages of care when needed • Pull rather than push	• Use of a single care record • Access to patient record • Better use of telemedicine and tele care to manage people out of hospital
At home	• Support carers differently • Shift therapy workforce to out of hospital • 2hr rapid response over all community (via single point of access)	• Ensure home environment meets anticipated needs on discharge at the point of admission		• Support carers differently to reable • Shift therapy workforce to out of hospital • Night sitting • Support individual decision making

4. Delivering a public consultation in Eastern Devon

The developed new care model proved the closure of 70 hospital beds in Eastern Devon would both save money and provide better patient outcomes.

We undertook shortlisting of options based on evaluation criteria, contributed to quality assurance and provided a benefits framework approach. Our team worked with the commissioning teams to develop the pre-consultation business case and public facing consultation documents. We provided hand-in-hand support throughout the process, covering the pre-consultation engagement, the formal consultation and navigation of the NHS England gateways, fulfilling the role of critical friend.

This delivery of a public consultation was a really valuable demonstration of tangible change, which provided the region with momentum to make further changes.

5. Supporting Devon in developing plans to continue improving

It was key to ensure both the financial baseline and challenge was shared and owned across the region. Using the Case for Change and analysis of opportunities, we developed a five-year plan. From this a short-term priority list and plan was developed to stem the further deterioration of the financial position.

We worked very closely with the client PMO team, using their established templates and processes to ensure that the work was locally deliverable. Client leads developed plans for each workstream with our support; outlining scope, key milestones and deliverables, including key measures to be tracked for the duration of the project, which the region is now delivering against.

Our team and relationship with the client

Our work is partner-led and our consultants have a variety of skills and backgrounds, combined with long and wide experience of delivering change within the NHS. We staffed this programme to draw on five areas of specialist skills; leadership, clinical, financial, PMO and analytics.

To help align and coach local leadership, Dame Ruth Carnall leveraged her extensive experience in regional leadership, including as Chief Executive of NHS London. Care model development was ably supported by Dr Jo Andrews, who, as a trained anaesthetist, brings a wealth of experience, clinical understanding and legitimacy with local clinicians. Financial strategy was supported by Bev Evans, who has many years' experience as a Finance Director of NHS trusts and in supporting financial turnaround programmes.

Dedicated PMO consultants were able to support local PMO teams in programme management, share experience and coach local teams in best practice. Our consultants are hired for their analytical skill and receive quality training in this area, as well as bringing a number of tools.

We aim to leave a legacy and be collaborative wherever possible. The values of the NHS are central to our organisation. This underpinned our work in Devon, where we began with local concepts, which were developed, designed and executed in partnership with local staff. Agenda, scope and outcome were all client-led, with our assistance. This provided a real opportunity for local teams to make the most of our skills and experience for both the delivery of the project, but also for personal development.

In Devon, we built up trusted and honest relationships with individual clients. Through structured workshops with the regional leadership, we encouraged open and honest discussion in a safe space, consequently being able to deliver difficult messages, and with our advice, enabled clients to tackle some longstanding issues.

Challenges and lessons learnt

The major challenge with this programme was aligning the leadership, which we successfully achieved locally. One of the things which made it easy to be effective was having senior regulator staff from both NHS Improvement and NHS England at the table offering advice and support. One of the perverse consequences of improved performance was that Devon dropped down the priority list, making it harder to get alignment. The lesson learned was that the senior engagement is a really valuable and essential input.

Much of the Devon work we have since built on for other NHS clients. In particular the ground-breaking analysis on population needs, bed audits and the link to community beds, and the developed care model. Key workstream leads from Devon have attended workshops in other regions of the country to support them in making the same changes which have been successfully implemented in Devon.

Programme outcomes

The programme in Devon was successful when compared to the initial objectives. We facilitated the region to come together; created a strategic plan; led a public consultation exercise side-by-side with the client; implemented care model changes; and started to improve the overall financial position.

There are robust plans in place being delivered through local ownership, both before the end of our support, and continuing on without it. The region agreed a single financial control total, which was the basis for this approach later being recommended by national NHS guidance. Devon is working collectively to achieve this, delivering savings for the first time since the establishment of CCGs.

A real highlight has been the whole region working together after a period of difficult relationships. There has been a marked step change in co-operation and joint working. The programme worked closely with the STP leader and fostered a strong regional working relationship which remains in place, and has continued to strengthen over time, despite subsequent personnel changes.

Decisions are now made in an objective manner, based on real insight, with individual organisation leaders making decisions based on benefits for the wider population. This co-operative leadership has already led to a shared future vision, a common strategy, and a memorandum of understanding committing to transparently managing performance.

Patients in Devon are already benefitting from a number of implemented changes. Most significantly work on new models of care, which have enabled community hospital beds to be closed. This not only recurrently saves over £5m annually, but has also resulted in 600 fewer patients a year being stranded in a hospital bed whilst being fit-to-leave, instead being cared for at home. The model has been so successful it is being replicated elsewhere.

Above all, the region is delivering against a clear, locally-owned, five-year plan to improve the health, wellbeing and care of the Devon population, which has aligned leaders, staff and patients alike behind a realistic, tangible, deliverable vision for the future.