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ADASS Eastern Region COVID 19 Learning Event Summary

18th June



Introduction

East of England Association of Directors of Adult Social Care (ADASS) launched the **Positive Futures Programme** early this year to support the sector to explore the challenges and future opportunities facing adult social care in the region.

As part of this programme, SCIE were asked to organise and facilitate a Covid-19 Learning Workshop to enable local stakeholders to reflect and learn from the experiences and Covid-19 and develop positive plans for the future.

The workshop involved a mix of 35 participants including Directors of Adult Social Care, Commissioners and social workers and people who draw on care and support. The workshop adopted an appreciative approach focused on concentrating on what went well and what we want to do even better as we emerge from this period of the pandemic.

Learning Objectives

- Learn and reflect on what it has meant for ADASS nationally
- Explore in depth the impact of Covid-19 on adult social including reflections on what went well, less well and why
- Reflect on personal experience and leadership during pandemic
- Hear about good practice from the region and outside the region focusing on:
 - Personalisation, co-production and strengths-based practice
 - Supporting the care market and providers
 - Partnership and Integration
 - Workforce
- Explore the long-term drivers impacting on adult social care
- Develop priorities for how the sector will build the condition to support a positive future

The following slides give an overview of the key messages and the presentations are included in the appendices.

Agenda

Item	Who
Agenda item	Lead facilitator
Welcome, introductions and outline of event objectives	Ewan King, Deputy Chief Executive, SCIE
Experience of people who draw on support	Anthony and Valentina (carer)
Reflecting on the national experience	James Bullion, Past President of ADASS
Local innovations Our Road initiative – Community COVID support SC Escalation Framework developed with Greater Essex Partners	Natalie Smith, Thurrock Simon Froud & Robert Teatheredge, Essex County Council
Thinking Appreciatively about the lessons from COVID <ul style="list-style-type: none">○ Coproduction & building community resilience○ Care markets and partnerships○ Workforce	Working Groups
Future priorities/Review of group learning	Ewan King and Chris Rowland



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The perspective of the person who draws on support

Valentina and Anthony

Anthony and Valentina's experience

The session was opened by Valentina and Anthony McParland, two people who draw on care and support who gave their perspective on their experiences of Covid-19 and their aspirations for the future.

Valentina worked as a social worker for 20 years and has learned a lot. Anthony born 28 weeks and was in ICU for 9.5 weeks. Had diagnosis of cerebral palsy.

Anthony is now 25. Numerous support services specifically during education. Had SEN support worker outside school.

He is into computer gaming. He gets occupational therapy support and has home adapted to keep him functioning as best as possible.

Extra time for exams were organised to process information. Assisted technology was put in place as well.

Carer's role

Valentina shared the area that have impacted her as a carer which includes:

- Biggest issue has been about fighting for services.
- More services were more straightforward when younger. As he got older needs have become more complex.
- Services available in the past aren't there anymore

Anthony and Valentina's experience

Experiences

Anthony is now an adult but both him and Valentina shared the differences between their experiences of children's and adults social care.

- Children services- Respite services are available now. It gave young people a place to go. Not so much as an adult.
- Transitioning is hard from child to adult services and often only get care package after a lot of effort.
- Had adaptations/support in place at university until LA decided to stop funding. Had to get legal advice and LA kept support in place.

- Sometimes LA's don't want to commit to providing any resources and individual needs will be impacted.

COVID

Both Anthony and Valentina shared their feelings of isolation throughout COVID and reflected that:

- Carers services had to stop and this was difficult
- More difficult to find work.

Anthony and Valentina's experience

Wish List

Antony and Valentina closed with some reflections on what they wanted in the future. Key points were:

- Co-production is now positive and power sharing with people who access care and support
- Integration of services is really important
- It shouldn't be about what is cheapest but what individuals need.
- Separate age ranges / abilities shouldn't be put together- capacity should be considered.



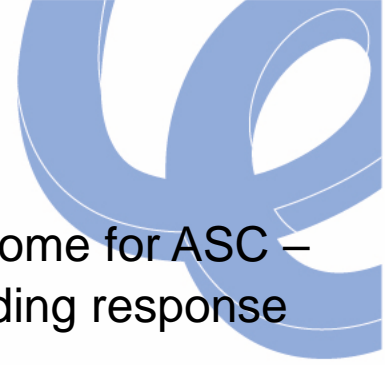


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James Bullion – Immediate Past President of ADASS

The National perspective

James Bullion- Immediate Past President of ADASS



James Bullion, the Director of Adult Social Care for Norfolk County Council, and past President of ADASS, was asked to briefly summarise some of his reflections on his national role during the pandemic. He raised the following key points:

- Coproduction is very important.
- Highlighting the true value of ASC to the public
- Demonstrated the importance of social work and safeguarding people
- Showcased the skill, compassion and courage of care staff and carers across the country
- Councils are the right home for ASC – they worked well in leading response
- Covid -19 magnified & exposed inequalities and challenges that have faced ASC for more than a decade- untold story of injustice for some groups
- Got to balance strength based approaches with the fear of review and how do we do that
- Demonstrating the wider role of council to bring places together But movement around language and messaging about having a good life, ADASS published a series of statements for a focus for change.

James Bullion – Immediate Past President of ADASS



- What enables people to live a good life and need to preserve that going forward.
- COVID has shown adult social care as an opportunity not a problem in terms of the economy.
- Austerity over the last 10 years have brought the issues facing social care to the forefront.
- If your housing isn't right, it impacts everything else in one's life.
- Those who have left armed forces, prisons, or people with addictions have struggled with housing.
- It seems people are governed by professionals' time and that must be difficult. Prevention and early intervention matter in crisis situations.
- We have got more to do in convincing government that housing is a key issue.
- Enabling carers to lead good lives is also key
- Issue arose around recruitment and retention, providers closing or handing back contacts and increase in needs relating to domestic abuse



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Local innovations

Local Innovations during Covid-19

- In part three of the session, we heard from Natalie Smith from Thurrock and Simon Froud and Robert Teatheredge, Essex CC respectively about their approaches and learning from working through COVID-19. Please see presentations in appendices.
- The key question that arose from the session was addressed to Thurrock which was about how have the systems been linking with social prescribing to which Natalie explained that social prescribers were picking up new referrals and have played a role in longer term support. With the new volunteers they have been able to create bespoke support. People who had become worried about shopping or going out on their own gradually became independent through the support put in place. Connections made across the borough have been invaluable.
- The slides for both presentations are available in the **appendix** to this report.



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Thinking Appreciatively about the lessons from COVID

Thinking Appreciatively about the lessons from COVID



We then separated people into groups and were asked to discuss the key areas:

- Provider/Care markets
- Coproduction and building community resilience
- Workforce
- Partnerships

The following summary reflects to key messages emerging from these 3 key questions:

1. What worked well during the last year?
2. What do we need to build on?
3. How will we make it happen?

Key learning/messages from groups



Provider Market

- Relationships between practitioners and providers had improved and conversations were more open, more flexible/less formal
- Better communication- some used Facebook to talk with providers/digital technology better and will be kept into the future
- Getting round the table more often and supporting each other more to find shared solutions and there are plans to keep those going.
- Digital has allowed more people to come together more easily, and allowed more access especially for people with lived experience.
- New models emerging- sense growth in extra care/shared lives etc. we shouldn't put too much bureaucracy and allow them to grow.
- Traditional care homes are also thinking about hybrid solutions for the future
- Part of the Building Positive Futures Programme East of England have sessions coming up on home share/shared lives in Feb, personalised care programme, social prescribing, Co-Production, mental health transformation, assistive technology, support brokerage. We want to shape the market in a positive way.

Key learning/messages from groups

Provider Market (continued)

- Example of wanting to work with voluntary sector partners as difficult to get PAs for people without English as a first language. So could use their volunteers or a cluster of PAs' might be better within a voluntary organisation so that can enable people to partake in all interests.

Co- production and Building Community Resilience

- Voluntary and community sector got on and did it because they had to and did a great job
- Council volunteering models weren't successful, it seemed the real experts are people from the community voluntary sector.
- People knocking on neighbours doors and asking how to support is coproduction at its best-deciding together and just doing it.
- We are trying to make something a strategy that can take away the roots up flexibility and coproduce. Don't impose bureaucracy where there wasn't. Councils are not trying to create a strategy that may stifle coproduction.

Key Messages/learning from groups

Co-production and Building Community Resilience (continued)

- Acknowledging we can't expect things to work without funding and make money available but not make it an industry in itself
- Not making assumptions that people don't want to use digital technology. Appreciating individuality at the same time.
- Are we recognising skills of those who use services? We need to recognise people's contribution. Reciprocity is so key. Not always about money.

Workforce

- Acknowledgement of the dedication and hard work of the work force
- Worked well- still be able to support people through different means but remote working meant people couldn't get emotional support. How do you balance the flexibility with the right support?
- Recognition to your teams about how you are balancing your life with work
- Enforced push for workforce to use digital means so positive in this way
- Shorter packages of care e.g. for people who have just come out from hospital for instance.

Key Messages/learning from Groups

Workforce (continued)

- Challenges in onboarding. Proper inductions. When working more flexible as can feel quite isolating
- Ensure true flexible working.
- What this has opened up about the workforce and the diversity of the workforce – what has that mean for councils to enable a more diverse workforce. People in the room to self- check about their own places of work how many people
- What support is in place at the beginning of any employment through their journey.

Partnerships

- Not just about ASC and NHS but people and local communities- how do these work
- Barrier between organisations were let go off, so keep this going
- How can personalisation be brought to shorter packages of care



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Close and next steps

18th June 2021

Closing remarks and next steps

- Ewan King from SCIE made a few closing remarks at the end of the session. He emphasised that despite the year being very challenging for social care, a huge amount has been learned during the last year. He emphasised that whilst battered, the sector has come out stronger in many ways.
- There was a strong appetite amongst the participants to keep the innovations going; the new approaches to commissioning, market development, coproduction, community based support, and partnership working with our colleagues in health, and it was now vital that these approaches become business as usual.
- Ewan urged all the participants to stay in touch and keep learning across the region – it is important that we share the learning across the region.
- The invaluable insights from this event will now contribute to the further development and thinking around ADASS East's Building Positive Futures Programme.





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Appendix

Presentations and Slides

18th June 2021

Anthony Kay(service user)

Valentina McParland(carer)

Background and Biography

Carer's Role(good and bad experiences from services)

Impact of Covid

Future Wishlist

Our Road Thurrock



Natalie Smith
Strategic Lead:
Community
Development and
Equalities



Our Road Thurrock



Supporting Communities to help one another
Stronger Together Thurrock
2021



TCCA Scope.....

Recruit and
support
volunteers

Help with
shopping and
practical tasks

Doorstop chats
– tackling
loneliness

Access to food

Considering all
request and
helping

Exchanging
money safely

Tackling digital
exclusion

Triage for
complex needs

Solutions not
services

Why Our Road?



Legacy for TCCA
which saw over
500 people
volunteer



Supporting people
be good neighbours
with confidence,
helping to be
connect locally



Our Road started
as a practical
tool-kit on how to
be active at a
street level



Well received, but
reach was limited
– outreach
supported to build
connections within
communities

Key Principles

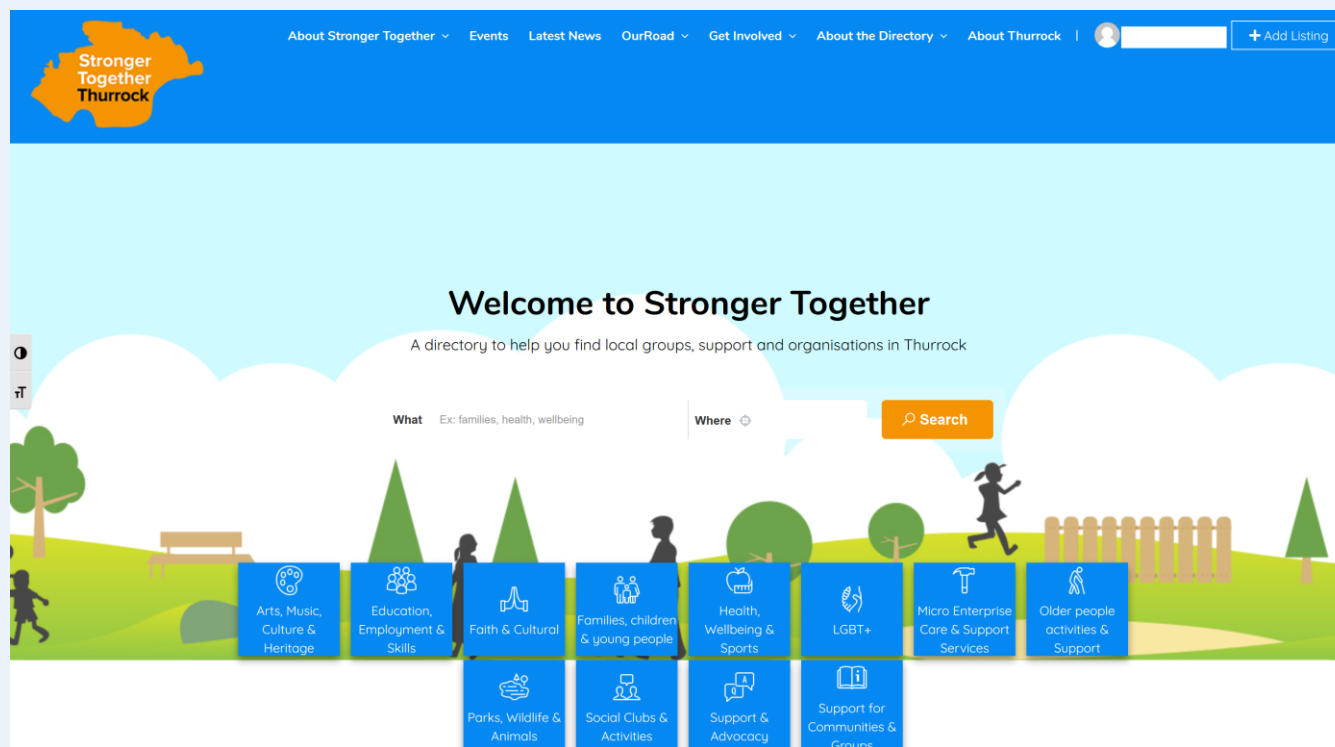


- Community engagement around COVID-19 – practical advice to stay safe as lockdown limits are lifted as well as self isolation and vaccinations
- Support with small tasks, welfare, befriending, sign posting and mentoring through neighbourhood support - encouraging conversations at a street level
- Help to remove the barriers preventing people from participating in their communities, restart physical activity and better connect locally
- Helping to define local priorities to share what a good life looks like, driving change and improvement and influencing commissioning

Legacy for TCCA

- Look to stop promotion of TCCA from start of Stage 4 - but can step up if new lockdown measures are introduced
- Community Builders will support active volunteers connect with those identified as needing support with people in their neighbourhood
- The Our Road Took kit will develop to build a support mechanism
- Exploring an APP to help referrals, exchanges of money etc.
- Promotion of Our Road and encouraging more to sign up
- Extend support from practical tasks to developing friendships, local networks and connecting people locally – exploring local aspirations

Thurrock Community Directory



The Stronger Together Thurrock directory is for anyone who lives, visits or works in Thurrock. Here you can search for community groups, support services, micro Enterprises, local activities and more in your local area. Organisations and groups can sign up to be added to the directory for free.

strongertogetherthurrock.org.uk

Thurrock Food Network



- Mapping and connecting food projects in Thurrock
- Supporting new initiatives – growing, sharing, cooking, distributing
- Healthy and affordable food
- Encouraging donations from companies and supporting equal distribution

Encourage Participation



- Staying safe – COVID secure and protection for all
- Supporting dialogue around vaccination take up
- Being prepared if new restrictions are needed
- Tackling anxiety from lockdown – getting out again, shopping, reconnecting and making friends
- Physical activity – mentoring, buddying and supporting new activities
- Having a voice – sharing views and bonding with others, creating change

Identifying future Opportunities



Developing new
associations, micro
enterprises



Discovering new passions
and helping create
change



Building local resilience
to walk alongside
others



Generating ideas and
celebrating what is
strong



Sharing good news and
building pride in local
areas



Exploring opportunities
to support new ways of
working collaboratively



Covid-19 Social Care Escalation Framework

Context

In response to the rising pressure around the new year, on 8th Jan the ERF Community Flow TCG Chair outlined 5 priority actions:

Each LA undertake scenario planning to identify:

- ☐ Dependencies
- ☐ Mitigations
- ☐ Actions
- ☐ Triggers/thresholds
- ☐ Principles for mutual aid

Ensure response system in place:

- Triggering escalation
- Integrated into LRF response

Identify urgent step-up / containment resources across NHS system and emergency services

- Contain demand
- Avoid admissions to acute hospitals

Clear, coordinated comms between agencies

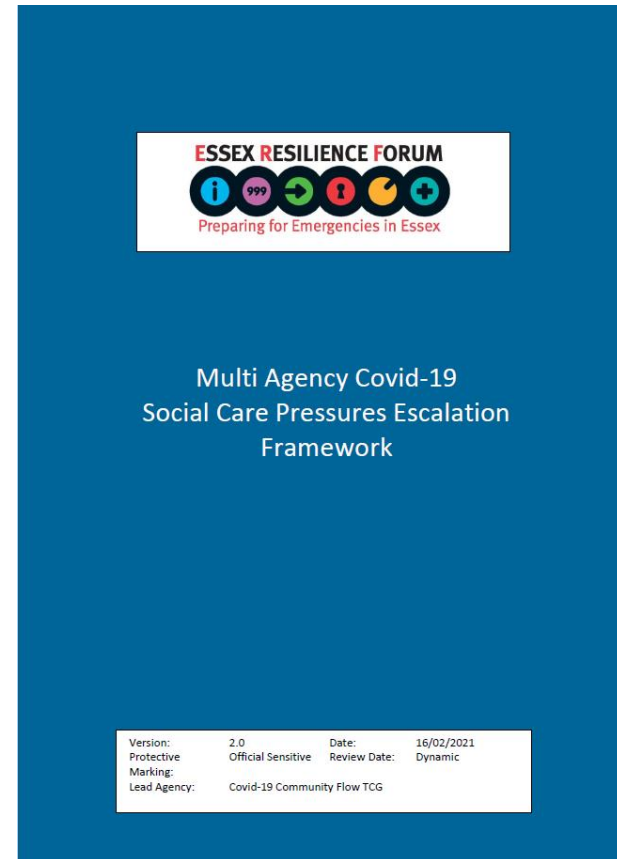
- Develop a set of coordinated comms actions across the LRF

Urgent review of Covid testing within care sector

- Processes
- Pathways
- Response times

Framework Development

- Detailed individual agency planning
- Partner-partner collaboration
- CCG-footprint workshops
- ERF Tactical / Operational Emergency Planning Groups
- Stress tested



Local Authority Pressures Escalation Levels

LAPPEL 1 <i>Business as usual</i>	Market capacity is such that all people in receipt of services in the community are safe. The local health and social care system capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. Local authority commissioning teams will take any relevant actions and ensure appropriate levels of commissioned services are provided. Additional support is not anticipated. SCG/TCGs remain as scheduled.
LAPPEL 2 <i>Ordinary business continuity actions</i>	Market capacity is starting to show pressure. This may be in care homes, supported living, or domiciliary care. The local health and social care system is starting to show signs of pressure. Local authority commissioning teams will be required to take focused actions in organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Local systems will communicate to Greater Essex partners. Any additional support requirements should also be agreed locally if needed. SCG/TCGs remain as scheduled.
LAPPEL 3 <i>Major pressures</i>	Market capacity is being significantly compromised. The local health and social care system is experiencing major pressures compromising patient flow, and these continue to increase. Actions taken in LAPPEL 2 have not succeeded in returning the system to LAPPEL 1. Further urgent actions are now required across the system by all partners, and increased external support may be required. Decisions to move to system level LAPPEL 4 will be discussed between the DASS and the CEO before any decision is taken. NHS system will be consulted in this decision. SCG/TCG frequency increases.
LAPPEL 4 <i>Unable to meet care needs</i>	Market capacity is such that not all providers are able to continue to deliver care. People are receiving care that is not sufficient to meet all their assessed needs. Pressure in the local health and social care system continues and there is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local authority commissioning teams to recover capacity and ensure client safety. All available local escalation actions taken, external extensive support and intervention required. NHS System colleagues and neighbouring local authorities will be aware of the rising pressures. Emergency SCG/TCG meetings called.

Multi Agency Covid-19 Social Care Pressures Escalation Framework

2.7 Thurrock Council Planning Summary

Context
There are 22 older people care homes in Thurrock.
There are 38 care homes for adults of working age in Thurrock.
The home care market in Thurrock delivers 8713 hours of care per week to 860 people.
You have a very small self-funder market.

Risks
There are low scale risks:
1. Insufficient staff across either or both the residential or domiciliary care market to maintain the safe delivery of care.
2. Unable to access sufficient residential provision in and out of borough to meet need due to home closures whilst in lockdown.

Priorities
In the event of a major crisis affecting care availability across Thurrock the emergency plan will operate on the basis of these priorities. These are listed in order:
1. Delivery of life sustaining care to people in social care services.
2. Delivery of urgent social care interventions to people living in the community.
3. Delivery of urgent social care services to reduce pressure on other services.

ASK OF SYSTEM / MUTUAL AID
1. Availability of primary care / community staff (district nurses/SPOT teams) to work in care if homes in the area there are no other staff available.
2. Agreement to utilise provision in neighbouring authorities e.g. Essex and Southend if required (available as per below).

2.8 Southend Borough Council Planning Summary

Context
CCC has responsibility for about 12,500 service users who are supported in residential and nursing care beds, or in community settings.
In the event of a major crisis, the emergency arrangements will operate on the basis of these priorities. These are listed in order:
1. Delivery of life sustaining care to people in social care services.
2. Delivery of urgent social care interventions to people living in the community.
3. Delivery of urgent social care services to reduce pressure on other services.

Risks
The risk is that only staff to be able to deliver safe care and will be insufficient risk.
Without the usual provision into care, discharges from hospital settings, avoid settings call enter economic, medical.

CAUSE
The primary cause of the risk is the availability of staff to settings. The risk considered to be provision of staff.

CONSIDERING PRI
1. Would it be safe?
2. Would it be safe?
3. Would it be safe?
4. Would it be safe?
5. Would it be safe?

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ESSEX RESILIENCE FORUM

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Preparing for Emergencies in Essex

Appreciate Inquiry

Appreciative Inquiry (AI) is a strengths-based approach to examining and developing the best in human systems.

In each group, for each topic, can we consider the following questions

What worked well during the last year?

What do we need to build on?

How will we make it happen?