

Devon Success Regime (phases 1 and 2a)

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The context

In mid 2015, the combined NHS commissioner and provider economy in northern, eastern and western Devon was forecasting a deficit of £40m for 2014/15 and a recurring deficit of £87m into 2015/16, despite being 2% over target. Further, the system was failing to deliver some of the key performance standards including: RTT admitted, 6 week diagnostic, A&E four hour wait, cancer standards and 28 day cancelled operations. In addition, the provider/commissioner relationship had become overly transactional – to the extent that this was beginning to affect relationships. As a result, Devon was one of the three health systems to be placed into the “success regime” by NHS England, Monitor and the TDA and instructed to make a plan for clinical and financial sustainability.

Methodology

Carnall Farrar was appointed to support the system in Devon for 6 months. Ruth Carnall chaired the programme board, and Ben Richardson to led the consulting team to support the programme of work. Within 6 months, Devon has:

- Developed a detailed understanding of the drivers of the current £100m deficit and future £400m deficit
- Development of a shared (and agreed) case for change.
- Identified 20 opportunities to deliver clinically and financially sustainable care
- Developed a plan for appraising strategic options through consultation
- Supported organisations in the system in identifying £100m of impact in 16/17
- Created a new leadership coalition in Devon with an identified Chief Executive lead

Devon needed a more coherent strategic narrative, increased leadership capacity to execute a strategic programme and greater system wide alignment. Carnall Farrar’s work was split into two separate phases of work. In the first phase of work, we carried a rapid and rigorous diagnostic assessment which produced:

- An understanding of the key drivers of the deficit for commissioners and providers
- A review of the relevant data on population need, including quality and outcomes data, public health outcomes and waiting times data which allowed the development of a draft case for change and identification of opportunities to improve patient experience and outcomes.
- A refined case for change was produced through input from local clinicians
- Established programme governance arrangements which included a programme executive, programme board, clinical group and finance working group
- A self assessment of the achievement of national clinical quality standards by acute medical Directors; which revealed some areas that would benefit from greater attention
- A financial base case, which was agreed by the finance working group

- Segmentation of the population
- Quantification of future opportunities

The second phase of work produced:

- Produced an updated financial forecast - in light of the spending review
- A single control total for the system with nominal individual organisational targets
- Identification of 16/17 opportunities
- Produced options for reconfiguration, which currently subject to further pre-consultation work
- Produced a plan for consultation
- The development of a finalised case for change, which was then socialised

The results

- Progress has been made towards a system control total
- There are agreed control totals for each organisation
- Collaborative local authority has been established via the appointment of a Angela Pedder as Chief Executive of the success regime
- There is a well established programme of work in place for the next 18 months
- Devon are moving at pace towards a public consultation