Lunch & Networking

Chair Afternoon Address

Dr Gurnak Singh Dosanjh

GP - LLR ICB

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Case Study

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Jason Cohen

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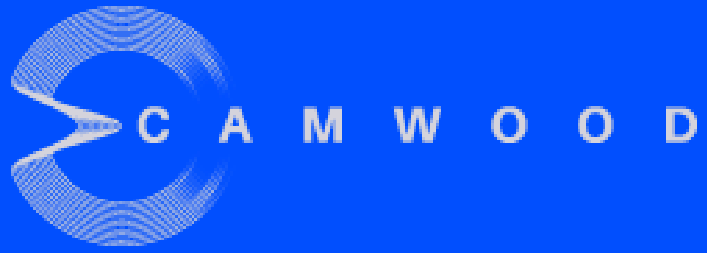

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Tech Solutions

We give you the power to help transform anywhere across your organisation

- Hybrid infrastructure
- Cloud
- Security
- Workplace

- Microsoft
- Software & Licensing
- Services

Some of our NHS customers

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Tech Solutions

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London Ambulance Service
NHS Trust

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

NHS
Epsom and St Helier University Hospitals
NHS Trust

NHS
Gateshead Health
NHS Foundation Trust

NHS
Black Country
Integrated Care Board

NHS
Health Education England

NHS
University Hospitals Coventry and Warwickshire
NHS Trust

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- Our partner ecosystem is vital to our success.
- We partner with a range of technology partners that lead in their field.
- Bringing innovative solutions to market that solve complex data problems.
- We simplify data infrastructure, ensuring you stay ahead of the competition and drive real value from your data.

Data is at the heart of what our customers do.

We help customers to manage, transform, secure and monetise their **Data**

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Data Fitness Training Plan

Let’s start with a quiz

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Now is a critical moment for data.

Less than 5%

IDC; Data in context 2022

Market Conditions.

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Now is a critical moment for data.

Data Silos

94%

Customers have data in more than 2 silos

No self-service

50%

LOB time spent searching for data

Privacy & Compliance

42%

CDOs report privacy is a challenge

55%

Data Scientists say data quality is biggest issue

Lack of trust in data

30%

Productivity gains using analytics

Low productivity

The AI race is on.

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AI has taken the lead as a driver of business value and if you don't step up, you'll be left behind. What's holding you back is your level of confidence in your data. **How do you gain the strength, speed, and agility you need to stay competitive?**

Essential capabilities for AI survival:

- Managing the growing volume and variety of data.
- Building trust with better quality data.
- Understanding data lineage for compliance.
- Aligning data initiatives with business objectives.
- Reap value from AI to keep a competitive edge.

What do we mean by Data Fitness?

Now is a critical moment for data.

Essential capabilities to be data fit:

- Data on the optimal storage tier.
- Rules based ‘ROT’ retention.
- Well governed data.
- Good quality trusted data.
- Connected data, no silos.
- Accessible, on-demand, self-service.

My Typical Data Fitness Training Plan

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Now is a critical moment for data.

ASSESS

- Connect to data sources
- Run optimiser for classification
- Analyse results
- Consultative data strategy for roll out
- Interactive PowerBI dashboard

30 DAYS

OPTIMISE

- Establish clear engagement with department level data owners
- Automate data management to optimise enterprise wide savings
- Lower tier data residing in optimised storage

60 DAYS

SCALE

- Hot and cold data in use classified, secured certified and trusted
- On-going data management
- Managed data service

90 DAYS

REALISE

Up to 35%
reduction on ROT data

Up to 55%
reduction on duplicate files

120 DAYS

Keeping my Data Fitness Plan Real

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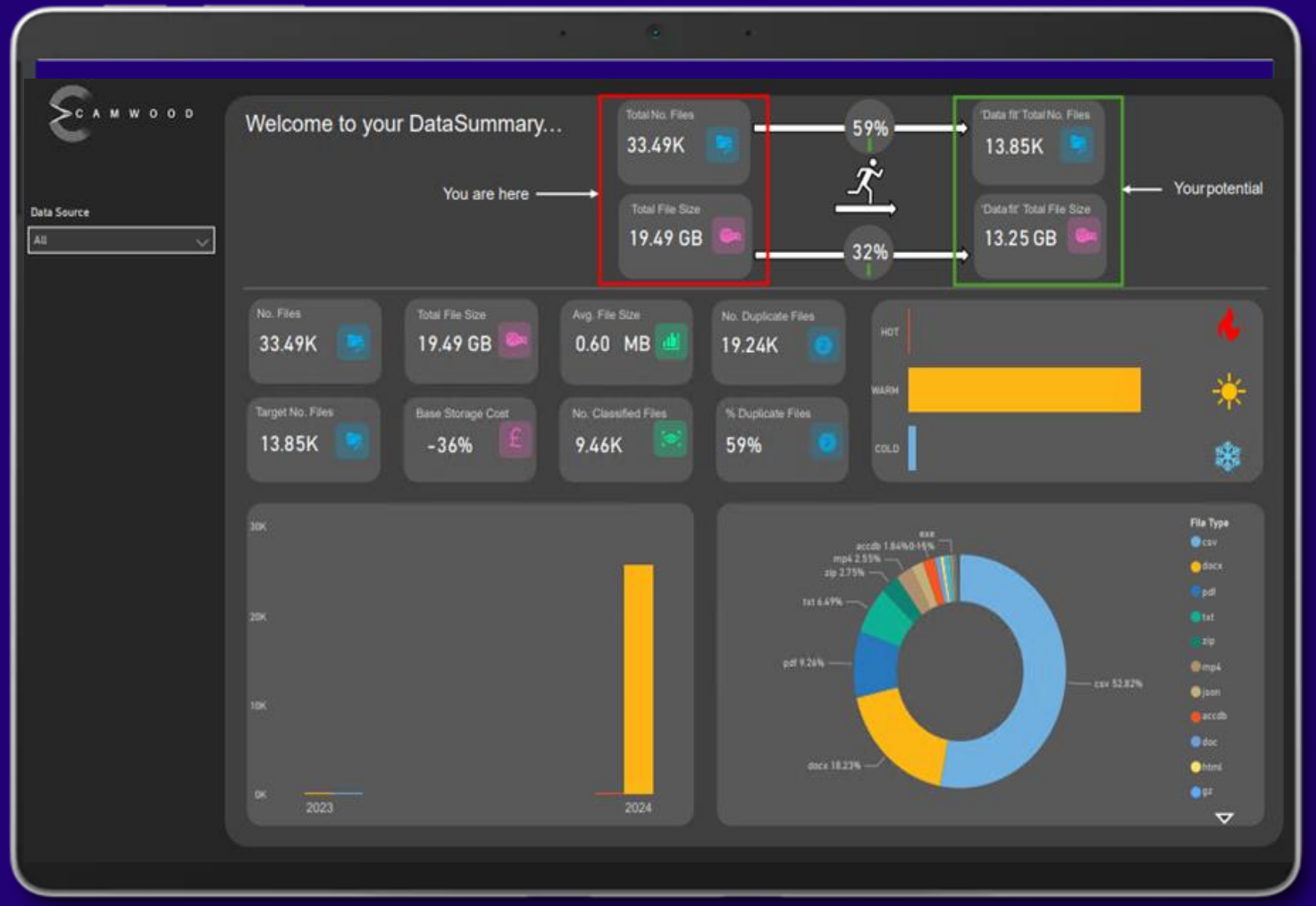

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Data Fitness Training Plan

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United in advancing **healthcare** with **tech**

Let us **work together to make a difference**.

Come and **visit us** today to **find out more.**

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Stuart Bradshaw
Healthcare
Advisory Lead
Avanade

Matthew Chase
Head of Healthcare
Avanade

Keynote Presentation

Santosh Kumar
Lead Data Scientist
The Health Economics Unit, NHS (MLCSU)

Health Economics Unit

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Midlands and Lancashire
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Allocative Efficiency and the Hewitt Review

Santosh Kumar
Lead Data Scientist
Health Economics Unit

Who are the Health Economics Unit?

The Team

- Our expert team includes senior advisors to NHS England in population health and an NHS-dedicated analyst with many years' experience with national and local linked, integrated datasets.
- We have significant breadth of experience in policy, industry, communications, data science and health economics, including recent and relevant experience in health service redesign.
- We are a dedicated team with a flexible, collaborative approach and a wealth of experience in delivering effective and impactful healthcare projects and services. Individual project teams are formed to meet the needs of each piece of work/client.
- Our aim is to deliver impactful insights to power the future of health and care delivery by focusing on our core pillars - evidence generation, Population health management, advanced analytics and training and consultancy

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The Hewitt Review

The Hewitt Review

Into oversight, governance and accountability of integrated care systems (ICSs)

While accepting that there will always need to be accountability to national bodies and government, Hewitt wants to replace the current performance management culture with a stronger focus on learning and improvement.

The review proposes some specific measures that could help to turn the tide, including:

- Fewer national targets, with local priorities given equal weight to national targets
- Stronger mutual accountability within systems, including a national peer review offer to help systems compare themselves against each other, and an explicit role for joint overview and scrutiny committees in scrutinising the work of ICSs
- CQC assessments of systems to be framed as developmental feedback rather than a compliance checklist, and to include an assessment of whether system partners are developing ‘a framework of mutual accountability’
- Smarter use of data for accountability to reduce the reporting burdens on ICBs
- Strengthening learning and improvement capabilities in systems by shifting resources from regions to ICBs

The Hewitt Review

"Against the backdrop of those health challenges, we cannot just keep doing more of the same. The traditional way of operating a health system, where you have your hospitals and your primary care and you have your social care separate, and you have those things relatively siloed, is not a system that works in a world where people are living a long time with multiple health conditions. We know that the determinants of health are much broader than just what happens in a hospital. They include housing, wider care and education. Joining up is an imperative, both for improving health outcomes and for having a sustainable, affordable health system to get what we want."

Helen Whately, MP, Minister of State for Social Care

It has also long been recognised that the NHS is, in practice, more of a National Illness Service than a National Health Service. Despite important and continuing efforts by NHS England, the reality is that we are a very long way from devoting anything like the same amount of time, energy and money to the causes of poor health as to its treatment. That cannot be done by the NHS alone and ICSs - established as equal partnerships between local government, the NHS, the voluntary, community, faith and social enterprise sector, social care providers and others - are the right vehicle to build on and reinforce existing work.

Integrated care systems (ICSs)

- ICS's have four core purposes:
  - improve outcomes in population health and healthcare
  - tackle inequalities in outcomes, experience and access
  - enhance productivity and value for money
  - support broader social and economic development

Integrated care systems (ICSs) are partnerships that bring together local government, the NHS, social care providers, voluntary, community, faith and social enterprise (VCSFE) organisations and other partners to improve the lives of people who live and work in their area, in line with their 4 core purposes.

Each ICS includes a statutory integrated care partnership (ICP) and integrated care board (ICB).

The Hewitt Review

Why we need a new approach

There are 3 main reasons why we need a new approach for the health and care system:

- **First** and foremost are the immediate pressures upon the NHS and social care, already visible before the pandemic, but greatly worsened as a result of it. The public's immediate priorities for the NHS - access to primary care, urgent and emergency care, cancer, other 'elective' care, and mental health services - are just as important to ICSs as they are to ministers and NHS England.

- **Second**, there is a growing number of people living with complex, long-term physical and mental health conditions, often associated with serious disabilities or ageing.

- **Third**, as a nation, we are becoming less, rather than more healthy, both physically and mentally. More people spend longer in ill-health and die too young, particularly the least economically advantaged and those most affected by racism, discrimination and prejudice.

The Hewitt Review and STAR

Why STAR?

- The use of STAR addresses many of the recommendations of the Hewitt Review.
- It covers both the social and technical aspect of resource allocation.
- It can help tackle inequalities in health care provision and access.
- It encourages collaboration in decision making across traditional pathways in healthcare and PHM functions.
- It encourages more preventative interventions rather than treating an illness.

The Hewitt Review and STAR

Why STAR?

- STAR is a very flexible model and can be applied to numerous pathways within the healthcare landscape.
- It empowers local leaders to focus on improving outcomes for their populations, giving them greater control while making them more accountable for performance and spending, supported by the best available and transparent data.
- NHS policy has been mistaken for healthcare policy. In reality, the care and treatment provided by the NHS only accounts for a relatively small part of each individual's health and wellbeing. Significantly more important are the wider determinants of health.

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What is STAR?

STAR – Socio-Technical Allocation of Resources

- STAR Approach
  - Star – socio-technical allocation of resources – is an approach to priority setting.
  - It helps commissioners and those planning services to allocate their health resources to benefit patients in their community.
  - Developed with the London School of Economics.

- STAR Tool
  - The tool helps users to compare health and care interventions through simple ‘value triangle’ graphics. These show the ratio of costs to benefit, taking account of individual patient benefit and population health gain.

Technical Efficiency vs Allocative Efficiency

Technical efficiency is *doing things right* e.g. reducing unit costs by reducing lengths of stay or shifting care to more less expensive settings

Allocative efficiency is *doing the right things* e.g. allocating resources to achieve the most health gain for the population served and preventing future hospital admissions

Quirks of technical efficiency in healthcare

Jevons paradox

Increasing the efficiency with which a resource is used tends to increase the rate of consumption of that resource

Roemer's Law

In an insured population, a hospital bed built is a hospital bed filled.

Robert, R. et al. (2015) Influence of ICU-bed availability on ICU admission decisions. Annals of intensive care. [Online] 5 (1), 1–7.

What is Allocative Efficiency?

The best possible use of available resources in order to maximise health.

Environment

Social determinants

Primary Care

Behaviours

Social Care

Acute care

Maximised Health

What is Socio-Technical Allocation of Resources?

STAR is a structured and transparent way of setting priorities through synthesizing the views of key stakeholders and is informed by using the best available data drawing on principles of allocative efficiency.

'Socio' part
The social process entails engaging local, key stakeholders in building an understanding of the current pathway and model improvements. This is done with the help of a facilitator and visual models.

'Technical' part
The technical process entails the use of visual models based in health economic principles that can incorporate multiple criteria.

This is a high-level view of the process; the methods will be built collaboratively with clients and an external panel of experts in decision analysis and the selected pathway

STAR Project Overview – Socio-technical allocation of resources

Source: adopted from PHE prioritisation framework and Airoldi et al., 2014

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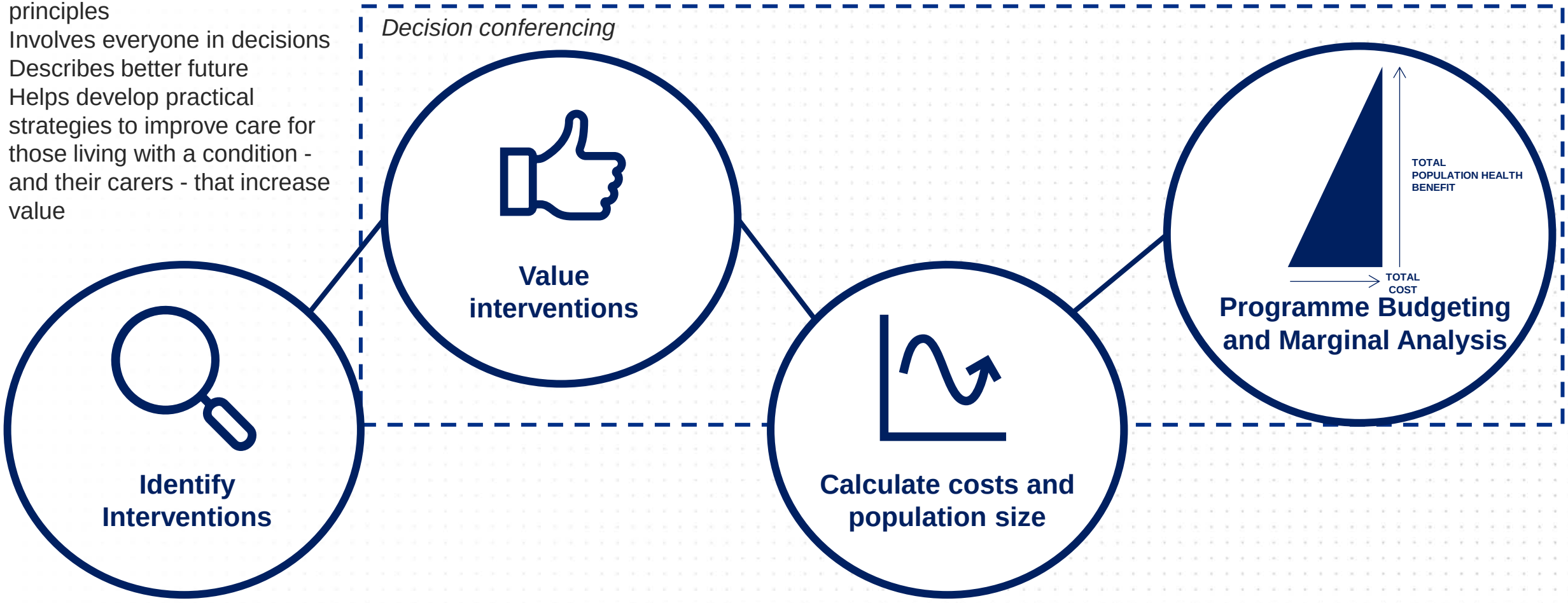
STAR Approach

- Uses robust health economics principles
- Involves everyone in decisions
- Describes better future
- Helps develop practical strategies to improve care for those living with a condition - and their carers - that increase value



SOCIO-technical allocation of resources

Decision conferencing is a way of “helping a group of key players to resolve important issues in their organization by working together, under the guidance of an impartial facilitator”

“provides evidence to make sure preventative care is properly funded as well as the most effective elements of primary, secondary and tertiary”

“It will make a difference and provide an improved updated pathway with better outcomes and an improvement in QOL”

“It may even lead to a very different way of working”

“The group had the right representatives; patients, commissioners, public health and ICS reps”

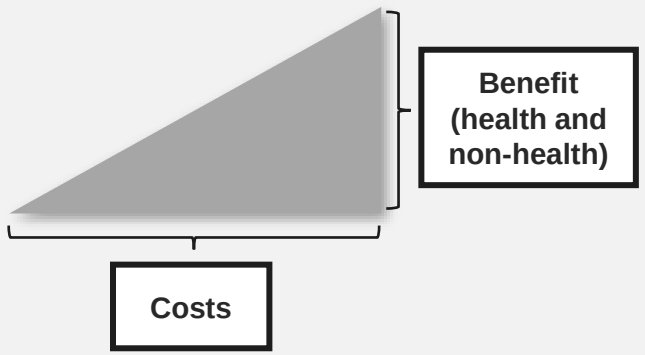
“I enjoyed the diversity of thought […] engaging different sectors was invaluable”

“It makes everyone in the room clear that this is the right thing to do”

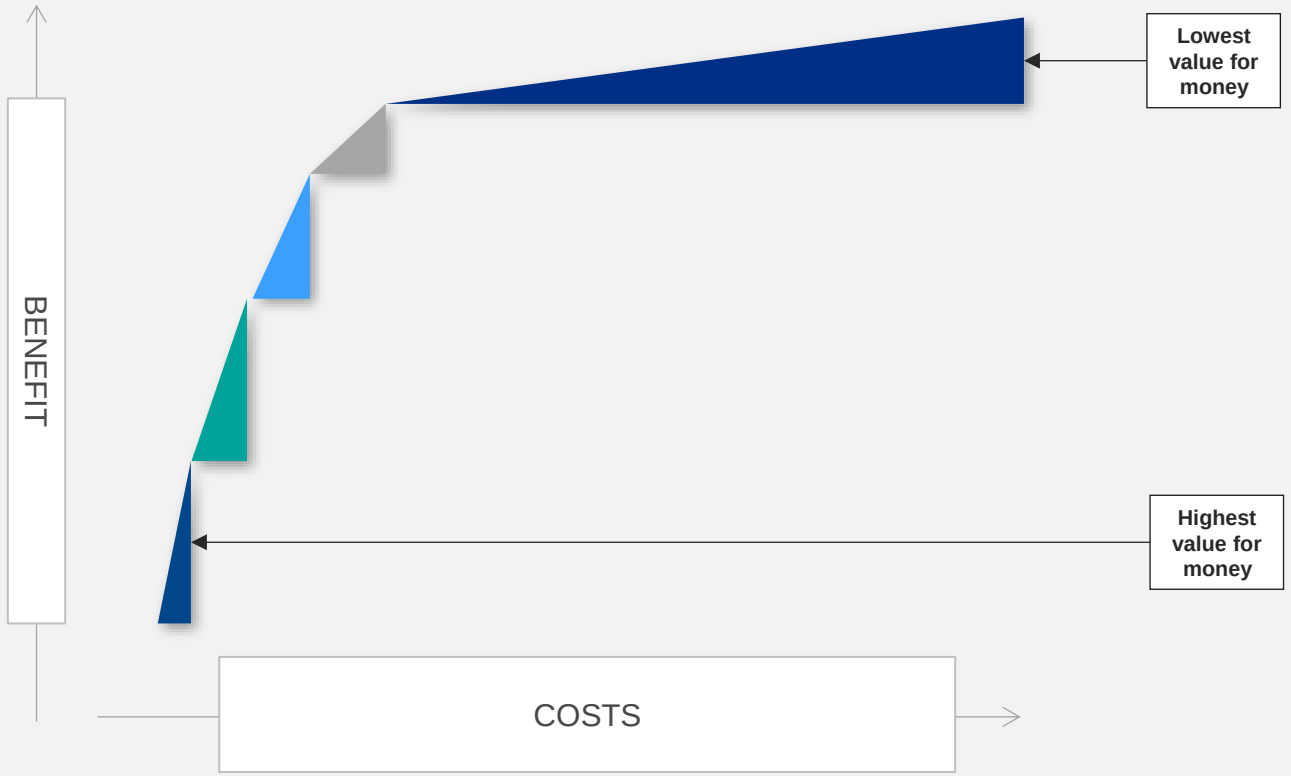
Socio-**TECHNICAL** allocation of resources

Choose decision criteria
(e.g., health benefits, non-health benefits and costs)

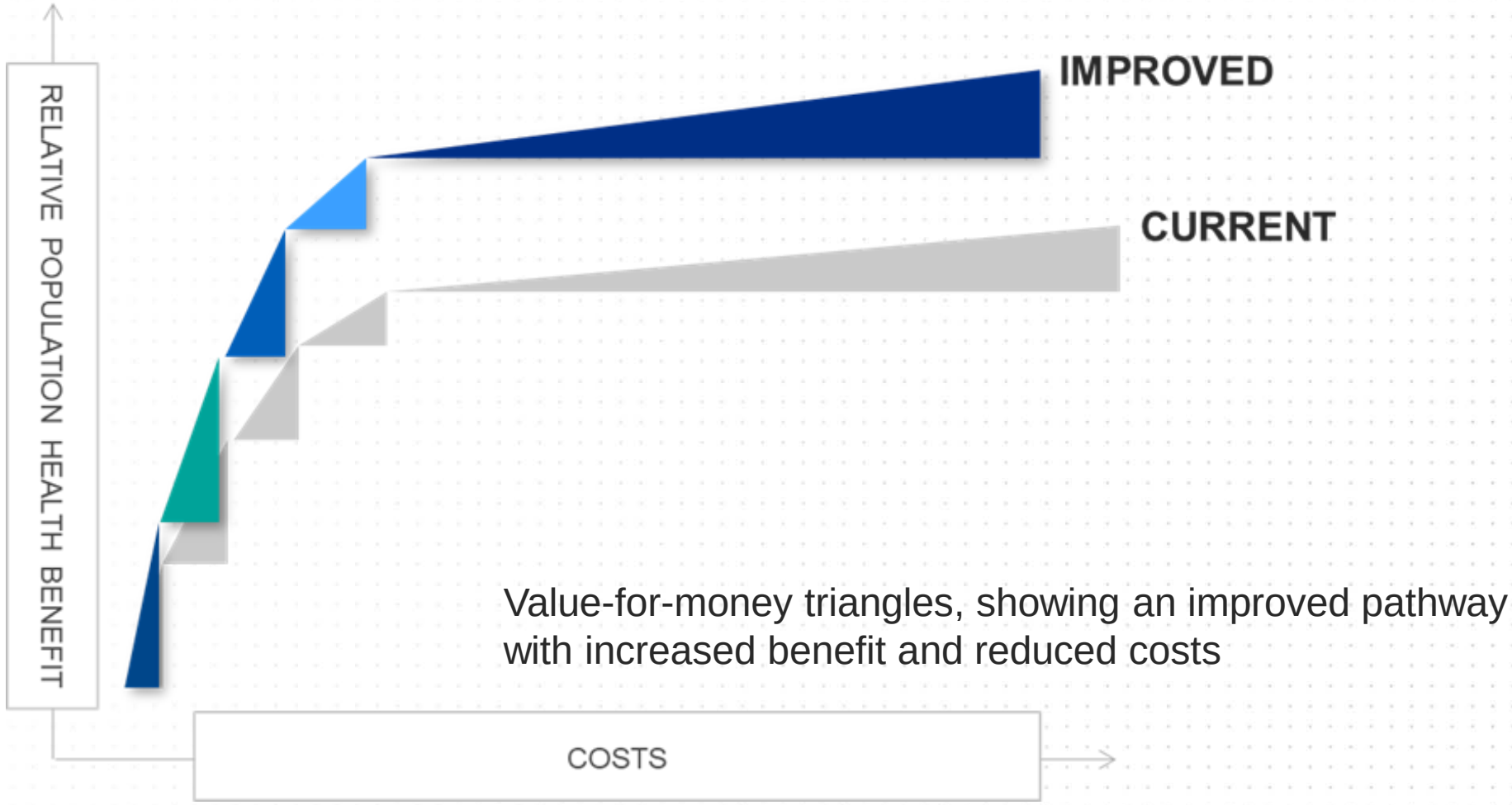
Assess investment options



Build value-for-money triangles



Socio-**TECHNICAL** allocation of resources



Value-for-money triangles, showing an improved pathway with increased benefit and reduced costs

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COPD case study

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Current pathway

Health needs to be at the heart of all government decision making to prevent people getting ill in the first place. It is vital that the government's health mission focuses on addressing the wider determinants of people's health – such as incomes, housing and employment as well as addressing the challenges facing the NHS

Year one: Smarter Spending in Pop Health

The Health Economics Unit (HEU), in collaboration with The Strategy Unit (SU), led a development programme on allocative efficiency for the Midlands Decision Support Network.

Using COPD as an exemplar pathway, HEU ran the STAR process with:

- Birmingham and Solihull ICS
- Coventry Place
- Northamptonshire ICS
- Nottingham & Nottinghamshire ICS
- Gloucestershire ICS

“STAR is about taking a common-sense approach to working out how we can move resources around to create more value without spending more.”

Gwyn Bevan – Emeritus Professor of Policy Analysis at LSE Department of Management

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What we did

10 decision conferences held

100 stakeholders engaged directly

500+ patients completing preference survey

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Results and recommendations

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Current pathway

Key messages

- Primary care activities higher value
- Acute services lower value.
- This is mainly driven by the number of people who benefit and the cost of the intervention.
- Value of spirometry depends on diagnosis rate and cost
- Completion rates in smoking cessation and pulmonary rehabilitation services lower their value
- Largest resource spend was on acute exacerbation episodes in all five systems.

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Recommendations

Key messages

- Reducing costs of acute exacerbation management came out as top ranking (either through virtual ward or post-exacerbation support)
- Every ICS looked at some way of doing spirometry and all came out as high value (assuming early diagnosis)
- Self-management support also relatively high value alongside group support / charity groups
- Smoking cessation and PR tend to be relatively low ranking compared to others. Due to costs and low number who benefit. Although it is worth noting PR could've been valued more if completion rates were higher and smoking cessation has a wider reaching benefit on pop. health than just in the COPD pathway.

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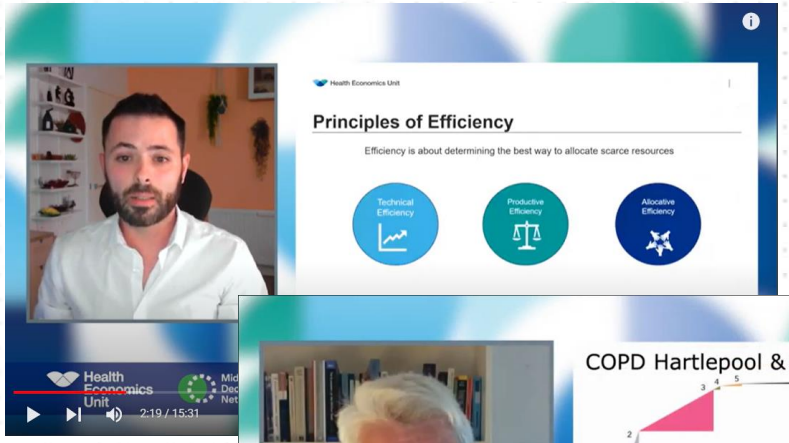
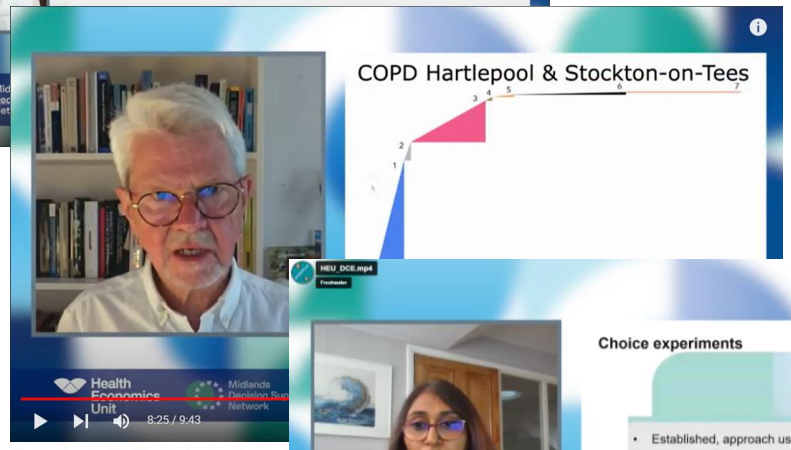
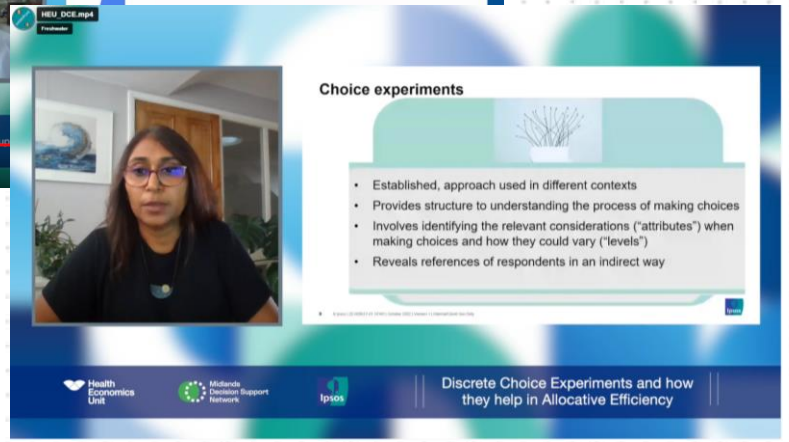
Helpful resources to learn more about STAR



Midlands Decision Support Network





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Conclusion

Conclusion

- Forces people to challenge current situations and ask the right but often different questions to what they would usually.
- As discussed during the HACA conference – helps decision makers ask the right questions of analysts.
- STAR is a useful tool for valuing interventions from all aspects and stakeholder viewpoints.
- It highlights the difficulties in funding allocation across different organisations and restricting said funding.
- It can help ICS's address health inequalities and wider determinants of health in line with Hewitt Review recommendations.
- Whilst STAR is not a new method; it is new to many in the healthcare provision sphere and very different to previously relied upon approaches. This throws up its own challenges when trying to get recommendations pushed through and funding diverted.
- The shift to ICS's backed by the recommendations in the Hewitt Review provides the perfect opportunity to incorporate STAR into more healthcare evaluations but we are not completely there yet!
- There are currently many obstacles in the way of this type of methodology; as ICS's mature it is hoped they will become less.
- Timing is critical for planning!

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Any Questions?

Drinks and Networking

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