

Joint Strategic Needs Assessment 2021 Impact of COVID-19 on Adult Social Care in North East Lincolnshire

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Further information – Sam Meadows

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Adult Social Care

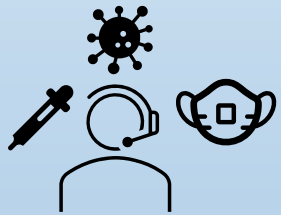
Emerging Issues



Throughout 2020, the number of permanent admissions to residential and nursing care homes (for 18-64 year olds and 65+) varied but is now back on-track. There has also been a noted decrease in younger individuals with a severe learning disability needing residential care.



Self-isolation had a disproportionately larger affect on elderly individuals, especially those affected by dementia, ill-health and those whose only social contact is outside of the home, such as at day-care venues and community centres. Many will have also struggled with digital isolation, due being unable to use the digital tech they have or not being able to afford to use the internet.



Customer Intelligence feedback from the NELCCG Customer Support team has highlighted how carers and older people have struggled with acquiring PPE or COVID-19 tests, understanding changes to health services, and not being given enough notice for their vaccination



Due to lockdown restrictions, many people in care stopped using their services and relied more on their informal carers. Services use went down in residential/ nursing care, supported living and support at home throughout the pandemic.



Historically, NEL has low care home occupancy levels (average occupancy near 70% compared to an “efficient” market of 95%). There have been concerns for some years (i.e. years pre-covid) that occupancy levels are unsustainable for some providers. Despite National COVID-19 related funding mechanisms being put in place, 1 care home has been shuttered within North East Lincolnshire and 2 more are at risk of being closed due to the drop in occupancy numbers during the pandemic.



The work to reduce the number of short term services leading to longer term services has fluctuated as people recovering from COVID-19 are taking longer to recuperate/ rehabilitate/ re-able.

Ongoing Solutions



Many services have had to be adapted to be in-line with COVID-19 restrictions. Staff, for the most part, adjusted well to the changes, showing resilience throughout lockdown. However, issues of sleep deprivation, burnout, compassion fatigue and personal and professional anxiety have shown across services.



Extensive work has been carried out by services (i.e. Healthwatch) and people in community to support older people throughout the pandemic. Volunteers offered help including help with shopping, prescription collection, fuel top ups, telephone support and befriending.



Service usage numbers have been slowly rising in the months post nationwide lockdown, and positive feedback has been given for the new online triage services which have been developed during COVID-19 restrictions. However, the restriction on services has impacted older residents mental and physical health.



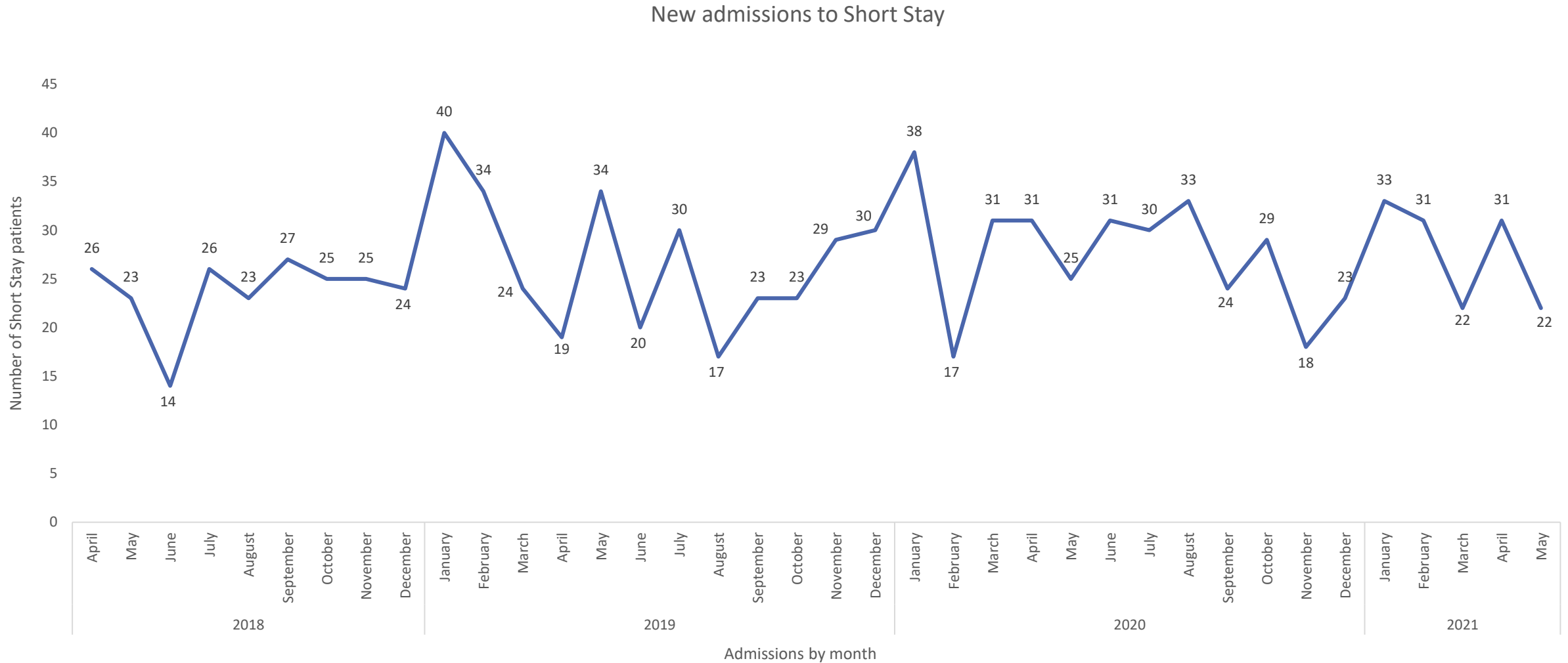
Many adult carers experienced heightened anxiety with the new level of responsibility that came with having to support and stimulate their relative 24/7. However, many adult carers are benefitting from the additional support as services re-open and return to full capacity.

Impact on care delivery across all care giving settings (Introduction)

All aspects of care have been impacted massively throughout the pandemic (care homes, supported living/extra care housing and own home settings). Access to (and usage of) social support within North East Lincolnshire has dropped due to a number of reasons. This has affected the physical and psychological health of social care staff and adult carers. Further recent evidence (which is detailed throughout this review) indicates that this drop-off in social support has caused some older residents to deteriorate. Although staff and social service capacity has started to return to normal now that restrictions have begun to lift, it is unclear if the impact of COVID-19 on the care industry will have long-term ramifications.

Impact on care delivery across all care giving settings

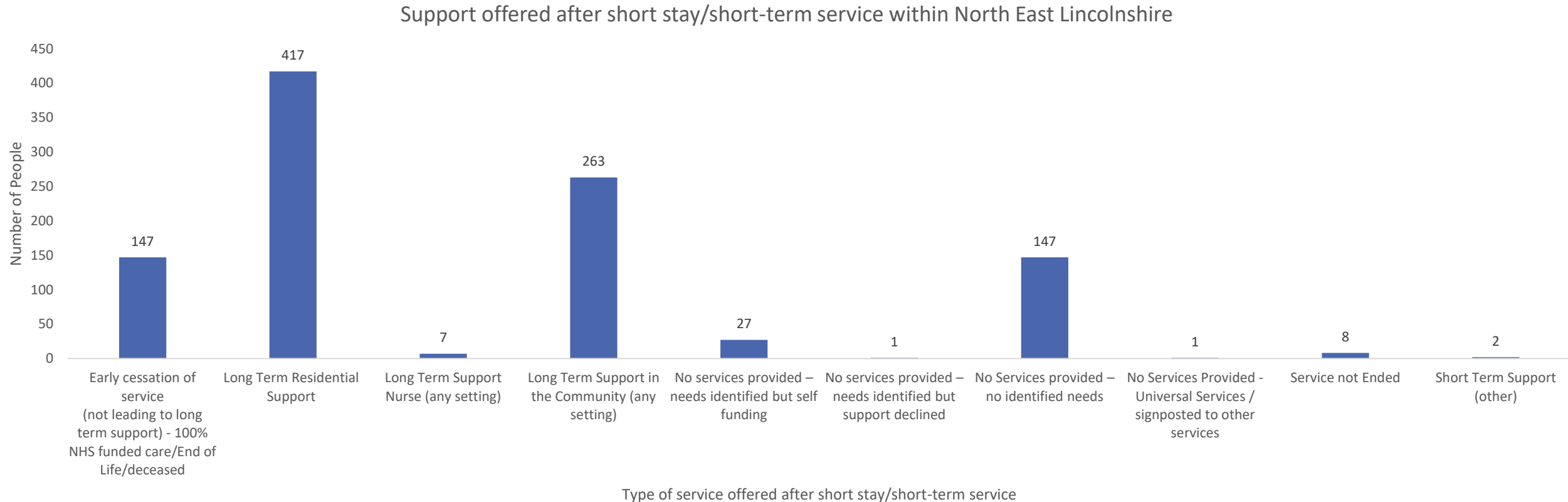
- The work to reduce the number of short term services leading to longer term services has fluctuated as people recovering from COVID-19 are taking longer to recuperate/ rehabilitate/ re-able. As can be seen below, the number of admissions to short stay was high at the beginning of 2021, but has fluctuated up and down throughout the year so far.



- Due to lockdown restrictions, many people in care stopped using their services and relied more on their informal carers. Services use decreased in residential/nursing care, supported living and support at home throughout the pandemic.

Impact on care delivery across all care giving settings (short-term services 1/2)

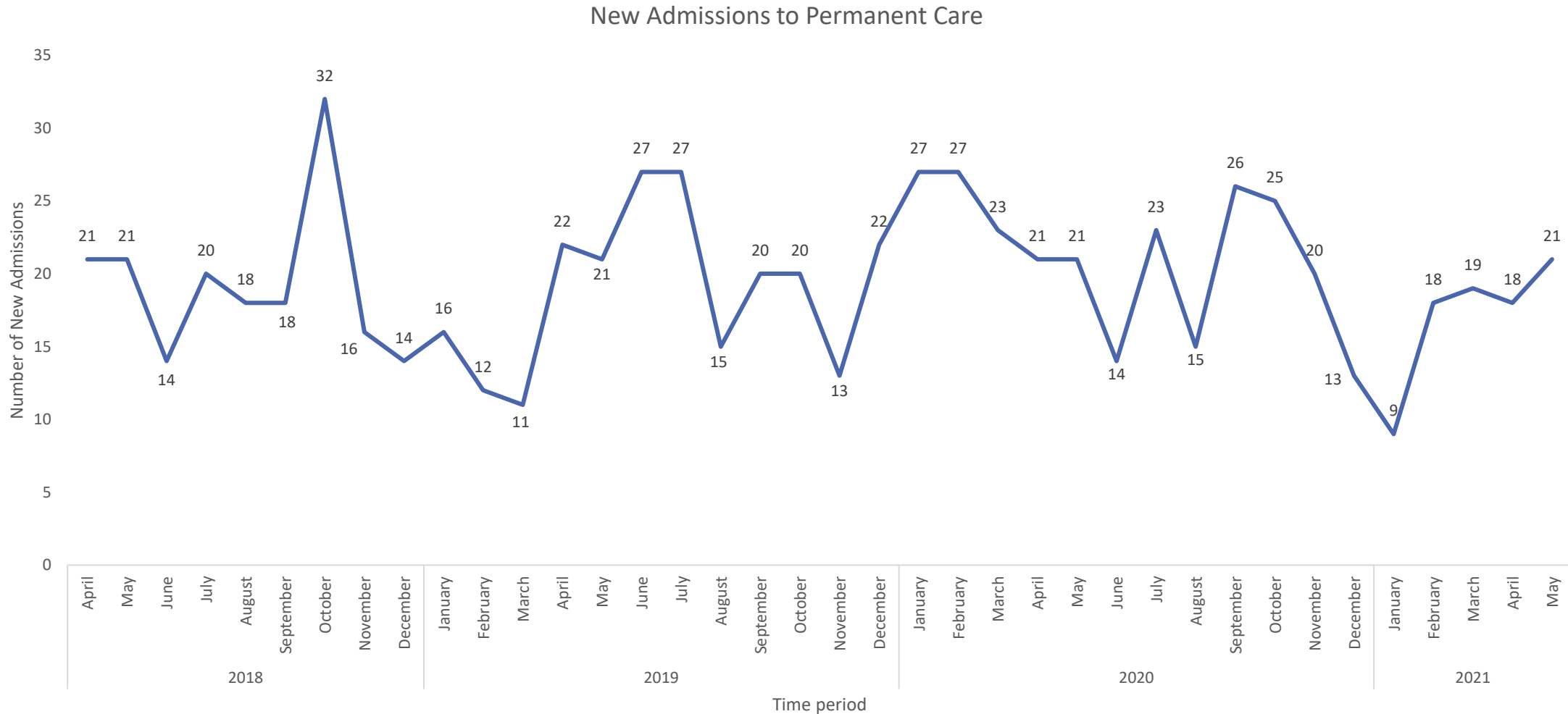
- Work continues to remodel discharge processes to ensure individuals are not placed in short stay following a hospital admission wherever possible. There continues to be a focus on the use of re-ablement and asset based approaches to promote independence and wellbeing, which in turn reduces the number of people who require long term services. As can be seen in the graph below (which covers support after short stay between April 2018 and May 2021), the majority of residents within North East Lincolnshire who have received a short-term service later went on to receive some form of long-term support.



- The development of Cambridge Park and the progression towards opening all 52 re-ablement beds will make a considerable contribution to delivering improved outcomes for individuals.

Impact on care delivery across all care giving settings (short-term services 2/2)

- There have been increased numbers of permanent admissions to residential and nursing care homes (for 18-64 year olds) over the past two years (largely due to the prevalence of early onset dementia). Currently (June, 2021), the Year-on-Year % change in permanent residents aged 18-64 is -50%, indicating that the number of new permanent residents in nursing and care homes is down by 50%. However, as shown in the graph below, the number of new admissions to permanent care (regardless of age-group) is increasing in 2021. As of May 2021, the number of new admissions to permanent care is higher than it has been all year. Careful monitoring of this situation is taking place within the CCG.



Impact on care delivery across all care giving settings (Feedback from NELCCG, 1/2)

- At the time of the NELCCG review, the year to date figure of permanent admissions of 65+ to residential and nursing care homes was decreasing (October 2020). This is largely due to the COVID-19 situation, as individuals and their families are still showing some reluctance to enter permanent residential care. However, the number of permanent admissions in 65+ has been increasing. Various factors have been identified as to the reasoning for this, including; higher numbers of individuals previously self-funding; more robust CHC review activity; individuals returning to ASC funded care; an increase in waiting time for community OT assessments (which has on occasions served to disable the individual) and ,more recently, the flow through from hospital discharge into 'Discharge to Assess' beds. The number of permanent admissions of 65+ has continued to increase at the time of this review (June, 2021) and work has been underway to better understand the presenting figures and to work to improve processes which appear to be contributing to the increase. Close and careful monitoring of this indicator will be maintained throughout 2020/21.
- The number of adults and older clients receiving a review as a percentage of those receiving a service has now slightly dipped below target despite social workers working creatively to undertake these during the COVID-19 pandemic. The current level of contact with FOCUS (the organisation providing the majority of adult social work on behalf of North East Lincolnshire Council) has increased, however they have not had enough staff to facilitate this increase in demand and ,unfortunately, reviews have not been the main priority within the workload. It is hoped this will change in the very near future as new staff are starting at the end of November (2020) and reviews are being prioritised in particular to those who have received COVID-19 health funding.

Impact on care delivery across all care giving settings (Feedback from NELCCG, 2/2)

- Customer Intelligence feedback from the NELCCG Customer Support team has highlighted a number of common issues faced by paid & unpaid carers. This feedback has highlighted how people have struggled with acquiring PPE or COVID-19 tests, understanding changes to health services and being given short notice or little information around their vaccination. People have also highlighted the difficulties they have faced with being unable to see family in care. However, it is important to acknowledge that people are unlikely to leave feedback with the customer support team if they have had a positive experience, so this feedback may not be entirely reflective of the efficiency of different services.
- To mitigate the impact on care delivery across North East Lincolnshire, NEL Sector Support developed a referral system for council staff to refer people that needed community support, allowing them to assist around 25 individuals with multiple needs through COVID-19 restrictions. It included single people with mental health problems that needed food parcels delivering, single parents who had children with disabilities and needed support with bills or activities for the children, and older people who were struggling to care for a relative without support. Sector Support also took a number of calls from people who lived out of the area but had relatives in NEL who lived alone and who were isolated who they would normally care for but ,due to the stay at home order, were unable to travel and check up on them.
- Social support service usage in dementia and ageing reduced significantly compared with pre-pandemic levels, while slowly rising in the months post nationwide lockdown. In addition, cases of anxiety reduced while cases of depression increased in the months since lockdown, with quality of life significantly increasing for people living with dementia (PLWD) and older adults. Local feedback (as well as further qualitative evidence nationally) has highlighted how PLWD and unpaid carers have faced a sudden crisis in terms of accessing social support services since the pandemic, as well as difficult decisions whether to continue or discontinue paid carers entering the home of the PLWD, for fear of potential virus transmission.(Giebel et al, 2021). Older residents within North East Lincolnshire had accessed a range of social support services pre-pandemic, including day care centres, support groups, meal deliveries, respite and paid carers. The closure of day centres and support groups has had a massive impact on the overall wellbeing of older residents, and their carers, across the area.
- In North East Lincolnshire there are no current cases in care homes; officially two care homes are still within the 28-day isolation period but this will come to an end soon. However, a number of providers are seeing a reluctance in some staff to having the second dose of the vaccine (NELCCG, May 2021).

1. NELCCG Customer Support team (2021)

2. NEL Sector Support (2021)

3. NELCCG (2021)

4. Giebel, C., Pulford, D., Cooper, C., Lord, K., Shenton, J., Cannon, J., ... & Gabbay, M. (2021). COVID-19-related social support service closures and mental well-being in older adults and those affected by dementia: a UK longitudinal survey. *BMJ open*, 11(1), e045889.

Impact on care delivery across all care giving settings (Supported Living & Safeguarding)

Supported living was relatively unaffected by cases of COVID-19 amongst patients and staff. Staff and service users followed restrictions effectively and managed to mitigate a large amount of the impact of cases of COVID-19. The impact has largely been in the lack of guidance given to supported living service users and cares throughout the pandemic. A large amount of advice was provided for domiciliary care and care homes, whilst supported living providers were left in a sort of limbo. This led to different national providers implementing different policies, effecting service users' routines and resulting in some service users being stuck inside whilst others were able to have more freedoms. Those living in supported living situations also struggled with the loss of their freedoms. Not being able to see family and not being able to take advantage of day provision activities (which were offered by the supported living providers but were largely cancelled due to COVID-19) greatly affected their wellbeing. Whilst some supported living service users benefited from the lack of activities during lockdown (as they struggled to keep up with the active timelines) many experienced feelings of loneliness, isolation, and an increase in negative behaviours. Work carried out by the CCG has highlighted that people in supported living are more at risk of relying on their phone data allowance (usually pay as you go, so more expensive) to access the internet. This can lead to high phone bills and eventual feelings of social isolation once the individual in supported living runs out of data. NEL has commenced roll-out of 4G tablets as pilot extension of the care home initiative. (CCG, 2020).

In regards to safeguarding, national indicators for the current year (from September 2020) find that new referrals for safeguarding and DoLS have slowed or fallen, potentially due to COVID-19 (NHS, 2020). However, safeguarding within North East Lincolnshire has not been significantly affected by the COVID-19 pandemic. (NELCCG, 2021).

Impact on care delivery across all care giving settings (Further changes across the Sector)

- Many services have had to be adapted to be in-line with COVID-19 restrictions. Some service users have felt that they have not received the level of service they would have received prior to the pandemic and some have felt that not seeing their care coordinators on a regular basis has impacted their mental health.
- Healthwatch have provided multiple examples of volunteers having to get emergency prescriptions for carers and patients, due to pharmacies being stretched to provide this service. These volunteers have also supported some care at home providers to ensure service users obtain food shopping, as initially it took so long in supermarkets and care staff were under time pressures. Healthwatch supported with this task so the care staff spend time providing care duties. Dental services and those trying to access emergency dental treatment has also been impossible for some so they have been in pain or had to travel some distance to access treatment. (Healthwatch, 2021).
- Care home managers within North East Lincolnshire have highlighted that professionals such as physiotherapists are still entering the building, as long as they are doing so safely. Team leaders within care homes have undergone insulin and wound training, to reduce the number of external professionals who would need to enter the care home. Keeping residents safe has been the biggest struggle for care home staff, as PPE procedures and outdoor visiting pods have been implemented to stop the spread of the virus into the care home. Overall, these new restrictions have become routine for the residents and staff have adjusted well to the new procedures. (Healthwatch, 2021).
- Historically, NEL has low care home occupancy levels (average occupancy near 70% compared to an “efficient” market of 95%). There have been concerns for some years (i.e. years pre-covid) that occupancy levels are unsustainable for some providers either in the short, medium, or long term. Nationally, covid related funding mechanisms were put in place to offer support to sustain the sector. However some providers have still struggled as the demand to place people in residential settings during the pandemic has decreased. This has led to some providers “shuttering” wings or buildings and others asking to discuss longer term sustainability. In North East Lincolnshire, One home has been classed as closed, whilst another has been classed as “shuttered,” by the CQC, resulting in a total of 77 beds being “lost,” with the potential for more in the future.

1. HealthWatch Support to Social Care – Supported Living Providers during COVID-19 (2021)

2. HealthWatch Report – Templecroft (2021)

3. HealthWatch Report – Eaton Court (2021)

Physical and psychological impact on individuals with needs across all care giving settings (Introduction)

Extensive evidence (locally and nationally) has indicated that self-isolation has had a disproportionately larger affect on elderly individuals, especially those affected by dementia, ill-health and those whose only social contact is outside of the home, such as at day-care venues and community centre's. (Dubey et al, 2021).

Physical and psychological impact on individuals with needs across all care giving settings (1/2)

- Many People living with dementia (PLWD), and their carers, experienced depressive symptoms throughout lockdown, resulting in many PLWD having to start new medication prescriptions to tackle these new mental health issues. PLWD have also struggled to understand the lockdown measures, leading to embarrassment and anxiety whilst trying to adhere to the restrictions. Deterioration has also been seen in PLWD, as they have missed out on socialising and being able to do independent tasks such as shopping or taking part in their usual activities. There is a risk that this could worsen, as many PLWD have expressed reluctance towards returning to their usual activities before COVID-19, out of fear of breaking lockdown restriction rules or contracting the virus. (Dubey et al, 2020).
- As far as national impact on PLWD, over a quarter (27.5%) of people who died with COVID-19 from March to June 2020 had dementia (13,840 people) and the largest increase in excess deaths was in people living with dementia (5,049 people).
- There have also been reported issues of COVID-19 negatively effecting older peoples body weight and nutritional status, both locally and nationally. This has been evidenced within a recent UK study, which interviewed 35 managers and 42 care home directors on the effect of COVID-19 residential care homes. These managers reported that (alongside 80% of care homes reporting that COVID-19 restrictions had affected residents mood) a reduction in oral intake was found in one third of care homes due to social isolating. This indicates that COVID-19 has had a further impact on the weight and eating habits of older residents. (Di Filippo, 2020).
- A research project into the effect of COVID-19 on care homes within North East Lincolnshire was carried out by Healthwatch (Humber Network and North East Lincolnshire). Findings from residential care homes within the area have highlighted how one of the main focuses of care home staff throughout the pandemic was the physical and psychological wellbeing of their residents. They have gone above and beyond to provide activities for residents, however, it has been difficult to provide stimulating entertainment for all residents due to the fact that many have severe dementia and struggle engaging. (Healthwatch 2020). Overall, COVID-19 restrictions (and the requirements for staff to wear PPE) as well as the lack of residents and social contact has taken a toll on many individual with needs across all care settings, causing many to deteriorate. (Di Filippo, 2020).

1. Dubey, S, Biswas, P, Ghosh, R, et al. Psychosocial impact of COVID-19. *Diabetes Metab Syndr.* 2020;14(5):779–788. doi:10.1016/j.dsx.2020.05.035

2. Di Filippo, L., De Lorenzo, R., D'Amico, M., Sofia, V., Roveri, L., Mele, R., ... & Conte, C. (2021). COVID-19 is associated with clinically significant weight loss and risk of malnutrition, independent of hospitalisation: A post-hoc analysis of a prospective cohort study. *Clinical nutrition*, 40(4), 2420-2426.

Physical and psychological impact on individuals with needs across all care giving settings (2/2)

- Friendship at Home (charitable organisation within North East Lincolnshire combatting isolation and loneliness amongst older residents) have reported an impact on both the physical and mental health of individuals across all care giving setting, especially for people living in their own homes. Many older people within the area have become so inactive over the last year that they need complete physical rehabilitation and a number of older people that have never experienced mental health issues before have experienced them for the first time. Friendship at Home have tried to support this by issuing computer tablets to service users so they can engage in virtual exercise sessions to keep them active. Service users with Friendship at Home have highlighted how they have benefitted from the tablets, IT support and virtual sessions they have offered through lockdown. This has helped service users reach out to family and friends as well as receive support for feelings of loneliness, anxiety and depression. However, many have still struggled with sleep loss, feelings of anxiety, depression and despair, weight gain and isolation. (Friendship at Home, 2021).
- Carelink (Charitable organisation supporting vulnerable older residents within North East Lincolnshire) have noticed that their customers mental health has been affected. They have missed face to face contact with both family and some services. Carelink have been able to continue offering their service have continued to install telecare equipment. However, Carelink staff have seriously reduced the amount of time they spend in an individual's home, no longer stopping to talk to customers who likely would benefit from being able to talk to a new person. Families have also blocked visits from Carelink staff as they have been anxious of exposing their relatives to the virus. (Carelink, 2021).
- Overall, one of the biggest negative effects seen was around feelings of isolation, especially in those in supported living. Many individuals in care felt cut off and people in supported living struggled with the lack of activities and opportunities to get out and about and access their community. (Cloverleaf Advocacy, 2021).

Impact on adult carers (Introduction)

Many adult carers have experienced heightened anxiety with the new level of responsibility that came with having to support and stimulate their relative 24/7. Without being able to take a break, many carers were forced to invite care staff into their homes and some even had to send the relatives they cared for into short-term respite care.

Impact on adult carers (1/2)

- At the beginning of the pandemic (March 2020), the number of calls into the Single Point of Access rose significantly with general COVID-19 enquiries. On the same side, many people were cancelling their paid carers as they were worried about people entering family homes and many older people were anxious about being vulnerable to the virus. There was also a significant increase in the number of calls relating to heightened anxiety, and many adult carers were struggling socially. A great amount of this heightened anxiety came from the fact that many who had cancelled carers, and instead took up the responsibility of caring themselves, were struggling with the new level of responsibility. Without being able to take a break from this responsibility, some carers were forced to invite care staff into their homes and some even had to send the relatives they cared for into short-term respite care. FOCUS supported these people by reinstalling care packages for those who were struggling and maintaining an open line of communication for any who needed to talk. (NHS, 2021).
- Friendship at Home support many adult carers of older people with dementia. Adult carers reported struggling throughout COVID-19 - not just with the lack of physical support services that usually provide help and respite - but with the lack of guidance and alternative provision for them as carers and for the people they are supporting. Carers reported that this has affected their own health and wellbeing, some to the point they have no longer been able to support the person. (Friendship at home, 2021).
- Evidence from Cloverleaf Advocacy also supports this, reporting that carers have experienced feelings of tiredness, stress and difficulties balancing work and care. These feelings are not uncommon amongst voluntary carers, however they have become exacerbated due to the pandemic. Many adult carers have struggled with missing social aspects of life, missing respite and struggling with entertaining the people they care for 24/7. (Cloverleaf Advocacy , 2021).
- Additionally, many adult carers have been too anxious to ask for support, which has meant that by the time they do call for support, their situation is much more complicated and deteriorated than it would have been otherwise. This means that, although there has been a reduction in calls for support, the calls that are made require a much higher level of support. (NHS, 2021)
- Further research has also highlighted how adult carers have experienced significantly greater levels of anxiety/depression, feelings of defeat and entrapment and an increase in adult carers adopting a wish fulfilment coping style. These negative mental health outcomes are 2-3 times more common than the levels that were reported in pre-pandemic studies. (Willner et al, 2020)

1. NHS (2021)
2. Friendship at home (2021)
3. Cloverleaf Advocacy (2021)
4. Willner, P., Rose, J., Stenfert Kroese, B., Murphy, G. H., Langdon, P. E., Clifford, C., ... & Cooper, V. (2020). Effect of the COVID-19 pandemic on the mental health of carers of people with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 33(6), 1523-1533.

Impact on adult carers (2/2)

- Adult carers of a person/people living with dementia (PLWD) have experienced high levels of social isolation, due to being unable to see friends and family and only being able to socialise with the PLWD. Being unable to take a break from their caring duties and experiencing stress and anxiety over the noticeable deterioration in emotional wellbeing observed in the PLWD. Many adult carers took on the responsibility of caring at the start of lockdown unexpectedly, cancelling paid care support and taking the PLWD out of care homes into their personal care to avoid losing contact with them due to lockdown restrictions on care homes. These adult carers have struggled a great deal throughout lockdown and will need additional support once service availability improves with the easing of lockdown restrictions. (Dubey et al, 2020).
- The “Supporting Carers through COVID-19,” survey was conducted by the Carers’ Support Service to gather the views of adult carers on the support available to them during the pandemic and how the pandemic had impacted on them. Almost half of the carers surveyed (48.12%) reported providing over 10 hours of additional support per week during the pandemic. This had a moderate to very high effect on the mental health and wellbeing of half of the carers surveyed (50.64%), with the most commonly reported issues that adult carers faced (by % of total respondents) being; anxiety, fear and worry (37%); missing friends and family (29%); low mood (26%); depression (25%) and loneliness (23%). 49.64% of carers said they did not receive sufficient support to manage the impact on their mental health and many stated they would have benefitted from more support from statutory services (14%), better signposting to available services (17%) and the opportunity to take a break (22%) or just have someone to talk to (19%). Carers did highlight that support from faith and social groups, the carer’s support service, care workers, GP/practice staff, the council and from friends/neighbours/family were all useful, and the impact on carers physical health was significantly lower than the impact to their mental health (29.19% reporting a moderate to very high effect and 37.77% reporting no effect at all). Overall, carers highlighted that more social support (face to face contact, opportunities to socialise and engage in activities etc), more financial support and better guidance on what support was available would benefit them massively. (Carers’ Support Service, 2021).
- However, many adult carers were happy to take on the care responsibilities, as they have seen it as an opportunity to protect loved ones. The loss of day centres was a large impact for carers and the people they cared for as it prevented either of them from having some respite. (NHS, 2021). Social support services have also started again, which has eased some of the pressure on adult carers slightly. (NELCCG, 2021).

1. Dubey, S, Biswas, P, Ghosh, R, et al. Psychosocial impact of COVID-19. *Diabetes Metab Syndr.* 2020;14(5):779–788. doi:10.1016/j.dsx.2020.05.035

2. Supporting Carers through COVID-19,” – Carers, Support Service, (2021)

3. NELCCG (2021)

Social Isolation & Volunteering

Social isolation is defined as the “inadequate quality and quantity of social relations with other people” at different scales of human interaction, and loneliness is defined as “an emotional perception which can be experienced by individuals regardless of the breadth of their social networks” (Public Health England, 2015). Research was carried out by the CCG, NELC and the VCSE into the impact of social isolation across North East Lincolnshire. The key findings from this research (as well as some information around the work of Healthwatch) has been included below.

Impacts	Age factors for social isolation and loneliness	Risk factors for social Isolation	Lack of transport	Digital isolation	Mental health	Volunteering
Social Isolation	<p>Due to COVID-19, those who were single, lone parents, carers, care leavers, experiencing life changing events (sudden loss of a partner or social networks, job loss, children leaving, divorce etc) or who were over the age of 65 with little social support (not having neighbours, friends, family to talk to) experienced amplified feelings of loneliness and isolation in a way many had never experienced before.</p> <p>Additionally, individuals who have struggled with social isolation and loneliness for some time, as well as individuals with long term and past issues (family issues, domestic abuse, trauma and abuse in childhood) which have affected their ability to develop new relationships, often find it extremely difficult to change their own circumstances</p> <p>This results in many individuals who experience social Isolation and loneliness becoming powerless to being able to do anything about it. Findings suggest that interventions to reduce or prevent loneliness during COVID-19 should be targeted at those socio-demographic groups already identified as high-risk in previous research. These groups are likely not just to experience loneliness during the pandemic but to have an even higher risk than normal of experiencing loneliness relative to low-risk groups.</p> <p>The “Our Place Our Future NEL survey,” highlighted the attributes that made people more likely to experience loneliness. (% experienced loneliness). These attributes were: Bereaved single person household (35%), Single person household (25%), Relationship problems (45%), Carer with child affected by disability (35%), Unemployment (43%) and Retirement (33%). (NELCCG, 2018/2019)</p>	<p>Factors that have prevented individuals struggling with social isolation from seeking help include: the perceived stigma around isolation and loneliness, a lack of clear guidance on where to get help, some areas and communities offering support whilst others are not and some organisations/services not properly promoting or signposting their services (often due to lack of capacity). Many people also struggle to recognise that the cause of their negative feelings was social isolation and many organisations are struggling to recognise the symptoms of social isolation and loneliness as well.</p>	<p>Another cause of social isolation has been the lack of clear guidance of the transport picture in NEL. People, especially those who are older or have physical disabilities, need transport to access other people, settings and support. This transport issue also ties into a wider issue around poverty. Poverty is a major factor which prevents people accessing support, visiting others or attending activities that aren't near their home.</p>	<p>Some older people do not have the skills to use the digital tech they have or could have if someone helped them. There is still a significant group of older people who still choose not to use technology and need help to access services which have largely moved online. Digital exclusion can prevent people from social contact and increase social isolation. Additionally, many people living in poverty cannot afford smartphones or digital tech</p> <p>Lloyds Bank UK CDI 2020 - 9 million can't use the internet without help - 7 million don't have internet access at home. Also, the proportion of local residents estimated, in 2018, to have accessed the internet in the last 3 months was 82.6%, considerably lower than the national average of 89.8%. (NEL JSNA, 18/19).</p> <p>Basic digital skills can enable people to connect and communicate with family, friends and the community 14% more frequently. However, over 20% of ‘economically inactive’ people are not internet users and the percentage of households with an internet connection increases with income. Additionally, 41% of households with a single adult aged 65 years and over had no household internet connection compared with 13% of households with two adults, at least one of whom was 65 years or older (ONS, 2017/18).</p>	<p>Lack of confidence, depression, anxiety and other mental and emotional health issues have a dramatic effect on people’s ability to attend activities and/or reach out. Services and organisations are not always set up to understand or support individual needs. Mental and emotional health issues have a dramatic effect on people’s ability to attend activities or even make a phone call to reach out for support.</p> <p>NEL Our Place Our Future data: 39% of those with mental health issues are likely to experience loneliness</p> <p>Giveusashout.org text service had 450,000 ‘text’ conversations since May 2020. 18% mention loneliness, 55% didn't have anyone else to talk to, 39% haven't asked for help elsewhere</p>	<p>Healthwatch North East Lincolnshire was commissioned by the North East Lincolnshire Council to provide a coordinated volunteer response during the COVID-19 pandemic to support certain social care services, including care homes domiciliary providers and support living. The types of support available from volunteers includes help with shopping, prescription collection, fuel top ups, telephone support and befriending.</p> <p>Healthwatch provided a central point of access for social care services to request a volunteer for their support needs. Healthwatch then arranged for necessary volunteer brokerage, ensuring that volunteers were recruited, assessed, coordinated and receive ongoing support and supervision, and matched to the requirements of the social care service.</p>

1. “Social Isolation and Loneliness,” Insight deck - Clinical Commissioning group, North East Lincolnshire council and colleagues from the VCSE sector (2020)
2. Healthwatch (2021)

Impact on staff across all care giving settings

Despite showing great resilience throughout the pandemic, many staff members did experience feelings of burnout, anxiety and overall stress. Steps have been taken to support staff throughout the pandemic and it is believed that, now that restrictions have begun to lift, the wellbeing of staff will begin to improve as they are able to get back into offices and back to work.

Impacts	FOCUS	VCSE support services	North East Lincolnshire care home staff	National Research	CQC Guidelines for Staff
Impact on Staff across all care giving settings (examples)	<p>FOCUS (organisation providing the majority of adult social work on behalf of North East Lincolnshire Council) staff initially had to vacate offices and had to become very reliant on technology. They adapted well and had technology at hand, however, issues became apparent when staff became reliant on their internet connections. They had many issues due to staff's internet systems not being reliable enough to allow them to provide a high level of service. In response to this, FOCUS has installed a new "telephony," system that is less reliant on staffs internet service. Staff have also become more reliant on tools such as WhatsApp, System One and messenger to change the way they communicate with colleagues. Overall, staff have now adjusted well, are returning to the office and communications are working well across the system. (FOCUS, 2021).</p>	<p>Cloverleaf Advocacy managers have highlighted how many staff carers have shown major resilience and have been happy working from home. Mental health first aiders, general mental health support and various online social events have been implemented to support staff and advocate for their needs. Zoom/team meetings have been carried out throughout lockdown to maintain contact with staff. However, many staff members have struggled with the lack of face-to-face contact, difficulty to organise meetings and the struggles with keeping tabs on what other colleagues are doing. Regardless, staff and voluntary advocates have gone above and beyond to provide a full service for service users. (Cloverleaf Advocacy, 2021).</p> <p>However, some VCSE partners have noted that they saw a gradual decline in staff motivation across the sector, partly due to the increased workload pressures, feelings of helplessness for their service users etc. However, more partnership with health services has allowed many staff to upskill. (Friendship at home, 2021).</p> <p>Regardless, our VCSE partners did well to navigate COVID-19 restrictions whilst providing excellent service. Being able to work and help customers during the pandemic was helpful for staffs wellbeing and, despite some staff showing signs of being mentally tired towards the end of October, counselling services and general support was provided when staff showed signs of struggling. (Carelink, 2021).</p> <p>Overall feelings of wellbeing, individual positivity and energy levels have dropped noticeably in staff and volunteers within 2021. Difficulties have been faced in motivating staff and volunteers, with some staff members stating that they felt that they had compassion fatigue caused by the intensity of the contact with service users. Many have been supporting individuals continually for 15 months which under normal conditions would not happen, causing a lot of personal and professional anxiety. (Alzheimer's society, 2021)</p>	<p>Managers at Residential care homes within North East Lincolnshire were asked how care staff have fared through the pandemic. They explained that staff are mainly concerned about the residents and have adapted to COVID-19 being part of their working life. They explained that PPE (personal protective equipment) has been a struggle to get used to wearing all of the time, However it has been reported that staff have remained positive and have been more focused on staying resilient, not bringing COVID-19 into the care home and providing an excellent service for their care residents. (Healthwatch, 2021).</p> <p>Care home managers also reported that staff have all had 'peaks and troughs' throughout the pandemic, however, the team have pulled through by talking and supporting each other. They have tried to support each other and encourage conversation, and they have given access to helplines or other resources as needed for any personal and/or professional issues they faced. The most valuable support during the pandemic, has been "being in it together," and that the care home has even found some practices that they would like to continue following the pandemic, such as virtual meetings. (Healthwatch, 2021).</p>	<p>The negative impact of the COVID-19 pandemic on care staff has been highlighted in national research. Rajan et al (2020) conducted an anonymous pilot study of care home managers and directors across England. They described a fearful and overworked workforce who felt the pressure of responsibility to protect residents from becoming infected at all costs. Many managers and directors described their frustration at the lack of clarity between the NHS and social care and their struggles to maintain morale. 43% of managers also described staff shortages and 30% of care homes still depended on staff who worked across sites, with some reluctantly having to use agency staff at inflated prices to fill gaps. Peer to peer support, activities, community donations and letters of appreciation were the mainstay of support for staff and some providers also supported their staff with bonuses and enhanced pay.</p> <p>Research has also highlighted the increased risk of frontline hospital staff experiencing sleep deprivation and insomnia from the long shifts and increased stressors brought on by the COVID-19 outbreak. In turn, this has led to staff developing mental and somatic disorders, altered immune responses, medical errors, misunderstandings, drowsy driving and burn out. (Ballesio et al, 2021).</p>	<p>The CQC Key Lines for enquiry (2020) set out many of the strategies put in place to support care providers through COVID-19. In North East Lincolnshire, national guidance has been received and shared between the appropriate care providers. The CCG has been on hand with additional support when co-ordination has been requested by care providers. For example, when there was an initial shortage of PPE across statutory, community, and residential care – Navigo & Care Plus Group took lead provider roles and developed a storage and distribution system to enable care homes (including LD), care at home services (including LD), and personal assistants access to PPE when their usual supply route failed or usage increased and stock ran out. CCG service leads also provided digital check-ins with service provider leads, reaffirming guidance and progress in implementing it, identifying issues and pressures in system and facilitating solutions.</p> <p>The strategies put in place to protect those providing care (either professionally or as a voluntary adult carer) were as follows; Increased frequency of contacts by case managers to identify potential problems early; IST contacts increased to enable tailoring of bespoke support including personal support plans; prioritisation of care staff (and PAs) in vaccination roll out; staff were included in the PPE hub approach and updates were provided by both email and verbally at meetings. (NELCCG, 2021)</p>

Impact on staff across all care giving settings

References

1. Alzheimer's society, (2021)
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5. FOCUS (2021)
6. Friendship at home (2021)
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8. HealthWatch Report – Eaton Court (2021)