

18 June 2020		ITEM: 6
Health and Wellbeing Overview and Scrutiny Committee		
Health and Adult Social Care System COVID-19 Response		
Wards and communities affected: All	Key Decision: No	
<p>Report of: Les Billingham - Assistant Director Adult Social Care, Ian Wake - Director for Public Health, Roger Harris - Corporate Director Adults, Housing and Health</p> <p>Contributions: From Mark Tebbs - Thurrock CCG, Tom Abell - Mid and South Essex NHS Foundation Trust, Tania Sitch - NELFT and Sharan Johal Smith - EPUT</p>		
Accountable Assistant Director: N/A		
Accountable Directors : Roger Harris, Corporate Director Adults, Housing and Health		
This report is Public		

Executive Summary

This report sets out the action taken by health, social care and VCS system partners due to the challenges which have been faced as a result of the COVID-19 pandemic. In its response to the challenges caused by this virus, and in line with Government guidance and legislation, action has been taken to suspend, alter and reduce specific aspects of delivery to ensure that key services can be provided and for staff and service users to be best protected from the risks posed by COVID-19.

1. Recommendation(s)

1.1 Health and Wellbeing Overview and Scrutiny Committee are asked to note and comment on the contents of this report which sets out the response of the Health, VCS and Adult Social Care systems in relation to the challenges faced during the COVID-19 Pandemic.

2. Introduction and Background

2.1 Over the past few years, Thurrock's Health and Well-being system has undergone significant transformation which has led to the emergence of the "Thurrock Model". The model has been identified nationally as 'leading

edge', and is often featured in sector publications. Local authorities and academic bodies regularly request to visit to understand how Thurrock's transformation and the principles underpinning it have been achieved.

- 2.2 The cornerstone of Thurrock's new model of care has been a place based approach. This is an approach that works in partnership with the communities it serves and focuses upon the strengths that someone has rather than the needs that they require support with; the philosophy being to do with and not for.
- 2.3 The principles underpinning Thurrock's transformation have shaped a system that is preventative in nature, manages demand by preventing crisis, and is highly collaborative by design, with the establishment of strong partnerships as a key feature.
- 2.4 Covid-19 has put pressure upon health and well-being systems across the UK to an extent never seen previously. The success of our model has been proven by the pace at which our community was able to respond to shielded and vulnerable citizens, alongside our success in ensuring no-one was delayed in Hospital throughout the pandemic to date.
- 2.5 Partners across the Health and Care system have implemented a number of measures to address the challenges which are being faced as a result of COVID-19, particularly in response to the announcement of the Government's 'Stay at Home' guidance on 23 March 2020. Since this time, system partners have taken action to protect the health and wellbeing of both its staff and the public from the risks posed by COVID-19, whilst ensuring that critical services could continue to be delivered for those who are most at need. Close attention has been paid to statutory responsibilities, new legislation and Government guidance which has, on occasion, changed quickly.
- 2.6 Local Area Coordinators and Social Workers embedded within our communities, alongside the fantastic working relationship that exists between our Community Development team and Thurrock CVS, has proved invaluable in identifying and supporting those made vulnerable by Covid-19.
- 2.7 The trust-based relationship already established with system partners has enabled a focus upon achieving the right outcomes for individuals, as opposed to unilateral organisational concerns, to be the dominant decision making criteria throughout the pandemic. Furthermore, the investment made by our contracts team in establishing strong partnership relationships with providers of social care has meant that we have avoided the issues around discharge from hospital that have emerged elsewhere.
- 2.8 It is important to note that system partners have not acted in isolation in developing its response to COVID-19 who have been represented on various forums including the Council's Tactical Coordination Group, Thurrock Stronger Together partnership, Thurrock Coronavirus Community Action (TCCA), the

Thurrock Integrated Care Partnership and a range of other cross-service, cross-directorate and cross-organisation groups and forums.

2.9 Therefore as we enter the next phase of learning to live with, and perhaps beyond, Covid 19, we should do so with a degree of confidence that the transformation of our services has proven to be successful in this most challenging environment. Furthermore, we must ensure that the lessons learned from the Covid period enhance rather than undermine our progress.

3. Understanding and responding to COVID-19

3.1 There has been a substantial and comprehensive efforts across the Health, Social Care and VCS systems to understand and respond to COVID-19.

3.2 As part of developing responses tailored to local need, while reflecting national guidance local partners have worked together to understand COVID-19. This has included considering national and local trends, Transmission and R value, data on local deaths across MSE and Thurrock. **Annex A** provides members with the Epidemiology for COVID-19.

3.3 Partners across the Health and Social Care system have taken action to reduce and scale back as well as stopping some services, enabling priority to be provided to responding to COVID-19. Summaries of key elements of responses are as follows:

- Annex B COVID-19 Central Incident Management Team
- Annex C Mid and South Essex NHS Foundation Trust
- Annex D Adult Social Care
- Annex E Thurrock Care Home Outbreak Management Protocol
- Annex F Provider Services – NELFT and EPUT
- Annex G Thurrock Coronavirus Action Group
- Annex H Testing Arrangements

4. Re-set: restarting services whilst minimising risk.

4.1 It is becoming clear that we will not see a quick end to the pandemic. As such we need to consider how we begin to provide some services that have been paused, in the context of the increased risk to older and vulnerable people caused by Covid-19.

4.2 Set against this is the emerging evidence of the detrimental impact upon the health of vulnerable people as a consequence of the isolation imposed to counter the virus. We also need to be mindful of the impact of service reduction on the health and wellbeing of family carers and their ability to be able to continue to provide levels of care required by loved ones. Reopening services such as day centres is therefore a necessity, especially as those families currently providing informal care in the absence of those services will need to return to work or require respite.

- 4.3 Adding to the need to reopen services is the impact of a large number of health professionals, such as community nurses, being re-deployed across the system to support the front line response to the pandemic. This has caused a growing backlog of service interventions the consequences of which have led to a growing number of health issues and the potential of an increased requirement for social care support. These services will need to be re-set in very different conditions to those that pre-existed Covid 19. How to deliver these much needed services safely, whilst living with the potential for another spike of the pandemic, will require an understanding of the risk and significant mitigation to be put in place. A system rather than service response will be key to responding effectively and safely to demand and unmet need.
- 4.4 There is evidence of potentially significant un-met need building up in our communities as a consequence of the changes necessarily enacted to meet the current crisis. This is potentially less the case in Adult Social Care, where most front line services have continued, than in health. However, it is a system issue that requires a whole system response. We will also need to be mindful of the ongoing impact following the pandemic as a result of the economic impact Covid-19 has had on our residents and service users.
- 4.5 Work is now beginning that seeks to understand the full extent of un-met need and the requirements of delivering a response in a world where Covid 19 is still with us. Locally the Thurrock Integrated Care Partnership, which has representation of all of the key partners including crucially Public Health, will lead the re-set programme. Our success in delivering a response to Covid 19 leaves us in a strong position to manage the re-set process effectively; there is however no room for complacency as this challenge is equal to that initially presented by the first wave of the pandemic.

5. Re-imagining: transforming the system in the “new normal”.

- 5.1 The impact of the pandemic upon our transformation work locally has been significant. Whilst it is clear that the services we had in place stood up remarkably well to the impact of Covid 19 on the local system, this came at the cost of stopping the next phase of our transformation. This hiatus should not prevent us from prioritising and reviewing ongoing system change whilst we deal with the consequences of the virus – in fact the two are interlinked.
- 5.2 Prior to the pandemic, the Better Care Together programme board that governs the delivery of the local programme had identified the need for a new “case for change” (Case for Change II) to drive forward the next phase of the programme. Case for Change II will build upon the significant success we have enjoyed via such projects as the introduction of a new primary care workforce and place-based structure, the use of Well-Being teams as a replacement for traditional home care and the growing focus upon the broad use of technology in our Technology Enabled Care service, to create more integration across the health and social care workforce and provide more efficiency via increased demand management. Case for Change II also

recognises the ongoing significance of the community response and of the importance of the voluntary and community sector.

- 5.3 If anything the response to the pandemic has made taking forward the next phase of transformation crucial and in many ways has accelerated our understanding of what is possible – for example in key areas such as the use of technology and the support provided to care homes. Learning lessons as a system from the response to Covid 19, and bringing these into our transformation strategy, will be in the longer term more crucial than the response and re-set phases described above.
- 5.4 Our Transformation Strategy and Case for Change II will continue to focus on action taken to improve health and wellbeing outcomes for the population of Thurrock, as set out in Thurrock’s Statutory Health and Wellbeing Strategy. We are currently planning the refresh of current 5 year Strategy which was launched in July 2016.

6. Reasons for Recommendation

- 6.1 The COVID-19 pandemic has tested almost every aspect of resilience and business continuity planning. This report serves as a record of the action which was taken to order to achieve the aim of maintaining a Housing service which continued to provide its critical services in the most challenging of times.

7. Consultation (including Overview and Scrutiny, if applicable)

- 7.1 System partners have contributed to the development of this report.

8. Impact on corporate policies, priorities, performance and community impact

- 8.1 Delivery models will continue to be reviewed to ensure that lesson’s learned from COVID-19 inform the planning, commissioning and delivery of services to improve the health and wellbeing of Thurrock residents.

9. Implications

9.1 Financial

Implications verified by: **Jo Freeman**
Finance Manager

This report provides a summary of action taken by health and social care system partners. Funding provided by Central Government has been allocated to support a number of actions set out in the body of the report. Any ongoing funding requirements will be subject to system partner internal approval processes. The wider ongoing financial impact of the crisis on the Local Authority continues to be assessed and will be subject to a separate report.

9.2 Legal

Implications verified by: **Lindsey Marks**
Deputy Head of Legal Social Care and Education

There are no legal implications directly arising from this report.

9.3 Diversity and Equality

Implications verified by: **Becky Lee**
Team Manager, Community Development and Equalities Team

This report sets out the actions and whole systems approach taken by health, social care and voluntary and community sector partners in line with Government guidance and legislation owing to the challenges faced as a result of the COVID-19 pandemic.

The emphasis of the programme has been on protecting residents that are vulnerable to the virus regardless of their characteristics with a focus on reducing risk of infection and maintaining those individual's connections both with services and wider communities. Notably, the virus has had a disproportionate impact on individuals according to their age, ethnicity and long-term health conditions.

9.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder, or Impact on Looked After Children)

None

10. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

None

11. Appendices to the report - As set out at paragraph 3.3

Report Coordinated by:

Darren Kristiansen
Business Manager Adults Housing & Health