

Over A Brew Session

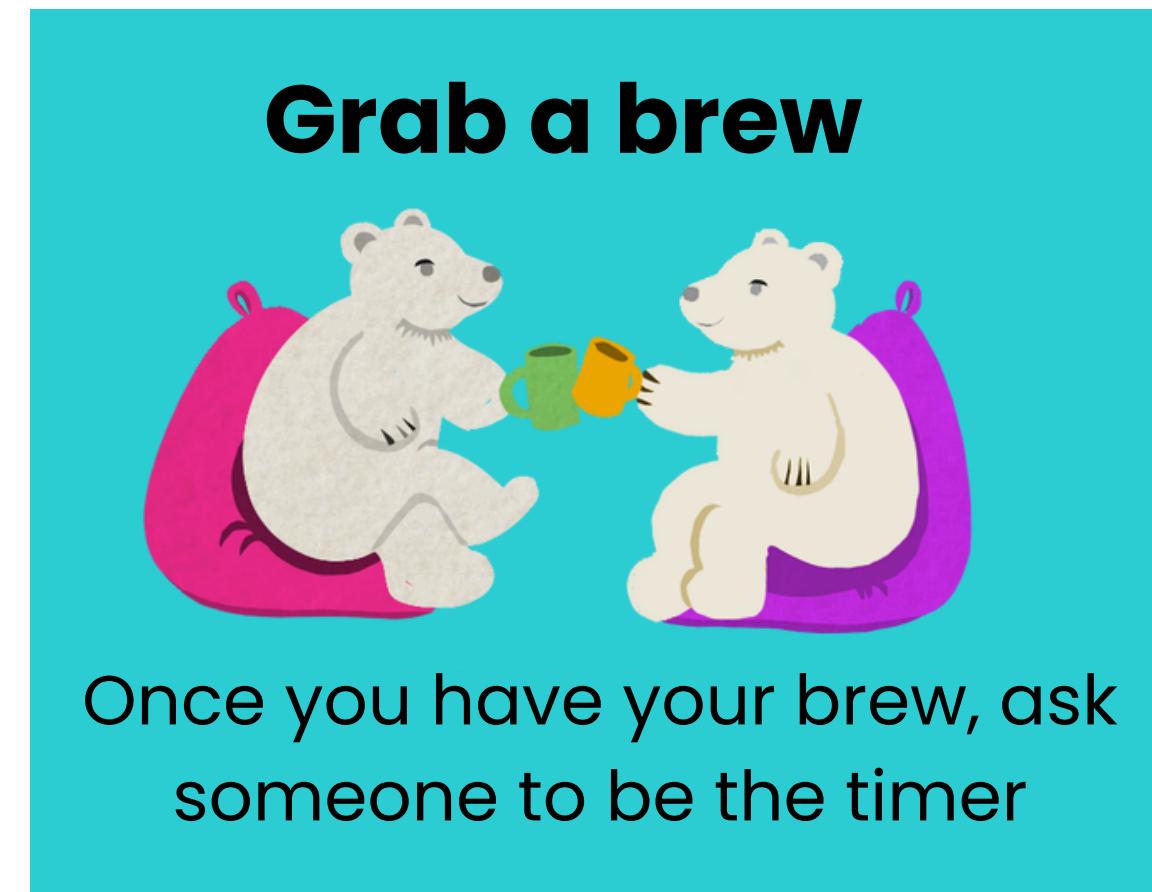
28 January 2026

Care Closer to Home



directors of
adass
adult social services
eastern region
connecting innovating improving





INFUSED WITH THE CAMERADOS PRINCIPLES

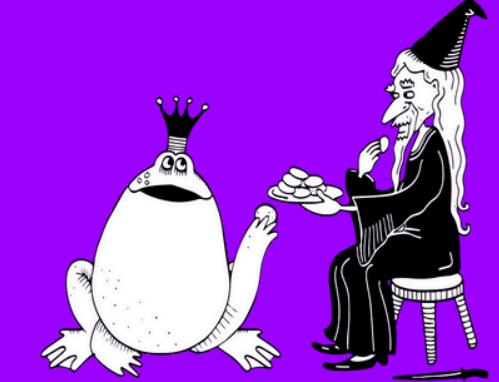
MIX WITH **PEOPLE** WHO
ARE **NOT** LIKE **YOU**



ASK SOMEONE WHO IS
STRUGGLING TO HELP YOU



NO FIXING - JUST BE
ALONGSIDE ONE ANOTHER



IT'S OK TO **DISAGREE**
RESPECTFULLY



IT'S OKAY TO BE A BIT
RUBBISH SOMETIMES



TO BE SILLY IS TO
BE HUMAN



INTRODUCTION

In this Over A Brew we explored what “**care closer to home**” means to people. Across all the stories and discussions, one message was clear: **good care is about people, relationships and feeling understood**, not just services or buildings.

Participants said care closer to home should **help people live well** in the place they call home, with **support that fits real life**. People want to be **listened to**, not made to repeat themselves or fight to be believed. They want **flexible, person-centred support** that adapts as needs change, including at the end of life.

Community connection came up again and again. People value **familiar faces, local knowledge, and support that reduces loneliness**. They also stressed the importance of **joined-up working** between health, social care, housing, education and community groups, so people don’t fall through gaps.

Carers and families said they often feel invisible or pressured to do more. They want to be **recognised as experts** and included properly in decisions.

Finally, the group highlighted the need for **honest conversations, better communication, and contingency plans** for when things go wrong. Above all, care closer to home should feel **human, respectful and shaped by the people who use it**.

Around 37 people attended the session to share ideas, insights and views... Over a Brew



WHO ATTENDED THE SESSION

The workshop on **“Care Closer to Home”** was attended by a wide and diverse group of people, bringing together many different experiences and viewpoints. Some participants had **direct lived experience**, including parent carers, an end-of-life carer, and people supporting young carers. Their voices helped ground the discussion in real, everyday experiences of care and support.

There were also people working directly with **communities and individuals**, such as social prescribers, care coordinators, creative practitioners, and staff from Active Lifestyles. These participants shared practical insights about supporting people in their local areas and helping them stay well at home for longer.

Alongside this, the workshop included **professionals from adult social care and health services**, including senior social workers, service directors, heads of care and support, and members of co-production teams. Several attendees worked in **commissioning, strategy, and development roles** across local councils, including **Cambridgeshire, Peterborough, Central Bedfordshire, Norfolk, and Essex**.

By bringing together carers, people with lived experience, frontline workers, and senior leaders, the workshop created a balanced and inclusive space. This mix helped ensure that conversations about care closer to home reflected both personal experiences and system-level planning.



WHAT CARE CLOSER TO HOME MEANS TO PEOPLE

***Care closer to home to me.....
in the young carers world
means - concern!***

***Care closer to home
means being
supported in the
community I live in***

***Care closer to
home means
providing
personalised
care***

***Closer to home means
good care local to my
support network***

***Care closer to
home means
enabling the care
within a practical
but familiar
surroundings.***

***Care closer to home means care that
works for people in their daily lives
(whatever form that might take).***

***Care closer to
home for me is
familiar
surroundings and
faces - e.g. regular
pool of carers***

***Care closer to home to me
should mean services being
available locally to offer
support and care.***

***Care closer to home
means having f2f
communication at
home/locally***

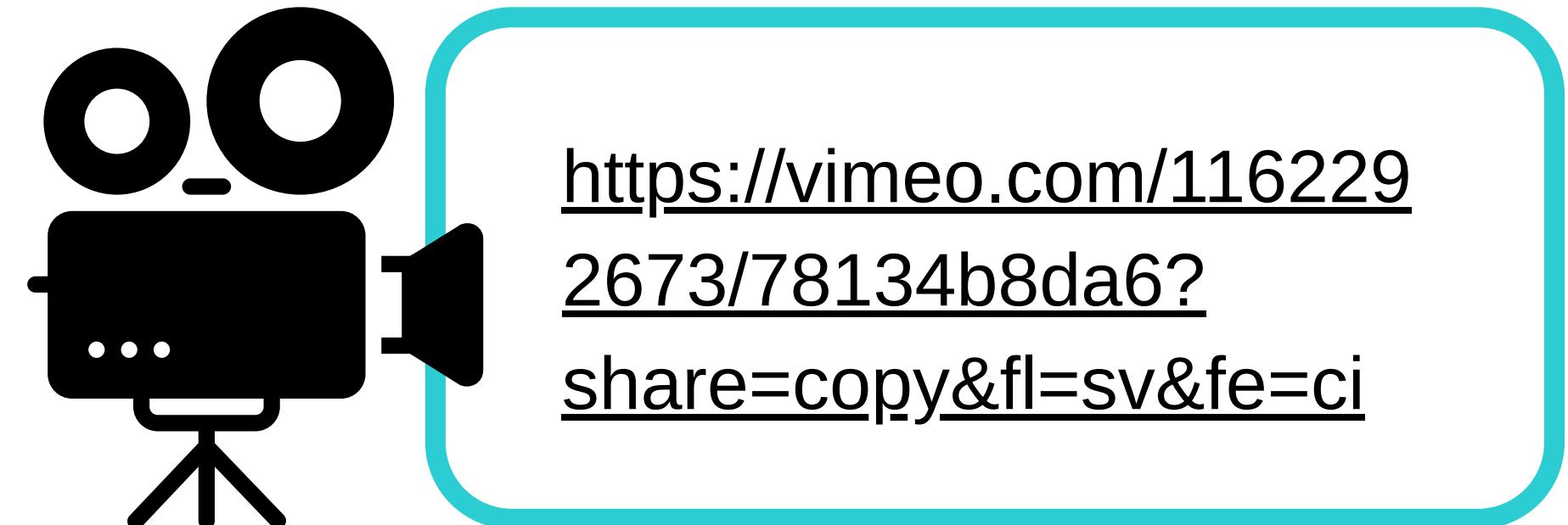


STORY ACTIVITY



We showed participants in the workshop a video and asked them to think about:

- **How it made them feel**
- **What they connected with**
- **What they learned**



<https://vimeo.com/1162292673/78134b8da6?share=copy&fl=sv&fe=ci>

The following pages show a summary of what we heard from the people in the session...

STORY ACTIVITY

• WHAT PEOPLE FELT

People who watched the video reflected on how difficult it can be for someone to constantly explain their needs, and how frightening a diagnosis can feel at first. What mattered most to them was what happens next, and how support is shaped around the person and their family. The video highlighted how important **consistent, personalised care** is.

People felt encouraged by the **strong sense of community** shown, including close relationships with neighbours and local services. Many were proud to see positive care experiences connected to a person's home town and appreciated how much **being in a good location** helps people stay independent. The **accessibility of local services** and long-lasting relationships gave a sense of optimism and reassurance that people are not alone.

There was also appreciation for passionate views about **care that is not institutional**, alongside some concern that care homes may not always offer personalised support.

The appreciation for the local support and community and services is encouraging

Encouraged to hear someone talk so passionately about care that is not institutional

Makes me reflect more on how we support people to achieve their outcomes

A good location is very helpful.

How good consistent care is for the family.

Worries that care home support isn't personalised enough.

The importance of community - you are not alone.

STORY ACTIVITY

• WHAT PEOPLE CONNECTED TO

People watching the video related to the **importance of having health and care services close to home** that **are easy to access and genuinely supportive**. Many connected with the message that having a home means **independence and choice**.

Knowing the person as an individual was seen as essential, including understanding who they are, what matters to them, and what they are interested in. People related to the frustration that decisions about care are often made far away from the people who need support, without fully understanding their daily lives.

The value of community came through very strongly, with people recognising how **neighbours, local facilities, and shared spaces** help make care closer to home possible. Access to nearby amenities and good neighbours helped people feel part of a community rather than isolated. Some related to **challenges with technology** and the need for local, face-to-face support instead. The **environment was seen as vital** too, needing to be both safe and accessible.

Having access to health care - close to home, that is accessible and supportive

The value of community in supporting care closer to home

Relate to technology barriers and the need for community involvement and local facilities needing to be close by

Environment is so important - must be accessible as well as safe - fire door example is a very familiar one

The importance of knowing people - who they are, what they are interested in.

How far away the people making decisions are from the people who need the support in the first place

Amenities close by and feeling part of a community / good neighbours

STORY ACTIVITY

• LEARNINGS AND INSIGHTS

People felt the key learning from the video was that care closer to home is about much more than services alone. It **starts with people and relationships**, and with **truly listening to what care** means to them. Participants highlighted the importance of **good local knowledge and understanding the community**, as well as **involving people in decisions** about what happens in their own area.

Co-production came through as essential, with a strong message to work alongside people and carers. Many reflected that no one likes being told what to do, so care should be **shaped with people**, not imposed on them.

Empathy was seen as important, alongside **flexibility** to respond to different needs and situations. The group also recognised that **care closer to home can be made harder by practical issues**, such as housing design, accessibility, and regulations like fire safety, where small details can have a big impact. **Planning ahead** and also **making better use of community resources** were also stressed.

You need to involve people in what goes on in their area.

Care closer to home is multi-layered - it's not just about the services, but about the people, attitudes, the home environment and more.

Flexibility is so important.

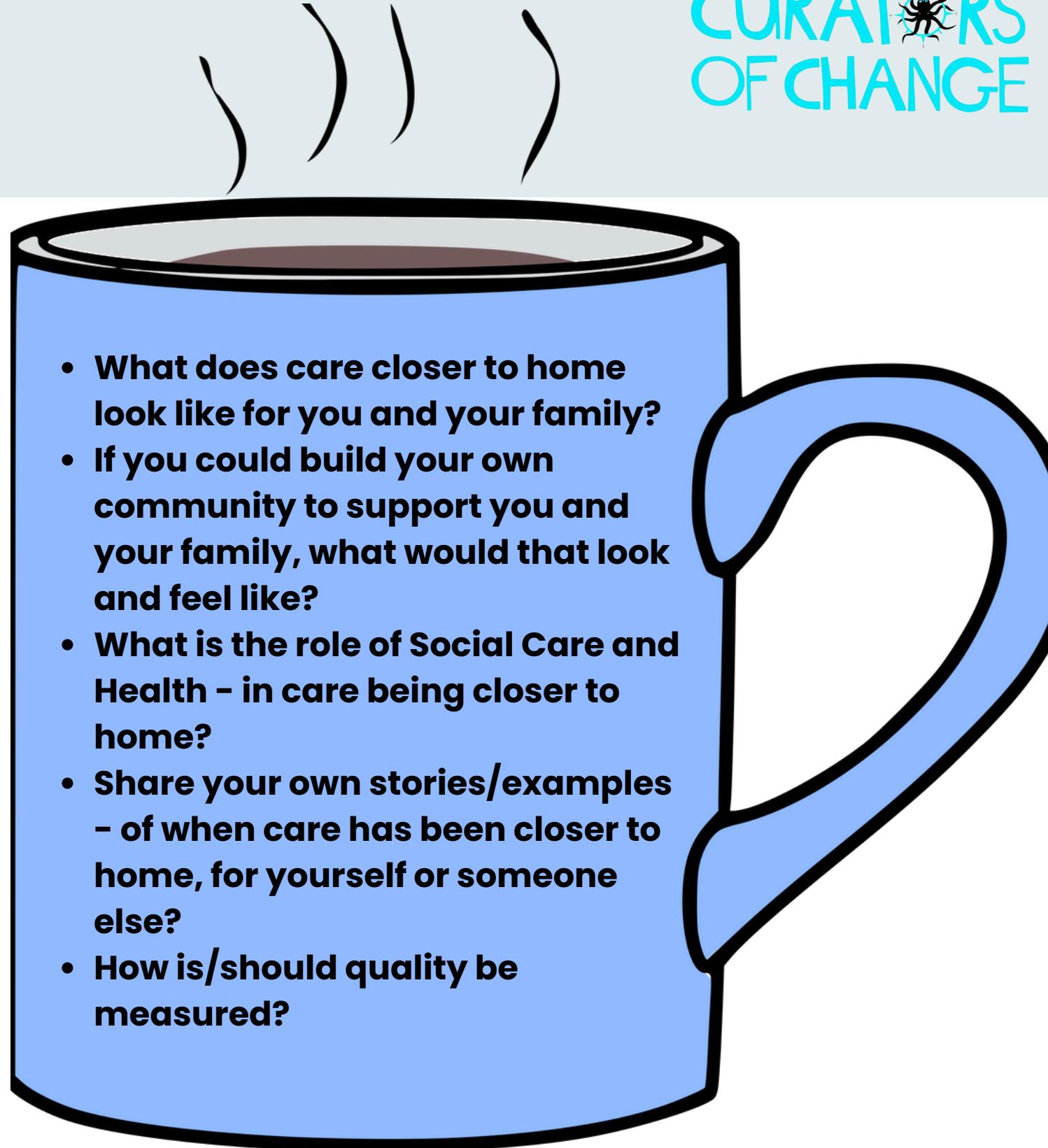
We should use empathy more.

Not to be nervous of co-producing and how important it is to see carers as experts by experience

Community resources are so important

Care closer to home is not just a physical thing - it's a human relational thing too.

BREAKOUT ROOM ACTIVITY



The following pages are ideas and insights from what we heard...

BREAKOUT ROOM ACTIVITY

• IDEAS AND INSIGHTS FROM WHAT PEOPLE SAID

1: Being truly listened to and understood

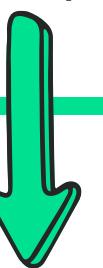
Care closer to home is not just about location. It's about people being heard, taken seriously, and not having to repeat or justify their needs over and over again. Feeling listened to builds trust and leads to better support.



- ***“3rd one looked like going in circles to explain , my experience of explaining my son’s complex needs in education”***
- ***“The first experience, felt being involved in the community and listened to.”***
- ***“Location is important, but listening and reciprocating is also important, working with people and communities to come up with solutions.”***
- ***“We need to be able to have honest conversations both ways – trust and transparency – in a supportive way, and councils and providers to say it is going to be a challenge because... how can we work together to resolve, or get closer to what you need.”***

2: Person-centred care that reflects real life

Care closer to home should fit around real people, real lives, and changing needs – not fixed systems or assumptions. It should be flexible, human, and shaped by lived experience rather than just plans or data.



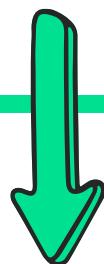
- ***“I suppose my comment is a general comment that came across in all the videos. A sense of personalised services that help prepare and take into account the real life experiences, problems and solutions.A little bit of flexibility and a lot of understanding.”***
- ***“Points in our group was around ‘person centred’ Care being centred around the person – closer to the human, not just closer to home, flexible and available...”***
- ***“Agreed needs to be judged by people’s experiences and feedback – not just data.”***
- ***“Good points about not just having data informing everything – it should be the voice of people using the services...”***

BREAKOUT ROOM ACTIVITY

• IDEAS AND INSIGHTS FROM WHAT PEOPLE SAID

3: Choice, control, and challenging assumptions

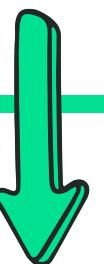
People want services that don't assume they know best. Care closer to home should give people clear choices, support them to make decisions, and be open to changing when something isn't working.



- ***"It seems to me that the providers have a preconception of services users long term needs. I agree with the lady that the services should be open to the service user to understand and implement their choices."***
- ***"Conversations about what people need, but also about what needs to change - not to be afraid to speak up - how do we improve this messaging, and encourage people to speak up."***
- ***"Story about a person who needed something to change... and was supported to talk to the managers who listened and then changed things."***

4: Joined-up support, not silos

Care closer to home only works when organisations work together. Health, social care, housing, education and community services need to be coordinated so people don't fall through gaps.



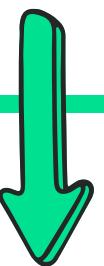
- ***"Feedback - 4 C's, Communities, Coordination, Contingency and Communication"***
- ***"Coordination - Neighbourhood coordinators (i.e. Local Area Coordination)"***
- ***"Care closer to home has to include the wider community involvement, not just health - also social care, education, and the wider/local community."***
- ***"Better alignment between health, care and housing - it is all public money so we maybe need to be less pressure about where the money goes if it supports change locally."***
- ***"Communication is also key - between teams and agencies (MDT - Multi Disciplinary Team approach)"***

BREAKOUT ROOM ACTIVITY

• IDEAS AND INSIGHTS FROM WHAT PEOPLE SAID

5: Community, connection, and belonging

Care closer to home should strengthen people's connection to their community, reduce loneliness, and make sure people with complex needs are not excluded or made invisible.



6: Supporting carers and families as partners

Families and carers hold expert knowledge and carry significant pressure. Care closer to home must support their wellbeing, recognise their expertise, and include them properly in decisions.



- ***"Communities - are the key first point."***
- ***"Communication - understanding and support around loneliness."***
- ***"Started with - Where care wasn't local - where people have more 'complex' needs and have to travel for support. Means they become invisible in their local communities."***
- ***"Ability to do 'warm' handovers - that you identify personal support to go to groups, access new things... Not just a list of places to go!"***

- ***"Supporting carers too and their health and wellbeing. More signposting and support locally (coordination)"***
- ***"Carers may feel more pressure to do more when things are local 'just around the corner'"***
- ***"Families are the professionals too because they know the person so need to be included in the language of professionals and the set up too."***

BREAKOUT ROOM ACTIVITY

• IDEAS AND INSIGHTS FROM WHAT PEOPLE SAID

7: Planning for change, crisis, and end of life

People's needs change over time. Care closer to home must adapt, plan for when things go wrong, and support people and families through all stages – including end of life.



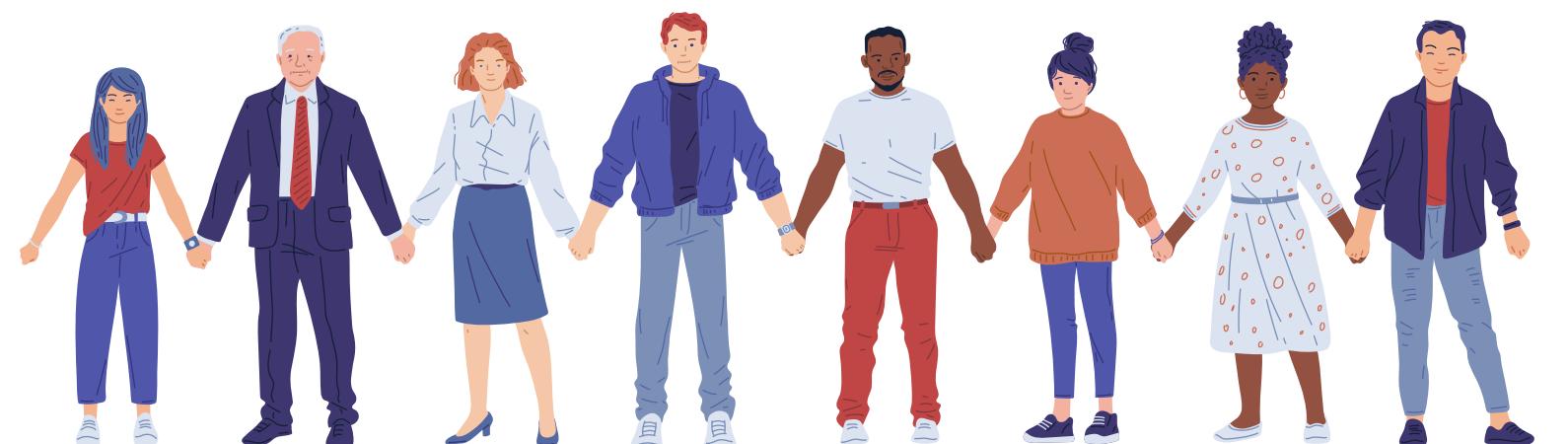
8: Workforce pressures and the need for human relationships

Staff want to do the right thing, but systems can make it hard. Care closer to home works best when practitioners have time, permission, and support to build real relationships.



- ***“Contingency – Care closer to home is great but what happens when it goes wrong! And Coordination around this – so joined across orgs and agencies...”***
- ***“As an end of life carer, you see people have to go through many stages of change and preparation is when needed rather than in advance.”***
- ***“Snapshot from progression of need – as care needs changed things need to be aligned, right through to end of life, and death and dying.”***

- ***“We also talked about difficulty of front line workers trying to find the best human solution for people needing care and support when working in large bureaucratic organisations”***
- ***“Care agencies, care workers need to be building rapport and relationships with people – as all should all practitioners...”***
- ***“Looking at other solutions like Technology Enabled Care.”***



FEEDBACK AND TAKEAWAYS FROM THE SESSION

Have enjoyed the session. My feelings at the end of the session are its positive the focus of the feedback has been on people's experiences, lives and communities rather than just services.



Very good, interesting and informative session, hopefully see you for the next session.

It has been a very interesting session and is good to hear everyone's viewpoints.



Lovely session everyone.



**Thanks all.
Another great session.**

Thank you this session has been very helpful to me in a new commissioning role – I will be checking on the Real Care Deal website updates and also have a look at Inclusion East. Thanks so much to everyone for sharing stories and experiences. It's very helpful to hear how you experience services. Thanks again and look forward to future sessions.

Thank you for a great session.



Thank you very much for the interesting session and for the great personal experience video/audios.



Thank You!



**Please join us for the next Over a Brew to talk about Putting
People at the Heart of Care and Support on 25th February
2026 at 2:00PM**

**Click on the link to register:
<https://www.ticketsource.co.uk/curators-of-change/t-pqerkxg>**