



# An Introduction to Attain

### Attain, what makes us different



### WORKING IN PARTNERSHIP WITH THE NHS AND LOCAL AUTHORITIES TO TRANSFORM HEALTH AND WELLBEING

We invest our expertise in planning, design and delivery of health and social care to make the NHS and patients better off.



# The largest independent health advisory and delivery organisation in the UK

We support with the long-term plan and short-term interventions.



### We deliver in partnership with you

By working alongside the NHS, local authorities and system partners we embed ourselves in your organisation.



## The NHS and patients are at the heart of everything we do

We are committed to providing value to the NHS and cap our profits at 12%



### We are a team of 80+ UK healthcare experts

We combine the best of the public, private and not for profit sectors - with clinical, analytical, management consulting, transformation and commercial expertise.

### Our capabilities





We work across the NHS and its partners to deliver a wide variety of projects

- Acute
- Cancer
- Digital
- Integrated care
- Mental health
- Planned care
- Primary care
- Population health management
- Turnaround
- Urgent care
- Workforce

### What our clients say



Sheffield Teaching
Hospitals NHS
Foundation Trust

Sir Andrew Cash, Chief Executive

Attain provided invaluable support from initial inception through to the implementation of a fully functioning partnership. They built a culture of integrated working, and deliver tangible improvements for the people of Sheffield.

### **North NHSE**

Digital Urgent and Emergency Care Lead

Attain have been a crucial partner in forging ahead with the delivery of 111 online nationally.

Taunton and Somerset NHS Foundation Trust

Peter Lewis, Deputy
Chief Executive

Attain developed a comprehensive workforce model and identified significant savings and workforce re-profiling opportunities.

### ICS mental health workstream

Jackie Pederson, Chief Officer of Doncaster CCG and SRO

Attain have done a fantastic job of establishing the mental health workstream so that it is delivering tangible improvements across the ICS.



### Our impact







Attain have won or been shortlisted for over

15 highly coveted industry awards

of our team



have a clinical background ESPC





We are proud to be appointed on 12 highly respected frameworks, Including HSSF and NHS Improvement



Integrated **S**vstems

> We are actively working in partnership with

> > **Authorities**

89 clients Local

Commissioners



**68%** of our current customers have been with us for a year or more







£15,000

We have raised over £15,000 through personal and team challenges for charitable causes 9.4M the UK spans a population of 19.4 million

We work with 14 out of all 44 STPs Our support over the last two years across







that's 32%



### Our values





Our values support the strong focus we have on delivering results, ensuring value for money and improving patients' experience of health care.

97

Mark Carmichael, Managing Director



# Integrating Care

### A market leader



From supporting Integrated Care Systems, Integrated Care Partnerships and Primary Care Networks to implementing multi-disciplinary teams co-located in physical hubs; Attain is a market leader at integrating care

We have successfully implemented new multi-disciplinary teams and new workforce roles; and redesigned estate requirements to enable the delivery of integrated care hubs (physical and virtual)

### **INTEGRATED CARE HUBS**

### **VERTICAL & HORIZONTAL INTEGRATION**

We have supported the development of integrated provider alliances covering Acute, Community, Social Care and Primary Care providers; helping them to secure large scale community service contracts, and mobilise and implement new models of care

### SYSTEM INTEGRATION

We have worked with 14 of the 44 STP footprints - ranging from early ICS adopters to 'cohort three' STPs - to develop deeper partnerships and deliver whole system transformation programmes



### We have facilitated the development of 5 integrated care partnerships

covering place-based footprints of 250-500k



We have supported the development of eight national Vanguard and Integrated Care Pioneer sites; designing and implementing integrated models of care and primary care networks across multiple localities of 30-50k



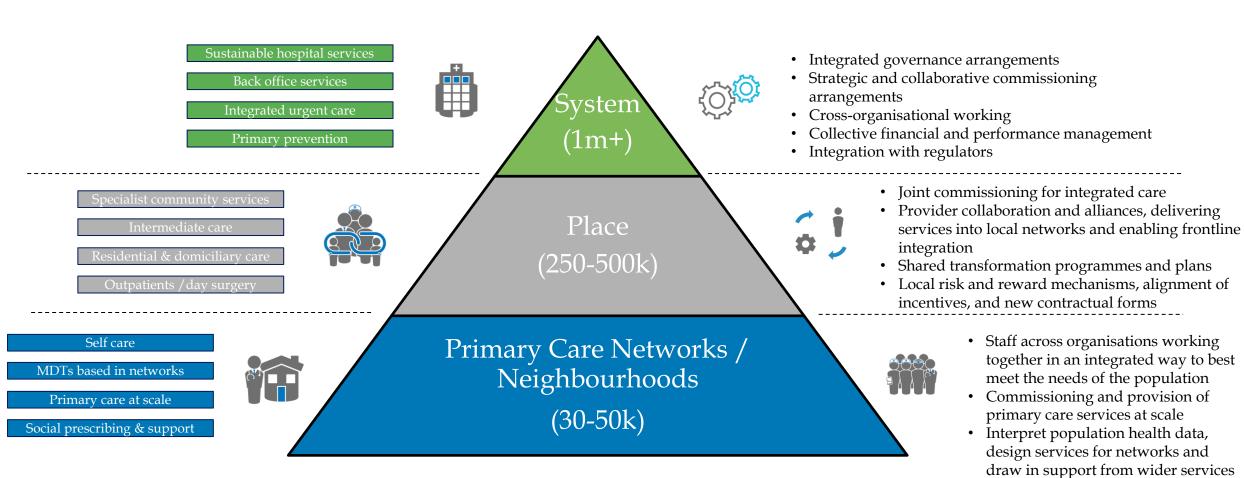
INTEGRATING

CARE

### Levels of integration



The integration challenge is faced at a number of levels in terms of planning, commissioning and delivery of services. Our experience indicates that integration is most successful when the 'higher' levels provide enabling mechanisms for delivering tangible transformation at place and neighbourhood level.



### Our insight and learning



### Focus on people, their needs and desired outcomes, rather than starting with services or form

integration should start with people. Understand the needs of distinct groups of the population and the desired outcomes, and the interventions required to meet those needs will be tailored to those needs and outcomes.

### Start small and scale up

it is easy to be caught up in largescale design and detailed business cases, but identify some smallscale achievable changes and make them – the learning will support you in design and wider implementation whilst bringing visible change to staff and service users

### Trust must be gained at every level

change and integration of services is entirely dependent on trust between all parties – between professionals on the frontline to Board members – trust in intentions and capability must be in place. Recognise that this will be slow to build.

### Primary care is central to design and delivery

whichever way you look at integration in the community, primary care will always be a central component. Primary care will therefore need to be prepared and equipped to drive and deliver integration

# Make change as close to the population or point of service delivery as possible

this secures buy-in, enables rapid delivery and supports sustained change; particularly when underpinned by devolved decision-making

### Develop and enable the workforce to deliver

ultimately care and support is delivered by people – if they can't or won't change, then nothing will change for the population and geography they serve. Enabling teams to work together on the ground will drive transformation I would not hesitate in recommending the team at Attain. They were clearly a happy, high functioning team.

Whole Systems Clinical Lead

Kingston Coordinated Care is going from strength to strength, rolling out integrated care across the borough. Attain's work was vital in driving this forward both in project management and analytics, for which we are very grateful.

GP & Chair, Kingston Provider
Alliance

### Client challenges





### Managing integration at several levels

- Integrating across multiple population levels & footprints
- Determining what to integrate at what level
- Governance to deliver transformation and work within current legislative framework/s
- The role and scale of commissioning in integrated partnership and primary care network arrangements



### **Enablers for integration**

- Multiple systems and a lack of shared care record solutions/ interoperability
- Lack of fit for purpose estate
- Lack of clarity on infrastructure / capital requirements
- Implications of existing contractual form
- Ability to capitalise on digital opportunities



### Wider determinants of health

- How wide to cast the net when integrating services and working with partners
- Agility and speed vs. benefit
- Engaging a diverse and disparate range of services and stakeholders effectively



### Workforce

- High staff turnover and vacancy rates
- Ageing workforce
- Readiness for digitisation
- Recruitment challenges
- Culture change from organisational to crossorganisational working



### Evidence base

- Lack of a solid evidence base for the benefits of integration (particularly financial)
- Time and ability to evaluate new care models
- Creating a cross-organisational view of metrics to support baseline and evaluation



### Financing the change

- Lack of available transformation funding
- Understanding financial flows from national priorities
- Pump-prime funding for double running costs
- Lack of revenue streams to support available capital
- Sustainability of organisations and services
- Realisation of benefits and how these are shared

### Our impact



### Designing integrated care models

### **Catterick Integrated Care Campus**

design and business case development for an NHS/ MOD integrated care campus

### Northamptonshire STP

development of strategic outline case for integrated primary, community, and social care STP workstream

### **Hull Integrated Care Centre**

design and business case development for a new integrated care centre

### Greenwich

design of new integrated primary and community model

### **Bradford**

design of new diabetes model working with a provider alliance

### Implementing integrated care models

### Kingston

testing and implementation of an integrated community model, working with a provider alliance

### **North-West London**

design and implementation of integrated community hubs across the geography including new estate and new job roles

### Suffolk

mobilisation / implementation of new integrated care models with two provider alliances

#### **Kirklees**

development and implementation of Primary Care Networks

# Fostering integrated working & shared accountability

### SY&B STP and ICS

develop governance to support at scale working and transformation

### Somerset Health and Care Strategy

creation of STP-wide integrated health and care strategy

### **Kirklees**

development of a place-based health and wellbeing plan

### Sheffield

creation of formal integrated care partnership

### **Surrey Downs**

Development of integrated commissioning arrangements

# Enabling integration with commercial support

#### Somerset

establishment of system-level risk and reward arrangements

### Kirklees, North-East Essex and East Riding of Yorkshire

procured integrated outcomesbased community services. Lead provider contracts with financial incentives linked to outcomes

### Sunderland Vanguard

OBC and commercial advisory for the MCP – contractual, financial & form

#### Mid-Yorkshire

worked across two CCGs and acute provider to develop an aligned incentive contract, supporting transformational change

### Our experience map

"Attain have provided invaluable support throughout the design, development, and implementation of our ambitious Integrated Care Closer to Home Programme. They have worked closely in partnership with our own staff to deliver this complex programme with professionalism, pace, and integrity, helping our patients to receive more integrated and seamless care"

Sam Hepplewhite, Chief Officer, North-East Essex CCG

#### STOCKPORT

management of the ISAP process

#### SOUTH YORKSHIRE

develop STP / ICS governance to support at scale working and transformation

#### NORTHAMPTONSHIRE

development of strategic outline case for integrated primary and community care STP workstream

#### **SOMERSET**

STP leadership and development support and risk and reward share framework

#### **GREENWICH**

Design of a new integrated community model

### **KINGSTON**

Design and implementation of integrated community model

### **SURREY DOWNS**

Development of integrated commissioning arrangements

#### **SHEFFIELD**

creation of formal integrated care board to drive transformation with supporting MoU

### SUNDERLAND

commercial advisory for the MCP – contractual, financial and form



### EAST RIDING, KIRKLEES, NORTH EAST ESSEX

Care Closer to Home procurement, outcomes based contract with incentives linked to outcomes

#### HULL.

design and business case development for new integrated care centre

#### MID YORKSHIRE

worked across two CCGs and acute provider to develop an aligned incentive contract, supporting transformational change

#### KIRKLEES

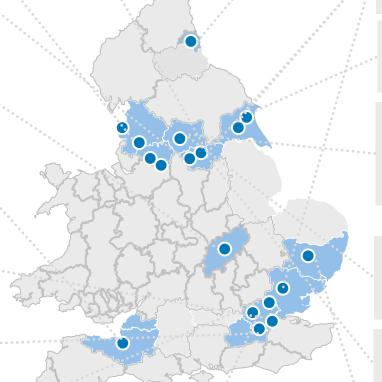
Development and implementation of primary care networks and development of a place-based plan

#### BARNSLEY

ICO development, commercial options, procurement of an ICO

#### **SUFFOLK**

mobilisation / implementation of new integrated care models with two provider alliances



### NORTH-WEST LONDON

design and implementation of integrated community hubs across the geography including new estate and new job roles



# Primary Care & Hub Development Spot Light

### Primary care & PCNs

### General practice crisis

Primary care is the bedrock of a cost-effective and high-quality health and care system.

General practice is under strain with an increasingly complex and intense workload.

No national data accurately quantifies the change in activity.

It is believed that activity has shifted with rising demand, growing complexity, higher expectations, increased administrative burden and changed thresholds for referrals.

"Growing demand and a shortage of GPs has left general practice creaking at the seams; reform must go hand in hand with new investment to improve access to high-quality care"

- Kings Fund, August 2019



### **Recent initiatives**

National policy has focused on improving access and GPs required to offer extended hours and weekend appointments.

Practices are implementing alternative appointment models – video and email consultations.

The new GP contract channels new money direct to general practice.

GPs have come together in PCNs covering 30-50k populations.

Networks are entitled to new funds to support the introduction of new clinical roles (pharmacists, physiotherapists, paramedics, community link workers and physician associates).

PCNs are a key vehicle for delivering many of the commitments in the NHS Long Term Plan.

7 national service specifications for general practice MDTs (2020):

- 1. structured medication reviews
- 2. enhanced health in care homes
- 3. anticipatory care (with community services)
- 4. personalised care
- 5. supporting early cancer diagnosis
- 6. cardiovascular disease case-finding (2021)
- 7. locally agreed action to tackle inequalities (2021)

### Our offer



### **TRANSFORMATION**

- Creation of "at scale" working (with modelling)
- Engaging system working effectively connecting workforce (review and analyse), LMC, GMC, 3<sup>rd</sup> parties
- Optimisation of workforce (utilisation)
- Innovative job planning
- Improving workload demands through tangible redesign of clinical models
- Explore current delivery scope(s) and understand potential for service extension and evolution

### PRIMARY CARE NETWORK DEVELOPMENT SUPPORT

- Project manage implementation and mobilisation of new services
- Integrating ways of working with Community Services/Social Care/Mental Health/VCS to meet outcomes
- Population analysis and outcome/objective development
- Development of needs matched to relationships across the health and care system
- Identification of local and system opportunities and waste (workforce, financial, service, etc.)
- Development of collaborative working practices

### INTEGRATION AND COLLABORATION

- Collaborating to develop community-based integration to deliver more complex and/or varied services
- Development of service offerings above core
- Creation of realistic and stable delivery frameworks
- Service Gap Analysis: understanding what is funded and where gaps exist
- Leveraging models and services developed elsewhere as best practice
- Harnessing digital innovations for a more qualitative and responsive service

### FINANCIAL SUSTAINABILITY

- Development of network partners to deliver successful provider organisation delivery
- Procurement and Tender response readiness
- Develop options for new business model opportunity (including service awareness, scale, best practice)
- Development of effective contract creation and associated management abilities:
  - Performance metrics
  - Financial models (whole population / risk share)

### Our primary care experience map

Attain

#### HEARTBEAT ALLIANCE

**GP Federation Development** 

£1.2bn contract, major primary, community and social care service reconfiguration

SUNDERI AND

#### **RICHMONDSHIRE**

OBC development for a joint MOD and NHS advanced primary care and health & wellbeing complex

#### HULL

Delivery of a new Primary Care Hub

#### LINCOLN

Primary care at scale development for community services provider

### NORFOLK

Alignment for all 40+ non-core primary care services across 5x CCGs to 5 procure-able bundles

### **CENTRAL EASTERN**

Primary care solution and services redesign and procurement

#### SOUTHEND CCG

Supported the development of collaborative primary care workingat-scale within local GP practices

#### MID & SOUTH ESSEX STP

Development of GP locality networks

"I have been impressed by the professionalism, dedication and dogged perseverance and determination of the team. They have demonstrated excellent skills which we depend on for technical solutions and unblocking seemingly closed routes to success. They've both become solid members of our team and are seen by member practices as being fully embedded in the organisation."

Stephen Brown, Chief Executive Heartbeat Alliance

### **WIGAN**

Design and development of new Models of Care at GP cluster level

#### ROTHERHAM

GP Federation development

#### **KIRKLEFS**

PCN development

#### **STOCKPORT**

Whole ICS and ICP programme working

#### **SOUTH YORKSHIRE**

ICS strategy development and Primary care ICS development

### **SHROPSHIRE**

Primary care development and services review, PCN development

### Healthy London Partnership (NHE England)

Primary care workforce simulation modelling

### NORTH WEST LONDON

OBC for large estates, business case for Shaping a Healthier Future

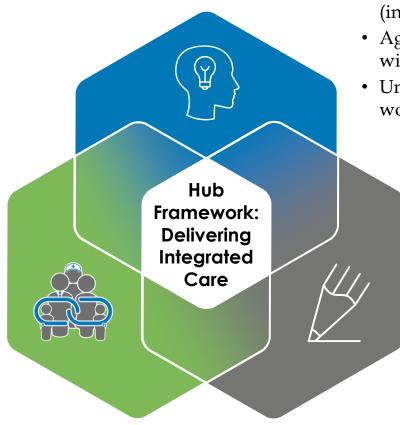
### Care hub development



Attain has an extensive track record in supporting systems to define, design, and deliver integrated care hubs

### **DELIVER**

- A planned approach to programme management
- Continued stakeholder engagement
- Create the 'Hub'
- Recruit and train to new roles
- Establish new ways of working
- Evaluate effectiveness and refine the model



### **DEFINE**

- The population and its challenges
- Understand need & scope in partnership with service users and providers (including the vol. & community sector)
- Agree the vision for the hub and what it will achieve
- Understand available resources (funding, workforce, estate, IT)

### **DESIGN**

- The model of care; including the rationale, interventions, outputs and outcomes
- Decide what type of 'hub' will best meet your needs (i.e. a physical centre or virtual hub)
- Develop integrated governance, leadership & decision-making
- Integrate & align policies clinical, supervision, estate & IT
- Develop new roles & Standard Operating Procedures (SOP)

### Care hub essential ingredients



A 'Hub' approach can improve quality, integrate care, and increase capacity

- ✓ Define what local issues a 'Hub' is trying to solve
- ✓ Agree the service/care model
- ✓ Decide what type of 'Hub' is needed
- ✓ Identify funding, budget and resources
- ✓ Develop new ways of working, governance and joint working arrangements/structures
- ✓ Co-produce with the person at the centre and focus on their outcomes.





Thank you & any questions



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