

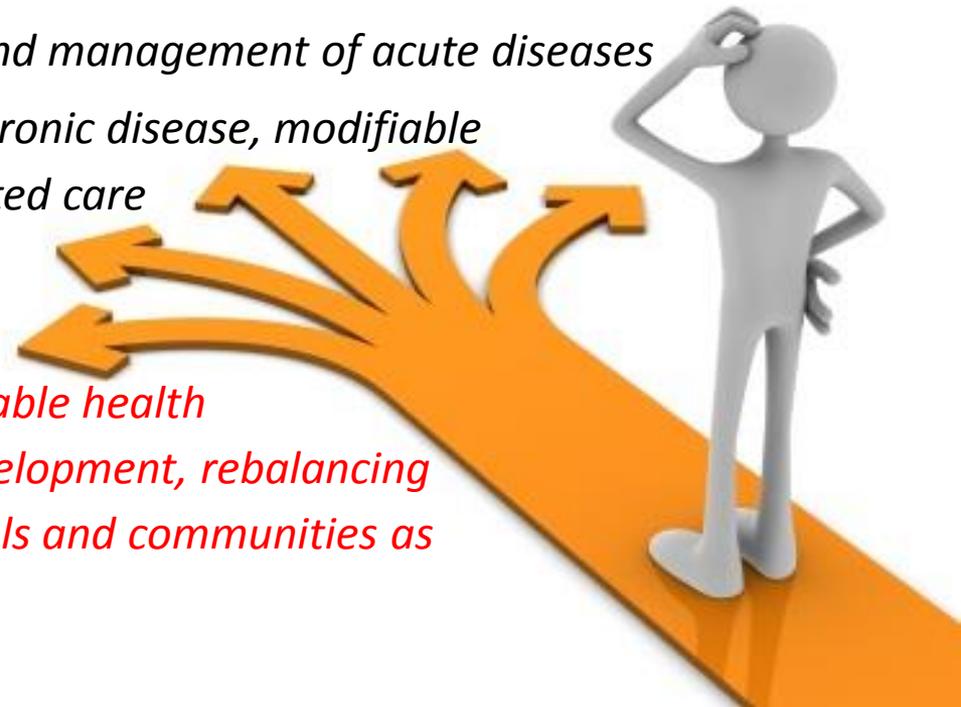
STPs, ACOs/ACSSs/ICSSs/ICPs: An Approach for Much Needed Health System Transformation?

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Three Eras of Global Health Systems



- Complex political, social, economic environmental challenges
- Three eras of health and health care:
 - *1850s – 1960s: focus on diagnosis and management of acute diseases*
 - *1950s – present day: reduction of chronic disease, modifiable behavioural determinants, coordinated care around individuals*
 - *2000 – going forward: creating capacities to achieve goals for equitable health improvement, life-course health development, rebalancing acute care and prevention, individuals and communities as co-designers of their health*



The Challenges in Healthcare have Changed Dramatically



- Policy environment has changed – more complex and challenging
- This new environment described as one of perpetual white water
- Environment characterised by:
 - *information overload*
 - *dissolving of traditional organisational and professional boundaries*
 - *interconnectedness of systems*
 - *increase in multi-morbidities*
 - *new technologies that disrupt old working practices*
 - *the different values and expectation of a new generation entering the workplace*
- The majority of those leading healthcare organisations today are not equipped to cope with this complexity
- All these reasons increase the possibilities for implementation failures

The Policy Context



- The age of austerity
- Doing more with less
- Doing less with less
- Brexit: known unknown

The English NHS: Five Year Forward View

The Forward View sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that we can promote wellbeing and prevent ill-health

Foreword, *5YFV*, 2014

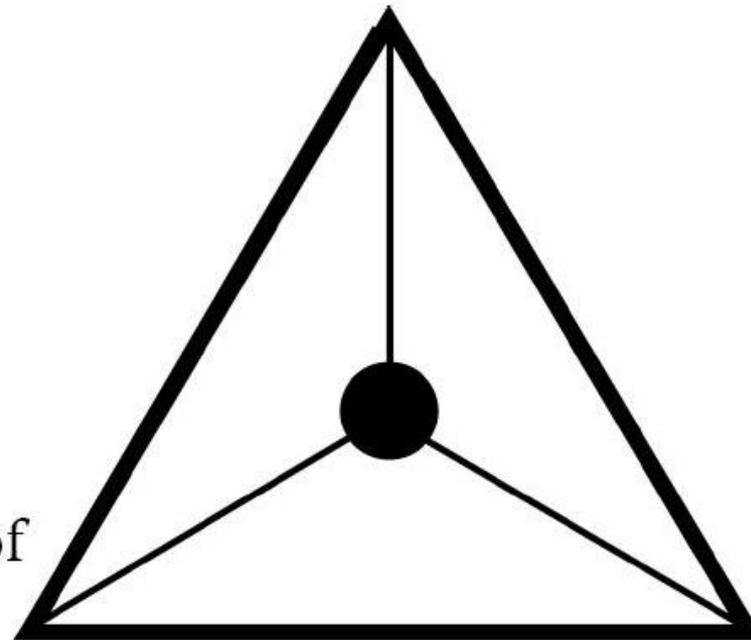


Key Proposals

- ‘Radical upgrade in prevention and public health’
- Reduce demand on NHS
- Vanguards to develop New Care Models
- Four core values underpin the models
 - *Clinical engagement*
 - *Patient involvement*
 - *Local ownership*
 - *National support*



Health of a
Population



Experience of

- Safe Care
- Effective
- Patient centered
- Efficient
- Timely
- Equitable

Per Capita
Cost

The IHI *Triple Aim*

Better care for individuals, better health for populations, lower per capita costs

Sustainability and Transformation Partnerships (STPs)

- 44 STP 'footprints' covering England
- Objective: to transform health and care outcomes between 2016 and 2021
- Three aims:
 - *Improve health and wellbeing*
 - *Improve quality of care*
 - *Achieve financial balance*



A Quick Reminder: content and character of STPs

Producing a STP is not just about writing a document, nor is it a job that can be outsourced or delegated. Instead it involves 5 things:

- (i) local leaders coming together as a team*
- (ii) developing a shared vision with the local community, which also involves local government as appropriate*
- (iii) programming a coherent set of activities to make it happen*
- (iv) execution against plan; and*
- (v) learning and adapting*

[NHS England Planning Guidance 2015]



Early Assessment

- STPs/ACOs/ACSs remain a work in progress and still evolving
- Language used is ambiguous, obscure, keeps changing
- Wide variation in length, content and level of detail: documents incomplete
- Lack of clarity around the authority of STPs and their partnership arrangements; poor links with local government
- Role of HWBs unclear – could be system leaders
- Distance evident between decision-makers and public
- Governance unclear in terms of where accountability and responsibility lie
- Lack of evidence on impact of new care models within STPs
- Ambitious reductions in demand and pressure on acute services unlikely to be achieved in timescale

Known Unknowns

- Huge expectations on STPs, ACOs/ACSs/ICSs – can they succeed at scale and pace?
- Local health ‘systems’ are complex, diverse and not really systems at all
- From competition to collaboration
- Ending the purchaser-provider split: bypassing the Health and Social Care Act 2012 by stealth
- Impact of austerity – double-edged
- Engagement by, and role of, local government is critical if late
- Need to engage the public – language and communications challenge
- A backdoor to privatisation?



Risks

- Austerity policies: transforming care while reducing expenditure
- Pace of change too fast
- Unrealistic expectations
- Reform fatigue
- Skills deficit – shifting from a competitive to a collaborative system
- Absence of public engagement in design of proposed changes
- Weak and non-transparent accountability and governance arrangements



More Risks

- A culture of short-termism prevails in government
- Successive governments unable or unwilling to think beyond a few years
- Brexit making situation worse – lack of policy capacity at centre; negative impact on workforce
- Conservatism of workforce in adapting to change and developing new skills
- Absence of system leadership



‘Our inquiry uncovered endemic short-termism in almost every area of policy making. Those charged with planning and making decisions which affect the whole of the NHS seemed to be plagued by short-term pressures and, as a consequence, lacked the ability to look beyond the ‘here and now’ to the longer term’.

‘This short-termism represents a major threat, and seems to have been a longstanding problem.’

**House of Lords Select Committee on the Long-Term
Sustainability of the NHS, April 2017**

NHS Leadership Review (2015)

- *The level and pace of change in the NHS remains unsustainably high.*
- *There is widespread change fatigue and an irritation that new changes are not given sufficient time to bed in.*
- *The NHS remains stubbornly tribal.*
- *This ought to be a time for great transformation **without structural reorganisation**'.*

Lord Rose (former CEO, Marks & Spencer)



Meeting the Challenges

- Funding is an issue – spending on NHS lower than many EU countries
- Taking on the big beasts of the NHS jungle – acute hospitals
- Evidence to inform changes – New Care Models, Vanguard
- Realistic transitional funding for the change
- Political backing for the changes at all levels
- Legislation to remove competition and market access and allow for creation of statutory bodies to lead ICSs/ICPs
- Main challenge is less about a return to planning and more about implementation – the **How**, not the **What**



The System Leadership Challenge

Acknowledges

- Existence of 'wicked problems'
- Value of a whole systems approach
- Political nature of complex systems



Meeting the Leadership Challenge

- Limits of top-down, command and control leadership
- Leadership is shared, distributed, engaged, adaptive
- Core characteristics: building alliances, persuasion, influence, political astuteness
- Different set of skills and behaviours required



Health System Transformation: Ingredients for Success

- Creating strategic alignment: No vision = no alignment = no change
- Acknowledging interconnections between the WHYs, WHATs and HOWs of change
- Working with professional cultures, particularly the clinical culture
- Creating enabling environments
- Nurturing new leadership approaches
- Increasing patient and public engagement
- Supporting evidence-informed policy

