



Thinkpiece -Transforming Adult Social Care – 1st June 2020

The role of care homes in a reformed health, care, and support system post COVID-19

Context

From time to time most people need some support to live their life well. Often support is from family, sometimes friends. It may be from volunteers and sometimes we need professional support. Wherever the support comes from, the consensus¹ seems to be that most people:

- Want to be supported to be as independent as possible. In short, they want just enough tailored support, when they need it and for just long enough to live life as they choose, and
- Who require on-going support want control over their life and over who supports them, how and when. Most want to live in, and be connected to, their local community with access to family, friends, leisure, and employment.

The reality is often quite different. Many people, whatever their age, do not have these choices and the only option for many seems to be a care home. For example, 2017-18 official data² shows:

- Short-term and early interventions remain relatively rare. Of all expenditure on ASC only £555m (3%) was on short-term care and 19% was on “Other”³ while most of the expenditure, 78% (£14bn) was on long-term care.
- For many people, staying in their local community with support is not an available choice:
 - 53% of gross current expenditure on long-term support was on either residential (37.6%) or nursing care (15.8%),
 - Of all adults with long-term support 34% aged 18-64 and 66% aged 65+ lived in a residential or a nursing care home, and
 - Over the years the average size of care homes has grown for cost efficiency reasons despite CQC findings that smaller homes on average achieve higher quality ratings.

The impact of COVID-19

The COVID-19 pandemic has exposed the fragile state of adult social care and how the current model for care and support differs from how people say they want to be supported. Equally, it has shown how resilient and innovative the sector can be, how well it can work with partners and how valuable, skilled, brave, flexible, and committed the social care workforce and volunteers are.

In particular, the pandemic has put the role of care homes in the spotlight, not least because of the tragically high infection and death rates of residents of all ages. Care homeowners are also worried due to high vacancy levels and are calling for government help to safeguard their businesses. Naturally, in these circumstances, the future of care homes in their current state is being discussed. As is their role in and contribution to the health, care, and support system. For example, recent surveys show that since the pandemic began 31% less people polled say they would consider a care home for a relative needing long-term support, and 40% of people aged over 65 years say they are now less likely to choose a care home for themselves⁴. **The status quo cannot continue.** People need to come together to co-create communities that care for and support people to have better lives at all ages.

¹ See “I” and “We” Statements in “Making it Real” by TLAP, Published in 2018

² NHS Digital - Adult Social Care Activity and Finance Report: Detailed Analysis, England 2017-18, Published 23/10/18

³ Other incl. Substance misuse & asylum seeker services, support to reduce isolation, carers support, info & advice, and commissioning

⁴ Policy Exchange and Institute for Public Policy Research (IPPR) survey of a representative sample of more than 2,400 people across the UK during May 15-18, 2020 with supported from the older people’s charity, Independent Age.

Question – How important are care homes in achieving the transformation needed?

The answer is that transformative change is unlikely without their full participation. The care home sector is huge. In 2017 the Competitions and Markets Authority reported that the older people's market alone had an annual turnover of £15.9 bn. It was made up of around 5,500⁵ providers who collectively cared for around 410,000 residents. 41% of resident's self-fund, while 59% were commissioned and funded by councils (49%) and the NHS (10%)⁶. As such to be successful any transformation of ASC post COVID-19 must include the:

- Reform of care homes or the transformation achieved could only ever be partial.
- Full involvement of the sector itself because:
 - Effective change can only be implemented with willing participation from this large and powerful industry, although it must not dominate the debate. The process must ensure all stakeholders are heard and have influence in a truly co-creative process,
 - Not involving care homes would be to undervalue the contribution the sector can make. For example, it has valuable tangible assets/resources (buildings, investment capital, workforce) and the intangible assets (skills, knowhow, motivation), and
 - There is evidence e.g. from work by the West Midlands Academic Health Science Network that care homes themselves can drive self-improvement and excellence.

Question – When should the transformation process begin?

The answer is emphatically “it should start now”. The temptation when people are busy responding to the crisis, is to leave long-term reform until the crisis has passed and until a full review of our response has been carried out, data gathered and analysed, lessons learned and blame allocated.

This approach is unlikely to work. Most probably it would focus on problems with the response to the emergency, rather than on underlying issues. Therefore, it would react to symptoms rather than tackle the underlying problems. A focus mainly on things that went wrong would ignore the many successes/new innovations/new collaborations during the pandemic. Whilst this approach may lead to a better understanding of the problems, the risk is that opportunities to identify answers/solutions that already exist but are not yet being widely adopted may be missed. A negative focus also risks the creation of a discourse in which minds will become closed and defensive positions will be adopted.

In short, the current window of opportunity could be lost unless we **start** building a new health, care, and support system **now**. This is not just because the conditions for positive collaboration, change and innovation exist now, but also because we need to begin the recovery from the COVID-19 crisis as quickly as possible and investment in a transformation of adult social care could be part of rebuilding the economy as well as the social fabric of the country.

Question – What needs to be done?

Experience shows that the people directly involved in the health, care, and support system, such as people with support needs, carers, communities, and frontline staff will have many of the answers to the key current questions/challenges. Anecdotal evidence about innovation during the COVID-19 backs this experience up. The challenge is to draw the answers out, collate them and **build** on them.

Experience also tells us that the those with the answers seldom control the levers that need to be engaged to effect systemic transformational change. These levers (power, resources, regulation) are often in the hands of others, for example, commissioners, provider organisations and Government.

Transformation can only occur when the people with the answers/solutions work hand in hand with the people who can engage the gears, that pull the levers, that make change happen. The challenge for those with power and influence is to *enable* this transformation process now.

⁵ Collectively running around 11,300 homes. 80% of owners have just 1 property.

⁶ Private funders pay on average £846 pw while local authorities paid on average £621 pw.

Question - How should we do this. What needs to happen next?

Stakeholders in the health, care and support system must be *enabled* to come together to envision the change needed for it to enhance the lives of people who need care or support in the post pandemic world⁷. Only then can implementation of the needed change begin.

That change must include a redesign of the care home service model and a repositioning of the role of care homes. In future, care homes must be part of a better integrated response that enables people who need support to live their lives in the best possible way. No longer can they operate as a last resort that people must use when the available community options prove to be inadequate.

People who have support to live their life, carers and the general public all need to be fully engaged in the transformation process so it reflects their expectations about the how future of health, care and support system will support them, their families and their communities and about what contributions they can reasonably be expected to make to the system.

Commissioners need to strategically shape/develop the market and actively "*Commission*" remodelled care homes that fit into the new vision for health, care, and support system post COVID-19 rather than "*Purchasing*" what the market is offers.

Providers need to feed their unique learning about what adaptations and innovations worked well during the pandemic into this visioning and change process and add impetus to the process (and futureproof their business) by redeveloping their care and support models in line with the new vision.

Government needs see the "*value*" as well as the "*cost*" of social care and base decisions on funding levels for a reformed health, care and support systems on a full cost benefit analysis that includes for example the value of being better prepared for future pandemic's, the economic value of the care industry and the value of improved quality of life for people who need support to live their life.

What do we propose?

An open and participative co-creation process is needed. This process needs to:

- Examine how innovation and learning during the COVID-19 Pandemic can inform the transformation of the Health, Care and Support system with a focus on how the assets, resources, strengths etc. of the care home sector can be used in new and innovative ways, and
- Involve all stakeholders in the health, care and support system including those with the insight, experience, and expertise to develop answers/solutions **and** those who control the levers for change.

A reasonable starting assumption for the debate about the future role of and subsequent redesign of care homes is that they should be used when people can have a better quality of life living in them compared to other available options. However, this could oversimplify the debate reinforce the status quo where people seem to have a make a choice between a care home or community alternatives. A more positive and potentially more creative approach is to consider how redesigned care homes can be an integrated part of the "whole system" rather than as a separate silo within a system of several unconnected parts that compete for a bigger share of a finite care and support market.

We hope this paper contributes to this critically important national debate. If you are interested in exploring the issues, we have raised in more detail please contact either:

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⁷ Where we live alongside COVID-19 and must be better prepared for the possibility of a new pandemic