

# Shaping Future Care

## Technology, Time, People & Planet

October 2024



# Event Report



## **Contents:**

Executive Summary .....	1
1 INTRODUCTION .....	2
1.1 Purpose .....	2
1.2 Background.....	2
1.3 What does it take to collaborate? .....	3
2 EVENT INPUTS .....	3
2.1 Introduction.....	3
2.2 Uncovering miles of time .....	4
2.3 Ethical Home Care Transformation.....	5
2.4 Health, care and transport .....	7
2.5 AI for EI (early intervention).....	7
2.6 Creating time and space.....	8
2.7 The experience zone .....	9
3 LEARNING AND IMPACT .....	10
3.1 Round table discussions .....	10
3.2 National policy development – reflections .....	11
3.3 Scaling the impact, building the case for change .....	12

## **Appendices:**

Appendix 1 Further evaluation comments .....	i
Appendix 2 Event programme & contributor bios .....	iii
Appendix 3 Round table discussion feedback.....	vii

## Executive Summary

Our 'Shaping Future Care' event was born out of the belief that only by harnessing, respecting and connecting the contributions of technology, time, people and planet can the challenges currently facing the care sector be effectively addressed for the good of our community's health and wellbeing and the public purse. We also started with the belief that it was only by bringing people together where each participant held an important piece of the jigsaw could the necessary connections and therefore changes be encouraged.

Whilst our ambition is nationwide this belief in bringing people together meant focussing on a region of the UK, although what we achieved at this level would need to be reflected at both a national policy level and in our local neighbourhoods. Whilst most, perhaps even the majority, of the pieces of the jigsaw to transform our care system are available, it is only in a permissive policy context and through practical means of delivery that the future that we believe is within touching distance can be realised.

The event held at Taunton Rugby Club, home of the Taunton Titans, brought together sixty people each of whom held part of the solution to what can be a dispiriting, wasteful and exhausting sector to work in – despite which the energy and commitment of these sixty was inspiring. We listened, debated and experienced the components of future care, recognising the values and behaviours that it would take to achieve our goals.

We heard how technology in regular use in other sectors had the potential to reduce mileage and therefore CO2 emissions radically whilst releasing time to care, but also how a pragmatic collaborative approach between Local Authorities and the care market can achieve a similar effect. We heard how access to public transport in remote areas can have a positive impact on people and communities both with personal health and wellbeing, and in sustaining and harnessing community assets.

Throughout our event we saw how technology was already providing the means by which the changes we aspire to can be supported. Not so much through a technology first approach but by the enabling and supportive solutions that are emerging in the area of AI, and also through improved communications and data sharing that brings out the human dimension of our conversations and care solutions.

Throughout the event we captured participants feedback as part of the process and as the basis on which to reflect and build the concept and outputs from the day. Four examples of this feedback that perhaps capture the progress and opportunity if harnessed were as follows:

- *"Clear, concise, thought-provoking covering a wide agenda/stakeholder pool."*
- *"It was a very interesting day and a perfect opportunity to keep my hand in and make contact with the wider community."*
- *"Very good content throughout the day to discuss and reflect."*
- *"Thank you for making social care feel like equal partners."*

At a time when the care sector is recognised as being part of the solution to the wider health and care system travails, but where we lack the coherent and enabling context in which to make that contribution, this event provides a blue-print for our conversations, recognising and celebrating the successes that are in place and building a positive movement for change through imagination, collaboration and goodwill from each partner that holds a piece of the jigsaw that will gradually reveal the details for the Shape of Future Care.

# 1 Introduction

## 1.1 Purpose

Our ‘Shaping Future Care’ event was born out of a belief that facilitating a conversation across the health and care sector had the potential to unleash collaborations previously locked into silos of thinking and working. Care providers, commissioners, public health specialists, transport and technology experts were brought together to stimulate a virtuous cycle that would have the potential to release time to care, make care a more fulfilling and rewarding profession and bringing economic and wellbeing benefits to people and their communities.

At the end of the event, attended by around 60 people, we asked participants whether they felt better equipped to collaborate on a scale of 0 to 5. A score of 3.9/5 was returned, a measure of the opportunity that the gathered group represented.

Before the event and used to stimulate the collaborative effort on the day, we created a visual (Figure 1) that sought to communicate the parts of the care system that could be brought together to effect the collaboration and positive outcomes we believed to be possible. **Technology, time, people and planet** are visualised in a way that recognises the potential to achieve benefits for people and their carers in ways that are sustainable by using appropriate technology to enhance and support what is and will always be a human relationship.



Figure 1 Our pre-workshop visual communicating the aims of the event

## 1.2 Background

Our workshop was rooted in prior work, funded by a grant from the Health Foundation, that demonstrated the potential to release time for care based on improved scheduling and collaboration between partners. The 6C's of care; care, compassion, competence, commitment, courage and communication, could all be enhanced by initiating a virtuous cycle stimulated through improved use of appropriate technologies and an alignment of benefits for all participating partners. We recognised that changing any system required

new thinking and networks coupled with a willingness to collaborate and the stimulation of a new opportunity. For the latter, we believed that one such opportunity identified in our earlier work was the improved scheduling of home care to release time for care. This appears to be a key factor in unlocking resource for change and advancing integrated health and social care, supporting the move from hospital to community, sickness to prevention. The evidence shows its positive contribution to improving the experience of care giving for both carer and cared for at the same time as delivering better value for money for the public purse and contributing to reducing carbon emissions currently generated through excessive travel.

It was, again, our belief that if such examples were available then there should be no reason not to seek to apply them in all local care systems. As a result we would be contributing in a major way to the main challenges internationally of growing demands for healthcare, the workforce challenge associated with this, the finances to support growing need and the backcloth of climate change.

Our workshop therefore sought to bring together the people, the evidence and the enthusiasm for change. At a regional level such as across the South West, where there are existing networks for learning and development, we believed that we stood the best chance of success due to the importance of the relationships necessary to achieve change (see below). The message behind this work is that delivery at scale, one neighbourhood at a time, was possible, necessary and now as never before critical to meet the challenges of a creaking, some would say broken, system of care.

### 1.3 What does it take to collaborate?

We asked people as they gathered at the event what the key ingredient for collaboration was, and then during the day what they had learnt about collaboration (see Figure 2). There was, clearly, an overlap, but reflecting on the second question as a sign of learning we see the emergence of new words and ideas including shared information and data, accountability, a changed mindset and curiosity.

An evaluation survey was undertaken following the event with approximately one third of participants taking part. We have woven specific comments into the following section to demonstrate the learning and impact of these inputs on people. Additional comments relating to people’s experience of the day, their networking and the impact of the day on their role going forward are included in Appendix 1.

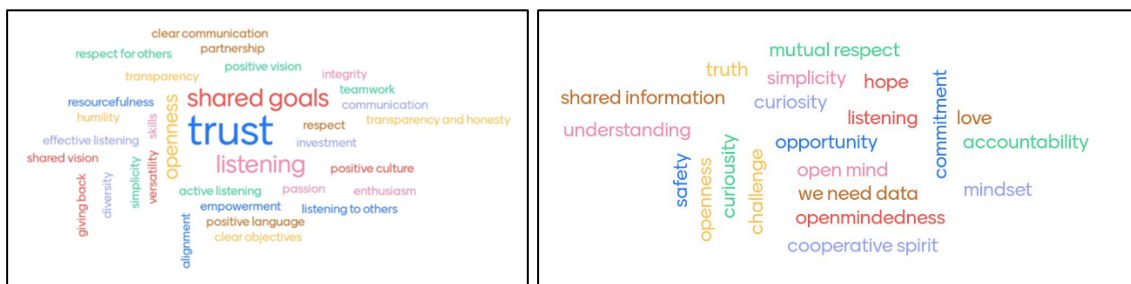


Figure 2 What it takes to collaborate – views from participants at the outset of our event and after reflection from contributor inputs

## 2 Event inputs

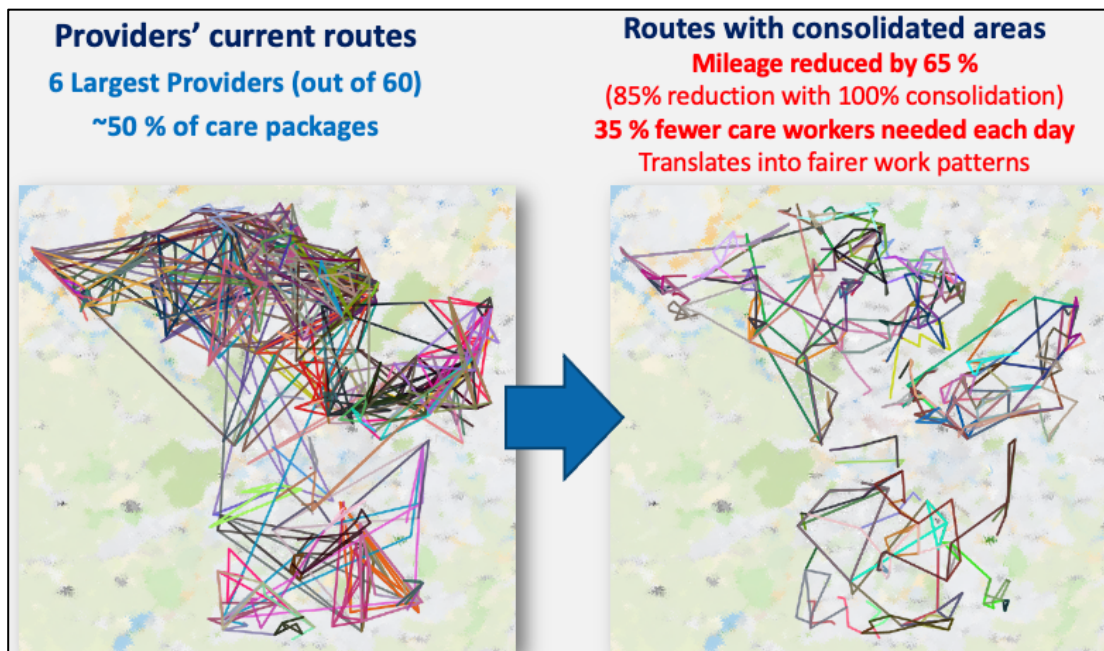
### 2.1 Introduction

This section summarises event inputs as well as comments from participants from the evaluation survey. The programme and participant biographies are contained in Appendix 2.

## 2.2 Uncovering miles of time

This contribution was delivered by Mark Russell-Smith from AI Dimension (previously known as Procomp), a partner in the Torbay project funded by the Health Foundation that had sown the seeds for our event. He outlined the contribution that technology solutions using advanced logistics could make to care delivery, an approach developed in the transport logistics sector but then applied to the care sector, starting in Finland in 2011, and subsequently beyond. He outlined how the strategic optimisation of care delivery is fundamentally a logistics challenge where getting it wrong can cost in terms of money, time and staff satisfaction.

Mark outlined how high staff turnover, waiting lists and levels of unmet need, as well as the amount of travelling undertaken to deliver care (**to the moon and back 8 times a day** – 4 million miles across the whole of England), all point to this being seriously under-optimised, something that was demonstrated in previous work in Bristol using data from six providers. That work led to a number of major findings, as well as leading to providers improving their planning processes.



**Figure 3 Reducing the miles of care**

The findings from this work demonstrated that the workforce was poorly utilised and rushed, that this impacting on recruitment and retention and that the experience of the care worker was poor. Using strategic AI aided optimisation:

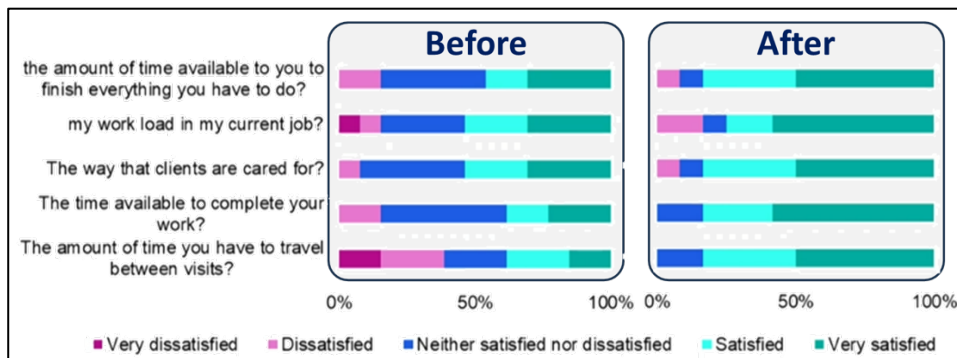
- Provided the evidence and impetus for Local Authorities to implement change;
- Supported the Local Authority to develop care assessment practices and increase collaboration with providers;
- Supported providers to develop planning practices and adapt.

Of note from related work in Bristol and Cornwall was **the improvement in care worker satisfaction** as a result of the optimisation intervention, as shown in Figure 4. Of equal importance, and showing bankable benefits, were reductions in mileage and therefore costs, time and emissions. Headline results included:

- Reduced mileage of between 65-85%;



- Savings in staff time equivalent to 35% of workforce capacity, now available to improve both the efficiency and effectiveness of care delivery;
- Making more walking and cycling routes available to staff, reducing reliance on car ownership as well as emissions.



**Figure 4 Care worker satisfaction levels before and after strategic optimisation of rounds**

International comparisons show that the UK care market is more fragmented than elsewhere with high levels of capacity being underutilised due to travel time leading to the potential for very significant improvements were such strategic optimisation approaches to be adopted at scale.

**Participant feedback:** in the evaluation from the event 86% (18 out of 21) of respondents scored either 4 or 5 out of 5 in response to the question as the extent that the presentation made them want to change things. Some of the feedback comments included:

- *“Mark’s session raised a compelling argument for the use of strategic optimisation to improve journey planning effectiveness, but it is essential the evidence/analysis to demonstrate that is presented clearly to gain maximum buy-in around the context of how care is being delivered.”*
- *“Very interesting to hear the comparisons between Finland and UK, as well as the interrelationship (which is often overlooked) between health, social care and transport.”*
- *“Will look to review our travel planning!”*

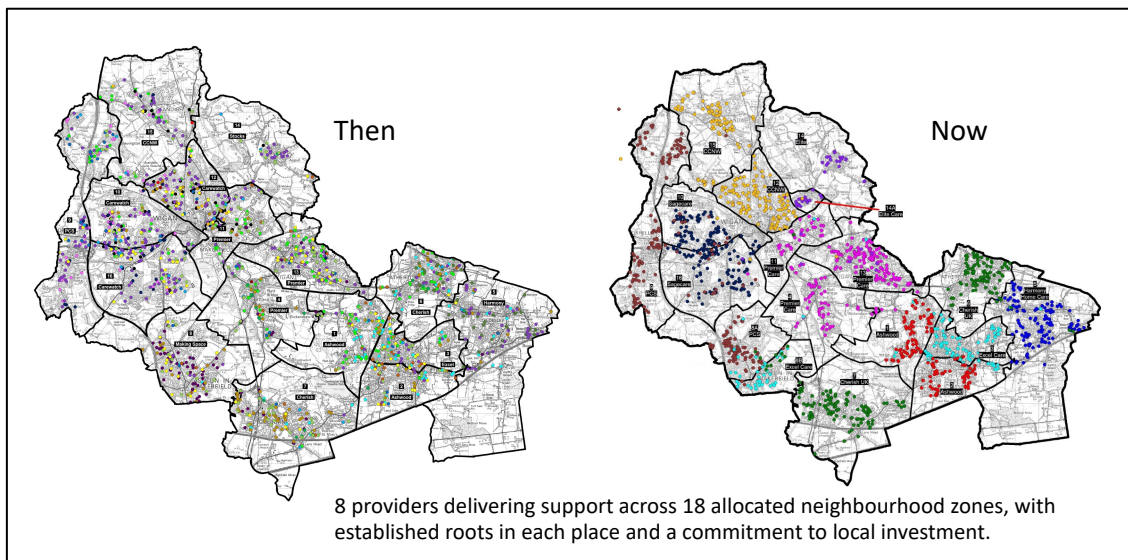
### 2.3 Ethical Home Care Transformation

The Wigan story, told by Lindy Wardle, reflects the strategic optimisation approach outlined above but has a longer and more pragmatic story to tell, although with the same goals and a further demonstration of the vital contribution that partnership working with the care sector needs to play.

Lindy Wardle presented a transformation story spanning ten years from a position where 30 providers across the Borough of over 300,000 residents delivered care without a clear structure or strategy in which there was more time spent traveling than delivering care and no opportunity to develop a sense of place, develop high quality relationships and therefore reward care workers, support local people and deliver value for money for the Local Authority.

Wigan’s journey delivered what was initially a low-tech solution to the plotting of neighbourhoods based on local knowledge and the existing sense that there were 14 proud neighbourhoods. It also took an open-book approach to identifying a consistent and fair hourly rate and a drive that built on asset-based approaches to building social value to what is now framed as community wealth building.

The 'then and now' picture of the home care market for Wigan residents (Figure 5) is transformed to a point where there are now eight providers working across 18 allocated neighbourhood zones that allow for roots to be set down in place alongside a commitment to local investment.



**Figure 5 Wigan before and after the creation of neighbourhood zones for home care delivery**

The new arrangements have:

- Harnessed technology in the context of the new working arrangements with virtual visits for some simple solutions such as medication prompts, welfare checks and online shopping;
- Improved the use of time with an increasingly resilient provider market, no waiting lists and carers with the time to get to know the people in their place;
- High quality care with 94.4% of community based providers rated good or outstanding (the highest in Greater Manchester);
- Payment of all carers the real living wage irrespective of age and therefore attracting young carers (27% are <25) and with a relatively high percentage of male carers (11%);
- Where 86% of care workers live in the place where they deliver care with 45% of visits are not dependant on a car and therefore having a carbon footprint at 50% of the national benchmark.

**Participant feedback:** in the evaluation from the event 81% (17 out of 21) of respondents scored either 4 or 5 out of 5 in response to the question as the extent that the presentation made them want to change things. Some of the feedback comments included:

- *“Lindy's presentation was very compelling in its total simplicity of approach - old school common sense. It would be good to get even more performance insight of how implementing the change had on the actual providers/care colleagues and patients.”*
- *“Congratulations to Lindy and her colleagues for delivering such significant change over the course of a decade. Would like to explore ways to share the learning and experience from the local authority further.”*
- *“Inspiring to hear someone that had set out on a journey and made it happen across organisations.”*



## 2.4 Health, care and transport

The Wiltshire story, shared by Kate Blackburn, Director of Public Health, and Samantha Howell, Director of Highways and Transport, reflects the importance that access to services has as a building block for good health and wellbeing. Building on the evidence of the link between car ownership and health status in Wiltshire it was shown how a higher proportion of people who do not have access to a care are in poor health, suggesting that those without carers may face challenges accessing healthcare or other necessary services.

The rurality of the Council area is known to contribute to inequalities through limited access to services, digital exclusion, isolation & loneliness, poor infrastructure, fuel poverty and fewer employment opportunities. The Council therefore set about to develop a digital demand responsive transport solution using an initial grant of £1.2M plus additional funding from the Council's local bus revenue budget. The service was developed in the area of Pewsey Vale, with a population in the order of 15,000 or nearly 7,000 households.

The service used four demand responsive vehicles and one semi-flexible hybrid vehicle that was part timetabled. It operated 6am-8pm M/F and 8am-7:30pm on Saturdays bookable online or via an app (87% of people booked via the app). Over 5,000 individuals have made at least one journey using the serving in the first 12 months with 5-star ratings given by 90% of rides in August 2024.

Of note is that 80% of passengers are of fare paying age with the service being used extensively for improved access to the local hospital, by students for school and after school clubs and by activity groups using the service for leisure purposes.

**Participant feedback:** in the evaluation from the event 71% (15 out of 21) of respondents scored either 4 or 5 out of 5 in response to the question as the extent that the presentation made them want to change things. Some of the feedback comments included:

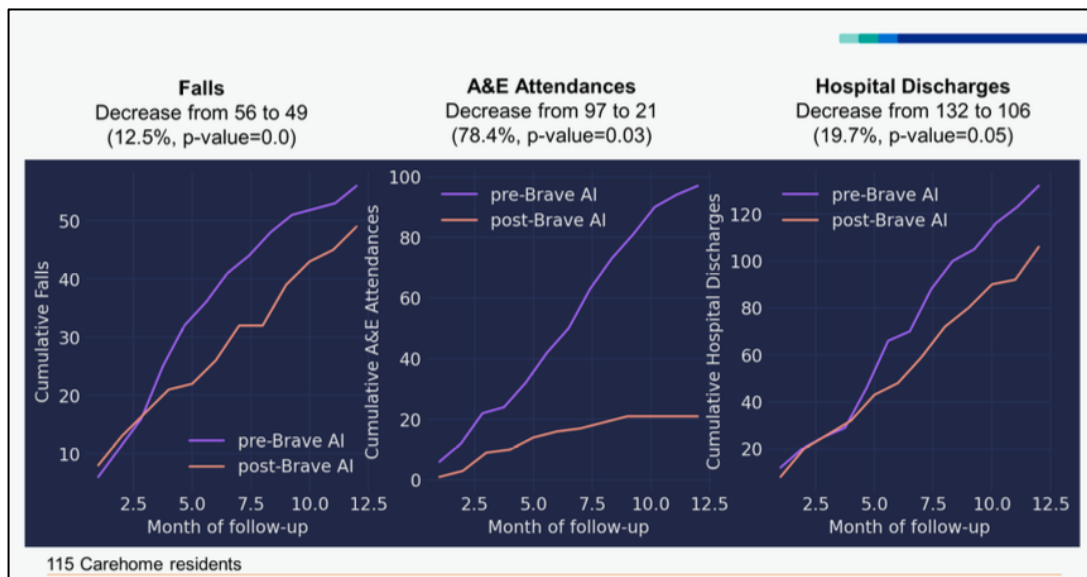
- *“Fantastic example of joint working and joined up thinking in co-developing policies and strategies which include both health and transport.”*
- *“Hey, marvellous example of setting something in motion and having unexpectedly positive consequences with the uptake in the number of people using it - Being prepared to invest for good outcomes.”*
- *“Bus public transport in Jersey is very good too - I'm not involved but the app and reliability of the service means the service is very well used.”*

## 2.5 AI for EI (early intervention)

Dr Matthew Dolman outlined the approach being developed in Somerset to use AI for personalised proactive care. The story is one of ten years of learning what works well and what doesn't, and redesigning to the point where predicting a person's risk of being admitted to hospital in the coming year has been refined and is being used in direct patient care.

The “Brave AI” risk assessment tool helps health professionals identify individuals who are at risk of going to hospital next year but who may otherwise go under the radar. The tool works by using machine learning AI to look for patterns in registered patients' records, the technology assesses an individual's risk of unplanned hospital admission in the next year. Those individuals identified can then be invited to take part in a holistic assessment so that local, **integrated neighbourhood teams** of health and care professionals (nurses, pharmacists, therapists, health coaches, social prescribers, and doctors) can work together to develop a personalised care and support plan, based on what matters to the individual.

The Brave AI device is being rolled out to over 30 areas in the South West, including practices in Somerset throughout 2024. This is following a successful pilot in care homes in Somerset which reduced resident falls by 35%, attendances to Emergency Departments by 60%, and ambulance callouts by 8.7% (Figure 6). The Brave AI tool is now on the brink of being accelerated to scale across 30 PCNS across the Region.



**Figure 6 Evaluation outputs for the Brave AI risk assessment tool in care homes**

**Participant feedback:** in the evaluation from the event 19 out of 21 respondents scored either 4 or 5 out of 5 in response to the question as to the extent that the presentation made them want to change things. Some of the feedback comments included:

- *“Matthew and his team have already worked with me on demonstrating the benefit of this programme. Feel it should be more a case of when, not if this should be scaled as quick as possible in collaboration with other large scale preventative healthcare outcome data needs.”*
- *“Very powerful example on the potential for even non-event data to be hugely impactful (e.g. example of enabling a person to die well).”*
- *“Excellent. Showed me that AI informed local teams are the way ahead.”*
- *“AI is always a subject that gets a nervous response. Who is watching us but interesting that this will be the norm in not so many years.”*
- *“Very interesting data set. Would like to see how this could be adapted to target resource to improve medicines optimisation that would lead to or provide evidence of better patient outcomes.”*
- *“Excellent project and I would like to get involved from a social care sector.”*

## 2.6 Creating time and space

Nicola Dillon from Microsoft presented an overview of the Microsoft 365 CoPilot capability, described as an AI Personal Assistant for administrative, clinical and research purposes which would assist users in increasing their productivity and therefore capacity. Ultimately, this is only one "product" that supports productivity, Nicola also highlighted that the possibilities for AI can transform the way we work across boundaries too. Use cases included the creation of itineraries and visit schedules, speeding up document creation and redaction of draft reports, combining written text using personalised data, creating assessment summaries and feedback documents for service users and carers.

**Participant feedback:** in the evaluation from the event 52% (11 out of 21) of respondents scored either 4 or 5 out of 5 in response to the question as the extent that the presentation made them want to change things. Some of the feedback comments included:

- “Great demonstrations of clearly worked examples of case studies.”
- “A clear demonstration of being able to save time in many ways.”
- “Gave me a greater understanding of how IT can be used to ease the burden of tasks.”
- “The benefits of AI tools / support still need to be demonstrated at the right level for the right workforces, to gain wider adoption. AI is here to stay but is not a panacea to solve all challenges.”

## 2.7 The experience zone

Through the support of event sponsor Insight, and the facilitation of Phil Moore, several technologies were introduced to participants for hands-on experiences together with conversations about technology acceptance and related challenges and opportunities for adoption. A fuller report on the learning from these opportunities is available and is being used to inform how the event can genuinely impact on technology adoption rates. The following summarises the opportunities presented to participants.

**Mixed reality/Assisted Technology (Insight):** This station provided an opportunity to explore the use of mixed reality or assisted reality for remote expert support to frontline workers. It demonstrated how a care worker can use a headset to connect with a remote expert via Teams, allowing for two-way communication, document sharing, and image annotation while they are with a client. This technology has been piloted with community nurses interacting with care homes and in domiciliary care with positive feedback from both health staff and frontline care workers.

**Immersive Technology for learning and development (Meta):** This station demonstrated the benefits of virtual reality and mixed reality for training through the creation of virtual scenarios for soft-skills training e.g. handling sensitive issues, difficult people etc or hard-skills e.g. administering an injection, or the basics of manual handling was discussed. Such scenarios can be used as an introduction to a subject, practice and refreshers as well as familiarisation with an environment e.g. a care home or a client at home. This flexibility enables comprehensive training without the constraints of finding specific real-world cases.

**Solving business problems with IT station (Amdaris):** The Amdaris proposition is delivering comprehensive technology solutions through a collaborative and transparent approach, through leveraging expertise to enhance operational efficiency and driving innovation for their clients. This proposition not only ensures high-quality solutions but also fosters trust and long-term partnerships. By implementing these advanced technological solutions, Amdaris can significantly contribute to shaping the future of care services by making them more efficient, accessible, and patient-centric.

**Intelligent activity sensing and automation (Ingram):** This station demonstrated the potential of using sensor technology to remotely monitor service users. The use of physical sensors and devices, combined with intuitive software dashboards and visualisations, provided a clear picture of how the system can track activities of daily living (ADLs). The presentation successfully highlighted various use cases, particularly around meal preparation, which resonated with the audience.

The range of IoT (Internet of Things) devices presented, including motion sensors, contact sensors for various points of interaction within the home, smart plugs for appliances, and environmental sensors like air quality and gas detectors, demonstrated the

comprehensive nature of the solution. The inclusion of smart buttons also highlighted the potential for service users to actively engage with the system.

The visualisations, featuring graphs, charts, and heatmaps, were well-received for their clarity and ability to provide insights into activity patterns. It was noted that both formal and informal carers (including family members) may need access to the platform for remote monitoring. It was also suggested that the system could be used to detect subtle changes in behaviour that might otherwise go unnoticed, such as a decrease in kitchen activity which could indicate a decline in appetite or mobility.

**Participant feedback:** in the evaluation from the event 62% (13 out of 21) of respondents scored either 4 or 5 out of 5 in response to the question as to the extent that the experience zone made them want to change things. Some of the feedback comments included:

- *“Really enjoyed the opportunity to speak to suppliers to understand their solutions in more depth.”*
- *“An excellent opportunity for both tech providers to learn from those attending as well as those attending to learn from the tech providers.”*
- *“I would hope some training / investment in hardware would be made by the local authority / ICB rather than providers having to invest in this.”*
- *“Enjoyed trying virtual reality and will link in with Amdaris re some developments.”*
- *“More of this please.”*

### 3 Learning and impact

#### 3.1 Round table discussions

An opportunity was provided for participants to discuss their response to the emerging themes of the event. They were asked to share what they were learning, how this would support the goals of the event to stimulate collaboration and action, and what they would personally commit to following the event. The richness of those conversations is captured in Appendix 3 to this report.

Some of the key learning for participants included:



- The availability and relative simplicity of the technology solutions available to support care delivered in an efficient, local, enabling approach that delivered better outcomes;
- The extent to which collaboration across sectors is possible despite historic and systemic challenges that are often deeply rooted in the rewards and incentives of the current models of care – greater knowledge amongst participants increased confidence to address these barriers;
- That transformation of care services is possible when based on collaboration, alignment of benefits and a commitment to local, neighbourhood solutions that build on a community’s assets;
- Technology is now sufficiently flexible and sensitive to key outcomes that it can be genuinely enabling rather than creating new systems and processes;

- The breadth of technology solutions supporting care delivery, transport infrastructure and administrative tasks provides an emerging and exciting environment in which to transform care.

The view of participants, building on this learning, was that new local policies, improved partnerships, new approaches to commissioning and improved efficiency could all be driven with this knowledge. Whilst this may require some brave thinking and a degree of risk taking, not least in the collaboration and shared goals between partners, the prize was too great to miss out on. New opportunities, enabled by the type of technology on display and underpinned by a set of values rooted in neighbourhood working, were now felt to be in reach for radical changes to delivering truly proactive and preventative approaches to the care and support for people in their local communities.

Feedback also indicated that a significant amount of reflection was going on, people not realising the range of options and actions that were now open to them and therefore needing to consider the most effective steps to take that were in their control. However, specific commitments were made by a small but representative sample being:

- *Review or add the role of technologies in local strategies for care delivery;*
- *Cascade the content of the day to colleagues;*
- *Continue to promote local solutions that are rooted in local communities;*
- *Follow-up personal or local system use of some of the technologies shared on the day.*

### **3.2 National policy development – reflections**

Lord Allan provided his own reflections on the day, summarising some of the key themes but also highlighting both the barriers and opportunities that present themselves when seeking to make change. In simple terms he gave the attendees three take aways:

1. That things can get better, as witnessed by the examples provided on the day.
2. That we need to be acutely aware of the incentives, both positive and perverse, that either get in the way or need to be negotiated in an open and transparent way if we are to make progress.
3. That technology is no longer the problem, in fact it's now quite mature – the collaboration, partnership working and alignment of goals and incentives that will deliver change.

From a national perspective Richard also highlighted the difficulties arising from creating winners and losers when change is proposed, resulting in a low-risk climate where inertia rules! When you make changes the responsibility for risk will shift, which makes the role of a regulatory framework, that moves with the opportunities, essential. This may be part of the challenge when moving from pilot to roll-out – the NHS and Care sector are beset by pilots that work but do not become either business as usual and/or are not then spread and adopted because of the lack of a national framework and attention to the needs of any perceived or actual winners and losers.

The event had, however, demonstrated a positive way forward, although delivery would require the building of trust and the creation of forums where participants assume good intent and the will to work together to deliver shared solutions. Developing this culture should be the business of Integrated Care Partnerships, but it takes time. Building a consensus as well as political buy-in at the local level also remains key. It was suggested that the type of transformation available, but not routinely delivered at the moment could be a make or break of ICPs.



**Participant feedback:** in the evaluation from the event 67% (14 out of 21) of respondents scored either 4 or 5 out of 5 in response to the question as the extent that Lord Allan's comments made them want to change things. Some of the feedback comments included:

- *“Great reflections. Particularly the point about being stuck in a cycle of pilots, which we then struggle to scale. That resonated a lot.”*
- *“Reassuring that the messages of the day resonated with thinking and direction of travel at the centre.”*
- *“Good overview that punctuated the need for us to find a route to get messages from events like this to ministers and governance bodies.”*
- *“Very good and interesting how he feels that things may change.”*

### **3.3 Scaling the impact, building the case for change**

Making change is never easy in a large and complex system such as health and care where checks and balances are, to some extent, a necessary part of the way we work. However, our COVID experience showed us how to do PDSA (Plan, Do, Study, Act) cycles as fast as possible, so why not apply that learning, build confidence in the availability and urgency of the changes we know are necessary, available and good for everyone.

Many of the examples shared at our event have matured over a number of years, but the system can't afford to wait for everyone to reinvent their own wheel – what we need is a rapid, transparent and trust building industry of assisted wheel reinvention. We know that delivering new technologies is only part of the challenge – change programmes need backfill, permission/space to fail, a real investment in the management skills necessary to navigate the way ahead. Expecting professionals to innovate in their spare time is a route to Heath-Robinson solutions.

The event, of which this is a summary, is therefore seeking to accelerate, through collaboration, our move to the tipping point of technology adoption. Catching the vision and selling the dream was part of our purpose, and why we commissioned TwoViz to capture these ideas in a visual that could communicate our vision.

The messages we are left with can be summarised as:

- The desire and intent through our actions to generate a passion and clear route to **collaboration for the win-win...**
- That combines technology, time, people and planet in **a virtuous cycle of improvement...**
- Where **we learn from each other**, build on each other's successes and operate in a **permissive** legislative and commissioning framework...
- That is rooted in **what works for people in their communities**.



Figure 7 A vision of the future

Our [TwoViz](#) partners translated the inputs and conversations of the day in the visual opposite (Figure 7). They sought to capture something of what a future care system would either need to build on or transform. The interlinkage between the key themes of people, technology, time and planet are embedded in a single vision for the future.

In line with the spirit of the event the image captures the collaborative approach that would be necessary, the fact that many of the solutions are already in evidence and that achieving the vision would need a permissive 'success out of failure' culture where we learn through doing and accept that adaptations, flexibility and nimbleness of foot will all be necessary.

Each fold of the futures map identifies the challenges and opportunities that the event sought to inspire participants with. It reflects the range of partners necessary to deliver on these changes and the values that will drive change. Shaping future care means new ways of thinking and behaving that focus on collaboration, fairness, local assets, improved outcomes for all and data that informs an inquisitive mind. These are within reach but need to be achieved by taking everyone on the journey.

## **Appendix 1 Further evaluation comments**

### **Comments on the day:**

- *Organisation was outstanding. Timekeeping was excellent. Atmosphere was very friendly and encouraging.*
- *A lot of positivity in the room, and all of the speakers have actually achieved something innovative, rather than just theorising about it.*
- *The main difference was the breadth of speakers.*
- *It felt a personal and trusted, proactive environment - perhaps due to some people already knowing each other over many years? The ambitious agenda and range of stakeholder views/positions in this initial forum, should provide scope for further shared goals to be found.*
- *Fantastic convening of such a diverse range of stakeholders (from practitioners to policymakers, local authorities, clinicians - medical and allied healthcare professionals, social care, transport etc). Hugely valuable and filled a gap for such cross-organisational and cross-sectoral conversations.*
- *Good diversity of roles and responsibilities. Engaging illustrated by the % still there at the end.*
- *More people spoke up during q&a sessions so interaction good. Also right proportion of networking time.*
- *Collaborative nature and energy in the room.*
- *Great to have such a mix of stakeholders and partner organisations in the room.*
- *Interactive nature.*
- *Feels like we can get thing done.*

### **The connections that have been made:**

- *Connected with other attendees relevant to my field of work.*
- *Local ICB contacts & tech suppliers.*
- *John Bryant, various contacts at Amdaris, re-engaged with Matthew Dolman and Nicola Dillon, and general networking.*
- *I made a few new connections on the day and improved my understanding of others areas of expertise.*
- *Really enjoyed meeting many of the speakers and attendees across the whole event.*
- *Refreshed acquaintance with John Bryant, Matt Dolman and Kat from Torbay. Met and hope to continue dialogue with Lord Allan.*
- *Phil Moore: will link re regional conference on transformation which incl. digital. Also, Somerset health and care academy being an innovation site.*
- *John Bryant: happy to attend a team meeting to talk strategy and delegated healthcare tasks.*
- *I have great discussions with those on my table as well as meeting a customer.*
- *Several in public service and technology providers and none of whom I would have met at any other event I attend Ingram, NfP, Wiltshire.*
- *A great opportunity to meet with my customers in person, some of which for the very first time.*
- *Will connect with some people I have met.*
- *Many!! I would collaborate with anyone to get this going.*
- *Central government and PCN managers across Devon and Cornwall.*

### **How did the event impact on people's roles going forward?**

- *Sparked ideas about new ways of working that could be explored in different parts of the country.*
- *I feel more empowered to speak to PCNs and NHS Trust regarding why they should be supporting & pushing delegated healthcare tasks.*
- *As mentioned it was very helpful to keep my hand in and make contacts.*
- *Keen to see how techUK can amplify the lessons learned and support further events and discussions.*
- *It energised me and made me consider re-engaging with OD in health and care.*
- *I will be speaking with the Senior Leadership team and my customers about the event and how we can work together to improve our services to our customers.*
- *Will inform strategy for the island re medicines and medicines optimisation - sustainability and poly pharmacy for example.*
- *Great event ! The first of its kind for our region. Great job gents!!!!*
- *Impetus and energy to keep working in the area.*
- *An opportunity to bring various regional conversations to see how, and where we as Microsoft can best align and support.*
- *Really useful insights into the barriers and progress of integration.*
- *I want to make positive change.*
- *Renewed enthusiasm to keep going.*

## Appendix 2 Event programme & contributor bios

Morning Agenda:			Afternoon Agenda:		
Time	Activity	Speaker/Lead	Time	Activity	Speaker/Lead
09:00	Registration Coffee, tea, and breakfast rolls in the Experience Zone				
10:00	Welcome Address and Context Setting - The Challenge and the Hope <i>What is possible?</i>	John Bryant Peter Lacey Peter Jones	13:15	Feedback of Round Table Discussions <i>What is possible?</i>	John Bryant Peter Lacey Peter Jones
10:20	Collaboration that Creates Care: Uncovering Miles of Time <i>Where is Change Happening?</i>	Mark Russell-Smith	13:45	Integrated Neighbourhood Teams: AI for EI <i>Where is change happening?</i>	Dr Matthew Dolman
10:50	Ethical Home Care Transformation: The Wigan Story <i>What can make change happen and why not?</i>	Lindy Wardle	14:05	Actions Speak Louder than Words: Creating Time and Space	Nicola Dillon
11:10	Q&A Clarification Questions and Observations on the Morning Presentations	John Bryant, Peter Lacey and Peter Jones	14:25	Market Place <i>What is needed to make this happen?</i>	Phil Moore
11:25	Advancing Integrated Health, Care and Transport - The Wiltshire Story	Kate Blackburn Samantha Howell	15:25	Reflections on Implications for National Policy	Lord Allan of Hallam
11:45	Roundtable Discussions <i>What does this mean, could it mean and what would it take to happen?</i>	John Bryant Peter Lacey Peter Jones	15:50	Round Up and Reflections <i>Who do I need to connect with and what is my commitment?</i>	John Bryant Peter Lacey Peter Jones
12:15	Lunch and Networking in the Experience Zone		16:15	Close and Networking Opportunity	

### The event was coordinated and hosted by:

**John Bryant**, Director of Generative Relationships and Integrated Care - Learning and Development Centre / Wellspring DC. John is part of a vanguard team in an Integrated Care Trust that has developed a range of initiatives and worked with teams to bring about substantial changes in care practice to the benefit of the clients and patients.

He has rooted belief in the future system being best supported and sustained by integrated health and social care, the engagement of communities in solution finding and delivery, and the need for partnership and collaboration. His work in strategic development and practical delivery for NHS, local authorities, charitable and independent sector partners continues to support new models of care.

He has worked and consulted for NHSE, Councils and Integrated Care Boards, Institute of Public Care and the Local Government Association Peer Review programme. As Senior Change Owner for NHSE South West's Digital Neighbourhood Programme, lead for the transformative Kit4Care project, and in his non-executive role of Brandon Trust he remains deeply connected to creating wellbeing for those giving and receiving care.



**Peter Lacey**, Founder and Director of The Whole Systems Partnership who have supported health and care organisations to develop their partnership working through a range of strategic interventions over more than twenty years. Peter worked with Torbay Council in the delivery of the work that has led to this conference and has helped to shape the objectives and content of the day.

Peter's experience lies in the melding of a population health & wellbeing led approach to strategic demand and capacity planning. He has worked with national and regional bodies on partnership development, strategic workforce planning and population health needs. Peter is also Chair of a local Community



Development organisation in his hometown of Knaresborough and is a North Yorkshire Council Councillor.



**Professor Peter Jones**, Professor of Transport and Sustainable Development – UCL Centre for Transport Studies. Peter is a member of the Independent Transport Commission and the DfT's Science Advisory Council, plus a member of the City of London Transport Strategy Board. He is a co-investigator in a new MRC-funded programme to maximise the health benefits of transport decarbonisation strategies and played a lead role in the EU 'SUMP-PLUS' project, on enlarging transport planning processes to incorporate carbon transition pathways and to embed cross-sector links. The latter involved close working between the transport and health/social sectors in Greater Manchester. He advises the European Commission and a number of major cities and national governments around the world and was awarded an OBE for services to national transport policy, in January 2017.

**Andy Smallshaw**, Operations & Quality Manager for Learning and Development Centre. Andy joined the team, and indeed the NHS, in December 2018. Prior to that, he held a variety of roles. Most recently he was a team manager and quality assurer for an apprenticeship provider and before that I worked in customer service management, finance and the Civil Service.



As the Operations & Quality Manager here in the team, he is involved in overseeing the various projects that the team are working on as well as managing the quality assurance and course evaluation process. He also line manages the delivery team.

### Guest speakers:

**Mark Russell-Smith** Director of International Operations, AI Dimension. Mark Russell-Smith is Director of International Operations for AI Dimension (formerly Procomp), a Finnish company that has adapted its AI-based optimisation tools from the logistics sector, to enable true transformation of domiciliary care. Mark has supported domiciliary care systems in several countries, including Finland, the Netherlands and the UK.



Mark shared how AI-based Strategic Optimisation is being used to find solutions to structural and systemic problems within the care system. Internationally, AI Dimension have delivered over 90 strategic optimisation projects, and the first UK projects are showing ways to transform how care is organised and delivered to massively improve workforce capacity and reduce mileage by over 80%.



**Lindy Wardle** Service Manager - Provider Management and Market Development – Wigan Council. Lindy has worked in Local Government for most of her career having only a brief stint away travelling in Australia and New Zealand and a couple of years in the private industry. Lindy has been in commissioning and quality assurance for over 20 years and her focus has always been working with the provider markets in a collaborative and productive way; working shoulder to shoulder on driving up quality and innovation.

The original drive to change the way we work was a commitment to addressing other priorities including connecting people to their local community, but it became apparent that the way we commissioned previously caused unintended consequences for our providers, including travel logistics/costs, recruitment challenges and succession planning. Working in a placed based way we now have the benefit of reduced reliance on cars, more people working directly in the areas they live and carers spending more time with the people who need care and support.

**Professor Kate Blackburn** Director of Public Health - Wiltshire Council Kate is the Director of Public Health at Wiltshire Council, the principal advisor for public and population health, spanning all four domains of public health: health improvement, health protection, wider determinants of health and health inequalities. Kate has held the role of Director of Public Health in Wiltshire since 2020, providing the public health leadership during the Covid-19 pandemic. Kate is also a Visiting Professor in the Centre for Public Health and Wellbeing, University of the West of England, Bristol.



**Samantha Howell** Director of Highways and Transport - Wiltshire Council. Samantha joined Wiltshire Council as Director of Highways and Transport in September 2022. She started her local government career over 25 years ago initially specialising in town planning before moving into highways and transport services. She has a wealth of experience, leading a number of high performing multi-disciplinary teams across a wide range of complex programmes.



Samantha is responsible for setting the strategic direction for the Highways and Transport Directorate within our place making framework, as well as the operational management of: Highways Assets and Commissioning Highway Operations Local Highways Major Projects Passenger Transport Sustainable Transport Samantha knows we achieve more when we work collaboratively and she is passionate about fostering relationships within the Council, and with our partner agencies, to deliver the best outcomes for residents and local stakeholders.



**Dr Matthew Dolman**, NHS South West Clinical Advisor, Digital Neighbourhood Programme. The title of Matthews session was BRAVE AI and it was an opportunity to hear reflections of a 10 year journey to safely use Primary Care data to support people, families , carers and importantly teams, to deliver more effective care.

Matthew was the clinical Chair for Somerset CCG where he explored an outcome based approach to commissioning, suspended QOF and developed a linked data set across the system. He spent 3 years working for the South West Academic Health Science Network with a focus on innovation within Primary Care, a role that was followed by an NHSE Regional role supporting the development of Primary Care Networks. His current substantive role is as Somerset system CCIO. This has a focus on connecting teams across all sectors to maximise the opportunity for digital, data and technology.

**Nicola Dillon** Government Client Director, Microsoft. With almost 30 years of experience in the world of IT, 13 years of which have been dedicated to Public Sector, Nicola currently works with Councils in the Southwest to realise the benefits of technology innovation. Top of mind - It is crucial for local authorities to embrace technological advancements to deliver seamless and efficient care solutions, ultimately benefiting the citizens in the region.



It is without doubt the most exciting time for innovation. Whilst some may have concerns about AI, this technology advancement enhances health and care delivery, leading to better outcomes for citizens and improved productivity for practitioners. Nicola will share some fascinating use cases demonstrating AI's transformative impact.

**Phil Moore** Digital Innovation Lead, Public Sector Phil has spent 40 years working in tech, the last 20 primarily supporting the health & care sectors. Recent experience includes the deployment immersive technologies to support health & care professionals through the pandemic and to facilitate integrated working between community nursing/OTs/GPs/care workers (residential and domiciliary).



In his current role Phil works with public sector organisations to help them align innovative technologies to solve business problems and improve efficiency and effectiveness. A topic of particular interest is facilitating the successful adoption of technology by front-line workers, coupled with a user-centric approach to process and service redesign.



**Lord Allan of Hallam** Health and Care Policy Lead (Liberal Democrats) House of Lords. Richard has been the LibDem spokesperson on Health and Care in the House of Lords for the past 18 months. He had an IT background in the NHS in Avon before entering parliament as an MP in 1997 and was subsequently appointed to the House of Lords in 2010. During the 2010's he was also Director of Policy in Europe for Facebook. He takes a keen interest in the challenges facing the NHS with a particular focus on the use of technology to improve care.

## **Appendix 3 Round table discussion feedback**

### ***What have I learned?***

- That the solutions are straightforward – it's the journey that's challenging
- Consolidated/developed my understanding of MS365 CoPilot
- Brave AI
- More about the care sector
- That 'social value on steroids' exists – excited!
- AI has benefits for efficiency gains today
- That great stuff is happening that we can achieve now
- Change is desperately needed
- Holistic care is in short supply
- Lots of people dealing with the same challenges
- Transforming social care commissioning is possible
- Many of the solutions are actually quite simple, especially in home care
- How far integration has come in health and care
- People and process first
- AI has real benefits in efficiency TODAY
- There is some amazing work and projects being delivered which is driving change and making a real difference
- Great collaboration – thrust to fix the causes not the symptoms
- We still have a huge distance to travel in delivering social care and integrated health and care. This is not due to lack of knowledge but is an organisational design problem.
- Implications of enablers and barriers to achieve better collaboration between social care and the NHS
- CoPilot
- Brave AI has huge potential. For risk stratification delivering efficiencies supporting change in integrated health and care settings
- Everyone wants change, but where's the investment – local success is key, one size doesn't fit all
- There is real appetite to do things better and smarter
- Lots about the contribution that transport needs to make
- Local teams are important
- Systems need to include transport
- Think collaboration rather than integration
- I'm actually closer to the social care sector than I thought!

### ***What does this support?***

- That collaboration and events like this are key
- Development of a local AI policy
- Hope for change in public sector commissioning
- Improved efficiency
- Personalisation in care
- Improved partnership working

- Better commissioning
- Understanding of the sector
- Doing things differently and collaboratively
- Health and care efficiencies
- Inclusion
- A bright future
- Learning approaches for improved collaboration and how we create the spaces for this to happen
- Technology released space and time
- Adoption of Brave AI
- People living healthier lives and a more productive service
- Integrated governance and organisational self-management

***Who do I need to connect to?***

- NHS Commissioners and PCN Directors
- Systems and people that are willing to drive change – AI. Innovators
- AI Tech providers
- Insight VR for training
- Polypharmacy
- Matthew Dolman
- AI tech providers

***What does this link with?***

- Integrated health and social care and working more preventatively
- Helping to create one voice for regional digital transformation
- Making operations more efficient and effective to enhance quality and outcomes
- Training
- Meds optimisation
- Our digital and data strategy
- How to develop projects
- Need to make operations more efficient and effective to enhance quality and outcomes
- Integrated working & efficient, safe care.
- Development of integrated and proactive care

***What's my next step?***

- Make more phone calls and have conversations – find out who the decision makers are and not be fobbed off!
- Get Microsoft CoPilot
- VR training
- Ensuring use of technology is embedded in our 5-yr strategy
- To reflect and create a plan of action
- Reflect and adopt plans for going forward



- Get MS CoPilot
- Work on the next event
- Share with colleagues to bring more voices into the room
- To read Care Tech's 5 point plan and the Turner Report
- Review, reflect, redefine opportunities

***What's my commitment/planet promise?***

- I will continue to push local NHS to be more integrated allowing delegated healthcare commissioning to reduce risk of acute admissions
- Continue to promote local solutions from the 'bottom up' seeking to influence acceptance and adoption via CQC and local authorities
- Use sustainable tech for good, but ensure it doesn't exclude some people
- Take risks and be innovative in driving change
- Better quality of life in care, better commissioning, better outcomes, better partnership working
- Prioritise sustainability in the 2025-30 meds optimisation strategy
- Integrate this into our next steps
- Continue to use my sphere of influence to build networks and challenge the status quo
- Reduce CO2 in end of life and care journeys
- To continue with baby stapes, small actionable changes
- Sustainable technology change, take responsibility for driving a better approach to tech & build for people and planet