

A simple letter helped staff access lockdown childcare



The Kent and Medway health and care system worked together to make it easier for key workers to access schools and childcare during COVID-19 restrictions. This improved staff wellbeing and ensured that staff remained available to provide patient care.

What we did



The issue

During COVID-19 lockdowns, schools and childcare facilities were only open for the children of key workers. Everyone had to react quickly. In Kent and Medway, schools often thought that health and social care staff did not meet the definition of a 'key worker'. Some schools would not accept a child if a key worker was working at home or had a non-key worker in the family. Some social care staff did not have identification to confirm they were key workers. There was also a lack of childcare for people working at evenings and weekends.

Health and care staff were left stressed and struggling to balance their family and work responsibilities. This affected whether staff were available to provide patient care.



The solution

The Kent and Medway health and care system:

- assigned a **named person** at the Clinical Commissioning Group (CCG) to lead on this issue for the system as a whole
- set up direct communication between health and care services and the local authorities responsible for schools and childcare. This included **regular conference calls** to review childcare provision and let local authorities know if providers were not accepting children
- gave all health and social care staff **letters confirming that they were key workers**, as evidence for schools and childcare
- **communicated directly with all staff** through email and newsletters so they were up-to-date with the latest information. Leads from the local authorities and CCG agreed a unified communications strategy
- gave staff an email address and telephone number to **contact for help**

What we achieved

- We helped **NHS staff feel supported** and listened to. People knew where to go if they had issues accessing schooling or childcare. Staff said they felt empowered to get the information they needed. Managers said they knew what to do to help their staff.
- Human Resources Directors from all NHS employers felt more supported, because organisations across Kent and Medway were working on this together. This **reduced the workload and duplication** for individual organisations and provided a more consistent approach across the area.
- We **built up relationships** between healthcare workforce leads and the local authorities. We are now more resilient as a system and able to react faster in future.
- We **influenced national policy**. We worked with the national COVID-19 Childcare workstream to share ideas and input into GOV.uk policy guidelines.
- We **identified things that need further work**. Childcare was an issue for the NHS before COVID-19. The pandemic highlighted how serious this is. Local authorities and schools had no data about how many parents were key workers. Some organisations surveyed their own workforce, but this was not joined up. In future, schools might now collect information about which families include key workers.

“We were working in a fast-paced environment, with frequent changes to government guidance and a lot of variation in how schools and childcare providers were working.

Our initiative didn't address all the issues, but we made sure that parents who worked in health and social care had someone to turn to. They were not alone.”

NHS Kent and Medway CCG



What helped us

1

We **worked as a system**, rather than each organisation struggling alone or replicating work. Our Human Resources Directors group, including representatives from all NHS employers, oversaw the process. We worked with all Trusts, social care leads, Directors of Children and Early Years at local authorities, headteachers of local schools and NHS communications teams.

2

We had a clear **two-way communication** channel with local and national partners. This included daily teleconferences connecting health and care employers with local authorities so we could identify and address issues in real-time.

3

We had a **named responsible person** at the CCG. Human Resources Directors could raise issues with the CCG lead who in turn spoke directly with local authorities to seek a resolution from schools.

Learn more

To learn more about what we did, contact: caroline.mcbride1@nhs.net