

Report of the Director of Adults and Health
Report to the Adults, Health and Active Lifestyles Scrutiny Board
Date: 14th July 2020
Subject: Lessons learned arising for new ways of working from COVID-19

Are specific electoral wards affected? If yes, name(s) of ward(s):	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Has consultation been carried out?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will the decision be open for call-in?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary

1. Main issues

- This report has been requested by the Scrutiny Board following consideration of the system response and recovery plans to date. As part of the wider city response to the Covid-19 pandemic (which has been detailed in papers elsewhere on the agenda) health and care organisations in Leeds have come together to share learning arising from new ways of working. The purpose of this work, facilitated by the Health Partnerships Team, is to help organisations distil and share overall lessons, highlighting these lessons to key partnership bodies such as the Health and Wellbeing Board (HWB) and the Health and Care Partnership Executive Group (PEG) with the overall aim of improving experiences of health and care for people in the city and to support the ambition for a 'fit for the future, integrated health and care system'.
- Senior partnership leadership boards will help to ensure learning is widely used across relevant groups facilitating the transformation and further integration of health and care such as the Mental Health Partnership Board, the Ageing Well Board and the Local Care Partnerships Board. There will also be a link with 'enabling' partnership structures such as the Leeds Health and Care Academy and the Leeds Informatics Board to support embedding of positive change. Additionally, learning from this group is part of the overall emergent response arrangements and will be shared with the NHS Emergency Preparedness, Resilience and Response structures e.g. the health and care system's Stabilisation and Reset Task Group (details of which are presented elsewhere in the agenda papers as part of the Response and Recovery Plan appended to the 24th June Executive Board report).

- This particular focus on learning from new ways of working is one piece of the overall jigsaw considering 'lessons' learned from Covid-19 through a health and wellbeing lens <see diagram at appendix A>. This rich body of learning will feed into a number of reset and recovery programmes (for example the LCC Response and Recovery Plan appended to the 24th June Executive Board report) as well as influence the review of the Leeds Health and Wellbeing Strategy.
- This report captures the initial findings of lessons learned and early thinking about opportunities to embed this learning. There is still a considerable focus of effort within Leeds's health and care system on responding to the immediate health and care impacts of Covid-19 whilst also working to re-open services safely and appropriately. As such, it is likely further lessons will emerge over the next weeks and months. Individual organisations have adopted different approaches to capture learning and there is not a standard approach for the city. However, this creates opportunities to adapt and share approaches between organisations. Key themes so far include:
 - creating a galvanising common purpose to drive energy and transformation;
 - maintaining 'leaner, more streamlined ways of working' to unleash creativity and innovation;
 - continuing to use digital technology to bring together and better integrate teams through digital meetings which will enable partnerships to broaden, encourage efficiency and increase the pace of work;
 - commissioning on outcomes and empowering providers to direct these resources towards outcomes;
 - highlighting positive examples of integrated working and new insight into the realities of different organisations to further develop the city's integration ambitions, and
 - understanding the impact of virtual clinical consultations and interactions in the management of clinical risk as a health and care system
- Opportunities have been identified where learning can be shared and embedded as a starting point, including:
 - harnessing and improving the technology available to the system to enable remote and partnership working;
 - connecting into workstreams and projects happening elsewhere in the city to ensure staff and service users / patients / people are not left on the wrong side of the digital divide (e.g. 100% Digital and mHabitat);
 - continuing to improve information flow – finding appropriate ways to unblock issues;
 - keeping focused on developing partnerships / maintaining newly formed partnerships with a clear and galvanising purpose and clarity of role and remit to support further transformation, integration and change, and
 - maintaining the more agile / nimble ways of working which have led to innovation and creativity in service delivery.
- Next steps are to continue distilling learning and identifying opportunities arising from COVID-19 to improve the way people (staff and citizens) experience health and care services in the city. This learning will be shared with existing

partnership structures as well as linking to key planning, transformation and integration documents such as the Leeds Health and Wellbeing Strategy. Further, the wider learning streams set out at appendix A will be considered collectively to give a much broader picture of lessons learned. This will support not only the city's Covid-19 recovery and reset process and ambitions for a fit for the future, integrated health and care system but will contribute to the vision of the Leeds Health and Wellbeing Strategy: to be a friendly and caring city for all ages, where people who are the poorest improve their health the fastest.

2. Best Council Plan Implications (click [here](#) for the latest version of the Best Council Plan)

- The ambition for Health and Wellbeing set out in the Best Council Plan is for Leeds to be the best city for health and wellbeing, underpinned by a strong commitment to partnership working across health and care services. The collaborative approach to sharing and embedding lessons learned across the health and care system is in the spirit of this commitment.
- The Leeds Health and Wellbeing Strategy is currently being reviewed and as part of the process, the Covid-19 context will be captured, bringing together the range of learning at Appendix A. This will reflect and amplify certain areas of focus, most pressingly and obviously health inequalities, and potentially reprioritise other areas such as new ways of working as an integrated, fit for the future health and care system (e.g. making the most of digital technology).
- The Leeds Health and Care Plan is the health and care system response to the Health and Wellbeing Strategy. It is a dynamic document, driven by feedback from staff and citizens. Its key drivers are: protecting the vulnerable and reducing inequalities; improving quality and consistency; and building an integrated and sustainable system that is fit for the future against the backdrop of reducing resources. As such, it is an important framework for embedding and sharing learning to transform ways of working across health and care in the city.

3. Resource Implications

- As learning continues and opportunities begin to be rolled out across health and care partners in the future, there may be implications for investment in new digital technologies for example. Conversely, if remote working and virtual consultations were to become the 'new normal' partners may well see cost savings, for example through being able to reduce their estate.
- Third Sector partners have shared concerns about the sector's resilience to loss of funding.

4. Recommendations

- a) Members are asked to note and discuss the information shared in this report in respect of learning points, practices and positive impacts of new ways of working arising from health and care organisations' responses to Covid-19 to date.
- b) Members are asked to receive a follow up report in the autumn which will capture any further lessons learned and provide an update on progress to share and embed learning and new ways of working across the health and care system.

1. Purpose of this report

- 1.1 This report has been requested by the Scrutiny Board following consideration of the system response and recovery plans to date. It presents the current position on lessons learned from new ways of working through and across the Covid-19 pandemic which have been brought together through an informal group of representatives of health and care partners in the city.
- 1.2 The report briefly introduces the shared learning work, then considers key themes where there may be opportunities to share and embed learning in partnership to support the city's plans to further develop an integrated health and care system that is fit for the future. Finally it will consider early thinking about what mechanisms could be used to do this as Leeds begins to move towards a 'new normal'.

2. Background information

- 2.1 Health and care response to the Covid-19 pandemic to date: Leeds's widely recognised history of strong working in partnership as a health and care system has meant the city has been able to respond quickly and effectively to the urgent challenges presented by the pandemic. The city was able to quickly set up an effective Command and Control crisis response structure which for example, enabled resources to be deployed where they were needed at the right time (Executive Board reports on the city's response to the pandemic shared at the Scrutiny meeting in June and the further Executive Board update shared earlier on the agenda provides more information on the Command and Control way of working during the pandemic). Furthermore, Leeds is recognised as a key player in the West Yorkshire emergency response, with Leeds Teaching Hospitals NHS Trust acting as the lead trust for the NHS Nightingale Hospital based in Harrogate. Locally, partners such as Third Sector organisations and the City Council have worked together to coordinate the community response, for example distributing food to vulnerable people and growing a network of more than 8,000 community volunteers across the city. Commentary in relation to other cities is challenging due to significant variation in COVID-19 prevalence across core cities. However Leeds has been cited as taking a person centred and locally centred response and has been active in promoting bottom up and strength-based responses to the pandemic response. The Scrutiny Board has been presented with more detailed information about Leeds's response in other papers on the agenda.
- 2.2 Adults, Health and Active Lifestyles Scrutiny Board work on COVID-19 to date: Throughout the unprecedented COVID-19 pandemic, Adults, Health and Active Lifestyles Scrutiny Board has focussed its attention on how the Council and its partners are working collaboratively. During the working group discussions, members of the Scrutiny Board have raised and considered a range of matters, including learning points and practices, such as some of the more positive impacts around changes in practice, flexible ways of working and the general increase and broadening out of the use of digital technology. This report presents the findings of lessons learned from new ways of working from partners in the health and care system to facilitate further discussions at Adults, Health and Active Lifestyles Scrutiny Board at the Board's request.

3. Main issues

3.1 Overview of health and care system collaborative lessons learned work

- 3.1.1 Colleagues from health and care organisations in Leeds (the three NHS provider trusts, NHS Leeds CCG, Forum Central (Third Sector), Leeds GP Confederation, Adults and Health directorate of LCC) have come together on two occasions to share lessons learned from new ways of working in and across the Covid-19 pandemic, with learning groups established in many partner organisations. The Health Partnerships Team is leading the facilitation of this work, the purpose of which is to distil and share overall lessons across health and care organisations, then to highlight these lessons to key partnership bodies such as the Health and Wellbeing Board (HWB) and the Health and Care Partnership Executive Group (PEG). This will enable, for example, key areas of learning to be embedded and blockages to be cleared with the overall aim of improving experiences of health and care for people in the city and to support delivery of our plans for an 'fit for the future, integrated health and care system'.
- 3.1.2 Working with senior leadership structures will help to ensure learning is widely used across relevant groups facilitating the transformation of health and care such as the Mental Health Partnership Board, the Ageing Well Board and the Local Care Partnerships Board as well as 'enabling' partnership structures such as the Leeds Health and Care Academy, Estates group, Integrated Commissioning Executive and the Leeds Informatics Board to support embedding of positive change. Additionally, learning from this group is part of the overall emergent response arrangements in the city (the most current governance details have presented elsewhere in the agenda papers) and will report into the NHS Emergency Preparedness, Resilience and Response structures. For example, learning will also be shared with the Stabilisation and Reset Task Group (details of which are presented elsewhere in the agenda papers as part of the Response and Recovery Plan appended to the 24th June Executive Board report).
- 3.1.3 It is important to note this report's focus on learning from new ways of working within the city's health and care organisations is one piece of the overall jigsaw of projects looking at 'lessons learned' from Covid-19 through a health and wellbeing lens. Examples of other areas of learning include listening to the experience of people, work to understand why use of some services that remained open massively declined, people's voices work led by HealthWatch across a number of themes (including use of digital services) and – crucially – a significant amount of intelligence around inequalities present in the city through and beyond the pandemic. This rich body of learning will be considered together as Leeds continues to develop its response to the pandemic, and will feed into a number of reset and recovery programmes as well as influencing the review of the Leeds Health and Wellbeing Strategy.

3.2 Brief summary of collaborative learning work carried out to date

- 3.2.1 Partners are still in the early stages of identifying lessons learned and where the opportunities are to embed the work across the system. There is still a considerable focus of effort within Leeds's health and care system on responding to the immediate health and care impacts of Covid-19 whilst also working to re-

open services safely and appropriately (a complimentary partnership discussion through the stabilisation and reset task group – some of the current thinking and learning for health and care organisations in the city can be found in section 2 of the Response and Recovery Plan appended to the 24th June Executive Board report). As such, it is likely further lessons will emerge over the next weeks and months and there is more to be done to fully analyse the learning and potential next steps.

3.2.2 The first session to bring together learning from individual organisations captured a rich picture of rapid innovation and changes to ways of working both within services and as integrated teams and partnerships (detailed at Appendix B) and identified common themes (section 3.3). There was enthusiasm for identifying opportunities to share and embed learning across partners as well as a recognition that a proactive approach is needed to create the conditions that embed these new ways of working and to avoid slipping back into old habits. The second session sought to agree the opportunities to collectively share and embed learning across the health and care system; to discuss how we can practically use these opportunities, and finally set out next steps for a plan of action to keep up momentum and ensure learning can be used to deliver our ambitions for integrated, high quality health and care in the city (section 3.4).

3.2.3 It is important to note that individual organisations have adopted different approaches and methodology to capture learning, are at different stages of the discovery and analysis process and have different levels of resource, capacity and capability to take forward this work. However, this creates opportunities to adapt and share approaches between organisations. Accordingly, this work brings together learning so far and will continue to share and embed it across the health and care system to improve experiences of health and care for people in the city and to support delivery of our plans for a ‘fit for the future, integrated health and care system’.

3.3 Key themes arising from the two ‘lessons learned’ sessions so far

3.3.1 The following key themes from new ways of working arising through and across Covid-19 have been identified:

- Creating a galvanising common purpose to drive energy and transformation
- Maintaining ‘leaner, more streamlined ways of working’
- Continuing to use digital technology to bring the health and care workforce together through digital meetings to enable partnerships and integrated teams to flourish, encourage efficiency and increase the pace of work.
- Unleashing innovation and creativity
- ‘Commissioning’ on outcomes and empowering providers to direct these resources towards outcomes
- Highlighting positive examples of integrated working and new insight into the realities of different organisations (the example given several times of supporting people living in a care home setting)
- Understanding the impact of virtual consultations and interactions in the management of clinical risk as a place
- Understanding the impact on staff wellbeing and skills development (both positive and negative) of remote working

- Keeping inequalities at the forefront of new ways of working, particularly in relation to digital inclusion.

3.4 Potential opportunities to share and embed the lessons learned so far

3.4.1 A starting point for opportunities identified by members of the collaboration group to embed learning is set out below. This is a mix of high level themes ('enablers' of the Leeds Plan such as digital, workforce and organisational development); culture change and leadership; citywide person-centred issues such as digital inclusion, and on specific ways of working e.g. virtual clinical assessments:

- Keep on harnessing and improving the tech available to the system to enable remote working which has had a big impact on staff wellbeing and productivity of integrated teams and partnership working. For example agree on and commission a single video conferencing platform for the city.
- Link in work happening elsewhere in the city to ensure staff and service users / patients / people are digitally included
- Improve information flow: working closely as integrated teams has highlighted some specific information and data sharing issues – opportunity to address and unblock these
- Work collectively to develop guidance and support with risk assessment through virtual clinical consultations
- Keep focused on developing partnerships / maintaining newly formed partnerships with a clear and galvanising purpose and clarity of role and remit to support further integration, transformation and change (as per the Leeds Health and Care Plan) – don't let this get lost as we go back to a 'new normal'
- Maintain the more agile / nimble ways of working which have led to innovation and creativity in service delivery – don't re-introduce the heavy layers of governance.

3.5 Potential mechanisms to take forward opportunities to share and embed lessons learned so far

3.5.1 Health and care partners have begun to think about how opportunities can be taken forward with further conversations to agree action planned for the third lessons learned session later in July. Initial ideas include:

- Use existing groups within the city to work through issues:
 - Risk assessment for virtual consultations - link with the Clinical Senate or Population Outcomes Board to develop a joint response
 - Information Governance and Digital Technology issues – link with the Leeds Informatics Board as a starting point then take to PEG for more unblocking if required
 - Digital literacy for staff – link with the Leeds Health and Care Academy
- As individual organisations develop their recovery plans, do these become more transformational plans as we move to a 'new normal'? It is important to keep in mind our ambitions for integration.
- Make use of our existing senior leadership partnership groups and boards, such as PEG and Board to Board by sharing learning, linking to plans for the city and providing clear recommendations for action.
- Ensure lessons learned are shared with the relevant groups within the emergency response structure to avoid duplication of effort such as the Stabilisation and Reset Task Group

- Make sure opportunities resonate with the strategic direction of health and care in the city, e.g. align with the Health and Care Partnership Principles
- Align opportunities with the Leeds Health and Care Plan, a collective effort, aiming to start, design, work and evaluate with citizens and staff and to use this feedback to drive improvements to health and care service design and delivery in the city. As such, learning carried out with staff as part of the reset and recovery plans of individual organisations is well placed to inform this continuous process.
- Draw together learning from the various streams, including the data showing the pressing need to tackle inequalities, to inform the review of the Leeds Health and Wellbeing Strategy in a Covid-19 recovery context.

3.6 Immediate next steps for the lessons learned for new ways of working work

3.6.1 There will be a third lessons learned session in July which will further hone opportunities and how they can be embedded. Board to Board will also receive a report on lessons learned informed by this work on 9th July. Concurrently, Health Partnerships Team will bring in learning from partnership working across the system (e.g. from the Leeds Health and Care Academy) and there will be collective action to continue to analyse learning and opportunities to ensure they are not lost as Leeds continues to respond to the impacts of Covid-19.

Corporate considerations

4.1 Consultation and engagement

4.1.1 Representatives from all health and care partners in the city (the three NHS provider trusts, NHS Leeds CCG, Forum Central (Third Sector), Leeds GP Confederation, Adults and Health directorate of LCC) have shared their insight through the 'lessons learned across and through COVID-19' sessions. Partners have worked with their workforce and patients/service users to understand key learning points, through a mix of methods including surveys and 1:1 interviews. Learning from this process has informed this report and partners were invited to comment before it was submitted.

4.1.2 Representatives from the health and care partner organisations listed above have been invited to attend the scrutiny meeting on 14th July to provide further insight into lessons learned and next steps for embedding opportunities.

4.2 Equality and diversity / cohesion and integration

4.2.1 Nationally and locally, there is significant learning already and ongoing in relation to the impact of Covid-19 on issues in equality and diversity, for example the recent Public Health England report on Disparities in the risk and outcomes of COVID-19. Work to understand how this national picture might apply in Leeds is being taken forward by colleagues in Public Health. In Leeds (and following the national trend) there is emerging evidence of higher death rates in more deprived communities and that there is some evidence to suggest that BAME people living in the most deprived areas of Leeds are experiencing higher rates of deaths than BAME people living in the least deprived areas. This work is ongoing and it is vital lessons learned on inequalities are applied across all aspects of new ways of working and reset / recovery planning.

- 4.2.2 In relation to this particular learning about new ways of working, there is a need to constantly be alert to the potential negative impacts on people who feel the effects of the greatest inequalities. A key example of this is increasing access to services online and what this means for people who do not have a laptop or tablet and / or do not have digital skills. A further example is the detrimental impact of closure of smaller third sector organisations supporting some of the city's most vulnerable communities.
- 4.2.3 In relation to new ways of working, lessons learned around increased use of digital technology to support multi-disciplinary team meetings and opportunities to unblock the flow of information have much potential to positively impact on the integration of health and care services in the city, a core component of a 'fit for the future health and care system'.

4.3 **Council policies and the Best Council Plan**

- 4.3.1 The ambition for Health and Wellbeing set out in the Best Council Plan is for Leeds to be the best city for health and wellbeing, underpinned by a strong commitment to partnership working across health and care services. The collaborative approach to sharing and embedding lessons learned across the health and care system is done in the spirit of this commitment.
- 4.3.1 The Leeds Health and Wellbeing Strategy is currently being extended and as part of the process, the Covid-19 context will be captured, bringing together the range of learning described earlier in this report. This will reflect and amplify certain areas of focus, most pressingly and obviously health inequalities, and potentially reprioritise other areas such as new ways of working as a health and care system (e.g. making the most of digital technology).
- 4.3.2 The Leeds Health and Care Plan is the health and care system response to the Health and Wellbeing Strategy. It is a dynamic document, driven by feedback from staff and citizens. Its key drivers are: protecting the vulnerable and reducing inequalities; improving quality and consistency; and building an integrated and sustainable system that is fit for the future against the backdrop of reducing resources. As such, it is an important framework for embedding and sharing learning.

Climate Emergency

- 4.3.3 Individual organisations have shared learning around remote working and using digital technology which could have a positive impact on climate. There is currently a reduction in car use as many staff are not travelling as frequently to their place of work or to meetings. It is likely there is a reduction in outpatient travel as consultations and assessments have moved on line. These impacts are in line with the Health and Care System Commitment to Climate Change which was launched in November 2020.

4.4 **Resources, procurement and value for money**

- 4.4.1 Work to capture learning across health and care partners to date has mainly focused on impact on the workforce and experiences of service users / patients. However as learning continues and opportunities begin to be rolled out across health and care partners in the future, there may be implications for investment in

new digital technologies for example. Conversely, if remote working and virtual consultations were to become the 'new normal' partners may well see cost savings, for example through being able to reduce their estate.

- 4.4.2 At the lessons learned sessions, Third Sector partners have shared concerns about the sector's resilience to loss of funding. This needs to be balanced against all the positive stories about the excellent work the sector has done and continues to do during the pandemic. The 'Resilience of the Third Sector Bronze' group has been established to address these issues.

4.5 Legal implications, access to information, and call-in

- 4.5.1 This report has no specific legal implications.

4.6 Risk management

- 4.6.1 Risks relating to new ways of working will continue to be monitored in accordance to the risk management processes of individual health and care organisations.

5 Conclusions

- 5.1 Sharing lessons learned by health and care organisations in the city has highlighted many positive developments and new ways of working which will benefit both staff and citizens and support ambitions to work towards an integrated and sustainable health and care system. Equally, there remains a need to constantly question the impact of different ways of working in light of the alarming national and local inequality of impact of Covid-19.
- 5.2 There is a strong sense of opportunity to transform how people experience services as well as the way in which providers work together and the way in which commissioners and providers interact. As organisations individually and collectively continue to distil learning and identify opportunities arising from COVID-19, there is an awareness that a proactive approach is needed to create the conditions that embed these new ways of working to avoid slipping back to 'old ways'. Linking and embedding learning into key planning, integration and transformation documents e.g. the Leeds Health and Care Plan as well as feeding lessons into the Stabilisation and Reset Task Group are some ways of ensuring learning is not lost.
- 5.3 Acting to capture and embed lessons learned from new ways of working alongside the parallel learning work will support the city's Covid-19 recovery and reset process and ambitions for a fit for the future, integrated health and care system. Furthermore, it will contribute to achieving the vision of the Leeds Health and Wellbeing Strategy: to be a friendly and caring city for all ages, where people who are the poorest improve their health the fastest.

6 Recommendations

- 6.1 Members are asked to note and discuss the information shared in this report in respect of learning points, practices and positive impacts of new ways of working arising from health and care organisations' responses to Covid-19 to date.
- 6.2 Members are asked to receive a follow up report in the autumn which will capture any further lessons learned and provide an update on progress to share and embed learning and new ways of working across the health and care system.

7 Background documents¹

- 7.1 None.

8 Appendices

Appendix A: diagram showing streams of learning

Appendix B: lessons learned from individual health and care organisations in Leeds

¹ The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.