

Integrated Planning session

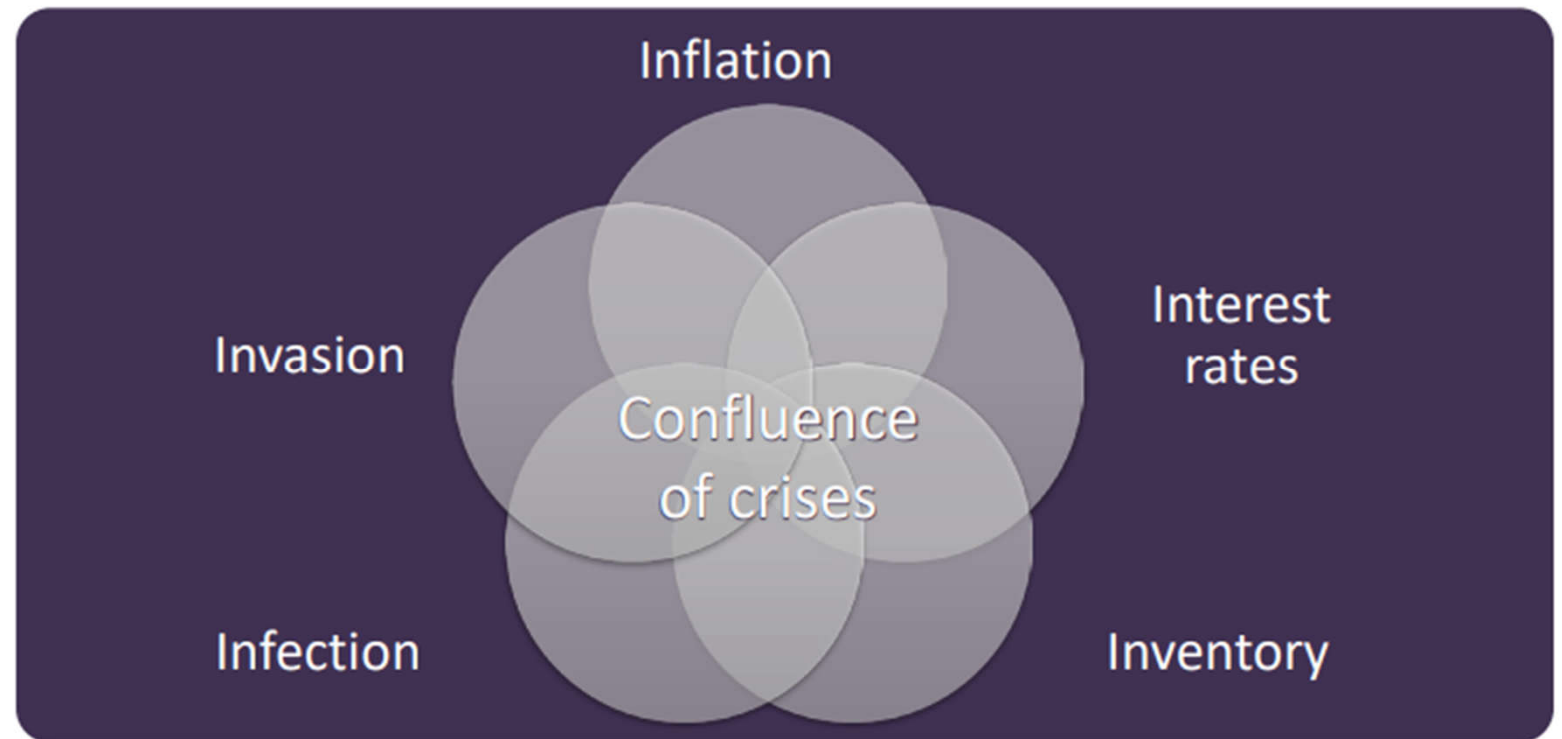
- Context
- **Population Strategic Planning** – setting the desired future
 - Setting goals by population group
- within end to end **population networks** Innovation planning – galvanizing clinically led change
- **Connected Resource planning** – enabling operational planning and delivery

Global context for planning - stagnation

Figure 1. The Confluence of Crises

Plus – sustainability
workforce
retirements
Pay rates
Training gaps

1. **Restructure**
Reduce waste
and duplication
2. **Automate**
3. **Financial
controls**
4. **Scenario plan
regularly**
5. **Clear Forward
indicators**



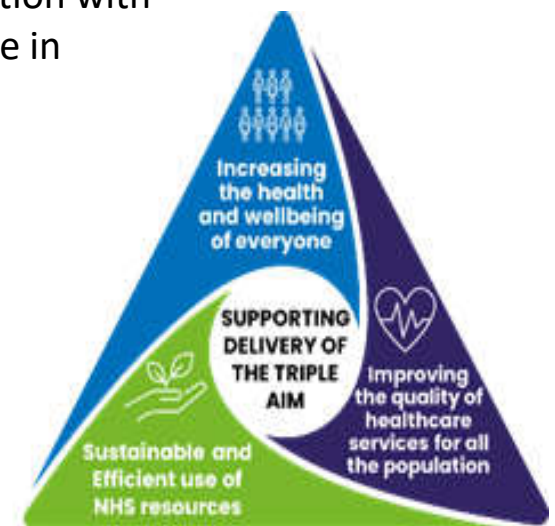
Source: Constellation Research

Strategic approach

Keeping our four aims at the heart of planning

In making a decision about the exercise of its functions, NHS England, Integrated Care Boards, NHS Trusts, and NHS Foundation Trusts must have regard to all likely effects of the decision in relation to:

- (a) the **health and well-being** of the people of England;
- (b) the **quality of services** provided to individuals
 - (i) by relevant bodies, or
 - (ii) in pursuance of arrangements made by relevant bodies, for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;
- (c) **efficiency and sustainability** in relation to the use of resources by relevant bodies for the purposes of the health service in England
- (d) **Social value** – help the NHS support wider social and economic development



Slide 5

PJ(AAGEMCSU0 Included to remind people

PARKES, John (NHS ARDEN AND GRE, 2023-01-30T13:17:09.965

High performing integrated health systems characteristics

Shared Vision, Governance and Leadership at All Levels

- Everyone knows the goals of the system, criteria for success, quality is defined
- Champions of change are identified, supported and developed
- Governance is inclusive of all parts of the system and professions

Transforming the patient experience

- Patient centred philosophy with emphasis on needs and equity
- Patient engaged in their care and decisions
- Population segment based needs assessment – defined populations

Transforming the experience of work and optimizing workforce

- Working in teams and networks – with a culture of innovation across boundaries [people, process, system, service]
- Provider led, developed standards, guidelines on care management
- Innovation is defined embraced and promoted
- Human resources support continuous learning
- Capacity and capability across integrated teams is understood to deliver the agreed service model

Performance, information and measurement integrated

- Quality, performance and improvement are integrated measures
- Clinical outcomes are connected to diagnosis, treatment and care
- Information systems collect across patient events across the care continuum

A focus on prevention, wellbeing and determinants of health

- Comprehensive health and care services across care continuum
- Prevention is part of doing business
- Fusion of health, environment and education in a planned way, working with partners to work together on determinants of health

Strengthening and integrating primary and community care

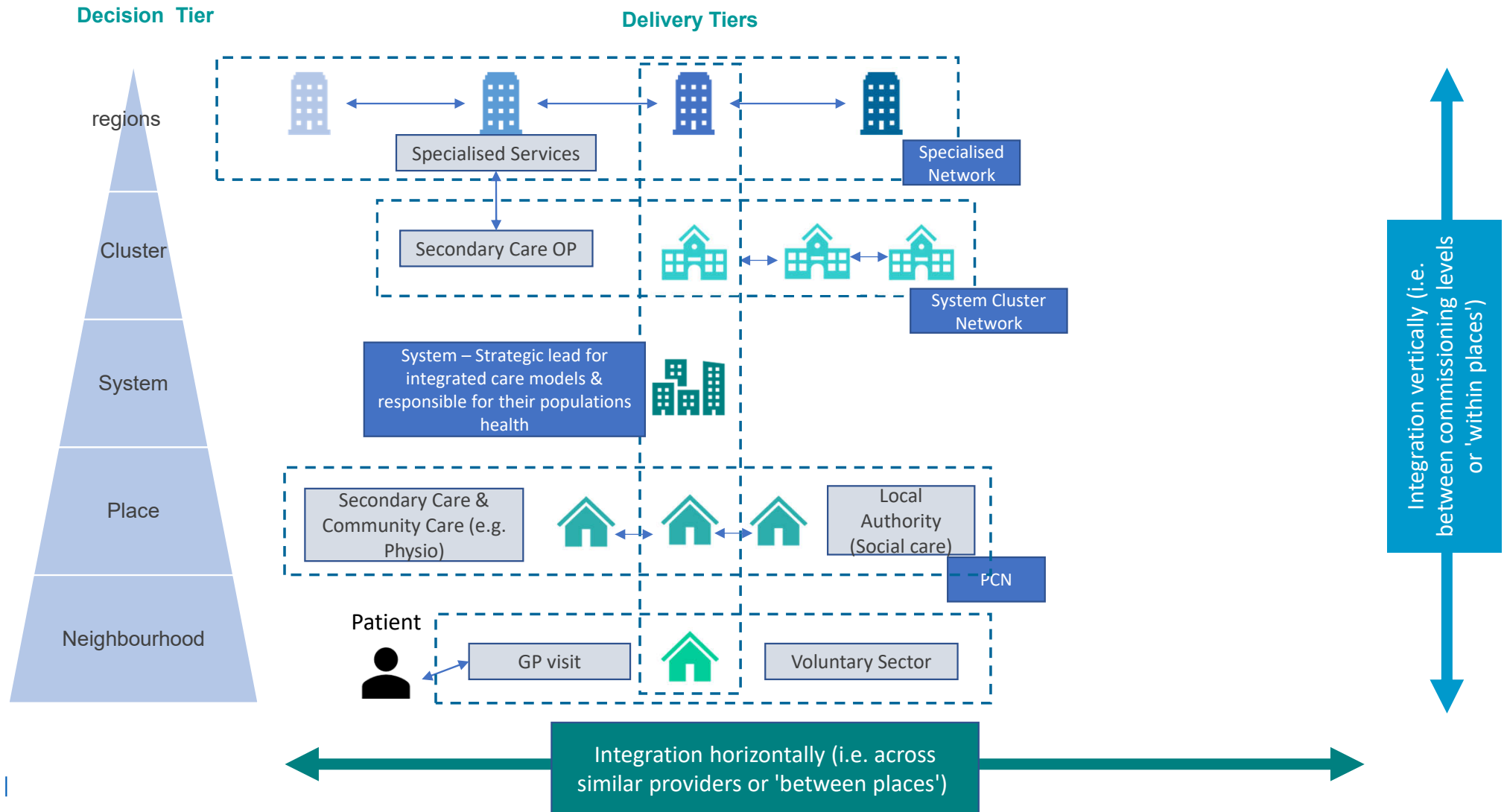
- Strong and engaged primary care and strong community care are essential
- Evidence based models of care are used where ever possible to manage population needs

System management levers promote high performance

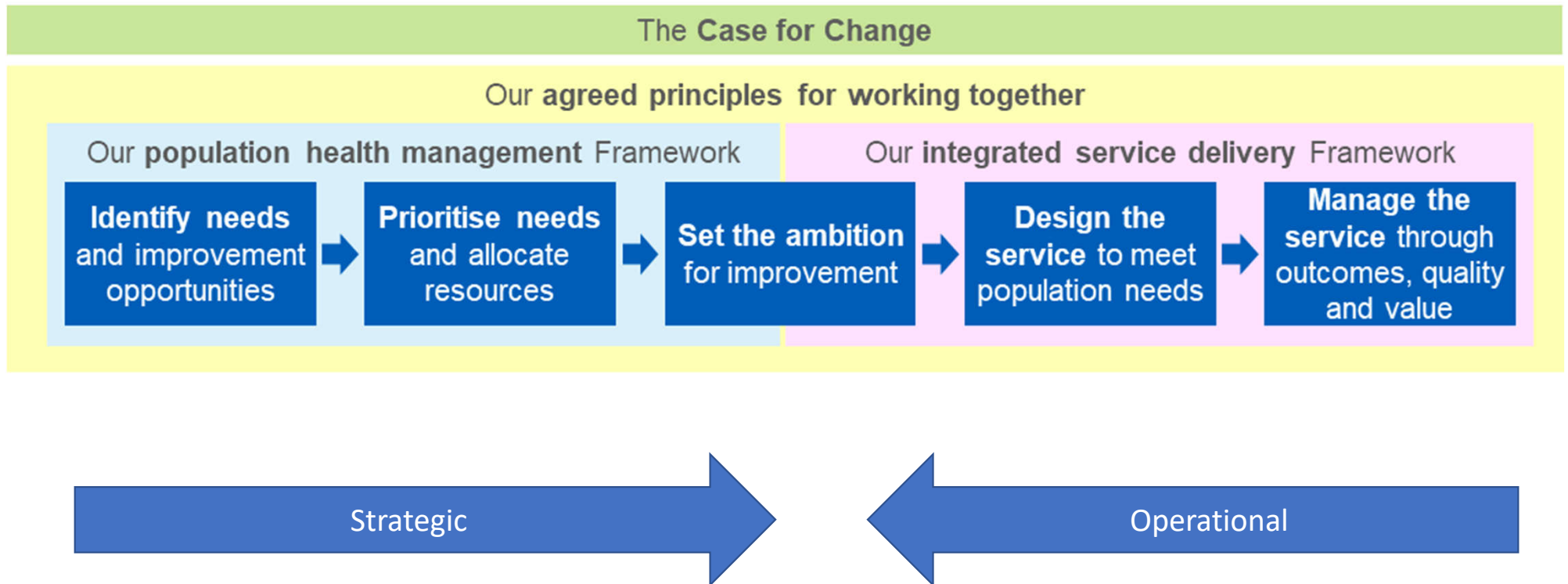
- Improving value is a major goal for all
- Information and intelligence that supports decision making
- Allocation of funding is transparent and equitable to programs and services
- Incentives and mechanisms enable integration of teams working and are aligned for the goals of the system
- Avoid perverse measurement – be aware of what is not measured
- Top down meets bottom up across all programs
- Planning models have embedded best practice and research
- Change is funded

Principles for integration E Suter 2009
Institute of health economics

Patient journey is integrated horizontally and vertically

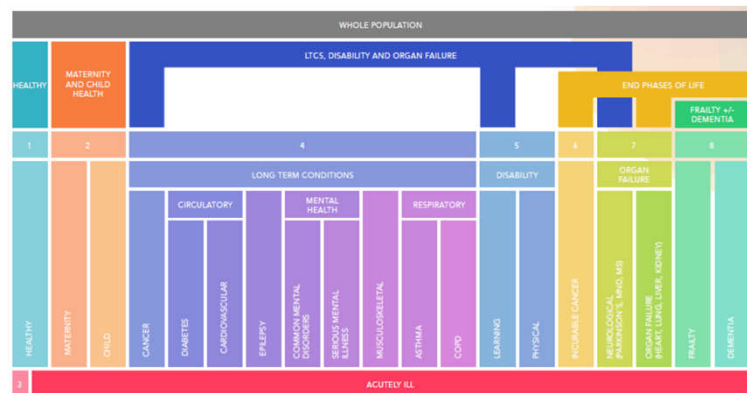


Framework approach and structure

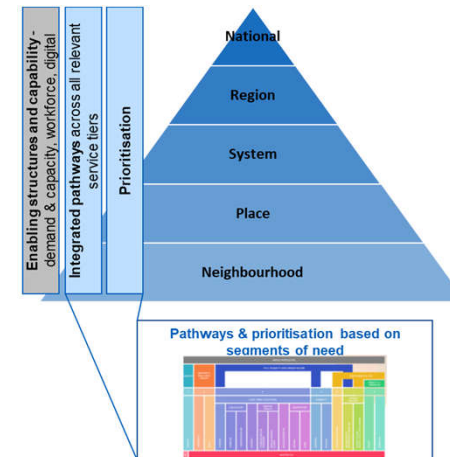


Stage 1: Identifying needs and improvement opportunities

Segmentation of population need

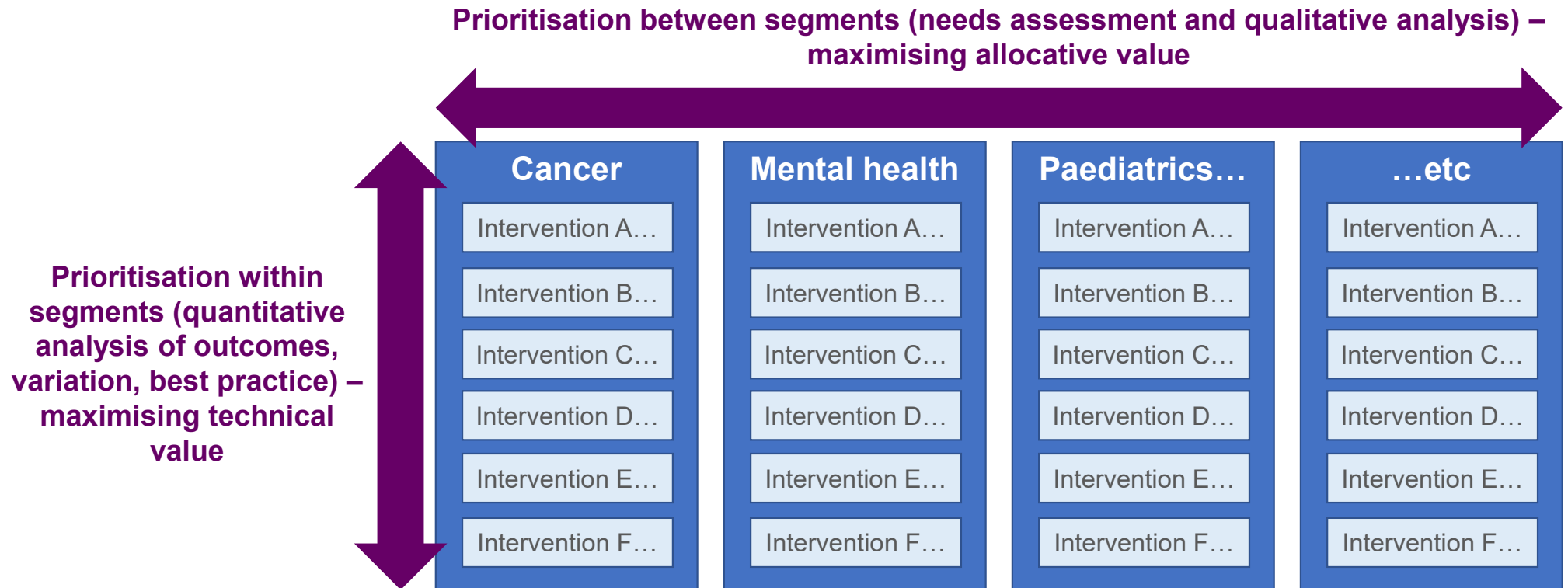


Service 'tiering'



Stage 2: Prioritising needs and allocating resources

Identifying optimal opportunities to improve outcomes and value through to (linked) processes...



Developing scenarios

- Highly interactive and engaged process
- Driving forces looking back, looking forward
- Internal and external factors
- Driver measures and outcome measures
- Narrative and quantitative articulation
- What will it take to deliver the preferred scenario ?

EXTERNAL

Self care and population health investments [HIGH]

INTERNAL uptake of
high performing
systems [SLOW]

Local place
empowered

Best

d
e
m
a
n
d

C o s t s o f s y s t e m

Overwhelmed

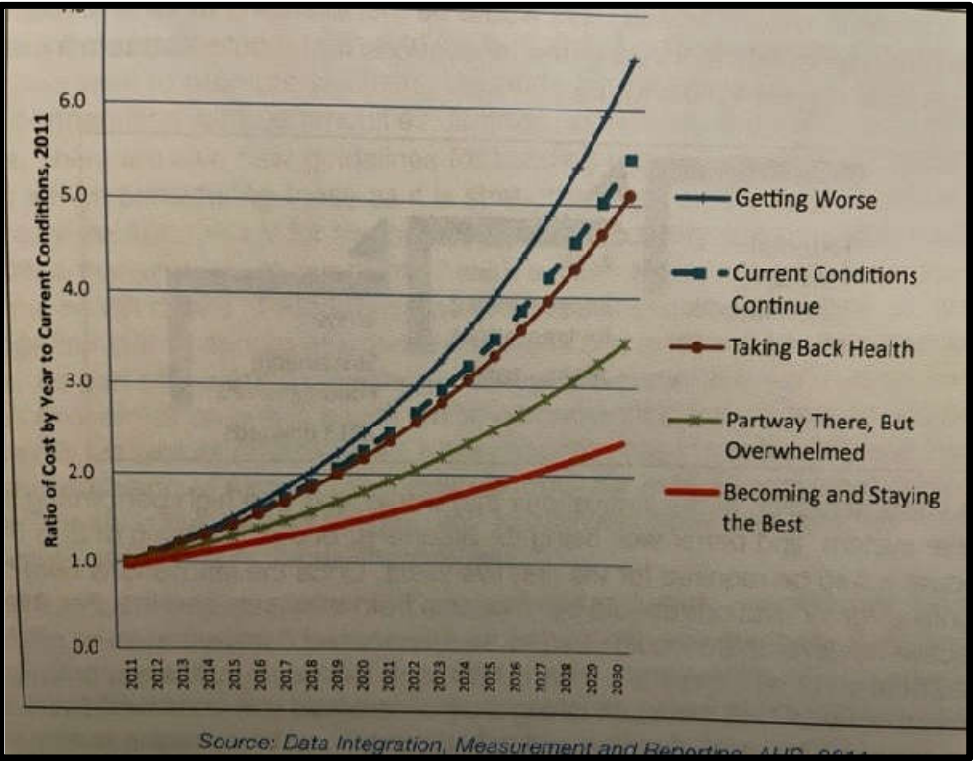
Struggling

INTERNAL update of
high performing
systems [FAST]

EXTERNAL

Self care and population health investments [LOW]

Demand and costs



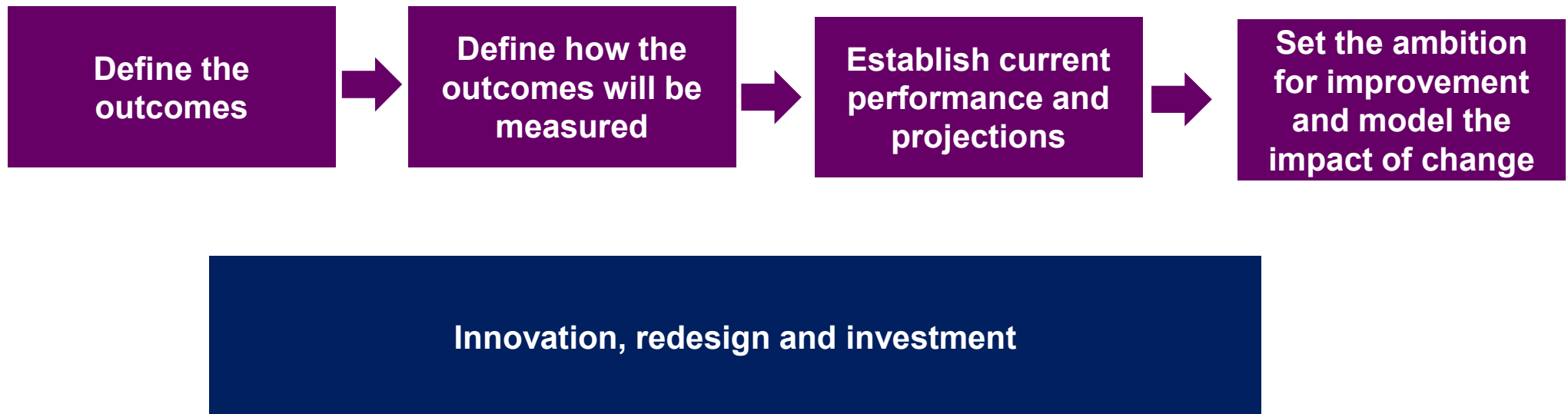
Health system cost		Population illness	Demand /access	Unit costs
	<i>fn</i>	Investment in wider determinants of health	Access to which part of health care and at what stage	Cost of access points-workforce/technology
		National/regional	Care model	Team /service
Control				

Costs modelled
 Depending on preventable chronic disease, service pattern and unit costs

Biggest driver however was *unit costs* of care number and appropriateness of tests, specialist care, drugs wages

Bridging from 10% to 4% growth

Stage 3: Setting outcomes and improvement requirements



The output is a **clear, structured set of outcomes measures and improvement expectations** which are credible across system stakeholders, and which provide a **clear mandate for innovation and redesign** services, and then to manage those services on the basis of the outcomes, quality and value which they are achieving.

Stage 4: Designing services to meet population needs

Accountable contract forms and 'building blocks' to support integrated working

		Contract Type					
		Alliance Contract	Prime Contractor / Lead Provider	Risk/gain share	Blended payments	Incentives for quality and value	Capitated (population based) payments
Provider Building blocks	Primary Care Network						
	NHS provider						
	Integrated Care Partnership						
	Integrated Care System						
	NHS Provider Collaborative						
	Accountable Service Network						
	Hospital Chain						

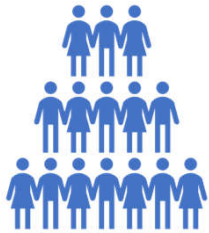
Service design – 'making change stick'

Key factors for successful change...

- Leadership for change.
- Agreeing interventions across the pathway
- Innovation on the interventions
- Clinical leadership and stewardship.
- Capabilities and skills for successful change.
- Data and analytics to support change.
- Ensuring change is appropriately resourced.
- creating a wider environment for enabling change.

Clinically led value based planning-

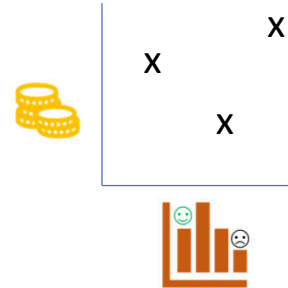
Confirm the
population(s) in
scope



Understand
outcomes



Compare resources
and outcomes



Improve value,
reduce waste and
reallocate resources



Which Population
segments/sub-
segments, and what
are their needs?

What outcomes are
being achieved for
the population(s) in
scope?

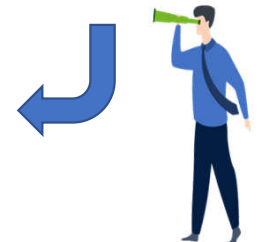
What resources are
being used to
achieve the
outcomes?

Are there
opportunities to
improve value,
reduce waste and
reallocate this
resource in a better
way?

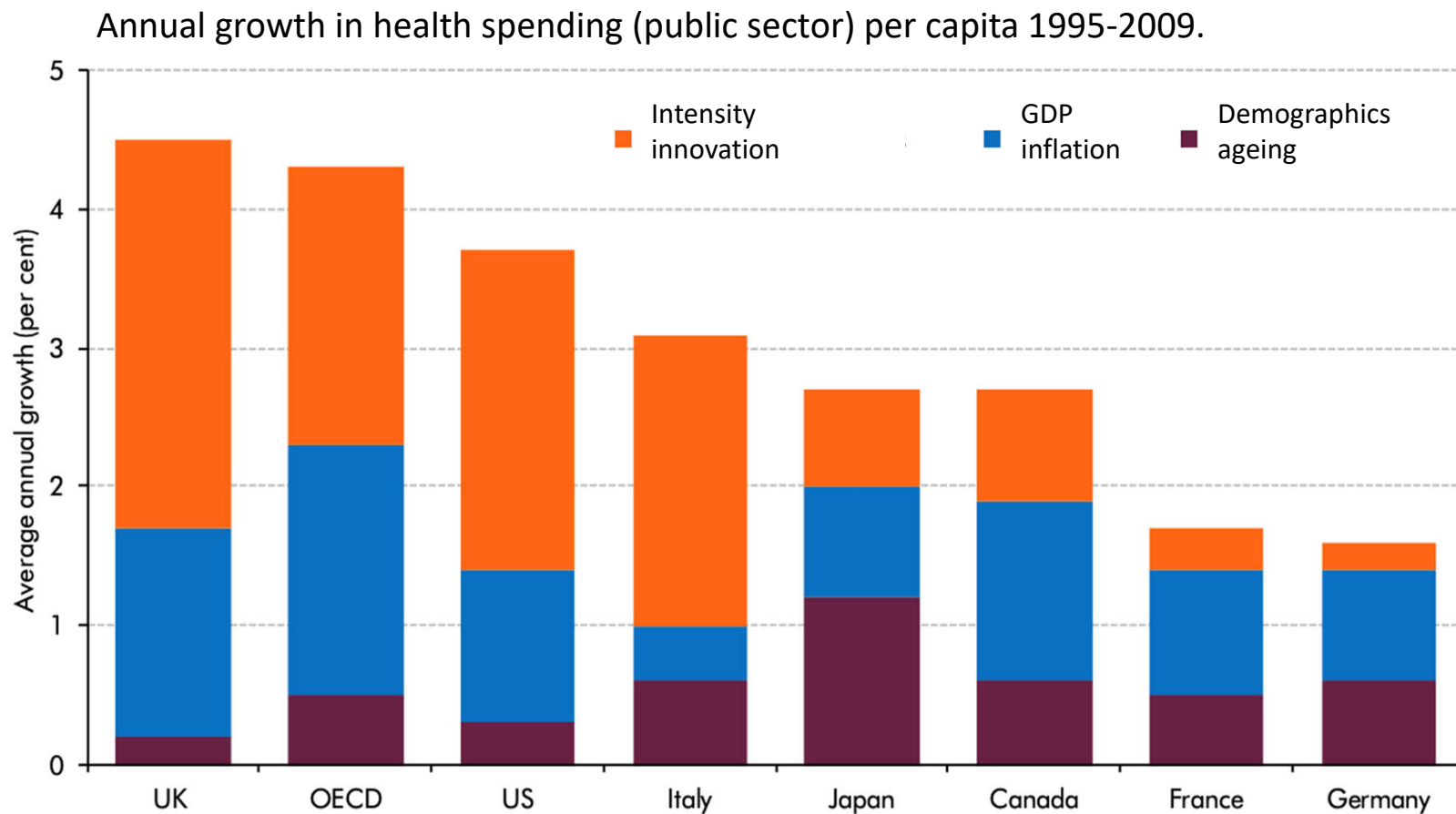
How far will this take us
toward our improvement goal
in each population segment

What investment needed what
impact will it have on the
measures of success

What are the initiatives
selected

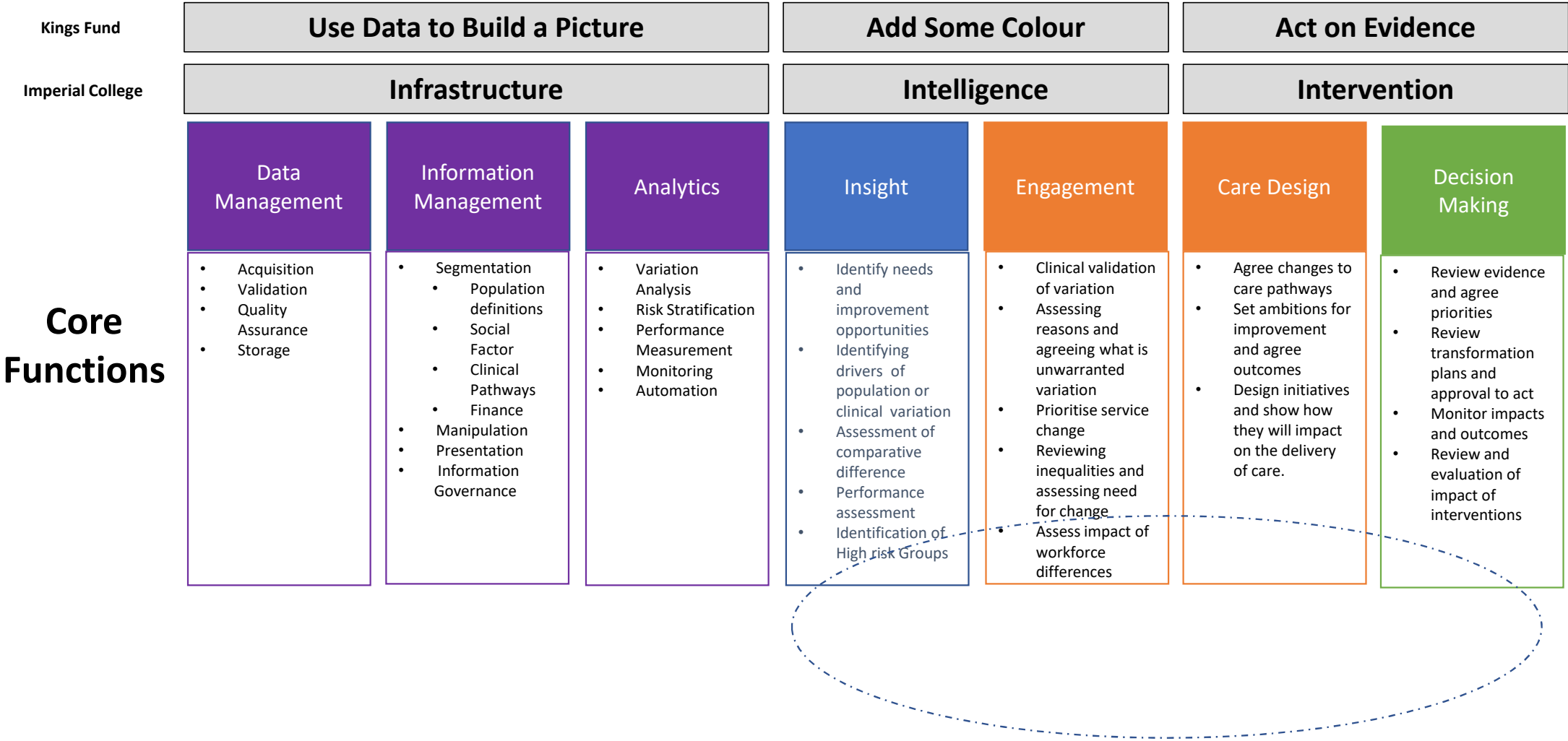


Answer- *“the relentless rise in the intensity and volume of clinical practice”* (Eddy)



Source: Office for Budget Responsibility

Population Health Management Analytic Framework



Each innovation session leads to a breadth of concepts/ initiatives across each challenge areas

Dependent on capacity & funding

EXAMPLE

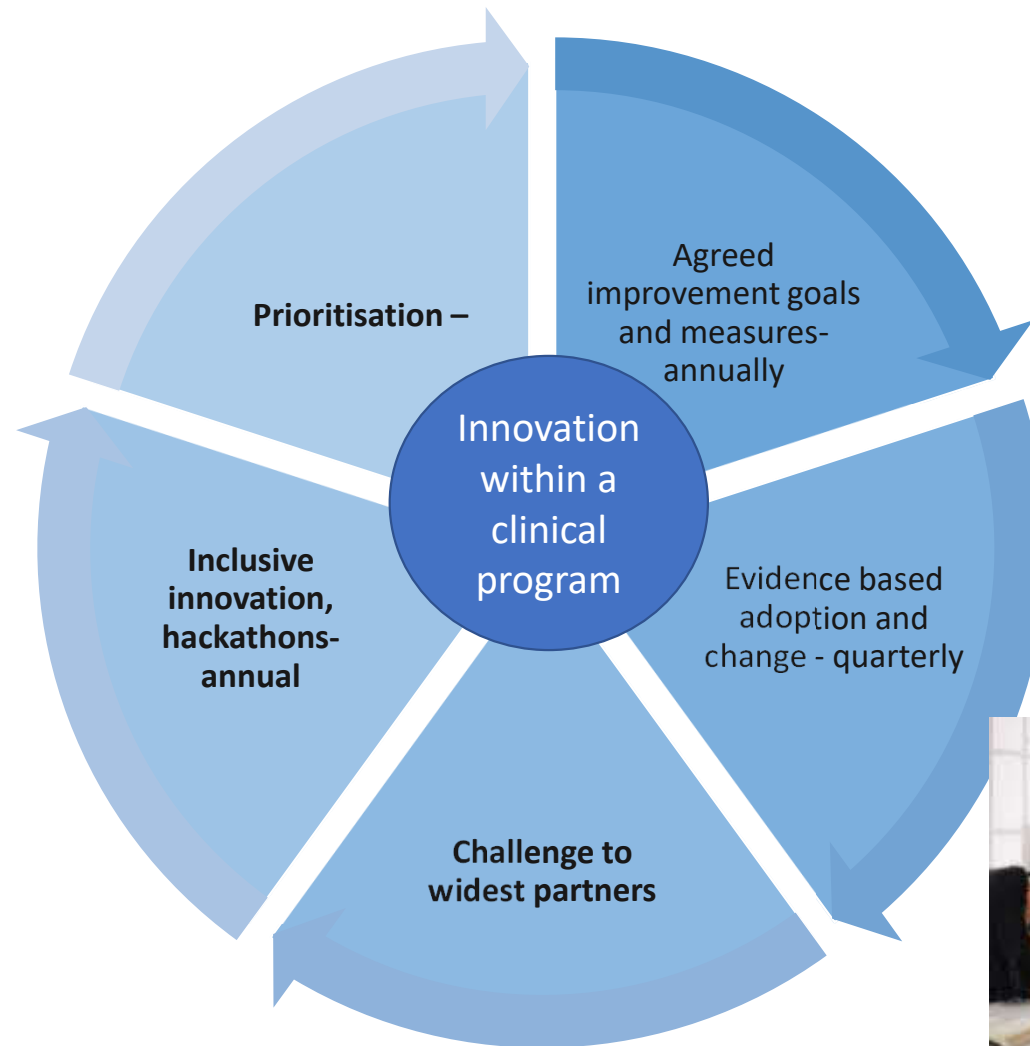
A mobile app that gives you access to GPs, physiotherapists, nurses and pharmacists for virtual consultations on demand

Develop innovation sessions with clinician, patient and population research to help focus innovation efforts
Pre-work required for best practice, policy, peer influence, adoption challenges

~4-6 per year

EXAMPLE

Outpatient diagnosis and consultation



Ground ourselves in the high-level objectives where you are looking to for future change

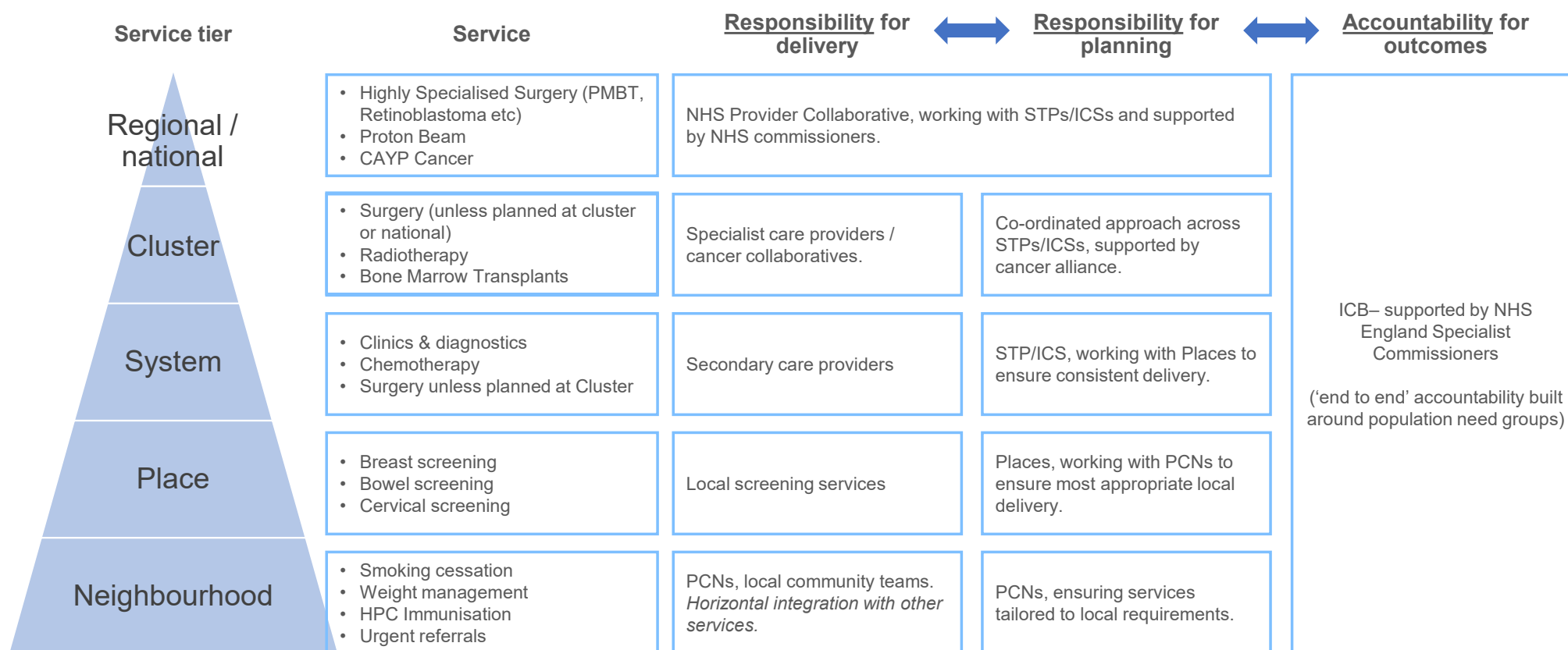
~1-3 per year

EXAMPLE

Telemedicine



Stage 4: Integrated planning governance example - Cancer



Connected planning

Old World vs New World



Old world



For the few

Siloed

Target driven

Subjective

Excel by default

Plan only

Static

Negative

New world



Collaborative

Connected

Decision driven

Optimised

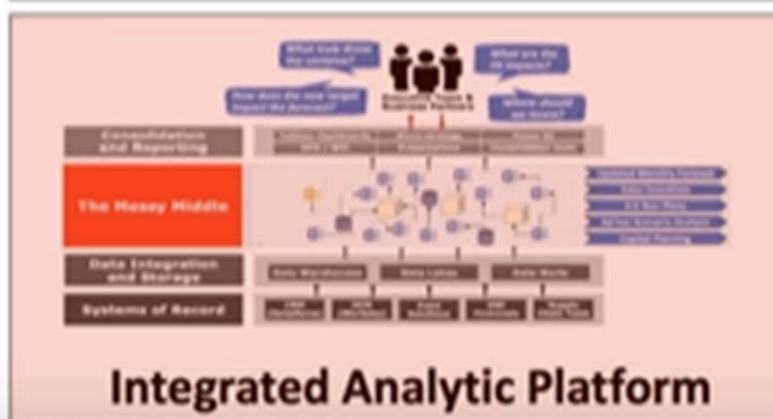
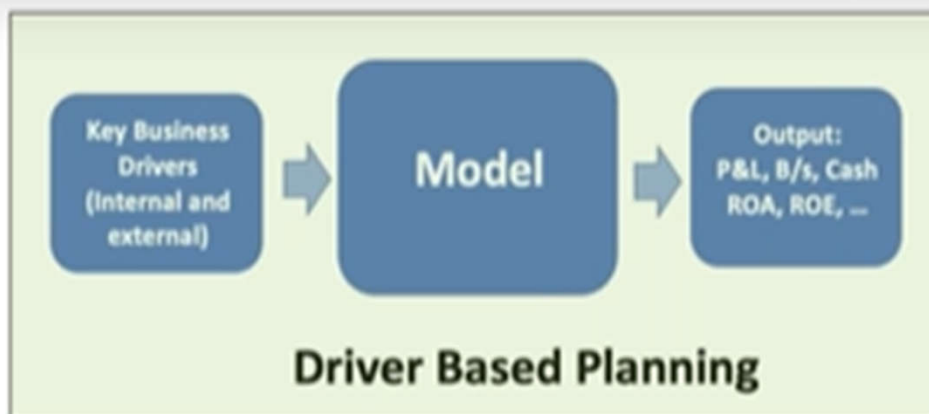
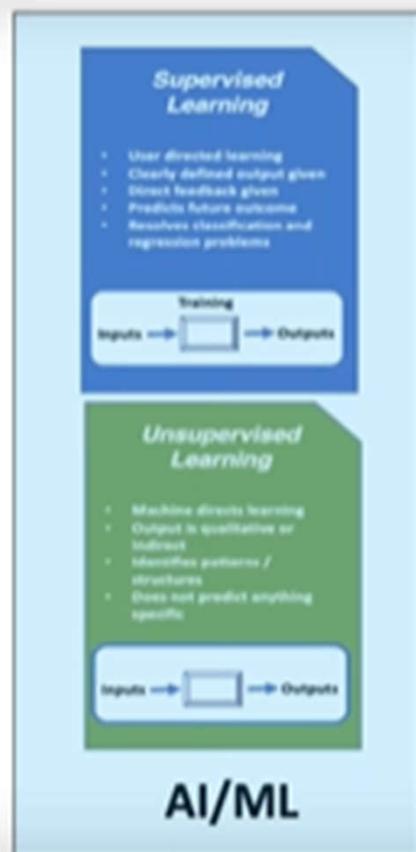
Purpose built planning technology

Executable

Agile

Positive

Top Technology Trends: Summary



Technology is just an enabler

No one technology has all the answers

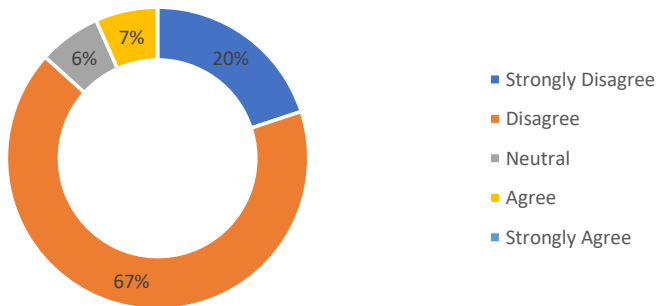
It requires:

- Continued investment in systems
- Adopting new management processes
- Having skilled staff

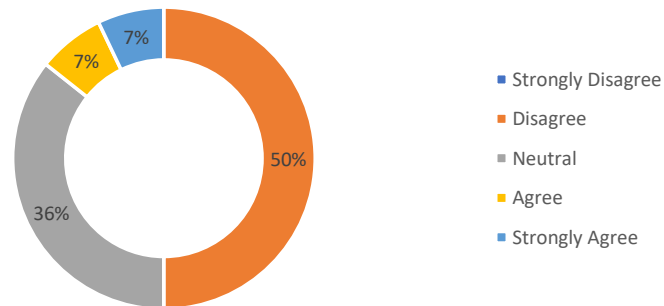
Emerging results of the NHS planning survey ...



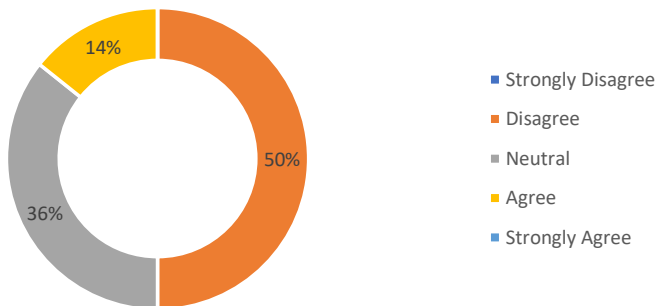
Current planning processes in the NHS are well integrated and not siloed.



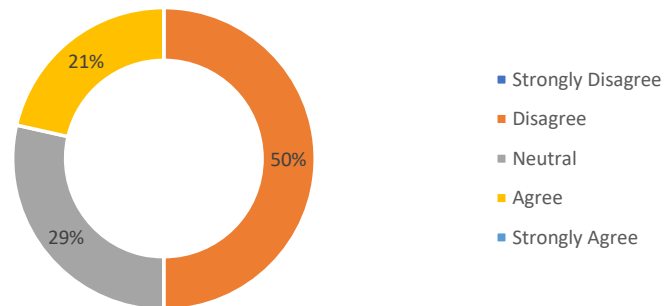
I have positive experiences with current planning processes in the NHS.



Planning processes within the NHS are collaborative.



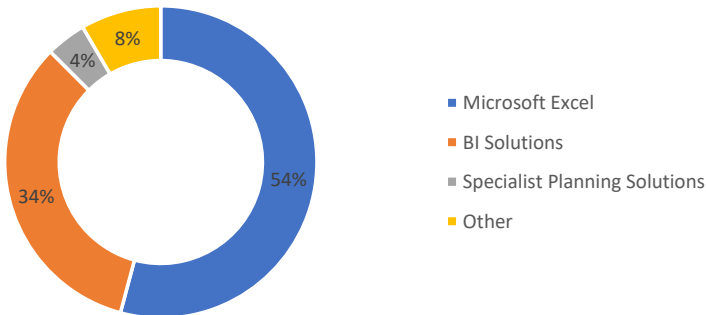
There is high focus on clear shared goals with regards to current planning processes.



Emerging results of the NHS planning survey ...

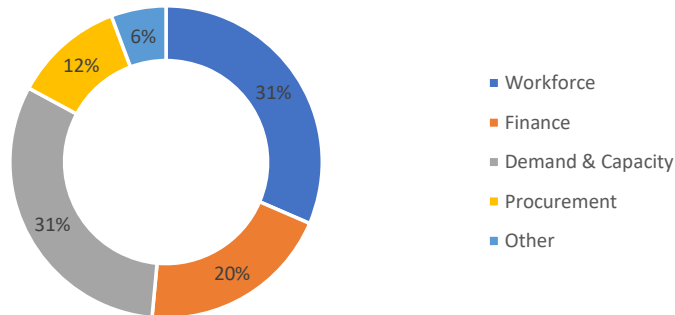


What technologies do you use for your planning processes?



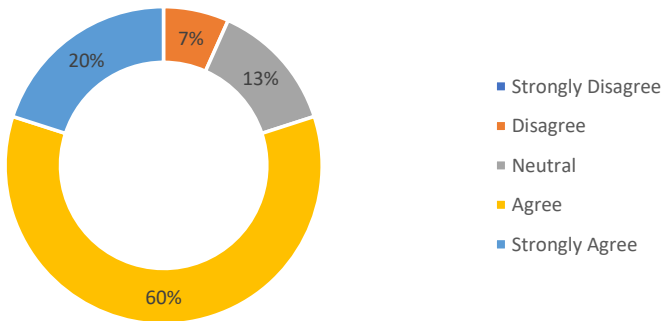
Other processes mentioned included STAR for resource allocation, quality improvement approaches, Lean and NLP high performing teams

Which of the following specialist planning solutions do you feel should be prioritised for development?

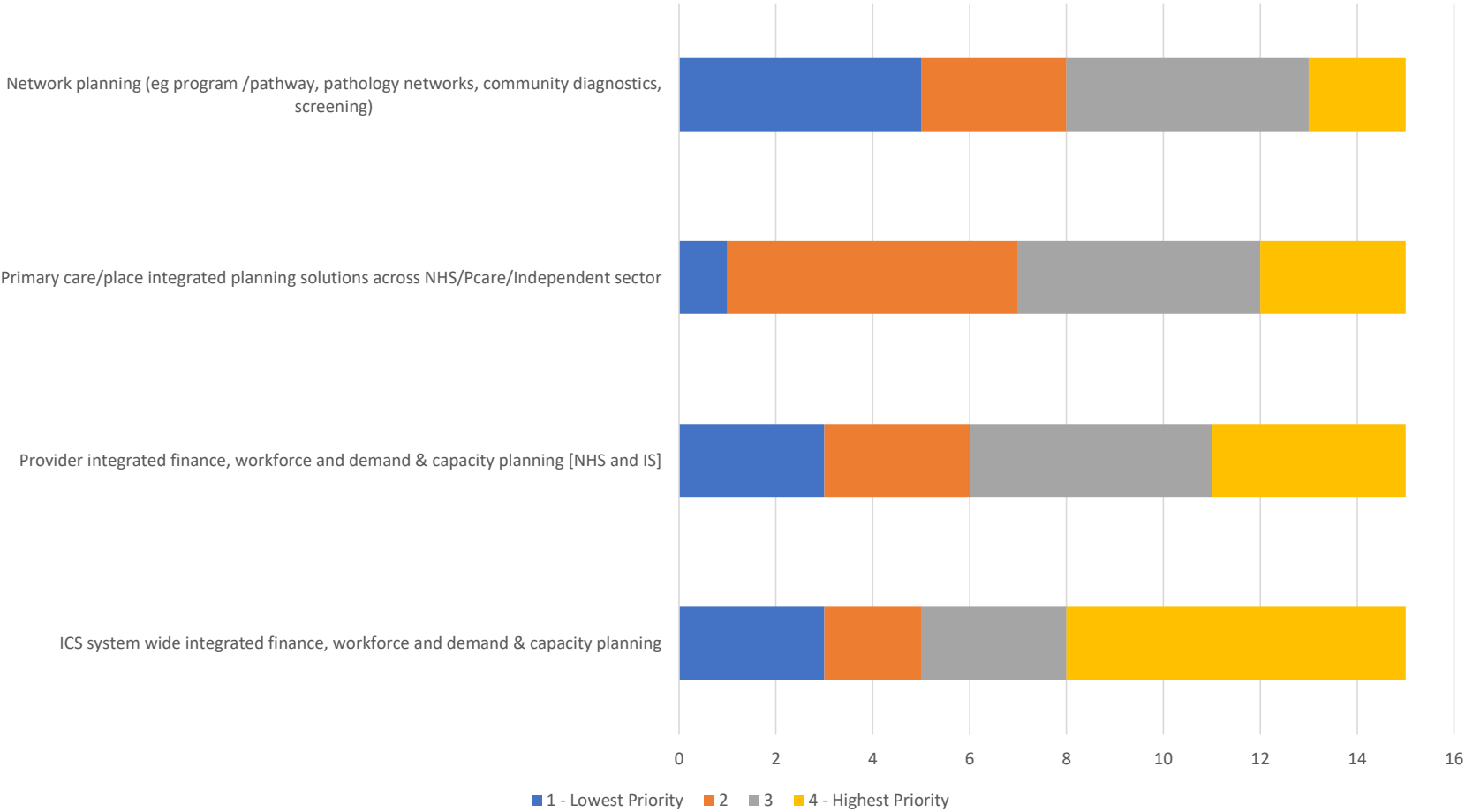


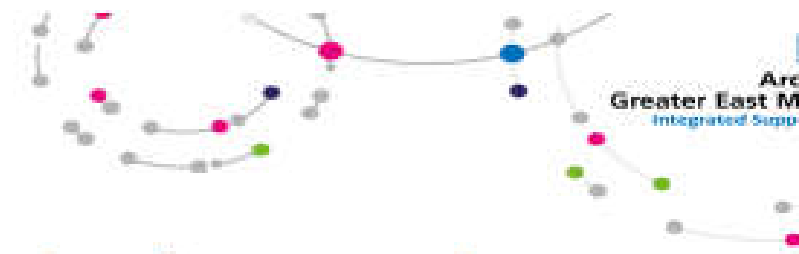
Other solutions mentioned ways of incorporating data beyond of acute settings, impact of changed pathways as well as the triangulation of workforce, finance and activity

On a scale of 1-5, is improvement of planning and decision-making processes a priority in your organisation?



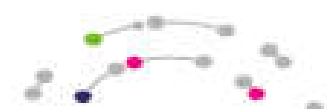
Emerging results of the NHS planning survey ...





Customised solutions for the whole NHS

ICS	Provider Collaboratives	Acute Providers
Mental Health Providers	Community Providers	Ambulance Providers
Pathology Networks	Radiology Networks	Cancer Networks
Screening Services	Community Diagnostic Centres	Procurement Collaboratives
Collaborative Staff Banks		

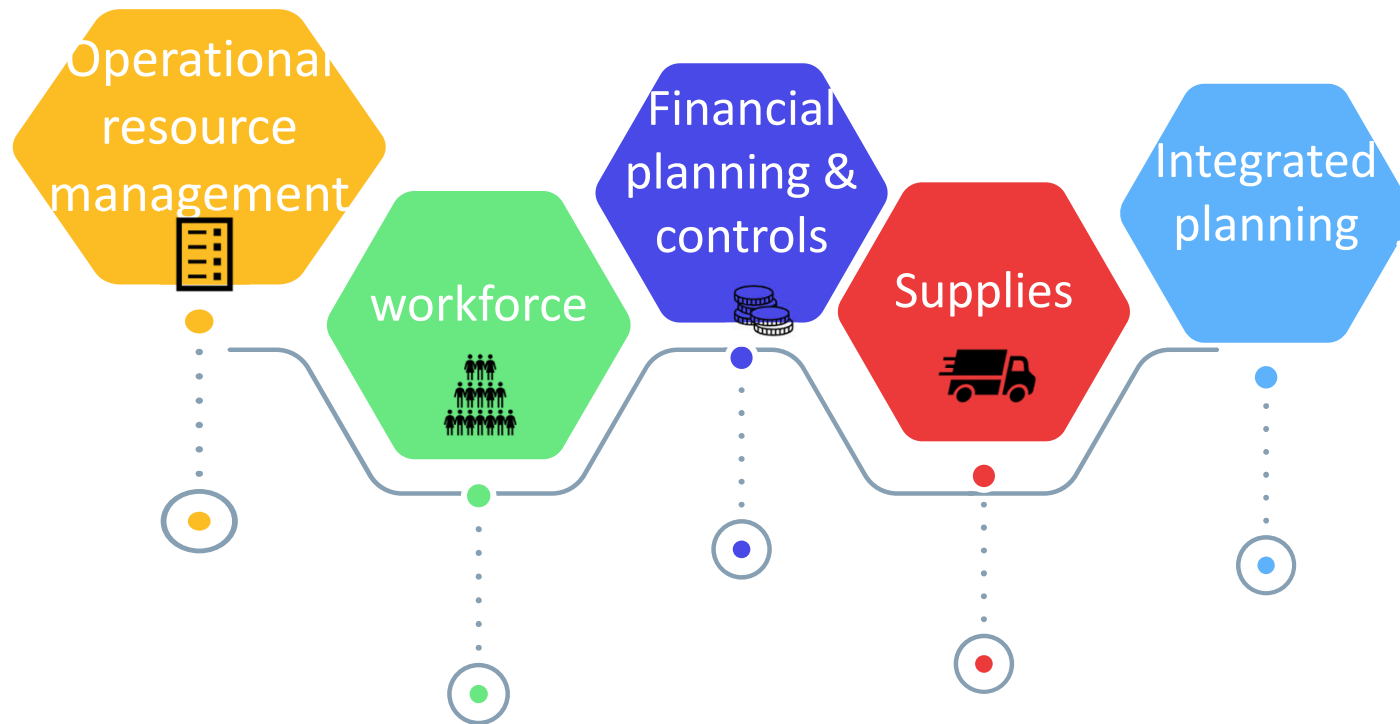


Connected planning example for an acute provider



Greater East M
Integrated Supp

Connected Planning



The first 4 connectors ?

Connected planning



Connected planning



Connected planning



Connected planning

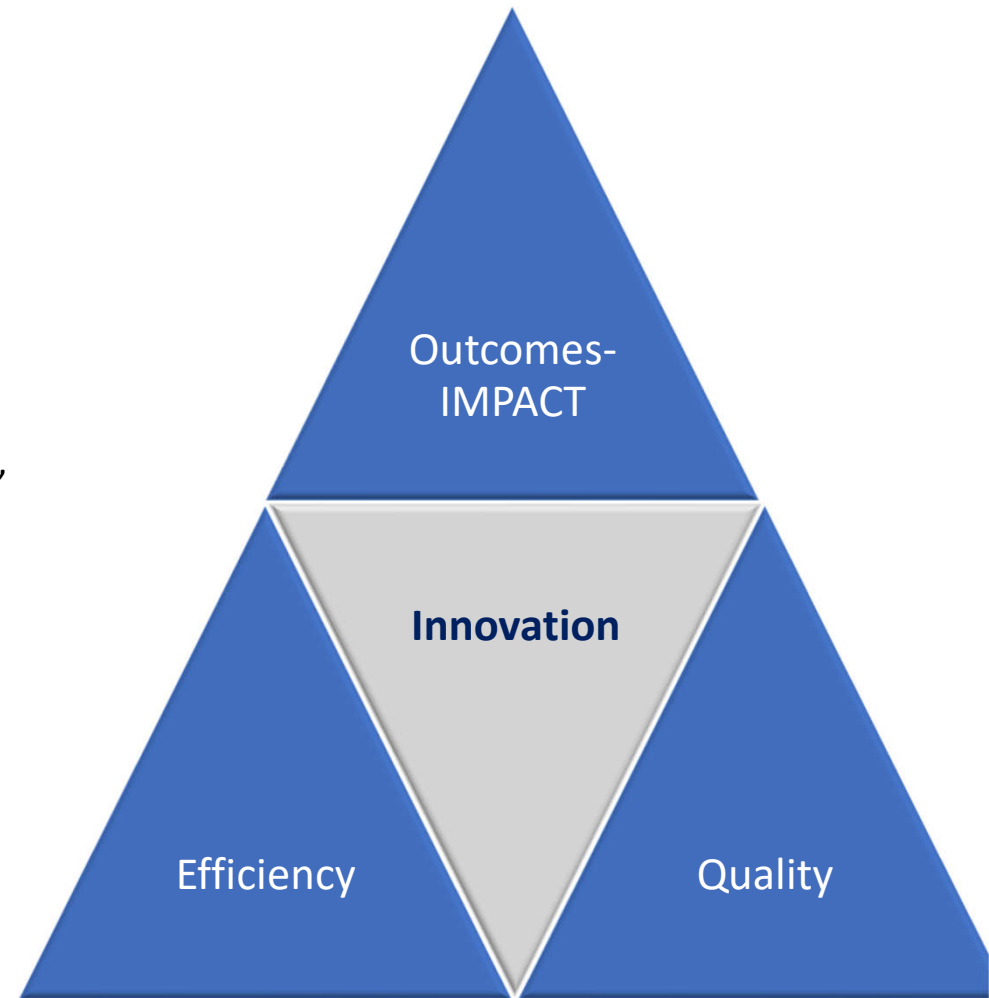


Connected planning



Vaccinations – a best practice example ?

- **Strategy** – clear targets for up-take, focus on inequalities [protected characteristics], access and choice.
 - Demand planning by cohort
 - Performance assumptions- throughput, uptake and target date
- **Operating planning** model – supported by single set of integrated resource management approaches
 - Workforce – planning, recruitment and deployment including armed forces, volunteers
 - Estates- locations, leases, utilisation rates
 - Supplies – vaccines, delivery schedules, inventory management, wastage controls
 - Dashboards [but not interactive ?]
- **Impact reporting**
 - Efficiency /cost – per vaccine, performance/throughput by site
 - Quality – never events, satisfaction, clinical governance
 - Uptake reporting
 - By geography
 - By population age, gender, ethnicity,
 - NHS/workforce



Innovation



1...Taking the services to the patients- available and accessible – extended hours and locations

High street

Work

Schools

Health centres

Staff at Jaguar Land Rover Solihull get jabbed and ready for winter

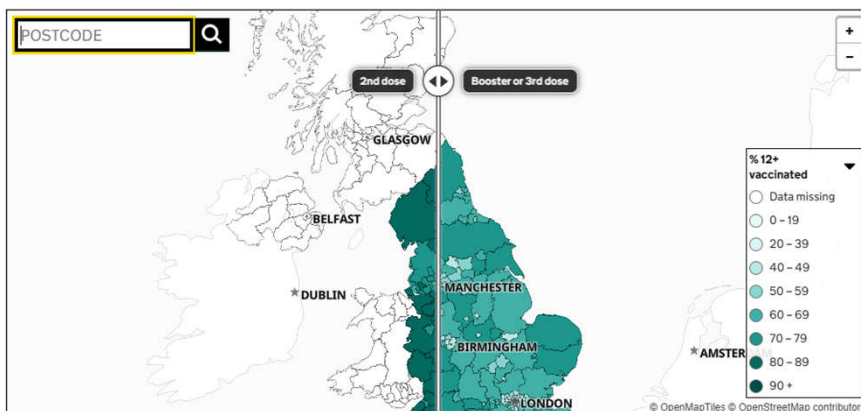
Released: Thursday 6th October, 2022

In late September, Jaguar Land Rover's Solihull plant opened its doors to NHS staff and an independent provider (Flu Xpress) to deliver COVID vaccinations to eligible staff and offer free flu jabs to all its staff.



2 Using demographic data to drive focus for uptake

Interactive map of vaccinations

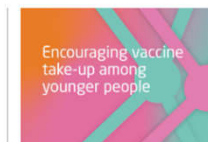


3 Use behavioural insights science to understand and influence



Second vaccine jab compliance

Ensuring residents take their second vaccine dose could be a challenge with which councils can support PHE and the NHS.



Encouraging vaccine take-up among younger people

Encouraging vaccine take-up is likely to become more challenging, especially when reaching the lowest priority younger generations.





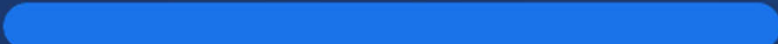

Maintaining preventive behaviours post-vaccine

In a national poll (YouGov, 2020) 29 per cent said they were less likely to follow the rules after vaccines and 11 per cent said they would not follow the rules.

Quick survey

- Participants can vote at [Slido.com](https://www.slido.com) with #4341910(22 Feb)

whats your priority :

1. integrated top down/bottom up finance, wkf and capacity plans

2. operational financial planning and controls

3. capacity and system flow planning

4. workforce planning and recruitment controls

5. population segment planning
