With 2020 Vision: lessons for health, care and well-being – social care

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INTRODUCTION

The impact of Covid 19 on social care deserves considerable scrutiny in the future analysis of how well the UK has responded to the pandemic. That analysis will inevitably cover social care's invaluable contribution to the national effort and the impact the virus has had on the recipients, commissioners and providers of care and support, and indeed on those in need currently without a service. WIHSC's introductory paper on Covid[1] stressed the importance of beginning to learn lessons now, not least so that our feelings as well as facts about these unprecedented experiences are not lost with time.

In this paper we begin to identify how social care has been affected operationally, the extent to which it has been perceived and presented as a key service, and the implications of Covid for the organisation and delivery of social care services in the future. We fully recognise and acknowledge the magnitude of the unique challenge facing those involved at all levels and the herculean efforts they've made to meet it. It is also important to recognise that the size and complexity of the health and social care system means that some mistakes are inevitable and need to be counterbalanced by the successes achieved in so many cases. This paper should be read in that context.

THE RELATIONSHIP BETWEEN COVID AND SOCIAL CARE

A simple reminder of what social care is about provides immediate insight into how services would be affected by a pandemic. As well as making a major contribution to the prevention of need, social care is about providing the most personal care and support, physical and emotional, in a variety of different settings and contexts, to some of society's most vulnerable people across all ages. We now know that the people often most supported by social care – older people, those with long-term medical conditions and people from poorer backgrounds – have also been those most affected by Covid.[2] The lockdown experience and the rules connected with social distancing are in direct contrast to the essence of good social care. Social distancing and remote forms of contact are foreign to social workers and social care workers; controlling the lives of those in need of care and support is anathema to social care; uniforms and protective clothing like face masks are necessities rather than choices.

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[1] https://wihsc.southwales.ac.uk/2020-vision-lessons-health-care-and-well-being/

[2] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/articles/measuringsocioeconomicinequalitiesinavoidablemortalityinenglandandwales/2001to2017

Some of the social consequences of Covid are known already. As well as the horrific number of deaths, particularly those of care home residents,[3] there have been reported increases in cases of domestic and other abuse.[4] Maintaining good mental health has been challenging with increased concern relating to loneliness and isolation. Children have been unable to play with friends or attend school. A surge in child protection referrals is predicted when schools re-open.[5] Carers have reported breakdowns in care packages either because of the absence of professional support staff or because of their own fears of allowing staff into their homes without adequate PPE or the verification of a negative test.[6] People with learning difficulties have been affected disproportionately from the rest of the population.[7]

All aspects of social care have been impacted and the attention of those involved in arranging and delivering care and support has had to switch to new and unprecedented challenges. These and other challenges have also been faced in the NHS and whilst the priority given to ensuring the NHS had sufficient critical care capacity was understandable, it is disappointing that recognition of social care as an essential key service was not properly highlighted publicly until many weeks after the government's response to the pandemic began. It should not have taken the more recent outcry about deaths in care homes to acknowledge the importance of social care and even now, many of social care's other important contributions in response to the pandemic have not been given the attention they deserve. Interestingly, the similarities and differences between social care and the NHS have been exposed by Covid possibly like never before and this has helped begin a new debate about how their respective roles and relative value in supporting people's health and well-being in a seamless, integrated system should be understood and organised in future. Multi-agency working in the future may need to be recalibrated in the light of the Covid experience.

CARE HOMES

There is no greater example of how people receiving care and support have been affected by the response to Covid than the case of care homes. Why they were apparently not prioritised from the outset as an obvious high-risk setting remains a perplexing question. Official UK government guidance until 13th March 2020 stated: "[T]here is currently no transmission of COVID-19 in the community. It is therefore very unlikely that anyone receiving care in a care home or the community will become infected" and that "There is no need to do anything differently in any care setting at present".[8] When large numbers of the oldest, frailest, most vulnerable people in society, with underlying medical conditions, live under one roof, and are joined every day by a similar number of staff and visitors, you effectively have the sort of social gathering that has been banned in the community. Comparisons with the early experiences of how the virus spread on cruise ships have some resonance here.

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[3] http://www.data.cymru/covid19/mortality

[4] https://www.womensaid.org.uk/covid-19-resource-hub/#1585739910691-6b8d326b-5792

[5] https://www.independent.co.uk/news/uk/home-news/coronavirus-children-referrals-schools-open-anne-longfield-a9500176.html#gsc.tab=0

[6] https://www.carersuk.org/wales/news-campaigns/news/wales-carers-alliance-sends-letter-to-welsh-government-on-the-impact-on-unpaid-carers

[7] https://www.cqc.org.uk/news/stories/understanding-impact-coronavirus-autistic-people-people-learning-disability

[8] https://www.gov.uk/government/publications/guidance-for-social-or-community-care-and-residential-settings-on-covid-19/guidance-for-social-or-community-care-and-residential-settings-on-covid-19#guidance-on-facemasks

The movement of people in and out of care homes, albeit in restricted conditions but without the assurance of testing, was bound to increase transmission of the virus. To compound matters, it appears that care home workers and care home nurses have needed to undertake some of the most intimate care without the necessary protective equipment or the safety of testing. Only recently has there been commitment to comprehensively test staff and residents with or without symptoms which is a clear example of why decisions based on science must be accompanied by consideration of the need to safeguard and reassure. The death rate of care home residents is appalling. It may well prove to be the most lasting tragic consequence of the handling of this crisis.

The terms of the inevitable enquiry into how the UK dealt with Covid must at the very least include specific reference to care homes and listen to those facing the difficulties at the time.[9] Ideally, a separate enquiry should be held. Bereaved families, who have already been brave enough to express their sorrow and anger, have a right to know why any Covid positive residents were allowed to return home from hospital without re-testing, why the number of deaths was so high, and why a concerted and visible national effort to protect residents wasn't an initial component of the government's approach. Hopefully these and other questions will not be addressed from the viewpoint of blame and recrimination but with a focus on learning lessons and enabling families to obtain some closure and feelings of resolution and restoration.

The sad irony is that care homes presented a unique opportunity from the outset to implement a rigorous test, trace and isolate strategy, proven to be successful elsewhere, and now seen as crucial to exiting the lockdown. Government struggled initially to identify and contact those people in the community considered to be most vulnerable in order to offer "shielding" advice yet care home residents represented an identified population of precisely those people. If claims that the absence of sick pay motivated some care workers to attend work whilst being asymptomatic, or even while showing symptoms[10], are also true, the unacceptable level of exposure to the virus by care home residents and the effect of not testing will be further highlighted.

In the case of care homes, the symbiotic objectives of "Protect the NHS" and "Save Lives" have turned out to be mutually exclusive. It is now recognised that many residents did not access hospital treatment despite capacity being available and some were discharged without testing and prior to being virus free. People need reassurance that these decisions were based on the kind of clinical considerations outlined by the British Geriatric Society[11] and not solely with the need to free up hospital beds. Otherwise, doubt will remain whether saving lives in the context of care homes was a non sequitur of protecting the NHS. It is not surprising that some care home owners have expressed their experience as having left them feeling that care home residents have been regarded as second class citizens.[12]

IMPACTS ON PEOPLE, THE WORKFORCE, LOCAL AUTHORITIES AND PROVIDERS

The consequences of the care home experience may be considerable but can assist in beginning to understand the impacts of Covid on social care in general. Most affected, of course, are residents

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[9] https://www.theguardian.com/world/2020/apr/22/without-a-plan-its-not-going-to-stop-care-homes-fear-worst-yet-to-come-covid-19

[10] https://www.manchestereveningnews.co.uk/news/greater-manchester-news/care-workers-cant-self-isolate-18102999

[11] https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes

[12] https://www.bbc.co.uk/news/uk-wales-52579252

and their families, and the statistics speak for themselves, but the impact on staff, local authorities and care home providers has also been significant. By looking briefly at each in turn, we can gain early insight into some of Covid's wider effects and their applicability across the whole spectrum of social care.

Staff working in all care settings have seen their caring roles affected by new risks for themselves and those in their care. Death rates for personal caring occupations (including care workers) are reported by the Nuffield Trust to be two and a half times higher than for health professionals.[13] It is important to recognise that many of the issues highlighted by the narrative around care homes are equally applicable to domiciliary care yet this has also lagged behind in receiving the attention it deserves. Some care workers have needed to exercise their professional skills remotely and, in many cases, at considerable risk to their own safety while others unselfishly took up residence in care homes to avoid transmission of the virus.

Witnessing the effort of the health and social care workforce during the pandemic has been an uplifting and inspiring experience. The bravery shown by workers and their humility in the light of the nation's desire to praise and thank them has been remarkable. They have been right to say that they do not want to be described as angels or heroes. They are far too aware of the negative consequences of such terminology on attracting people into their professions in future. They prefer to describe their experience as "just doing their job" and they are equally right to say that they deserve to do that job safely, with proper recognition of its value and adequate protective equipment. The pandemic is believed to have created increased interest in working in nursing.[14] Hopefully, this will be echoed in social care and lead to a more sustainable workforce in the future.

Local authorities have needed to apply new and changing guidelines to their statutory responsibilities and make difficult but necessary decisions like temporarily suspending important services like day care. They have been faced with having to achieve continuity of service and safeguarding with a reduced workforce operating in restricted circumstances. Councils have always been a key delivery arm of government policy whilst applying local information and intelligence to ensure decisions were appropriate to local need. Covid has meant that role having to be fulfilled in a rapidly changing complex environment and in the knowledge that decisions could literally be a matter of life or death. Their pivotal position in the social care system has seen them play a key coordinating role in supporting staff, providers and others. They have faced unenviable challenges and it is inevitable that they will have had both successes and disappointments in achieving their goals.

Local social services authorities are already reporting significant financial problems caused by additional expenditure and reduced income. This presents future challenges around sustainability and re-opens the paying for care debate. Some will undoubtedly argue that it is time to accept that we will only get the services we need when we are willing to pay for them, e.g. through increased earmarked taxation. This will be subject to new political considerations, especially in the light of the poorer economy we will be left with.

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[13] https://www.nuffieldtrust.org.uk/resource/chart-of-the-week-people-in-public-facing-caring-and-trade-occupations-are-more-likely-to-die-from-covid-19?utm

[14] https://www.nursingtimes.net/news/education/nhs-england-chief-asks-universities-to-increase-intake-of-student-nurses-12-05-2020/

The challenges facing care providers has seen them struggle on a number of fronts. They have needed to procure and deploy personal protective equipment in the face of limited supplies globally and maintain quality of care and business continuity whilst seeing an already limited workforce reduced further by the need to self isolate. The unavailability of PPE has cast doubt on the efficacy of current procurement systems. Care Forum Wales has already warned that despite funding support from government, some providers will lose their businesses, resulting in an unsustainable independent sector in the medium to long term.[15] The implications of this are profound not only for those owners and their staff but, given the fact that the predominant share of social care is privately provided, for the system of care provision as a whole. Covid has reintroduced debates about the state's relationship with the market across all sectors and social care is no different. Professor John Bolton has outlined some important early thoughts on how Covid may affect arrangements for adult social care in England in future in which he has elaborated on the future importance of a constructive dialogue between commissioners and providers of care.[16]

LOOKING FORWARDS, AND BACKWARDS

The eventual assessment of Covid's impact on social care must take account of how austerity has affected the strength and sustainability of the sector over the last decade or so and its resilience moving forward. Similarly, a review of the implications of NHS bed reduction strategies over the same period, and dependence on an under-resourced social care service to facilitate early hospital discharge, would help our understanding of the effect of these on the NHS's ability to respond to this pandemic. It is also relevant to look forwards and ask some questions. Will the current scale and pattern of Welsh social services authorities be able to meet demand and to what extent will future resilience be linked to size? Will a largely decentralised, often described as fragmented, social care service be able to manage when faced with similar crises in the future? Does the funding of social care mean that the 'paying for care' discussions will finally be brought to a swift conclusion? Will a properly integrated health and social care system become a reality at last? How will the employment rights of the workforce be reconfigured following the crisis? Will there be a new impetus to use assistive technology in the provision of social care? Should a "once in a century" pandemic be a rationale for making systemic changes? The answers to these and other questions need to feature strongly in all future discussions.

Finally, we must look into the suitability of governments as units of policy implementation, and whether different delivery mechanisms are needed in such extreme circumstances to support those on the front line of service delivery. The primary roles of government are political leadership, policy making and legislation. Implementation is usually the domain of others and there is normally time to ensure decisions taken at central governmental level are fully operationalised. Covid has not allowed this time. Wales has seen some breakdowns of policy implementation in the case of under-utilised testing capacity and the decision by one health board to adopt a different system for recording deaths. Differences in policy and approach between England and the other three nations has caused unhelpful doubts in the veracity of some of the science and tensions around different implementation strategies. The relevance of UK wide

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[15] https://www.bbc.co.uk/news/uk-wales-52427033; https://seneddresearch.blog/2020/05/19/coronavirus-adult-social-care/

[16] https://ipc.brookes.ac.uk/publications/ASC_Pandemic.html?utm_source=Institute+of+Public+Care+-+News%2C+events%2C+reports+and+resources&utm_campaign=21e6905027

approaches to pandemics is being increasingly put to the test as nations and regions exit the lockdown and seek flexibility to meet local circumstances.

The future has never been less certain but to rephrase an age-old mantra, we must not waste the opportunities for positive change this crisis presents

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