



Responding to COVID19

# Examples of changing and emerging practice across the East of England



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2020

East of England Adult Social Care

# Introduction

Since the start of the pandemic in March 2020, COVID19 has prompted a wide range of much needed and proactive responses to ensure people stay as independent as possible, well, safe and connected. Barriers that existed before the pandemic, have in most cases easily been removed. There is evidence of communication, partnership working and digital technology being embraced. Although in some cases we recognise the changes to practice are not needed or are not sustainable post COVID19, especially as we all know a face to face response is what we wish to aspire to, there is evidence of emerging practice which has achieved better outcomes for people that we wish to sustain post COVID19. This publication highlights some of those.

The paper has been commissioned by ADASS East to ensure we share examples of emerging practice during the pandemic.

The examples provided cover a multitude of areas such as:

- The use of digital technology
- Supporting care markets and providers
- Reaching out to people and communities
- Supporting people with accommodation needs
- Ensuring person-centred care and co-production
- Supporting our workforce to stay well

Participating councils are:

- Bedford Borough Council
- Cambridgeshire County Council
- Central Bedfordshire Council
- Essex County Council
- Hertfordshire County Council
- Luton Borough Council
- Norfolk County Council
- Peterborough City Council
- Southend Borough Council
- Suffolk County Council
- Thurrock Borough Council

We hope local authorities find this report informative and we hope it helps to avoid duplication.

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# The use of digital technology to keep people connected and well during the pandemic



# Virtual occupational therapy assessments

**Southend has successfully implemented online virtual occupational therapy assessments to ensure people get the support and equipment they need as early as possible.**

Occupational therapy assessments usually take place face to face, but this has not been possible during the pandemic. Rather than having huge delays, Southend Borough Council has proactively put into place a virtual approach, with clear guidance, which occupational therapy staff can follow to ensure people get the help and equipment they need to keep them independent as much as practically possible.

Face to face occupational therapist visits have always been in place and working virtually has brought a different dynamic. Southend had to ensure a clear protocol which covered:

- Planning for the assessments
- Undertaking the assessment
- Occupational therapists follow up.

Good communication is key. It is paramount the following is considered:

- The IT equipment and the support to access a virtual platform
- The safety of the person if a family friend, carer or member of the family needs to support the individual to access IT
- The consent of the person receiving the virtual service to access documents, ensuring the person understands what will happen and the outcomes expected
- Contact numbers are provided just in case the call is cut off or if further support is needed

The assessments are not rushed and are as thorough as they would usually be face to face.

As an additional response to COVID19, the Occupational Therapy team are producing some “how to” videos, these will be sent to individuals at the point of referral to allow the person to self-assess or self-purchase equipment that will meet their needs. If the video allows an individual to themselves highlight what they feel is right for them, it may reduce the time needed for initial assessment and hopefully speed up access to minor aids.

There has been a lot of positive feedback from the people being assessed, and from family members, about the virtual approach to occupational therapy assessments. Staff report that there are often quite a few laughs and once the initial awkwardness of something new passes, it has been very effective in helping to continue to deliver a service for the residents of Southend without significant delays due to the pandemic.

A face to face assessment is always preferred and the best option but if this is not possible then there is no reason why the virtual assessment couldn't be considered as the way forward in cases where it is appropriate post COVID19.

*For further details, contact: [laurabooth@southend.gov.uk](mailto:laurabooth@southend.gov.uk)*

## Video carephones

**Suffolk County Council is providing digital devices to enable people who need support to stay connected, safe and well.**

The Suffolk Virtual Care Response Service is a free service for people who need help to stay connected with family, friends, carers and other supporting networks. As part of the Suffolk response to the pandemic, nearly 900 video carephone tablets have been provided, enabling people to video call those they wish to connect with via the carephone for support virtually rather than face to face.

This has helped people to stay in touch virtually with their formal and informal support networks at a time when it has been needed more than ever, as well as ensuring protection from risk of infection.

The service and devices are for people who do not have existing access to technology and receive or need some form of support at home. It was developed initially to ensure people could have some of their care tasks done virtually, where appropriate, using a carephone device instead of face to face during the pandemic. The carephone devices haven't been set up to replace essential face to face care visits but to provide a workable and low risk solution during COVID19.

However, Suffolk has found valuable opportunities outside of those they would normally support where people have benefitted from a carephone, such as being able to stay in touch with their family and friends. This has provided invaluable support around people's emotional and mental health during a difficult time.

Carephones have also been used successfully in settings like day services, to offer virtual support, as well as with other parts of the care and health system. The offer has proved a flexible and innovative way to manage some of the complexities around delivering the right level of support during Covid restrictions, and has provided valuable learning to support Suffolk's longer term ambition around care technology.

Most importantly, the devices have helped Suffolk residents to stay safe and well during a time where support is needed most.

There have been many examples of where the device has been beneficial to individuals and here are some quotes:

Jeni, 83, lives alone with her dog – her husband passed away eight years ago but she is very close to her two daughters and her two teenage grandchildren. She says:

*“The other day it was such a thrill as my niece showed me her granddaughter – who is just over a year old – she walked straight across the room and I saw her on the screen. It was really lovely to see her. It was the first time she had walked, and they gave me a call straight away so I could see her do it. I have only ever seen her in person once before, so it was such a pleasure.”*



Jeni's daughter says:

*"Having the video carephone has taken a lot of pressure off me. Especially that she speaks to her family in Derbyshire. She really enjoys using it and it has made me feel like she is not so alone."*

Maggie, Director at Young Heart Day Centre, Beccles:

Young Heart Day Centre provides services to people, most of whom have dementia. The centre has been operating for seven years. On average they welcome ten people a day and open three days a week. Visitors have meals, tea/coffee and participate in activities including cards, bingo, arts, crafts and singing. Although the centre has an iPad, they have never used a tablet as a way of delivering services before.

Maggie and colleagues have been using the video carephone for over six weeks and are seeing some excellent outcomes, with five people they support actively using the device. Maggie says: *"before people could return to the centre it was great to have the devices. We called the people we support once or twice a week. For some it was the only conversation they had with anyone"*.

Gloria, 73 who has a learning disability, lives alone with support, and absolutely loves her Alcove video carephone. Maggie says: *"You know when Gloria is around, she is incredibly sociable and always glamorous"*.

Before Gloria was able to return to the day centre, Gloria really missed everyone. Maggie called her on her video carephone and then passed it around so that all her friends and support workers could chat with her. Maggie has also given Gloria a bingo card to take home so she can participate in games without having to attend in person.

Face to face contact is always a better way to support health and wellbeing but Suffolk County Council will continue with the care videophones during lockdown and post COVID19 where this is appropriate (likely to be a blended mix of support).

The council is working with **Alcove** and **Rethink Partners** to roll out the Suffolk Virtual Care Response.

Suffolk County Council Digital Innovation Lead: sam.bassett@suffolk.gov.uk

For further information please see the following website:

<https://www.suffolk.gov.uk/coronavirus-covid-19/suffolks-response/suffolk-virtual-care-response-service/>

## Video carephone rollout to residential and sheltered housing

**Essex County Council deployed video carephones to keep people connected and supported during COVID19.**

Essex County Council quickly identified a need to ensure that its residents who maybe in most need of support were able to stay connected and supported during COVID19 to maintain their health and wellbeing.

In just 16 weeks, 1,200 devices were delivered across Essex. The devices not only provided people with virtual care and support calls, but also helped them reduce loneliness and to connect easily with their support networks in the community without exposing them to infection.

The free devices are for individuals who do not have access to mainstream technology and who are at risk of social isolation and/or those who are unable to access their existing services.

The video carephone enables people to make and receive video calls to their friends, family and health and care services, and has enabled some services to continue to operate virtually during COVID19 despite the restrictions.

The devices have supported Essex residents, its partners and providers in a variety of ways. The council has received lots of good feedback where the devices have made a significant difference to people's lives. Here are some examples:

- Sarah has a learning disability and lives in an independent living scheme; she uses her video carephone to do activities with her support worker such as cooking and planting flowers. It has really improved her mood and confidence.
- Fred had a stroke a few years ago and now lives in sheltered accommodation. His family can't understand him over the phone so have to drive for over an hour, whenever they are worried about him, just to see if he is okay. Now they can video call him and it gives them all great peace of mind.
- George, 90, was unable to visit his day centre and became moody and withdrawn. However, now he is able to do exercise sessions twice a week and have regular contact with the centre – improving his mobility and making him much happier.
- Kitty lives in sheltered accommodation; she and her sister are inseparable but were able to meet virtually under COVID19 restrictions. Both sisters were provided with a carephone and now they talk three times a day.

Essex County Council has seen the positive impact these devices have had on people's lives. They are currently working through how to incorporate the video carephones into care and support plans (where appropriate) and will use the learning from this to inform the wider building technology capability programme.

The council is working with ALCOVE and Rethink Partners to roll out the Essex Virtual Care Response.

*Please see the Councils website for further details:*

[https://www.livingwellessex.org/media/718940/essex-overview-care-provider-faq\\_-\\_17-april-2020.pdf](https://www.livingwellessex.org/media/718940/essex-overview-care-provider-faq_-_17-april-2020.pdf)

*Please contact [natasha.corness@essex.gov.uk](mailto:natasha.corness@essex.gov.uk) for further information*

## Virtual talking shops

Virtual talking shops implemented by Thurrock have proved extremely useful for breaking down barriers between professionals in different teams and across organisations.

Thurrock has adopted and embedded the principles of Community Led Support (CLS) to social work. This includes being “place” based and being more accessible to local people. Due to COVID19, the team were unable to continue to operate their drop-in sessions (known locally as “talking shops”). It was still important to continue to demonstrate the principles of CLS despite not being face to face. The teams established “virtual” drop-in sessions. These were advertised on the Council’s website, with the local Community Voluntary Service (CVS) and with all community contacts.

The social work teams arranged for practitioners from other teams and organisations to be available at the times of the talking shops so that if someone had an issue that required more than social care, the person did not need to be referred anywhere, but could have immediate access to the right support and advice. If a further follow-up conversation was needed, this could be arranged there and then.

Whilst few members of the public have used the virtual talking shops, they have proved extremely useful for breaking down barriers between professionals in different teams and across organisations – often finding joined-up solutions for people who would otherwise have had numerous interactions with different professionals. One example is working with Housing, the Local Area Co-ordinator and CLS Team Manager, a solution was found for a gentleman who was an extreme hoarder. Following a time spent building up a relationship with the gentlemen, he was persuaded to temporarily move to extra care housing while a clean-up was arranged for his home and some ongoing support was provided.

*For further information, please contact [carmstrong@thurrock.gov.uk](mailto:carmstrong@thurrock.gov.uk)*

# Sharing information with consent about people with fragility to improve joined up support

Information about the 7,000 people over 65 in Luton with moderate to severe fragility is shared using an Information Sharing Agreement. Luton used this information during the pandemic to identify people who would benefit from support including those who were vulnerable and shielding, those coming towards the end of their lives and people who were identified as carers.

This shared information enables proactive targeting. It has been used to help people with long term conditions prepare for winter and can be used to identify people who are living on their own who may require support. The scheme has recently won a Health Service Journal Patient Safety Award. It is now being rolled out across Bedfordshire.

In addition, there is a great deal of work going on to support people in care homes. This includes iPads to enable remote consultations and to support virtual family visits to take place. Equipment to monitor people's health is being rolled out across the care homes in the area and the Yellow Bracelet scheme is being implemented to ensure that key information is available to people who need to know in a variety of settings.

Shared information saves people having to repeat their stories to people in multiple settings. Targeted approaches have reduced unscheduled admissions and readmissions to hospital. The social and health systems work really closely together resulting in very few delayed discharges and a real Home First approach that is signed up to by all partners.

There is a great deal of support within the system to continue to build on this approach. There is currently a major population health management programme which is continuing to build on this work across Bedfordshire, Luton and Milton Keynes.

*For further information, please contact [luke.obyrne@luton.gov.uk](mailto:luke.obyrne@luton.gov.uk)*

# Supporting the care market to keep people safe and well



## Procedure for professionals when a person is not following social distancing or self-isolation rules

At the beginning of the pandemic practitioners were concerned about what to do when the people they were working with didn't comply with social distancing guidance. Some people with learning disabilities or dementia did not understand the need to social distance or self-isolate and as such were putting themselves and others at risk.

A guidance document was created to support practitioners with decision-making and this has been published on the Norfolk Safeguarding Adult Board website. It has been complimented and endorsed by Alex Ruck Keene (39 chambers).

A proportionate approach can be taken when working with people who are not able to practice social distancing. Practitioners understand how to use the legislation to inform their actions if working with someone who is not able to understand social distancing requirements.

*The guidance can be found here:*

<https://www.norfolksafeguardingadultsboard.info/professionals/news/guidance-when-a-person-is-not-following-the-guidelines-on-social-distancing-or-self-isolating-due-to-covid-19/>

*For further information please contact:* [helen.thacker@norfolk.gov.uk](mailto:helen.thacker@norfolk.gov.uk)

## Practitioner guidance if family express a wish to move a relative from a care home

Guidance has been developed to support practitioners with the right support and advice to give to families who express a wish to move a relative from a care home during the pandemic.

Concerns were expressed about the risk of people being removed from their care provider setting by relatives worried about COVID19. Practitioners wanted guidance on what to do if this happened. There was a case in the news about this on 13 November 2020.

Guidance was produced to support practitioners to provide a proportionate approach in response to incidences where relatives expressed a wish to remove their relative from a care provider setting.

People will receive a proportionate and balanced approach to their wish to remove a relative from a care home. The person's wishes will be taken into account and risks will be assessed. Commissioning arrangements will be taken into consideration, including the risk of losing the service.

*A copy of the document can be obtained from: [helen.thacker@norfolk.gov.uk](mailto:helen.thacker@norfolk.gov.uk)*



## Provider Support Hub

Hertfordshire Care Provider Association (HCPA) and Hertfordshire County Council (HCC) have worked in collaboration to create a Provider Support Hub during the pandemic.

As the lockdown was introduced, HCPA and HCC collaboratively launched the Provider Support Hub. From its creation, it ran as a seven day a week, in and out of hour's service for all care providers in Hertfordshire.

A telephone line and dedicated email account is staffed by a team of around twelve colleagues, all of whom have specific knowledge of the sector, allowing them to support and reassure a variety of providers.

In the first weeks of lockdown, this group worked well to manage the 400 plus telephone enquiries and 500 plus email enquiries which came through, as providers realised they needed support, advice and timely guidance.

Collaborative working became much stronger to ensure providers had all the information, guidance, equipment and support they needed, all with immediate response during the pandemic.

HCPA set up a daily email to care providers, a roundup of national and local guidance, including executive summaries of essential information. It was important this communication came from HCPA, as they had built up a strong relationship of trust with providers over a ten-year period. As the days progressed, a similarly robust association was established with the Public Health Hertfordshire team who were invaluable in giving advice and making timely decisions.

Providers felt supported in ensuring people who accessed care were provided with the right support and safeguards. The main bulk of the concerns for the first couple of months were how to manage supply, distribution and use of personal protective equipment (PPE). To mitigate these issues, the hub set up a direct line to the local resilience forum store to send out emergency stock.

Clearly access to PPE was a critical issue, but call handlers had to be mindful of prioritising care providers who needed it the most, while helping to manage timely provision to keep residents and staff safe.

Between 11 March and 20 April, for example, over 2,000 enquiries to the hub were recorded. As time went on, calls changed in focus from PPE to testing, so there had been stronger links made with the new Adult Care Services Care Home Swabbing Cell who gathered and shared as much up-to-date intelligence as possible.

The total number of calls and emails to the hub has now topped 5,000. Calls are increasingly diverse, and handlers are very adept at finding the right people to answer the question raised.

Care providers have reported that the collaborative approach to providing information, guidance, equipment and support has been invaluable in helping to tackle the challenges they have faced, and has ensured people who access care and support are well and safe.

It has been agreed to keep the hub open to providers as an on-going one stop shop. It really is a lifeline for frontline social care colleagues.

Hertfordshire Provider Association and Hertfordshire County Council continue to build upon what has been learnt throughout the pandemic. For example, the hub was only the start of support offered. The employee assistance programme has been set up as a free service, and the Good Care Recruitment Service stepped up from filling vacancies to providing a timely rescue to providers struggling with a depleted workforce.

A volunteer line was opened and volunteers were placed in safe non-care positions. Linked to this, HCPA ran a skills audit within monitoring teams to make the process quicker and give the providers in-depth insight into the needs of their staff.

The richness of the offer is a testament to Hertfordshire's well-established traditions of partnership and teamwork with health and care partners and providers, to maintain quality and best practice even in these difficult times.

*To find out more, please see the following links:*

[Hertfordshire Care Providers Association](#)

[Hertfordshire County Council](#)

[Provider Support Hub](#)

[Employee Assistance Programme](#)

[Good Care Recruitment Service](#)

*The contacts are:*

*Sharon Davies, CEO Hertfordshire Care Providers Association –  
sharondavies@hcpa.info*

*Tim Parlow, Head of Integrated Community Supporting Commissioning (Older People) –  
tim.parlow@hertfordshire.gov.uk*

## Care Market Hubs

The Care Market Hubs were set up to take a systemwide approach across Essex County Council, Clinical Commissioning Groups, Public Health and Care Quality Commission colleagues, to coordinate the COVID19 support response to care homes in a timely and effective manner.

The Care Market Hubs provide a wraparound support and aim to:

- Review the data on the number of outbreaks, staffing levels, along with softer intelligence
- Support care homes to continue to operate in order to manage and sustain capacity and maintain effective discharges from acute hospitals
- Coordinate and expedite clinical advice and support around infection control to care homes and home care agencies
- Identify and respond to training needs identified within individual homes, and across all homes
- To ensure that care homes are receiving support from all relevant services and are receiving and able to implement fast changing national guidance
- Bring expertise together to share knowledge and best practice

The Care Market Hubs take place on a daily basis across all four quadrants in Essex.

The Care Market Hubs ensure that care homes are supported effectively by working collaboratively across organisations to reduce duplication, with standardised support and information being offered, and a focus on maximising the quality of life experiences for residents and the care staff that support them.

The expected outcomes of the Care Market Hubs is:

- Always collaborate with all key partners and be open and honest
- Share resources where needed and possible, to meet the needs of the Essex population
- Put the care of the Essex population at the heart of all decisions
- Care staff are fully supported to provide the care required by their residents
- Residents and care staff are always kept safe

The Care Market Hubs work to a defined COVID19 Red, Amber, Green model and each of the five Hubs has maintained daily meetings since the beginning of May. Essex County Council has recognised that there is a huge benefit to this partnership working, so additional resource has been invested and the model is aligned to new ways of working.

*For further information, contact: Sam Crawford, Head of Provider Quality, Adult Social Care, samuel.crawford@essex.gov.uk*

## Communication to care providers during the first wave

Realising communications to the market were going to be crucial during the first wave, Essex County Council began setting up communication routes early, along with a streamlined approval process. These consisted of:

- Dedicated email inbox available seven days a week for providers with questions relating to COVID.
- Sending daily bulletins with the latest COVID information/guidance. A dedicated group of heads of services and directors was set up to approve each communication. With only one authorisation needed, the process was smooth from the start.
- Rapid Response Team set up to deal with urgent enquiries, and a dedicated phone line was implemented during the peak.
- Care Provider Information Hub website – whilst not new the site’s news page was transformed into a COVID hub where all the latest information and guidance was published.
- Weekly webinars, including a live question and answer session, were set up to give providers latest news from Public Health colleagues and from around the Council in relation to the COVID response. Providers were able to ask questions live to a multi-disciplinary panel, which included Health colleagues. The questions and answers from each session were published on the provider hub.

The above communications were managed by one central team ensuring consistency of messages. This team also fed into the main COVID groups set up by the Council (including care home hubs), so they were aware of messages being relayed.

Before the pandemic Essex used direct email, in addition to the hub, as and when important information needed to be sent. They also provided a monthly newsletter. During COVID, the frequency of information distribution increased, moving to 7-day working for a period of time. Essex also provided a few webinars prior to COVID.

The impact for providers was regular, consistent messaging. Having access to support seven days per week (during the peak) and having a space to get their questions answered live.

Potentially a form of the bulletin may have a place longer term to keep more regular contact with the market. These have been well received. Webinars (which are recorded for playback anytime), and accompanying question and answer sessions will also be continued. Providers like the format. The provider hub will continue to be a platform for care providers communications as it was prior to COVID.

*To find out more information, please visit the care provider hub:  
<https://www.livingwellessex.org/care-provider-information-hub/>*

*For further information please contact, [tom.bendy@essex.gov.uk](mailto:tom.bendy@essex.gov.uk) who is a Category and Contract Assistant Manager in Procurement Services*

## Integrated support at a local level to provide targeted health and social care support for care settings during the pandemic

Suffolk County Council service development and contracts team have used a daily risk tracker that captures various information about a care setting.

The risk tracker has continually adapted to reflect the ongoing crisis as it has emerged. The up-to-date information is sent to the locally based Integration Neighbourhood Teams who identify where care settings in their area need wrap around support.

Suffolk County Council already had in place a Provider Status Tracker that enabled all Service Development and Contracts staff to input key information about the providers they managed. This included hard data such as number of residents, contact details, pricing etc. and soft information about the competency of the manager, relationship with the owners.

During COVID19 the tracker was adapted to include much more information such as availability of PPE, use of agency staff, whether any staff or residents had tested positive, number of deaths. A red, amber, green (RAG) rating was also added with consistent criteria applied and then key information was pulled off, including the RAG rating, and sent daily to locality-based teams across Suffolk that included social care and health colleagues.

The risk tracker was developed in response to COVID19 and adapted to including information as the pandemic developed such as the provider's ability to manage infection, testing, use of digital, visitor policy and other policies.

It was used to identify care homes that required support, but how this was delivered was covered by the Care Sector Support document. This explained how the information was gathered at a central level and then used by the locality teams across Suffolk in collaboration with three health systems.

Suffolk County Council carried out a Provider Recovery and Resilience survey in July and the support from Suffolk County Council was viewed very positively. The survey was open to 450 providers for four weeks ending 22 July, and there was a 45% response rate from care homes. The most relevant question for this aspect was "how would you rate the support Suffolk County Council has provided during COVID19?" (Scale from 1 – 10 with 10 being the best). Contract management contact and support was rated at 8.61 and speed at dealing with concerns was rated at 7.9.

The risk tracker continues to be used and adapted to meet the latest requirements. Suffolk County Council is also in the process of revising the Care Sector Support, V7 to reflect the impact of a second wave.

*For further information, please contact [clare.smith@suffolk.gov.uk](mailto:clare.smith@suffolk.gov.uk)*

## Establishment of a dedicated team to support care homes

In the peak of the pandemic when some care homes were really struggling to cope, urgent support was provided by the social workers and staff from reablement teams.

Cambridgeshire and Peterborough diverted social workers to care homes in difficulty, while some other activities were paused. They worked alongside clinicians from the Clinical Commissioning Group and care managers from homes.

Following the learning from this response a care home support team has been recruited, staffed by social workers to continue the practical support to challenged care homes for a two-year pilot period.

During the first wave of COVID19 it was recognised that many of the smaller providers do not have access to their own internal quality and practice teams when practice challenges arise. New guidance must be implemented, their need for support from a practice perspective is critical to ensure the best interests of their residents and prevent any safeguarding concerns and risks to the residents. COVID19 has highlighted this issue further.

The Contracts Team has skills and expertise in supporting care homes when issues are identified including quality. However, it was felt that to consider the practice, human rights, and support to the leadership, it would be beneficial to bring in social workers with their knowledge and skills.

The ability to support smaller community-based care homes to cope with significant challenges, such as that introduced by the pandemic, will impact on the level of choice available to people for whom a care home is the right care setting. This is in line with the Cambridgeshire and Peterborough Think Communities approach of keeping care service placed-based and close to communities as possible.

The pilot will see the Contracts Team, the Clinical Commissioning Group and the Social Work Care Home Support Team working together for two years to bring together their skills sets to improve governance, practice and culture in a way that will have a more sustainable impact on the lives of residents and care home staff.

*The Care Home Support Team is managed by Helen Duncan who is contactable via [helen.duncan@cambridgeshire.gov.uk](mailto:helen.duncan@cambridgeshire.gov.uk)*

## The honest conversation, don't spray with disinfectant

The Council introduced processes and protocols to ensure the care market took appropriate action. New channels of communication and collaboration were put into place to work through the many queries being raised during the pandemic.

The council set up clear communications with all care providers to assist people who access care and support, ensuring there is sound and sensible advice without applying additional layers of mist. It was important to keep the conversation real around guidance, put practical measures in place whilst being a trusted sounding board.

Central Bedfordshire Council prides itself on how it works with partner care providers and pushes engagement to the forefront with an honest conversation particularly when changes within the guidance were not clear cut or easy reading. Whilst appreciating and fully understanding any implications this would have on workforces across the care sector.

With engagement becoming far more frequent than ever before, and with setting up a Provider Hub for advice and guidance 'at your fingertips', the Council hoped to reduce some of the administration burden and also give reassurance that they were there for providers.

The feedback from providers has been positive and the Council is not complacent in what more it can do. It has stayed connected through virtual meetings, 1-1 conversations, provider bulletin, provider hub and with sharing good news stories. All this has significantly helped to lift spirits and break down barriers.

The honest conversation will continue beyond COVID. The Council will continue to use its provider hub to ensure it is put to best use, alongside workshops sharing good practice and tools.

*For further information, please contact [ann.knought@centralbedfordshire.gov.uk](mailto:ann.knought@centralbedfordshire.gov.uk)*

# Reaching out to keep people safe and well in the community





# Understanding the impact of the pandemic on domestic abuse and people with care and support needs

As part of the organisation wide learning (OWL), Norfolk County Council developed a research report in relation to understanding the impact of the pandemic on domestic abuse of people with care and support needs.

According to the COVID19 Safeguarding Adults Insight Project (LGA/ADASS, 2020) the pandemic and subsequent lockdown has increased domestic abuse across all age groups due to increased pressure on families and a reduction in contact with other people. As we go through further lockdowns, there are therefore significant concerns for those who are experiencing or at risk of domestic abuse. Norfolk County Council undertook a short research project to understand the implications for their area.

Key observations were as follows:

- The COVID19 pandemic, lockdown and subsequent easing of restrictions led to an increase in domestic abuse in all age groups across the country. There are significant concerns as further lockdowns approach us
- A number of organisations have highlighted the specific barriers to older people and people with care and support needs being identified as experiencing domestic abuse, and the challenges with supporting them to engage with domestic abuse services
- Preventative approaches can make a real impact, for example by supporting stressed carers
- Professional curiosity is needed to be alert to the signs of possible domestic abuse and to follow up on concerns by asking questions and trying to see the person alone
- It is important to work in partnership with other agencies in domestic abuse cases and tap into specialist services

*As a result of the report, further information, weblinks and guidance has been shared with colleagues. For a copy of the report, please contact [helen.thacker@norfolk.gov.uk](mailto:helen.thacker@norfolk.gov.uk)*

# The Thurrock Coronavirus Community Action – Keeping communities safe and well

The Thurrock Coronavirus Community Action (TCCA) was set up to respond to the COVID19 pandemic and to support Thurrock residents who were self-isolating or shielding and who did not have family and friends who could help.

In March 2020, Thurrock had to grapple with how to protect their communities from the impact of COVID19 and support those most at risk. No area had a blueprint for what a local response might look like to this worldwide pandemic.

In Thurrock, the approach relied on the co-operation of officers as well as the willingness and commitment of the voluntary sector led by Thurrock Community Voluntary Service (CVS) to work in partnership to devise a plan of action. Thurrock Coronavirus Community Action, a partnership led by Thurrock Council and Stronger Together Thurrock and Thurrock CVS, was set up immediately.

The operation of TCCA largely reflected the strengths within each sector. The Council focused on administrative capacity, setting up a call centre to receive requests for help, and overseeing the contact with those shielding. A food distribution centre was established to ensure that those falling through the net of deliveries of essential food boxes by the government network were contacted and supported adequately. By the end of July, Thurrock had delivered 596 essential food boxes and supported over 3,370 residents in the Borough to access practical help such as shopping, collecting prescriptions, receiving welfare calls and even dog walking. Calls from people with more complex support needs were responded to by the small triage team who sought to link with practitioners working in the community.

Thurrock CVS oversaw the recruitment and management of a 500 strong volunteer team. Many people who had been furloughed responded to the call to action to support people in their community to stay safe at home. CVS was able to pull on the wider offer of established organisations e.g. community forums, faith groups and uniformed groups. Ward Councillors were recruited to help with tasks in their local area. Thurrock celebrated immense pride in the willingness and dedication offered by so many in such a short space of time. A safe recruitment and support system to mentor volunteers was put in place. In the early days of lockdown, it was clear that helping people to shop, choosing and paying for the items they wanted most was incredibly important to support self-isolation. A safe solution for managing payments was established, alongside a directory of stores who could take payment via the internet or over the phone and who would also deliver.

Over 1,900 volunteer tasks had been completed by the end of August. As lockdown restrictions eased, the requests for practical support decreased. However, the ongoing need to connect with residents, especially those anxious about going out again, or dealing with the wider impacts of COVID19 such as economic pressures or mental health became more of a concern. Volunteers were encouraged to stay active, helping informally to connect with people in their area with the support of OurRoad – a toolkit developed by Stronger Together Thurrock – and in addition, fortnightly meetings of a COVID focused Stronger Together group continued to provide focus around key areas of concern in the community, as well as supporting the protocol to protect those more vulnerable as a result of contracting COVID19.

Throughout the summer, TCCA continued to provide support to those self-isolating, and as test and trace was implemented, Thurrock started to see an increase in people needing help to stay at home. A close eye was kept on capacity and when Lockdown 2 was announced, TCCA was able to provide support as needed. Demand since 5 November has been low, although Thurrock have reached over 1000 people who are clinically extremely vulnerable, and make daily calls to people indicating they need support.

Without the support of TCCA with the Council and Voluntary sector working side by side, the outcome for many residents could have been life-threatening. Thurrock continues to work to increase capacity and support to develop OurRoad knowing that the impact of COVID19 on the wellbeing of communities extends beyond the practical needs experienced by so many. They continue to explore ways in which to support more face to face engagement and outreach, so many are excluded or uncomfortable with digital options and isolation is of huge concern, especially through the winter months. The focus continues to be on those without friends or family to support or within communities where more support is needed to tackle barriers and encourage participation and engagement.

TCCA remains operational, with the Contact Centre taking calls and volunteers in the community continuing to assist self-isolating residents with shopping, prescription pick-ups and befriending.

Thurrock has provided some examples of how TCCA has impacted positively on individuals:

### **Albert**

Albert had recently lost his partner and was feeling very low. He was able to go out and get shopping but missed the conversation he was used to. He asked whether someone could ring him every now and again.

We matched Albert with a volunteer that lived nearby and was not too different in age. Our volunteer Ian rings Albert on a weekly basis and they have become friends. They plan to keep in touch and even potentially meet up after lockdown.

## Lydia

Lydia called to ask for some shopping. Lydia had some hearing difficulties and was not very stable on her feet. Lydia was also managing on her own for the first time as her husband had been taken to hospital.

We matched her with Julia who dropped the shopping round that day. Julie, who works in social care for a different Borough, noticed that Lydia was very unsteady and there were signs that made her concerned for Lydia's wellbeing. Julia called Lydia's TCCA handler to pass on her concern.

The TCCA handler raised the concerns with Thurrock First and Lydia received a welfare call to check everything was okay and that she had enough support.

## Betty

Betty rang for some help with shopping. Her husband has dementia and her normal carer still comes but has limited her time and exposure to Betty and her husband. Betty was very upset with no-one to talk to and felt she wasn't coping.

A Social Prescriber made contact and talked to Betty and reassured her that she was not alone. Betty was allocated a volunteer who would make regular calls to check in with her. The matched volunteer had experience of dementia from her own family and work so was an ideal person for Betty to talk to.

*TCCA can be contacted Monday to Friday, 9am to 3pm on 01375 511002 or via <https://www.thurrock.gov.uk/forms/thurrock-coronavirus-community-action>*  
*Natalie Smith - [nasmith@thurrock.gov.uk](mailto:nasmith@thurrock.gov.uk)*

# Mobilisation and development of the Essex Wellbeing Service (formerly the Essex Welfare Service)

Within 10 days in March 2020, Essex County Council and partners quickly mobilised the Essex Welfare Service to ensure the most vulnerable across the county were supported to stay healthy and well through the extended periods of self-isolation as a result of COVID19.

Public health and social care colleagues quickly identified an immediate need to ensure the most vulnerable residents were getting the practical and emotional support they needed whilst they were having to shield and self-isolate. A service was needed which would ensure the join up and co-ordination of this support and the various agencies that would provide it (whether this was through the Community Hubs, volunteers or community and specialist providers), and it had to be easy to use and access.

The EWS, initially with a focus on daily living tasks e.g. shopping and prescriptions and reducing social isolation, quickly grew to encompass a social prescribing approach. It primarily focused on supporting all age Category A and Category B residents and was designed for people without the support of family, friends or neighbours, or local communities.

Essex County Council knew that as time went on people's needs would increase and cases would become more complex. Therefore, it was fundamental to get the right partners involved to cover a whole range of wellbeing needs. Utilising existing capacity from across commissioned and other services and resources, Essex CC engaged twelve separate community provider organisations onto EWS providing holistic support to residents' wellbeing. This reflects the evolution of the EWS to respond to the increased complexity coming through the system as a result of extended restrictions due to COVID19. EWS has now developed into a collaboration of multiple partners and providers across the system, working together to support people to access information and advice to stay healthy and well, thus preventing needs from escalating and reducing demand on health and social care services.

The EWS as a model is fundamentally different approach to how delivered care and support has been provided previously, as it is all about providing a holistic wellbeing offer.

What makes a difference is:

- **Single point of access** – EWS is essentially a single point of access to wellbeing support for all Essex residents. This is a first for Essex. To enable this, a single case management system (PriorityMe) sits behind it to record cases and manage referrals. All volunteers and partner organisations, including the community hubs, are signed up to the system matching them to appropriate jobs. It also enables shared access to data and an overview of demand and referral routes. So not only does it give the Council much more holistic reporting, but it makes it as easy as possible for people to get support.

- **Collaboration** – never before have this many partners and organisations collaborated together to this extent. Essex County Council has established a Care Navigator Plus Network for the community providers that are part of EWS to improve relationships and awareness of what each other do and how they can work together.
- **Wellbeing offer** – crossed organisational boundaries and joined up public health and social care to support residents’ wellbeing as a whole. This takes a much more preventative approach to health and social care.

Overall, COVID19 forced Essex County Council to be brave and take risks and work together as a system to support residents.

Essex County Council are currently carrying out some benefits modelling on the EWS, to assess the impact it has had so far and to capture learning to inform the progression of the service/model. Below are some of the initial benefits of the approach:

- **Residents are treated as whole people not merely the symptoms of a specific condition** – this enables support to be aimed at the primary need/root cause limiting the residents from bouncing around the system unnecessarily, whilst meeting their needs and intervening earlier than may have been the case before
- **Increased collaboration with partners** – through Care Nav+, relationships with providers, and between each other, has never been stronger. This is resulting in better co-ordination and joint working and the sharing of information and ideas
- **A shared case management system to capture the full picture** – developments of EWS have been a joint effort across adult social care and Children and Families commissioning and Public Health. The relationships and links between the teams have been transformed and communication between the teams within adult social care commissioning has got stronger
- **Partners are working in a more flexible and adaptive way** – the impact of COVID with partners involvement in the EWS has enabled them to work in a different way, embracing the concept of virtual social prescribing and supporting them to continue their offer whilst not being able to do so face to face
- **Thousands of volunteers mobilised to provide much needed capacity** – in the process of exploring how a sustainable model can be achieved going forward, that supports a flexible approach as EWS volunteers start to go back to work.

Below are some quotes from residents who have used EWS, as well as partner organisations and volunteers who have been providing support:

*“She was very appreciative of the support provided to her since she came out of hospital and said that she wouldn’t have been able to make as good a recovery as she has without it. She was gushing in her praise and appreciation for the service provided by EWS.”*

Quote from an EWS volunteer about a lady who received an EWS welfare call after being discharged from hospital.

*"I do feel a lot better and this is largely down to you helping me talk it through last week and helping me look at things in bitesize pieces."*

Quote from someone who received support from Carers FIRST, via the EWS, who had not previously thought of themselves as, or got support as, a carer.

*"When I first called the Essex Welfare Service, I was really distressed, but the call taker was so patient and reassuring and I am now getting the support I need. We thank you from the bottom of our hearts".*

Quote from an EWS user.

*"If you have ever considered volunteering but have not taken the step, please take my advice and go for it. I promise you, you will be pleasantly surprised, learning so much about others and yourself, as well as gaining new skills and learning along the way. I can honestly say it's the best thing I've ever done."*

Quote from an EWS volunteer who was able to use her experience as a volunteer to get a job in the care sector after having taken time out to care full time for a family member.

*"What a brilliant idea to put all community services together under one umbrella. It has given one point of contact from where numerous essential services can efficiently and promptly be directed in order to meet the wide variety of needs of the Essex community. Thank you."*

Quote from a system partner.

The EWS has shown what can be delivered when partners collaborate under a shared goal to provide joined-up and holistic support. We are using the learning from this to develop a new integrated wellbeing offer for Essex, with a new service due to go live in April 2022.

*Find out more information:*

*Essex Wellbeing Service website* <https://www.essexwellbeingservice.co.uk/>

*Essex Corona Virus Action Facebook page*  
<https://www.facebook.com/essexcoronavirustion>

*Essex Wellbeing Service Animation*  
<https://www.facebook.com/104361277863696/videos/5131701403521521>

*Essex Wellbeing Service also featured on BBC Essex*  
<https://www.bbc.co.uk/sounds/play/p08wsn91> (Scroll to 3hrs 32 mins in)

*Or get in touch with Sinéad Connor, Commissioning Manager, ASC, ECC via email*  
[sinead.connor@essex.gov.uk](mailto:sinead.connor@essex.gov.uk)

## The arts of lockdown for people with learning disabilities and the wider community in Cambridgeshire

The Cambridgeshire Learning Disability Partnership (LDP) are a health and social care team for people with a learning disability in Cambridgeshire. The LDP launched a call out for images, songs, performances and poetry during lockdown as a way to see and hear the experiences of the learning-disabled community during the pandemic. The idea was then expanded further to help with wider community.

The COVID19 pandemic was a time of uncertainty and anxiety for everyone but there were particular challenges for the learning-disabled community. Many individuals had their routines impacted, they were unable to go to their workplaces or day placements or meet with family and friends. Some people struggled to understand what was happening and why, whilst others saw news stories about how the pandemic was disproportionately impacting on those with a disability or living in a group home.

Through therapy sessions and welfare calls, the Arts Therapies Team were aware many people were struggling. Cambridgeshire was able to offer one-to-one support for people with a learning disability but wondered if there was a way to help people who were not seen for therapy. Cambridgeshire knows that there are ways to manage anxiety during unpredicted times and that the process of making art and music can enhance these. They wondered if they could use the idea to reach out to the wider community.

Based on these ideas, a resource pack was created to encourage people to be creative in as many ways as possible and to share the results and their thoughts with the Council. "The Arts of Lockdown" was built on these submissions and the virtual exhibition allows visitors from around the world to look and listen to the submissions from the safety of their own homes.

Based on the recommendations from The Red Cross around providing psychological support during a crisis and trauma informed therapy, people need the following to build resiliency:

- A sense of control, efficacy and ability to help others – art and music making provide a space that is manageable and involves concentration, decision making and sharing
- To create order and challenge feelings of helplessness – engaging in creative activities can provide a sense of doing and being in control alongside regulating the body both physically and emotionally



- To create a coherent narrative and give meaning to the experience – art making provides a way to curate a personal story about the experience which can be understood, witnessed and shared
- To connect with others and express your experience – art, particularly in a group exhibition, provides a voice, a connection and an audience to the expression

*For further information, please contact [LDP.Arts@cambridgeshire.gov.uk](mailto:LDP.Arts@cambridgeshire.gov.uk)*

*The Art Therapy interactive installation can be view here –  
<https://www.artsteps.com/view/5f46574095b6407615a6c054>*

# Supporting people with accommodation needs during the pandemic



## Bedford Borough

# Supporting people who need urgent help with accommodation and support throughout the pandemic

Local Charity organisations across Bedford Borough including the British Red Cross and the Bedfordshire Rural Communities Charity have been commissioned to provide support to people who need help during the pandemic to live as well and independently as possible.

During COVID19 Bedford Borough Council has changed how it works with local community charities to ensure people can access and receive the right support and accommodation to keep them fit and well during the pandemic, particularly when health and social care needs change quickly. These short-term interventions are helping with hospital discharge and support independence and wellbeing in the community.

The following three case studies highlight proactive and quick responses during the pandemic:

### Case study 1

A man had been living on his own for several years with no support. His accommodation was no longer suitable. He was recently diagnosed with Dementia and it became evident he was no longer managing. Bedford Borough Council commissioned Places for People + who were able to quickly arrange alternative accommodation and support. The man now lives in Sheltered Accommodation where he is supported by carers.

### Case study 2

A man was referred to the Bedfordshire Rural Communities Charity via One Housing who were concerned that he had no means of getting his shopping done. The man had been on crutches for several years due to ill health and had various other health issues causing forgetfulness. Bedford Borough Council commissioned One Housing to arrange for his care needs to be met. This was arranged quickly meaning the man could get his shopping done on a regular basis and have someone he could turn to for regular conversations and support.

### Case study 3

A man was referred by Occupational Therapy after having substantial loss of sight following a hospital procedure. The man had been in hospital for over a month with damaged eyesight. The man was registered as being blind but needed support with his shopping needs on returning home. He can now order directly with a local shop over the phone and the Bedfordshire Rural Community Charity picks up the order for him and takes it to his home. He has recently been referred to a charity called Secret Angels who will be able to assist his long-term needs.

All the above case studies could have progressed quite quickly to the person requiring crisis support. The pandemic has highlighted the need to reach out to people and to ensure people are able to stay in their communities for as long as possible.

*To find out more information please contact [simon.white@bedford.gov.uk](mailto:simon.white@bedford.gov.uk) and see the following links:*

*Places For People Living +: <https://www.placesforpeople.co.uk/supported-living/>*

*Bedfordshire Rural Communities Charity: <https://bedsrcc.org.uk/>*

# Ensuring person centred support and co-production



## Helping Direct Payment recipients to stay safe and well during COVID19

During the early stages of the pandemic, it became clear that Essex County Council needed to work quickly to ensure those who use Direct Payments were communicated with and supported to stay safe and well. From the middle of March, the Council set about making sure this happened. They worked with Direct Payment recipients to understand the challenges they felt there would be and took on board their ideas to put the right support in place at the right time.

At the beginning of March, the Council quickly recognised that they were going to need to make sure those on Direct Payments were supported throughout the pandemic. In usual times, Direct Payment recipients are at the forefront of making decisions and commissioning their own care and support. Whilst the Council didn't want to prevent this from being the case during the pandemic, they quickly realised that they needed and wanted to have more regular communication to make sure people had the support in place that they needed.

The Council also wanted to make sure people could contact them quickly if they needed additional advice and support. With many either employing their own Personal Assistants or commissioning care from providers, the Council doesn't always have direct contact. There was a risk that Direct Payment recipients may have had to change the way they were supported, shield, or that those supporting them may not be able to work as usual due to infection control requirements during lockdown.

Essex County Council had to work differently. For example:

- **More regular and direct communication** – the Council wrote to all Direct Payment recipients by the end of March, this was by email and post. This was before the national lockdown was formally announced and before any specific guidance was received from government. The Council used their intuition to identify the key steps needed to ensure people were contacted, and they provided advice and support around the things they should be putting in place or be aware of, including making sure their contingency plans were up-to-date. The first communication made it clear that the Council was encouraging people to think flexibly about what they needed and that they were supported to do that. The Council offered the ability for people to request additional funding and signposted people to other support including access to volunteers, and more latterly access via Essex Welfare Service once it had been set up.

The Council also quickly created a new mailbox so that people had a direct route for contacting the Council and commissioning and operating staff were redeployed to respond to people and provide advice and guidance and escalate where needed. The Council also ensured communications were updated regularly as things changed. Communications were in accessible formats and the Council worked closely with the Direct Payment Support provider to ensure consistent messages. Front line teams were updated on changes as they occurred and were able to implement the guidance that was available. A guidance document was created, setting out some of the digital and technology solutions people may want to consider, and people were actively encouraged to make use of them.

- **Providing increased flexibility and access to additional funds where needed** – the Council ensured the advice and guidance promoted people to have contingency plans in place, recognised people may need additional funding and ensured people were able to continue to pay Personal Assistants where they had to shield or where the PA could no longer work due to COVID. They also signaled that people should speak to any providers they usually had support from, again allowing people to continue to pay for provision as long as they had sufficient sources of alternative support and their needs were still being met. This helped the sustainability of the wider market during this time.
- **Communications to providers who may be supporting those on Direct Payments** – the Council ensured they communicated with providers to advise them to be proactive in discussing with their Direct Payment customers how best they could support them during the pandemic. This included making sure they were charging for what was agreed between them and to make it clear what alternative means of support they could provide instead, including outreach solutions, welfare checks and being flexible around how and when they provided support.

The approaches that were taken crossed all ages and all cohorts to ensure consistency and the best use of resources during the response.

Essex County Council had feedback from Direct Payment recipients to say they had benefited from the communication and information and advice that was provided. Many commented that it was nice to know they were being thought about and that the Council was quick to ensure they knew they could use their budgets in different ways, and where to contact if they were struggling.

The Council also heard how important it was for their families and carers to know that they could put the things in place and know where to ask for more help if needed. People were also connected to wider community supports and may have built new relationships and connections in their communities.

Social Care staff have found it beneficial to have advice and guidance to draw upon and felt that they have been supported in their work to keep people safe and well. They were also able to contact a central team for advice and guidance if they were unsure.

The commissioning team, alongside others who supported this approach, have spoken of how proud they are of the way they stepped in to support people in different ways, often working on bank holidays or weekends to cover the mailbox as they felt they had a duty to be on hand to provide support. Other work was paused and people had to learn new skills whilst also switching to remote working. It has also meant new channels of communication with Direct Payment recipients have been opened up and new people have shown interest in getting engaged in longer term transformation work with the Council which aims to improve the Direct Payment offer.

The Council has also shared information across the wider system with health partners as to what their approach has been and this has led to shared insight and understanding as to the key challenges across Direct Payments in both the health and social care context.

*“Just to say a big thank you because you replied so quickly and efficiently. You’re obviously dedicated and it’s impressive. Thanks for all you’re doing. My PA’s will be delighted and relieved. Thanks again”*

*“Hi team, first of all thanks for your hard work during this pandemic crisis, really appreciate you making sure everything is up and running for us”*

*“Many thanks for sending the information to me in an accessible format, as a totally blind person this was most helpful”*

*“Thank you so much. Again, this COVID team has been not only efficient but always kind and understanding. Personally, I hope it remains” – DP mailbox*

*“It was nice to feel that we weren’t forgotten and someone was thinking of us. Thank you” – Direct Payments Coronavirus Survey*

*“My Mum, she has been getting the correspondence to her home address I have been looking through them and they are about the direct payments, it says that if they are not being used at the moment they can be used for other purposes at this time. I just wanted to find out about that, as I am trying to limit going to see my Mum in case I pose a risk, I have purchased some tech and equipment, using the direct payments online to support Mum in the home. Like puzzles and the dementia clocks, sensor lights, things that keep her safe and stimulated as she is out of her routine and can’t see people” – DP Mailbox*

The Council managed to mobilise the response quickly and have now developed new communication channels with Direct Payment recipients which they will be building upon. The Council has also seen increased understanding and acknowledgement of the benefits of Direct Payments in providing the flexibility for people to change support solutions quickly in times of crisis. This period has again raised the profile of the core requirements around Direct Payments that were already outlined in the Care Act, the increased contact with people has provided the Council with valuable insight as to what wasn’t working before and the new ways people have found to source support that works for them. This will help drive the change needed in the future and inform transformation plans which aim to put personalisation and choice and control at the heart of the future offer.

*For further information, please contact Lisa Wilson, Head of Strategic Commissioning and Policy – PSI and Personalisation – [lisa.wilson2@essex.gov.uk](mailto:lisa.wilson2@essex.gov.uk)*

*Or please visit the following website:*

*<https://www.essex.gov.uk/personal-budgets-and-direct-payments/direct-payments>*



# Wellbeing teams and upskilling staff to deliver what matters to the people they support

## Using a strength-based approach to support individuals

Wellbeing teams are an alternative delivery model of community care and support being piloted within Thurrock. They use the approach of small, place-based, self-management working closely with each individual they support to achieve outcomes, goals and true wellbeing. Using a strength-based method, the team work with J to reach her goal of remaining at home, whilst having an enriched good life.

Prior to March 2020, J was receiving support from the district nursing team with wound dressings due to Oedema in her legs. From time to time her condition would flare up creating open wounds. This would cause her great pain and inconvenience. At the start of COVID19, the way the NHS previously delivered services changed dramatically, focusing support to the acute hospitals and creating space for those severely unwell. J's health condition, although important to her, was classified as low risk meaning that the district nursing team would be withdrawing the support they provided.

Her Wellbeing link worker knew this support was central to ensuring J's true wellbeing and requested that the district nurses taught her how to change and monitor J's leg dressings. Once competent, the Wellbeing worker completed this task to support J and her NHS colleagues. When J's condition changed, she would liaise with the nursing teams and GP for advice until her legs healed.

Without the holistic support provided, J's condition would have deteriorated and may have resulted in her not achieving her goal of remaining at home. Additionally, the support allowed her nursing colleagues to prioritise at a time of great pressure, while reducing risk.

*For further information, please contact Michelle Taylor: [mtaylor@thurrock.gov.uk](mailto:mtaylor@thurrock.gov.uk)*

## New models during changing times

Before the pandemic adult social care had redesigned its methods to enable co-production and engagement with those who have an experience of disability. The local authority worked quickly with providers who support this model to move to online and other methods to ensure that connections with those in communities could continue, and that their insight was still able to influence decisions and ways of working across the system.

In 2018, Essex County Council launched their new model to enable better co-production. It was still developing in some ways before COVID19, people were finding ways to connect to their communities and ensure wider views were represented. The local authority held quarterly forum meetings where forum members with a range of disabilities shared their insights and views with senior leaders on topics that were important to them. Essex County Council realised that maintaining connections to those with disabilities, and finding out their experience during the pandemic, was key to not only their response but also the response from other organisations including partners, providers and communities more generally.

The local authority worked hard with their partners Healthwatch Essex and Summit Services, who they commissioned to facilitate parts of the model, to move to online methods of engagement while ensuring there were also ways people on the forum could connect with their wider networks, including those who were not digitally connected.

As they moved out of the first lockdown, they also wanted to make sure they undertook work to really understand how people had coped, what they had challenges with and their ideas for the future. This was critical for the recovery so that they were aware of those who felt less well supported and could respond in new ways in the future. It was also critical to enable the learning from people and the ideas they had as a result of the crisis, to inform work in the future as well as the models of care and support they both provide and commission.

The local authority would usually work with the forum and the local Learning Disability Groups (AB4D) throughout the year to hear what is important to them, engage them in task and finish groups or projects which aimed to improve the care and support provided and commissioned. It wasn't possible to do this in the same way as before. They couldn't meet face to face and those who usually attended the forum relied on reaching out via their networks to gather views from a wide range of people. With the pandemic and lockdown restrictions changing how people were supported and stopping access to previous connections, people felt the council were still listening to what was important to them and taking action.

The local authority worked with partners and internal teams to move to different forms of engagement including using online platforms and convening online focus groups. They reached out via social media channels set up during the pandemic and worked with a range of volunteers who had connections with their local communities. For those not connected digitally, they used traditional methods but in safe ways such as telephone and postal communications so that people could share their views.

The insight Essex has gained through these methods has been invaluable. It has been able to share this internally with key stakeholders but also across the system. It has shone a light on some of the real challenges people with disabilities were facing including adapting to social distancing and lockdown measures. Essex has been able to use this to influence partners and providers to change ways of working and to be more sensitive to people's needs. Work is still underway to share the insights so the full impact is not known at this stage. Some examples of early impact include:

- A campaign being developed to raise awareness of the impact new social distancing measures including signage and new ways of working has on those with sensory needs
- A project looking at how those with learning disabilities and autism can be more connected digitally as new ways of providing support emerge, including the provision of sim cards where people would usually have connected to Wi-Fi in community settings they can no longer visit
- Increased awareness of some of the challenges faced by family carers and the different roles they have undertaken during the pandemic, as other forms of support stopped or changed

Essex has been able to find new ways of hearing what is important to people, some have found it easier to engage as doing so online means the physical barriers of getting to engagement sessions or project groups have reduced. The local authority has also had feedback that this doesn't work for everyone but that they can make adjustments to ensure people are supported to make the best of digital methods. It has also increased awareness of the importance of seeking out and taking into account people's views and ideas for the future of adult social care.

The local authority will continue to use mixed methods in the future and reach out to a wider range of people. They will also ensure the insight from this experience informs new ways of working as they emerge from the pandemic.

*For further information and to see reports once published, please contact Lisa Wilson, Head of Strategic Commissioning and Policy – Adult Social Care (PSI and Personalisation)*  
lisa.wilson2@essex.gov.uk

## Adapting the day care services model to enable the continuation of support to people who access care and support services, their carers and families during the COVID19 pandemic

Following the temporary suspension of building-based day care services due to the COVID pandemic, day care services were required to adapt their offer. This included providing weekly welfare calls either face to face or via the telephone, support to undertake community walks, activities in the home, support to carers for shipping of essential items and sitting services.

This approach was critical to ensure that the Council continued to meet their obligation under the Care Act and that people who accessed care and support, and their families and carers were provided with the appropriate support to enable them to cope through the pandemic, to reduce isolation and to prevent the risk of carer breakdown.

Staff engaged with people and families agreeing what type of support people wanted and how this could be arranged. The flexibility of the workforce was key to ensure that the right support was provided at the right time to people with the highest needs. Furthermore, staff were deployed in other service areas to ensure that the Council could maintain service delivery especially in areas which experienced loss of staff due to COVID19.

Traditionally day services provided a combination of building-based and community activities. Staff did not ordinarily support carers or families with shopping, medication collection, sitting services or provide regular welfare calls, but during this time staff regularly communicated with carers and families and supported them to work through any challenges such as assisting a family to arrange respite or collect medication. If a carer found it difficult to leave the home, they provided a full day sitting service to enable carers to return to work.

The adapted offer included supporting people in their own homes with activities and personal care needs. The Council's approach demonstrated how creative they could be, e.g. bringing activities into bases; such as using adapted bikes on site (which were usually accessed in a local leisure center).

The blended support offer was essential to continue to support people who access care, families and carers during this time. It enabled families and carers to have some respite from their caring responsibilities and in turn provided people with stimulating activities both inside and outside their homes. This had a positive impact on both the people accessing care and support and the carers' health and wellbeing.

It ensured that people remained connected to services and were able to ask for additional input which potentially reduced any safeguarding risks.

The support the Council offered with personal care in people's own homes had wider benefits on managing the demand for domiciliary care services, and with providing continuity of care rather than people having unfamiliar carers in their own homes.

Here are some examples of feedback from families and carers about the support provided:

*"We don't feel so alone."*

*"The twice-weekly visits to take X for a walk have been particularly welcome to all of us, giving X a change and social interaction apart from us, and keeping the day centre relevant in X's life. The visits also allowed us an hour to ourselves a couple of times a week."*

*"Welfare calls are like a life line and it was lovely to talk to someone who understood my situation."*

*"Staff have helped me overcome issues at home regarding support from other agencies."*

*"Staff were very supportive in helping me arrange some respite and were contactable out of hours."*

The impact on staff was very positive as it enabled them to remain involved in work activity that supported employee wellness even though the bases were not fully open. It has promoted a more flexible workforce which has increased productivity and improved partnership working across service areas.

The Council would like to continue this approach post COVID19 as they were able to respond quickly and change delivery without an overly processed approach by ensuring that the Council communicated with all stakeholders and people who access care and support. This has further strengthened the support offer as it has demonstrated that day care services can be flexible in how and where people are assisted and how their needs are met.

The Council will promote the use of technology to provide social interaction and reduce social isolation as services explore how they can connect people and friendship groups through zoom and facetime. This is sustainable if the Council continues to be creative, proactive and work in partnership with people who access care and support, families and carers providing a service which is truly person centred.

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# Supporting our workforce to stay well during the pandemic



## Central Bedfordshire

# Workforce wellbeing matters

Wellbeing within adult social care has been a key focus in Central Bedfordshire since participating in a research and wellbeing project in 2019 in partnership with Bath Spa University with support from public health and other council departments.

The experience of the pandemic and the implications for adult social care has highlighted the emotional demands inherent in the work, and of emotional resilience when working within complex systems. At this time of crisis, “workforce wellbeing” has been identified as a pivotal strategic priority for Central Bedfordshire. They have learned that peer and system wide support in adult social care is the backbone to staff wellbeing.

These are the key streams to Central Bedfordshire’s Workforce Wellbeing approach:

### Support systems

Any resources developed in services, such as guides for practitioners and managers, are shared, including with care and support services internally and externally. The Bath Spa University Healthier Outcomes at Work (HOW) app and wellbeing toolkit was developed with input from practitioners and went live in October 2019. The University has supported an update to the app to ensure that content is COVID related and has further enhanced its support and extended access to the social care workforce and keyworkers within care and support services, including external care homes and housing services.

### Wellbeing promotion

The wellbeing promotion includes wellbeing action plans as a preventative tool, and a regular newsletter with the care sector. A wellbeing programme has been developed and is captured within the learning central system so that it is available to staff. The same wellbeing programme is currently being developed for external care and community providers.

Peer led initiatives (mediation, yoga, physical exercises in the app).

Peer led initiatives are shared and available to all internal and external staff who wish to participate free of charge.

### Practice guides

The adult social care staff guide “supporting practice with End of Life Care and Bereavement” enables practice conversations about death and dying. The adult social care managers guide “Supporting End of Life Care and Bereavement” aids managers in supporting practitioners working in challenging and potentially traumatic situations.

Wellbeing and resilience tools for providers have been developed and shared.

## Training

Central Bedfordshire Council has been working with the Bedfordshire Wellbeing Service to develop and deliver sessions on trauma for professionals working in the front line, including social workers and carers in care homes.

The Council has created a session to support sleep and a session on self-care and resilience. There are various courses specifically aimed at managers on supporting staff wellbeing.

In terms of impact, the most resounding outcome is that staff are feeling valued and supported. Staff report that they feel like they are contributing to the development of the wellbeing offer and feel helped to support themselves and their peers. Here are some of the comments:

*"Thank you so much; I found the session a great way to start the day and keep positive affirmations in mind!"*

*"Just wanted to say thank you for the session last Wednesday. This came at the perfect time for me as I've realised I haven't been keeping up mindfulness and meditation practice and it was a reminder of how important this is for me".*

*"I felt good to see a pictorial representation of my work life. I'm actually feeling pretty good about work."*

*"Maps were brilliant-able to visualise how the various areas of wellbeing are at this point in time and where improvement may be required."*

*"I found it really helpful - and useful to do in a proactive way so that you were prepared if/when times of stress occurred - or to prevent them from happening in the first place."*

*"It's great to see Central Bedfordshire Council putting staff wellbeing as a priority ... it is so important to consider wellbeing and I now do."*

This project has reminded the Council how such an initiative can be valued by so many practitioners. Interest has moved beyond adult social care and into various other departments, including the care and voluntary sectors, as a result of people asking for information once they had heard of the wellbeing initiatives.

Work will continue in this area as it is recognised as essential support to staff. A wellbeing group has been established and is now looking at areas such as the impact of home working on isolation and solutions as well as the introduction of mental health first aiders at work.

*For further information, please contact Leire Agirre, Head of Safeguarding and Principal Social Worker for Central Bedfordshire Council – [leire.agirre@centralbedfordshire.gov.uk](mailto:leire.agirre@centralbedfordshire.gov.uk)*





