

# Investigation and Intervention proposal for ICBs



# Introduction and context

- In addition to the work NHS England's (NHSE's) Intensive Support Teams are undertaking at both regional and national level the launch of the Darzi review has laid bare the critical condition of the NHS, and three key themes that now need to be considered as part of recovery and reform: Re-engage staff and re-empower patients; lock in the shift of care closer to home by hardwiring financial flows; simplify and innovate care delivery for a neighbourhood NHS.
- Following preliminary conversations, we thought it would be helpful to share with you an outline proposal for discussion demonstrating our credibility and current capacity to support you on this programme as a fellow, yet independent, NHS organisation.



# Our understanding of your requirements

- We understand you are looking for support to make the necessary step changes in productivity and efficiency and we are well placed to add both value and capacity to systems mandated but also to review other ICBs (at a level appropriate and agreed with you) in their delivery of the financial plan for 2024/25. As an NHS organisation we provide independent advice, skills and support and we share your values and principles. We too hold ourselves accountable for the grip and control measures highlighted by yourselves we know what strong, standard and weak looks like against each area of control and which areas systems should be looking at to improve their run-rate.
- We know that systems that are not currently mandated should be considering a tailored version of the proposed scope set by NHSE for those systems that have been mandated to undertake an investigation and rapid intervention process ("I&I") for which NHSE have concerns regarding the meeting of financial plans and targets, whilst achieving the necessary levels of quality, operational, governance and leadership excellence.
- We are ideally placed to support you on this programme journey and have the appropriate resource ready to start. We will act as a delivery partner along your programme journey to ensure successful delivery of the outcomes, regularly engaging with you as we progress, managing change in a respectful and productive way. If there is a need for training and support to embed practices, we will provide guidance from our wealth of experience on how to approach productivity and efficiency reductions.

# Our approach and ways of working

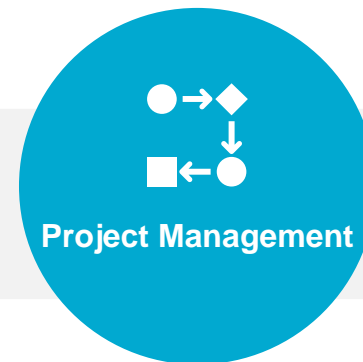
Our team are experienced in delivering successful transformation programmes and will collaborate and work alongside you to help deliver the aims of the project.



- Open and frequent communication from all team members. Sharing early and often, establish shared repository.
- We promote an environment of psychological safety where team members feel safe to express their ideas, concerns and feedback.
- Close partnership to help make our work immediately useful and our approach and progress transparent. Routine online meetings to update on the progress of the work, ongoing risks to discuss emerging findings.



- Clearly defined roles and responsibilities, culture of accountability holding each other accountable while providing support when needed.
- Drawing on the wider expertise of the organisation where applicable.



- Structured workflows, defining processes for project initiation, planning, execution, monitoring and closure to streamline collaboration and reduce confusion.
- Work plan iterated as the project develops to ensure that it is responsive to any changes in circumstances / considering any emergent findings.

# What the Commissioning Support Units are offering



## Programme Management and Support

- Establish overarching programme management and governance structures required to deliver new and existing programmes
- Support system side programme management to enable support to cross organisational CIP programmes
- Programme management support to workstreams ensuring objectives, milestones and risks are reported and to enable delivery at pace by way of supplying additional resource and governance where required

## Outputs

- Design, support and embed the required delivery and governance structures needed to realise programme aspirations
- Support and engage in systemwide programme management supporting wider programmes of transformational change



## Finance Performance Support

- Deep dive analysis into system expenditure to identify drivers of deficit
- Review system demand and capacity modelling to identify areas of inefficiency
- Explore efficiencies and potential redesign of recently delegated services to release resources
- Working with system partners on the delivery of an aligned system wide recovery plan to enable the actualisation of cashable and non-cashable efficiency savings

## Outputs

- Key priority areas and creation of system wide cost reduction plans to release cash and value (CIP creation / identification / review and alignment of commissioner and provider schemes)
- Clear categorisation of drivers of organisational deficit and corrective actions (short, medium, long term)



## Access to Subject Matter Experts

The offer will include access to SMEs across the organisation in the following areas:

- Clinical leads
- Workforce
- Quality improvement
- Advanced analytics
- Public health
- Leadership and OD
- Service redesign
- Meds and medical devices optimisation (including drugs and devices policy compliance)
- Contract performance / penalties

## Outputs

- Provide external (free from bias) reviews of current practices and areas for improvement with the potential of using NHSE's grip and control checklist as a starting basis
- Access to scarce SME resources to increase capacity, skills and experience

# What our clients say



"The Heart Failure Stewardship Programme provided the platform to bring together a rich and diverse stakeholder group spanning clinical and non-clinical roles from all providers in Derby and Derbyshire. The programme supported collaborative working and took the group through a process of understanding the values of varying aspects of stewardship, including the NHS Triple Aim, STAR, through to analysing the local data measured against QALYS. The established group has continued to work collaboratively towards improving Heart Failure pathways and services resulting in improved patient outcomes. A big thank you to everyone in the team for their support and guidance throughout the whole process, it was a pleasure." **Joanne Goodison, Senior Commissioning Manager at NHS Derby and Derbyshire Integrated Care Board**  
**2023, Heart Failure Triple Aim Stewardship and Value Programme, two ICBs in the Midlands Region**

"I should emphasise that we have been absolutely delighted with the service we have received. We are constantly looking for help (particularly PMO help) for struggling trusts and systems and think the Commissioning Support Units (CSUs) could be hugely useful in helping us to respond faster and better." **Matthew Fox, Director – National Recovery Support**  
**2024, Supporting National Recovery Support Team, NHS England**



"The STAR process, which Arden & GEM facilitated, helped us to involve a much broader range of people, including clinicians, stroke survivors and their carers, in decision making about the future of stroke services. By boiling down complex information and presenting this in simple, visual ways, we were able to break down barriers and in doing so have developed a new and effective tool for shaping services in the ICS in the future." **Edward Cox, Director of Clinical Policy at NHS Mid and South Essex ICS**  
**2022, STAR approach to stroke pathway, working with Mid and South Essex ICS**



# What our clients say

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The project ran smoothly; the team were adaptable and delivered to time throughout. The entire team were excellent with complementary skill sets. They really added value to the system. The project ran fully as expected, there was nothing to improve and the ML teams technical knowledge and skills, quality of outputs and delivery approach were all excellent." **Sarah Copley, Birmingham and Solihull Integrated Care Board**  
**Improving Agency Reduction Planning and Assurance**

"We all know that we need to move to an information-based, personalised service and that this requires resources to be moved where they can offer the best value for people, while being underpinned by an ambition to tackle health inequalities. The language of 'stewardship' and 'value management' forms a firm foundation for health and care leaders to enable clinicians to make best use of resources in achieving the outcomes we all want with our populations." **Dr Jason Broch, Clinical Chair at NHS Leeds CCG, Health & Social Care Lead at Yorkshire & Humber Health & Care Record, and Partner at Oakwood Lane Medical Practice**  
**Delivering a development programme for West Yorkshire ICS clinical and finance leads**





# Examples of our Programme Management and Support



## Temporary staffing to Greater Manchester Collaborative

Provision of KLOEs for providers to self-assess their governance arrangements, control mechanisms, reporting tool and procurement against good practice.

Support offered in delivering the opportunities for improvement, helping leaders to produce plans for both bank and agency staff along with advise on implementation.



## Supporting system-level planning with endoscopy demand and capacity modelling

Commissioned by NHS England to develop a demand and capacity modelling tool for gastrointestinal endoscopies, for use by each Integrated Care System (ICS) in the South West region.

A forecasting tool was needed because of the increasing levels of endoscopy demand seen in recent years, changes in the Bowel Cancer Screening Programme which will increase demand further, and the key role of endoscopies in the recovery of elective services post-pandemic.

The model needed to forecast demand, how it translates into capacity requirements, and identify capacity gaps by comparing projected demand against available capacity.



## Care and neurodiagnostic services

By providing robust facilitation, customers were clear on the specific nature of the problems related to the issues they were facing; which problems were the most significant; solutions that would have the biggest impact; alignment of improvement efforts to build on good practice and co-ordinate efforts; and a clear implementation and action plan.



# Examples of our Finance Performance Support



## Identifying efficiency and cost improvement opportunities for Shropshire Community Health NHS Trust

Initial desktop review of trust financial statements followed by benchmarking against data from Trusts within nationally recognised peer groups based on geography, size, staffing and services. Comparisons used NHS RightCare, NHS Model Hospital and annual report information.

Work was carried out collaboratively with both Shropshire Community Health's finance team and BDO to ensure plans are aligned with the Trust's ambition to put appropriate governance structures in place around efficiency plans. Findings and recommended action plan were structured into four key areas that align with national efficiency terminology: cost reduction, cost avoidance, income generation and improving productivity.



## Supporting business case development at NHS Business Services Authority

Our training helped improve NHS Business Services Authority's (NHSBSA) business case development capabilities through the Better Business Cases™ Foundation Masterclass. Participants gained invaluable practical tools and best practices, leading to more robust business case production, improved stakeholder communication, and superior review quality.

Our expertise in this area means we can provide first-class business case writing and support across the Delivery as well as Training team.



## Supporting the HASR with hospital activity analysis and modelling

The Humber Acute Service Review (HASR) is a change programme being delivered across the Humber area to deliver better and more accessible health and care services across the area.

As part of the second phase of the programme, we were asked to undertake an analysis of hospital activity and modelling of new service pathways across the region.

The outputs of this work helped inform the development of a Pre-Consultation Business Case, upon which a decision to consult on service change is taken.

# Examples of our Subject Matter Expertise



## Heart Failure Triple Aim Stewardship and Value Programme, two Integrated Care Boards in the Midlands Region

Worked with clinical and system leaders, using the Clinical Stewardship approach and STAR, to consider the totality of resources deployed for patients with heart failure, the outcomes delivered because of the deployment of each part of that resource and then challenged leaders to improve cardiac services by orientating that resource towards the highest value interventions.

Methods included interviewing stakeholders/ subject matter experts and engaging stewards across sites using existing forums to generate insights and a 'playbook' for embedding and scaling the approach.



## Enhancing efficiency and sustainability with a diagnostic workforce strategy

Through strategic collaboration and comprehensive planning, we enhanced the efficiency and sustainability of the diagnostic workforce within an integrated care system (ICS) addressing critical workforce gaps and ensuring future readiness.

Our diagnostic workforce strategy has provided clarity on current workforce statuses, projected future workforce needs, and a detailed action plan aimed at achieving a sustainable diagnostic workforce for the future.



## Digital technology supporting faster discharge in the North East

South Tyneside and Sunderland NHS Foundation Trust adopted OPTICA at both their hospitals and had significant reductions in the number of long stay patients.

Over 12 months, there has been a 37% reduction in the average number of delay days per month since OPTICA adoption.

The Trust has also reduced the average number of additional days for long stay patients who are ready to go home by 47%, despite a 5% increase in admissions.

The platform enabled more junior members of the team to take increased ownership and responsibility, freeing senior nursing staff from computer-based tasks so they could instead oversee complex discharges.

# Why the CSUs?

The four CSUs are ideally placed to support your organisation with the capabilities and capacity you need to deliver increased value.

CSUs are legally part of NHS England and work together collaboratively to **provide value-adding back-office transactional services at scale and clinical and transformational support**, involving a range of solutions that help NHS England and NHS systems deliver the **ambitions set out in the Long-Term Plan and annual planning guidance**.

CSUs' national coverage allows a hub and spoke operating model, offering great value back to the NHS and passing on the benefits of their size and scale.

CSU services are also quick and easy for you to access and can get started on delivering straight away using their vast experience and knowledge of the NHS.



**6700+** expert staff



**£500m** combined turnover



**Diverse customer base**

NHS England, ICBs, Providers, Primary Care, Local Authorities, Regions, Academic Health Science Networks and other public bodies



**Extensive supply chain**

Easy access to the best innovation and solutions from commercial suppliers, via us



**Easy to work with**

As part of NHS England, CSUs are easy to procure via the Transition Team – they share your values and strategic understanding



**Multi award winning**



