

IIMHL & IIDL Leadership Briefing IX

How COVID19 could shape our future

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As the COVID19 pandemic continues to affect many millions of people, this briefing highlights three articles on how we will need to adapt for the future as a result of the pandemic.

Aotearoa/New Zealand: He Oranga Hou: Social Cohesion in a Post-COVID World - May 2020

In this paper The Centre for Informed Futures, Auckland University, a definition of social cohesion is described broadly as the presence of high levels of trust, a sense of belonging, a willingness to participate and help others, and policies that ensure social and economic inclusion. What follows is a summary of the key messages from the paper.

“The crisis has brought into stark relief the position of those who were already experiencing social and economic difficulties. However, at the same time, there are many more people who are going to struggle as a result of the impact of COVID-19; their futures and aspirations may have been shattered. With expanded vulnerability, many may become angry, frustrated, depressed, anxious and suffer a loss of hope which may persist for years. Under such conditions, social cohesion will be threatened.

Māori have historically experienced disproportionate adverse effects of infectious disease and have expressed concern that they have been inadequately involved in decisions that affect them in the current crisis. It is essential to recognise, acknowledge and support the often-inspiring leadership among Māori in addressing their communities’ needs in this crisis. Similar comments apply to among Pacific peoples, both in terms of some of the community initiatives already in evidence, and that need further support and recognition

If New Zealand can emerge as a cohesive, safe and COVID-free country, this will not only enhance our global reputation, but will help project New Zealand’s place in the world, with flow-on effects for our economy and our citizens. To achieve this, we need to build on the aspirational hopes and positivity that characterise much of New Zealand society, and which have been apparent during the acute phase of the crisis.

At the same time we must also acknowledge the unaddressed issues that existed before the crisis and give greater emphasis to addressing these. We now need to find ways to sustain and build off this platform – it would be lost opportunity if advantage was not taken for a human- and society-centered reset.”

Paul Spoonley, Peter Gluckman, Anne Bardsley, Tracey McIntosh, Rangimarie Hunia, Sarb Johal and Richie Poulton are from Koi Tū: The Centre for Informed Futures, Auckland University.

<https://informedfutures.org/wp-content/uploads/Social-Cohesion-in-a-Post-Covid-World.pdf>

UK: Re-set not just recovery by Niall Dickson – CEO NHS Confederation

In a recent blog, Niall Dickson described the challenges that the UK and its National Health Service will need to address as a consequence of the pandemic

“...it is clear that the impact is hitting some communities harder than others, exacerbating health inequalities that reflect wider inequalities.

Just as lifting the restrictions will need to be phased, so too will the process of tackling the backlog. In all this we will need understanding from politicians and the public.

A Reset must mean revisiting the Long Term Plan for England and the delivery timetable. There may be aspects that will be delayed but the clear message from the service is that leaders want to go further faster. That will require a reformed financial regime which removes barriers to progress instead of creating them.

Some aspects of this crisis have needed command and control, but this is the time for the centre to hand authority to local systems, to revive and refine system-by-default and to send that message out loud and clear. And by system we do not mean an NHS system but an integrated system with local authorities, voluntary sector and indeed private sector partners.

The role and powers of these systems needs to be debated as do the resetting of relationships within systems and between them and NHS regions and the centre.

At all levels we need to capture and spread those innovations and speed up the delivery of integrated care. Part of this will be capturing the energy, enthusiasm and engagement of clinical staff – many leaders have commented how the emergency has thrown up a host of new clinical leaders who should be embraced and empowered.

We also need to challenge professional boundaries, reduce regulatory barriers and, through the People Plan and importantly its local offshoots, devise practical ways to capitalise on the public’s support for health and care. We need new recruits and to retain those who have joined or re-joined recently.

A new more collaborative future based on population health underpinned by technology, data and integrated services will not solve all our problems, but it is our only option if we are to create a sustainable service.

At the NHS Confederation we will be launching a major project in the next few days to support the reset. There are a number of initiatives being planned across the

service and it will be important that we avoid duplication or overload. We will be seeking to work with others including the centre to make sure everyone can maximise the opportunities ahead.

As Churchill might or might not have said: “Never let a good crisis go to waste”.

<https://www.nhsconfed.org/blog/2020/04/reset-not-just-recovery>

UK: Five key principles to guide us through the COVID-19 aftermath by Peter Molyneux

Peter Molyneux is Chair of Sussex Partnership NHS Foundation Trust and a member of the NHS Confederation [Mental Health Network](#) board. In this blog he shares his thinking about the principles that could assist us in navigating the future.

One way of further unpacking the concept of recovery would be to adopt the approach we use in mental health. Here, the emphasis on an individual's journey to recovery is a very personal process and is linked to their neighbourhood and community.

There are a number of ways used to define recovery, but most focus on connectedness, hope and optimism, identity, meaning and purpose, and empowerment:

Connectedness – reciprocal relationships with others who believe in your potential to recover and mutual support

Hope – belief in yourself and your ability to persevere through adversity and setbacks

Identity – recovery of a sense of self and the acceptance of lost opportunities and time

Meaning and purpose – may involve recovering a meaningful social or work role, or developing a new role

Empowerment – appropriate housing, access to care and support, and an asset-based approach to strengths.

As anchor institutions, or as part of anchor systems, we have a real opportunity to look at our supply chains in terms of goods and services. We will all be looking to reshape our services and hence our workforce needs. There's a real opportunity to create the job roles that local people can do and to work in partnership to reduce income inequality, address our workforce challenges and improve population health.

Those of us running healthcare organisations across our local systems will (not now, but at some point) need to recognise that we are going to be among the very few employers whose headcount has stayed stable or increased at this time, and will need to look at how we can realistically support community recovery. While our first priority must be to look after the health and wellbeing of our staff and patients, we also have a responsibility to the places and neighbourhoods in which they live.

Helping everyone to achieve their best potential is key to recovery for staff, for patients, for communities. If talking about recovery is going to be meaningful, then the principles of connectedness, hope, identity, meaning and empowerment are key.

<https://www.nhsconfed.org/blog/2020/05/five-key-principles-to-guide-us-through-the-covid19-aftermath>