STPs, ACOs/ACSs/ICSs/ICPs: An Approach for Much Needed Health System Transformation?

Presented by David Hunter
Professor of Health Policy & Management
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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 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
The IHI Triple Aim

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

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

- 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, Vanguards
- 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