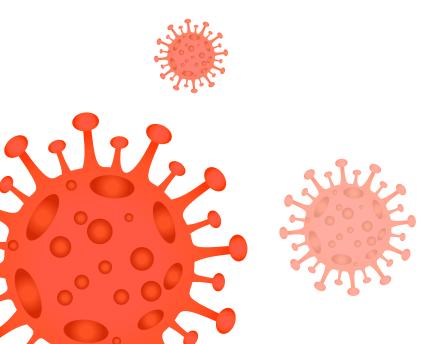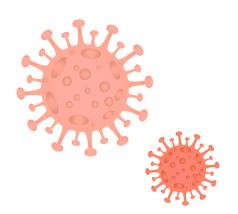# Lancashire and South Cumbria:
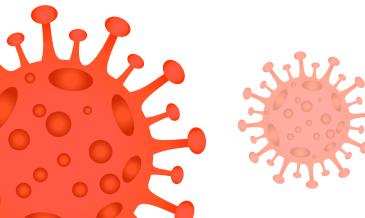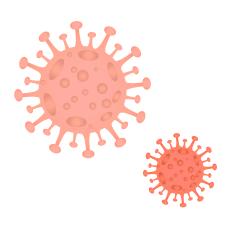
Some learning from Covid-19 Wave 1

This retrospective is an interim summary of the learning and themes emerging from the first wave of Covid-19.

It recognises the hard work undertaken to protect our population and health and care staff across Lancashire & South Cumbria, whilst our wider learning and more in-depth research continues.

The aim was to understand the ways Covid19 has changed what we do, what we have learnt and how we have adapted health and care provision to respond and continue to improve.

"Should I stay or should I go now?"

Alongside the difficulties of Covid19 wave 1, many good things have happened in our health and care system. We have heard from people delivering health and care in our region; about how they have gone above and beyond and challenges they have faced.

This update is intended present and reflect on the key themes emerging from the year and recognise the successes that have come to light from this situation. This provides an opportunity to look at improvements made and think about how these might be maintained.

We thank all the partners and people who have contributed their time to this learning so far.

How have we done this?

A working partnership has undertaken research to help Lancashire & South Cumbria's health and care system begin to bring learning and new practices together so that we take forward the relevant and effective practices.
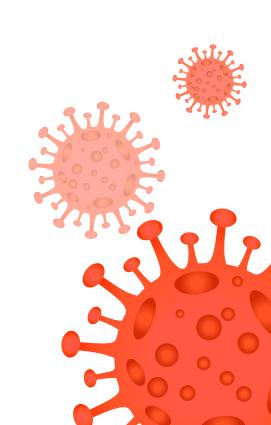
Our net was deliberately cast widely to capture health and care learning from across Lancashire & South Cumbria. Clearly Covid19 caused a peak in work and our resources were limited. Despite this, engagement and output from partners was excellent.

We asked a broad mix of frontline, senior, board and middle leadership across different health and care sectors including councils, Voluntary, Community, Faith, Social Enterprise (VCFSE) sectors, care, and patient representatives to reflect on their experiences. The contribution from these groups has been both insightful and invaluable.

The work so far has covered the wave 1 period Feb – Sept '20. A number of linked methods captured learning including; workshops, interviews, online survey/response forms, 1 to 1s, internal studies undertaken by trusts, and individual lessons via 'CLASSIC' – UCLan led academic research into lessons.

This has been a listening and learning exercise to hear and collate stories and experiences from the first wave of Covid19 and to share them with a wide audience that can be inspired by and build on what has worked and what hasn't. Our learning and research will continue.

As Covid19 progresses, we should be deciding 'What can stay and what can go?'

Themes

In only a few months we have experienced huge change in the following areas;

Staff empowerment, resilience and wellbeing

Impact on our population, people and communities

Innovation, tools and technology

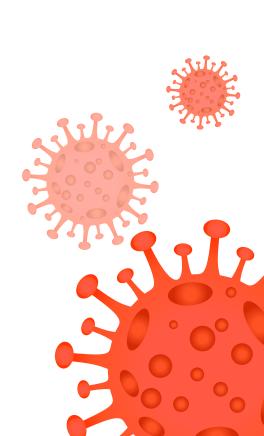Team working, relationships and partnerships

Leadership

Operating differently

But we can do even better

In the following pages, there are prompts at the end of each theme to think about how we can further improve and sustain good practice from our learning

Staff empowerment, resilience and wellbeing

Key message: We have challenged existing governance, hierarchical and decision-making structures offering freedom to act. This has enabled a greater pace of change and staff feel empowered

More than ever, people want to come to work and volunteer in health and care services

- There have been significant increases in interest to work in areas such as the care sector. The regulated care recruitment campaign increased numbers by almost 12 times compared with previous years
- There is a recognition of the role of key workers by society "I'm not just a carer, I'm a carer"
- Recruitment and training has largely been standardised and migrated online: speeding up processes, increasing numbers/accessibility & reducing costs

Wellbeing in the workplace has been more challenging to manage during this period however is recognised as a primary concern for partners

- We have underestimated the longer-term impact on the health and wellbeing of our staff. Staff have been dealing with difficult decisions and people's suffering every day. They need support for the emotional labour of that work
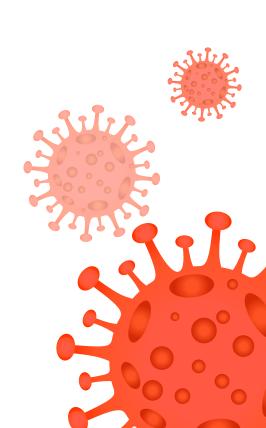- Further collaboration is needed between NHS and charity sector to meet staff wellbeing needs

Traditional ways of working have been challenged and staff have needed to work differently

- Staff passports have been implemented across the Hospitals – being the second region in the country to have achieved this
- All partners have enabled staff to work more flexibly, whether that be working hours, place of work, or given the opportunity to try out new roles and develop new skills

Where can we improve?

Provision of staff support/ wellbeing services should be joined together to improve quality & reduce costs and then extended to colleagues across the care sector.

How do we maintain and further the flexible working of our staff to support resilience in services, improve partnership working/ mutual aid, and work more efficiently?

Our population, people and communities

Key message: The biggest stride forward has been our communities taking control. People have shown they want care closer to home and more control over their own care.

Population, people and communities are key in shaping our services and we need to find ways to stay connected

- Some services using the example of Healthwatch, have found innovative ways to reach out to our communities through foodbanks, whilst traditional health and care service access has been disrupted
- We have started to make best use of technology to stay connected and deliver health and social care and advice for our population

Services have been able to identify where there are gaps and improvements needed
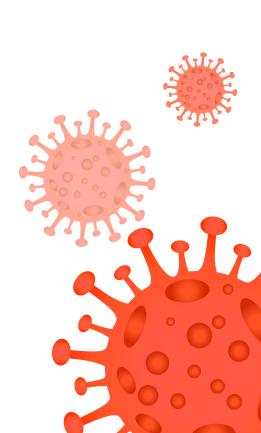
- Mental health and wellbeing should be considered in all service offers going forward
- The response efforts and mobilisation of volunteers has been amazing through contacting thousands of shielding patients and was done in a matter of days

Where can we improve?

We need to understand and connect whole pathways across partners and distribute funding accordingly rather than sticking to old and inconsistent financial models.

We need a community strategy – there is still a way to go to understand our community's needs and design services around them.

The longer-term impact, and unmet need within our population is not yet fully understood. How do we strike a balance between self-care, and seeking support when necessary?

Innovation, tools and technology

Key message: We have brought the NHS into the 21st century overnight. There is an overwhelming positive response to the rapid deployment of tools that should have been adopted a long time ago.

Virtual services

- From GPs to counsellors to our VCFSE sector people across the system have rapidly adopted & adapted virtual clinics and consultations, including for recruiting and interviewing
- The reaction has been positive however we must be acutely aware that this is not a solution for everyone – we must be 'multi-channel'
- Shared information across health and care services has improved through the use of technology. This is also true of shared patient records
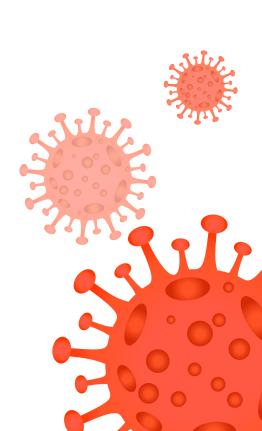
Digitisation of how we work

- Technologies, such as MS teams, has enabled business continuity in a significant number of services and avoided/minimised disruption
- E-consultation platforms have been fantastic so patients can provide information, self-help and self-refer (but they're not for everyone)
- Rapid data sharing agreements (NHS and LA) and rapid adoption of new technology
- New facilities, such as Covid19 testing has brought molecular technologies, which brings transformation opportunities for population health & mass screening for cancers, heart disease etc. bringing possibilities for a step change in our populations' health

Where can we improve?

The real solution is a balance between face to face and virtual options to access services where appropriate. We must work with partners & people to work out where this would be appropriate and used effectively

We need to ensure that we are all utilising the same technology and platforms to further improve ease of interaction. The technology needs to expand to a single patient record to truly enable shared care.

Team working, relationships and partnerships

Key message: We have seen new relationships and levels of collaboration which have brought about more effective, timely solutions.

Vastly improved and accelerated collaboration work at both a local and system level

- A common aim and focus during the pandemic has brought teams and partners together to help deliver care more effectively. Mutual aid has been a key success to sustaining services
- Collaboration between primary, secondary, social care has streamlined some access and pathways. As a result, this has improved patient and staff experiences e.g. frailty, end of life
- Standardisation where appropriate has supported effective delivery and made us more resilient and flexible to collectively respond to the needs of our population
- Sharing of contacts via community organisations including police, housing and social services, has been a great success with people suggesting they felt noticed and safer
- We have been able to pool budgets between health and care for a number of services which has allowed our teams to make more timely and better decisions based upon patient need
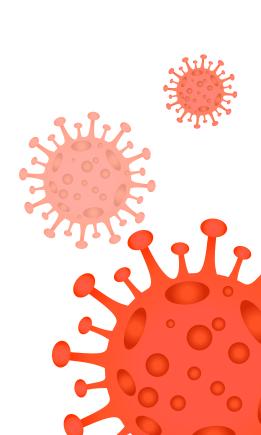
Where can we improve?

There is more work to be done to improve integration with wider partners e.g. voluntary and social care . We need to build on this to support the future ways of working and help resolve big challenges ahead such as restoration.

We need to expand and shift resource in the future to support continuation of, and sustainability of integrated care models. In future a single-minded approach to the distribution and use of funding must prevail.

Whilst communications improved during COVID19, it was clear that cascading information to wider system partners is still not as effective or consistent as it must be.

Keep sharing; data, staff, resources, facilities, learning…

Leadership

Key message: More visible leaders and open culture improves understanding of the organisations they are managing. Staff taking lead to solve & progress themselves.
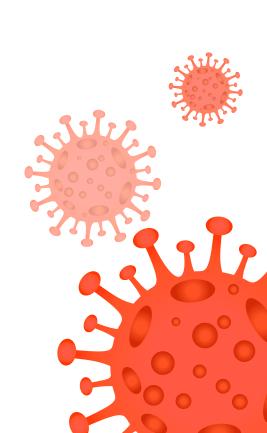
Visible leaders

- Some leaders have been much more visible and engaged with staff acknowledging better internal communications and understanding as a result. We have seen more compassionate leadership
- Staff have become leaders.
- There is now a 'What can we unblock?' attitude from management and staff

Where can we improve?

We need to continue to empower staff and maintain high levels of staff contact & regular briefings.

Implement all staff programme developing leadership, culture, and collaboration.

Operating differently

Key Message: End to end pathway development facilitates improved patient care and supports rapid discharge

Access to our services has been significantly disrupted during Covid19

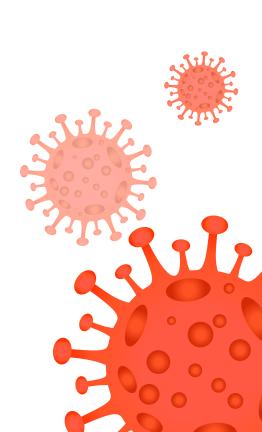There is a lengthy backlog and challenges with recovery that partners will need to plan and manage

We need to identify where pathways are fragmented and consider inter-dependencies and resource requirements for effective system wide developments

We need to sustain 7-day services to support improved patient care with a reasonable approach to resources and staff. During Covid19 there have been benefits for patients, families & staff in providing 7-day care outside of hospital e.g. end of life care

We saw a significant decline in the population accessing urgent services during wave 1. There must be consideration as to the effects of this on both the population and our services

Where can we improve?

How do we become more radical and explore alternative options in our solutions to our services and managing the backlogs – what is the art of the possible?

Reflection

We are asking you to:

- Reflect on the learning and think about how this applies to you, your service, your organisation, and our population…?
- What difference can you make if you apply this learning?
- How will the lessons learnt be subsumed improvement/transformation plans and become business as usual thereafter?
- What lessons learnt must be owned, and built into future ways we work together?
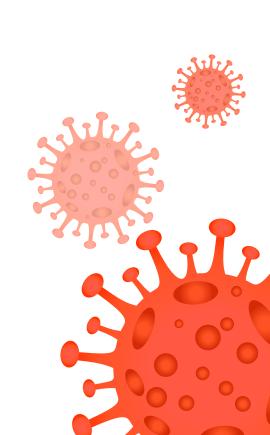- What have we missed*

* Please let us know any valuable lessons you feel we should know about.
Email – seed@innovationagencynwc.nhs.uk & mlcsu.lsc-ics.pmo@nhs.net

What next

The learning we have collected so far is just for wave 1 and there is so much that it is not represented in this report.

We will continue to collect, refine and learn.

Following the retrospective of wave 1 learning our next steps are:

- Continue our learning throughout the remainder of the Covid19 response, and utilise this to inform restoration and recovery
- Dive into, and evidence base, our learning with supported case studies
- Present the output of the UCLan/ARC CLASSIC project which is continuing and will also support system recovery & improvement
- Formulate an action plan to take forward the positive learning whether it be transformational, service redesign or improvement activities

THANK YOU

to all who participated in this work and continue to support the
response to the ongoing Covid-19 pandemic