

What do we do with your comments? Here is an example

During the Covid pandemic, we've heard from hundreds of people all over Kent & Medway about how they are coping and the challenges they are facing. We've also heard lots of positive stories about Health and Social care services adapting and going the extra mile to support people during their time of need.

Right at the beginning of the outbreak, NHS and social care organisations came together with voluntary groups and statutory providers to create a number of emergency planning and action groups to tackle the immediate Coronavirus response. These were part of the Kent Resilience Forum. As the pandemic progressed, the emergency groups (or cells as they are known) evolved into Recovery Cells. One such Cell is the **Health & Social Care Recovery Cell** which Healthwatch Kent & Healthwatch Medway are both part of, alongside Kent County Council, Medway Council, Public Health, voluntary sector representatives and the Kent Medway Clinical Commissioning Group. At this group we were able to share the experiences you were telling us. Your feedback has helped to shape the actions that would mitigate, as best as possible, the impacts of the pandemic.

The Health and Social Care Recovery Cell's area of work was broken down into 3 life stages; Starting Well, Living Well, **Ageing Well**, with a Mental health strand that runs through each. Here's an overview of some actions the Ageing Well Cell committed to in response to the feedback you told us:



What did you (the public) tell us and other organisations?

Early on in the pandemic, it became known that Covid disproportionately affected people from BAME communities, but the feedback we heard from people also pointed to other health inequalities including those with physical disabilities, Autistic Spectrum Conditions, Learning Disabilities and Dementia.

Early on in the pandemic, we heard that people were having difficulties getting medications, and pharmacy staff were seeing an increased demand on their services.

Pharmacists talked to us about the pressure of being one of the few places still operating a face-to-face service during lockdown.

Healthwatch Kent published a report detailing feedback from 302 Care Homes in Kent. In the report, some staff talked about the difficulties they had obtaining food for their residents once supermarkets stopped doing their usual deliveries to care homes.

Healthwatch shared feedback from organisations who represent people with Autistic Spectrum Conditions. The feedback included stories of people finding the guidance confusing and stressful, fear of going outside, and the potential for people to have to relearn social skills again.

What did the Health & Social Care Recovery Cell do in response to your story?

- The group agreed to undertake equality audits to inform and drive future planning and commissioning of services.
- The group will monitor the impact of health inequalities and develop plans to address them.
- The Cell agreed to support and prioritise pharmacies, especially those that work with care homes, as they recognised that some services are stretched.
- The Cell will focus on supply chains for residential settings including food supplies.
- Care Home Providers will be supported to build resilience into their supply chains for the future.
- The Cell recognised the issues and agreed to maintain a collaborative platform amongst organisations which promotes the sharing of knowledge across the NHS organisations. This will be used to share learning and best practice particularly in relation to mental health, learning disabilities and Autism.

What did you (the public) tell us and other organisations?

People talked to us about their fear of attending face to face appointments because of the risk of contracting Covid.

A small proportion of care homes shared their concerns with us about residents being discharged from hospital without appropriate testing.

We heard from members of the public, as well as care home staff, about a range of issues relating to residential and nursing homes. One of these was about people taking loved ones out of care homes to care for them at home themselves.

We heard increasing numbers of stories about carers (including people who didn't recognise themselves as carers) who were struggling to cope.

We heard about the impact of shielding and people moving into peoples' homes to be able to care for them. As lockdown went on, these struggles became greater. We also heard from people who were not able to offer the level of support they previously had for family, neighbours and friends due to the lockdown restrictions.

What did the Health & Social Care Recovery Cell do in response to your story?

- Services have reduced the number of face to face appointments and are maintaining a reduced footfall in services to minimise transmission opportunities.
- All organisations are proactively encouraging people to use the NHS if they need it and that the NHS remains open and is safe for people to attend.
- The Cell agreed to avoid unintended consequences of quick decision making. For example, decisions to speed up discharges to community settings such as care homes, may increase the risk of transmission.
- A mutual aid arrangement has been established amongst providers to enable the system to adapt to potential surges in demand.
- The Cell agreed to identify further steps to support unpaid carers and to help them to be more resilient in advance of a second wave.

What did you (the public) tell us and other organisations?

Unpaid Carers talked to us, as did the organisations who support them, about the challenges of supporting loved ones with Dementia at this time and the impact this was having on their wellbeing.

People told us about the extra difficulties they experienced when a loved one had died, with people unable to attend funerals, or be with loved ones in their last moments and the impact this had on their mental wellbeing.

What did the Health & Social Care Recovery Cell do in response to your story?

- The Cell agreed to develop effective support for the frail, elderly and particularly those with dementia. This will require the frailty and dementia pathways to be better aligned and ensure care home organisations are part of the frailty model solution including both developing Trusted Assessor models and ensuring all residents have regularly reviewed Care plans. Currently there is also engagement being done by the Kent and Medway CCG to help inform new models of Care for dementia.
- Clear Ageing Well and End of Life Strategy needed with recognition that 'Ageing well' must incorporate the transition towards last year(s) of life and working to achieve quality of life right up to death. Need for advance care planning and discussions with patients to determine choices/quality of life decisions around ceilings of treatment.

Partnership Working

Throughout April, May and June, we heard a wide range of mental health related feedback. This included reports of difficulties accessing secondary mental health services, increased contacts with counselling services and deteriorating general mental wellbeing.

- The Cell agreed to provide better training for front line workers in handling distress, and normalising distress to stop specialist services being overwhelmed.

What did you (the public) tell us and other organisations?

Early on in the pandemic, we heard from staff working in a range of services including hospitals and community services. Staff raised concerns about their wellbeing and personal safety at work.

We heard feedback about the increased use of digital technology to provide services. There were both positive and negative comments from people about the use of technology, particularly video consultations. This feedback was echoed in a report published by the CCG too.

Engagement lead by Kent Public health, also put a spotlight on some of the reasons for digital exclusion and the need to try and address these to avoid widening existing inequalities.

There were reports of people feeling increasing isolated during lockdown, especially those having to shield or care for someone. There were other implications including people whose mobility was deteriorating because they were shielding and couldn't partake in their usual exercise.

What did the Health & Social Care Recovery Cell do in response to your story?

- The Cell agreed to offer more support to the workforce, as well as share learning, experience and expertise. They considered joint training and pathways through the health and social care sector to retain staff and reduce duplication.
- Identify a balanced approach to the use of technology versus face to face services.
- Organise a partnership session which identify ways in which it can embed and enhance the use of technology efficiently.
- Improving digital inclusion and enabling our mental health and wellbeing website to be responsive to different platforms.
- The Cell agreed to implement and evaluate a digital solution to reduce social isolation and improve mobility (where technologically possible) in the event of further localised or national lockdown.

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