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NextGen Health: *Tomorrow's Care, Today's Innovations*

Profile Interview: Professor Sir Jonathan Van-Tam | Systems Strain | Leadership | Social Care Across Generations | Real Estate | Health Tech Scaling | Mental Health Demand

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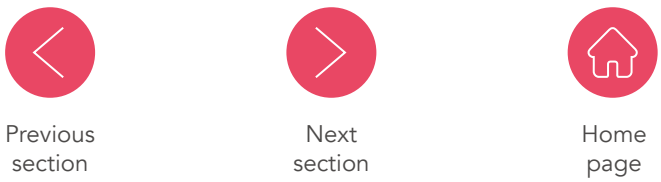

Foreword

The mainstream media has a preoccupation with negativity and this is being acutely felt when it comes to healthcare reporting right now. But while we must be frank and realistic about policy inertia, workforce woes and productivity pressures, we must also acknowledge the important work being done to solve these challenges.

While progress and process reform may be slower than some might like, technology and data is being used in new and increasingly joined-up ways, which will deliver a future dividend for patients once systems have fully adapted. Meanwhile the pandemic has demonstrated the sector's ability to accelerate the creation and adoption of new processes.

A spirit of innovation pervades health and social care, and regulatory bodies must seek to foster an environment of continuous improvement while maintaining the highest standards of patient safety.

The actions being taken today will provide the springboard to tomorrow's care models, and day-to-day challenges must not be allowed to deter us from delivering longer-term, longer-lasting change.

It is against this backdrop that we centre this edition of Health Adviser on the theme of Next Generation health and social care. With a focus on the long-term vision the sector is striving to make reality, and a pragmatic review of the challenges that block the way, we seek to unpack the issues that matter to those using, supporting and leading the health system in the UK and beyond.

In the coming pages, we explore the ways that different generations view and interact with the health and social care system, which must serve an ageing population comprised of vastly different demographies. We are living for longer, but how can we ensure we are living healthily for longer?

We confront the strains that threaten to straitjacket progress, from productivity pressures, burnout and morale challenges, through to the leadership responses required to overcome these, hearing from Chief Executives and Chief People Officers on their quest to inspire and galvanise.

We also analyse the growing gulf between the supply and demand of mental health support, and how a new wave of conditions has spawned from the societal shifts of recent years.

Elsewhere, we hear from health tech leaders on taking their services global by scaling across borders and we track the healthcare estate's progress in repurposing itself for modern care provision while it simultaneously seeks to hit a range of sustainability objectives.

In a special profile feature, we speak exclusively with Professor Sir Jonathan Van-Tam to gain unique insights into his front-row perspective on the COVID-19 pandemic and vaccine rollout, as well as mapping his vision for the healthcare systems of tomorrow. We even delve into his dream dinner guests, so there really is something for everyone.

As you can see from the wide range of topics covered here, the system is in flux. Much is changing – and yet, the core principles of an effective health and social care system remain the same. A satisfying and safe experience for patients, a comfortable, progressive and rewarding environment for the workforce, and constant progress towards a better future, built on collaboration and innovation.

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Professor Sir Jonathan Van-Tam

In this special feature interview, Health Adviser speaks to Professor Sir Jonathan Van-Tam to take a wide-ranging look into his career highlights to date and what he sees as critical for the future of health and social care.

Though he exudes professionalism and humility from the moment you meet him, Van-Tam is not short of status symbols. He has amassed a wealth of academic titles, been awarded a knighthood and is colloquially known by the type of initialism usually reserved for US Presidents ('FDR', 'JFK').

The moniker is just one endorsement of the esteem in which he is held by peers, the media and the broader public. But how did the man who has become synonymous with the UK's vaccine successes and affectionately dubbed 'JVT' get to this point?

We delve into the sliding doors moments that shaped his upbringing and assess his perspective on being at the heart of a generation-defining moment in history. We also discover why he looks up to Jacinda Ardern, what he says the public sector can learn from industry, and why he believes healthcare's next generation must "dream big and think the unthinkable".

Professor Sir Jonathan Van-Tam Kt, MBE, FMedSci, is a doctor and public health specialist with a clinical background in emergency medicine, anaesthesia and infectious diseases.

He is an expert on respiratory viruses and pandemics and currently Senior Strategy Adviser to the University of Nottingham School of Medicine, having been Pro Vice-Chancellor before that. His career has also taken him to Public Health England, the World Health Organization, and the pharmaceutical and vaccine industries.

He has published over 200 peer-reviewed scientific papers. Jonathan was seconded to the Department of Health and Social Care in 2017-22 as Deputy Chief Medical Officer.

He is well-known for his leadership role during the COVID-19 pandemic, particularly his straight, no-nonsense, communication style from the podium at No.10 Downing Street, and for the acquisition and rollout of vaccines and antiviral drugs in the UK.

He received a knighthood from Her late Majesty the Queen in her 2022 New Year's Honours List, for services to public health. Alongside numerous other eponymous lectures, he was awarded the Royal Society's Attenborough Award and Lecture 2022, for outstanding public engagement in science.

All careers are unique, but some are more unique than others. Professor Van-Tam is a case in point. The various roles he has held span different areas of the public and private sector, as well as academia. He is a man who has very nearly seen it all.

> *"I do feel privileged to have experienced a number of different workplace cultures. I look at the work I've done in academia, public health, the pharmaceutical and vaccine industries, through to the WHO, UK public health agencies, and operating inside central Government; and think it must be fairly unique."*

The early years – Sliding doors

Van-Tam attended Boston Grammar School and knew from an early age that he wanted to pursue a career in healthcare.

> *"In the context of a very academic upbringing, weighing up Law versus Medicine was a fairly typical conundrum for a grammar school boy. Although the necessity to make a firmer choice didn't come until a little later, of course, I settled on Medicine from about the age of 12."*

When the time came, an application to the University of Nottingham was made. Van-Tam has always maintained a strong connection with the East Midlands. Growing up in Lincolnshire, the decision to apply to Nottingham was in part due to its geographical proximity and in part due to inbuilt family ties.

> *"Nottingham was first choice because it was close. But there was also an emotional attachment. My dad – despite already having a degree from Sorbonne University in Paris – went to Nottingham to get an 'English-recognised degree', so there was a family story that connected us to the University of Nottingham."*

In the first of a number of 'sliding doors' moments, enrolment at Nottingham very nearly didn't happen. Achieving As in his other Science subjects, Van-Tam received a D in Chemistry, which fell below the required grade. Contingency conversations began to be held at home.

> *"My father was of the opinion that I should go back to school and retake my A-Levels in a year's time, while I had my mind set on going into the Army. Then the phone rang and I was offered the very last reserve place at Nottingham."*

> *"It does, I hope, show that in spite of the pressure students may feel at the time, A-Levels and other exams don't count for everything, as long as you have determination and ambition to make your own success."*

Another sliding doors moment swiftly followed when Van-Tam was called up for French National Service but, with his heart set on a medical degree and the delicacy of very nearly missing out fresh in his mind, he declined.

> *"It would have been a great experience, but I was desperate to go to medical school. Looking back, it was one of those moments that taught me the opportunities you regret are the ones you never take."*

Career highlights – Becoming JVT

Fast-forward to Van-Tam's most high-profile role to date – that of Deputy Chief Medical Officer for England. The role, which he assumed in 2017, represents an important position in any era, but never has it come with so much mainstream public awareness and scrutiny as it did when the COVID-19 pandemic hit.

Van Tam played a crucial role in orchestrating the UK's response to the pandemic, including in communicating to a general public that was largely blindsided by the rapid onset of the virus as it spread around the country and indeed the world.

> *"These pockets of vastly different career experiences clearly turned out to be a very good thing when 2020 arrived."*

An expert in influenza, epidemiology, transmission and vaccinations and a prominent speaker on the academic circuit, Van Tam says he embraced his expanded role as a communicator-to-the-masses without fear.

"Nobody wanted a pandemic, but it arrived nonetheless and I knew I wanted to play my part in combatting it. It really was the best of times and the worst of times for someone with my particular experience and skillsets."

On the daily press conferences, fate rears its head once more as Van-Tam recalls his younger self taking part in a public speaking competition in his early years of grammar school.

"I came second. Martin Brooks came first. He went on to have a very successful languages career, but I've never quite forgiven him for that – we still joke about it to this day."

Of course, the DCMO role came after a rigorous selection process involving many assessments of suitability – including for media appearances – but the lessons learned in those formative years stand out in the mind's eye nonetheless.

Reassuring and guiding a general public faced with unprecedented health and societal disruption was not straightforward, of course.

"The key for me was concentrating on honesty and plain language – talking English, not talking medicine. The advantage I had from a non-affluent upbringing out in the sticks was that I knew what would resonate with the people who really needed to understand the situation in order to make things actionable in their own lives. You have to be yourself. It can't be a big act or show."

Alongside Sir Chris Witty, Van-Tam's authenticity of approach and ability to engage a worried public provided a much-needed sense of calm amidst the coronavirus chaos.

But a calm demeanour can only get you so far. Like the swan – graceful and unflustered above the surface, but furiously paddling beneath the waterline – Van-Tam and the Vaccine Taskforce established by Sir Patrick Vallance worked tirelessly to rapidly develop and deliver a COVID vaccine.

"My biggest achievement and impact, undoubtedly, would have to be the work we achieved in the Vaccine Taskforce and getting vaccines as quickly as we did. In the blink of an eye, that turned the course of the pandemic in the UK."

Challenges – Creating a sense of mission

The health and social care sector was not short of challenges even before a global pandemic struck. Constrained budgets and lack of funding are perennial issues for healthcare delivery in the UK, but the seismic shock of a pandemic presents a potential reset moment.

> *"It hasn't been properly resourced for a decade or more. It can't be patched up any longer, there needs to be a radical rethink about how we deliver healthcare in the UK."*

> *"There needs to be a national conversation with the people about what healthcare we want in the future and what we are prepared to pay for it by way of taxation or by way of a hybridised system, possibly with an element of health insurance, while still maintaining universal accessibility and adequate safety-netting."*

At the heart of the challenge is the need to balance short- and long-term objectives. It falls to leaders to empower the workforce to meet day-to-day challenges while maintaining a long-term vision that brings about meaningful change for the system as a whole.

> *"We need to create a sense of mission. Not just a mission to deal with today's health problems, but to deal with today's problems and create a better system to improve tomorrow's outlook."*

We have seen real progress in public and private bodies coming together to collaborate in recent years. Taking lessons from the private sector – whether that is in team leadership and people management, or in process improvement – is something Van-Tam wants to see more of.

> *"There is a lot of good work going on in healthcare but there isn't enough ownership and personal responsibility."*

> *"I want to see more borrowing from industry in terms of solving problems and driving the 'customer focus' side of things. Some system engineering and process engineering needs to be applied to healthcare in a strategic way while remembering patients are people and not commodities."*

As part of this radical rethink, Van-Tam wants to see the healthcare conversation reframed, to assess what population health might look like 40 years from now. With that mission in mind, greater spending should be directed to prevention, as a means of improving population health and keeping people out of hospitals, not just treating them when they need urgent care.

> *"The trouble is that those missions take decades and outlast political careers. Those who think in terms of very long-term plans, agnostic of party lines – they have the right approach."*

The future – NextGen healthcare

The rapid uptake of new innovations and technologies continues to be the most disruptive force in health and social care. Artificial intelligence, machine learning, Big Data and digitisation all hold transformative potential, but appetite and ambition must not curb their impact.

> *"The ambition must be big. We can't accept 'computer says no'. Be prepared to think the unthinkable to get to what you want."*

In the pharma space, specifically, Van-Tam expects to see pandemic vaccine learnings carried forward.

> *"We've seen how quickly platform technologies for vaccines can deliver things in an emergency. There are whole new areas of disease that will become vaccine-preventable in future, so I expect big steps to be made around for example cancer vaccines, which will play a huge role in keeping cancers suppressed after surgery."*

To harness the power of NextGen developments across the healthcare spectrum, the role of leadership figures will be critical. The ability to inspire, and provide strategic oversight and direction, is key to how effectively the system functions. Van-Tam wants to see leaders incentivise and galvanise their teams by accepting responsibility and accountability without fear and demanding the same of others. That includes embracing inter-generational differences and allowing the next generation to flourish.

> *"You can spot a leader early. We don't want a system that rules people out until they are time-served. Believe in the next generation and empower them to achieve."*

To borrow from Van-Tam's penchant for footballing analogies, and paraphrase Sir Alex Ferguson, 'If they're good enough, they're old enough.'

> *"More important than age, leaders need to have that sense of mission and a sense of ownership."*

Dinner with JVT

Van-Tam has previously cited Karl Nicholson and Richard Madeley as his biggest mentors from a scientific research and public health perspective. But looking beyond the healthcare world, he identifies an intriguing trio of individuals he would like to spend time getting to know.

One is Archbishop of Canterbury Justin Welby, for his compassion and calm, considered demeanour.

> *"He seems to me an incredibly thoughtful and caring human being. I'd like to spend more time with him."*

Another is Dame Jacinda Ardern, former Prime Minister of New Zealand, for her communications style and ability to engage.

> *"She is the best example of a public speaker I've come across, when you consider the social cohesion she was able to achieve with her public, it's just brilliant."*

Also on the guestlist is Desmond Tutu, South African bishop, theologian, anti-apartheid and human rights activist.

> *"It would be a struggle to find someone who was more impactful or interesting. What a journey he lived through."*

Reinvigorating a system under strain

In the face of productivity pressures and a new set of post-pandemic patient needs, the system is under strain. As the demands on the sector continue to rise, a NextGen health system is required. **Charlotte Burnett** explores the road to reinvigoration.

The period following immense pandemic pressure and pre-election policy inertia has heightened the strain currently impacting the sector. Public trust in the NHS is no longer as high as it has always been, and productivity continues to lag behind historical norms.

Productivity challenges during the pandemic were no surprise given the additional isolation requirements throughout hospital and community settings, while post-pandemic productivity failing to recover is also understandable in light of the toll that COVID-19 took on the workforce and system as a whole.

> *"Not only do we need productivity to return to pre-pandemic levels, but to deal with an ageing population these productivity levels must increase. Fundamentally this means seeing more patients in shorter periods of time, and for those appointments to be more effective in meeting the requirements of patients. Innovation in both technology and process are the only way to do this,"*

says Thomas Maggs, Founder of Medical Consulting Group, which provides businesses with clinical specialists as a flexible resource as well as financial planning and strategic consulting across the health tech sector.

Bringing backlogs under control while addressing rising demand requires taking pandemic learnings about efficiency and accelerated adoption of new processes (and technologies) and applying them in non-crisis mode.

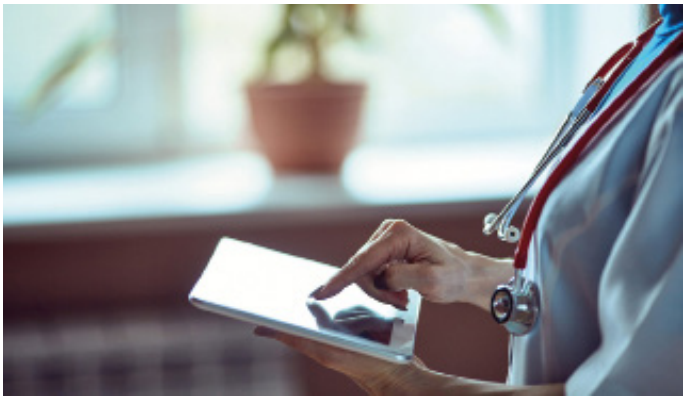
There are a number of examples of this, where both technology and process work well together. Enhanced text communication before and after appointments has reduced missed appointments in many settings, alongside confirming with patients that appointments are still needed before they occur.

> *"These improvements have been great, but they are coming to the end of the efficiency improvements they can make. The next stages are going to have to be increasing the efficiency of individual consultations – for example through improved screening of documentation for key insights, note taking tools to save clinician time, and tools to carry out tasks created at the end of consultations. These options can all increase the value of each individual clinician in the service, but cannot be delivered by single tools deployed in isolation. The key is going to lie with inter-operability, which has been extremely difficult to achieve,"*

says Maggs.

Even if marginal gains can be compounded together through interoperability improvements, a measured approach is required. There are dangers attached to launching ourselves headlong into the pursuit of a tech-enabled panacea.

> *"Tech, data, and AI can do a lot for workforce and process optimisation, both in removing bottlenecks and improving care. Digital transformation – at-home testing, hospital at*



> *home, remote care, telemedicine, and patient portals – is helping patients reduce the time they waste driving to appointments and medical examinations, which is great. However, empathy is still the key desired component of healthcare delivery and we must avoid patients feeling alienated from healthcare providers,"*

says Tjasa Zajc, Founder of the Faces of Digital Health podcast and Community Director at digital health platform, Better.

> *"We need to be very careful about digital literacy and digital accessibility, which are becoming determinants of health,"*

she adds.

There is consensus, therefore, on hybrid approaches based on patient choice being the blueprint for NextGen care. Taking the best bits of technology-enabled efficiency and human judgement, oversight and personal touch.

> *"It has to be hybrid first and anchored around understanding of human needs. It's about efficiency and enabling patients to have a bigger contribution to their own care as well as helping clinicians, carers and administrators. Tech is one part of getting to that future via incremental gains, but robots are not coming to save us,"*

says Vijay Luthra, Founder & Director of Ceva Global, a boutique management consultancy specialising in strategy and transformation, Associate NED in the NHS and Grant & Impacts Committee Member at Great Ormond Street Hospital Children's Charity.

Even with a clear goal of advancing a hybrid-first system, unlocking the digital transformation that will pave the way for this optimal system will not come easy.

> *"The history of digital transformation in the NHS has not been a good one and scar tissue remains from the NPfIT [National Programme for IT] project and further challenges in the time since. This legacy makes transformation difficult,"*

says Luthra.

> *"There are very real constraints around technological transformation in health. One is the ability of the system to absorb change, driven by various factors including capacity and capability, value chain alignment, trust – a big issue to overcome – use and adoption, infrastructure, regulation and safety,"*

he adds.

Clearly, getting to the finish line is not a straight 60m sprint, but a long-distance steeplechase – and the sector understandably harbour doubts from the bruised shins suffered in previous heats.

Confidence, convenience, choice and control

While there are clear challenges around improving productivity and efficiency and building capacity into the system to help the workforce, we have seen how changes must also be patient-first, centred on improving outcomes but also on reflecting today's society. Adapting to broader change will improve services and build confidence in healthcare.

> *"The transformation of healthcare is going in the direction of making care convenient for patients and as time-efficient as ever. We see a shift towards retail and at-home health and this wouldn't be possible without technology. It's not only about convenience; this shift is essential for healthcare sustainability since healthcare costs are rising and the need for care is increasing due to the ageing population,"*

says Zajc.

Service improvement and patient-responsive reforms are key to increasing satisfaction sentiment among those seeking care and for those delivering care, by reducing the burden on any one part of the system.

> *"Fundamentally, we must aim to build an adaptive system where patients and families can choose how they interact with the health system to suit their individual needs, rather than it being enforced on them,"*

says Maggs.

Agility and flexibility are key watchwords for NextGen healthcare.

> *"Healthcare is complex. There is complexity in terms of individuals' needs, complexity in systems – 200+ NHS Trusts, 40+ ICBs – so complexity is inherent. When dealing with complexity, you need an approach that is inherently agile, resilient and can flex to complex needs,"*

says Luthra.

The need to embrace agility and flexibility in response to societal and generational change applies across public and private providers.

> *"The patient is now a consumer, one that is savvy and wants to engage early. The future relies on offering optionality and choice,"*

says Mark O'Herlihy, Chief Commercial Officer at Circle Health Group.

One example of additional optionality is MyWay[1] – Circle's patient portal which provides swift access to private diagnostics cover and discounted self-pay treatment. The direct-to-consumer offering reflects the way that the purchase of healthcare is changing.

> *"The market has shifted in how people are engaging with healthcare. There is more power, autonomy and agency for the consumer,"*

says O'Herlihy.

It is an example of responding to peoples' desire to invest in health for future events, with many seeking the reassurance and access the model can provide.

The low-cost monthly health membership service seeks to bring diagnostics cover and discounted self-pay private treatment to new audiences who would not previously have considered it an option. At a competitive price point, it opens up accessibility and helps people to navigate a private sector and insurance product model that can be daunting and confusing for the uninitiated.

> *"There can be a preconception that private healthcare is expensive, but we have been able to create an accessible and affordable option for those that want it,"*

says O'Herlihy.

Available for anyone aged 18-69, MyWay cuts waiting times and speeds up diagnoses by guaranteeing quick access to specialists. Moves like this play to the themes of patient choice and increasing system capacity.

> *"In terms of how different generations interact with health systems, we wanted to do something different and new. We have a broad range of signup ages between 18 and 69, providing competitive pricing, flexibility and newness,"*

says O'Herlihy.

Thinking beyond system lines

As well as component parts of the system adapting and improving, part of the solution to healthcare's many challenges is to focus beyond and outside of health settings.

> *"The key impact of hybrid-first healthcare is the convenience that enables us to stay active, healthy, and productive. For older generations, it can mean they can receive care at home, have an improved experience, and also have better outcomes since the home environment is less stressful than the hospital environment and doesn't carry the risk of hospital-acquired infections and hospital environment-related potential errors,"*

says Zajc.

Digital and hybrid-first progress is one piece of the puzzle, but pushing down demand requires bigger, systemic change rather than the incremental gains technology is delivering.

> *"Tech will play a big role in NextGen healthcare, but healthcare will remain fundamentally human to human. Therefore as well as utilising technology, we have to reduce demand, through prevention and lifestyle medicine. We also have to think smart about the workforce, encouraging clinicians to work at the 'limit of their license', as Professor Mark Britnell puts it, which requires culture change,"*

says Luthra.

A greater focus on prevention and lifestyle medicine will mean shunning the instinct to manage things in an acute setting. As well as empowering patients through greater choice, flexibility and accessibility as outlined, resource needs to be deployed in communities for people to manage their own conditions. Seemingly small steps, such as ensuring access to educational resources in different languages, will add up to greater community and personal ownership of health and wellbeing – baking accountability into the system at the user side.

Only through a combination of the various efforts discussed will the system be able to reinvigorate itself and move beyond the strain of recent times.

References:

1. Age limitation, exclusions and terms and conditions apply. The publisher is not an agent for the insurer or involved in the arranging of insurance.

Leading in tough times

As health and social care strides forward into a brave new world defined by rapidly-evoling innovations, a careful balance must be struck between long-term vision and day-to-day functionality. Step forward, healthcare leaders. **Udara Ranasinghe** explains why a steady hand at the tiller is more important than ever.

Smooth seas do not make skilful sailors. Which bodes well for the next generation of healthcare leaders, given today's perfect storm of people-related challenges requiring a strong leadership response. From COVID-induced backlogs and workforce burnout, morale and productivity pressures to Brexit-induced migration issues, strong and effective leadership is crucial in inspiring and galvanising a system under strain.

Historically, there have always been people or skills shortages, but the reduction in EU migration has had a large ripple effect across healthcare. Non-EU migration has replaced this, but only to a degree. The exacerbating impact of COVID-19 on the workforce continues to be underestimated as long, unsustainable hours and efforts inevitably led to burnout and – for some – a sense of disillusion with the sector.

> *"The area I worry most about is burnout. The workforce has delivered through difficult times, but that came with a toll attached,"*

says Laura Bevan, Chief People Officer at Royal National Orthopaedic Hospital.

Increasing public dissatisfaction with the NHS – long-held in the highest esteem as a 'best-in-British' national institution treasured and revered by all – is feeding through to morale issues as tough working hours and conditions become harder to sustain when public sentiment wanes.

> *"Without question, leaders are focused on how we galvanise a workforce recovering from the pandemic and facing some of the most significant challenges the NHS has experienced in its 75 year history,"*

says Joe Harrison, Chief Executive Officer at Milton Keynes University Hospital NHS Foundation Trust.

The long-running pay disputes and the nature of industrial action taken has impacted upon workforce morale. For the NHS, which has thrived for so long in part on goodwill and cohesion, these factors have applied new pressures and present leaders with a challenge unlike those their predecessors had to face.

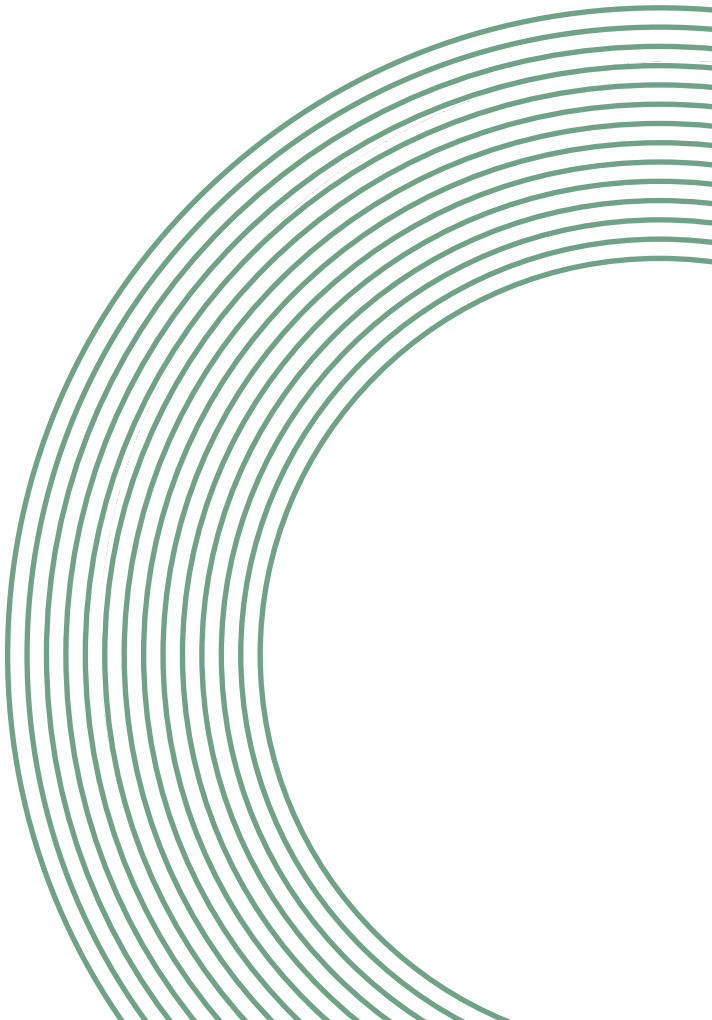
> *"In some ways, the challenge is tougher now than at the peak of COVID, when financial pressures were set to one side to a degree, with more money in the system and reduced red tape, along with the element of gritty 'can-do' spirit. Now in the aftermath, along with a cost-of-living crisis for staff, strikes and ongoing pay dissatisfaction, the challenge is to motivate the workforce when the financial constraints feel as tight as they've ever been,"*

says Bevan.

Many issues impacting the sector are relevant to all organisations, but in health and social care the impact can easily be amplified, particularly when reinforced by a steady stream of mainstream media negativity.

> *"Over a sustained period of pressure, if the quality of service drops below that which you aspire to, you come away with a sense not only of the impact of that on the patient, but also on you via moral injury. At the moment there is increased potential for moral injury,"*

says Daniel Waldron, Group People Director at Barts Health NHS Trust.



Leading the way

The size of the challenge for leaders, therefore, is not insignificant. All of this adds up to a long list of priorities for those tasked with looking after patient care and safety, as well as workforce wellbeing.

Anna Gurun, Associate Director at HSM Advisory, which specialises in helping organisations reimagine their approach to workforce management, identifies leadership aspects that can help support and guide people through tough times.

> *"Firstly, leaders need to provide a narrative of change to help their people make sense of the situation. Ideally this narrative will tell a compelling story, link to organisational values and be co-created with their people so there is a sense of ownership over change,"*

says Gurun.

The galvanising effect of this is it helps build a sense of shared purpose and common direction. It makes people feel active contributors to change, rather than passive respondents to it.

> *"Leadership needs to be transparent and clear on the non-negotiables. Even if there will be unpredicted change, clarity on key non-negotiables can provide reassurance. Leaders also need to acknowledge any emotional distress – offering support and helping their people make sense of an uncertain situation. It isn't enough to have a blindly positive mindset – you need to meet people where they are and acknowledge negative change in a way that feels authentic and empathetic,"*

says Gurun.

While being realistic in acknowledging challenges, the goal is to build an environment of enjoyment and purpose while fostering a sense of belonging. These are the conditions in which high-performing teams are created and thrive.

> *"The role of a leader now more than ever is creating an environment where people can bring their talents, their uniqueness and individuality, and flourish. People must feel they belong, that their contribution is sought and valued. Through that mix of views we create better decisions and produce better outcomes. It's not about heroic leadership anymore, it's about creating the right environment and fostering psychological safety,"*

says Waldron.

Part of creating a sense of belonging and value is a focus on teamwork, collaboration and camaraderie. Leaders should not be afraid to create a sense of fun in the workplace, even in a setting as serious as healthcare.

> *"I've gone to various leaving dos for leaders who were highly thought of and the common thread among them is that they managed to create a sense of fun and community. We need a leadership style that encourages that. The nature of healthcare is that you deal with difficult things, but creating the right culture means people have each other's backs and become a true team,"*

says Bevan.

For those teams to thrive, instilling a sense of hope and optimism – reassuring people that although times may be difficult, there is light at the end of the tunnel – is a key mechanism for conveying a calm and controlled route to success. It is also a self-fulfilling prophecy, in that reaching the light at the end of the tunnel requires an approach and effort that can only be actioned if people are convinced about being able to reach it.

> *"The watermark of all of this is hope. How do we give the workforce hope, a purpose people believe in, and recognise this period is also an opportunity to reinvent the NHS and future-proof it for the next generation and those that follow. We use the situation we find ourselves in as a catalyst for rapid but sustainable change, embracing new developments in technology that can and will transform healthcare. Hope is key. If people are constantly told 'we're working in a failing system, waiting lists have never been so bad, everything is awful', it's difficult to get your head off the pillow in the morning,"*

says Harrison.

Wellbeing in focus

In countering burnout and providing respite for weary heads, it is worth reflecting on the fact that wellbeing is valued in a different light post-COVID. And this is not just in a theoretical sense.

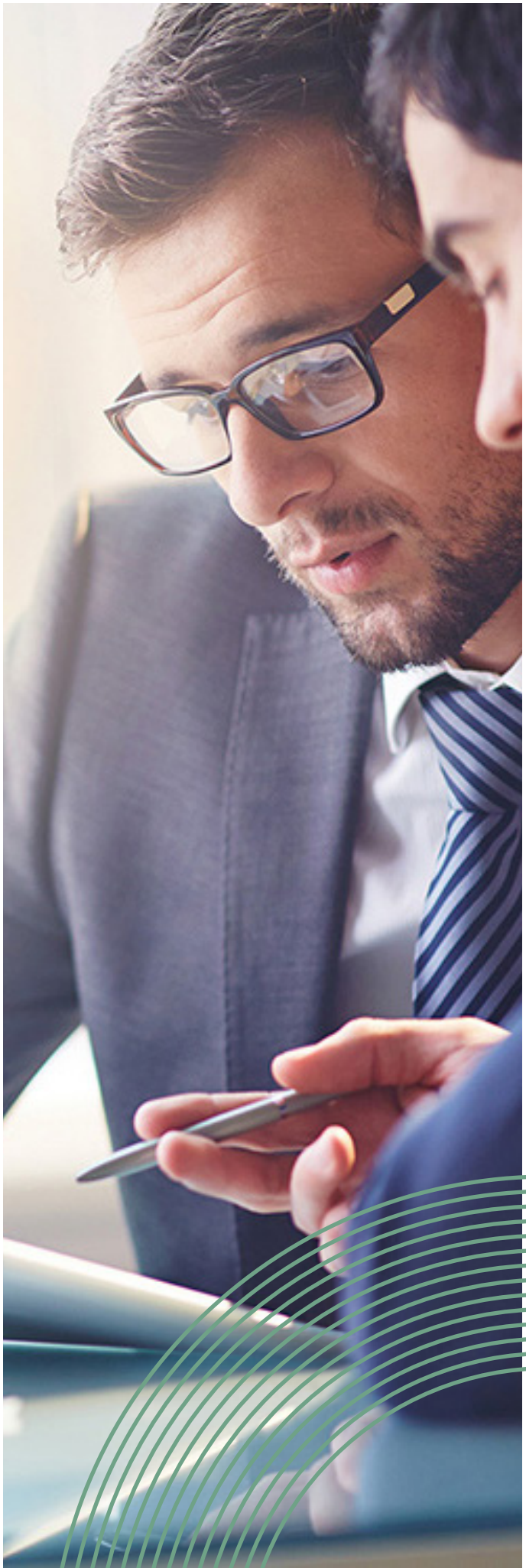
> *"We have invested in wellbeing spaces and have wellbeing coordinators in all our hospitals, psychological support teams who provide ongoing and proactive support rather than just being available on referral when a specific need arises. This wouldn't have happened pre-pandemic, so the need but also the expectation for it has gone up,"*

says Waldron.

> *"Wellbeing of staff has become a much bigger piece. During COVID we benefited like others from Project Wingman [a well-being charity offering staff first class airline treatment in dedicated airport-lounge type environments]. Creating that space has led us to develop a wellbeing lounge and hub. We also introduced smart fridges with round-the-clock access to nutritious meals at good value for staff,"*

says Bevan.

These might seem simple changes, but have a cumulative impact on staff feeling valued. These changes also tie into talent retention and attraction. While the sector cannot compete with the big tech companies in terms of workplace perks such as unlimited leave, work from anywhere, or slides and ball pits in the doggy daycare 'creche', it can and should do more to promote flexibility and wellbeing – particularly as the need to decompress and switch off is much more relevant in a hospital setting.



NextGen leaders

Many of the challenges currently faced will not be quick fixes. Much is changing, and will continue to change, across health and social care but the need for strong leadership will remain a constant.

For the next generation of healthcare leaders, there will be a greater expectation on certain traits to reflect the move away from command-and-control leadership towards influencing, delegating and empowering.

> *"We have to reject this notion of HiPPO – the highest paid person's opinion – being the strongest view,"*

says Waldron.

This change is already happening and, going forward, will involve a deeper inversion of the traditional hierarchy and dynamics of power for future leaders.

> *"They need a willingness to be advised by subordinates and the honesty to admit they are not an expert in all areas. This is leading to a shift in power. Leaders can no longer lead by expert power, but instead by information power, the ability to have access to valuable and relevant information,"*

says Gurun.

Accessibility and ensuring the best and the brightest are attracted to the sector is critical as people live longer and require greater care than ever, all while staff shortages and workloads negatively impact productivity. An active focus on diversity of leadership is one key to reinvigorating the sector.

> *"The next generation won't look like me, either in terms of career profile or background. The NHS needs to reflect our population,"*

says Harrison.

To attract the stars of tomorrow, being more alive to what younger generations want and expect from their career is something the sector has to come to terms with, and quickly.

> *"We know that future generations coming through want diversity and flexibility through their careers. We must recognise and respond to how people want to work, rather than imposing how we have always worked on employees and expecting them to accept it. We have to attract and retain the next generation into our workforce in ever greater numbers – we won't be able to do that if we cannot deliver excellent working conditions and a good work-life balance for their 50-year plus careers. We are only ever guardians of the NHS – our job is to safeguard and enable the institution and the people who work within it to thrive and flourish so we can be assured it will be there when we need it,"*

says Harrison.

> *"Leaders need to shape themselves to the needs and expectations of their people rather than the other way round as in the past,"*

says Gurun.

Impact and fulfilment have taken on new meaning in the wake of a pandemic that shook the country's health, social and economic foundations. New perspectives on living well, making an impact and contributing positively to the world have been formed, with lasting repercussions for the world of work.

> *"That expectation is there. It's a generational thing to a degree, but also a societal one. For a fulfilled life, work needs meaning and to be a positive rather than a mere necessity or even a burden. Work should be additive,"*

says Waldron.

Organisations – starting with leaders – need to adapt to this new reality and act as enablers of change, rather than barriers to it. Those that cling to 'the old ways' will create challenges for themselves, at a time when the sector needs to focus on solutions.

Tomorrow's leaders are already being formed and their experiences in the here and now will shape their leadership style. The mission for the leaders of today, then, is clear. To forge a path through short-term struggles by providing a strong but calm sense of direction, purpose and togetherness, while setting a tone that establishes a long-term cultural precedent for success based on trust and empowerment.

Social care across generations

'The Greatest Generation', 'The Silent Generation', 'Baby Boomers', 'Gen X', 'Millennials', 'Gen Z', and now 'Generation Alpha'. Living alongside each other, but each neatly defined by differing needs, expectations and ambitions. **Anna Hart** looks at what this means for a care system that serves a diverse and ageing population.

Access to health and social care should be for everyone – indeed, one of the big goals of the system is improving accessibility and reducing inequalities. But health and care needs are also incredibly personal and individual. A challenge therefore is how to cater to all while factoring in the sometimes vastly different ways in which different people – and generations – view and interact with health and social care provision.

Over time, things change. That's how the world works. People have different demands and requirements at different stages of their lives, based on their current wellbeing and health outlook. People of different generations also have different expectations and preferences for how they monitor and assess their health and wellbeing, as well as how they seek and receive care when needed. The system has to adapt to meet these ever-changing needs.

At this moment, the waves of change impacting society are tidal. Technological adoption continues apace but must be tempered by choice and balance to ensure broad access. At the same time, longevity trends point to people living longer, but there is a crucial difference between living longer and living well for longer.

> *"How do we close the gap between life expectancy and healthy life expectancy? This is where we are not quite hitting the mark,"*

says Arunima Himawan, Senior Health Research Lead at the International Longevity Centre, which produces a Healthy Ageing and Prevention Index that scores 121 countries on life expectancy, healthy life expectancy, working life expectancy, income, environmental performance, and happiness.

The difference between living longer and living healthily for longer applies across the population but is even more acutely applicable for those living with complex support needs for longer – and for the social care providers that support them.

> *"We are seeing people with disabilities living longer, which is a very good thing, but the shape of the need we must meet is changing with that trend. As the population ages and grows, demand increases and evolves. Everyone is aware of these trends, so we must ensure that resources are aligned to meet those changing needs,"*

says Andrea Kinkade, Chief Executive of Lifeways, the UK's largest supported living specialist, supporting almost 5,000 people to lead more fulfilling, independent lives.

For many health and social care needs, early intervention is critical.

> *"If a person's needs are not identified and met early enough, the demand for support is heightened as conditions deteriorate rapidly or symptoms get worse. That escalates risk, negatively impacts the quality of life for people we support and, of course, places a burden on the purse,"*

says Kinkade.

Getting people into the system at the right time, and avoiding having to 'play catch-up' in the provision of support, will pay dividends in the long-run as needs develop and change for people throughout their lives.

Recognising the value of social care

If we are to support the transition to preventative healthcare and build a NextGen health and social care system to address the longevity challenges we are facing, social care is going to be an essential piece of the puzzle. A shift in mindset around recognising the role, impact and influence of social care is required to galvanise the sector and optimise the impact it will continue to have in the future.

> *"We have to ask ourselves what is the value of social care? The sector employs more people than the NHS, but isn't benchmarked at that level of importance. We need to be valued and appreciated to contribute appropriately. To be able to attract and retain the people we need to support those that need us to live great lives, there needs to be a level playing field of professionalism, with all parties considered equal in playing different, but defining, roles that are mutually supportive,"*

says Kinkade.

> *"It's not about competition, but collaboration. We need a better understanding of the challenges providers face and how difficult it is when the sector gets browbeaten. The portrayal of a sector 'in crisis' does not help to attract the energy and expertise that social*

care needs. It would benefit all if the efforts people put in were recognised more, as well as the immense satisfaction social care professionals get from a job well done. And when things go wrong – because they will sometimes – we need a culture of learning. To pause, understand, reflect upon how things have been remedied and how that excellence can be replicated – not a blame game. People will leave the sector, otherwise,"

she adds.

There is a danger that social care continues to be taken for granted and this could have painful consequences for attracting NextGen talent.

"Yes, these are 'people people' and are passionate about their work, but we have to be careful in the language we use. These people are skilled and make important decisions in pressurised environments. You can't supplement that by saying it's rewarding work. Care workers want and deserve good career progression, pay and conditions,"

says Mark Yates, Executive Director of Operations at Rethink Mental Illness.

"There is a risk that the desire to help and transform lives is over-relied on and used as an excuse for poorer conditions or lower pay,"

he adds.

On top of recognising and empowering the social care workforce to drive NextGen care, future efficiencies will be based on empowering individuals in receipt of care.

The COVID-19 pandemic accelerated digital trends, and technology will be key to improving the effectiveness of how the system functions. Even if it is unsuitable for all care provision, technology can be helpful in triaging in-person touchpoints and giving people control of managing their own lives and conditions.

We all now have access to more information at our fingertips than previous generations and this often brings with it a desire to be more active participants in decisions which have a personal impact.

"There is a role for technology in promoting independence. Tech can also be used to help people manage their access to support and therefore positively impact productivity. We know how stretched the sector is. For example, if resources can be targeted to people self-identifying as needing help, that's better than seeing people purely on a 'routine' basis,"

says Yates.

In this way, we can use people's own insights, knowledge and experience to direct the support they need. The goal is to be more flexible and targeted by putting people in control. The workforce benefit of this is also clear, because caseloads for support workers will be streamlined.

A balanced approach

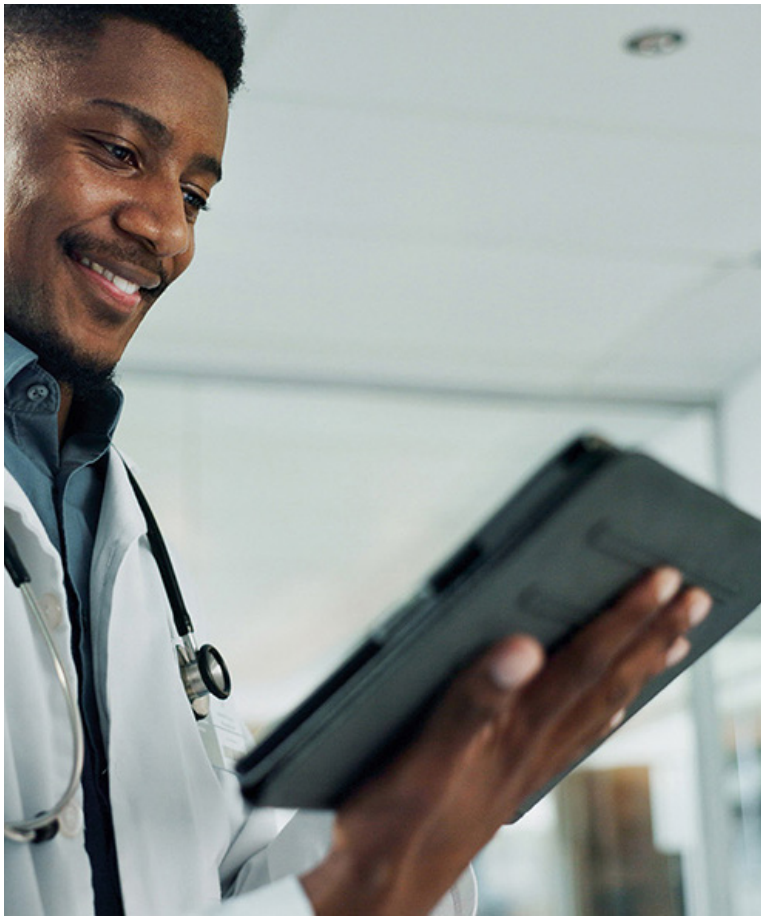
Irrespective of age and demographics, the key to people viewing and interacting with the social care system positively is choice and flexibility. Every individual's journey is unique.

"We know that accurate and timely assessments of need, met with bespoke, active support co-designed with the person receiving it, is the key to ensuring people have the right choice and control in their life,"

says Kinkade.

"Different segments of society will respond to different methods, but the system shouldn't make assumptions. It is imperative that people are supported to choose for themselves,"

adds Kinkade.



Even where digitisation is being embraced, tech for tech's sake is clearly not a recipe for success. The system has to get smarter in how technologies and new innovations are deployed.

> *"Digital exclusion is likely to be less of an issue in future as people naturally become savvier, but there will always be people unable to use technology, so we do need a balanced approach so that it is never tech-only. The key issue driving digital exclusion is not a population or generational issue, but rather that the UK is too slow to adopt the right technologies,"*

says Himawan.

Looking at international progress around hybrid approaches, specific ways for the UK to reduce its heavy reliance on hospitals and secondary care emerge.

> *"Technology allows you to devolve the healthcare system, to community pharmacists or to mobile units, revolutionising the way people access care. There are clear areas where we can push more towards community care and reduce the burden on the workforce,"*

says Himawan.

Thinking holistically

To do this, we must avoid silos. While pressures mount across the health and social care landscape, a joined-up, data-led approach is often as important as political leadership to arm those driving change to have the greatest impact.

> *"In Wales, for example, where the Government's action plan for dementia support was coproduced with all the key stakeholders, patchy data collection and assessment has meant slow progress on dementia diagnosis rates and hampered access to services. A huge drawback, especially when an ageing population is engaging with the system in multiple ways, is that siloed healthcare acts as a barrier,"*

says Himawan.

> *"Belgian systems do things well. In the UK we have the federated data platform and other policies on the horizon, but it takes time for policies to have an impact – we're not going to see improvements overnight. We need mechanisms in government for long-termism to prevail,"*

says Himawan.

Looking to the future, ageing populations will continue to be an issue that the system must address. Policymakers across government – not just those with health and social care briefs – must be mindful of the impact the decisions taken today will have for future generations.

For example, house price changes relative to salary change mean lower proportions of younger generations are homeowners than the generations that came before. This will have a knock-on impact on the ability to afford privately funded care later in life.

Given the length of time for change to take effect, and the rate at which the social care supply and demand gap is growing, time is of the essence. Future generations will not thank us for inaction, now.

Crunch time for healthcare real estate

Faced with funding and budget constraints, capital expenditure limits and ambitious sustainability targets, those managing, operating and using the healthcare estate face challenges which cannot be ignored. **Lisa Geary** explores what needs to be done to maintain, update and develop the buildings and spaces that make up the healthcare system.

Ushered in both by design, systemic restructures and pandemic-enforced change, recent years have seen fundamental shifts in care and service provision, including a welcomed focus on the delivery of community services and improved integration of social care with healthcare provision. But what of the physical infrastructure that houses (or will be needed to house) these services?

While there are many impressive examples of improved buildings and innovative developments using space 'smartly' by embracing technology and advances in engineering, overall investment in buildings has been piecemeal and stagnant, leading to large build-ups in backlog maintenance. Keeping the existing fabric fit-for-purpose and compliant is an everyday challenge for many NHS estates teams. Despite this, it is vital to keep moving forward, have a vision for improvement and a plan to achieve it. So, what does the healthcare estate of tomorrow look like and what needs to be done to ensure it can suitable support NextGen healthcare?

Funding issues bring a need to work smarter and more innovatively, heightening the importance and value of partnership approaches. While this is widely acknowledged and welcomed, the expiry of private finance initiatives (PFI) and changes to lease accounting standards through IFRS 16 and adapted capital departmental expenditure limits (CDELs) present further challenges for finance and estates teams in being able to embrace what collaboration can look like and offer. It is against this backdrop that estates planning and infrastructure strategies are being pushed for (centrally and locally) and formalised across the NHS. This is vital to achieve change but those tasked with this need support to ensure the strategies are deliverable. In many cases, working in isolation will limit the prospects for change.

Collaboration is critical

The shift to Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs) had – indeed has – at its core the concept of improved efficiency and greater collaboration across broader geographical footprints. Almost two years on from their introduction, how is this conceptual theory playing out in an estates strategy and planning context? How are various organisations – trusts, local authorities, other public and private sector bodies – working together across ICSs to deliver schemes?

> *"Collaboration is a core function of an ICB and it is positive. You can do things faster and better when you have accountable organisations working together. We are making good progress, but the reality is it takes years to build organisational relationships across the different layers and levels and organisations that make it work,"*

says Alistair Rose, Director of Strategic Estates, Infrastructure and Sustainability at Lancashire and South Cumbria ICB.

> *"At the moment estates planning for the NHS seems to be stuck in strategy mode, rather than delivery mode,"*

says Jonathan Webb, Development Director at Assura plc.

In bringing together different public and private sector bodies, commonality of goals and objectives – ultimately, delivering a scheme – does not always translate into commonality of process and budgets, nor of how the success of reaching that common goal is benchmarked.

> *"Collaboration is positive but can be difficult when different partners have different processes, requirements, signoffs, with value and ROI measured in different ways. Different parts of the system have different problems to address. And different metrics give different answers,"*

says Rose.

While the sector is, understandably, still adjusting to new organisational structures, there are plenty of success stories of collaboration on schemes which have transformed the local healthcare estate as well as the provision of care.

> *"We are being innovative in our approaches across Northumbria and North Tyneside. We have a new hospital site at Berwick including a GP practice, new health and care academy and a school of nursing again with a GP practice incorporated, so it's an incredible use of space,"*

says Alistair Blair, Executive Medical Director at Northumbria NHS Foundation Trust.

> *"In Leeds one of our flagship LIFT companies has seen 11 buildings delivered through strong NHS and council collaboration. The scheme has GP services, community services including dental, along with a library and job centre facility. What's inspiring is the impact of delivering really great, well-located services in nice buildings, to deprived communities,"*

says Emma Bolton, Chief Executive Officer at Community Ventures Management.

These examples of mixed-use developments are centred on space utilisation, using technology and being more efficient. A realistic, data-led understanding of how spaces are being interacted with is key to baking-in efficiency when creating new developments or repurposing existing ones.

> *"As part of trying to do more with the NHS pound, we need to look closely at how the estate is being utilised, with a focus on actual activity carried out in buildings as opposed to space that is being booked but which is not being used to full capacity,"*

says Bolton.

NextGen buildings must consider patient journeys (including the types of treatment they are receiving and, in that context, the physical and mental health effects of their surroundings) and staff needs. If design is founded on this, patients will feel safe and comfortable, while staff will be equipped to deliver optimum care and – importantly in the context of attracting and retaining talent – be enthused about what greets them when they arrive to work. Hybrid working offers great opportunities to free up space, create efficiencies and invest in change for future working models. Clinical and estates strategies are intertwined and need to be developed in tandem with collaborative input.

> *"Buildings shouldn't solely focus on being architecturally pleasing – they have to be designed around patients and clinicians,"*

says Webb.

Looking back over the history of the healthcare estate, many of its constituent parts pre-date the NHS itself (and 45% pre-dates the internet) and, as such, were designed for other purposes. This can create challenges both for buildings compliance and the NHS Net Zero by 2040 target.

> *"A sustainability agenda for new buildings is one thing, but we can't achieve appropriate carbon levels for a two-up, two-down house-turned-GP-surgery so careful thinking is also required around how we retrofit,"*

says Bolton.

With each new scheme that is approved, a much more specific set of design principles are used to ensure it is fit-for-purpose today and for future generations, taking into account the innovations – technological and otherwise – that continue to positively disrupt the health landscape.

"Historically parts of the primary care estate were built with an original purpose that wasn't healthcare-related – for example old terraced houses. There is now an increased need for buildings purpose-built for patients. The other bit is if you look at how primary care practices traditionally were reimbursed for space, it was a slightly odd red-book formula that's no longer fit-for-purpose, predicated on GPs and examination couches rather than the multi-disciplinary team needs of today,"

says Blair.

The needs of different spaces have changed, while the role of technology will continue to transform how care is delivered. The spaces used to provide care must therefore adapt accordingly.

Striving for sustainability and social impact

Alongside collaboration, a key lens through which we must view the ongoing evolution of the health and social care estate is that of sustainability, social value and social impact. Around the country, obligations on trusts to deliver on net zero are growing. With more than 4% of national carbon emissions attributed to the NHS (though that includes medicines, supply chains and other impacts beyond real estate), sustainability cannot be overlooked.

Social impact and social value are coming to the forefront in policymaking and operational guidance involving the estate. The reissue of the Building Better Partnership Green Lease Toolkit (reflecting many of the recommendations in the NHS Green Lease Toolkit) encourages the incorporation of minimum social impact safeguards into lease negotiations, to name but one. NHS Trust, Board level leads and ICS Green Plans are now high priority and social value and impact is an integral theme. Some are advanced, already delivering tangible savings and improvements ranging from using recycled paper to investment in energy efficient infrastructure, but also focusing on healthy workplaces (for example cycling and low-carbon diets). Collaboration has created great opportunities for energy saving through District Heating Schemes. Sharing of know-how between health sector bodies is vital to keep momentum going.

The New Hospital Programme offers a real opportunity to lead the way in this – the Net Zero Hospital Standard will apply to new build hospitals – but we still await the technological advances needed to be able to deliver a Net Zero Hospital. Outside of NHP, there are other examples of exciting innovative approaches.

In Leeds, the vision around the Innovation Arc is one example of a project embracing collaboration between public and private sector partners, an investment in research for the next generation and place-based social value to create new homes, green spaces, revitalisation of heritage buildings as well as an Innovation Village which will be an engine room providing opportunities for research and innovation into how wider thriving healthcare, life sciences and tech industries can support the health of a local population.

Improving places and spaces – including healthcare settings – has a compounding impact on societal health. Not only do patient outcomes improve thanks to better environments, but overall population health does too, driving the shift to preventative healthcare and lessening the future burden on the system.

> *"Social value and impact is fundamental. We are looking at how we incorporate sustainability impact assessments in a comparable way to quality impact assessments. We have to understand the cause and effect of everything we do. There is a cost and a consequence – we have to think these things through,"*

says Rose.

When it comes to sustainability, the healthcare estate of tomorrow clearly has to be built around this as a core principle. But with lots of targets and goals around sustainability and energy efficiency, it can be hard to track meaningful progress. Data is key. The appetite for change is there, but the size of the task should not be underestimated.

> *"We know the NHS is a big producer of carbon, so we are doing everything we can to promote positive change in driving the green agenda,"*

says Blair.

There is the impact of buildings themselves, and upgrading to be as energy efficient as possible, but actions have to be considered – and successes acknowledged – through a broader perspective than this.

> *"We have a subsidiary of fleet solutions providing NHS cars, many of which are electric. In terms of measuring impact beyond just building-related emissions, we have to look at miles-less-travelled so the location and accessibility of those buildings matters with patients travelling less because appointments are locally convenient. Digital interactions also help with the carbon footprint but the infrastructure still has to be right to accommodate that,"*

says Blair.

Assura has an acute focus on sustainability and harbours ambitions to be net zero across its portfolio of over 600 buildings (serving 6 million+ patients across the UK) by 2040 and the number one listed property business for long-term social impact.

> *"We prioritise thermal and overall energy performance in our schemes, while our new Altrincham HQ is also undergoing an exciting refurbishment in line with our own Net Zero Carbon Design Guide and targeting one of the first UK NABERS ratings, so we are trying to lead by example and show how it's done.*

> *The other focus is social impact, especially via space and land outside buildings that already drive improved health outcomes. Social impact can be harder to measure, but again we've got stuck into this and the Assura Community Fund in 2020 which has benefitted over 190,000 people and generated over £3 million of social value. A key element of the broader ESG conversation is that this kind of activity needs to be part of a company's core values and business model,"*

says Webb.

To become BAU, particularly at a time when people are nervous about meeting ambitious goals, action must be focused on impact and decisions must be backed by data.

> *"There is no magic wand to make the healthcare estate reach net zero as quickly as we would like, but what we can do is be targeted, focusing on the places where limited budgets can have the biggest impact,"*

says Nick Lane, Infrastructure Director at PwC.

> *"Let's make sure we act on easy wins. Solar panels are a mature market for clean energy generation and power purchase agreements (PPAs) are relatively straightforward to execute. Energy and PPAs should be an open goal – we should be clear and positive about structures that limit the CDEL need and satisfy IFRS 16 guidelines,"*

says Lane.

Capital constraints

As alluded to, the elephant in the room – as is the case across the health and social care spectrum – is budgets and funding. As PFIs come to an end, with, in many cases, no viable replacement model in place, capital continues to be an issue that threatens to stall progress on upgrading the estate. Rent reimbursement levels for GPs are also not keeping pace with cost inflation and acting as a barrier to primary care estate improvement.

> *"There is drastic undersupply of the primary care estate and future NHS capacity planning is straitjacketed by accounting for leases in a financial manner. There's also a fundamental misunderstanding of what 'value for money' should consider for new premises as the focus is on rental levels rather than patient outcomes and services as well as economic value generated. PFI might be a dirty word for many, but we need some form of private investment centrally and autonomy granted to ICBs to speed up delivery and get spades in the ground,"*

says Webb.

There is a risk that, by focusing on the failings of PFI in cost terms and those projects that encounter performance issues, we are throwing the baby out with the bathwater.

> *"Lessons can be learned. There isn't enough public sector capital to do what we need to do, so we need a model that overcomes the previous issues,"*

says Bolton.

> *"Unconstrained capital is not a good idea. Controls are needed, but to achieve public sector goals without limitless public spending, the lessons of PFI need to be learned and the positives taken from it. Private capital is needed and will be beneficial. A blanket ban doesn't serve us,"*

says Lane.

As PFI contracts expire this year and next, and we edge nearer to 2040, creative solutions will be needed to deliver on the various estates strategies and infrastructure plans currently in development nationwide. With sustainability and patient-first design in mind, collaboration across the whole system – along with capital injection – will be crucial to successful overhaul of the health estate.

The health tech scaling challenge

Globally, service provision and expertise are increasingly borderless, applicable in adapted forms across multiple territories. With many health systems facing similar challenges post-COVID, the sharing of solutions is deeply relevant in healthcare. **Hamza Drabu** explores the regulatory and cultural challenges that must be overcome for health technology businesses to successfully scale across borders.

The enthusiasm around health technology being the saviour for health systems under pressure remains. There is no shortage of innovation seeking adoption. The exponential growth that emergent technologies like generative artificial intelligence (AI) and cutting-edge data tools provide, alongside the various applications of that technology to the health sector would suggest rapid growth and uptake of such innovation is not far off.

At the same time, health is such a global market that an effective solution in one country will likely have potential application elsewhere. But for the best and brightest minds to successfully harness innovation and deliver change, a raft of hurdles must be overcome. These come in a variety of shapes and sizes, but culture, regulation, integration and inter-operability are common challenges for most growth-mode health tech organisations.

Some problems are easier for founders to solve, while others are out of a business leader's hands entirely.

> *"Global agreement on the regulatory land-scape for health products and services would greatly accelerate the flow of successful ideas across borders, bringing a huge reduction in the costs to businesses, and resulting benefits for patients. We have seen improvements in recent years, with reciprocal approval of some medical devices between national regulatory bodies, but I am still sceptical if there is enough political will to solve this issue in the short to medium-term,"*

says Thomas Maggs, co-founder of Medical Consulting Group, which provides businesses with clinical specialists as a flexible resource as well as financial planning and strategic consulting across the health tech sector.

Jennifer Nobbs, Head of International Advisory, and General Manager, UK & Europe, at Beamtree, a global health technology company pioneering AI and automation in healthcare, agrees.

> *"Regulation has to be there and decision-makers have to ensure public and patient interests are safeguarded. Everyone has to think on their feet to support innovation in an environment where regulation is really important. The challenge is inconsistency of regulation across markets and how to navigate this,"*

says Nobbs.

Entering healthcare markets is no easy under-taking. Funding and budgetary challenges are a large barrier to new innovations being adopted, while pressures on the system mean that even where a solution has a clear use-case, the opportunity cost of pausing to allow for integration is off-putting.

> *"A key difficulty for startups selling to national health services is the lack of funding to trial new solutions. So much funding is eaten up by running services at the current rate that there are few resources available to support innovative change, even if there is a clear understanding that the system requires it,"*

says Maggs.

For founders with a technology background, the pace of adoption and integration in a highly-pressurised and regulated environment can take some getting used to.

> *"Tech companies need to move fast. We undertake the R&D effort, we invest in enhancing suitability and once we finish developing, the process of assuring with the NHS is the longest pole in the tent. This can be a frustration for companies in growth mode, if you introduce new features and bring competition to the market, but incumbent solutions are protected by processes and assurance,"*

says Itzik Levy, Chief Executive Officer at Ummanu Health.

Despite challenges, the spirit of entrepren-eurialism is in full flow in the health sector. Here, we explore the growth journeys of two organisations seeing rapid international expansion as they actively export their products and services in new territories.

Ummanu unwrapped

Ummanu delivers remote consultations efficiently at scale and provides health organisations a platform to improve efficiencies and free up their clinical workforce to focus attention where it has the greatest impact. Like many entrepreneurial businesses, the founders are – first and foremost – problem-solvers.

> *"We started with a problem and looked to build the solution. When we see a pain in the market, we adapt our offer to meet that ask,"*

says Levy.

The company – founded in Israel in 2016 – handles more than two million remote visits annually, connecting 18 million patients with clinicians available around the clock, across 26 different clinical specialties. In recent years it has taken its solutions overseas, including to the UK.

> *"We look for markets where we can bring value, because the public system fits with our solution and our solution fits with the system. The value proposition we know we can bring hangs on three key principles: clinical productivity, patient safety and patient experience,"*

says Levy.

International expansion is never easy, however. Once a new market has been identified as appropriate based on system similarities and business plan objectives, cultural considerations come into play.

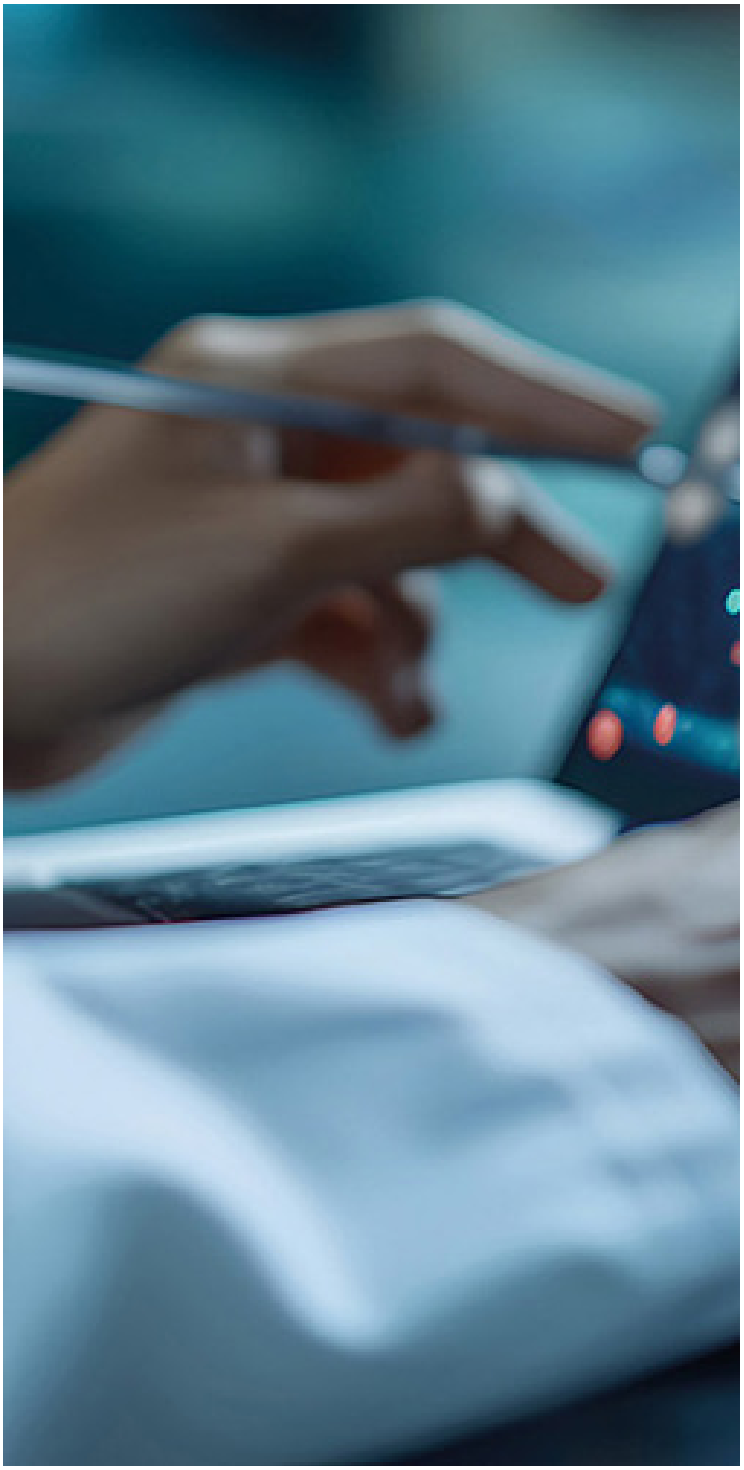
> *"When we first looked at other markets like the UK, we realised clinicians didn't always want to do video consultations. It isn't about the technology, it's about culture. But we reached the 'a-ha' moment when we understood the culture of privacy and we realised providers would find value in audio consultations, making the same clinician productivity gains as via video, but tweaking the model based on cultural fit,"*

says Levy.

Sometimes, timing and crisis breed opportunity. For Ummanu's UK expansion, this was the case. When a cyber attack sparked a UK-wide outage for a key IT platform used by NHS 111 services, out-of-hours and urgent care providers, Birmingham and District GP Emergency Room (BADGER) – which had been piloting Ummanu's virtual waiting room alongside its existing patient management system – and many others were forced into offline business continuity plans.

> *"When the Adastra cyber outage struck, providers around the country resorted to pen and paper. It happened on a Thursday and by Sunday our system meant BADGER was ready to continue working fully digitally,"*

says Levy.



Beamtree beyond borders

The world runs on data. An area of critical importance for all organisations today and particularly in the future, therefore, is data quality. Health data analytics specialist Beamtree is working to ensure the reliability of health and hospital data – and turning it back to system users in a digestible way – to aid clinicians using it at the point of care, as well as policymakers using it for population health management and resource planning as part of what it calls the 'Learning Health System'.

An example of Beamtree's data quality assurance is in medical records translated by clinical coders so that each patient record has a series of codes telling their story. In code form, aggregate pictures can be analysed, with a resultant understanding of quality and efficiency of care at oversight level and the ability for better health system management.

> *"Phase one of our international growth for our data quality products has been leveraging our data quality assurance expertise and systems internationally, starting with our experience in Australia and exporting to areas which shared Australia's data standards including Saudi Arabia, Singapore, Ireland. Phase two is adapting that technology and building expertise in localised systems in the UK and Canada to become embedded in those markets with specialised software backed by local subject matter specialists, which also provides a chance for us to expand our offer in those markets to our broader product suite,"*

says Nobbs.

For its expansion in Saudi Arabia, Beamtree began by securing advisory work in checking hospital data quality, later deploying its software and investing in further product development via co-partnership. Regulatory challenges were minimal, given the common data classification systems used in Australia and Saudi Arabia, but operations and cultural nuance had to be navigated.

> *"Requirements around setting up a business in Saudi, navigating local procurement processes, that can be a lot to grasp at first. Initially working there during COVID meant we needed a cultural understanding of how different jurisdictions were approaching*

> *remote working. It was a pretty intense way of getting focus in how to communicate in different governmental and cultural systems"*

says Nobbs.

Once an expansion is concrete, things become easier, operationally, because companies can commit to placing or hiring teams and growing local expertise.

> *"A challenge in growing new markets is you can't invest in a permanent in-country team to begin with, because there is no assurance of long-term business, but you need to balance this uncertainty with a frequent on-the-ground presence,"*

says Nobbs.

In identifying second phase expansion zones, the UK was a natural fit for Beamtree, with many key team members having a working history with or within the NHS. But product launch still required rigorous testing-and-trialling.

> *"In the UK, the priority has been to work with trusts and ICBs to demonstrate and prove the value of products in order to be adopted more broadly across the NHS, where there was real demand for improvements in data quality and insights, whilst navigating a different health regulatory landscape,"*

says Nobbs.

Different strategies are required for different markets, but an adapt-and-learn approach is vital for any organisation's growth ambitions.

> *"For Saudi Arabia, the initial focus has been on government agencies centrally, building relationships and expanding outwards. In the UK it's trusts and ICB level interactions. In Canada, we are working within local geographies and testing the market by province,"*

says Nobbs.

Shaping the future

As referenced above, a key theme for scaling health tech businesses as they cross borders is regulatory consistency. There are signs in the UK market, that some of those barriers are being addressed.

We have recently seen the first approval of a medicine through the new MHRA International Recognition Procedure (IRP). IRP is open to applicants that have already received an authorisation for the same product from regulatory authorities in Australia, Canada, the European Union, Japan, Switzerland, Singapore and the United States. The idea behind it is to accelerate the assessment of new medicines by taking into account the regulatory expertise of those regulators – in this case the product was authorised in 30 days. This approach is a sensible step forward to streamline processes and reduce duplication in regulatory approvals.

In contrast, we are seeing different jurisdictions taking different approaches to regulate AI, often dictated by different cultural norms and legislative contexts. Some approaches are sector specific, and others are sector agnostic. Most jurisdictions are adopting a risk-based approach, looking at matters such as privacy, non-discrimination and transparency. What remains to be seen is how policymakers will ensure that AI rules across jurisdictions are interoperable, and this will certainly be one to watch as regulation plays catch up.

A soft landing

A key feature of the many businesses DAC Beachcroft has supported in their cross-border expansion journeys has been the desire to achieve a soft landing in their new market. Support networks provide a valuable launch pad for those thinking about expansion. For UK companies seeking to penetrate the US market, for example, the Association of British HealthTech Industries (ABHI) runs a US Accelerator Program which guides US launch strategies and de-risks market entry courtesy of its advisory service and US connections.

Whether it is companies entering the UK market or UK companies expanding overseas, these organisations want to know they are prepared for the legal, compliance and regulatory issues that lie ahead of them. With those issues taken care of, health tech leaders can concentrate on transforming the provision of care, bringing benefits to systems and, ultimately, patients.

Mental health demand continues to soar

Health, economic and societal factors continue to drive the relentless growth in demand for mental health services, which is clearly outstripping supply. **Gill Weatherill** assesses some of the root causes of soaring demand and why a joined-up system must be the solution.

As fewer people with mental health needs are looked after in hospital settings, people with complex community mental health needs require more and more specialist service provision to diagnose, monitor, treat and support them with conditions they want to manage at home.

This rapid rise in demand will continue to grow for future generations as societal shifts mean that people of all ages are in greater need of (and more comfortable seeking) support for mental health conditions.

For many people with mental health needs what they often need more than medicines or technological interventions is human therapeutic support. This is necessarily very staff-heavy – and various pressures make this a very difficult staffing market. Unfortunately, this issue looks set to continue. The NHS Long Term Workforce Plan cites a requirement for the number of training places for mental health nurses to increase by 93% by 2031/32, but this is offset against a decline in the number of applicants to study nursing.

Vacancy rates in mental health services remain higher than the overall NHS vacancy rate and without political intervention to address funding and training needs, the availability of mental health professionals will lag behind demand.

> *"The size of the mental health nursing workforce is only just returning to 2010 levels as demand continues to rise,"*

says Stephen Jones, Head of Nursing Practice and Professional Lead for Mental Health at the Royal College of Nursing.

In a post-Brexit world, attracting and retaining talent into roles that require a unique skillset and high emotional intelligence, is proving difficult.

In the independent and charitable sector, providers are conscious of the scale of the demand and want to be part of the solution, but uncertainty around national policy position and funding for the sector makes it harder for them to make concrete investment plans and alleviate the burden on the public sector.

> *"Uncertainty makes planning quite difficult. Whilst there has been some positive progress on the focus of mental health within the health system, there has been relative radio silence on detailed policy around social care reform, and the problem isn't going away,"*

says Mark Yates, Executive Director of Operations at Rethink Mental Illness.

Serving different generations

The aftermath of COVID-19, the prevalence of social media, the rise of mis- and dis-information, social pressures and online influencers have created new generational mental health concerns and the arrival of new conditions or presentations that didn't necessarily exist or were not identified for previous generations.

Digitisation is changing and shaping society, with a strong impact on the wellbeing of the population, but particularly on children and young adults. Research from ySKILLS shows the power of push technology algorithms that drive content to young people, with influencers presenting particular body shapes and imposing metrics of success such as wealth, social followings and other potentially distortive or distorted criteria.

> *"There is a very real problem with countering this, because influencer content or mis-information which young people are exposed to is designed to be engaging and therefore commercially profitable. Harmful byproducts of engaging content therefore get overlooked due to the commercial drivers at play,"*

says Dr Richard Graham, Clinical Director at stem4, the UK's leading digital mental health charity for children and young people, and Online Harms Lead at the Royal College of Psychiatrists.

Digital channels have many benefits. During COVID-19, online networks provided an outlet for people to exit the stress of social restrictions and the angst and uncertainty a global pandemic brought with it. But the habit-forming nature of social media has changed the way people interact.

A Revealing Reality report from Ofcom shows the shift that has taken place from social networking on social media, which can be a positive force, to a more consumption-based model of 'interaction' with users consuming video, watching influencers and passively

ingesting content rather than communicating or interacting positively and proactively.

Influencers build a following and there is a trust that comes along with that. Selling a fashion brand's latest jeans is one thing, but the issue becomes trickier when influencers are badged as mental health experts.

> *"Sometimes anti-stigmatising content from influencers is helpful in raising awareness and providing that feeling of support and shared experience. But to gain traction, engagement – not accurate provision of information – is the key. If engagement is the main goal, the content is more likely to be pushed, whereas if you have purer priorities, you may not check the right boxes for the algorithm,"*

says Graham.

Considering the traits of younger generations in seeking answers to the problems they face via social media platforms, rather than more traditional means (even Google), this can be problematic.

The problem will be exacerbated by the exponential growth of artificial intelligence, with the European Law Enforcement Group warning that, by 2026, 90% of online content will be generated by computers without human intervention. This heightens the risk of misuse, misinformation and other distortions of reality.

> *"Finding good information can be challenging now. There is a role for the professional community in signposting good, trusted sources to counter this trend. We want people to be empowered to look after themselves, because it's important to be in control and because it helps the lack of system capacity, but there's a risk people are pushed into the hands of commercially-driven information – or misinformation,"*

says Graham.

As well as better fact-checking for online channels and tools, mental health providers must become smarter and tap into some of these trends that threaten to lead people astray. Engaging different generations requires different tactics.

> *"We need to build up trusted sources of information and we need to meet the end-user halfway, with relatable content they can engage with. Whether providing content that offers support directly, or signposts where to seek it, that content has to be produced for people, not for colleagues,"*

says Graham.

Of course, the surge in mental health demand is not limited to younger generations. Older generations are also being impacted by societal changes, austerity, isolation and many other issues, with a knock-on impact for providers.

Whether providing community support in peoples' homes or in care home settings, providers are being pushed to deal with complex issues as people live longer with co-existing, challenging physical and mental health conditions. This brings with it regulatory risk, as clarity around roles and responsibilities is essential in circumstances where individuals may receive care and support from a myriad of NHS, independent and charitable service providers.

A joined up approach

Mental health is inherently difficult to manage because of the way that conditions present themselves over time.

> *"Mental health and mental illnesses are not linear. If a person breaks their arm, they get it fixed, it heals, they get better. Mental illness isn't always like that, it fluctuates,"*

says Yates.

> *"Trauma and other conditions are tricky to manage. The journey for it to bubble up again isn't linear or predictable,"*

adds Graham.

This requires the system to be responsive, flexible and agile.

> *"You can't wait for an intervention on bad days, it needs to be quicker than that. Imagine having a mental health crisis, and being told you can see someone in six weeks' time or six months' time. We have to find solutions to be more responsive and give people more control of their support, when they need it,"*

says Yates.

Finding these solutions requires a joined-up approach across the entire socio-political landscape, in recognition of the wider social determinants of both physical and mental health.

> *"One of our key campaigning objectives is for a cross-government mental health plan, which acknowledges that mental health isn't just a health service problem. The system can pull in different directions at times. We have to eradicate in-built tensions,"*

says Yates.

A better understanding and acknowledgement of the factors and underlying contributors that lead to people feeling unwell or delay their recovery is needed at a policymaker level. Access to good quality housing, access to education, access to work, access to care – everything is heavily interlinked.

> *"The challenges are getting harder for younger generations. If pieces of someone's life are missing, things can spiral. If a person's mental health deteriorates, they take time out of work, maybe lose their job, there's no platform for rebuilding. We need a positive and aspirational system with appropriate support to avoid that spiral and not punish those who may be struggling,"*
>
> says Yates.

About us:

DAC Beachcroft has over 75 years' experience in delivering innovative and practical support across the full breadth of legal services.

We pride ourselves on getting to the heart of the issues that matter most to our clients. Every client need is different, so we spend time getting to know the organisations we work with: meeting people, building relationships and increasing our understanding of their business.

We then use our deep sector knowledge to find practical and innovatively tailored solutions to important, novel and often complex legal issues, so that our clients can continue delivering safe and high quality care, now and in the future.

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