Building on the unexpected benefits of Covid-19: The power of local communities

Rt Hon Patricia Hewitt, Independent Chair of Norfolk & Waveney Health and Care Partnership, and former Secretary of State for Health (2005-2007)

On its own, Covid-19 would have been bad enough. But the epidemic that has caused such misery since early 2020 landed on top of two other deeply entrenched epidemics: chronic illness and health inequalities.

The first is a combination of non-infectious conditions – depression, anxiety, dementia, obesity, type 2 diabetes, chronic heart disease and so on – that disable and can even kill. Although these non-infectious conditions affect most developed countries (and, increasingly, poorer countries too), the UK stands out with, for instance, one of the highest obesity rates in Europe.

The second deeply entrenched epidemic is the shocking gap in the incidence of illness, disability, and life expectancy between different groups, depending on a person's age, their ethnicity, how deprived they are or where in the country they live. Within the developed world, the UK is one of the worst performing countries in terms of life expectancy, which improved over the last decade for the best-off, while actually falling in some of the poorest communities.

Well before Covid-19, the challenge facing our country was how to transform a health service designed to treat illness into one that was equally skilled at prevention.

In 1948, the NHS mainly saw working-age adults whose injury or illness needed one-off treatment. Today, the typical patient is in their late 70s or 80s, with multiple and often interconnected long-term health conditions. To put it simply, in the past you could treat the broken leg; today, you need to treat the whole person.

Each of these epidemics worsened the impact of Covid-19 and, in turn, each has been made even worse by it. The pandemic's impact on mental health, for instance, will last years, as will the effect of undiagnosed or untreated cancers and other conditions. But, in a rare silver lining, the pandemic has also accelerated many of the transformations needed to tackle chronic illness and reduce inequalities.

When Covid-19 struck, the first imperative was to prevent our hospitals from being overwhelmed. Within a few weeks, working together, the NHS, local councils, social care providers and voluntary organisations solved a problem that had defeated successive governments for decades: acute hospital patients, mostly elderly, medically ready for discharge, trapped in hospital for want of suitable care in the community. Almost every one of those patients was moved to a community home – many newly opened for that purpose – or returned to their own home with the support of expanded community nursing and social care teams. People worked together to meet the needs of an individual patient, regardless of professional or organisational boundaries; and, crucially, the voluntary and

community sector had much closer working partnerships, with each other as well as with local councils.

That transformation isn't just about protecting our hospitals during Covid-19. Above all, it's about keeping patients safe and restoring their health and quality of life. As the NHS medical director, Professor Steven Powis, reminds us: "A person over 80 who spends ten days in hospital loses 10 per cent of muscle mass, equivalent to ten years of ageing."[1]

Long before Covid-19, the British Red Cross was working with hospitals to help them get people home as safely and quickly as possible. It might be something as simple as a volunteer to warm the house, make a cup of tea and pop in over the first few days, or provision of a wheelchair or commode. Or it might involve talking to the patient and perhaps other family members for a thorough assessment of someone's needs, followed by three months' volunteer support as the patient regains their independence.

But helping people come home from hospital is only part of the story. Far more could be done to reduce the number of people needing to go to hospital in the first place. That, too, needs the wider community to play our part.

When it came to Covid-19, the government quickly realised that the NHS couldn't do it alone. All over the country, people rushed to support their family, friends and neighbours. WhatsApp groups sprang up, often connecting people who'd lived in the same street for years without ever really meeting. In England alone, three quarters of a million people responded to the call for NHS volunteers within the first four days.[2] And in each part of the country, the statutory Local Resilience Forum mobilised all the key players: local government, the NHS, emergency services, the wider public sector, local businesses and, crucially, voluntary organisations like the British Red Cross with decades of experience responding to personal and community crises.

There is a beautiful African proverb: "It takes a village to raise a child".

Well, it takes a village to support each of us to remain healthy, happy and independent for as long as possible. Your GP or hospital, however brilliant, can't cure loneliness or a damp home, low-paid work or polluted city air – although the effect of all these stresses brings millions of people to their GP surgery or A&E every year.

We know what needs to be done. Take social prescribing, for instance. Instead of the repeat prescription for antidepressants or painkillers, your GP prescribes exercise and company. Instead of simply offering advice, the 'social connector' linked to the GP surgery takes the time to listen, to discuss the options – a walking group, a local gardening club, debt advice, a regular soup-and-sandwiches lunch – and perhaps takes you along as well. While innovations like this have been flourishing for years, today government funding enables every GP surgery to offer social prescribing.

Or take the 'escalation avoidance teams' where GPs, nurses, occupational therapists, social workers and paramedics all work together to prevent older people needing to go to hospital. Faced with a patient whose condition is deteriorating, a GP in the past might have had no alternative but to arrange for an emergency hospital admission. Now, they can increasingly rely on a multi-disciplinary care team responding within a couple of hours and arranging the necessary care at home. This approach, increasingly embedded within the NHS, echoes the British Red Cross's own work supporting people who are frequent attenders of emergency services, and who might previously have had a dozen or more A&E visits in a year, many of them leading to yet another hospital admission. This is another example of the way in which the voluntary sector can partner with the NHS to create innovations and spread best practice.

Although Covid-19 has put an appalling strain upon every part of our health and care system, including GPs, primary care and community teams, it has also accelerated many of these pre-Covid innovations. For years, NHS 111 has provided telephone and online out-of-hours advice and care. Now, the NHS 111 First service can offer an urgent clinical consultation by phone or video, while also booking patients in for an appointment – with A&E if necessary, directly with hospital outpatients or with their own GP surgery. All of this is designed to reduce unnecessary or risky visits to A&E and ensure patients get the right care at the right place.

As we look ahead to when Covid-19, like winter flu, becomes part of our normal lives, let's seize the opportunity to build on the pandemic's unexpected benefits – the friendships and connections in our neighbourhoods, the new volunteers, the team working and partnerships between public, private and voluntary sectors, and the digital transformation that delivered more change in weeks than most of the NHS had achieved in years.

There are three priorities if we are to do this.

First, we need to reinforce and build upon the 44 Sustainability and Transformation Partnerships that have been developed in England since 2016 (and all of which are now Integrated Care Systems), bringing together the NHS, local government, the voluntary sector and others to improve

health and wellbeing, reduce health inequalities and integrate care around the individual. A similar approach is being taken in each of the devolved administrations. The proposed NHS Bill that will put Integrated Care Systems (ICS) on a statutory footing is very welcome, although it needs to recognise that different areas have developed different structures to suit the particular needs of their communities, local government structures and geographies. And within each ICS, the local Health and Wellbeing Board(s) will play an important role, including providing democratic accountability to local residents.

Second, we urgently need a national plan for social care. In his first speech as Prime Minister, Boris Johnson promised "to fix social care once and for all". But Covid-19 has again delayed the long-awaited white paper. During the first wave, when the NHS funded new social care provision, thousands of highly-skilled nurses and other NHS staff were released from complex and often protracted arguments between families, councils and the NHS itself about whether a patient qualified for 'continuing health care' – free at the point of need – or only for social care, dependent upon a means test. NHS-funded social care for up to six weeks should at least ensure that patients continue to be discharged quickly from hospital. But much more is needed.

Before Covid-19, staff turnover in social care – whether in care homes or domiciliary services – was running at a horrifying 32.2 per cent, reflecting low pay, lack of career progression and, above all, the physical and emotional demands of care.[3] If we are truly going to integrate health and social care around the individual, then we have to care for our carers. That means a more significant pay increase than the 1 per cent promised for NHS staff in the recent budget announcement, as well as aligning social care with NHS pay grades. More joint training should also be provided for NHS and social care staff and skills 'passports' that will enable people to pursue careers

across both the NHS and social care. At the same time, we need to recognise and do more to relieve the huge burden on the unpaid army of carers. All that, of course, needs funding, whether that comes through a wholly tax-funded service, a Japanese-style public insurance system for the over-40s, or a combination of public and private funding.

Third, we must cherish and support our voluntary and community organisations. We can't just assume that the Red Cross and thousands of other groups will be there when we need them. Yes, there has been an outpouring of good neighbourliness and volunteering. But just when the need for voluntary support was soaring, charity shops were closed and fundraising events were cancelled. In June 2020, independent charity Pro Bono Economics predicted that the UK's 170,000 charities would lose £6.7bn of income over the six months to December 2020, leaving one in 10 expecting to go out of business in that timeframe.[4] At the same time, the sector itself has seen a wave of innovation as people transformed their ways of working and the support they provided. Funders, including philanthropic foundations and businesses as well as the public sector, often supported the changes and reduced their own reporting demands. For the future, we will need voluntary organisations working with the public sector and other partners to sustain that innovation and reduce the bureaucracy that, all too often, has accompanied public sector commissioning from voluntary organisations.

As the NHS switches from decades of competition to a new era of collaboration, the same spirit of partnership is essential with the voluntary and community sector.

'Building back better' will need all of us to play our part. The people and places hardest hit by Covid-19 must get the most investment and support. Those who have suffered least will need to contribute more. Paying taxes, like voting, are the essential contributions we make as citizens. But, our country is also rich in the extraordinary number and variety of voluntary organisations. And, as the Red Cross knows and demonstrates every day, it is the contribution that millions of people make as volunteers and supporters that, quite simply, connects us as human beings. We will need all of that to meet the challenge of our three epidemics.