



Mid and South Essex
Health and Care
Partnership

Essex health overview and scrutiny chair's briefing

Wednesday 13th October 2020



Working together for better lives



Welcome and introductions

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Purpose

- To provide an update on the temporary changes to bed based community services introduced during the COVID pandemic
- To outline the beginning of the process to determine how we care for these patients in the future



Context

- COVID-19 level four national incident
- Throughout all partner organisations across the Mid and South Essex Health and Care Partnership worked collaboratively to provide a system response to the incident.
- A number of urgent changes were made to both the locations and model of care for community bed based services to support the expansion of critical care facilities at the three hospital sites
- The primary aim was to manage a COVID-19 steady state and surge capacity as needed to provide the best possible care for both COVID-19 and non-COVID-19 patients, in the safest place for them.



What changed?

- COVID-19 required a threefold increase in critical care capacity across all three hospital sites. This was achieved by repurposing space not normally used for this and the cancellation of all routine hospital activities.
- To further support this we changed the location of some stroke rehabilitation services, set up acute frailty wards at Brentwood Community Hospital and brought together in one location intermediate care beds from Halstead, Maldon and Billericay.
- We also began a Recovery at Home initiative to care for older people directly in their own homes



What now?

- We are now evaluating and looking at the lessons learned during the height of COVID and whether some of the changes should become permanent
- This includes:
 - How and where we provide bed based community care to balance home based care and bed based provision
 - How and where we provide bed based stroke rehabilitation and ensure we meet national guidelines
 - How we support the hospitals to maximise flow and continue elective recovery
- Aim is to develop a set of options to ensure these services continue to provide the best possible care outcomes and can meet the increasing demands longer term



What we have already heard

Local people have been involved and have helped shape our longer term plans for health and care.

More specifically a series of engagement workshops were held to support the temporary changes to older people's care in November last year.

Through all of these discussions some common themes emerged:

- People don't want to have to repeatedly tell their story to different health and care professionals and they should work more closely together.
- We aren't making the most of the opportunities that new technology offers to improve people's care.
- Recruiting more people to work in health and care, and supporting our workforce must be a priority.
- People value keeping and maintaining their independence as they grow older
- We need to recognise more the role and impact of carers.
- We should work more closely with local community groups and voluntary organisations.
- It's important we consider travel and transport to and from health services and activities which keep people healthy and well.
- Communication with health and care professionals is vital to ensure people know what is happening, what they need to do and what services are available to help
- We need better integration as services don't talk to each other and this leads to inconsistencies and information being missed.



Gaining further insight

- Independent partner to deliver targeted engagement work based on initial EQIA and those most likely to be impacted. This will include workshops and focus groups and production of an independent feedback report
- Utilising our strong links with key advocacy groups including Age UK Essex, Stroke Association, Essex Carers Support and MSE VCSE network
- Use of system wide citizens' panel (Virtual Views) to “temperature check” high level principles
- Link with system engagement network to ensure insight has input and is shared across all partners



Next steps

For November:

- Start of formal engagement with scrutiny committees
- Targeted engagement work begins
- Start of the NHS England assurance process
- Initial engagement with east of England clinical senate