

# ***What Good Looks Like and Who Pays For What***

*Will Monaghan, Director of Operations, NHSX*

*Will Goodwin, Assistant Director of Programmes - What Good Looks Like, NHSX*

*Will Johnson, Deputy Director, Centre for Improving Data Collaboration, NHSX*

**HFMA Annual Conference - Wednesday 8th December 2021**



The only way the NHS can meet the challenges of rising demand, costs and expectations is to use digital technology to transform itself. There is huge potential to improve productivity, safety, experience and outcomes for patients, people in care, and the workforce.

## Digitise

Level up NHS and social care services to ensure they have a core level of infrastructure, digitisation and skills



## Connect

Join services together through technology, allowing health and care providers to share information with one another and take a shared approach to procurement and implementation



## Transform

Using the platform of a digitised, interoperable, connected health and care system to deliver services more effectively and productively, and with the citizen at the centre



# What Good Looks Like



## Framework for ICSs and organisations

What Good Looks Like is directed at **ALL health and care leaders**, as they work with their system partners, and sets out what good looks like at both a system and organisation level. It describes how arrangements across a whole ICS, including all its constituent organisations can support success.

The framework includes success measures for **ICSs** and success measures for **organisations**.

# Achieving What Good Looks Like



- **Empower** frontline leaders
- Create a clear vision for **good digital practice**
- Generate powerful **local and national insights**
- Create a vibrant **community** for sharing **good practice**

**Publication Framework**

**Assessment Framework**

**Frontline Support**

**Online resources /  
Knowledge Hub**

**Peer support / Community**

# What Good Looks Like journey



Publication

Assessment

Frontline Support, Online resources /  
Knowledge Hub, Peer support / Community

1

2

3

4

5

6

**Awareness**

**Assessment**

**Results**

**Engagement**

**Action**

**Evolve**

WGLL  
Published

Understand  
strengths

Review and  
define  
priorities

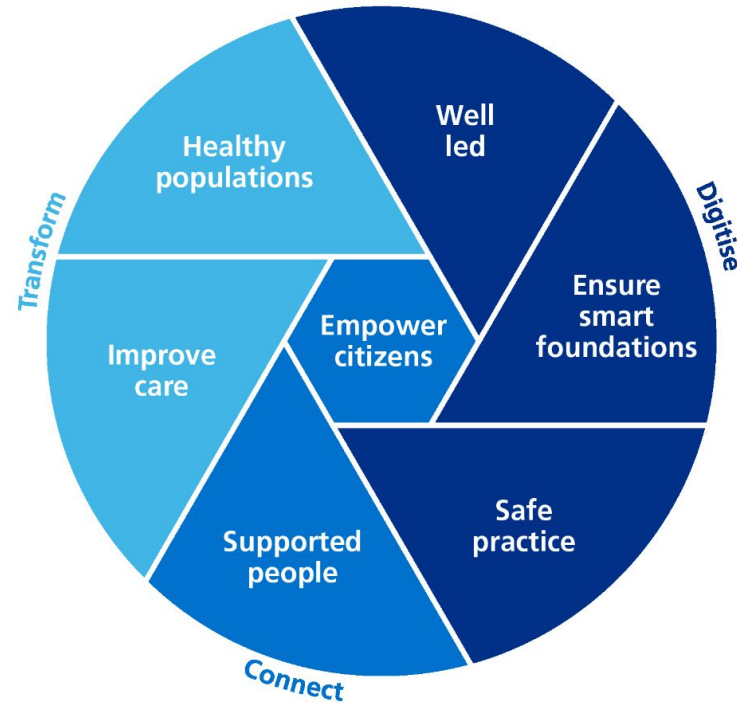
Support to help  
get started

Practical tools  
and support to  
get things done

Maintain /  
continue to  
improve

Aligned with wider ICS programme work...

# What Good Looks Like seven success measures



# Seven success measures



## Healthy Populations

Your ICS uses **data to design** and **deliver improvements** to population health and wellbeing, making best use of collective resources. Insights from data are used to improve outcomes and address health inequalities.

## Improve Care

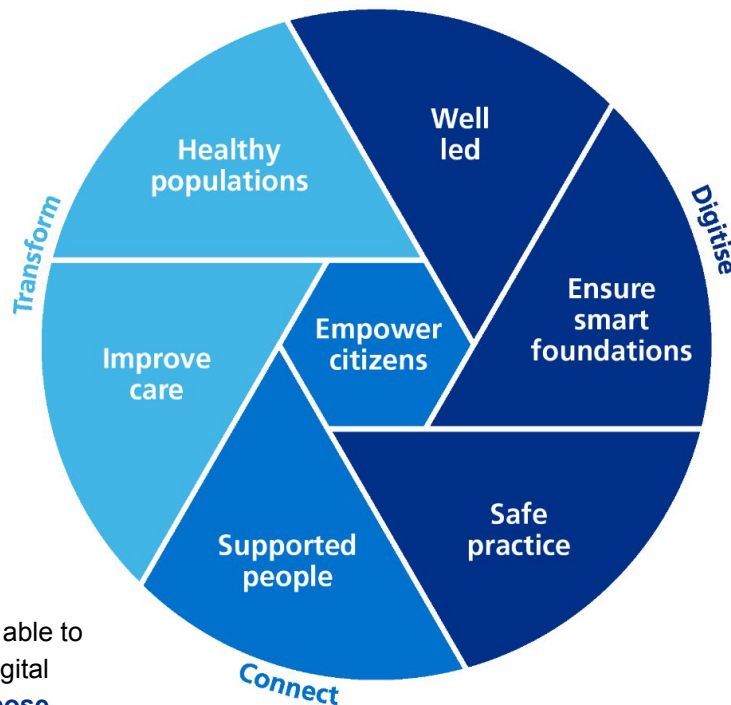
Your ICS embeds **digital and data** within their **improvement capability** to transform care pathways, reduce unwarranted variation and improve health and wellbeing. Digital solutions enhance services for patients.

## Empower citizens

Citizens are at the **centre of service design** and have access to a standard set of digital services that suit all literacy and digital inclusion needs. Citizens can access and contribute to their healthcare information, taking an **active role** in their health and well-being.

## Supported people

Your workforce is **digitally literate** and are able to work optimally with data and technology. Digital and data tools and systems are **fit for purpose** and support staff to do their jobs well.



## Well Led

Leaders across the ICS **own and drive** the digital transformation journey. All leaders **promote digitally enabled transformation**. Integrated Care Boards build digital and data expertise and accountability into their **leadership and governance arrangements**.

## Ensuring Smart Foundations

Digital, data and infrastructure operating environments are **reliable, modern, secure, sustainable and resilient**. Across your ICS, all organisations have well-resourced teams who are competent to deliver modern digital and data services.

## Safe Practice

Organisations across the ICS maintain **standards for safe care**, as set out by the Digital Technology Assessment Criteria for health and social care (DTAC). They routinely review system-wide security, sustainability and resilience.

# What Good Looks Like is not static



## Evolve

- Review
- Improve

## Framework

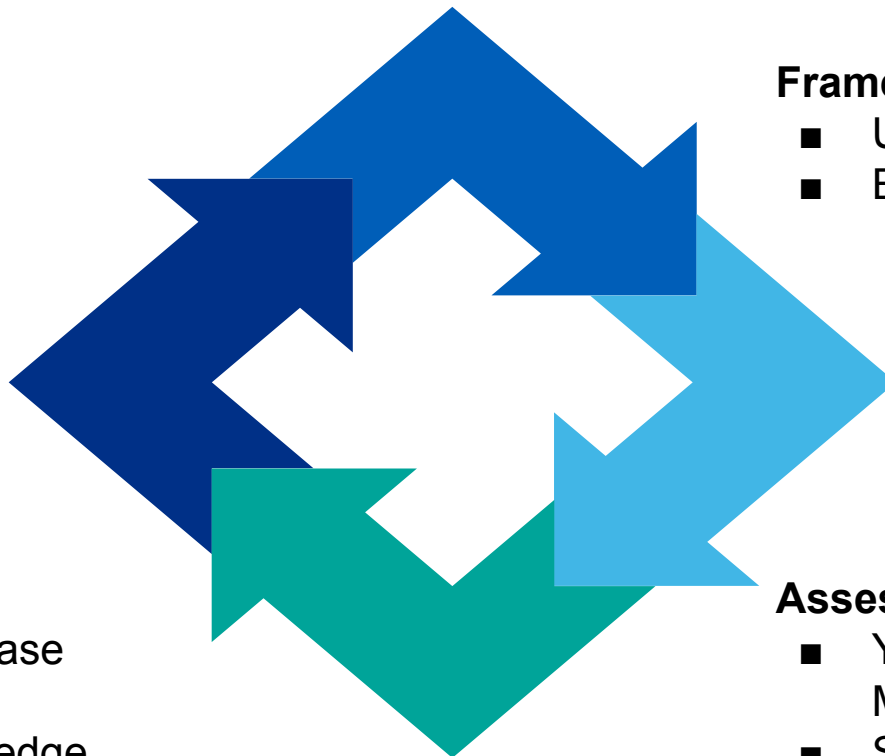
- Update
- Expand

## Support

- Knowledge base
- Snipit
- Expert knowledge

## Assessment

- Yearly measure of Digital Maturity
- Self assessment tools



# What Good Looks Like Proposals for 21/22



	Q3		Q4		
	Nov	Dec	Jan	Feb	Mar
Framework		<ul style="list-style-type: none"> <li>WGLL Assurance Board Creation</li> </ul>	<ul style="list-style-type: none"> <li>WGLL framework review discovery phase</li> </ul>	<ul style="list-style-type: none"> <li>WGLL framework review</li> <li>WGLL for Social Care discovery phase</li> </ul>	<ul style="list-style-type: none"> <li>WGLL for Nurses Launch</li> <li>WGLL amendments to framework</li> </ul>
Assessment	<ul style="list-style-type: none"> <li>Phase 1 (10 Sept - 10 Jan) - Supported people Acute EPR survey</li> </ul>	<ul style="list-style-type: none"> <li>Phase 2 (16 Dec - 26 Jan) - Smart Foundations, Well Led</li> </ul>	<ul style="list-style-type: none"> <li>Phase 3 (Jan 22) - Safe Practice, Empower citizens, Improve care, Healthy populations</li> </ul>	<ul style="list-style-type: none"> <li>Peer Reviews</li> </ul>	<ul style="list-style-type: none"> <li>Peer Reviews</li> <li>Results</li> <li>WGLL for Nurses self assessment launch</li> </ul>
Support	<ul style="list-style-type: none"> <li>FuturesNHS Achieving WGLL MVP</li> <li>Knowledge Base MVP</li> </ul>	<ul style="list-style-type: none"> <li>Snipit MVP</li> </ul>	<ul style="list-style-type: none"> <li>Place based support offer launch</li> <li>Snipit alpha testing</li> <li>FuturesNHS Achieving WGLL public launch</li> <li>Knowledge Base public launch</li> </ul>		<ul style="list-style-type: none"> <li>Support offer expanded to support Social Care and Nurses (Snipit, knowledge base etc)</li> <li>Snipit beta testing</li> </ul>

# Connect with us

[www.nhsx.nhs.uk/digitise-connect-transform/](http://www.nhsx.nhs.uk/digitise-connect-transform/)

**Email:** [wgl@nhsx.nhs.uk](mailto:wgl@nhsx.nhs.uk)



**@NHSX**



[www.linkedin.com/  
company/nhsx](http://www.linkedin.com/company/nhsx)



# Who Pays for What?



# What problems we are trying to fix?



- The *Who Pays For What?* proposals - published on 31st August - describe the barriers to investment in digital technology and how we propose to start to fix them in 2021/22 and beyond

## Complex funding arrangements

- **Uncertainty** over what is funded nationally, and **from what pots of money**
- **Single-year budgets** and **late notification** of funding
- Burdensome and duplicative **bidding process**
- Wrong mix of **capital** and **revenue**
- Funding allocated to **providers rather than ICSs**

## Payment, financial and other policies that impede investment

- Aspects of the previous financial system have hindered the shift to digital pathways, e.g.:
  - **Organisational financial targets** focused on non-recurrent savings
  - **Activity-based payments** in outpatient settings
- Current policies **address these issues**, but provide **limited positive incentives** for digital transformation

## Lack of information for optimising tech investment

- Organisations do not know **how much they are spending on tech**, how much they **should** be spending or the **cumulative impact** of under-investment
- Measurable benefits of digital investment are **not widely understood**; and
- Some worthwhile investments have **no measurable financial payback**, for example an investment which reduces the chance of catastrophic failure from 1% to 0.1%

# How we will start to fix them



## Feedback from frontline

Lack of clarity and visibility of funding sources and burdensome bidding processes.

Lack of information for optimising tech investment.

Lack of understanding of the benefits of digital investment

Current policies can inadvertently discourage digital solutions.

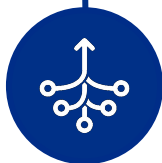
## Proposed solution

Consolidation of national funds and move to system allocations

Improve digital metrics and benchmarking

Provide tools to help identify, quantify and track benefits

Aligning national policies to better support digital investment



# Unified Tech Fund



The [Unified Tech Fund](#) ensures **a single entry point** for applications.

- On 31 August 2021, NHSX published the **Unified Tech Fund Prospectus** and accompanying **application form**.
- The prospectus details the **scope of each fund and their respective eligibility criteria**, whilst our application form enables applicants to choose which funds they wish to apply for
- Funding is now **available to access**, each fund has a closing date that applicants must be aware of.
- A **monthly review board** will convene for oversight and to ensure that all approved bids are **fair and equitable**.

Email: [utf@nhsx.nhs.uk](mailto:utf@nhsx.nhs.uk)

# UTF - summary of funds



Fund	Closing date	Available funding
Frontline digitisation	15 October 2021	£308 million
Shared care records	22 March 2022	£50 million
Cyber security infrastructure fund	23 December 2021	£27 million
Digital productivity	30 November 2021	£4 million
Digital pharmacy, optometry, dental, ambulance and community (PODAC)	7 October 2021	£6 million
Diagnostics	23 December 2021	£235 million
Digital maternity	15 November 2021	£50 million
Digitising Social Care	29 October 2021	£8 million
Elective recovery technology fund	29 October 2021	£250 million

# 22/23 and beyond - latest thinking



# What we've committed to



“In 2022 to 2023, we will begin to allocate funding envelopes to ICSs before the start of the financial year rather than asking them to bid for it. Initially this will prioritise the need for levelling-up tech capabilities and will then move to a fair shares basis once sufficient progress has been made. We will move as rapidly as possible to give systems control over a significant majority of the funding available.”

# Proposals for 2022/23 onwards



ICSs will be expected to fund delivery of their tech plans and the WGLL objectives from their own budgets, and over the next four years will be given control of more resources with which to do so.

## ICS funding (incl.core budgets)



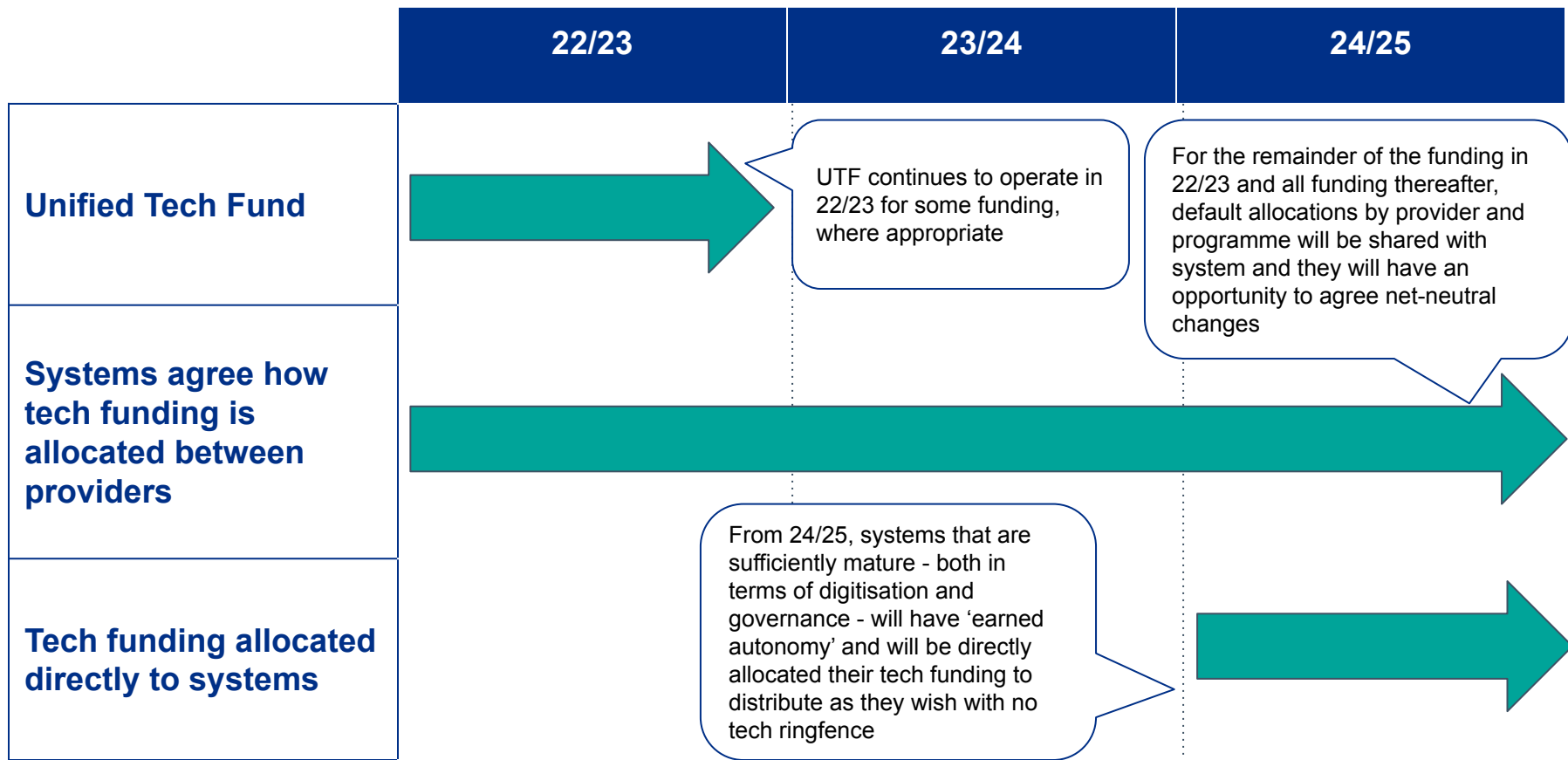
- Applications such as EPRs
- Cloud services and data centres
- Core kit and supplies including laptops, printers, telecoms and networks
- Local cybersecurity measures
- IT programme management
- Training
- IT service management
- System transformation, for example shared care records

## National funding



- National products such as the NHS App
- National infrastructure
- Pilots linked to the NHS Long Term Plan commitments in advance of national scaling
- Things that need to be done across multiple ICS areas (such as Office 365)

# Transition to system allocations



# Proposed allocation principles



	Fair-shares	Levelling-up	Strategic investment
What we mean by this approach	Pro rata according to population needs. e.g. CCG allocations	Allocating more resources to those that are less digitally mature to help them catch-up	Allocation funds based on alignment with strategic priorities and RoI/VfM
Funding to which we should apply this approach	Funding for new tech or for the maintenance and improvement of existing tech where all providers/systems are already at the minimum standard	Funding for maintenance or improvement of existing tech where there significant variation in maturity and a significant number of providers/systems fall below the minimum standard	Significant investments or funding for pilots for which there isn't enough funding to pursue a fair shares or levelling up approach in any given year
Indicative examples	<b>Social care, innovation scaling, primary care, digital productivity</b>	<b>Shared Care Records, Cyber security</b>	<b>Frontline Digitisation, innovation / productivity pilots (pre-scaling)</b>

# Connect with us

**Web:** [www.nhsx.nhs.uk](http://www.nhsx.nhs.uk)

**Email:** [feedback.wpfw@nhsx.nhs.uk](mailto:feedback.wpfw@nhsx.nhs.uk)



**@NHSX**



**[www.linkedin.com/  
company/nhsx](http://www.linkedin.com/company/nhsx)**



# Questions