Today's panel

Yorkshire & Humber AHSN

Katherine Ward
Chief Commercial Officer
Healthy.io

Michael Wood
Head of Health
Economic Partnerships
NHS Confederation

Rob Webster
Chief Executive
West Yorkshire & Harrogate
Health and Care Partnership

NHS and social care organisations have transformed rapidly to meet the challenge of COVID-19

Primary Care

GP face-to-face consultations

80% before COVID-19

Now at **8%**

Public use of digital services

Requests for repeat prescriptions via the NHS app

236k from Jan 2019 to Feb 2020

100k since 24 Feb 2020

Agile working

Microsoft Teams rolled out to…

1.25m NHS staff in 1 month

Understanding crisis response measures:
Collective sense-making

		Stopped	Started	
During crisis	**Started**	**End** We've done these things to respond to immediate demands but they are specific to the crisis	**Amplify** We've been able to try these new things and they show some signs of promise for the future	➜ New practice
	Stopped	**Let go** We've been able to stop doing these things that were already/are now unfit for purpose	**Restart** We've had to stop these things to focus on the crisis but they need to be picked up in some form	➜ Old practice
		Post-crisis		

TheAHSNNetwork
Supporting the Health and Care Reset

The AHSN Network
Supporting the Health and Care **Reset**

National AHSN Network Activity

e.g. partnership with NHS Confed and Health Foundation

Nationally derived activity delivered by one or more AHSN
Local activity pulled up to national level for further spread and adoption

Local activity 'pulled up' to national level
where appropriate

Local AHSN Activity

e.g. GP System Searches to identify patients at risk of COVID-19

Locally focussed activity scoped and undertaken by individual AHSNs

'... a new NHS Confederation campaign to contribute to the public debate on what the health and care system should look like in the aftermath of COVID-19'

Michael Wood
Head of Health
Economic
Partnerships
NHS Confederation

@NHSLocalGrowth

NHS Reset - more than simply a recovery

1 July 2020

Michael Wood
Head of Health Economic Partnerships
NHS Confederation
@NHSLocalGrowth

Join the conversation # NHS RESET

A service in trauma

- Transformation in weeks to a Covid ready service

- Major influx of new staff

- Staff exhaustion

- Funding issues set aside

- Command and control but also lighter regulation

- Major issues around PPE and testing – guidance and supplies

- Serious communication issues and with confidence in government

- Major innovation in institutions

- Big advances where relationships solid

Why Reset?

- An opportunity to **influence nationally** and **guide locally**

- Major changes need to be captured and nailed down. NHS leaders do not aspire to a recovery to the same NHS, they want a Reset to the new

- Need for a public debate on what the health and care system can and cannot achieve

- Need to influence national strategies

- Need for guidance to our members to support them to transform

https://www.nhsconfed.org/supporting-members/nhs-reset

NHS RESET
FOR THE FUTURE OF HEALTH AND CARE

NHS CONFEDERATION

Our work covers ten key areas

Health and care workers
What do employers need to enable them to attract, recruit, train, develop, deploy and best support their workforce?

Mental Health
As the system prepares for the mental health aftermath of COVID-19, what will be needed to meet increased demand, safeguard staff wellbeing and support some of the most vulnerable in our society?

Restoration and recovery
The way that NHS services resume and work alongside COVID-19 will be one of the biggest challenges policy makers, leaders and clinicians will have faced for decades. How can the system approach this in the best way?

Health inequalities
How can the health and care sector help to address the geographic, socio-economic and socio-demographic inequalities exposed by the pandemic?

Governance and regulation
Does the national architecture and culture of assurance and regulation need to change?

Integration and whole-system thinking
What should system and place level working need to look like and how could they be enabled?

Join the conversation **#NHS RESET**

Key areas
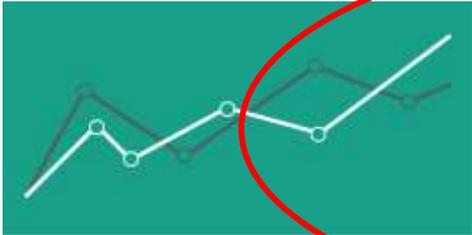
Economic and social recovery
What role can the health service play in post pandemic economic and social recovery?

Best practice and innovation
This period has seen an explosion of innovation. This theme will help to uncover, spread and celebrate the innovations of the coronavirus period that have supported patients, staff and systems at a time of national emergency.

Social care
The COVID-19 crisis has once again demonstrated the need for a new settlement for social care and highlighted the critical role the sector plays in the delivery of health and care services.

A new relationship between the NHS, public services and communities
Does COVID-19 provide the starting point for a new relationship between the NHS, other public services and the communities we serve?

Join the conversation # NHS RESET

An early common focus throughout the work

- Digital

- Health inequalities

- Culture

- Agility

- Local leadership

- System thinking

Join the conversation # NHS RESET

Keeping innovation at the heart of Reset

*As part of #NHSReset the NHS Confederation is working with the **AHSN Network** and the **Health Foundation** to focus on how the health and care sector can work with staff, patients and the public to understand, translate and adapt the best of COVID-19-related innovations and initiatives into everyday practice – maintaining momentum, sharing what's working and improving people's care.*

We will explore what our clinicians, leaders and innovators believe should be retained, adapted, reinstated or stopped, and for which populations or settings; and critically how we should collectively build on the rapid progress made to accelerate the reset and ongoing improvement of health and care planning and delivery.

Join the conversation # NHS RESET

Keeping innovation at the heart of reset

- **What's working well?** *Identifying and understanding what's working for whom*
    - Balancing the need to rapidly evaluate COVID-19 change for the immediate future with a longer-term systematic review

- **The race to systematise service innovation**: *how to make the changes in practice and mindset sustainable*
    - What needs to be done to embed changes and modernise how we work before the opportunity to reset how we work is lost?

- **A spotlight on the wider system**: *ensuring the focus is retained on the integration agenda, and on community, primary care and social care*
    - How can having a COVID-19 innovation focus truly support the development of our integrated care systems?

Crystal ball gazing: Health as the 'new wealth'?

- Funding for public services explicitly recognised as an economic investment

- National measures for economic progress emerging that cover a wider contribution to what we value, including well-being

- National and local strategies for 'levelling-up' more heavily focused on narrowing inequalities, including health inequalities

- Fundamental changes to the labour market

- Renewed focus on remodelling UK as manufacturing hub in future

- Severe institutional instability across the UK, with some partner organisations historically deemed secure seeing potential mergers and closures.

- Enhanced demands for decentralization and devolution across England

A five-point plan for every system
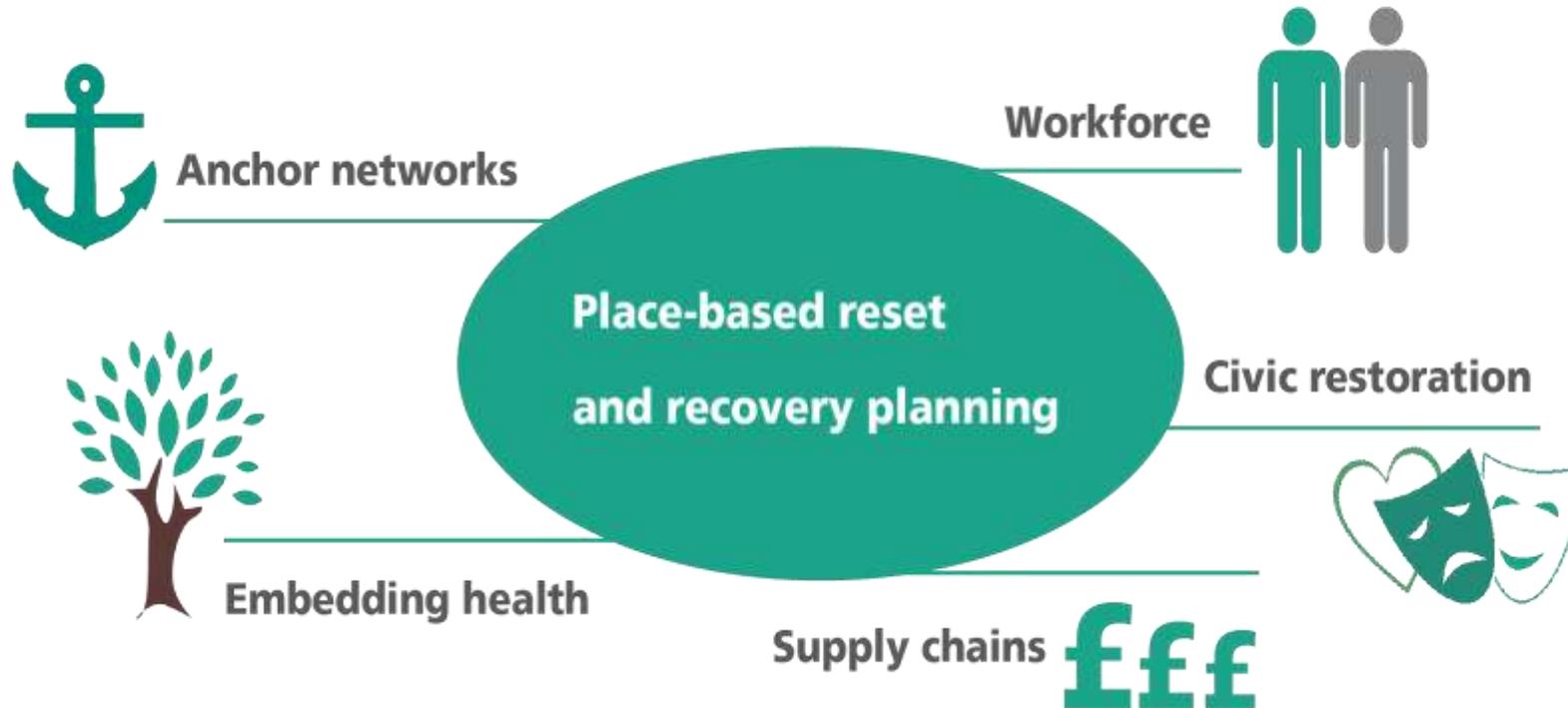
A window of opportunity?

- We can still accelerate the delivery of the Long Term Plan, but this requires the national NHS to engage and empower local systems and leaders

- Can we maintain the innovation seen to date, in terms of mindset, resources, risk appetite, clinical leadership and experimentation?

- NHS Reset a vital part of the wider place-based Reset – are we influencing/supporting/aligning where appropriate?

- What does the future hold politically, economically, socially?

Join the conversation # NHS RESET

Rob Webster
Chief Executive
West Yorkshire and
Harrogate Health and
Care Partnership

@NHS_RobW
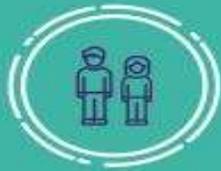
Single vision, solid principles

Ten of our big ambitions

**1** **We will increase the years of life that people live in good health** in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.
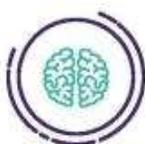
2 We will achieve a 10% **reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism** and the rest of the population by 2024 (approx 220,000 people). In doing this we will focus on early support for children and young people.

3 We will address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes by 2024. **This will include halting the trend in childhood obesity,** including those children living in poverty.

4 By 2024 we will have increased our **early diagnosis rates for cancer,** ensuring at least 1,000 more people will have the chance of curative treatment.

5 **We will reduce suicide by 10%** across West Yorkshire and Harrogate by 2020/21 and achieve a 75% reduction in targeted areas by 2022.

6 We will achieve at least a **10% reduction in anti-microbial resistance infections** by 2024 by, for example, reducing antibiotic use by 15%.

7 We will achieve a **50% reduction in stillbirths, neonatal deaths, brain injuries** and a reduction in maternal morbidity and mortality by 2025.

8 We will have a **more diverse leadership** that better reflects the broad range of talent in West Yorkshire and Harrogate, helping to ensure that the poor experiences in the workplace that are particularly high for Black, Asian and Minority Ethnic (BAME) staff will become a thing of the past.

9 We aspire to become a global leader in responding to the **climate emergency** through increased mitigation, investment and culture change throughout our system.

10 We will **strengthen local economic growth** by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.

rogate
ership

West Yorkshire and Harrogate Health and Care Partnership is made up of six local places:
Bradford district and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield

UK medtech industry is one of the most highly productive sectors in the UK with a value of over **£20bn** per year

The global market for medical technologies is predicted to grow by **50% by 2025**

The Leeds City Region has **9%** of the UK medtech patents

The Leeds City Region has **40,000** manufacturing jobs which is second highest for any city region in the UK

The Leeds City Region has **22%** of the UK digital health jobs

In the Leeds City Region and wider Yorkshire economy, the economic output per job in medtech is **4 times** the regional average

This concentration makes the Leeds City Region an ideal place to grow medtech and increase regional productivity

The University of Leeds predicts that, with support, the medtech industry in the Leeds City Region could grow by a further **£1bn per year by 2025**
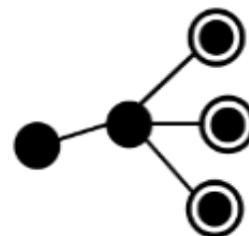
By establishing strategic partnerships with the medtech sector, the health and care system could see benefits at **£1bn per year by 2025**

West Yorkshire and Harrogate
Health and Care Partnership

Our digital ambition

Best Place for Digital Health and Wellbeing

Best Place for the HealthTech Sector to Grow and Thrive

Best Place for Health Data and Research

Best Place for Digital Ready Leaders, Workforce and People.

Four phases of COVID-19 response

Ongoing discussions with NHS Leadership during May re: capacity requirements during Phase 2 & 3 including Nightingale and IS reflections

SWYPFT Staff Absence due to Covid19
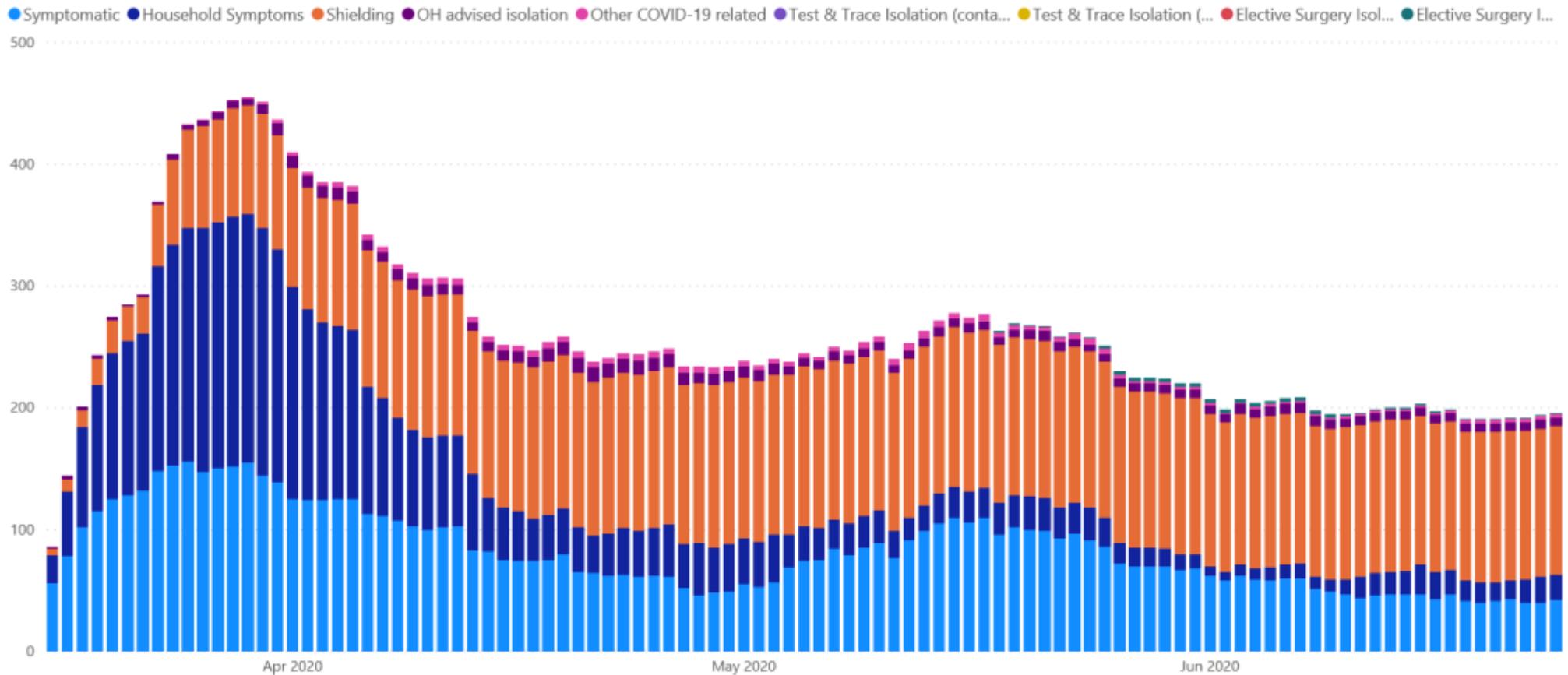
Coronavirus
Digital service delivery

- Upgrade to Windows 10
- Infrastructure upgrade and laptops
- Peak 600 VPNs to c5,000 per day
- Desktops where laptops not available

- Whole services gone digital – eg IAPT, L&D
- All services embracing digital – AirMid, ACCURx, Teams
- Clinical, operational, admin
- Risk assessed first [we do not use Zoom]

- Solution to service changes and restrictions – virtual visitor, Facebook portals

- Sharing out of SystmOne data since April

With **all of us** in mind.

An outbreak.... of altruism

d Harrogate
Partnership

COVID-19 inequalities – direct impacts

Ethnicity

Black people **almost twice** as likely as white people to die a Covid-19-related death.

Bangladeshi and Pakistani males were **1.8 times** more likely and females were **1.6 times** more likely to die from COVID-19 than white counterparts.

Source ONS

Socio-economic status

All deaths   Covid-19 deaths

Death rate as a % difference from the least deprived decile

...however, in the most deprived areas, Covid-19 has had a proportionally higher impact.

As with all deaths, Covid-19's effects are worse the more deprived an area is...

150

100

50

0

10 9 8 7 6 5 4 3 2 1

< Least deprived   Most deprived >
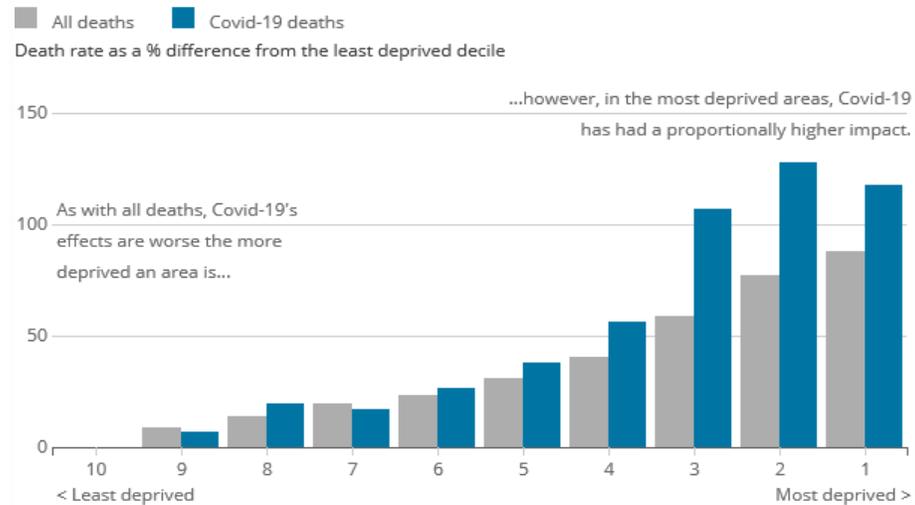
People living with existing conditions - Diabetes

Almost 1/3 of people dying in hospital with COVID-19 also had diabetes.

Housing - safety, rough sleepers and overcrowding

Worsening mental health conditions

Changes to screening and other prevention services

Changes to how people access health services.

Digital exclusion

COVID-19 Inequalities – *Indirect Impacts of control measures on health and wellbeing*

Education and early years support

Loneliness and isolation

Financial, employment and food security.

Support to those shielding

Healthy behaviours – physical activity, exposure to secondhand smoke.

Workforce

My Trust is made of people

The NHS is made of people

Our partnerships are made of people

Leadership

- People own what they help create

- Real change happens in real work

- Those who do the work do the change

- Connect the system to more of itself

- Start anywhere follow it everywhere

- The process you use to get to the future is the future you get

Courtesy of Myron Rogers

Key Findings

1. Communications
2. Communities
3. Vulnerable Groups
4. Personal Change and Development
5. Leadership Behaviour
6. Team Change and Development
7. Digital Changes and Innovations

Are your relationships big enough?

Figure 1: The Two Lexicons of Public Policy

The Rational Lexicon

The Relational Lexicon

MOTIVE

Rational: Balanced, Fair, Safe, Transparent

Relational: Connection, Individual, Hope, Personal change

TOOLS

Rational: Scrutiny, Value for money, Boundaries, Targets, Evidence, Data, Accountability

Relational: Wellbeing, Desire, Friendship, Spontaneity, Discretion, Intuition, Warmth, Story telling, Metaphor

RISKS

Rational: Arid and sterile, Gaming targets, Declining trust, Detachment

Relational: Populist responses, Difficulty in explaining, Favouritism

OUTCOMES

Rational: Systems and processes, Professional codes

Relational: Relationships, Trust, Challenge

Kindness, emotions and human relationships:

The blind spot in public policy

Julia Unwin, Carnegie Fellow

West Yorkshire and Harrogate
Health and Care Partnership

A burning ambition

Katherine Ward
Chief Commercial Officer
Healthy.io

@kw_kward1

Healthy.io

How can we create real, lasting change after COVID-19?

Katherine Ward, Chief Commercial Officer, Healthy.io

Turning the smartphone into a medical device

Shifting testing from the clinic to the home with no quality compromise.
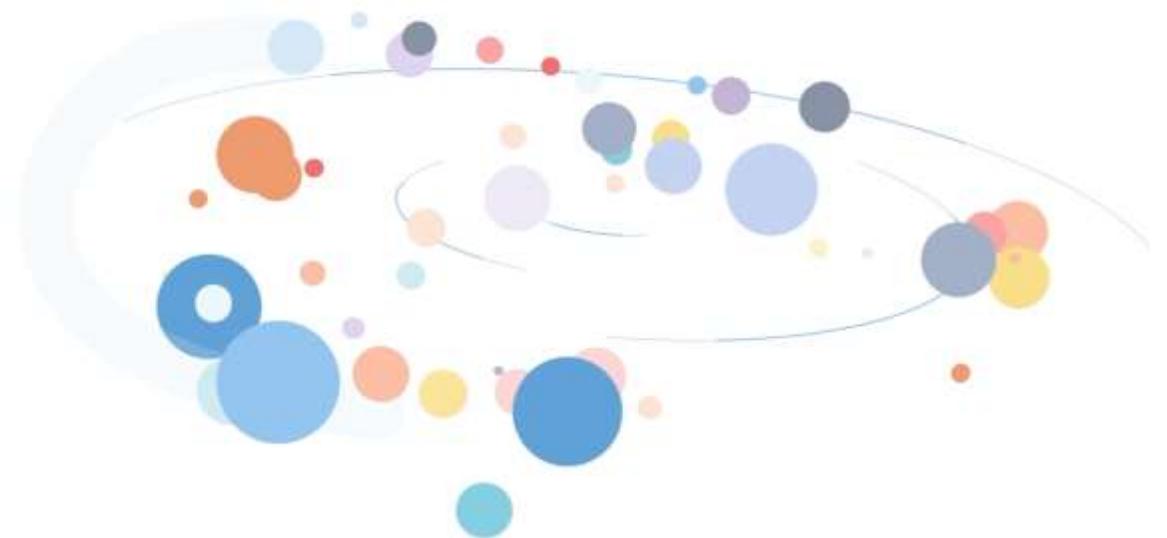
March 2020

The challenges

Signed contracts paused

Immediate pausing of contracts that were signed and not yet implemented

NHS Dorset
Clinical Commissioning Group
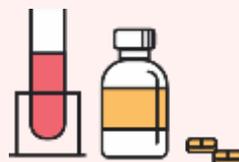
LTC contracts slowed down

Slow down of contracts relating to diabetes and hypertension

NHS Leeds
Clinical Commissioning Group

Constrained central opportunity

Implementation of basic laptops, wifi and telephonic and video consultation platforms

NHSx

Cessation of research projects

Research projects put on hold for COVID period

NHS Tower Hamlets
Clinical Commissioning Group

Burdett Trust for Nursing

Protracted processes

Cumbersome legal, procurement, contractual and patient consent processes

The positives

Project implementation

Action on long delayed implementations

Royal United Hospitals Bath
NHS Foundation Trust

Remote outpatient focus

Pivot to focus more on supporting remote outpatients

Lancashire Teaching Hospitals NHS
NHS Foundation Trust

Closing imagination gaps

Closing of imagination gaps for clinicians and general managers

Livewell
Southwest

NHS
Worcestershire
Acute Hospitals
NHS Trust
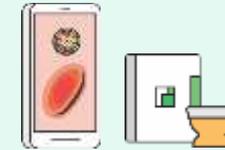
Pipeline growth

Growth in pipeline for both urinalysis and wound care deals

NHS
Royal Free London
NHS Foundation Trust

NHS
East Kent
Hospitals University
NHS Foundation Trust

NHS
Guy's and St Thomas'
NHS Foundation Trust

Patient uptake

Huge patient uptake of digital tools across the population

NHS
Barking and Dagenham
Clinical Commissioning Group

NHS
Sussex Community
NHS Foundation Trust

Healthy.io

How not to waste a good crisis …#NHSreset

- Use the establishment of **video and telephonic consultation** as a platform for next level of innovation = diagnostics, wearables, remote monitoring, patient engagement

- Let's take the engagement of clinicians in technology to empower people to make **more digital choices = 'virtual by default'** for those that want it

- Let's translate the new found **agility and speed to decision making** of the clinicians and general managers into the procurement, legal and contracting teams

- Let's look use the new digital platform to **expedite and scale** proven interventions and create streamlined ways to access the market (e.g. Wales)

- Let's keep the sense of urgency and need for preparedness for future spikes or winter to drive home **the transformation and innovation** past the tipping point rather than bouncing back to the olden days

Healthy.io

COVID-19 Digital Solutions Fund

Managed by Life Sciences Hub Wales

EIDC — Ecosystem Iechyd Digidol Cymru

Posted by Catrin Rees

Deadline: 11:00 on 08/06/2020 INFORMATION TECHNOLOGY

PRESS RELEASE

£150,000 awarded for digital solutions in response to COVID-19

Five digital health initiatives have been awarded funding as part of a £150,000 call to action for new and innovative ways to use digital technology in response to coronavirus and beyond.

Thank you

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Managing Director, UK and Europe
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Transforming Lives Through Innovation

Yorkshire & Humber **AHSN**

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