

Care after coronavirus

Magda Stainton looks at what local authority adult social care needs to do to be sustainable in the ‘new normal’ life after COVID-19, and outlines how interim and permanent recruitment specialists can help them get there

The COVID-19 pandemic has changed all of our lives irreversibly and, for vulnerable adults, the different level and nature of the support they have received during this period means that the change they have experienced is greater than most.

As the total lockdown is tentatively lifted and the country takes the first steps towards ‘business as usual’, councils are facing the daunting task of working out and implementing a ‘new normal’ for their most vulnerable residents. In order to do this they need build upon the experience of the pandemic and effect a level of transformation that hasn’t been seen since the introduction of the 1990 NHS and Community Care Act.

They need to have a clear plan and strong leadership, and this is how they might do it.

The post-COVID offer

Alongside the existing and ongoing resource constraints, when commissioning and delivering services, local authorities will need to take into account the impact of COVID-related restrictions that may continue for months and possibly years.

Many services, such as day opportunities, were limited or even suspended during the outbreak and vulnerable adults had to be maintained without that traditional support, or with support that was delivered in a very different manner.

Technology clearly has a role to play but many authorities will now be trying to answer questions like ‘How do you run a day service and maintain social distancing?’; ‘Do some people even need a day service?’ and ‘Can their needs be met in other ways – such as by local community groups or outreach workers?’

In order to answer these, and other similar service-related questions, local authorities will require the support of specialists and experts to assist them in the development and implementation of their post-COVID offer.

Practice

As the restrictions are lifted and services get back to normal, councils will have a backlog of work to get through.



COVID-19 has required local authorities to work in different ways in order to continue to discharge their Care Act duties. The reduction in office based work and requirement to maintain social distancing has resulted in a significant reduction in the number of face to face assessments and reviews. Some, but not all, of this reduction in activity can be sustained post-COVID, by completing care and financial assessments and solutions at the first point of contact either online, over the telephone or Skype.

One of the most positive things arising from this pandemic is the way communities have pulled together

While this will undoubtedly deliver a level of efficiency and economy, special attention will need to be given to the assessment and management of risk in areas such as safeguarding, self-neglect and mental capacity.

The market

Alongside the NHS, the true heroes of this pandemic are the care homes and home care workers. Some of the country’s lowest paid workers literally risked their lives on a daily basis to deliver essential care and support to vulnerable people.

The care industry has struggled for financial viability for several years, with the gap between costs and fees continuing to grow. This has resulted

in the business failure of some of the country’s largest care providers.

After the contribution that these individuals and businesses have made over the last few months, now is the time to develop and agree a formula to ensure that the workers receive decent wages and providers receive a fair price for the care that they deliver. Given the financial limitations, achieving this balance will require sensitive and skilled commissioners, supported by robust market support and development.

Failure to do so will see the industry wide issues of recruitment and retention continue to increase, which will ultimately be more costly to everyone.

Communities

The lockdown has given us all some insight into what it is like to be socially isolated, something that many older people face on a daily basis.

One of the most positive things arising from this pandemic is the way that communities have pulled together to help and support each other. Alongside the creation of Community Hubs, the NHS had 750,000 members of the public keen and willing to help their neighbours. Together with the

existing network of voluntary sector organisations, this represents a vast amount of social capital within communities that local councils could tap into to cost-effectively support their clients to live independently.

They will need to move swiftly though as it is possible this army of willing volunteers may disappear as quickly as they appeared. In order to engage with, and capitalise on, these community assets local authorities may need to invest in some short term, additional specialist resource to

maximise the long-term benefits of a vibrant community support network.

Resources

The country has rightly spent a huge amount of money in responding to the threat of COVID-19 and protecting peoples’ livelihoods. The economy has taken a significant downturn as a result of the lockdown and both of these elements will undoubtedly have a negative effect on future public sector funding.

We will now have to wait even longer for the long-awaited Government Green Paper on Social Care Funding, the private care sector is in financial crisis and local government funding has borne the

brunt of years of austerity with few places left to make further cuts that don’t impact on peoples’ quality of life. But at least some of this financial deficit can be covered by retaining the effective and sustainable new ways of working and revised Offer developed in response to the coronavirus crisis, implemented by skilled and experienced transformation professionals whose key objectives are to deliver high quality, affordable, safe and sustainable services.

Despite participating in some key COVID related initiatives, such as getting NHS Returners back into the clinical workplace, recruitment firms have, to a certain extent, sat on the sidelines.

Now is the time that we can make a real difference and contribute to shaping the new normal by ensuring local authorities have access to the highest quality temporary and permanent leaders, commissioners and transformation specialists to deliver the inevitable change required to maintain safe, sustainable and affordable services to the nation’s most vulnerable people. ■

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