England's social care sector during Covid-19: a situational analysis

Social care recovery and resilience

Nuffield Trust and Care Policy & Evaluation Centre (LSE)

Co-PIs: Adelina Comas-Herrera & Natasha Curry
Nuffield Trust team: Nina Hemmings & Camille Oung
CPEC team: Joanna Marczak; Will Byrd; Max Salcher; Klara Lorenz

Acknowledgements

Today's presentation

- Project overview
- Situational analysis: research questions and methodology
- Select findings:
    - Underlying fault-lines that impacted the response
    - Impact of Covid-19 on the care system
    - Learning for England's care system
- Recommendations
- Concluding remarks and Q&A

Other sessions from the project

Thursday 8th September 16.15 - Social care recovery and resilience: what can England learn from other countries?

(Camille Oung and Adelina Comas-Herrera)

Saturday 10th September 11.15-12.30 – COVID impact on LTC systems:

A conceptual framework for the English social care system to identify opportunities for learning from evidence and from other countries' experiences of the Covid-19 pandemic (Adelina Comas-Herrera)

What long-term care interventions and policy measures have been studies during the Covid-19 pandemic? Findings from a systematic mapping review of the scientific evidence published during 2021 (William Byrd)

Project overview

WP1
- Rapid situational analysis

WP2
- Systematic evidence mapping & scoping reviews

WP3
- In-depth country case studies

WP4
- Synthesis of learning

PIEG & **Research Advisory Group** to shape and support the project throughout
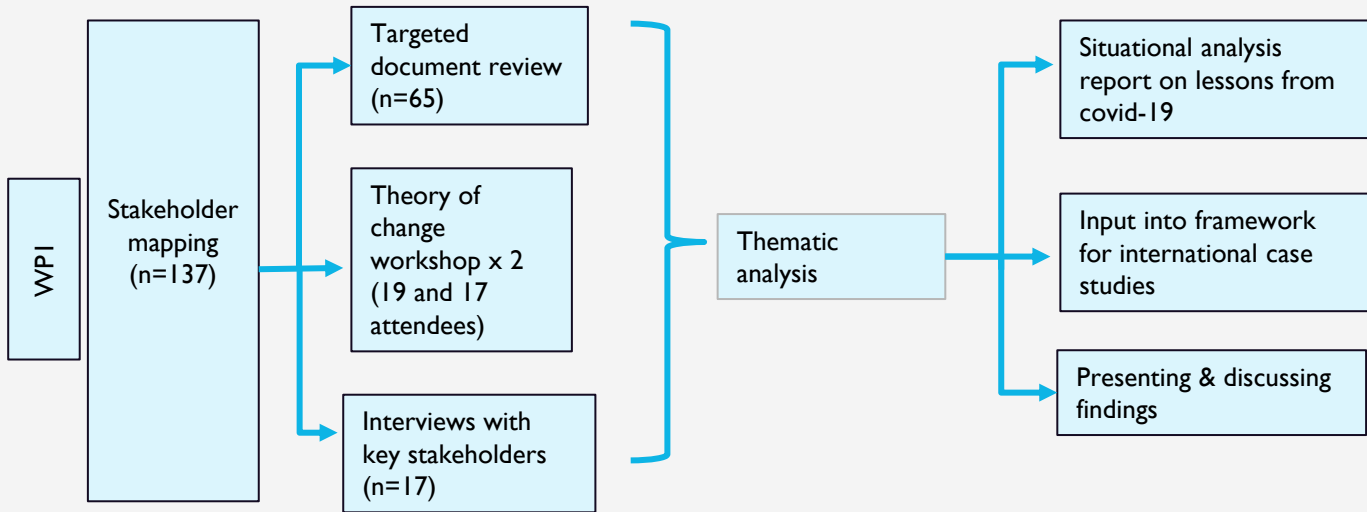
Situational analysis: aims

A. To identify what learning should we take from the covid-19 experience as we look to recovery and long-term resilience

B. To identify priorities for the sector in the short, medium and long term that can guide our international work

C. To ensure that learning from other countries is relevant & timely to the English context & offers value

Research questions

1) How was the sector (people drawing on care, unpaid carers, care workers) **impacted** by Covid-19?

2) What were the **strengths & weaknesses** in the pandemic response?

3) What was **learnt between waves**? What positives should we keep?

4) What are the short, medium and long-term **priorities** for the sector?

Methodology

WPI → Stakeholder mapping (n=137) →

- Targeted document review (n=65)
- Theory of change workshop x 2 (19 and 17 attendees)
- Interviews with key stakeholders (n=17)

→ Thematic analysis →

- Situational analysis report on lessons from covid-19
- Input into framework for international case studies
- Presenting & discussing findings

Spring 2021 — **PIEG** & **RAG** shape and support the project throughout — Ongoing

Underlying structural challenges

- ➢ Lack of visibility of social care in decision-making
- ➢ Unclear complex accountability
- ➢ Lack of priority compared with NHS
- ➢ Variable collaboration with the NHS

- ➢ Sporadic & uncertain funding over time
- ➢ Limited investment in estates, technology & innovation
- ➢ Fragile provider market
- ➢ Limited data on the sector

- ➢ Lack of understanding of complexity of people & services within social care
- ➢ Long-standing workforce shortages
- ➢ High reliance on invisible unpaid carers

"I think if you were designing a structure which was fit for pandemic response you would not have designed the social care sector that you had"

"could we have predicted where the weaknesses would have been in any crisis…probably, because they were pre-existing"

Impact of covid-19: select findings

People drawing on social care
- Care home residents
  - 20,000 deaths, March-June 2020 (40% of all covid-related deaths)
  - A further 16,355 deaths between Oct-Feb 2021 (26% of all covid-related deaths) (Scobie 2021)
  - Deterioration; visiting rights
- Homecare (evidence gap?)
- People with a learning disability: over 2,600 covid-related deaths (Hatton 2021)
- Ethnic inequalities: proportion of deaths higher among Black people (49%) compared to White people (41%) (CQC 2020)
- Inappropriate DNACPRs

Formal workforce
- 922 deaths by May 2021
- Burnout and sickness absence (doubled to 9.5% by Spring 2021)
- 165,000 vacancies in 2021/22 (Skills for Care 2022)
- At least 42,000 fewer staff between April-Oct 2021 (Nuffield Trust 2021)

Unpaid carers
- Estimated 4.5 million carers during pandemic (DHSC 2020)
- 1 in 4 cannot cover monthly expenses (Carers UK 2021)
- Free PPE not accessible until Feb 2021

Care providers
- Occupancy rates dropped by 12-13% in non-specialist care homes compared to 2019 average (Langbuisson 2020, CQC 2021)
- Over half of local authorities reported providers closing/ handing back contracts in Spring 2021 (ADASS 2021)

Situational analysis: lessons

The system

1. Clarity of accountability
2. Visibility of social care
3. Preparedness
4. Collaboration with NHS/ other local systems

People

5. Understanding complexity and diversity
6. The structure and nature of the workforce
7. Support for unpaid carers

Resources

8. Stability of funding
9. Data and information
10. The state of residential care infrastructure

The system

Clarity of accountability

"it is very rarely clear in social care who is responsible for what bit... even where the accountability was clear, it still might not have been right"

"[the DASS] ... can't make ... 350 care homes in [a] particular authority and another 200 home care agencies, and an x number of day care [follow the guidance]. There wasn't a real easy way of creating that accountability very quickly other than by creating common cause or, describing it as a common cause"

Visibility of social care

"...I went to a meeting that the Secretary of State, the Prime Minister hosted in early February [2020], ... [we]... could not get air time for social care's issues, could only get airtime for the requirements of the NHS in relation to social care"

"I think a silver lining on a very very dark cloud is that care homes have risen to the top of the national agenda in a way that I've never seen."

The system

Collaboration between health and social care

"the connectiveness with our care homes… was nowhere near adequate to cope with a global pandemic because that relationship was never set up to do that… "

"we are moving from a situation where care homes sat very much outside of the realms of primary care networks and now they're sat right with us"

Preparedness

"the local resilience forums for example, suddenly came into the spotlight in ways probably that they've never imagined… Suddenly they were at the eye of the storm and having to manage things like supply of PPE"

"… we know from past experience, infection can spread like crazy [in care homes], you know, we've got flu, we've got other you know, MRSA…"

People

Understanding complexity & diversity

"the descriptions of the settings and you know sessional use and all these sort of terms that might mean something in a hospital or a clinical environment don't mean anything… What is a session in social care, is that with one person, is that when I start up my shift at eight o'clock in the morning"

Structure and nature of the workforce

"At the time when we had people on furlough on over £2,000 a month, well that really hurt, I think with the people at home not working getting money to cover them and we had people at the frontline not getting their sick leave covered"

"There were care workers who have reported to us being abused verbally and having their cars keyed, having things thrown at them, being told they're virus spreaders"

Support for unpaid carers

"It's not only social care that play second fiddle, the carers play third or fourth fiddle."

"Although DHSC is the lead for this, it does involve MHCLG, does involve DWP in other aspects so we shouldn't be seeing adult social carer as solely DHSC, actually actions are required from cross-government."

Resources

Stability of funding

"I was on calls with BEIS alongside McDonalds and the Airport Authority and everybody who were getting loads and loads of support and I was saying what about social care we contribute £45 billion into the economy"

"the whole experience in one sense is a quite neat distillation of the way that the whole system is being funded for, I don't know, ten plus years so you get injections of short term funding …"

Data & information

"we had to basically [build] a minimum dataset to understand what the pandemic was doing."

"We feel that capacity tracker for providers is the best of the worst worlds really, to expect providers to fill that in every day has been very onerous on them."

Infrastructure

"it was all about isolating people and getting people to keep all their waste in the same room with them, which you know if you work with anybody with dementia all of which are completely inadequate responses."

"It was a move in the right direction so… you were discharging them into designated settings from where they would recover and then go back to their care homes hopefully."

Select recommendations

- Embed, maintain & develop social care voices within central govt
- Make advisory groups & communication channels permanent

Embed voices

- Clear lines of accountability during 'normal' times as well as times of crisis, at national and local level

Accountability

- Long-term preparedness and risk monitoring to put social care on a resilient footing
- Create a central support structure that can click into place in event of a crisis

Preparedness

- DHSC and other responsible bodies for guidance and advice need to fully consider diversity, to ensure support is adequate and appropriate in timely and accessible manner

Diversity and complexity

- Comprehensive, long-term strategy must be brought forward to build a stable, motivated workforce with skills and capacity to weather future shocks
- Must address pay and conditions

Workforce strategy

- Invest in measures to better identify and support carers.
- Improved data collection, reinstating respite and day services, paid leave
- Clearer accountability at national and local govt levels

Identify and support carers

- Need for not just more central govt funding but for funding to be more certain, to enable stability and strategic investment
- Multi-year financial settlement

Certainty of funding

- Modernise the existing estate, including extra care housing solutions, to both withstand future pandemics and other shocks (eg arising from climate change)
- New and innovative models of care

Modernise residential care estate

- Essential to ensure a good understanding of people who draw on, and work in, care
- Clear strategy for data is required
- Digital skills of providers, staff and carers

Investment in data

Concluding remarks: moving towards a more resilient social care system

A positive legacy?

Priorities for future reform

An opportunity for change – learning from other countries

www.nuffieldtrust.org.uk

Follow us on Twitter – twitter.com/NuffieldTrust

Sign up for our newsletter – www.nuffieldtrust.org.uk/newsletter-signup

nuffieldtrust