NHS Improving Quality and the Transforming Care programme

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Objectives

- Introduce NHS Improving Quality
- Consider the challenges of the new NHS landscape and the type of leadership and system change it requires
- Outline the Transforming care programme for CCGs
- Hear your views on development support CCGs needs
Domain 1: Preventing people from dying prematurely
1. NHS Health Check – a risk assessment available to all eligible adults in England in primary care and community settings
2. Improved public awareness and early diagnosis
3. GP engagement in the big killers (cancer, heart disease, stroke, respiratory, liver disease)

Domain 2: Enhancing quality of life for people with long-term conditions
4. Long term conditions evidence based tools
5. Day and night integrated person centred care pathways for the frail elderly, mental health, dementia and end of life care (seven day services)

Domain 3: Helping people to recover from episodes of ill health or following injury
6. Optimising primary care, assessment and diagnosis, enhanced recovery, reablement and rehabilitation for all scheduled and unscheduled care (seven day services)
7. Rural and remote review to improve access to care and support for those living in rural areas (including Accident and Emergency [A&E])
8. Children and young people’s transition to adulthood services

Domain 4: Ensuring that people have a positive experience of care
9. Experience of care – to ensure that it is central to commissioning and care delivery

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm
10. Safety design and application – developing a new improvement system for safety across the NHS

Capacity and capability building
11. Transformational capability building within Clinical Commissioning Groups
12. Capability building for primary healthcare providers
13. Transformational capability building within NHS England
14. Whole system transformational capability building.
NHS context
NHS Context

GDP

[Image of a downward arrow and a warning sign]

Improving Quality
What type of challenges do CCGs face?
Meeting CCGs’ pressing challenges

CCGs face significant challenges in 2013/4. In addition to consolidating internal organisational development, they need to:

- adopt a new **population-facing**, outcomes focused approach to commissioning
- lead **large scale change** & reconfiguration programmes
- **engage** patients & the public as partners
- **mobilise** organisations & staff across the local system
- support **member practices** to improve quality & safety, and rise to new challenges
Problem types

Tame problems
- we know how to respond to them.
- not easy, nor are they unimportant.
- ‘technical’ because the necessary knowledge has already been digested and put in the form of a legitimimized set of response

Wicked problems
- no clearly defined technical response, no ‘set of rules’
- examples – poverty, failing schools, allocation of health resources, lifestyle diseases, reconfiguring health provision
Our problems are becoming more wicked....
What do leaders need to do?
## Leadership response

<table>
<thead>
<tr>
<th>Function</th>
<th>Technical (Tame)</th>
<th>Adaptive (Wicked)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direction</strong></td>
<td>Authority provides problem definition and solution</td>
<td>Authority identifies the adaptive challenge, provides diagnosis of condition and produces questions about definitions and solutions</td>
</tr>
<tr>
<td><strong>Protection</strong></td>
<td>Authority protects from external threat</td>
<td>Authority discloses external threat</td>
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<tr>
<td><strong>Role orientation</strong></td>
<td>Authority orients</td>
<td>Authority disorients current roles, or resists pressure to orient people in new roles too quickly</td>
</tr>
<tr>
<td><strong>Controlling conflict</strong></td>
<td>Authority restores order</td>
<td>Authority exposes conflict, or lets it emerge</td>
</tr>
<tr>
<td><strong>Norm maintenance</strong></td>
<td>Authority maintains norms</td>
<td>Authority challenges norms, or allows them to be challenged</td>
</tr>
</tbody>
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Adapted from Heifetz 2009
The Commissioning Cycle

- Analyse and plan
  - Analyse population needs
  - Assess services & gaps
  - Agree outcomes
- Collaborative
  - Community oriented
  - Clinically led
- Design pathways
  - Appraise evidence
  - Test & refine
- Specify & procure
  - Shape provision
  - Specify & intervene
  - Manage contracts
- Deliver & improve
  - Manage demand
  - Measure performance
  - Continually improve
The Commissioning Cycle
The Strategic Triangle

- The Authorising Environment
- Operational Capacity
- Public Value, Strategic Goals

NHS
Improving Quality
Authorising Environment

- Building and sustaining a coalition of stakeholders from the public, private and third sectors who support is required to sustain the necessary strategic action.

- Government as a complex adaptive system

- Interconnections interdependencies and interactions across multiple boundaries:
  - Sectors
  - Levels
  - Services
  - Professions
  - Political, managerial, civic
  - Strategic and operational producers and users
  - Horizontally, vertically diagonally

- as important to public sector managers as the market is to private sector managers
How do leaders make transformational change happen?
Building Transformational Capacity & Capability

1. The Transformation Programme
2. General practice development
3. Improvement facilitator development
The Transforming Care Programme

Building commissioners’ capability & success in leading large scale improvement and transformation
What is it?

- A comprehensive programme of support for CCGs, their local system partners and member practices to building generic capability to innovate, improve and transform systems and services.
- The programme seeks to underpin and accelerate progress with locally identified high priority issues.
- It draws on NHS large scale experience and the NHS Change Model and is designed in collaboration with NHS England, CCGs, primary care leaders and improvement experts.
- Commissioned by the NHS England Development directorate to respond to CCGs immediate needs.
- Open to all CCGs
Helping realise the full potential of the commissioning system

**Principles**

- Gain and use intelligence
- Lever change
- Develop partnerships

**Outcomes**

- Safe, quality, value care
- Improve system and care
- Shared purpose

**Development**

- System development
- Team development
- Individual development

**Improvement catalyst**
- working with others

**Organisational Levels**

- NHS Commissioning Board
- CB regions
- Senates
- AHSNs
- LETBs
- HWBs
- CSUs
- Patients and communities
The NHS Change Model

Our shared purpose
Does this improvement meet our shared NHS purpose?

- Leadership for change
  Do all our leaders have the skills to create transformational change?

- Spread of innovation
  Are we designing for the active spread of innovation from the start?

- Engagement to mobilise
  Are we engaging and mobilising all the right people?

- System drivers
  Are our processes, incentives and systems aligned to enable change?

- Improvement methodology
  Are we using an evidence-based improvement methodology?

- Rigorous delivery
  Do we have an effective approach for delivery of change and monitoring of progress towards our planned objectives?

- Transparent measurement
  Are we measuring the outcome of the change continuously and transparently?
Why join the programme?

• **accelerate progress** on addressing a current system leadership challenge (e.g. urgent care redesign, service reconfiguration, improving patient safety, joint commissioning, implementing integrated care)

• **maximise success** by adopting evidence-based approaches to large scale change strategy & planning

• **deepen key strategic partnerships**

• **build the capability** of your team and leaders

• **deliver on responsibilities** including constitutional, outcomes framework, financial balance and ‘Everyone Counts’

The programme has been designed to build the commissioning system’s capability to meet any system transformation challenge, leaving a legacy for the future.
The programme is built on NHS and international evidence about how to plan and lead large scale change in a complex environment. It fully incorporates the NHS Change Model.
Who should come?

3-5 members of the senior team from each CCG in a local economy, together with colleagues from the local authority, CSU and Area Team.
Leading system transformation development programme

- **coaching calls** connect you with experts to further & check learning
- **action learning and peer network** deepens your learning and furthers relationships

1. Commissioning for transformation
2. Creating a compelling public narrative
3. Leading through commitment not compliance
4. Collaborative culture for innovation & quality
5. Leading improvement in systems & services
6. Commissioning better pathways
Optional extras

- Building improvement capability
- Using public health data
- Prioritising commissioning opportunities
- Modelling & simulation
- Productive partnership development
Help CCGs meet their responsibilities under the NHS Outcomes Framework, the NHS Constitution and delivering financial balance, as laid out in ‘Everyone Counts’.

Increase CCGs’ effectiveness in improving outcomes and value, by building their capability to lead innovation, improvement and transformation in the care delivery system.

Reduce the time it takes for large scale change programmes to begin delivering real benefits for patients and the population.

Support engagement of the public and member practices in developing and meeting strategic priorities.

Reduce the risk of CCGs failing to get to grips with the major challenges facing the health and care system in 2013.

Deepen partnerships with neighbouring CCGs, the Area Team, local authorities and CSUs as they collaborate on leading change.
General practice development

Supporting commissioners and general practices to develop and implement a strategy to innovate, improve and transform general practice for the 21st century
General practice development programme

1. Set priorities
   - Strategic imperative
     - Primary care's role in the bigger picture
   - Gap analysis
     - Analyse population need
     - Evaluate current provision

2. Agree strategy
   - Comprehensive improvement strategy
     - Our shared purpose
     - System drivers

3. Development programmes
   - Development inputs
     - Practice turnaround
       - Behaviours
       - Teamwork
       - Clinical skills
       - Admin processes
     - Structural change
       - New care models
       - Larger practices
       - New organisational forms
     - Large scale change
       - Creating a shared vision
       - Connecting with values
       - Productive partnering
       - Coordinating complex change
       - Maintaining energy
       - Creating a culture for innovation & quality
     - Service improvement capability
       - Improving quality & safety
       - Improving productivity
       - Improving patient experience
       - Reducing unwarranted variation
     - Workforce development
       - Practice managers
       - Practice nurses
     - Leadership development
     - Team coaching
Create a clear shared purpose around the opportunities and priorities for general practice in your patch.

- Modelling your population’s needs
- Building productive partnerships with member practices, patients and other partners
- Measuring current performance & variation
- Prioritising your opportunities
- Collaborative strategy development
- Creating the right incentives environment
- Developing & maintaining an innovation & quality culture
What will it achieve?

- Improvements in the effectiveness, consistency, efficiency and safety of primary medical providers

- Transformation in practices’ ability to play their part in improving outcomes and value for the population.

- Acceleration of commissioners’ progress on improving screening, long-term conditions, urgent care, integration, patient experience and safety.
The Productive General Practice

Comprehensive, step-by-step programme to reduce common wastes and establish habits of continuous improvement. A guided approach addressing high priority issues over two to three years.
Improvement coach development

Developing a legacy resource of improvement coaches in the local system
Senior leaders in the health and care system who are participating with their team in the Transformation Programme, and are able to act as catalysts and facilitators of innovation, improvement and transformation.

The programme is open to people from any background, nominated by the area team, CCG, CSU or Health and Wellbeing Board.

They should be closely involved in the large scale change being undertaken by their team, and in a position to lead a piece of real system or service transformation during the course of the programme.
What does it entail?

A 12 month programme of training and coaching, in addition to the group training undertaken as part of the Transformation Programme. Much of the programme will use ‘virtual’ meetings, making it easier to fit into your busy schedule.

- Virtual action learning set
- Building your personal strengths
- Executive coaching
- Public narrative coaching
What will it achieve?

☑️ Accelerate the scale and pace of improvement achieved by teams participating in the Transformation Programme.

☑️ Develop sustainable resource of leaders across the health and care system who are confident and competent to lead, catalyse and support large scale system or service transformation.
Discussion

- Your reflections and feedback

- What development support do CCGs need?
  - The essentials: What must we do?
  - The vision: What could we do?
Thank you

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