Annex B

Health and Wellbeing Overview and Scrutiny Report
Health and Adult Social Care System COVID-19 Response
System responses - COVID-19 Central Incident Management Team

4.1 COVID-19 Central Incident Management Team – the wider NHS Structure

4.1.1 Following the declaration of COVID19 as a Level 4 National Incident on 30th January 2020 Thurrock CCG, working closely with neighbouring CCGs and other partners, has had to respond to the incident management in line with their established Emergency Preparedness, Resilience and Response Plans (EPRR).

4.1.2 This is a summary for Thurrock Council's Health Overview & Scrutiny Committee of the briefing paper received by Thurrock CCG Board in private sessions held on 22nd April and 27th May 2020. The briefing paper provided detail of the local management of the COVID19 incident covering the governance of the incident and the main decisions made by the incident management team and various supporting workstreams.

Incident Management

4.1.3 A central incident management team was operational from early February 2020 initially on an Essex wide basis before becoming focused on mid and south Essex following the NHS declaration of a Level 4 national incident on 30 January 2020. By early March the basic structure of the management of the incident had been established across the whole Health & Care Partnership (HCP) as shown below.

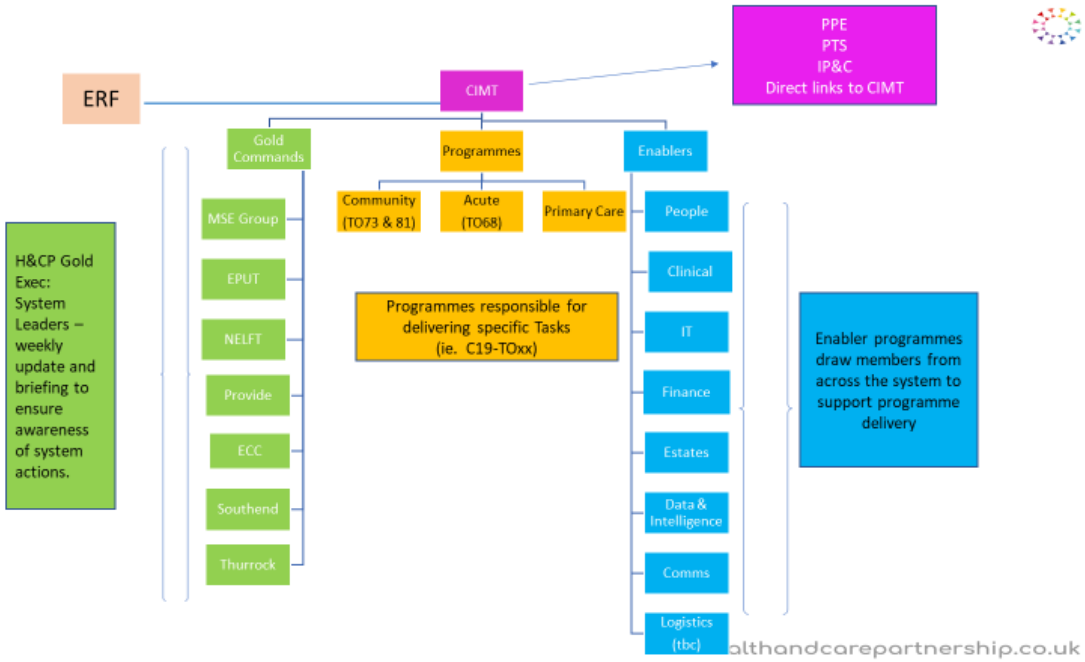

Figure 1 Incident Management Structure.

4.1.4 In addition to the workstreams shown above each of the four places across the HCP – Basildon & Brentwood, Mid Essex, South East Essex and Thurrock – continued to operate. The beginning of the incident management coincided with the appointment of an Interim Joint Accountable Officer and handover from existing Accountable Officers. Each place has a named Deputy Accountable Office allocated to manage local place-based incident management. For Thurrock this is Mark Tebbs, formerly the Director of Commissioning for the CCG and for Director of Mental Health Commissioning for the Joint Committee of the CCGs.

4.1.5 CCG governance leads, liaising with CCG Audit Chairs and CCG Chairs, provided advice for how CCG governance would be maintained during the incident. This was to support reducing administrative needs and allow the redeployment of staff to the incident management with the balance of supporting rapid decision making. Agreement was made that board meetings held in public would be suspended in line with national guidance until such time that social distancing rules would allow them to be re-established. Alternatively a technological solution may be found to allow meetings in public to be held on-line. Each CCG board would continue to meet to review and approved decisions taken by the Central Incident Management Team and would have a common agenda. Finance, performance and quality committees would continue to meet to review their areas of work but to make this easier to support they would meet in common. This means the committees meet at the same time via video-conference, with the same agenda and same supporting information and a minimum quoracy of each committee in attendance, allowing CCG Board members including local GPs and lay members to review decisions and provide support and challenge to the executive teams managing the incident.

4.1.6 CCG teams met on 16th March to decide what work was business critical to the incident management, what routine work which could be scaled back and what routine work could be paused. This was complemented by the work of the Human Resources workstream that supported the redeployment of CCG staff from their existing roles to ones that supported the management of the incident.

4.1.7 The actions detailed above allowed the CCGs to meet the guidance issued by NHS England & Improvement (NHSE&I) on 28th March entitled *Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic* which aimed to ensure that maximum resource was allocated to managing the incident and paused work on other NHS priorities such as delivering the NHS Long Term Plan. All guidance issued by NHSE&I throughout the incident can be accessed at https://www.england.nhs.uk/coronavirus/

4.1.8 On 29th April NHSE issued further guidance on the second phase of the NHS's response to COVID19. This asked local health systems to continue to have surge capacity as lockdown measures were relaxed, to ensure that local systems could step up non-COVID19 urgent work (e.g. two week wait referrals) and to start routine elective work again where capacity allowed.

Routine referrals commenced again in Mid & South Essex Hospitals from 13th May.

4.1.9 The guidance also asked that the NHS "*should also take this opportunity to 'lock in' beneficial changes that we've collectively brought about in recent weeks. This includes backing local initiative and flexibility; enhanced local system working; strong clinical leadership; flexible and remote working where appropriate; and rapid scaling of new technology-enabled service delivery options such as digital consultations*."

4.1.10 This has led the Mid & South Essex Health and Care Partnership to establish a Re-Set Programme across all partners, including Thurrock Council, that allows for the CCG Central Incident Management Team to focus on remaining matters that need managing within the incident framework such as support for care homes. As of 26th May the Re-Set Programme is being established and a further update can be presented to a future meeting of the Thurrock HOSC.

4.1.11 The Re-Set Programme recognises that COVID19 will be an issue to be managed for the foreseeable future and that it will not be possible to simply "return" to old ways of working. Rather new ways of working must be found to accelerate the delivery of the 5 year strategy to deliver better outcomes and reduce health inequalities. The main principles of this programme are to be:

- **Patient/resident focused** - with the aim of achieving a better understanding of the health and care needs of residents, which are often chronic and comorbid, and make it easier for individuals to take personal responsibility for their health and wellbeing.
- **Clinically/professionally-led** – nominated consultants, GPs and professional leads will be given authority to transform and continuously improve services so that they respond to demand, supported by a SRO (Director) from one organisation to deliver the agreed changes, reporting to the Partnership Board.
- **Results oriented** – with the aim of redefining the parameters within which our system will operate in future and defining clear quality and performance expectations.
- **Value-based** – with the aim of investing / recycling resource into areas that increase value to our residents.

4.1.12 As noted above the programme is still being developed and will be reviewed in light of further NHS guidance for the Phase 3 response to COVID. It is presented here for information and a full report on the re-set programme will be provided to CCG Boards in June 2020 which can be discussed with Thurrock HOSC after that date.

Human Resources

4.1.13 The HR Workstream's key deliverables over the first month of incident management has been:

- the redeployment of staff to support frontline services (i.e. supporting hospital discharge; nurses to wards within the hospital sites of Mid and South Essex Hospitals Foundation Trust; admin and project staff to the hospital sites and resilience staff to the hospitals and other providers
- completion of a Memorandum of Understanding across all organisations in the Health and Care Partnership so that temporary re-deployment of staff can happen safely – the aim is that there is proper observance of clinical governance requirements, while avoiding unnecessary bureaucracy which may impede the movement of staff such as duplicating NHS employment checks.
- internal redeployment of staff to support incident workstreams and Place
- continued work to ensure robust data and capture the correct information about where staff are placed, who is self-isolating/sick and who remains 'available'
- skills audit of all staff denoted as 'available' to understand what transferable skills they have
- production of Pandemic People Policy for agreement by CCGs and unions and ratification by the CCG Remuneration Committees
- production of updated frequently asked questions for staff and information for managers on key workers, hotel accommodation and managing childcare commitments
- recommendation to CCG Remuneration Committees regarding payment of overtime or enhancements to salary for certain CCG staff that falls outside of Agenda for Change. CCG Remuneration Committees approved this proposal.

4.1.14 A key focus for the workstream was to ensure that place-based Deputy Accountable Officers had sufficient resource to implement some of the changes described in the rest of this paper; this will mean re-deploying or repatriating staff from CIMT workstreams to place based teams as we begin to move into the reset phase whilst still managing the response to the pandemic.

Data and Intelligence

4.1.15 The key deliverables for the data and intelligence workstream has been

- Establish joint working and data sharing across all organisations within the Health and Care Partnership, especially between CCG based business intelligence teams, Mid and South Essex Hospitals Foundation Trust and public health teams across all three local authorities

- Deliver an epidemiology model that forecasts most likely COVID 19 demand to support capacity planning across all the whole system
- Generate a daily dashboard that can be shared across all system partners giving both an update on the modelling estimate and a daily view of capacity across community and hospital services.

4.1.16 The modelling work was led by Thurrock Council's public health team under the leadership of Dr Ian Wake, and modelled possible scenarios for capacity across the three hospital sites. This modelling has proved to be very accurate so far and correctly modelled that about 20 days after lockdown (around the 13th April) that cases requiring access to critical care beds would start to fall. As at 20th May (the last day of verified figures at the time of writing) 78% of critical care capacity was available for non-COVID cases allowing for the resumption of non-COVID related services.

4.1.17 The workstream keeps the dashboard contents under review continually and has expanded to include community and social care capacity. It will be further refined to incorporate primary care data as required to give CIMT members a full picture of demand and activity during the incident. CCG boards noted that the dashboards in the last week of April were showing that bed occupancy rates across the hospital sites in Mid and South Essex Hospitals Foundation Trust was around 50%. This is in line with the incident management plan to ensure that hospitals had capacity to receive patients; the dashboard also shows that in the peak weeks of the incident in April critical care beds were over 70% occupied with confirmed COVID patients.

Primary and Community Interface

4.1.18 A significant focus of work for CCG staff has been revising how primary care and community based services work together to ensure they are best placed to manage the needs of residents during the incident.

4.1.19 Cooperation and rapid decision making across CCGs, NELFT, EPUT and Provide as providers of community services, GPs as providers of primary care and local authorities as commissioners and providers of social care support has been the key to this. This work has been supported by several workstreams most notably estates, human resources, primary care and community care as well as input from multiple agencies including police, fire and army.

4.1.20 The core of the revised community bed model is the bringing together of beds, equipment and staff at two sites – Brentwood and Braintree – to ensure there is a robust and resilient service delivery with available resources to meet expected demand.

4.1.21 The CCG boards at their meeting in April considered and approved

- staffing criteria for the two reorganised sites at Brentwood and Braintree

- admissions criteria for step up, step down and stroke beds
- creation of a single Urgent Community Response Team to bring together the existing unplanned admission avoidance referral services into a unified service (RRAS (Thurrock), SPOR (BB), Swift (Southend and CP&R) and ESDAR (Mid))
- the range of additional support going into care homes across health and social care.
- the increased focus on advanced care planning to manage end of life pathways
- the decisions being considered to meet national guidance regarding the prioritisation of certain community services

4.1.22 A new workstream focusing solely on supporting care homes has been generated from the general re-modelling of community services to respond to the COVID19 incident. The main deliverables for this workstream fall under the headings of supplies, including Personal Protective Equipment (PPE), equipment, staffing and training and continued partnership development.

4.1.23 Key to the quality oversight and support to Thurrock care homes has been the development of the Thurrock Care Home Hub. The ambition of this Care Home Hub is to lead and positively influence the provision of care local level. The Care Home Hub is a multi-disciplinary team drawn from local authority, CCG, community and primary care providers. The current Thurrock care home priorities have focused on the screening process in care homes for symptomatic and non-symptomatic residents and staff, enhanced infection control training for all Thurrock care homes, the roll out of digital “vitals” equipment (such as pulse oximeters and blood pressure monitors) and implementation of the local enhanced primary care service to support all care homes with a nominated GP.

Communications

4.1.24 Underpinning all efforts to manage the incident has been a coordinated communications response- both managing incoming requests for information from stakeholders, media interest, MPs and local councillors and ensuring a constant flow of consistent information across the Health and Care Partnership. It has also delivered bespoke communications to primary care, care homes, internal CCG staff and a Partnership Brief which is sent every Friday highlighting the unified response across mid and south Essex. These are available on the CCG website.

Quality

4.125 As highlighted in the revised governance arrangements and NHSEI guidance of 28th March CCG Quality Committees continue and focus on incident management and quality matters.

4.1.26 All quality teams have had a number of redeployments in response to the COVID 19 pandemic, with some members forming part of the Critical

Incident Management Team and many of our nurses working on the frontline.

4.1.27 Quality assurance visits and face to face meetings with providers have been suspended by the Joint Committee's Quality Team. Quality assurance remains through monitoring with providers continuing to submit their monthly dashboards summarising performance against quality indicators in 2019/2020. 2020/21 quality negotiations with providers have been suspended.

4.1.28 Across all CCGs, in light of no national guidance, an agreement with providers to pause all incidents currently being investigated is now in place, releasing clinical investigators for other duties. For all new serious incidents, the CCGs will require providers to complete the72-hour report template but this can be submitted anytime up to seven days. The report MUST be comprehensive and contain lessons learned and include actions that have been taken to reduce the risk of a similar incident occurring again. With mutual agreement with the respective CCG and provider, this process can apply to the historical low to moderate harm serious incidents which are

4.1.29 Harm reviews are continuing at each site within Mid and South Essex Hospitals Foundation Trust with arrangements adjusted to accommodate the workforce at each site.

4.1.30 Thurrock CCG has retained the statutory oversight for Thurrock Adult and Children's safeguarding during Covid19 pandemic. All CCG safeguarding teams continue to work in collaboration with other designated professionals across Southend, Essex and Thurrock, in order to give consistency in the delivery of statutory safeguarding functions across all provider services, including primary care. The teams are very aware that safeguarding processes must continue throughout incident management.

4.1.31 Anecdotal evidence from the Safeguarding Adult National Network and the Regional Safeguarding Adult Network suggests there has been a significant decrease in the number of referrals being received across SET. It is anticipated that this increase will maintain for some time with referrals returning to pre Covid-19 levels and beyond as "lockdown" measures are relaxed. Current concerns that Thurrock CCG adults safeguarding team is supporting are relating to reported poor hospital discharges. The children's safeguarding team are currently involved with reviewing complex children's presentations and pathways as an MDT.

Finance

4.1.32 The Systems Finance Leaders Group (SFLG) meets every two weeks and is a key financial meeting to make collective decisions and implement national guidance across the Health and Care Partnership. This is chaired by the Chief Finance Officer from Mid and South Essex Hospitals Foundation Trust. The SFLG has coordinated the system finance response to COVID19. As with other workstreams there has been an aligned approach across all

system partners.

4.1.33 On the 26th March 2020 NHSEI produced guidance on the ‘Revised arrangements for NHS contracting and payment during the COVID-19 pandemic’. This has been implemented in full.