The Strategy Unit.

Scenario Planning in Dudley

Summary Report

9th February 2018

NHS
Midlands and Lancashire
Commissioning Support Unit

Scenario Planning in Dudley

This report presents a brief summary of the Strategy Unit's work in Dudley, supporting the development of an integrated, place-based model of health and care through the use of scenarios.

The challenge

Like many healthcare systems, in the UK and globally, Dudley faces multiple challenges:

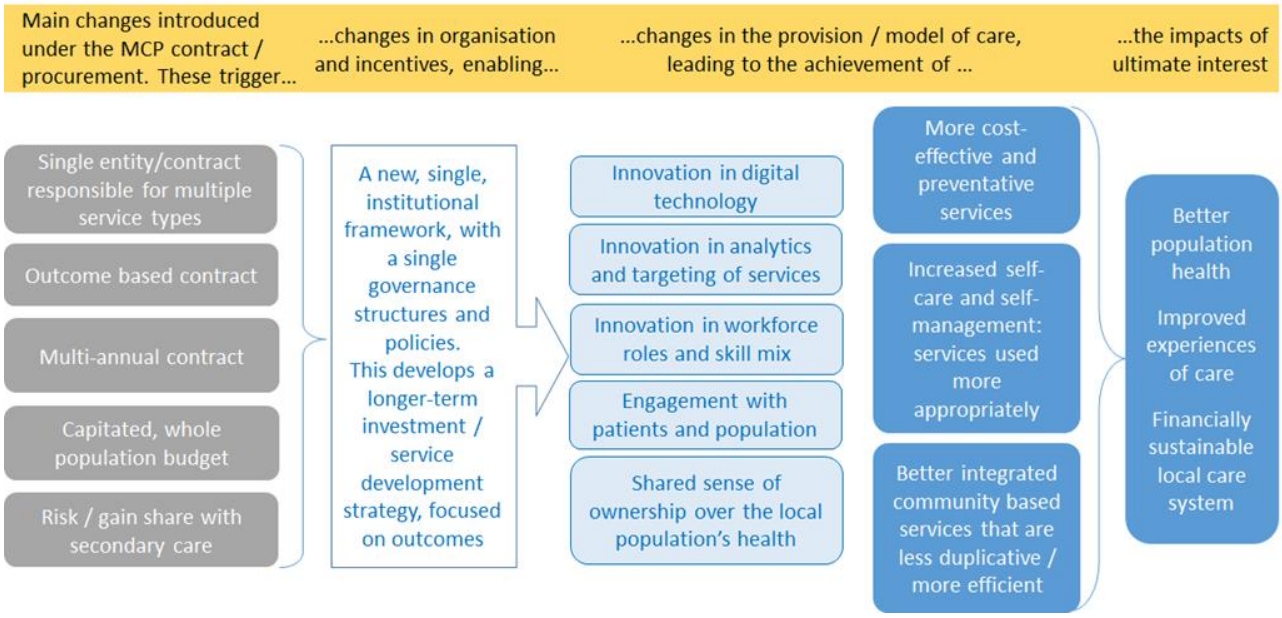
- Fragmentation of different parts of the system, with services not meeting the changing needs of the local population;
- Imbalance of provision with hospital based services favoured over services based in the community. Primary care was also considered to be under significant strain.
- Little emphasis on preventive care, with a need for more community and voluntary services, more proactive care, greater use of care planning approaches and the promotion of self-care;
- Presence of perverse incentives facing provider organisations; and
- Financial unsustainability of the current system which means 'Do Nothing' is not seen as a desirable option.

The response

The body responsible for commissioning healthcare services locally, NHS Dudley CCG, has been working with other local organisations to devise a new model of care in which:

- Physical and mental health services will be integrated;
- Out-patient services traditionally provided by secondary care will be delivered by the MCP;
- Primary care, delivered by general practice, will be at the heart of the delivery model building on the new contractual framework for primary medical services;
- These services will operate within the MCP alongside voluntary sector services;
- The contract with a single special purpose entity will be based upon a single, whole population budget with a duration of 15 years;
- The MCP will have the right to determine how that budget is utilised to meet a set of outcomes; and
- The contract will be designed to deliver those outcomes and will include a performance related payment mechanism.

The following simplified version of the CCG's logic model attempts to summarise the strategy being implemented and why it is expected to deliver the desired outcomes:



Underlying assumptions

Through research with local stakeholders, we identified a set of what appeared to us to be the most critical assumptions relating to the envisaged success of the MCP over the duration of the contract:

a) The required **workforce** can be sourced (supply will be of the necessary scale and type) and will be willing to work in the required ways (changes to working culture and practices will be achieved);

b) **Technological solutions** can be delivered and will be acceptable to users (staff and patients), and medical advances will not simply increase demand on resources;

c) **Patients** will comply with the new model of care (accepting more local care, taking greater responsibility for lifestyle improvement and self-care and accepting data sharing between providers) and local communities will participate in becoming more resilient and creating greater social capital;

d) Total net annual changes to **health and care funding levels** will not be materially different from the recent past – including for local government and the third sector – and the MCP can be protected against the short-termism of annual NHS budgets;

e) There will be no radical change in **health and/or social care policy** (e.g. introduction of a competitive, insurance-based model);

f) The **local population** will remain relatively stable in terms of its projected size, nature and underlying health challenges; and

g) The new contractual arrangement will drive the **alignment of incentives** across the health and care system and will result in activity and cash flows that are sustainable for both

commissioners and providers (and that it – or associated risk share agreements - covers all likely eventualities).

Key uncertainties

Current MCP plans appear to be based on there being no material change in relation to these assumptions. This is common to much NHS planning. In reality, however, the context in which the MCP operates could change significantly over the intended 10-15 year duration of the planned £5.5bn contract. This will be affected by multiple factors outside the control of the MCP.

Building on interviews with local stakeholders, we explored those wider contextual factors that appeared to be most relevant to the plans and assumptions of the MCP. Those factors are captured in the figure overleaf and were subsequently used to shape the development of a diverse set of plausible future scenarios around a common framework.

Key Uncertainties			
1. Responsibility for Health What is the societal view of where the prime responsibility lies for health, care and wellbeing?	**Individual prevention /management**	**Shared responsibility**	**Institutional cure/ management**
2. Control of Care Where does the balance of control sit for publicly funded health and care services?	**Place-based**	**(Sub) Regional**	**National**
3. Size of the State What is the scope of the 'social contract' – the extent to which public needs are met by public means (including regulation)?	**Emerging economy level** (c.25% GDP)	**USA level** (c.35% GDP)	**EU level** (c.45% GDP)
4. Health of the Economy How does the real economic growth of the UK (allowing for inflation) compare with historic trends?	**Weak net growth** (0% Real GDP average)	**Average net growth** (2% Real GDP average)	**Strong net growth** (4% Real GDP average)
5. Take Up of Technology To what extent are people willing to trade potential risks to privacy, security and human interaction to access the capabilities of digital technologies?	**Low take-up**	**Moderate take-up**	**High take-up**
6. Supply of Workforce How readily can the workforce required for health and care be recruited?	**Low availability** (15% vacancy rate)	**Moderate availability** (10% vacancy rate)	**High availability** (5% vacancy rate)

Scenario workshop

Each scenario reflects a different combination of future outcomes in relation to these key uncertainties. The scenarios were presented to a half-day workshop of senior leaders from a broad range of local stakeholder organisations.

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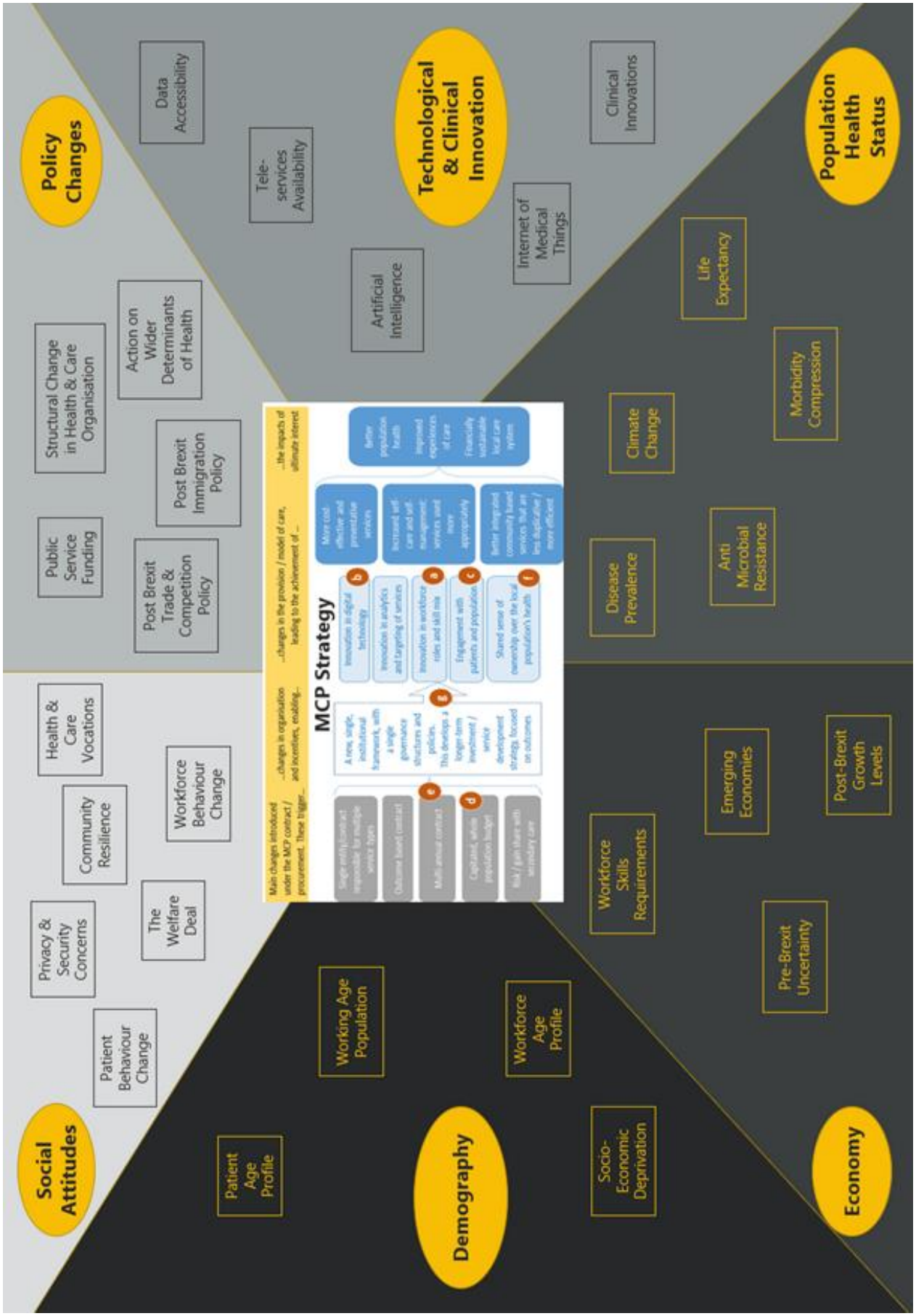

There was lively discussion throughout the workshop, evidencing the extent to which participants were fully engaged in the process. Their perspectives on the workshop were subsequently explored in an anonymous survey to which 13 participants responded. This revealed that:

- Participants felt very strongly that the workshop provided safe space for expressing divergent views in a way that did not lead to fragmentation (despite the wide range of personality types and backgrounds, and the different underlying organisational allegiances). Instead they felt equally strongly the scenarios led to fruitful conversations within an approach that they would recommend to other organisations. In free response, participants described the approach as a *highly developed piece of innovative work that was thought provoking* and provided *an opportunity to engage with people in a different way*. Others commented that it broadened their thinking, clarified their priorities and helped them to see that *nothing is implausible and such massive change is difficult.*

- Other factors that were very strongly associated with the success of the workshop were the clarity of executive support for the event, the memorable and contrasting narratives that had been prepared and the way that the process helped to make key issues explicit.

- It is generally assumed that the potential impact of scenario work increases when participants are directly involved in developing the scenarios not just reflecting on them. Respondents did not feel their lack of involvement in the development phase had adversely affected their use of them (although they clearly lacked a comparator experience).

- Participants also responded positively to statements about the uncertain nature of the environment facing the MCP, the learning culture of local organisations, the role of the method in uncovering assumptions and the impact of the detailed contextual analysis on their thinking.

- Whilst there were strong responses in terms of the extent to which the scenario workshop affected participant views about the future environment of the MCP and/or what local partners should do in response, there were also indications that they felt there was inadequate time in one half-day to fully explore future uncertainties and potential responses, neither were they convinced of the likelihood of the work being continued in the MCP or its partner organisations (whereas the research evidence suggests that this is necessary if such a workshop is to avoid being an island experience).

- In free text responses, participants noted the value of surprising yet plausible narratives, of the variety of perspectives shared in discussions and of using uncertainty as a means of identifying opportunities and threats.

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The scenarios

The following table summarises the scenarios that were presented and explored:

SCENARIO SYNOPSIS	Official Future	State Supreme	Community Resilience	Corporate Rules
KEY FEATURES	*In this scenario, the letting of a long term, outcomes-based contract to a single entity, delivering services against a new model of care, takes place against a broadly stable external environment.*	*In this scenario, the effects of enduring austerity have led to a desire for much greater state control over national life, especially the determinants of public health, wealth and wellbeing.*	*In this scenario, there has been a loss of public trust in the ability of both private and state bodies to address the nation's needs, leading to the resurgence of local community groups, both established charities and informal collectives, as one of the prime drivers in national life.*	*In this scenario, the agreement of new trade deals with global partners introduces increased competition into English health and care services, leading to a large-scale move towards insurance-based provision with a minimal state safety net.*
1. Responsibility for Health	Individual prevention /management	Institutional cure/ management	Shared responsibility	Individual prevention /management
2. Control of Care	Place-based	National	Place-based	National
3. Size of the State	USA level (c.35% GDP)	EU level (c.45% GDP)	USA level (c.35% GDP)	USA level (c.35% GDP)
4. Health of the Economy	Average net growth (2% Real GDP average)	Weak net growth (0% Real GDP average)	Average net growth (2% Real GDP average)	Average net growth (2% Real GDP average)
5. Take Up of Technology	Moderate take-up	High take-up	Moderate take-up	High take-up
6. Supply of Workforce	Moderate availability (10% vacancy rate)	High availability (5% vacancy rate)	Moderate availability (10% vacancy rate)	Low availability (15% vacancy rate)

Seeing thing differently

Participants highlighted the value of exploring these plausible alternative scenarios in a safe environment, away from day to day transactional considerations. They concluded that the MCP Partnership Board and others should reflect on the outputs of the scenario work to date and agree how to progress the work further. This included the aspects of current MCP plans that stakeholders thought could be increased, decreased or done differently, as set out in the table below:

Participants thought that local partners should consider:
More

• Understanding more about health inequalities ;
• Greater focus on marginalised groups with poor outcomes;
• Understanding the potential impact of demographic change on health needs;
• Increasing health promotion activities that enable individual choices, particularly for un-engaged groups/Focusing more on prevention and public health;
• Increasing the focus on the mental health and wellbeing offer;
• Being more adaptable, including accepting a future without all existing partners;
• Co-producing clinical models;
• Acting as a system leader and having clear strategy for system change;
• Working with community leaders to create community resilience;
• Challenging national policy;
• Taking more positive risks and making braver decisions over stopping what doesn't work;
• Thinking local/act personal
• Increasing workforce planning and engagement;
• Creating greater alignment between clinical and non-clinical services;
• Increased investment in –
  ○ the workforce (including volunteers)
  ○ technology
  ○ infrastructure
  ○ community engagement to build social capital.

Less
• Reducing access to inappropriate services; • Scaling back hospital services in favour of more community-based care; • Not letting national targets dominate their thinking and planning; • Reduced concentration on regulatory compliance.
Differently
• Developing clinical models that deliver change rather than just more for less; • Thinking more about themes than structures; • Building the local system on an agreed desired health culture;

- Recognising the diversity in health needs across Dudley;
- Differentiating routes of access for different population segments, avoiding a 'one-size fits all' approach to any aspect of health and care;
- Understanding what communities want from healthcare and build it around their needs and ideas, not just the health providers. Make them aware of financial limitations within which they must make decisions through working through real scenarios;
- Defining our values and what we offer so we have an organisational confidence that can help us position ourselves in a changed landscape;
- Distinguishing priority services from others where communities can decide what else they need and how it should be delivered;
- Redirecting funds to community assets;
- Working with non-traditional partners and though non-traditional networks to increase health education;
- Encouraging employers to take responsibility for health and wellbeing;
- Considering the role and impact of health on the Black Country economy, and vice versa;
- Playing a more extensive role in the economy via greater influence over the supply chain, for example.
- Developing a flexible and agile workforce;
- Prioritising the development of an agile workforce;
- Encouraging shared responsibility as a way of working;
- Flexible outcomes framework;
- Being ambitious and taking risks in relation to the opportunities presented by technological developments;
- Drawing clear boundaries between planned and non-planned care;
- Seeking funding from alternate (non-NHS) sources;
- Education and engagement – discussing the responsibilities of individuals in an insurance-based health economy.

Recommendations

Since the value of scenario work is so critically linked to engagement and participation – and because the research evidence indicates that standalone workshops are often of limited value when detached from ongoing processes[1] – we recommended that partners consider:

a) Holding similar exercises within their own organisations, using a common framework and agreeing to share the outputs of such exercises to increase collaborative system learning;

b) Identifying a process for how priority actions for refining and enhancing the current approach to delivering the MCP will be determined, particularly in relation to the scope of the MCP's vision, its interface with the local community (both in development and in implementation) and its critical enablers. This could be undertaken in a further collaborative workshop that consolidates the insights gained from additional reflection on the scenarios by partner organisations;

c) Using the insights from this work to drive specific practical actions that could include

    i) The reprioritisation of system focus on key areas of MCP development to ensure its maximal effectiveness;

    ii) The development of targeted mitigation plans linked to potential future eventualities; and

    iii) The development of a means of identifying emerging changes in the MCP's contextual environment so as to increase its agility and resilience throughout the 15 year duration of the contract.

d) Promoting the scenarios and the insights generated through NHS England and other appropriate mechanisms, in line with the aim of the *New Models of Care* programme to share learning from vanguard sites nationally.

[1] Off to Plan or Out to Lunch? Relationships between Design Characteristics and Outcomes of Strategy Workshops, Healey, M. et al, *British Journal of Management, Vol. 26, 507–528 (2015)*. DOI: 10.1111/1467-8551.12038
The Ritualization of Strategy Workshops, Johnson, G. et al, *Organization Studies* 31(12): 1589–1618

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