FIVE YEAR FORWARD VIEW

The Success Regime: A whole systems intervention

3 June 2015

Background

The *NHS Five Year Forward View*[1] sets out the challenges facing the health and care system over the next 5 years, characterised by three gaps which must be closed if the health and care system is to continue to meet the expectations of patients and the public in a sustainable way:

- **The health and wellbeing gap:** if the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness.
- **The care and quality gap:** unless we reshape care delivery, harness technology, and drive down variations in quality and safety of care, then patients' changing needs will go unmet, people will be harmed who should have been cured, and unacceptable variations in outcomes will persist.
- **The funding and efficiency gap:** if we fail to match reasonable funding levels with wide-ranging and sometimes controversial system efficiencies, the result will be some combination of worse services, fewer staff, deficits, and restrictions on new treatments.

But the Forward View also sets out a vision for how the health and care systems can rise to this challenge, through working differently with patients and the public; through a greater focus on health and prevention; working to clear national quality standards; and changing the way in which services are commissioned and delivered to patients. The scale of this challenge should not be underestimated, and in order to succeed large parts of the health and care system will have to change the way in which they work.

In some health and care economies, the conditions necessary to allow these new ways of working already exist, and the Vanguards programme is working with such localities which are able to forge ahead and start to implement new care models. But there are a number of challenged local health and care systems in which these conditions do not exist, where the quality of care commissioned and provided to patients requires improvement; where services do not meet the expectations of the public, as enshrined in the NHS Constitution; or where the cost of providing services is greater than the financial resources available, meaning that there are sustainability risks in the medium and long-term.

The problems in these health and care economies are often deep-rooted, long-standing, and spread across the whole system as opposed to individual organisations. Local and national organisations may have worked hard for some time to improve services for patients and the public, but not made the required progress. Transformation is therefore now required, and this will only be achieved if national and local leaders take

[1] http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

a different approach to those taken previously, which have not yet delivered the expected improvements for patients and the public.

The Forward View signalled the intention by the national bodies to introduce a new regime to address these issues, and create the conditions for success in the most challenged health and care economies: the 'Success Regime'. This new regime will represent a change in approach to providing support and challenge to local systems. The Success Regime:

- Will be overseen jointly by NHS England, Monitor and the NHS Trust Development Authority, working closely with the Care Quality Commission;
- Will **work across whole health and care economies** – with providers, commissioners and local authorities – **and address systemic issues** as opposed to merely focusing on individual organisations;
- Will provide the necessary support and challenge to health and care economies through from **diagnosing** the problems, identifying the changes required and **implementing** these changes;
- Will seek to strengthen **local leadership capacity and capability**, with a particular focus supporting transformation and developing collaborative system leadership;
- Has a direct link to the **new care models** work of the Five Year Forward View, and will consider whether the application of the new care models may form part of the solution for the selected health and care economies.

The regime will require the national bodies to ensure that any interventions in the selected health and care economies are aligned and contributing to improvement and sustainability of the whole system. It will involve a different way of working amongst local leaders but also for the national bodies in order to address the deep-rooted, often long-standing issues which are affecting the health and care of patients and the public in certain health economies.

How the Success Regime will work

The aim of the Success Regime is to provide increased support and direction to the most challenged systems in order to secure improvement in three main areas:

- **Short-term improvement** against agreed quality, performance or financial metrics;
- **Medium and longer-term transformation**, including the application of new care models where applicable;
- **Developing leadership** capacity and capability across the health system.

In particular, the regime will seek to create the conditions for the successful transformation of the health and care economy as set out in the 2015/16 planning

guidance. These conditions include: stable, ambitious collective leadership; collaborative working across partners; strong patient, community and clinical engagement; strong or improving operational and financial performance, and a strong out of hospital system.

In order to achieve this, the regime will work to a consistent nationally-defined approach which can be tailored to each set of local circumstances. This will include:

- **Collective governance arrangements** for oversight of the regime locally, led by regional directors from NHS England, Monitor and the NHS TDA. Where necessary and appropriate, this may include changing the relationship between oversight bodies and their respective local organisations, for example by increasing levels of escalation. Existing intervention and change processes will continue and be aligned with the Success Regime as appropriate. The Success Regime in itself will not alter the regulatory status of organisations, and accountability for statutory duties will remain with their boards.
- **The deployment of a senior leader to the role of Programme Director** to oversee action by the local health and care economy, managing the implementation of the regime locally on the collective behalf of the three regional directors, working closely with local leaders to agree responsibilities and accountabilities for agreed actions.
- The undertaking as the first stage of the regime of **a single, holistic diagnosis** of the performance, strategy and leadership issues facing the health and care economy, leading to the development of a specific plan for improvement during the regime and clear 'exit criteria' for the local health and care economy. This will be developed with the local health and care economy and build on existing work where this has previously been undertaken;
- The development in light of the diagnostic process of **a set of interventions and support** for the local health and care economy to secure the delivery of the transformation plan. This is likely to include both stronger direction and access to a range of support for the health and care economy. As part of this process, the potential application of the new care models outlined in the Five Year Forward View will be considered as a way to enable improvement.
- Consideration by the three national bodies as to whether **an alternative approach to the way in which they oversee individual organisations** and health and care economies would aid transformation. For example, setting a multi-year financial control total for a locality as opposed to purely managing the finances of individual organisations across a single financial year.
- The progression of the regime to a clear and agreed timeline for each phase of work. As local health and care economies demonstrate the capacity and capability to successfully deliver the transformation plans, the levels of challenge, support and oversight of the national bodies may be tapered

culminating in a decision that the health and care economy should exit the regime.

The operation of the regime will always require action from:

- NHS England, through its relationship with Clinical Commissioning Groups, and where relevant as the direct commissioner of services;
- Monitor, as the regulator of NHS Foundation Trusts, unless there are no FTs in the relevant health and care economy; and
- The NHS Trust Development Authority, as the overseer of NHS trusts, unless there are no NHS trusts in the relevant health and care economy.

The regime will be overseen by the relevant regional directors of Monitor, the NHS TDA and NHS England, acting in concert and drawing in partner organisations as required. While the regime will operate to a consistent national framework (as outlined above), detailed decisions on the scope and objectives of the regime and the specific interventions and support deployed in each health and care economy will be taken at regional level. The day-to-day oversight of the regime will also sit at regional level. As part of the Forward View, the regime will ultimately report to the Board of the seven Chief Executives.

In addition, the operation of the regime will normally involve the Local Government Association, the Care Quality Commission, Health Education England, Public Health England and NICE given their important links with local systems. Other bodies such as professional regulators and membership bodies may be drawn into the regime depending on the local circumstances. The involvement of more successful local organisations may also be required, and whilst they may not experience the same level of intervention as other organisations, their contribution to any local solutions will be key.

Most importantly, the regime will require and support leaders within the selected areas to think differently about the challenges they face in order to tackle the issues which have characterised the selected health economies. The national bodies commit to supporting and enabling transformational change because we believe that in these areas such challenges have been left unaddressed for too long. The new care models offer one important set of opportunities to improve care, but whatever the changes required in local health economies, we are determined to seek them out and make them happen through this regime. The engagement of patients, staff and stakeholders in each local health and care economy will be vital.

As with the broader work of the Five Year Forward View, it is important that we engage with the wider health and care system in order to meet the challenges that we face. To support the national bodies with this work, NHS Providers, the NHS Confederation and NHS Clinical Commissioners will lead a design workshop with providers and

commissioners in order to ensure that their ideas help to shape the way in which the regime is implemented.

Relationship with previous and existing interventions

The design and operation of the regime seeks to draw on previous and existing interventions to address challenges at both organisational and system level. There is much to be learnt from these other interventions and a clear need to ensure alignment between different approaches. However, the approach taken through this regime needs to be very different to those taken previously, in order for the result to be different. The table below summarises the ways in which the Success Regime builds on previous interventions, as well as clarifying how the new regime is distinct.

	How it is relevant to the Success Regime	**How it is distinct from the Success Regime**
Planning support for 11 challenged health economies	The planning support provided to 11 systems in early 2014/15 was overseen by the tripartite bodies acting collectively and focused on whole health economies, providing clear parallels with the approach envisaged for the Success Regime. Where the selected sites for the regime were also involved with the Challenged Local Health Economies work, the regime will be able to build on any resulting analysis and plans.	The challenged LHE process provided support rather than intervention, whereas the Success Regime combines support and intervention. The challenged LHE process focused on strategic plans for local health systems, whereas the focus of the Success Regime is more holistic.
Special Measures for NHS trusts and NHS Foundation Trusts	The special measures process combines increased scrutiny and increased support for organisations in order to secure improvement against an agreed quality improvement plan. This mirrors the approach intended for whole health economies as part of the Success Regime.	Special measures is a time-limited process that applies to individual provider organisations, focuses in particular on improvement in the quality of services. The Success Regime which will focus on whole health and care economies and will seek more holistic improvement, focusing explicitly on local leadership development.

	How it is relevant to the Success Regime	How it is distinct from the Success Regime
Trust Special Administration	The TSA process seeks to create a sustainable future for currently challenged organisations and systems, appraising options and making recommendations for future direction in consultation with key local partners. Similar processes are likely to be required for successful strategic planning as part of the Success Regime.	Unlike the TSA process, the Success Regime is not statutorily defined and can therefore be tailored to local circumstances more flexibly. In addition, the Success Regime will work across health economies whereas the TSA process seeks specifically to address the challenges at a single provider organisation.
Contingency Planning process	The contingency planning process, and related approaches to reviewing the sustainability of particular health systems, have many of the same objectives of the TSA regime, but operate without statutory constraints. Like the TSA regime, there are many parallels between the contingency planning process and elements of the Success Regime.	The contingency planning process has tended to focus on individual organisations within the context of their health systems, whereas the focus of the Success Regime is more holistic. Contingency planning and similar processes have tended to be overseen by one of the national bodies, whereas the Success Regime will be collectively overseen by all relevant national bodies working collectively.
CCG Assurance	NHS England provides different levels of support and intervention to CCGs informed by an assessment of the capacity and capability of a CCG to carry out its functions. Where there is insufficient assurance regarding a CCG, NHS England works with it to make the necessary improvements within an agreed timeframe.	The CCG assurance process and associated interventions relate to individual CCGs. It is overseen by NHS England and involves the use of NHS England's statutory powers. The Success Regime will be jointly overseen by the national bodies and will focus on commissioners, providers and other stakeholders in a defined area. Whilst the statutory powers of the national bodies may be used during the course of the regime, the regime itself is not statutorily defined.

In addition to the areas outlined above, there are a range of other potential processes that may be underway in particular health economies, including support for Better Care Fund planning, support or intervention on particular performance issues, and reviews of individual organisations or services. It is possible for the Success Regime to be

implemented in areas where a range of interventions are already in place, but it will be important in such cases to align these processes with the Success Regime. The range and nature of interventions already taking place in particular health economies will be one of the factors considered in determining the best areas for operating the Success Regime.

One of the most important links that the Success Regime will have is with the Vanguards programme as part of the Five Year Forward View. Whilst the starting point for the health and care economies selected for each of these programmes may be different, the ultimate aim is the same: to improve the quality and sustainability of services for patients and the public. The two programmes will therefore work closely together, for example, joint support may be commissioned for both Success Regime and Vanguard sites, and peer support arrangements established to ensure that any relevant learning is shared.

In summary, the Success Regime is distinct from the current processes available for providing support and direction in the following areas:

- It provides the first nationally consistent approaching to intervention at the health economy level since the new system arrangement came into effect in 2012;
- It focuses on the full range of systemic problems addressing whole health economies rather than focusing on particular issues or particular organisations;
- It seeks to strengthen local leadership and create the conditions for future change, with a particular focus on developing collaborative system leadership and delivering transformational change; and
- It has an explicit focus on testing the potential application of the new care models set out in the Five Year Forward View to the most challenged systems.