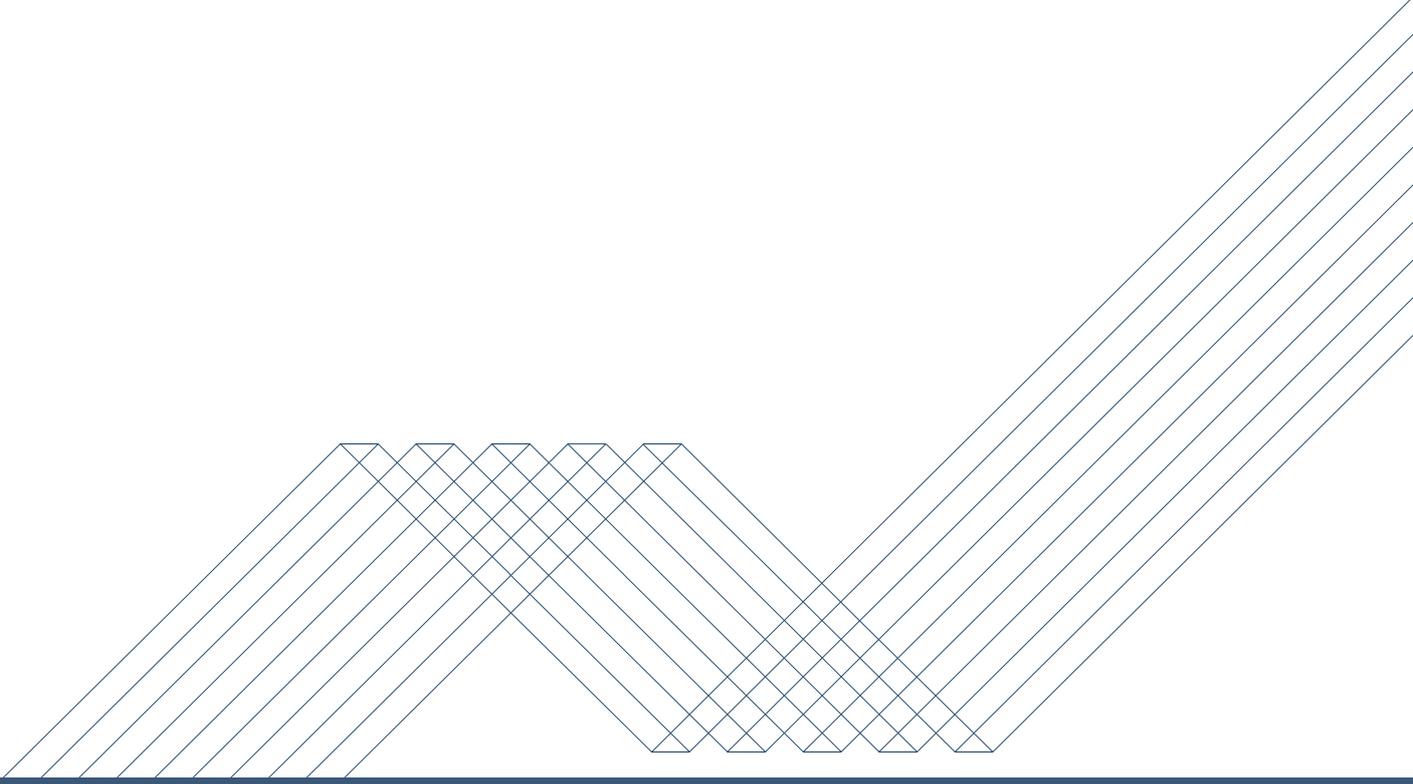


Kent Surrey Sussex  
Academic Health Science  
Network

# Year in Review

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2021–22

June 2022



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# Overview: a year of change

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## Operational context and system priorities

We supported the system's response to wave 2 of the COVID-19 pandemic and the subsequent recovery work as services were restored, with a focus on meeting the needs of individuals and reducing the time they had to wait for planned care.

## ICS framework and priorities

The new framework, issued summer 2021, identified four key purposes for each ICS:

- improving outcomes in population health and healthcare
- tackling inequalities in outcomes, experience and access;
- enhancing productivity and value for money;
- contributing to broader social and economic development.

In addition to the broader implications and opportunities for AHSNs to support the ICSs (e.g. around innovation and

transformation), the framework offered potential opportunities across several areas directly related to AHSN core work:

- Digital transformation
- Workforce and culture (related to innovation)
- Economic growth
- Safety and improvement
- PPI and equalities.

The framework described how ICSs will lead major service transformation programmes to achieve agreed outcomes, through joining-up health, care and wider support. To achieve this, ICSs will facilitate partners in the health and care system to work together, combining their expertise and resources to deliver improvements, fostering and deploying research and innovation.

ICSs will have statutory duties to support achievement of goals around:

- Promoting innovation and research
- Improving quality of services

- Reducing inequalities
- Ensuring public involvement
- Obtaining clinical and public health advice.

ICSs will contribute to wider local social and economic growth to create a “vibrant local labour market, through collaboration with partner organisations, including the care home sector and education and skills providers”.

These requirements in relation to innovation and research, service quality, economic growth and inequalities all align with AHSN priority areas and expertise, creating a good environment for collaboration in which the AHSN can play a guiding role to support delivery of ICS objectives.

## Board and leadership

Des Holden was officially announced as CEO for KSS AHSN in February 2022 after a period covering Guy Boersma’s absence. Guy has returned as Strategy Director with a focus on business development and Horizon 3 opportunities.

After serving as a Non-executive director (NED) for nine years (three periods of office), Anna van der Gagg stepped down and two new NEDs have been appointed: Zoe Nicholson and Kate Lancaster. These appointments were made to further strengthen and complement our Board and will ensure that we are in a strong position to support our ICSs, moving forwards into

what will be our third five-year licence period with our commissioners.

Zoe Nicholson is a strategic leader in the “not for profit”, health, care and local authority sector, with significant experience in enabling executive teams and Boards to navigate complexity and growth. Zoe is the Leader of, and Deputy Leader/ Finance Cabinet member of, Lewes District Council. She is also a co-founder of, and previously the Chief Executive of Here, Care Unbound Limited. Here is a ‘not for profit’ social enterprise, providing innovative NHS health and care services to 1 million people in Sussex and 6,000 GP Practices, nationally. Zoe is also currently engaged as Local Elections Manager for the Green Party and Spokesperson for Green New Deal.

Kate Lancaster is currently the CEO of the Royal College of Obstetricians and Gynaecologists and continues to enjoy what is currently a 27-year career in NHS leadership roles. During her career to date, Kate has led the commercial and industry partnerships for the organisations she has served. Kate has extensive experience in governance, regulation, strategy development, delivery, stakeholder engagement and operating within complex organisations. In addition to her substantive roles, Kate has also previously worked with the Boards at both Oxford AHSN and Eastern AHSN. She is also currently on the Trustee Board of Magpas Air Ambulance Charity.

Internal arrangements have also been adapted to reflect the new operating context and the imperative for closer working with ICSs, with our Executive Management Group (EMG) expanded to include several senior programme managers with expertise across our ICS engagement, commercial, and PMO functions.

## Unity Insights

A significant development in 2021/22 was the creation of a new company by the former KSS AHSN Insights team. Unity Insights was formally established on 1 October after a period of running in shadow form following Board approval of the proposals in the summer of 2021. Both KSS AHSN and Unity Insights are committed to a close working relationship as strategic partners. This reflects their shared ambitions of working for the public good and bringing expertise in support of partners across the system in the health and care, industry and research sectors. Managing Director of the new company is Richard Lee-Wright who was previously the KSS AHSN Director of Insights. Fiona Craig, Corporate Service Director, KSS AHSN and Charlotte Roberts, Portfolio Lead, KSS AHSN are also Non-executive directors of Unity Insights, signalling the intention for continued close cooperation between the two organisations.

## AHSN Network

One of our organisation's key strengths comes from being one of a 15-strong network of AHSNs, with untold opportunities to share learnings, offer support and collaborate with colleagues across England.

One of the collective outputs from the Network came in the form of its Health and Care Reset campaign. This captured the AHSN experience during the coronavirus pandemic, and helped to inform leaders across the NHS as it enters the next phase of the pandemic response.

Although focused on the experience during the pandemic, the report looks to the future by offering recommendations based upon lessons learnt during the pandemic to help realise the vision for a more innovative health and care system of the future.

KSS AHSN has continued to play a strong part in shaping the direction of the AHSN Network's future, and we've substantially contributed to the thinking of the governance, structure, ambitions and outcomes for the network over the coming year and beyond.

# Wave two pandemic response

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During wave two of the system's response to COVID-19, we focused on supporting system partners, responding to requests for help and working with our NHSE commissioners in the regional team to roll out support, with remote monitoring and virtual wards across Kent, Surrey and Sussex. This saw the three south east AHSNs (us, Oxford and Wessex) working together to deliver these solutions quickly across our geographies.

We were able to re-deploy our staff to priority projects, including providing secondments to partners who needed the expertise and capability that our staff could bring.

## Promoting patient safety

Our Patient Safety Collaborative (PSC) refocused its portfolio onto remote monitoring at home and implementation of virtual wards, despite this not being a national commission. Our role included facilitating shared learning locally, and providing implementation support in Sussex through a secondee. We intend to build on this work as part of 2022/23 business planning.

## Respiratory response

Our respiratory programme rapidly adapted its approach and priorities during the COVID-19 pandemic, providing support to respiratory teams across Kent, Surrey and Sussex who were at the forefront of every surge. The programme was able to provide immediate support to the respiratory network by providing the Breathing Matters e-newsletters in a quick, digestible 'bite size' format to share updates across the network as new evidence emerged. The clinical leads were instrumental in providing interpretation of new guidelines and advice for the network.

All network meetings moved to virtual support calls, with the Oxygen Network with oxygen and NIV issues, as well as providing a forum for clinical guidance and peer support. The Pulmonary Rehabilitation (PR) Network also moved to virtual calls enabling regular contact between teams to support them. PR was moved to a remote intervention for the first time due to social distancing and infection control. This included navigating the practicalities of running virtual PR utilising a combination of

digital and face to face interventions and innovations. Later in 2021, the network helped clinicians to navigate the transition back to face to face PR in the new landscape.

## Supporting innovators

Wave 2 of the pandemic saw us continue to support innovators who had spread-ready products that provided an immediate solution to our stakeholders.

The emphasis was less on the sense of urgency that was felt in Wave 1 and allowed for more opportunity to support impact evaluation.

In addition, the focus for innovators was the reset and recovery process, in keeping with NHSE needs. Therefore innovation support was prioritised for companies who could respond to this with their solutions from either adoption-ready or spread-ready products.

Culmination of this support was to innovators applying for Innovate UK and SBRI Healthcare funding for Stroke and Technology, Mental Health Inequalities in Children and Young People, and NHS Reset and Recovery and New Ways of Working. Several applications were successful.

Specific calls to industry were released based on system needs – for example, we launched a call around Robotic Automation Processing in primary care to support workforce challenges from the Wave 2 backlog.

## Importance of research

NIHR Applied Research Collaboration Kent, Surrey and Sussex (ARC KSS) published findings from a number of projects that were commissioned during Wave 1 of the COVID-19 pandemic, and over this year KSS AHSN has been leading on the implementation of a range of these findings.

These include two studies that explored the impact of COVID-19 on the Quality of life of people with dementia and their carers during 2020. The findings provide insights into the challenges people faced, and factors that supported their wellbeing, with messages that last beyond COVID-19.

Meanwhile the Beyond Lockdown Research Team, which included a partnership between University of Sussex and Creative Research Collective, undertook national research to focus on what support care leavers need as lockdown eases.

As part of the project, care leavers from Kent and East Sussex co-produced a series of key messages and resources for both care leavers and those services working with care leavers.

And as well as creating the toolkit, they have been instrumental in [Kent Surrey Sussex Academic Health Science Network's](#) work in implementing the resources to key audiences across England by presenting the project at various events, including the Young Person's Benchmarking Forum, which is part of

the National Leaving Care Benchmarking Forum (NLCBF) and is attended by more than 100 Local Authorities.

## **Supporting our staff**

KSS AHSN has continued to support its staff to work from home, and has instigated a number of initiatives over the year to support colleagues. These have included a range of HR-led events such as regular wellbeing seminars, where staff have been able to vote for the topics covered.

We were delighted to hold a face-to-face Team Day at the Amex Stadium, Brighton, in November in conjunction with Unity Insights. Both teams were able to meet as one in the morning, with separate company-specific break-out sessions in the afternoon.

The event was very well attended, and marked an important step in our journey back towards a blended home/office working pattern, despite a small pause in office-based activities shortly after the event due to the government re-introducing 'work from home' guidance.

# Programme delivery

## National programmes

### ADHD

We have been working with mental health trusts and community paediatric services to improve the assessment process for ADHD, using technology created by health technology company QbTech.

The technology, QbTest, measures a patient's attention, impulsivity and motor activity all at the same time. These indicators are core symptoms of ADHD and accurate measurement adds objectivity to support timely diagnosis.

The intervention has shown a reduction in time to diagnosis by 153 days (median). Using this intervention increases staff capacity by reducing the number of appointments needed for diagnosis, and by ruling out ADHD sooner for ambiguous cases. Releasing capacity of clinicians can help reduce waiting lists and allow clinicians more time to concentrate on complex cases.

Since April 2021 we have supported 13 sites within six NHS Trusts, which has resulted in more than 1,390 assessments.

[We commissioned this short film](#) to show the experience of living with ADHD and the importance of a confirmed diagnosis as told by young people, parents and healthcare professionals in Medway.

Feedback from clinicians using the intervention has been extremely positive –

*“Since we’ve had QbTest, I can often draw a diagnostic conclusion on the first appointment. You can actually do the job that you’re here to do and that gives you job satisfaction.”* Consultant Community Paediatrician



6

trusts across **13** sites providing an objective assessment using QbTest



1,398

tests completed

## FREED

First Episode Rapid Early Intervention for Eating Disorders (FREED), supports 18- to 25-year-olds who have had an eating disorder for three years or less.

It builds on a successful model shown to help young people in London, where one patient described it as ‘the gold standard’ of care.

We have been supporting three mental health teams across our region to adopt FREED to speed up diagnosis and treatment of eating disorders in the target age group.

As part of the project we commissioned a short film, which can be viewed [here](#), where two young women who have gone through the FREED pathway explain the challenges they faced, living with an eating disorder, their therapy and recovery.

## Spread and adoption of supported innovations

The AHSN Network supports adoption of innovations identified by the Accelerated Access Collaborative. These include those within the MedTech Funding Mandate and others identified by AHSNs for national spread. Successes over the financial year include:

## HeartFlow

This turns a regular CT scan of the heart into a 3D image allowing doctors to diagnose life-threatening coronary heart disease in just twenty minutes. Six trusts (out of seven eligible trusts) within KSS are now offering this treatment, with the seventh in final stages of implementation. This means that patients can now be treated locally, quicker, with reduced need for invasive procedures.

## Cholesterol management

Innovations in this field aim to improve the management of cholesterol, increase the detection of those with Familial Hypercholesterolaemia (FH) and optimise the use of all medicines for patients on the cholesterol management pathway.

We have formed a South East AHSN working group (with Oxford and Wessex AHSNs) to agree and develop a joint working approach around Lipids and FH for the region.

Early successes include running a bi-monthly Lipid and FH Clinical Reference Group, with representation from all three ICSs’ clinical acute and primary care colleagues. Clinical leads have been identified for each of the ICS areas to drive the group discussions and plan next steps. KSS AHSN has also built a Lipids data dashboard for the South East which includes pages to report on Lipids, FH and HIS, Ezetimibe and PCSK9i, when available.

## FeNO

A Fractional exhaled Nitric Oxide (FeNO) test is a way of measuring the amount of nitric oxide in an exhaled breath. This test can help with the diagnosis of asthma by showing the level of inflammation in the lungs. KSS AHSN was successful in supporting two pathway transformation funding applications in adopting the technology and developing sustainable pathways. In addition there has been

fantastic engagement across PCNs and teams in KSS, even without Pathway Transformation Fund support, through our engagement with local and regional communities of practice.

The figures below show how we've supported the spread of FeNO across Kent, Surrey and Sussex in 2021-22.



**54**

New FeNO devices



**13,960**

Mouthpieces used



**22**

Sites implementing FeNO



**3,909**

Patients benefiting

## Industry and Technology Navigation

We were pleased to be able to expand the team through the year. New members have bedded in well and we have seen the benefit of their collective expertise in the range of support that we can now provide companies.

The team met, and exceeded, all Office of Life Sciences (OLS) Local Implementation Plan targets, including managing targets through the year, while maintaining a specific focus on supporting those companies with greater potential to meet system needs and to grow and develop.

This has resulted in greater success in grants throughout the year but specifically with SBRI on Mental Health and Reset and Recovery. KSS AHSN had the largest presence in application from across the AHSN Network, with three of the 10 award-winners coming from our region.

The team has also focussed on providing clinical entrepreneurs with more business support to help them develop their business and make it sustainable. We've

also facilitated more peer-support between companies to support each other.

Internally we've changed our approach to work as 'one team' across industry and technology navigation. This includes taking better control of all of the OLS LIP including managing the budget for real world validation, hence improving efficiencies.

Throughout 21/22 the Industry Tech Nav team sought and were successful in developing more strategic relationships with key stakeholders. They also improved the input and presence of KSS AHSN in key meetings, judging of awards and in building opportunities for innovators. These include: SBRI, NHS Innovation Accelerator (NIA), University of Surrey, University of Sussex, NIHR, charities, the Cancer Alliances and local enterprise partnerships. This has significantly helped our signposting function of the OLS commission.

Support provided	Target # of companies	Actual # of companies
Signposting advice and guidance; market insights	80	104
Support with value proposition, market research and market positioning; funding support and business case development and business support	30	63
Support with real world evaluation, health economics and/or spread activity	10	45

# Regional work

## Surrey Heartlands Health Tech Accelerator (HTA)

Since opening its doors, the HTA's efforts have focused on engagement from within industry, academia, and multi-professional clinicians within the health and care sector. This engagement push has resulted in:



52

Stakeholder engagements



26

Tracked as potential projects



5

Scoping and calls to industry stages



2

Testing proposal and approval stages

Most notably, the Surrey Heartlands Health Tech Accelerator is a key player in the following projects across Surrey, with support offers included in the following programmes of work and subsequent bids:

- Bid for Better with Royal Surrey County Hospital
- Surrey Wide Hydration Bid
- Learning Disabilities and Autism
- Mental Health + Risk Stratification

The HTA has successfully participated in a number of forums, meetings and workshops, with the aim to increase HTA visibility across the patch and further the understanding of our stakeholders on how the HTA can help support the needs and pain points within Surrey.

## Children and Young People

A review and evaluation of the work undertaken by Mental Health Support Teams (MHSTs) supporting schools to deliver whole school approaches to emotional wellbeing and mental health across east and south east England was launched in December.

Led by KSS AHSN in partnership with the NIHR Applied Research Collaboration Kent, Surrey and Sussex, the report provides clear data on the ways in which local teams are developing the Whole

School Approach element of element of MHSTs and what impact this might be having on staff, children and young people, as well as parents and carers. It also sets out a number of ambitions for the future implementation, development and monitoring of a WSA within MHSTs across schools in the region.

## A collaborative approach

In conjunction with Wessex, and Oxfordshire and Thames Valley AHSNs, and in partnership with NHS England, we organised an event that brought together representatives from across health services, higher education sector and students to discuss ways to improve local students' wellbeing and mental health.

This work has become more pressing since the pandemic, which has had a greater impact on students compared to those from the wider society. We're hearing from students that "It's difficult to navigate around services, especially when you're a student doing it by yourself," and "I'm really struggling right now, but I've been told not to book a GP appointment unless it's an emergency. I've been told not to go to A&E if I'm in crisis."

This valuable context has allowed the group to ensure that young people are placed at the centre of the project, with the event demonstrating genuine collaboration and desire to effect change.

More than 100 people from a variety of organisations including universities,

NHS Trusts, Voluntary and Community Sector, commissioners, IAPT providers and Students Unions attended the event in February to help inform and share good practice.

## Respiratory Network

Two virtual Respiratory Collaborative events were held in 2021 with over 100 attendees in multidisciplinary roles attending each event. Presentations included clinical educational talks, learning from the newly published national GIRFT (Getting It Right First Time) respiratory report, use of FeNO in diagnostic pathways, the future of respiratory care and designing sustainable respiratory care through partnership. In May 2021, we held our annual KSS Respiratory Quality Improvement awards recognising innovation and best practice care in both COVID-19 and non-COVID-19 respiratory related topics, celebrating and learning from great work taking place across Kent, Surrey and Sussex.

Internally, the respiratory programme maintained strong links with the industry and technology navigation team, particularly through supporting the spread and adoption FeNO and asthma biologics.

The respiratory programme and Patient Safety Collaborative teams worked closely together to deliver the Chronic obstructive pulmonary disease (COPD) and Asthma Discharge Bundles programme under the National Patient Safety Improvement Programmes (NatPatSIP) adopt and

spread workstream. In addition, they have been providing clinical leadership, and sharing the KSS respiratory network's local experience and learning on a national scale, to support the spread of effective and safe evidence-based interventions and practice.

## A refreshed approach

Moving forwards into 22/23, the Respiratory Programme portfolio is being refreshed and refined. Ellie Mason, Respiratory Programme Manager said that "it is an exciting time to refresh the remit of the respiratory programme whilst there is such a spotlight on respiratory care. It is a great opportunity for us to strengthen our relationships with the newly emerging ICS Respiratory Networks and to support delivery of the Long Term Plan's respiratory commitments. We are able to utilise the expertise within our team and our ability to work across geographical, organisational and system boundaries to support collaborative working across our multidisciplinary network'.

As part of the refresh, KSS AHSN have taken the decision to end the Oxygen Network, wrapping up with a celebration event in Q1 22/23. The network has been running since the AHSN was formed and has been very successful at developing pathways and protocols to drive improvements in the quality of respiratory care. We acknowledge the successes of the network and would like to thank our network members for their valuable contributions over the years too. COPD

Discharge Bundle work will also move to 'light touch' with the end of the PSC commission. We would like to thank Julia Bott and Jo Congleton for their clinical leadership and guidance to network over the years.

## PINCER

Pharmacist-led **I**nformation technology intervention for the reduction of **C**linically important **E**rrors in medicines management in general practice (PINCER) is a methodology for reducing medication errors and improving medication safety.

PINCER was identified as one of the Medicine Optimisation projects for national adoption and spread through all 15 AHSNs. The AHSN rollout enables CCGs, PCNs and practices to have access to the national PINCER prescribing safety indicators (directly via GP clinical system searches) as well as training to support the pharmacist – led element of the intervention.

More than **430 GP practices** are now using the approach across Kent, Surrey, and Sussex. In addition to securing funds to support the programme following the end of the initial national commission with access to the software and PINCER resources, KSS AHSN also provided training for those wanting to use the intervention and approach in practice.

PINCER roll out brought key stakeholders of medicine optimisation teams (like CCG, ICS, Primary care team, GPs and pharmacists) together in Kent, Surrey and

Sussex. Given the clear patient safety benefit and potential economic savings realised using PINCER in primary care, KSS AHSN engaged with CCG medicines management teams across the region to develop and shape a regional PINCER project that benefits all partners.

### Benefits of programme:

- Reduction in serious medication-related adverse effects and a significant improvement in prescribing safety in primary care.
- Cost saving of approximately £2,600 per practice. If implemented across the entire KSS AHSN region this would be approx. £1,430,000 over a 5-year horizon.
- Additional savings made by preventing any hospital admission related to an adverse effect.
- Improved patient outcomes by supporting the PCN Directed Enhanced Services (DES) and Investment and Impact Fund (IIF) indicators.
- PINCER supports prioritising patients eligible for Structured Medication Reviews (SMRs) and Medicines Optimisation.
- Identifying and improving prescribing behaviours within general practices through Root Cause Analysis and Quality Improvement cycles.
- Avoidance of future harm by proactively searching for patients at-risk of medication errors. During the national rollout of PINCER (2019-2021), more than 20,000 at-risk patients were identified in KSS AHSN helping to reduce patient harm and/or potential hospital admissions.

- PINCER quality improvement training also supports General Pharmaceutical Council (GPhC) revalidation through CPD submission.

## Kent Surrey Sussex Patient Safety Collaborative

During the first wave of the pandemic the three PSCs covering south east England had worked together with partners right across the health and care system to implement COVID Oximetry @home and virtual wards, with the aim of enabling patients with COVID-19 to remain in their own home while being monitored to ensure their safety. In just five months, as a system they collectively achieved coverage for the whole south east region.

Ursula Clarke, Patient Safety Lead, said that once that had been achieved, she was keen to hear from people involved in the work and review the process as well as we could from many different angles.

“We had all been working in new ways, at pace and across a large geography, so there was a lot of insight and experience to capture.”

We were able to use a Rapid Insights and Learning approach to help health and care system colleagues to reflect on work done as part of the pandemic response and understand how it's such a valuable tool for quality improvement work.

## Maternity and Neonatal

An event in May from KSS PSC's Maternity and Neonatal Safety improvement Programme (MatNeoSIP) team gave healthcare professional from across the region the chance to hear from a range of renowned speakers on the topic of Optimal Cord Management – an evidence-based, simple and effective non-intervention for improving newborn outcomes, reducing death in preterm babies by nearly a third.

Nanette Neal, Project Manager for MatNeoSIP, said the event was instrumental in helping Trusts across KSS to develop Quality Improvement initiatives to increase the number of babies born less than 34 weeks gestation who have their umbilical cord clamped at least 60 seconds or more after birth, except when there are specific documented maternal or foetal conditions to justify earlier clamping.

“This is a key area of development for our Trusts, and so we are delighted to have been able to have presentations from some of the leading experts in this field,” she said.

“We know that some units across the region have already changed or are looking at changing their practice, so we were delighted that Penny Bliss, Senior Midwife from Maidstone & Tunbridge Wells, was able to showcase their achievement on implementing optimal cord management in clinical practice, and discuss how to break down barriers and the importance of working collaboratively with the neonatal team.”

## Supporting Care Homes

In a new area of work, KSS PSC was delighted to hold the first meeting of its Kent Surrey Sussex Care Home Safety Network in July. The online event had fantastic representation from care homes, the NHS and local authorities across the three counties, with more than 90 people joining the call.

Delegates were able to hear about two safety improvement programmes currently operating with care homes: Managing Deterioration and Medicines Safety.

## NIHR Applied Research Collaboration Kent, Surrey and Sussex (ARC KSS)

ARC KSS brings together NHS Trusts, local authorities, universities, communities and other partners to support the development of innovative research to improve health and social care for patients and families in the south east.

KSS AHSN's Implementation Leads work on the ARC KSS's four core research themes of Starting Well:

- Children's Mental Health
- Living Well with Dementia
- Social Care
- Primary and Community Care.

## Remote memory assessment toolkit

A toolkit which is aimed at clinicians responsible for assessing and diagnosing patients with dementia, has just been launched by a team of researchers at Sussex Partnership NHS Foundation Trust (SPfT), and Brighton and Sussex Medical School.

The toolkit was built on output from an ARC KSS that aimed to understand patient, carer and clinician satisfaction with and experience of receiving or undertaking memory assessment, during the COVID-19 pandemic.

It includes information and recommendations that have been specifically designed to illustrate and guide good practice principles for memory assessment services now and in the future. It has been designed so that it can be adapted locally, including for memory assessment undertaken in primary care.

## Research Priorities for Adult Social Care

KSS AHSN and ARC KSS jointly hosted an on-line event in December focussing on research priorities for adult social care.

Dr Jolie Keemink, Research Fellow, ARC KSS Social Care Theme, shared the results of a recent study to gather data on priority areas for research in adult social care in Kent, Surrey and Sussex. The study involved a series of in-depth focus groups

with commissioners, providers of services and the public. Through content analysis, a number of key themes and projects have emerged and we are looking forward to sharing more details shortly.

ARC KSS is also leading a consortium of nine ARCs as part of a National Priorities Programme for research in Adult Social Care and Social Work.

## Eating disorders

KSS AHSN was among the contributors to a new report investigating investment in eating disorder research in the UK.

[The ‘Breaking the Cycle’ report compiled by Beat – the eating disorder charity](#) – on behalf of the All-Party Parliamentary Group (APPG) on Eating Disorders sets out the findings and recommendations from the APPG’s inquiry into research funding, conducted from December 2020 to Spring 2021.

Becca Randell, Implementation Manager, contributed to the report on behalf of KSS AHSN and ARC KSS. Her submission included information about the ‘Sussex Partnership Innovation and Research in Eating Disorders (SPIRED) clinic’, and how it acts as a hub that brings together enthusiastic and skilled people and builds “passion, skills and confidence”.

## Unaccompanied Asylum Seeking Children

In February ARC KSS, KSS AHSN and Kent County Council hosted a community of experience concentrating on migrant mental health. The focus was to present research, hear from those with lived experience, share experiences and identify the gaps in research regarding unaccompanied asylum-seeking children and female migrants.

The event was attended by an audience of 76 people from a wide range of organisations including local authorities, NHS Trusts, universities, commissioners and voluntary and community sector organisations.

Three young migrant women also shared their personal stories of starting a life in the UK, their mental health needs and their journey to seeking support.

One young woman from Iraq said: “For me sometimes I just needed someone to listen to me as a human. Not a psychologist, or a social worker, or any professional but just as a human with a genuine heart.”

# In year opportunity

## Unity Insights

We were excited to announce the launch of Unity Insights, a new organisation formed by our KSS Insights team, in October.

Unity Insights will offer bespoke analytics and evaluation services to industry, academics, and the NHS. The team's vast experience in the health and care sector will enable it to provide services which answer the questions posed by clinical teams, commissioners, and regulatory bodies, driving decisions based on evidence.

Crucially, Unity Insights and KSS AHSN are both committed to a partnership approach that will see them continue to work very closely together.

KSS AHSN is represented at Board level in the new organisation, reflecting the strategic relationship that will be maintained between the partners.

## Huntington's Disease co-design

Huntington's disease (HD) is a rare, inherited, neurodegenerative disease, with onset usually in mid-adult life. HD progressively affects a person's everyday functions with particular impact on

movement, thinking, personality and behaviour. HD has a devastating impact across generations, due to the inherited nature of the disease but also due to the effect on family members and carers living with affected individuals.

The NHS does not currently have a service model that outlines the delivery of care for patients with HD. This means that the standard of care for patients can vary across the country.

We worked in a collaborative partnership with Surrey Heartlands Health & Care Partnership (SHHCP), Roche and the Huntington's Disease Association (HDA) to build on existing services and develop a service model that is fit for purpose and provides equitable care for HD patients, family members and carers.

A co-production/co-design approach was taken with stakeholders from SHHCP, St George's Hospital, local health and social care professionals, Roche, HDA, patients, families and carers impacted by HD.

The service model will be introduced for the care of patients with HD, their family members and carers residing in Surrey.

## Digital Fellows at University Hospitals Sussex NHS FT

The Topol Programme for Digital Fellowships in Healthcare aims to support NHS organisations to invest in clinical staff to develop specialist digital skills and to learn about leading digital transformation, while giving clinicians enough time outside of clinical commitments to lead digital health improvements and innovations.

As part of this, UHSussex requested our assistance early 2021/22 in setting up a digital fellow programme, including support in the role planning, advertising, recruiting, interviewing, appointing, and training). KSS AHSN proposed, designed and delivered an accredited seven-session training programme to support the induction and development of a group of their staff, including digital fellows and IT programme teams.

Content included:

- Spread and adoption of innovation
- Enterprise, entrepreneurship and digital innovation
- Insights, analytics and evaluation
- Innovation case studies and telling stories
- Digital leadership

The programme has already been recommissioned for 2022/23, and discussions are progressing well with Kent & Medway leads to replicate for their needs later in 2022.

## Improving Health Check Access For People With Learning Disabilities

During COVID-19, when many services were paused to provide additional capacity in the response to the pandemic, people with learning disabilities experienced poorer outcomes than the general population for both mental and physical health.

We secured Q Exchange funding to deliver a project supporting GPs to restart and enhance essential annual health checks. We will use a blended approach of digital training and innovative social models from Sussex and Surrey ICSs who between them are recognised nationally as exemplars.

The work is funded by £30,000 from the Q Exchange to build on the learning disability needs articulation work started in December 2019. One of the key themes identified at the launch meeting (in 2019) was an ask for reasonable adjustments to become more mainstream to help people access care.

The primary aim for the project is to build collaborative relationships across health, social and third sector partners (including Post19, using their My Social Time model and Active Prospects) to improve outcomes for people with learning disabilities. This will be achieved by ensuring reasonable adjustments underpin the annual health checks process, as well changing how people access parts of the health check depending on individual needs.

## Supporting General Practice

General practice is under significant pressure due to a growing workload caused by a number of factors including high and rising patient demand, pandemic response, and a shortage of GPs and other clinical staff. In addition to their list of daily patient consultations, GPs have many time-consuming tasks that must be completed each day.

Two areas of work in particular have been identified which could be automated in some form to save GP time: processing pathology results and managing clinical correspondence.

We are making an exploratory call to industry and would like to hear from innovators who are developing or have developed solutions in these two areas. This could be an opportunity to co design a solution directly based on need, which is then attractive to the wider general practice market. Although there is currently no funding behind this call to industry we could explore possible funding opportunities where appropriate.

## Sustainability agenda

KSS AHSN is working with Hexitime, the timebank that enables staff to exchange skills and ideas for health and care improvement - to share expertise, knowledge and interest on environmental sustainability.

We have launched four campaigns on the Hexitime platform covering greener surgery, biodiversity, waste management and sustainable food and nutrition.

As part of the campaign, we are particularly keen to reach outside the NHS, into the commercial and charitable sectors. There is huge additional expertise there, and some great work that is already underway.

The Hexitime platform offers a vehicle through which expertise and professional support can be exchanged to make a real difference in the way that the NHS is working to achieve its Net Zero ambitions.

By tapping into some of the “new power” that’s being fostered on Hexitime and its networks we hope to be able think and work differently to achieve the change that’s needed.

# Refresh of KSS AHSN strategy

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## Engagement

We undertook significant engagement with senior ICS leaders to inform future strategy, priorities and our offer to system. We identified the need for a more targeted approach and have sought to ensure local programme work aligns directly with ICS partners. Through this we have matured and deepened our collaborative working relationships, for example authoring the Surrey Heartlands Innovation Strategy and working as the delivery partner of choice for Sussex ICS.

## Evolving story

We have refreshed our narrative and ways of describing our work and the offer we make to system partners. This reflects the period of change outlined earlier in this paper. Crucially, this work supports our staff by providing greater clarity about our role, values and purpose, building momentum for our vision and ambition. Within this we have begun to give greater visibility to leadership both internally and externally.

## National strategy

This work aligns with the refreshed national AHSN Network strategy for 2021-26 that was developed during the year. The strategy was developed with input from all 15 AHSNs, as well as key external partners, and aimed to set the agenda for the Network over the next 5 years.

It aims for:

- greater collective impact of AHSN work and increased influence on national policy and practice
- a bigger portfolio of national programmes focused on outcomes led approaches to the most pressing strategic challenges facing health and care
- a pipeline of high impact innovation
- the AHSNs being seen as a national authoritative voice on adoption and spread of innovation
- all staff in every AHSN recognising their dual role of working both for their individual AHSN and the contribution they make for the national network
- demonstrating the value of the network of AHSNs and securing a new five year licence.

# Finance summary



Turnover for 21/22 is forecast to be £5.2m which is lower than £5.9m achieved in 2020/21 due to the formation of our Insights Group into a new company with effect from 1 October 2021.

We continue to invest in new staff resource and over 70% of our costs relate to staffing. We are forecasting a loss of £110k for the year due to passing a share of historic profits created by the Insights Group to the new Company.

During 2020/21 we have created new office spaces in Gatwick, Guildford and Brighton in order to bring our teams together to facilitate engagement with local health professionals, industry, academia and local communities.

# Kent Surrey Sussex Academic Health Science Network

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