



Arden&GEM

**Integrated Resource  
Planning Network**

HELPING SYSTEMS TO IMPROVE VALUE



# Realising the 'three shifts' in the NHS

Embedding innovation and integration through the  
Five-Lever Lock Framework



Arden&GEM



**The NHS is on the brink of a transformative era, driven by the need to adapt to escalating system pressures and evolving patient needs. The Government has outlined three fundamental shifts to underpin this transformation: a move from analogue to digital enablement, a clearer focus on prevention and a shift of care toward community settings.**

These shifts are not just strategic aspirations; they are essential course corrections for a health and care system that has become overly reliant on hospital-based treatments and reactive interventions.

Achieving these shifts demands more than isolated programmes; it requires a comprehensive, system-wide reorientation of planning, resource allocation, workforce support, performance monitoring and change management. Traditional, fragmented approaches anchored in organisational silos and rigid annual cycles will be unable to deliver the agility, responsiveness and collaboration that modern healthcare demands.

To meet this challenge, NHS Arden & GEM's Strategy, Planning and Innovation team has introduced the Five-Lever Lock Framework, inspired by the precision of a five-lever mortice lock – the gold standard in home security. This framework provides NHS leaders with a strategic structure for planning and managing five critical domains:

1. Financial stewardship
2. Demand and capacity management
3. Workforce planning and development
4. Productivity and efficiency
5. Performance and outcomes assurance.

Each lever can be 'locked' to preserve stability or 'unlocked' to enable rapid adaptation and innovation.

The framework is brought to life by our Integrated Business Planning (IBP) Tool, a unified digital platform that empowers NHS organisations to model scenarios, forecast demand, adjust resources and monitor outcomes across all five levers. The true strength of the Five-Lever Lock Framework lies not in addressing each domain independently, but in orchestrating them together. Only through integrated, system-level decision-making can NHS leaders navigate complexity, tailor solutions to local contexts and realise the three strategic shifts.

To see these capabilities in action, [click here to explore our interactive IBP Tool demonstrations.](#)

**This dynamic approach supports planning that is genuinely preventive, digitally enabled and community focused. The IBP Tool allows boards to assess how investments in community services, digital triage or remote monitoring affect workforce deployment, operational costs and patient outcomes. It also enables the evidence-based decommissioning of ineffective legacy models and the rapid scaling of high-value innovations.**

Yet tools and structures alone are not enough. Sustainable transformation depends on a deep cultural shift; a collective mindset that treats innovation as an ongoing capability rather than a one-off event. By embedding innovation systematically through leadership, governance and capability development, NHS organisations can ensure that strategic change is both meaningful and enduring.

In the following sections, we explore how NHS systems can leverage the Five-Lever Lock Framework, powered by the IBP Tool and underpinned by an innovation culture, to deliver a truly preventive, digitally enabled and community-centred NHS.



# 1. Financial stewardship: realigning investment with strategic purpose

## Effective financial stewardship underpins sustainable system transformation.

Historically, NHS funding has favoured acute activity and short-term pressures, often at the expense of preventive services, community support and digital infrastructure. To realise the three shifts, financial strategy must unlock investment for innovation and prioritise upstream interventions.

The IBP Tool enables NHS organisations to analyse financial flows in real-time and model diverse investment scenarios. Leaders can assess the cost savings of reducing high-intensity reactive care and redirect resources into digital monitoring platforms, virtual wards or community-based multidisciplinary teams. This approach allows funding to be dynamically reallocated according to population needs and measured outcomes.

Crucially, financial planning must become more agile. The IBP Tool's capability to forecast, monitor and adjust budgets throughout the year ensures that resources can be deployed responsively rather than confined to static cycles.

This flexibility supports the rapid scaling of proven pilots, the targeted rollout of digital solutions and the expansion of community capacity to meet seasonal demand.

By linking investment decisions to outcome performance and innovation maturity, financial stewardship transforms from a mechanism of control into an enabler of sustainable, outcome-focused change. Unlocking this lever empowers system leaders to align funding with the strategic objectives for 2025/26 and beyond; locking it ensures fiscal discipline and the consistent delivery of services once transformation is embedded.



## FINANCIAL PLANS

## 2. Demand and capacity management: coordinating services to meet needs proactively

**Balancing health service demand with available capacity remains one of the NHS's most enduring challenges.**

Fragmented planning often leads to gaps in community or mental health services while acute sites become overwhelmed. To deliver the three shifts effectively, capacity must be rebalanced across the system and demand anticipated through collaborative, system-wide planning.

The IBP Tool allows health systems to model both current and future service demand across all care settings and align capacity accordingly. By integrating data from multiple providers, it can forecast pressures arising from seasonality, population health trends and service reconfigurations. These insights enable resources to be redirected to primary care, community services and digital-first interventions before crises occur.

For example, if the tool projects a winter surge in diabetes-related needs, the health and care system can pre-emptively enhance community podiatry clinics, deploy digital monitoring for vulnerable patients or establish virtual education sessions. Such proactive decisions directly support the shift towards community and digital care.

This lever emphasises that demand and capacity planning is as much about relationships and governance as it is about data. Embedding joint decision-making processes among commissioners, operational managers and clinical teams ensures responsiveness is built into every planning cycle.

Unlocking this lever enables swift resource deployment in response to emerging demand; locking it establishes reliable baselines in essential community services that keep people well.



**DEMAND AND  
CAPACITY PLANS**

### 3. Workforce planning and development: enabling the frontline to deliver transformation

**Many of the roles vital to prevention, digital engagement and community-based care – such as general practitioners, advanced care practitioners, community mental health professionals, care coordinators and digital navigators – remain scarce or overstretched.**

The IBP Tool enables health systems to align workforce planning with service strategy and population requirements. It supports scenario modelling for new care models, allowing leaders to forecast the staffing implications of initiatives such as seven-day community services, hybrid digital clinics or expanded intermediate care teams. The tool also evaluates the affordability of different staffing configurations within existing budgets.

Crucially, the platform links workforce data to patient outcomes, demonstrating how staff deployment affects service quality, access and overall system resilience. This insight allows NHS organisations to move beyond simple vacancy tracking towards capability planning, identifying where upskilling or role redesign can deliver the greatest impact on care delivery.

By empowering general practitioners and other frontline staff at all levels to identify challenges, propose solutions and test new approaches, workforce development becomes a catalyst for transformation rather than a purely administrative function. Unlocking this lever enables flexible, demand-driven workforce models; locking it ensures a stable, skilled and motivated workforce capable of sustaining long-term improvement.



**WORKFORCE  
PLANS**



## 4. Productivity and efficiency: transforming pathways to deliver greater value

**Productivity in healthcare is not simply about doing more with limited resources; it is about optimising processes, pathways and interactions to generate the greatest value for patients, staff and taxpayers.**

Within the NHS, inefficiencies such as fragmented discharge arrangements, repeated assessments and poorly utilised digital tools contribute to unnecessary escalation of care and weaken system resilience.

The IBP Tool enables detailed mapping of operational performance, allowing leaders to assess throughput, length of stay, referral-to-treatment times and pathway fragmentation. These insights reveal bottlenecks and process weaknesses that compromise care quality or drive up costs.

Through scenario testing, the platform also lets NHS organisations model the effects of service redesign. Whether trialling integrated discharge models, new triage protocols or automating administrative workflows, these simulations ensure that productivity improvements remain focused on patient outcomes rather than activity alone.

Unlocking this lever frees up capacity and streamlines flow across care settings. Locking it embeds those pathway improvements into routine practice, ensuring they are monitored and sustained over time.



**PRODUCTIVITY  
DASHBOARDS**

## 5. Performance and outcomes assurance: aligning planning with a purpose

**The ability to track and assure performance against outcomes is fundamental to delivering genuine transformation.**

Realising the three key shifts demands impact not merely increased activity; measured through better patient experience, reduced inequalities, fewer unwarranted admissions, improved condition management and clear system-wide value.

The IBP Tool facilitates outcome-based planning by linking service activity to key indicators such as equitable access, digital engagement, readmission rates and patient-reported outcomes. These measures span acute, primary and community care settings, providing a comprehensive view of system performance.

It also underpins intelligent target setting, rooted in local data and strategic objectives. By shifting from punitive performance frameworks to a culture of learning and improvement, health and care systems can track outcomes transparently and align assurance processes with their core mission.

Unlocking this lever delivers real-time insight into what works; locking it ensures shared accountability for achieving meaningful, population-level health outcomes.



**PERFORMANCE  
DASHBOARDS**



**Integrating assurance and governance into strategic NHS planning is essential for ensuring that decision-making is both evidence-based and sustainable.**

By embedding four core considerations into an 'Assurance and Governance Dashboard', NHS boards can align more closely with NHS Planning Guidance and the NHS Oversight Framework, creating a consistent and reliable platform for executive decision-making. These considerations include:

- validating whether current and projected activity levels are sufficient to meet performance targets through demand and capacity modelling
- ensuring financial plans are appropriately resourced by comparing activity-based tariffs against available budgets
- verifying workforce sufficiency using a weighted workforce-to-activity analysis
- and testing the realism of productivity assumptions by setting baseline metrics and enabling iterative adjustment as conditions change.

This approach offers a single source of truth for system leaders and supports confident, proactive scenario planning across care settings and levers.



Recommendations from both the [Insightful provider board](#) and [Insightful ICB board](#) reinforce the need for NHS organisations to embed **integrated planning, governance and stakeholder collaboration at the heart of strategic delivery.**

By adopting enterprise planning practices that combine unified modelling, real-time analytics and dynamic scenario testing, boards can achieve a single version of the truth across finance, workforce and operational planning.

This integrated approach strengthens alignment with NHS Planning Guidance and statutory responsibilities, enabling confident decisions around resource optimisation, financial sustainability and population health priorities. Furthermore, features such as transparent audit trails, outcome-focused reporting and adaptive forecasting ensure compliance, improve cross-organisational coherence and enhance the agility of decision-making.

The Insightful Board's emphasis on using information meaningfully, promoting system-wide care planning and supporting operational efficiency validates the importance of embedding these capabilities at board level. By doing so, NHS leaders can plan strategically, govern effectively and deliver long-term service transformation across systems.



**The true strength of the Five-Lever Lock Framework lies in its orchestration.**

The most pressing system-wide challenges such as missed prevention opportunities, rising complexity in patient needs and underutilised community services are not the result of isolated failings. They are the consequence of interdependencies between demand, workforce availability, financial constraints, operational efficiency and outcome delivery.

The IBP Tool enables NHS systems to address these interdependencies through a coordinated planning infrastructure that brings the five levers into alignment.

This integrated capability is fundamental to delivering the NHS strategic shifts of digital, prevention and community-based care. It equips leaders with the ability to simulate how investment in community health workers influences emergency care volumes, how the rollout of digital triage affects staffing levels and caseloads, or how upstream public health measures can bend cost curves over time. This enables timely decommissioning of low-impact initiatives and scaling of proven, high-value models of care.

However, such system responsiveness is not purely technical. It requires a strong culture of innovation embedded at all levels of leadership and delivery. Innovation must be treated not as a separate programme but as a standard approach to problem-solving; one grounded in shared purpose, adaptive capability and continuous learning.

This cultural foundation ensures that the Five-Lever Lock Framework is not only implemented but actively sustained as a way of working.



**To maximise the impact of integrated planning, NHS systems must also adopt a rigorous approach to benchmarking, learning and performance alignment.**

Benchmarking must move beyond activity metrics and retrospective analysis. It should drive active learning across care settings and support the identification of practical, evidence-based interventions that enhance value.

The IBP Tool supports this by enabling comparative analysis across organisations and systems. Leaders can evaluate performance in relation to peers, identify areas of outperformance or opportunity, and establish SMART targets that are realistic, resource-aware and aligned with NHS Planning Guidance. Whether comparing cost per case, workforce utilisation, service responsiveness or outcome delivery, benchmarking becomes a mechanism for shared intelligence and collaborative improvement.

Crucially, when linked to the five levers, benchmarking moves from tactical to strategic. It becomes a platform for integrated goal-setting ensuring that targets are not only operationally deliverable but also financially viable, workforce appropriate, and aligned with clinical quality and patient outcomes.

In this way, benchmarking underpins continuous improvement and reinforces a planning culture that is adaptive, accountable and aligned with long-term system goals.





**The NHS stands at the threshold of a new operating model; one that must be preventive, digitally enabled and grounded in community strength.**

Achieving these priorities will not result from statements of intent or isolated projects but from a system-wide approach to planning, action, learning and continuous adjustment.

The Five-Lever Lock Framework, supported by the IBP Tool and underpinned by an embedded culture of innovation, provides health and care systems with a practical, operational pathway to realise this vision. It enables leaders to coordinate activity across finance, operations, workforce, productivity and outcomes in concert rather than in isolation.

Innovation, when treated as a pervasive mindset and capability rather than a standalone function, ensures that culture, tools, and strategy work in harmony and that change is sustainable.

By adopting this framework, NHS systems can move beyond annual planning rounds to become genuinely adaptive, empowered and transformative, ensuring that the shifts to digital, prevention and community-based care are not merely introduced but fully realised.





Arden&GEM  
**Integrated Resource  
Planning Network**  
HELPING SYSTEMS TO IMPROVE VALUE



**Find out more on our website.**

Get in touch with us at [agem.integrated-planning@nhs.net](mailto:agem.integrated-planning@nhs.net)

