Health and social care innovation, research and collaboration in response to COVID-19

Executive Summary

The COVID-19 pandemic was a catalyst that sparked new partnerships, accelerated research, and increased the speed at which innovations were adopted across the health and social care system. The Accelerated Access Collaborative (AAC) and the Beneficial Changes Network (BCN) commissioned Frontier Economics, Kaleidoscope Health and Care, and RAND Europe, to conduct an independent review to help learn lessons from this period and recommend how potentially beneficial changes can become day to day practice. It was conducted between October and December 2020, and involved a range of lived experience voices and over 80 stakeholder organisations (Annex A).

This document provides an executive summary of the review. It is supported by a Summary Report (25 pages), and an Evidence Report (109 pages).

Method

The review focused on the impact of the response to the COVID-19 pandemic in relation to innovation (particularly innovation in service delivery), research (particularly clinical research) and collaboration. Our methods reflected the need for a timely response.

Building on the considerable work undertaken by members of the Beneficial Changes Network since April 2020, the review aimed to identify potentially beneficial interventions, technologies and tools deployed during the pandemic that may bring further benefits to people, staff and health and care systems. There was a particular focus on understanding and reducing any impact on health inequalities. The work was structured over five phases:

- **Phase 1, Scoping:** Evidence synthesis and selection of seven ‘deep dives’ to better understand the potential sustainability of the benefits, what the implications for inequalities could be, and what the enablers and challenges were.
- **Phase 2**, **Rapid review**: Research on deep-dive topics and common learning, assessing context, barriers, enablers, evidence of impact, key ingredients for success, and unintended consequences.

- **Phase 3, International Insights**: Interviews with experts who could offer an international perspective to this work, drawing out what is common across countries, and learning to enhance effectiveness in the UK.
- **Phase 4, Stakeholder engagement:** Hosted three online expert workshops and one Summit to engage key stakeholders, validate findings, and co-produce practical recommendations. Attended by over 200 participants.
- **Phase 5, Reporting**: Produced set of final report documents, with clear, pragmatic recommendations underpinned by evidence.

Frontier Economics led overall, and on Phases 1 and 2, RAND Europe on Phase 3, and Kaleidoscope Health and Care on Phases 4 and 5. This analysis was rapid and focused. Three areas of limitations need to be noted to interpret findings appropriately: the rapid review timeframe, that evidence is continually emerging, and an intentional focus on where the report could add additional value.

Core findings

Six core findings were identified, all of which spanned across the three fields of innovation, research and collaboration (Table 1).

Table 1: Core findings

1	**Clarity of purpose**	A system-wide shared understanding of the need for action mobilises partners quickly and breaks down barriers to collaboration
2	**Leadership and agency**	Beneficial change is accelerated by leadership that supports appropriate agency across organisational levels, and supports innovation and collaboration
3	**Inclusion and personalisation**	Addressing health inequalities requires greater inclusion and involvement of diverse perspectives, and the better personalisation of services to different populations
4	**Skills and capability**	Change was enabled by those who had appropriate skills to solve problems, then adapt to new ways of working
5	**Data and technology infrastructure**	Critical enablers of rapid change include the safe and timely sharing of data, and appropriate and resilient technology infrastructure
6	**Evidence-based decision making**	For the impacts over time to be fully understood, there is a continuing need for robust evaluation evidence to understand what works, for whom and under what circumstances

The core findings were validated at the stakeholder workshops. Findings for each of research, innovation and collaboration were discussed at separate workshops, with a synthesis of the findings being discussed at the online summit. For each core finding, implications were given for wider organisations seeking to embed change from the COVID-19 response.

Recommendations

The implications of the core findings were discussed with a wide range of stakeholders at the online workshops and summit. Based on these discussions, and using a shortlist of selection criteria, the review proposes 12 recommendations to support current activities and inform future priorities of the AAC and BCN and the wider health and care system (Table 2).

Table 2: Recommendations

Critical ingredients for change		
1	**Co-production as default**	Work with system partners to place co-production - including people with lived experience - at the centre of how the health and care system learns and embeds change from the response to COVID-19
2	**Prioritise reducing inequalities**	Work to gain a deeper understanding of how care needs to adapt to reduce inequalities, including (i) explicit consideration of blended service delivery so that new models of care can expand while ensuring choice and that needs can be met with complementary options; and (ii) addressing under-representation of some populations in research, particularly in the next phase of evaluating the response to COVID-19
3	**Leadership for innovation**	Build on work already in place (such as the NHS People Plan and the NHS Leadership Academy) to incorporate leadership that enables innovation, inclusive change management and agile service delivery. This could include ensuring appropriate governance to enable leadership based on trust, with appropriate accountability for quality of care
4	**Innovation-friendly environment**	Create an environment that supports innovation and rapid change delivery, including by (i) modernising frontline governance and oversight requirements to enable appropriate agency while maintaining accountability and the paramount importance of safety, and (ii) considering how the capacity of local authorities and the voluntary sector can be supported to play their essential role in meeting local needs
Innovation		

5	**Digital inclusion**	Work with partners to manage the risk of digital exclusion by ensuring choice and blended services are offered by appropriately skilled professionals
6	**Inclusive communication and support**	Co-produce information with people with lived experience, innovators, and staff to enable inclusive uptake of new care models
7	**Data and evidence sharing**	Work with system partners to understand how (i) data sharing agreements can support shared pathways while maintaining data security, (ii) robust evidence can be generated and synthesised to inform ongoing decision making
Research		
8	**Inclusive and embedded research**	Build on work to address under-representation of some groups in research, including by co-producing research design, delivery and implementation, inclusive communications, and embedding research with public and staff as part of delivering better care
9	**International collaboration**	Further explore actions that would strengthen international collaboration in clinical research involving the UK
10	**Digital impact**	Further explore and monitor the impacts of the appropriate adoption of digital technologies to facilitate collaborative working and research design and delivery
Collaboration		
11	**System multi-sector priorities**	In keeping with the 'system by default' policy approach, ensure new and emerging Integrated Care Systems have the ability to (i) focus on the multi-sector priorities that matter most to their area, (ii) communicate their locally chosen priorities to regional and national oversight bodies
12	**Addressing health inequalities**	Bring together representative national, regional and local voices to consider the appropriate policies and strategies to enable resilient, inclusive change to address local health inequalities, learning from how COVID-19 enabled rapid, multi-sector action

Priority next steps

We have focused on how learning from the response to COVID-19 can translate into long-term, sustainable change. Our recommendations require action from the AAC and BCN but also should involve collaboration across a range of organisations nationally, regionally and locally.

The first urgent actions are a mapping of work ongoing and planned, and an allocation of roles that gives clarity of ownership, and supports collaboration without duplication.

Frontier Economics, Kaleidoscope Health and Care, RAND Europe
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Annex A - Stakeholder organisations

Across the different elements, the review involved a range of lived experience voices and over 80 stakeholder organisations, including:

Abbott Diabetes Care, Association of British Healthtech Industries, Association of Medical Research Charities, BioIndustry Association, Bradford Institute for Health Research, Bridges, Bristol Health Partners Academic Health Science Centre, Cambridge University Health Partners, Care Quality Commission, Department for Business, Energy and Industry Strategy, Department of Health and Social Care, Disability Rights UK, East Midland Academic Health Science Network, Eastern Academic Health Science Network, Health Education England, Health Innovation Manchester, Health Innovation Network, Health Research Authority, Imperial College, Imperial College Healthcare NHS Trust, Innovate UK, Innovation Agency, International Hospital Federation, Kent Surrey Sussex Academic Health Science Network, Learning Disability England, Local authorities, Local Government Association, London South Bank University, Urgent Public Health Group, McMaster Health Forum COVID-END initiative, Medical Research Council, Medicines and Healthcare products Regulatory Agency, Men's Health Forum, Multiple Sclerosis Society, National Autistic Society, National Institute for Health Research, National Institute of Health and Care Excellence, National Services Scotland, NHS Scotland, National Voices, NHS Confederation, NHS England and NHS Improvement, NHS Horizons, NHS Innovation Accelerator, NHS National Services Scotland, NHS Providers, NHS Scotland, NHSX, NIHR Applied Research Collaboration: North East and North Cumbria, North East and North Cumbria Academic Health Science Network, Nuffield Department of Primary Care Health Sciences, Nuffield Trust, Nutshell Communications Ltd, Office for Life Sciences, Oxford Academic Health Science Network, UK biobank, Nuffield Department of Population Health, Public Health England, Salford City Council, Scottish Government, Sheffield Teaching Hospitals, Shelford Group, Society of Local Authority Chief Executives, South Asian Health Action, South West Academic Health Science Network, The Adaptation and Resilience in the Context of Change network, Association of British Pharmaceutical Industry, The Association of the British Pharmaceutical Industry, The Health Foundation, The University of Manchester, The Q Community, UK Research and Innovation, University College London Partners, University of Oxford, Wessex Academic Health Science Network, West Midlands Academic Health Science Network, West of England Academic Health Science Network, World Health Organization, Yorkshire and Humber Academic Health Science Network, Yorkshire and Humber Improvement Academy.