23 July 2021	ITEM: 10
Health & Wellbeing Board	
Mid and South Essex Health and Care Partnership Report on Learning from COVID	

Wards and communities affected: All	**Key Decision:** N/A

Report of: Mark Tebbs, NHS Thurrock Alliance Director, Thurrock Clinical Commissioning Group
Accountable Head of Service: N/A External partner report
Accountable Director: N/A External partner report
This report is public

Executive Summary

The 'Learning From COVID-19 in Mid and South Essex Report: Understanding Drivers of Collaboration and Seeking New Ways to Tackle Inequalities' (March 21) report was produced by Kaleidoscope Health and Care. The report was the output from a number of place based stakeholder engagement events culminating in a Mid and South Essex learning event in November 2020. The stakeholder and learning events, therefore, gathered the learning from Spring and Summer 2020 when the system experienced the first waves of the pandemic.

It is therefore important to remember that these stakeholder and learning events took place during the pandemic. The systems were still adapting and managing the operational demands upon them. Many staff were exhausted. Nationally and locally awareness was growing regarding the disproportionate impact of the pandemic on our most vulnerable members of our society. The lessons were very live to the situation and therefore contain many important messages which must be recorded and help shape our approach to future service transformation. it is a credit to the system that it took time out to hold such events and record these lessons.

1.   Recommendation(s)

1.1   That members of the Board note and comment on the contents of this report and accompanying documentation

2.   Introduction and Background

2.1   The report summarised the learning under a number of headings:

1. When you prioritise, you can deliver significant change at pace

2. Shared purpose helped create a culture of enablement

3. Local people help local people if they are given the tools to do so

4. Strong relationships grow out of trust and connection to place

5. COVID-19 and health inequalities

2.1   The report provides a number of actions and commitments following the pandemic:

1. Work with the CVS to ensure all partners are united around the purpose and vision for reducing inequalities and teams see a connection between their work and the impact on the community.

    - Alliance leaders should work together to understand what reducing inequalities means locally

    - CVS should be central to the co-development process to ensure solutions are routed in the community

2. Embed a community focus into how services are delivered so that social value is integral part of how organisations work

    - Share learning from other anchor institutions

    - Establish measure for monitoring progress

    - Adopt the anchor institution charter

    - Set out a learning and development process to embed and maintain anchor practices

    - Provide guidance and training on how to maximise value to the local community

    - Share learnings from other anchor institutions

    - Develop a baseline and metrics for evaluating success

3. Drive the development of PCNs and neighbourhood level delivery to work differently with communities

- Embed the engagement framework and ensure people are trained on what it means for them
- Work closely with PCNs to support shared learning and progression
- See opportunities for the CVS to lead programmes of work
- Work together in place to tackle digital exclusion

4. Support staff so they can deliver their best work by role modelling the behaviours that deliver strong culture and excellent decision-making.

- Establish flexible integrated teams
- Look at the career development to fill gaps
- Role model the behaviours that make for a positive culture
- Be prepared to make difficult decisions about priorities
- Ensure partnership staff have access to NHS staff wellbeing programme
- Socialise new ways of working through education and preparation
- Establish knowledge sharing and best practice fora

2.2 Thurrock Integrated Care Partnership (TICP) can already demonstrates progress against many of the place based actions and commitments outlined in the report. It is proposed that the TICP develop a task and finish group to review the actions and co-produce a response to this report to ensure that the learning is embedded locally within our local partnership arrangements.

3.   Issues, Options and Analysis of Options

3.1   This report provides an update on MSE learning from COVID

4.   Reasons for Recommendation

4.1   This report shares information about MSE learning from COVID with key partners in Thurrock through the Health and Wellbeing Board

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

5.1   MSE System partners to inform the contents of the report

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

6.1 N/A External report

7. Implications

7.1 **Financial**

Implications verified by: **N/A External report**

7.2 **Legal**

Implications verified by: **N/A External report**

7.3 **Diversity and Equality**

Implications verified by: **N/A External report**

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

8. 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):

9. Appendices to the report

- Appendix A. Learning for MSE document

Report Author: Mark Tebbs, NHS Thurrock Alliance Director, Thurrock Clinical Commissioning Group