

Report to: **People Scrutiny Committee**

Date: **18 November 2021**

Author: **Director of Adult Social Care**

Title: **Adult Social Care & Health (ASCH) COVID-19 Research with Activmob**

Purpose: **To share the findings, recommendations and follow-up actions from the ASCH research with Activmob**

People Scrutiny Committee is recommended to:

- Note the findings and recommendations from phases 1 and 2 of the Activmob research, the actions already taken and those planned as a result of the research recommendations.
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1. Background

1.1 At the start of 2020, Activmob Community Interest Company (CIC) were commissioned by the Council to undertake research with East Sussex residents and Adult Social Care (ASC) clients, in response to recommendation 1 of the People Scrutiny Committee [‘Changing Care Market: Information and Signposting’ Review report](#) that:

Adult Social Care should undertake additional engagement, ideally in partnership with an independent organisation, to gain a better insight into how well-informed people in East Sussex feel about social care support and funding arrangements. The engagement should include people who are not existing ASC clients and the findings should be used to inform ongoing ASC communications and information provision.

1.2 Following a pause to the project at the beginning of the pandemic, the objectives of the research were subsequently adapted in response to COVID-19. The work for this research has been guided by a project group, the membership of which includes ESCC officers, Clinical Commissioning Group (CCG) participation and involvement colleagues, and an Expert by Experience. The research has been delivered in two phases:

- Phase 1 – focusing on ASC clients and staff in the immediate aftermath of the first lockdown.
- Phase 2 – focusing on East Sussex residents, particularly those who have been most adversely impacted by the COVID-19 pandemic, and workers from local organisations.

1.3 The research is now complete and the findings and recommendations are outlined in section two below. The ASCH department has been implementing the findings of this research to ensure our communication and engagement mechanisms are strengthened in line with the recommendations. The executive summaries of phases 1 and 2 of the research are attached as Appendix A and B respectively.

2. Research findings and Recommendations

Phase 1 Research findings and recommendations

2.1 In Phase 1 of the research (July to October 2020), ASC clients, carers and social care managers were engaged in in-depth conversations with researchers, informed by a topic guide to explore their experiences of care and support during the first COVID-19 lockdown. An inductive approach was used to analyse the conversations. This means that themes were identified from the insights and experiences shared.

2.2 From the client and carer interviews, the following conclusions were presented:

- Most participants had low awareness of the support available from ASCH and they also had low expectations of what ASCH would provide.
- Over half the participants felt that there was a lack of clear, practical and reliable information on how they should respond given the announcement of the lockdown. Terms such as 'shielding' and 'self-isolating' were unclear. There was no single communication to all ASC clients.
- Over half of clients who were not in receipt of regular services and support, such as home care, were anxious about how they would organise practical tasks such as obtaining prescriptions and food. For these participants they often experienced valuable support from neighbours and their local community.
- Clients who before lockdown received regular support such as home care services, generally reported that these continued well during lockdown with very few examples of any interruption in service.
- Hospital discharge experiences from the small number of participants in the study were mainly positive with pathways and services feeling joined up from their perspective. Experiences from Rehabilitation and Reablement were positive.
- Loneliness, isolation and missing social interaction was a key concern. Key groups affected were those who were more independent prior to lockdown and generally doing social activities, and individuals (especially younger) with learning disabilities who really struggled with the lack of social interaction.

2.3 From the operational staff interviews, key conclusions were:

- Managers felt that they and their teams had continued to deliver a core service to their clients during lockdown. Staff had worked tirelessly to achieve this.
- Whilst local decision making worked well and swiftly within teams, quicker and practical guidance from across supporting departments to enable managers to focus on service delivery would have been welcome.
- Partnership with others such as NHS organisations and joint pathways had not worked well for all ASCH clients.

2.4 There were five key recommendations from Phase 1 of the research, with a particular focus on communications and information provision:

1. Communicating the East Sussex COVID-19 plan - provide clear information and communication about how to respond and where to get help
2. Engaging with *all* clients
3. Informing clients about ASCH support, on options to meet their support needs and COVID support
4. Checking in with all clients – ensuring no one is missed
5. Recommendations for the wider system – conducting a 'deep dive' to test out key conclusions from the interviews

Phase 2 Research findings and recommendations

2.5 In Phase 2 of the research (January – May 2021), Activmob spoke to East Sussex residents and front-line staff members from Voluntary Community and Social Enterprise (VCSE) organisations about their understanding of ASCH and how it works. The research

used in-depth interviews informed by a topic guide to explore people's experiences. Recruitment was aimed at older people, men and people from an ethnic minority background.

2.6 Key findings of note from residents include:

- The level of understanding of what ASCH offer, how they work, how it is funded, and personal contributions was low.
- Rehab and re-enablement services are recognised and have tangible value to people. People generally believe these services are provided by the NHS and not ASCH.
- ASCH was not used or seen as a source of information regarding the pandemic or local support.
- During the pandemic people had, for the first time, started to consider how and where they could get help and support from.
- Many people were encountering challenges they had never experienced before suggesting the potential of longer-term mental health and wellbeing issues.
- Local informal assets (people and organisations) stepped up very quickly, creatively, and pro-actively to meet people's needs.
- People want to receive general and practical information about support from trusted and local sources such as local shops, pharmacies, and community groups or health professionals where there is an existing relationship.

2.7 Key findings from frontline workers in VCSE organisations include:

- Organisations who took part said they adapted quickly to meet the needs of their local community or client groups.
- New individuals and families were drawing on local support and advice, many for the first time due to the pandemic. Generally, they had low awareness and expectations of what help they could receive or what they were entitled to.
- Local people and clients have a low awareness and understanding of ASCH, reflecting insights from those residents (non-service users) interviewed in this study.
- Those who took part did not feel particularly informed or connected with ASCH but saw the potential benefit a stronger relationship could bring for local people:
 - As trusted people who have the contact with clients and especially the new cohorts, they could have a role in facilitating people accessing ASCH.
 - Being local, they understand, hear and know the questions people have and they could work with the local authority in shaping future communications.

2.8 Recommendations from Phase 2 were:

1. Review and capture the places and people (including staff) that people experiencing health inequalities trust. Proactively engage with these trusted places or assets to understand how distrust of ASCH could be reduced through the provision of information and how they could support in the provision of information.
2. Review internally, the key messages the list of trusted assets have regarding ASCH that could ensure they have enough understanding to give reassurance to those seeking information about ASCH.
3. Consider engagement rather than just communications (i.e. 2 way).
4. Use trusted assets as the key direct communication vehicle to communities experiencing health inequalities and other small and disconnected local groups within communities.
5. Co-design with trusted assets what they need (knowledge, information, tools) to have the confidence to be able to help people understand their rights for assistance and to support them in accessing help.

3. Actions following research recommendations

Action 1: ASCH internal and external communications and information provision

3.1 In response to the research, a new Task and Finish Group was set up that has been reviewing ASCH's mass communications as a department. The group has been identifying areas in which we could become more systematic and proactive. We also implemented a contact strategy that aimed to reach approximately 13,000 of our clients and carers during the third lockdown to offer reassurance and signposting.

3.2 The Task and Finish group also have developed a Mass Communications Framework, a series of guidance for staff, which aims to support the delivery of more proactive and systematic communications to our audiences in the future. The aim of the Framework is to help people be better informed and reassured on important information and issues, more engaged in the work of the department, and - in the case of people we support and local residents – more aware of how to seek support when they need it, both during COVID-19 and in the future. Development of the Framework is a starting point and next, work will focus on embedding the approach into the work of the department.

Action 2: Conducting a 'deep dive' to look at partnership working

3.3 To take forward the final recommendation from Phase 1 of the Activmob report, we will conduct a 'deep dive' piece of research or engagement to corroborate and expand on the findings from Practice Managers, and test out the conclusions from this small sample of interviews with a wider range of ASC, health and voluntary sector staff. In particular, this will focus on relationships with NHS organisations and joint pathways, for example hospital discharge. This may fit best within work on the East Sussex Health and Social Care Plan and would include the appropriate commissioning and operational leads.

Action 3: Developing an ASCH engagement strategy

3.4 Activmob's recommendations from Phase 2 centre around how we engage with VCSE organisations and other local assets in the county. It's proposed that to address these recommendations we begin development of a Community Engagement Strategy and simultaneously conduct an Equality Impact Assessment of our current engagement mechanisms. Work is underway to progress this action.

3.5 The proposed Community Engagement Strategy will address some of the following questions:

1. Engaging with trusted places:
 - How can we better engage, co-produce, and build and maintain relationships with grassroots VCSE organisations in East Sussex on a day-to-day basis?
 - How do we record and access this information?
2. Ensuring partners have the tools, knowledge and information they need:
 - Key messages about ASCH - how do we define what ASCH is and does?
 - Which parts of the system need more, better or different information about ASCH?
 - How do we ensure information about ASCH is meaningful, accessible, and tailored?
 - How do we work with partners to coproduce and share this?

4. Recommendations

4.1 People Scrutiny Committee is recommended to note the findings and recommendations from phases 1 and 2 of the Activmob research, the actions already taken and those planned as a result of the research recommendations.

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LOCAL MEMBERS

All

BACKGROUND DOCUMENTS

None