

Report title: Learning from Covid	
Report to: Essex Health and Wellbeing Board	
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County Divisions affected: All Essex	

1 Purpose of Report

- 1.1 To consider the main ways in which better working together has been achieved during the crisis and to discuss how new best practice can be maintained

2 Recommendations

- 2.1 Ask Sustainability and Partnerships (STPs) work to identify and build-on what has worked well within local alliances and at an Essex and Sustainability and Transformation Partnership level
- 2.2 Ask the Essex Tactical Co-ordination Group for Health and Care to share learnings across STPs and identify any priority areas for progressing together at a pan-Essex level

3 Summary of issue

- 3.1 The Covid-19 pandemic is an unprecedented event in health and care and in society. It has had a significant impact on services and has been the biggest impact on British society and the economy since the Second World War.
- 3.2 Covid led to a rapid and necessary change in some priorities and processes. It also necessitated close co-operation and collaboration between the public, private and voluntary sectors in order to meet the challenges posed.
- 3.3 Health and care systems (via Sustainability and Transformation Partnerships) are undergoing processes to identify learnings and what has worked well so we can build on and maintain new best practice. This paper sets out some early reflections to share with STPs.

4. Developments during Covid-19

- 4.1 There have been several areas of positive joint-working during the Covid crisis and the below is just a summary of some of the key examples.

A. Hospital discharges

New national guidance was implemented quickly and there was a move to 7-day working for social care. All Essex hospitals were able to lower their occupancy levels to around 50-60% by mid-April, freeing-up bed capacity for Covid-19 patients. This was crucial because at the height of the crisis, Essex hospitals were operating at around 3 times the normal level of people in intensive care as they struggled with rising Covid demand.

The new process has been more joined-up and has helped implement a new 3 hour discharge process, effectively eliminating delays and significantly reducing average length of stay in hospitals. There has also been positive work in the North East system to track discharge outcomes and to ensure that people are supported to live as independently as possible, ensuring that a higher proportion of discharges are supported by short-term care and reablement services rather than require (avoidable) long-term or permanent stays in residential care homes.

However, there is also evidence that in some areas faster discharge is leading to an increase in the proportion of people heading into long-term residential care. While this could be due to higher levels of need (post Covid), it also indicates there is further work to do between partners to embed the principle of "Home First" and to support and promote independence.

There also remains uncertainty about what will happen when the current funding arrangements end and there will need to be close partnership working between local authorities and the NHS on the succession / transition arrangements.

B. Local care home hubs and Infection Control Plan

Partners developed five multi-agency local care home hubs across Essex (involving social care, NHS, public health, Care Quality Commission) to provide advice and support to care homes to assist them with infection control and the management of any outbreaks. Each home has a named contact. Local hubs identify the homes that need to be prioritised for testing of all staff and residents. All homes are currently risk assessed weekly and contacted regularly - with daily contact for those considered most at risk. This work has helped to successfully prevent the further spread of Covid in Essex care homes and these have significantly reduced since they peaked in mid-April and helped ensure that care homes in Essex have been less affected by outbreaks than in some neighbouring areas.

C. Essex Welfare (now Wellbeing) Service and Operation Shield

Essex County Council worked with Provide (an NHS community interest company) to launch the Essex Welfare Service (EWS) to facilitate the provision of shopping and medicines to shield those unable to access direct support from central government, family, friends or local community groups. This was achieved through community pharmacies, Red Cross and a new bank of shield volunteers, attached to a county wide network of community hubs that were mobilised through Borough and District councils. This service

provides a single point of contact for residents who are unable to get the help they need to keep safe. So far over 9,000 people have been supported by the service.

Twelve community hubs were established to provide shielding services, resourced by district and borough councils and through existing Community Voluntary Sector (CVS) partnerships. EWS referred requests for support onward to the community hubs who then assigned these tasks to be fulfilled by their local bank of DBS-checked volunteers. From April, the hubs have also been tasked to contact over 60,000 additional Category A (most vulnerable) residents as identified by NHS England, to confirm their shielding needs and carry out welfare checks. This has been a considerable undertaking by the local teams with limited resource and has been a testament to effective partnership working.

Partners need to consider how to build-on what has worked and develop a sustainable model, strengthening links with primary care networks.

D. Digital and care technology

There has been rapid introduction of 'digital first' approach across the NHS and public services and a much-expanded use of video and telephone based clinical contacts with both patients and primary care. This has also supported a significant reduction in attendances at hospitals.

Essex County Council took an urgent decision to work with Alcove and ReThink Partners to roll-out up to 2,000 care tech phones to vulnerable people to give them new means of staying connected to their care support and to their loved ones. The roll-out has been done in conjunction with key system partners.

Essex County Council has also worked with Sports for Confidence (who provide sports activities for those with physical disabilities and learning disabilities) to introduce a new *Stay Connected Service*, ensuring that people can still access these services remotely.

For many people during lockdown, technology has been absolutely critical to their mental and physical wellbeing. The crisis has increased the importance of ensuring that we are technology and digitally-mature.

E. Service user insights

System partners are working to gather insights from service users and patients about the impact of Covid and the lockdown.

Some initial insights suggest that the impact has often been mixed. For some people, not being able to access key services has been damaging and stressful. It was predicted early-on in the crisis that lockdown would likely lead to an increase in mental health problems and the early evidence suggests that has been the case. Demand for assessments under the Mental Health Act have increased as a result of Covid. We are still working on data but believe this could be a 15 – 20% increase from this time last year.

By contrast, we have heard and seen that some of our service users / vulnerable groups have flourished more during lockdown and have been less stressed. While some adults with learning disabilities have missed seeing their friends during the necessary closure of day centres, others have enjoyed the greater freedom and choices that providers have made available to them to fill the void. This is an area where technology seems to have opened-up new opportunities for people.

In short, it is crucial that we seek people's views and don't assume that the way we operated pre-Covid was fit-for-purpose.

F. Data and analytics/system capacity

System partners have prioritised the collection and use of data and analytics to help respond to the crisis and inform future planning. This has included sharing operational capacity challenges and constraints (beds, workforce, personal protective equipment supplies etc) and working together jointly on future forecasts for demand for different types of health and care services. This can strengthen our future approach to system resilience and winter planning.

Essex local authorities and CCGs have also established a new Tactical Co-ordination Group with the NHS, public health, and with Southend and Thurrock councils to oversee community care capacity planning. This group is overseeing future forecasting of demand for services (NHS, residential, homecare etc), as well as supporting mutual aid approaches between the councils. This co-ordination group has proved beneficial at ensuring greater collaboration and co-operation between councils and the NHS and between the 3 STP systems and will continue going forward as an informal liaison group between councils and the NHS / STPs.

It will be important to build on and push for further improvements in management information and data-sharing, not only locally but also with regional and national bodies where relevant.

G. Local alliances

The North East Essex Alliance (bringing together NHS, local authority and voluntary and community sector organisations) worked on a number of partnership initiatives including:

- Investment in all three Suffolk and North East Essex hospices to coordinate all End of Life out of hospital care including 24/7 advice lines
- EPUT and NSFT launched new 24/7 mental health lines in both Essex and Suffolk for all ages to provide support to local residents
- Planned and mobilised range of VCS support offers for children, young people and their families

5. Next steps and recommendations

- 5.1 Agree that Sustainability and Partnerships (STPs) work to identify and build-on what has worked well within local alliances and at an Essex and Sustainability and Transformation Partnership level
- 4.2 Agree that the Essex Tactical Co-ordination Group for Health and Care is asked to share learnings across STPs and identify any priority areas for progressing together at a pan-Essex level