

#thoughtleadership

No reverse gear



The opportunities to redesign services enabled by technology will continue

"There are decades where nothing happens, and there are weeks where decades happen," Lenin while in exile in Switzerland, November 1920.

Back then Lenin may have been reflecting on events in Russia and Europe in the midst of revolution, but local public services have experienced their own revolution in the use of technology over the last few months. Covid-19 forced them to swiftly reshape both services and how they interact with their community, families and individuals.

Nowhere has that revolution been more prominent than in how the NHS and Local Government exploited technology to provide remote service experience. Within weeks, GP appointments and hospital outpatient appointments were converted to video, OT's were consulting with service users via Teams and Zoom, and social care service leads had moved their team meetings and care provider reviews to Microsoft Teams.

Looking forwards

As leaders are now starting to re-assess the core roles of their organisation, they question:

- Which of these new initiatives should endure?
- How can they leverage the positives to deliver further efficiencies and improve customer experience?
- Acknowledging IT, Digital and front-line services have been under huge pressure for over a year - what impact has this had on their resilience and thought fatigue?
- How well equipped are teams to embed further change?

Cindy Fedell, Chief Digital and Transformation Officer for the West Yorkshire and Harrogate Health and Care Partnership, outlined the *"huge onslaught"* technology teams had faced as the NHS moved to adopt new technology in a compressed time frame. *"Most teams ran for seven days a week for week on end,"* she said.



On balance, the opportunities to redesign services enabled by technology, which incidentally has existed pre-Covid for several years, will continue. Individuals living independently will want to keep the technology they use to speak to relatives, care professionals need to scale the use of technology that monitors people as evidence of its effectiveness builds and it becomes cheaper for organisations and the public to buy.

Momentum, as in most walks of life, is a crucial dimension to what happens next. The changing public attitude and expectations of digital, increased confidence in IT and digital teams to deploy solutions quickly and professional practice to grab hold of new digital ways of working has created a different atmosphere from what has gone before. Fedell adds: *"The cultural shift is something we need to take hold of and make sure we don't lose."*



Changing attitudes

The pandemic has changed attitudes with those working across care starting to feel not just that using technology was expected but that is now also the 'right' thing to do for both the individual and practitioners.

That said, Covid-19 exposed differences in readiness across local public services and also highlighted variation in public readiness to be able to access care services digitally. This mismatch has led to observers citing a 'digital exclusion' epidemic.

Common difficulties encountered include sharing records between services, and how quickly professional practices were able to adopt remote consultation, where the individuals they needed to care for had no broadband access and/or smart device or a basic ability to use it.

Russ Charlesworth, Head of Integrated Care at Socitm Advisory, maintains that the cultural change and the digital readiness issues are now best addressed by the adoption of patient-centred care models.

"As individuals move between different care services within the new Integrated Care Systems (ICS) the relative difference in levels of digital readiness across the providers is more important than the absolute digital maturity of any one service provider. If you look at a variety of end-to-end care process, e.g. assess to discharge there are typically multiple provider organisations - perhaps 3, 4 or 5 - each supporting their bit of the process. If the digital maturity gap across providers is large, then it's likely that the patient experience will be patchy and even confusing, as one provider handles their data and communities differently from the next provider."

The general public don't care which organisation an ICS selects to provide services in a region, they're just interested in sharing their personal situation and associated data once to get the care they need. **This encapsulates the challenge for redesigning user-centric services. The user experience must be simple and easy, accepting that the behind-the-scenes solutions providing the experience may be anything but.**



Digital tools

Looking forward, dataflow across the system is more important rather than any single organisation's digital and data maturity.

The public are interested in how they access and consume services rather than how they can access a named organisation's services. New primary care network services pose challenges from an integrated workforce across primary and community care.

New digital tools for system-wide workforce planning and optimisation are emerging and contact handling for patients and practitioners, for example, smart scheduling and digital triage. The Covid-19 experience demonstrated many examples of the power of integrated working, with leaders directly collaborating and working with what they've got to fill existing gaps such as inadequate central-to-local public service data sharing.

The future of local public care is all about using data insights to understand and link the needs of the public to integrated workforces, digital and estates solutions.

These will come in a variety of forms, such as integrated care hubs. Hubs offer face-to-face and remote services, such as home-based diagnostics, alongside screening solutions tailored to the key health and care needs of defined communities.

Charlesworth adds: *"One question that we're all grappling with is what pace of change is now sustainable for local public services. Pre-Covid, large multi-year transformation programmes were the norm. Many helped to deliver change although organisations cited burn-out, stress and resilience issues as they co-managed business-as-usual with change initiatives over multiple years. In Covid-19, some changes happened in weeks and the new ways of working practices appear to be sticking."*

Finding the right pace of change with an expectant public; alongside known capacity and skills gaps in digital delivery; plus digital inclusion challenges (as simple as individuals having a broadband or mobile connection) are amongst the factors in the forefront of leaders minds across the UK.

This decade will see a revolution in the way that local public services are designed and delivered. That revolution may take years to complete but the genie is out the bottle and the many positives experienced outweigh the minority seeking to find the stopper. Behavioural science and human determination will have as much to shape the resolution as digital innovation. Momentum is all about having no reverse gear.