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**To: SHA, PCT and Trust Chief Executives**

Gateway Number: 5953  
15 December 2005

Dear everyone

### **Integrated Service Improvement Plans – Realising Quality and Value for Money Benefits**

The purpose of this letter is to clarify requirements for the period to March 2006 and explain how The NHS Integrated Service Improvement Programme (ISIP) fits with other mainstream initiatives.

The NHS has to make transformational changes in order to deliver quality and value, achieve a Patient-led NHS, and prepare itself for the financial regime that will exist after 2007-08.

ISIP provides a way for Local Health Communities to be more efficient and productive, transform service delivery and enhance service quality, while extracting maximum value from investments in people, process and technology. We need to continue to embed this approach into mainstream management activity across all professional disciplines.

The integrated approach is 'core business' which underpins all aspects of service transformation, both within existing and new commissioning and provider arrangements. Unscheduled Care, Long Term Conditions, Planned Care and Diagnostics are the integrated change programmes figuring most frequently in the September Integrated Service Improvement (ISI) Plans. These ISI Plans provide the foundation for Benefits Realisation Plans which are to be developed over the next few months, alongside Local Delivery Plans.

### **The ISIP approach complements and supports other initiatives**

ISI Plans, and the Benefits Realisation Plans that provide the next level of detail, are fundamental to other activities that are or will be commanding attention in Trusts and PCTs. ISIP planning:

- will inform the local financial framework and show how the LDP trajectories will be achieved; please see the related letter on LDP requirements (Gateway 5915)
- is a vehicle for addressing issues thrown up by the Foundation Trust Diagnostic
- will put flesh on our commitment to deliver Productive Time savings each year, and £2.9 billion by 2007-08
- will support Turnaround Team baseline assessments and ensure that responses to these assessments lead to sustainable improvement.

### **Requirement 1 – Confirming the Starting Point**

Substantial effort went into the preparation of ISI Plans that were signed off by SHAs this September/October. In general, these provide a sound platform for the next stage of planning, but in some cases you will want to:

- consider adapting LHCs boundaries to reflect the outcomes of the public consultation on PCT reconfiguration

- ensure the range of organisations involved in each LHC, and their commitment to the process, is sufficient to support radical change needed to deliver quality and value
- be assured that there is an effective ISI Programme in each LHC, providing the required leadership for change and methodology for turning plans into action and results
- ensure that the Change Programmes identified in the ISI Plans are sufficiently integrated and incorporate all key enablers of change – especially workforce, process and technology
- confirm that there is appropriate accountability for each identified Change Programme.

### **Requirement 2 – Setting the Future Timetable**

SHAs are required to agree a Timetable with each LHC for the completion of Benefits Realisation Plans for each integrated Change Programme – with at least one plan for each LHC to be scheduled for completion before 31 March 2006 and the remainder as early as practical during 2006-07. The financial and other challenges of 2006-07 are such that early delivery is crucial to success.

By 16 January, please send a copy of this Timetable to [isip@nhs.net](mailto:isip@nhs.net). The ISIP team will refresh its understanding of local priorities and re-focus its support for LHCs accordingly.

### **Requirement 3 – Benefits Realisation Planning**

Please send a copy of each Benefits Realisation Plan, when it is completed, to [isip@nhs.net](mailto:isip@nhs.net). It is understood that these plans will continue to evolve after completion, under appropriate local governance arrangements.

As previously established, LHCs should revise their high level ISI Plan, as at 31 March 2006, and send these revised ISI Plans to [isip@nhs.net](mailto:isip@nhs.net).

This feedback allows ISIP to improve the quality of both guidance and field support, particularly by spreading examples of good practice. In Phase I, your comments were valued and taken into account. We would like that to continue.

### **Support for Planning and Shared Learning**

Guidance for this work can be accessed from the ISIP website: [www.isip.nhs.uk](http://www.isip.nhs.uk). *Step 2: Benefits Realisation Planning for Programmes* is relevant for this next phase of work.

The ISIP Field Support team has been recently augmented and their assistance can be accessed through the ISIP Field Co-ordinators. In particular ISIP is enhancing support for clinical and patient engagement.

Finally, thank you again for the work you and colleagues are doing to ensure the NHS succeeds in maximising patient benefits through service transformation. It is essential that this integrated approach is established as the way of working to create both real plans and real change.

Yours sincerely

**Nick Relph**  
**Chair of ISIP & Top Team Sponsor**  
**Chief Executive, Thames Valley SHA**

**Duncan Selbie**  
**Director of Programmes and Performance**  
**Department of Health**

cc: Sir Nigel Crisp, Richard Granger, Richard Jeavons, Rob Webster, Richard Douglas, John Bacon, Richard Gleave, Alan Perkins, Bernard Crump, Bill McCarthy, SHA CIOs, SHA Directors of Service Improvement, SHA Directors of Performance, SHA HR Directors, SHA Clinical Leads, NHS CfH Regional Implementation Directors, Foundation Trust Chief Execs.