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Cordis **Virtual** Briefing

January 2021

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Today's briefing

- Update on changes since last briefing
- Intelligence update on Covid19 and social care
- A revised timeline for future planning
- Local authority financial stress test
- Spending review

Covid19 – Intelligence round up

Covid19 Intelligence round up

- The challenge of something as massive and impactful as a pandemic is that you come to realise that your view can only ever be a partial one.
- What follows is based on a series of interviews with the providers of residential care homes and short interviews with members of the Care Providers Alliance including ARC, VODG, Care England, Shared Lives and ARCO.
- We asked people about how things had changed, what they saw as the key pressures and issues going forward and if anything positive had come from the pandemic.
- Three main themes emerged:
 - Re-shaping of older persons care sector
 - Workforce pressures
 - Transition back to CQC regulation

The re-shaping of the older persons care sector

- This appears to be the biggest single impact of the pandemic on social care
- There are two main shifts occurring:
- Long-term/permanent reductions in take up of places in residential care
 - Older people and their families are reluctant to take up places in residential care homes because they don't think they are safe and worry about being cut off for long periods.
 - The Covid19 death rate amongst older people both in care homes and the community mean that there is a probable reduction in potential customers which will not quickly change
 - Less modern homes in terms of building quality, staff development and flexibility of service offer are struggling hardest to attract people or win the confidence of local authorities.

The re-shaping of the older persons care sector

- A migration to sustainable alternatives to residential care
 - Retirement communities, extra care sheltered house and shared lives are all seeing rising demand amongst older people
 - Money that might once have been invested in residential care appears to be moving towards these alternatives.
 - This is creating challenges around the ‘care component’ of these alternative offers.
- The key questions are:
- Can the alternatives deliver the care that is going to be needed at an affordable price to both local government and to self funders and avoid the need to move again due to care needs?
- Can the building based alternatives arrive quickly enough to meet demand?

The re-shaping of the older persons care sector

- Some Local Authorities are starting to realise that the market of older people's care just left to itself is unlikely to produce the range of provision needed.
- Intervention will be key.
- Three main trends in intervention:
 - **Scaling** – working out how much of various types of service will be needed now and in the future
 - **Prescribing** – not just numbers but setting what is needed in terms of quality, capability and adaptability
 - **Investing** – putting their money into the care market to reshape it – often about investing in buildings rather than care, but could also be training and development.

Workforce pressures

- Providers and their representatives are seeing a clear difference between where the workforce was at the start of the pandemic and where it is now.
- The 3rd full lock down with school closures places incredible strain on families with children even if they do go to school for some of the week
- Most of this concern centres around the mental health of workers but also the consequences for general health and working under sustained pressure
- Many providers are reporting that staff are worn out – ‘running on empty’, some are experiencing an increase in sickness which is not specifically Covid19 related.
- Difficult at this stage to gauge the true impact of this but there is a view that absenteeism is likely to rise post vaccination.

Workforce pressures

- The other area that has been reported is best described as pressure on relationships between staff and the people they are supporting
- Lock down has seen a rise in challenging behaviour for some people as options to get outside the home have reduced
- Staff are more isolated and which can make a difficult situation much worse
- Some organisations are having to offer additional support to staff in the management of challenging behaviour.

The regulation transition

- Providers have effectively been self regulating social care services normally overseen by CQC
- At some point CQC inspections will resume in earnest
- There is some concern how this transition from self regulation to third party regulation will be managed and the consequences for organisations
- How harsh with the CQC judgements be around record keeping and care planning for example?
- One view very clearly expressed is that whatever approach CQC takes they will fail to properly consult and then give minimal notice prior to implementation

The positives

- Some local authorities really stepped up and in doing so have found better ways to work collaboratively with providers
- Central government although still with significant blind spots has a much better appreciation of social care and increasingly recognises that it is not just about older people
- Organisations have learnt a lot about their culture and their resilience in the face of a huge national challenge and what they might be able to achieve in the future
- There has been a rapid adoption of technology and the use of data albeit from a slow start.
- Social care staff are more widely recognised for the important work they do but people are less confident that this will translate into higher pay.

Conclusions

- Different types of social care provider organisation have experienced the impact of the pandemic very differently.
- There is a fairly clear picture around older people's services, but for every home which had a devastating outbreak there are other homes which barely lost anyone.
- Disability and mental health services experience seems to partly depend on size, the bigger you are the more resources you can muster and the stronger and deeper the management expertise to draw upon
- Being part of a formal or informal network does appear to have made a difference – this is perhaps something that the not for profit sector is more used to.
- There is a strongly held view that CQC certainly at the start of the pandemic failed to offer coherent guidance or clear leadership

Conclusions

- It may be several years before we have a full and proper understanding of the impact of the pandemic on this complex and diverse sector
- It will be very important that when the time comes, when evidence is called for about what happened that the sector is ready to respond
- It is worth checking now to make sure that all your records, both service and corporate are in order and accessible.
- Evidence based truth will be critical and you and your records will be a key source.

Today's briefing

- Thinking about quality under Covid19
- Timing of a return to normality
- Setting the National Living Wage rate
- Transforming care during the pandemic
- The integration of health and social care update



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