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LEARNING FROM COVID-19 IN MID AND SOUTH ESSEX

UNDERSTANDING DRIVERS OF COLLABORATION AND SEEKING NEW WAYS TO TACKLE INEQUALITIES

Prepared by Kaleidoscope Health and Care

CONTENTS

APPENDICIES

PREFACE

A NOTE ON THE TIMING OF THIS REPORT

Learning is an ongoing and iterative process. What we learn today should shape our actions tomorrow, building on what we learned yesterday and the day before.

In this spirit, this report reflects the time between the first and the second waves of the Covid-19 pandemic. During this particular phase, Mid and South Essex Health and Care Partnership took the opportunity to reflect on what had happened to colleagues and those whom they work to support in the spring and summer of 2020. There was a desire to learn both from the challenges and the successes, and so enable the Partnership to prepare for what was about to happen subsequently, as well as influencing longer term plans for collaboration.

It is now clear that even greater challenges were in the near future and many of those involved in developing this report were put under further, enormous strain. Whilst their response was guided by what they had learned and was supported by networks developed during the first wave, it was perhaps inevitably undermined by exhaustion and the scale of the emergency.

It will be important to ensure that any learnings from what happened during the second wave of the pandemic are also gathered and shared. These further insights will build on the foundations of this report, and ensure that the conclusions and recommendations that follow in this report evolve, thereby ensuring the Partnership is in the best possible position to reset our approach to how we work together with our communities taking more account of the wider determinants of health.

FOREWORD

PROFESSOR MICHAEL THORNE CBE
CHAIR, MID AND SOUTH ESSEX HEALTH AND CARE PARTNERSHIP

When people talk about the 'unprecedented' nature of 2020, it's often in a negative sense. But in Mid and South Essex, alongside the many challenging aspects of the pandemic, we've seen something special and powerful emerge. Out of the chaos, we have seen our health and care teams come together quickly to make changes that we thought would take years. New services set up in days; pathways revised to keep people out of hospital and treat them where they are safest. And we've seen our communities stand up to protect neighbours and strangers who were in need.

The Covid-19 pandemic has seen us working better together than ever before and has shown us the potential that we can achieve if we focus our efforts in one direction. The experience has given us the tools we need to make a real difference to the health of our communities, even as the scale of our challenge is increasing. Research shows us that health is largely determined by broad social and economic factors.[1] As the pandemic has continued to impact people's livelihoods, we now need to look at new ways to support our communities if we want people to have better health and better lives.

1 The Health Foundation, What makes us healthy? An introduction to the social determinants of health, March 2018. Accessed on 21.12.20 at: https://www.health.org.uk/sites/default/files/What-makes-us-healthy-quick-guide.pdf

As we move towards becoming an integrated care system (ICS), we have a strong plan to steer our programmes and services. Alongside this, we continue to learn about how we can collaborate better and that our joint reach is so much greater than the sum of our parts. To that end, we want to do more than just deliver our services – we want the way that we work together to actively contribute to better lives for our residents. As a partnership we will look after our staff and seek out ways to reduce bureaucracy and unnecessary policy so that they can work more effectively and quickly. We will also look for opportunities to deliver social value through the people we employ, the goods we buy and the land we use.

This autumn we took the time to ensure we really understood the drivers of better collaboration, what our staff and volunteers need us to do to support them, and what actions are needed to empower change in our communities.

This report reflects on what we've learned from the achievements of the past year and where challenges remain, and connects this with the path we are taking forward to become a truly integrated and caring system.

REFLECTION

> System wide events with key partners who are leading the Health and Care agenda are essential - for awareness, understanding as well as contributing to a collaborative approach.

During the first wave of Covid-19, a number of changes in working practices and policies occurred that meant it was significantly easier for people in Mid and South Essex to work together and to re-organise services. These changes made it possible for teams to be more responsive and flexible, and to deliver on priorities at pace. This ensured that hospitals had enough beds to treat Covid-19 patients, that people were looked after in the community and the public was kept as safe as possible.

In a bid to ensure that any positive developments were not lost, the partnership decided to undertake a learning process to understand what had enabled the changes in behaviour and policy that supported collaborative efforts during the pandemic. This learning would then inform action to tackle the inequalities that were deepening as a result of Covid-19. More detail about the learning process can be found in appendix 1.

LEARNINGS

WHEN YOU PRIORITISE, YOU CAN DELIVER SIGNIFICANT CHANGE AT PACE

> “During the first wave of Covid-19 it was clear that there was support for PCNs and delivery through communities, so we came together and agreed what we could accelerate and what was needed to do things differently.”

Although the health and care sectors have been moving towards greater integration for many years, the process has been slow for a multitude of reasons. Covid-19 saw a shift-change in how a range of organisations collaborated, including clinical commissioning groups (CCGs), hospitals, local authorities and community and voluntary sector (CVS) providers. New teams were created that brought together staff across organisations and worked in a responsive, reactive, client-focused, innovative and digitally-enabled way. Changes were made at pace in a way that would not have been possible previously. This was because regulatory and bureaucratic challenges were overcome but also because priorities were incredibly clear.

At the outset of the pandemic, in South East Essex, for example, the local authorities, NHS, CVS and healthwatch spoke to commissioners about what could be accelerated and what could be done differently. They created a family of professionals to implement changes to benefit local populations through Primary Care Networks (PCNs). In Basildon and Brentwood, a seven-day adult social care rota was achieved in weeks. Across all of the partnership, clinical appointments were delivered virtually.

These changes happened because the pandemic allowed staff to challenge existing rules and regulations where they conflicted with priorities. At

the time, priorities were all related to Covid-19 and ensuring that the health service was able to cope with the patients that needed treatment. Support for collaboration came from partnership-level work streams including the setting up of care home hubs, technical solutions for care homes, initiatives on homelessness and urgent care pathway reorganisation.

SHARED PURPOSE HELPED TO CREATE A CULTURE OF ENABLEMENT

Having this absolute clarity of purpose was key. This meant that everyone knew what they were supposed to be doing and how they were contributing to that goal. The challenging situation gave leaders an opportunity to create a culture that was about enablement and people felt empowered to go out and make change happen. Alongside this both staff and services users were encouraged to self-manage to a greater degree. This enabled local authorities to work with the CVS to set up food banks overnight and mobilise armies of local residents, who came out to support their neighbours (see below).

The partnership was critical in creating the infrastructure to show people how they could work together, through the Memorandum of Understanding (MoU) and guidance that showed how to marry national and regional policies with local assets to deliver a hyper-local response to need. There is now a real sense of excitement and enthusiasm for the partnership and alliances, and the role they can play in supporting a culture of empowerment, knowledge-sharing and blending resources going forward.

> “When we put our collective efforts and focus on trying to achieve a common outcome we’ve demonstrated we can do it, we just need to make it front and centre of what we do.”

> We changed from a traditional way of working to something that enabled people to make the real difference. That couldn't have happened without our willingness to release the reins and let people get on and do things.

LOCAL PEOPLE HELP LOCAL PEOPLE IF THEY ARE GIVEN THE TOOLS TO DO SO

The CVS, already expert in recruiting supporters, rose to the occasion of Covid-19 and recruited thousands of supporters to deliver food and prescriptions, work in call centres and support those in need. In addition to creating a community of volunteers, the CVS organisations reached those groups who had self-mobilised to ensure they operated safely providing skills development, guidance and insurance where needed.

Although local communities played a phenomenal part in protecting people during the pandemic, the CVS believes there is still much more it could be doing to shape services so that the right care is delivered to the right person and at the right time, especially with a shift towards prevention and a more holistic approach to health and care. For example, while there is funding to develop the social prescribing offers this does not always extend to the partners in the voluntary or third sector delivering services. Social prescribers played a significant part in pandemic but will struggle if the charity offer cannot survive.

STRONG RELATIONSHIPS GROW OUT OF TRUST AND CONNECTION TO PLACE

The pandemic saw a new paradigm for organisations working together in place and within the partnership. Local authorities came together with the CVS and PCNs to reach groups and areas not previously reached through the shielding list and utilising relationships at ward level. Technology enhanced connection between

those working together (though it also created a new disparity for those who do not have access to it).

Going forward, these relationships have consolidated in areas where they were new and strengthened in existing places. In South East Essex, for example, it has led to genuinely collaborative efforts to improve health provision for rough sleepers. Different partners are working together to share learning which in turn is helping to inform further investment/service change.

All of this was underpinned by a feeling of trust that everyone was working for the same goals and a new or renewed sense of place.

> “Communities pull together when there is a clear reason to do so.”

COVID-19 AND HEALTH INEQUALITIES

Covid-19 did not affect all equally. As the pandemic progressed, it became clear that people from poorer backgrounds and from minority ethnic groups, among others, were considerably worse affected by the disease. Considering what is well established about the factors that make people healthy (or not), this is unsurprising. People’s homes, jobs, schools, habits and communities deeply affect the likelihood of them becoming ill and the outcome when they do so.

The NHS alone cannot keep people well, in the same way it could not fight Covid-19 by itself. The central purpose of Mid and South Essex Health and Care Partnership is to unite the organisations who together can have the greatest impact on people’s wellbeing. As the pandemic continues to have a devastating effect on businesses, the partnership needs to consider what it can do beyond the services it delivers to address economic inequalities that drive poor health.

> “Inequalities will only increase with the impact of lockdown on society and the economy. Strong action needed to protect those from disadvantaged backgrounds.”

ACTIONS

With everything that has been lost in 2020, it is more important than ever that positive change is maintained and built upon. However, the challenges that the partnership now faces are significant, among them the ongoing pandemic, widening inequalities, financial constraints, an economic downturn, and an exhausted workforce.

For the learnings captured in this report to lead to tangible change, organisations across the system must be prepared to work differently and make difficult decisions.

The following chapter sets out four areas where leaders in place will need to take action to avoid lapsing back into old ways of working.

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.

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

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

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

> “We are collaborating better than ever. **Now we need to turn that into action** starting by properly supporting the community and voluntary sector that has been so critical during the pandemic and will be so into the future.”

> “One organisation or individual can’t achieve real change in isolation. We have to have a common vision and a multi-faceted approach, statutory and nonstatutory together.”

1. ENSURE ALL PARTNERS ARE UNITED AROUND THE PURPOSE AND VISION FOR REDUCING INEQUALITIES

The pandemic gave everyone a clear goal and broke down ways of thinking that distinguished ‘us’ from ‘them’. This shared purpose and vision, more than anything else, created the basis for a decision-making framework and gave people the permission to challenge the way things had been done before. To replicate the strength of collaboration during this time, reduce barriers with governance and further improve links with the community, staff and volunteers must be 100% clear about what they are driving towards and why.

Across all of the discussions, there was a strong sense that a majority of people saw tackling inequalities as central to their work. This is not a surprise given the disproportionate impact the pandemic had on already disadvantaged groups, and the evidence highlighted by Covid-19 about the impact of economic and social circumstances on wellbeing. However, it was also clear from discussions that participants felt that to truly tackle inequalities a new approach was needed.

Leaders in each place should work together to understand what reducing inequalities means for their alliance. Co-creating understanding around purpose and vision will help to ensure that teams can see a direct link from their work all the way through to the system-wide goal of people living better lives. This will strengthen focus on activities which contribute towards reducing inequalities, and empower people to make the difficult decisions and prioritisations that will be needed in the coming weeks and months.

The vision for reducing inequalities in each place should emphasise the role in communities supporting themselves, and the **CVS should be central to the co-development process to ensure solutions are routed in the community**.

Commitments for partners:

- **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

The partners within Mid and South Essex have an opportunity to support local communities beyond the services they offer. As large employers and purchasers of goods and services, and through the use of the land they own, they can create powerful positive investments in people, businesses and the environment. Creating ways of operating that aim to increase the value to local people and communities is sometimes called an 'anchor institution' approach, because it relates to organisations that are deeply embedded in a fixed place.

The partnership's vision to reduce inequalities will be strengthened if the organisations that make it up commit to working together in this way. The first step towards this will be **signing up to an anchor institution charter** that sets out the vision and key areas that organisations will focus on.

> "Every year we all commit to addressing inequalities and every year inequalities grow...we need to have a drastically different approach."

Setting the vision is the first step of this process, but ongoing work will be needed to make value for communities an integral part of how organisations work. Leaders in place will need to set out a learning and development process to embed and maintain practices that have a long term view. This must be reflected in organisations' overarching aims and objectives, and translated through to all teams. Good employment practices engender a happy (and healthier) workforce who are key to consolidating this approach. Furthermore, positive experiences of an organisation lead to recommendations and new talent being drawn in (also part of an anchor approach).

WHY ARE WE TALKING ABOUT 'ANCHOR INSTITUTIONS'?

When we say 'anchor institution', we're talking about large organisations, generally in the public sector, like hospitals, local authorities or universities. These institutions employ a high number of local people and provide services in the same area. As a result of this, there is a lot these organisations can do to impact the wellbeing of local people. This is because the things that most determine our health is not healthcare, but economic and social factors.

> “Developing career paths and training plans for young people will encourage more local applications.”

> “If we tell local businesses what we need, they may be able to adapt to create a sustainable, local supply.”

Each organisation will also have to **provide guidance and training on how to maximise value to the local community** in a variety of work practices (the draft charter identifies three potential domains; employment, procurement and working as an environmentally responsible organisation). The partnership should aim to **share learnings from other 'anchors'** within and without Mid and South Essex, about how to take action in these areas. This could include highlighting frameworks that incorporate measures for social value and examples of how recruitment can be made to deliver greater local benefit. Appendix 2 sets out some examples and further resources are listed in Appendix 3.

Key to understanding the value of any approach is to establish what the gaps are, what the anticipated change will be and how to measure the progress towards this. **Developing a baseline and metrics** should be done at partnership level to monitor progress, and in place to set targets and link to need.

It is critical that the communities whom this approach is aimed at supporting are central to shaping the desired outcomes.

Commitments for Mid and South Essex HCP:

- **Share learnings from other ‘anchor institutions’.**
- **Establish measures for monitoring progress.**

Commitments for partners

- **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. WORK DIFFERENTLY WITH COMMUNITIES

The relationship between local populations and public services is changing, and the balance of power is slowly shifting. It is important to keep hold of what has been learned in terms of co-design and outreach with local communities, although there is still progress to be made. There is a continued effort to build from the bottom up and reach out to groups who are seldom asked or heard.

Reducing inequalities will only be possible with a further shift in how organisations understand and partner with communities. Across the partnership, organisations and alliances have made great strides in how they co-design and deliver action with residents and service users.

Embedding the engagement framework in place, and ensuring everyone is aware of the approach will help to consolidate this good practice and spread it further.

> "The opportunity to restructure and review the estates is now, particularly for CCGs."

> "Communities themselves often have a greater understanding of their needs and how to help each other than local services."

> We need to encourage PCNs to engage more with their communities and local services and partners in both health and social care. For too long we have told people what they can have and have not asked what's important to them.

PCNs provide a strong mechanism to bring operations closer to communities, residents and seldom reached groups. **Alliances should be working closely with clinical directors and other community leaders to support PCNs** to share learning and progress in maturity.

A challenge going forward remains an imbalance of power in the relationship between statutory and community organisations. During the pandemic, and despite stronger than previous relationships, the CVS reported being engaged belatedly in many cases and considered themselves to be a lesser partner in alliances. It is welcome that in many areas, the CVS is leading work around Theory of Change for place and that the partnership has established an engagement steering group. Alliances should continue to **seek opportunities for the CVS to lead programmes of work**.

While alliances and individual organisations are achieving impressive results in engaging with people virtually through existing social media channels, **work is still in place needed to tackle digital exclusion**, and that should be a priority going forward.

Commitments for partners:

- **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.**
- **Seek 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

For organisations to truly cement a community focus in their operations, all staff must understand the concept and how their roles contribute to delivering the overarching objective of reducing inequalities. From finance teams to facilities, to IT, to catering, everyone can do something with their role to improve the standing of the local community. This might be buying locally, employing locally, choosing a environmentally friendlier option or supporting communities in another way. As such, it is vital that staff not only understand this, but are supported to do their jobs to the best of their ability.

In 2020, staff have gone above and beyond to ensure that vulnerable residents and communities could shield and stay safe during the pandemic. Now as services try to rebuild while experiencing another wave, organisations must address staff wellbeing needs and resilience if they want to move forward and not back.

The partnership's Integrated Health and Care Workforce Strategy published in the summer offers good guidance for alliances for shaping action going forward, including advice on **establishing flexible integrated teams** and **looking at career development to fill gaps** (this is also part of an anchor institution approach).

> "To retain staff we need to deal with the 'what are we not going to do?' question to ensure a manageable workload for our staff."

> "As senior managers need to be very, very conscious of... comments made about staff exhaustion and feeling very stretched."

> “Digital has been a real driver for better collaboration by bringing people together more regularly and more easily to make decisions.”

> “Digital technology has made so many things possible, but the discipline about how to use it wisely is not always there.”

Digital communications enabled faster decision making and information sharing, which was positive during the pandemic. However, staff resilience is now being tested by new ways of working and concerning new work patterns. ‘Crisis mode’ has become the norm. In addition to wellbeing concerns, this means that there is a lack of headspace for strategic thinking and leadership.

The workforce strategy also includes approaches that are relevant for addressing burnout and a slide into tactical, short-termism. **Leaders must role model the behaviours that make for a positive culture**, such as expectations around work/life balance. They should also **be prepared to make difficult decisions about priorities**, and explain the reasoning behind them, to ensure that there is enough resource to do the work that is highest priority. Other approaches includes **ensuring staff working for the partnership have access to the NHS staff wellbeing programmes** that are funded already.

Despite the work that has been done to reduce and simplify governance arrangements, some confusion remains about the respective roles of the partnership, the alliances and the different organisations that are involved with each. It can be expected that not everyone needs to understand these arrangements in detail, but where it hinders collaboration, it is a problem that should be addressed. The MoU has proved to be valuable during the pandemic, in giving structure to statutory organisations wanting to work with the CVS and private sectors. However, alliances may want to do more to understand where confusion continues and provide **education and preparation to socialise new ways of working**.

Another challenge to collaboration in a number of places, was a sense that there were strong relationships at a strategic level but not among operational teams, and that this is where a culture shift was needed. Leaders in place should seek opportunities to **develop connections through knowledge sharing and best practice fora** especially in relation to business models, delivering pathways across multiple providers and decision making.

Commitments for partners:

- **Establish flexible integrated teams.**
- **Look at 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 the NHS staff wellbeing programme.**
- **Socialise new ways of working through education and preparation.**
- **Establish knowledge sharing and best practice fora.**

NEXT STEPS

Learning from experience and translating into action is a key component of quality improvement, and this process has given partners within Mid and South Essex a strong opportunity to reflect and set a new course. Above all else, people involved in this process wanted the positive changes that happened during the pandemic to sustain and deepen, so that 2020 becomes a turning point in how people work together and how equal their communities are.

The recommendations above set out what is needed to achieve this goal. Going forward, the leadership in each place and each organisation must now decide which commitments to prioritise, how to deliver them and the timescales for action. With plans in place, the potential is huge and exciting for what can be achieved to transform the lives of people in Mid and South Essex.

APPENDIX 1: LEARNING APPROACH

During November, virtual learning events for each place unpicked the successes, ongoing challenges and priorities emerging from the pandemic. The themes arising from the discussions highlighted the importance of shared purpose and vision, the role of communities in supporting themselves, the importance of clarity around governance and, more than ever, the need to prioritise staff wellbeing.

These sessions fed into a system-wide event that explored the implications of these themes for the partnership, and what they would mean in practice. The participants of the system event also discussed the opportunities that could be realised by adopting an approach to operating that would maximise social value, and so target the upstream determinants of ill health.

This report represents the stated intentions of the members of the partnership to take forward the learnings, and recommended actions that would be necessary for this to happen.

For more information about the learning approach, please contact zoe@kscopehealth.org.uk.

APPENDIX 2: ESSEX COUNTY COUNCIL ANCHOR INSTITUTION CASE STUDY

In 2019, Essex County Council (ECC) examined system opportunities to tackle deprivation through addressing the broader determinants of health. Following acknowledgment that the greatest influencer of good health has consistently been shown to derive from socio-economic factors, with the key driver of health being material wealth which is associated with higher levels of educational attainment and 'good' employment opportunities, the board agreed to explore a range of interventions to tackle these issues.

These included:

- Targeting employment positions for local people to optimise opportunities for people from disadvantaged backgrounds, or with particular health needs, or protected characteristics.
- Creating pre-employment programmes, work placements and volunteer work experience to help encourage people to consider different career paths.
- Engaging young people and supporting career development to tackle low levels of aspiration and encourage young people to consider different career paths.
- New career opportunities to review and reshape posts that do not have good progression or opportunities.

- Supporting health and wellbeing of staff, concentrating on mental health and musculoskeletal conditions, to support people to enter and remain in the workforce.
- Shifting more spend locally to boost local business and supply chains.
- Embedding social value into purchasing decisions to acknowledge businesses that contribute to creating local jobs and training opportunities, paying a living wage etc
- Recognising workforce as part of the community and seeking opportunities for staff to be ambassadors through the other roles they hold
- Encouraging public sector opportunities to drive investment in areas in need of regeneration.
- Use of estate and infrastructure development to connect services with local areas of need.

ECC has now integrated many of these approaches and is working with other anchors locally to help them also embed social value in their work practices.

It is also working with the private sector, encouraging major employers with 500+ staff to adopt an anchor approach and has secured significant investment from Innovate UK to help the development of the Horizon 120 business and innovation park in Braintree.

For more information, please contact: Laura.Taylor-Green@essex.gov.uk.

APPENDIX 3: FURTHER RESOURCES

Factors affecting wellbeing and health outcomes

1. Health Foundation, What makes us healthy? An introduction to the social determinants of health, March 2018.
https://www.health.org.uk/sites/default/files/What-makes-us-healthy-quick-guide.pdf

2. Institute of Health Equity, Health Equity in England: The Marmot Review 10 Years On, February 2020
https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

3.Improvement and Development Agency, The social determinants of health and the role of local government, 2010.
https://www.local.gov.uk/sites/default/files/documents/social-determinants-healt-25f.pdf

Embedding a community focus in delivering services

Centre for Local Economic Strategies (CLES)
Website: https://cles.org.uk/

Health Foundation
Website: https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution

Report: https://www.health.org.uk/publications/reports/building-healthier-communities-role-of-nhs-as-anchor-institution

Local Government Association
Website: https://www.local.gov.uk/topics/devolution/devolution-online-hub/local-growth/leading-places

NHS Long Term Plan
Website: https://www.longtermplan.nhs.uk/online-version/appendix/the-nhs-as-an-anchor-institution/