

The legacy of Covid

What might the pandemic's long-term impact be for Adult Social Care?



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Introduction

It is easy to see why, when the British Academy produced a report on the long-term societal impacts of Covid in March 2021, they entitled this 'The Covid Decade'¹. Few of us would argue with its assertion that Covid “will cast a long shadow into the future – perhaps longer than a decade”.

In a time of so much turbulence and uncertainty, trying to see into the future – perhaps ten years ahead – is exceptionally difficult. This report nonetheless aims to understand the shape and depth of Covid’s “long shadow” on Adult Social Care.

It also asks whether, after the upheaval of the past 18 months, Covid has fundamentally changed the challenges faced by the sector. Or has it simply exacerbated problems that already existed and accelerated the pace of innovations designed to tackle them?

In considering the long-term impact of Covid, the report addresses both the legacy of the disease and the policy response in the UK – in particular, the effect of lockdowns.

The context for Adult Social Care

Before narrowing the focus onto social care, what is the broader context in which the sector and local authorities are operating? And how likely is this to be different in the years to come?

¹ 'The Covid Decade: understanding the long-term societal impacts of Covid-19' The British Academy

Economy and employment

Unprecedented shock with signs of recovery

According to the World Bank, global GDP contracted by 4.3% in 2020. The global economy is expected to expand 5.6% in 2021, the fastest post-recession pace in 80 years, largely due to strong rebounds from a few major economies. However, many emerging market and developing economies continue to struggle with the Covid-19 pandemic and its aftermath². Despite the encouraging signs of recovery, many experts remain concerned that the pandemic will have long-term impacts that could trigger future global recessions.

The UK, in common with other economies, has of course experienced an unprecedented shock. While forecasters may differ, they agree that there was a huge slump in economic output in 2020 (almost 10% in 2020, its biggest drop in more than 300 years, according to the International Monetary Fund (IMF)). Now, however, the outlook is much stronger as the economy has opened up. Most economic forecasts have been revised upwards in recent months. The IMF forecasts Britain's economy will grow by 7.0% this year, the same as the United States and the joint-fastest growth rate among major advanced economies. This was 1.7 percentage points higher than the IMF forecast in April: the biggest upgrade for a major economy. The average growth rate across independent forecasts published by the government in July 2021 was 7.0% growth in 2021 and 5.4% in 2022. However, the OECD also warns that the UK could suffer more longer-term economic damage than other industrialised nations, with the impact of leaving the EU adding to the disruption caused by the pandemic.

Clearly the state of the UK's public finances has worsened very significantly as a result of the pandemic and measures to mitigate the impact – notably the furlough scheme. The Government's budget deficit reached a peacetime record in 2020/21, as tax revenues fell, and government spending increased. The measures the Government has taken to support businesses and households are costing around £340 billion across 2020/21 and 2021/22. While tax revenues should start to rise as the economy and consumption recover, the challenge for years ahead will clearly be huge – and will shape government spending plans in future. This is likely to be very important for Adult Social Care – how big will the public spending cake be? And what size slice will be cut for Adult Social Care?

The pace and extent of recovery over the coming decade are unforeseeable. A significant rise in Covid-related hospital admissions and/or the emergence of new variants of the virus may yet pose a threat to economic growth, consumer confidence and investment.

² World Bank, June 2021 Global Economic Prospects

Employment and unemployment

According to the Office for National Statistic (ONS) the labour market is continuing to recover. The number of payroll employees increased to 28.9 million in July 2021. However, it remains 201,000 below pre-coronavirus (Covid-19) pandemic levels. In the latest period (April to June 2021), there was a quarterly increase in the employment rate of 0.3 percentage points, to 75.1%, and a decrease in the unemployment rate of 0.2 percentage points, to 4.7%. The economic inactivity rate is down 0.2 percentage points on the previous quarter, to 21.1%.

However much remains uncertain and there may be longer term impacts.

- There are clear signs of friction – a mismatching of potential workers with jobs available and many sectors are experiencing recruitment difficulties, which may be short-term or could persist
- The effects on unemployment from a severe economic shock can be persistent even after the economic recovery is underway. Unemployment took seven years to return to pre- recession levels after the last two recessions. In periods of high unemployment, the number of people unemployed for prolonged periods tends to increase – and people are less likely to find jobs. Will that happen this time?
- The effect of the ending of furlough schemes is still to be seen in terms of whether people will stay in existing employment or lose their jobs.
- Young people (those aged 16 to 24 years) have been particularly affected by the pandemic. Over recent quarters there was a decrease in both the employment and unemployment rates for young people, particularly amongst 16- to 17-year-olds. This suggests that more young people are staying in education and not looking for work, which is supported by the extremely high economic inactivity rate of young people in full-time education.



Structural changes

We can also expect that the pandemic will have long-term effects on the structure of the economy – generally accelerating existing trends. For example:

- a shift in consumer consumption towards online shopping and away from shopping in person. As a pre-existing trend it is hard to see this being reversed or even slowed down, with a huge impact on town centres. Jobs will be lost in some sectors of the economy and created in others;
- home working – it is not clear yet whether and how far people will return to a pre-Covid working pattern as lockdowns end. It seems unlikely that we will return to the pre-pandemic norm. The need for less costly office space, improved remote working and the desire to escape the daily commute all suggest benefits for some employers and employees respectively. Clearly some firms will want employees in the workplace and for some staff, particularly young people, the benefits of attending the workplace for personal development and socialising are very significant. The messages from Government still seem unclear. Any changes in work pattern will be significant economically – not least for industries and businesses that cater for the workforce that commutes, and the workforce that no longer does – or does so less frequently;
- hospitality, leisure and travel – these sectors are reviving, but may look different in future. For some time, and perhaps long-term, there is likely to be less business travel – with travel arrangements more uncertain, bureaucratic and expensive. For businesses, the use of technology for meetings has now become so much the norm, that the requirement to travel for in-person meetings and conferences will surely be significantly less. Holiday travel may return to something closer to pre-pandemic patterns, but not everyone will be confident about travelling out of the country, despite changes in Government guidance;
- the shift to digital in almost every aspect of the economy has accelerated – this will create new jobs but make others obsolete. This is likely to add to the mismatching of skills with available employment which may take years to correct.

Political landscape

The health of the economy and the strength of economic recovery will themselves have an impact on the political landscape in the short, medium and longer-term. The difference in impact on certain groups and widening economic inequalities will affect individuals' view of politics and governance. Any future government will be faced with the economic challenges of supporting and driving economic recovery; tackling inequalities/'levelling up' at a time when inequalities will have widened and become more entrenched; and managing huge demands on already depleted public finances.

There are some trends emerging that may be significant in shaping the political landscape:

- Trust in authority and the importance of civil liberties are emerging as key factors in politics. The extent of compliance by the population to lockdown rules and guidance was very high. Some recent polls suggest that fear of Covid means that a significant proportion of the population is prepared to accept limitations on their freedom that they would previously have regarded as unthinkable (such as vaccine passports to access venues, travel etc) and argue that lockdown restrictions should have remained in place. By contrast others have protested at the perceived infringement of their civil liberties and the risks of accepting greater government control on its citizens. Some people have responded much better to being given clear and detailed rules to follow, while others prefer to make their own assessments of risk, and act accordingly. This balance between imposing protective measures and allowing personal freedom seems likely to remain a significant political challenge for the future. Different attitudes to risk and protection as opposed to civil liberty are creating social and cultural divisions – which may or may not persist longer-term in some form. One very clear and visible illustration is whether or not people continue to wear face masks where these are no longer mandatory.
- Trust in the Government has waxed and waned during the pandemic. The successful rollout of the Covid vaccine has bolstered confidence, but not by any means amongst all. Indeed, the vaccination programme has itself exposed issues of trust and mistrust in some communities that are quite separate from resistance to vaccination expressed by the anti-vaxxers' movement. For a variety of reasons acceptance of messages by Government and authority is much lower in some groups and this presents a challenge not only for public health but any kind of Government messaging.
- Through the pandemic there has been a strong trend towards localism. While the NHS remains a national institution that inspires enormous loyalty and affection, many individuals and communities have looked to their local institutions and organisations for support. Local initiatives and collaboration have been at the heart of the response to the pandemic and the impact of lockdowns. This may or may not leave a lasting legacy.



- A further manifestation of localism has been the different handling of the pandemic response by leaders in Westminster and elsewhere. The variations in rules and messaging between national Government and the devolved administrations have served to emphasise a degree of separation. This may have long-term implications in terms of attitudes for or against greater independence. Similarly, there have been tensions between local leaders and national politicians in terms of appropriate pandemic responses. Do people now look to local and regional leaders more readily than towards the national Government?

Social and cultural landscape

Much of the rhetoric around the pandemic and the response to it has emphasised unity: 'we are all in this together'. However, unifying messages can sometimes prove divisive – the focus on the NHS while social care appeared to be an afterthought is a clear example. There is evidence too that at times social cohesion has been strained, and that the divisions and inequalities created or widened during the pandemic could harden over time.

The impact of the disease and the scale and duration of lockdown has varied by geographical areas and communities. The Health Foundation³ reports that Covid mortality rates for under 65s were 3.7 times higher in the most deprived areas than the least deprived in England between March 2020 and March 2021. Certain regions were locked down for much longer than others. It is hard to believe that the contrast in experiences between different areas will not have had an impact on society. Some communities and individuals will feel that their interests were regarded as far less important to Government and society than those of others.

One of the clearest long-term impacts of the pandemic on society is that on the lives of children and young people, and in particular their education. These might make the case for describing our age as the Covid century rather than decade. The dislocation and disruption of education on children's development will be huge, and we can see already that educational inequalities have widened alarmingly, reflecting differences in economic deprivation, housing, digital access and so on. Outside formal education there has been an enormous impact on children's social and emotional development and their mental health, as opportunities to form relationships, socialise and develop their interests have been stunted.

Social inequalities of all kinds have widened over the pandemic as people already suffering from deprivation, social exclusion, housing issues etc, have experienced the harshest effects of the pandemic with likely long-term effects as these inequalities become entrenched. The effects of illness, unemployment, isolation and gaps in education may have created new groups of people who are vulnerable and falling behind their peers.

Inequalities have also become more apparent according to other factors including race, ethnicity and gender. In some cases, these differences are reflected immediately in data on the severity of illness and mortality, but they will also be felt for many years as a result of the impact of lockdown as a pandemic response. Isolation, the burden of caring for family members, and domestic abuse, for example, will have affected some communities more seriously than others.

While it is easy to focus on the challenges, however, the innovation and creativity in responding to the pandemic and to lockdown have been remarkable, and if they can be captured and harnessed⁴ they may also have long-term benefits. In particular the potential of technology and digital communication have come to the fore as never before, as discussed below.

³ What geographic inequalities in Covid-19 mortality rates and health can tell us about levelling up, The Health Foundation, July 2021

⁴ ADASS East report 'What we are proud of' 2021

Health and wellbeing

Once the immediate impact of the virus on health and wellbeing has been absorbed, what will the long-term impact be?

Most obviously there will be those suffering long-term symptoms from the virus – long Covid – a still poorly understood condition that manifests itself in many different ways. In June the React survey⁵ at Imperial College estimated two million people in the UK may be suffering from this condition.

Alongside this will be the backlog of health conditions where diagnosis or treatment or both were delayed or overlooked during the pandemic, either because services were reprioritised and proved hard to access, or individuals delayed coming forward to report concerns. In July 2021 the Secretary of State for Health and Social Care reported that some 5.3 million people are waiting for routine operations and procedures in England – with that figure possibly rising as high as 13 million. This figure does not reflect the extent of delays to GP consultations or other health services, or the suffering incurred because of them. The impact on individuals' health and wellbeing will be far reaching and long-lasting for many.

Mental health and emotional wellbeing have been a clear casualty of the pandemic and of lockdowns. Social isolation, poor housing, unemployment and economic deprivation are all linked to poor mental health.⁶ Mind has reported on the huge impact the pandemic has had on adults and young people's mental health. While some of this explosion in mental health needs may reduce with the easing of lockdown restrictions, we can expect the level of need to remain high for a considerable period of time. Many people have suffered bereavement and trauma or are dealing with disruption and dislocation in their relationships, education, employment and housing.

All of the headlines on backlogs and delays mask significant variations in the experience and outcomes for different groups. The social and economic impacts of Covid will have long-term impacts on health and wellbeing which may last for decades. Where there is a correlation between the impact of Covid and existing issues of deprivation, poor health and inequalities, the pandemic has served to intensify the problems from which many were already suffering.

⁵ REACT (REal-time Assessment of Community Transmission) survey, Imperial College

⁶ Mind, Coronavirus the consequences for mental health, July 2021

Long-term impact of Covid on Adult Social Care

Covid-19 has brought Adult Social Care to the public's attention more than at any time before. The pandemic will leave a significant legacy for a sector that was already ill equipped to manage the challenges it was facing, from an ageing population as well as the growing demand and difficulties in attracting and retaining staff. Over recent years more people have needed social care support but fewer have been receiving it or are receiving less as social care has experienced real term reductions in funding.

Covid did not create these problems but it has exacerbated the situation very significantly – with delays to assessments and reviews and more people waiting longer for the care and support they need. As a result of Covid, more people are waiting longer for NHS treatment and many need support from Adult Social Care while they do so; people are being discharged with higher acuity needs that require more intensive support, and many who delayed coming forward for help during the height of the pandemic are doing so now. The impact of delays in assessments, reviews and care has a high cost for individuals. We are seeing growing pressure on an already over stretched social care system that will likely increase over time without urgent action. This backlog will not disappear quickly and will store up longer-term issues because of needs not being met promptly and in the most appropriate way.

Covid could be a factor of life for many years to come, impacting upon those already vulnerable to illness, isolation, abuse and mental unwellness – as well as the wider population – with the long-term impact of infection still to be understood. How will this situation develop longer-term? What are the opportunities and the learning to be grasped that might support our response?

Markets

Nationally and regionally care markets have been fragile for some time, with a need to invest in transformation to reflect changing needs and preferences. The impact of Covid has been to increase the urgency of fundamental and long-term reshaping of care.

Local authorities want to develop more personalised models of care that reflect people's choices and individual needs and circumstances, supporting them to live independently at home for longer, if that is their wish. Care markets have been sustained by short-term funding during the pandemic, but this leaves a cliff-edge of uncertainty and goes no way towards addressing the need for long-term investment in new models of care. Covid has not created this need for transformation but has made it more urgent:

- the experience of care home residents and their families in terms of infection rates and mortality, and the isolation caused by lockdown, will clearly encourage more families to want home-based care in future. Local authorities have a duty to ensure there is a market that meets their needs;

- there are voids in many settings for a variety of reasons (deaths, personal choices, staff shortages etc) that are likely to continue. These, plus additional costs eg from higher insurance premia related to Covid admissions, are eroding already narrow margins, and for some providers their business model will no longer be viable;
- budgetary constraints are preventing commissioners from increasing fee rates, and without long-term funding increases this will remain the case;
- with more people being discharged more quickly and with higher acuity needs from acute hospitals there needs to be sufficient provision to meet their needs in the community and to support them at home. While a 'home first' principle is highly desirable, currently community services, reablement and domiciliary care are struggling with the capacity to meet their needs. This will leave some needs unmet, or might paradoxically force more people into institutional care against their wishes as well as the long-term direction of transformation. This is detrimental for individuals and shifts costs onto local authorities long-term;
- in the long-term, and in some areas, there will be more capacity than is needed in some settings. This needs to be managed in a planned way by commissioners rather than as a reaction to business failure;
- overall uncertainty over funding remains and will discourage long-term investment in existing and new models of care.

How can local authorities both stabilise and re-shape markets effectively if additional investment is not available?



Workforce

The challenges surrounding the Adult Social Care workforce are not new but have become more acute through Covid. Low pay, poor terms and conditions and lack of career development are long-standing. More recently EU Exit, staff burnout over the pandemic and competition from other sectors have also become critical factors – cumulatively their impact is enormous. While Covid did not create these problems it has added to them and will make them harder to solve.

Pre-pandemic staff turnover in the sector was 40% and within the region (and nationally) the retention of nurses was particularly difficult. The need to raise pay, develop the career structure and raise the profile of the sector as a career choice was already clear.

The region has also faced a significantly greater risk than many other areas of the country in terms of around 12% of its workforce coming from the EU, with the risk of their leaving post-Brexit.

The role played by social care staff has been recognised more clearly through the pandemic – although this has tended to focus chiefly on staff in care homes. This recognition has not translated into increased salaries, improved terms and conditions or career structures. Morale is low and staff feel they are less valued than those in the NHS: a perception that has led to some moving into the health sector. The requirement for mandatory vaccination for staff deployed in care homes – and perhaps across the sector – also appears to be a factor in workforce retention. While Adult Social Care struggles to attract and hold on to staff, the rest of the economy is opening up and offering jobs. Adult Social Care cannot compete with other employers in terms of salary or terms and conditions.

There are shortages in particular parts of the workforce that will have an impact long-term – and this will be greater because of rising demand due to Covid and to the pattern of that demand changing:

- there are national shortages in certain roles such as Approved Mental Health Professionals (AMHPs) that are needed to address the increase in mental health issues
- more staff willing to work in home care are needed as more people choose to stay at home rather than opt for residential care, and because of speedier hospital discharge leading to higher demand for home care and support for greater acuity of need
- nurses are attracted to the NHS because of superior pay and terms and conditions. A shortage of nurses in social care will also become more critical as the shift to care and support into the community continues – requiring greater nursing input and care in the future.

Long-term the impact of Covid for the workforce looks extremely concerning, with the pandemic having made existing challenges even more pressing.

Interface with the NHS

The response to Covid has shown the need for, and the potential of, closer collaboration between health and social care. Health and care came together in an unprecedented way to tackle the crisis – with positive risk-taking and a determination to speed up decision-making: questions about ‘who pays for what?’ were rightly deferred.

The relationship between health and social care involves the acute sector, community and primary care. The focus most often centres on social care’s interface with the acutes – and in particular discharging people from hospital. The pandemic has intensified this. In response to the system pressures as Covid hit, there were decisions made on sending people back to care homes that had a tragic impact on care home residents and staff that cannot be forgotten. The debate about accountability for these is still continuing. However, it is also possible to recognise that over time there have been some positive changes in the way that people have been discharged from hospital – with a welcome emphasis on ‘Home First’ as a core principle. These changes in discharge arrangements may continue beyond the pandemic. However, we have seen that moving people out of hospital more quickly requires excellent and well-resourced intermediate, community and homecare to support those who may still be quite unwell post-discharge. There has been some short-term financial support, but long-term funding to sustain this shift has not been agreed. Without significant rebalancing of investment from acutes into community health services, primary care and Adult Social Care these services will struggle to meet needs and individuals will not be well-supported. Some may end up in long-term residential care, when that was not the best place to meet their needs or wishes. The long-term impact of Covid may be an unsustainable pressure on these services, with poorer care and fewer choices for people leaving hospital.

While the focus has been on discharge arrangements, longer-term it will be important to tackle all parts of the health and care system, and to focus much more strongly on prevention and keeping people well. There are opportunities for rethinking and planning local health and care systems to tackle these and other issues – including those exacerbated by Covid. Integration of health and care commissioning and delivery has been progressing in local systems for some time, but the Health and Care Bill should set the direction more firmly. It includes an intention for integration within the NHS to join up care and support; equal partnership between the NHS, local government and other partners to address the wider determinants of health and deliver better and more coordinated health and care services for people through Integrated Care Partnerships. A long-term impact of Covid could be to strengthen Adult Social Care’s voice in these place-based, systemwide discussions, building on the experience of successful collaboration. However, with pressures still very high on the acute sector, there is a risk that Covid’s impact delays or prevents Integrated Care Partnerships from tackling whole system change.

Quality and safeguarding

We are just beginning to understand the impact that Covid and consequent lockdowns have had on people’s lives, but this will only become clear over time. It has been even harder to assess how much the quality of services has been affected, and the extent to which safeguarding concerns may have escalated. Services, and indeed people’s homes, have effectively been closed to private individuals and the professionals who would ordinarily visit. The use of lockdowns to protect people from, and control the spread of,

infection has raised questions about how this aspect of safeguarding is to be balanced against the opportunity for detecting signs of abuse, neglect and self-neglect. The ADASS Activity Survey in June 2021 stated that 57% of Directors responding said that more people with care and support needs were seeking help for domestic abuse or safeguarding; 35% said they were seeing more rough sleepers needing support.

The ADASS and LGA Insight report has been tracking the national picture regarding adult safeguarding activity during pandemic. From July – December 2020 this revealed:

- a sharp decline in rate of safeguarding concerns in March and April 2020
- a steep increase in May, June and July 2020, where it remained at a high level
- a decrease during December 2020, following the second lockdown
- that rates of safeguarding concerns were overall higher than in the previous year.

Since then, further data have been gathered and there will be an update on the national picture. In addition, regional data should be available (to those local authorities that participated in the exercise). It will be important for Safeguarding Boards and local authorities to understand better the challenges in the region and how well these have been met.

The Insight work to date suggests more research is needed on a number of areas including:

- identifying barriers to providing safeguarding services during lockdown; how, and to what extent were these overcome
- what successful partnerships, innovations, technologies and guidance was developed to support effective safeguarding practice and service continuity
- what learning has been gained from the pandemic that would be most useful to prepare for any future phases.



Long-term the challenges to ensure good quality support and meet safeguarding needs remain significant. Growing delays in assessments, reviews and the provision of care, coupled with workforce shortages, may exacerbate the situation.

Inequalities

Covid has hit sections of society harder than others:

- widening inequalities in health, wellbeing and mental health
- increasing the needs of those experiencing domestic abuse, homelessness, substance misuse and other addictions
- had a differential impact according to age, gender and deprivation.

How lasting the legacy of Covid will be is unclear, but there are some communities that need particular attention, including:

a. People with learning disabilities and autism

The recent Learning Disabilities Mortality Review (LeDeR) report on deaths of people with learning disabilities⁷ showed the “striking difference in age at death between Covid-19 deaths in the general population compared with people with learning disabilities. In the general population of England and Wales, 47% of deaths from Covid-19 were in people aged 85 years and over. Of all deaths of people with learning disabilities from Covid-19 notified to the LeDeR programme, just 4% were aged 85 years and over. This is likely to be influenced by the lower median age at death in people with learning disabilities than in the general population, but indicates that were age thresholds to be introduced for shielding people from Covid-19, they would be likely to disproportionately disadvantage people with learning disabilities”. This tragic loss of life affected a community whose health outcomes were already poorer than those of the general population.

The rapid learning review of the impact of Covid on people with learning disabilities and autism commissioned by ADASS earlier this year⁸ found that the pandemic has brought into sharp focus the health and social inequalities faced by people with a learning disability and/or autism. The view of interviewees in the review was that the impact of the pandemic may not become clear for another 12+ months, and most localities reported still being in ‘response’ mode (as at March 2021). Some of the issues for the long-term highlighted were:

- Concern that Covid would not result in any change in the long-standing weaker policy focus on this community;
- Covid had made the need to reshape and transform services even greater
- Covid had shown the possibilities for change: a shift away from offering ‘services’ towards facilitating meaningful activity and opportunity in the community, in line with adults’ preferences. There is an opportunity longer-term to use the learning from the pandemic to redesign support and services – for example as alternatives to buildings-based services to outreach and developing digital provision where this is appropriate and wanted by individuals

⁷ LeDeR report, University of Bristol, 2021

⁸ The impact of the Covid-19 pandemic on adults with learning disabilities and/or autism, their family carers and service provision: a rapid learning review, May 2021

- Worsening of the future prospects for supported employment opportunities for people with a learning disability and/or autism. The economic impact of the pandemic on job opportunities in the coming years was seen as a significant risk to the availability and breadth of appropriate supported employment opportunities.

b. Mental health

The impact of Covid on mental health and emotional wellbeing has been significant. Some people's mental health has experienced a deeper, longer-lasting deterioration during the pandemic. Groups that had the highest risk of mental ill-health before Covid, including those living with pre-existing conditions, have been significantly affected. The mental health impacts of the pandemic have also been felt keenly by those directly affected by the virus – people who have been bereaved, people who have survived an acute illness, people living with long Covid and those whose mental health has been affected by lockdown – through isolation, loneliness and anxiety. In the ADASS activity survey in June, of the Directors of Adult Social Care that responded, 68% said more people were presenting with mental health issues.

We also know people have found it hard to access support and others have suffered because of reluctance to seek support until they have reached crisis point. Some of those who reached crisis could not then access the support they needed. There have been reports nationally of dis-continuity of care and a concern that health and social care plans for people with mental health are not sufficiently aligned. While this may be a short-term impact it points to a longer-term risk – that mental health and wellbeing services receive less attention and priority than others, that people are not supported until they reach crisis, and that crisis support is not well-planned and co-ordinated.



With delays in assessments, reviews and the provision of care, there is a risk that needs are not met, become more severe or remain in the longer-term. How can Adult Social Care ensure these sometimes 'hidden' needs of people experiencing poorer outcomes and access to support are met in the face of more visible system pressures, particularly those experienced in the acute sector? This may be one of many areas of work where the voluntary sector can play a greater role. Some technology-enabled support may also be helpful, but only as part of a personalised plan – and recognising that many people with disabilities and mental health needs may also face digital exclusion. As support is reconsidered, how will Adult Social Care ensure that service users and their carers are fully involved as partners in service redesign?

Carers

Unpaid carers are one of our most valued and important assets. Before the pandemic many unpaid carers were providing vital support to family members and friends. Carers UK has estimated that there are 4.5m new carers as a result of the pandemic. While some of these individuals may not continue to be carers in the future, the likely impact of the pandemic, and consequent delays for many people in accessing treatment and support, will be that many will continue with some form of caring responsibilities.

The impact of Covid has not only been to thrust more people into this role, but to put all carers under enormous strain. Other support and services either reduced or closed, or carers felt too nervous to access them. The ADASS Spring Survey, June 2021 found that, of responding Directors, 67% said they were seeing more people seeking help because of breakdown in carer arrangements – 27% reporting a rise of more than 10%.

Because of the priority accorded unpaid carers as part of the Covid vaccination programme, there is now a much fuller and more comprehensive understanding of who they are in each local authority area. This provides a longer-term opportunity to help carers with better information and support, following an assessment of their needs. This support includes help from the NHS as well as Adult Social Care. Carers are being encouraged to make their caring responsibilities known to their GPs, so that the health and care system are aware of their care-giving. There is a question though of whether carer organisations and leads in local authorities are sufficiently well resourced for the additional numbers of people requiring support and advice.

Longer-term carers may return to the workplace, or find themselves unable to provide the support they have been accustomed to giving. Services will need to plan to support people in their caring roles or provide alternatives. While national Government and local systems acknowledge the vital importance informal care arrangements play, will there be a commitment longer-term to ensure these are sustainable?

The voluntary and community sector (VCS)

The voluntary sector has been an essential partner in delivering support in partnership with health and care services, and independently of them. These organisations, large and small, adapted quickly and flexibly to the Covid challenge – providing support through different models of delivery once, for example, access to building-based services was not possible. They stepped up activity to meet the needs of a system under severe pressure. The Arthritis and Musculoskeletal Alliance (ARMA), Neurological Alliance and National Voices asked its members about the impact of the coronavirus emergency on their

services and their income. Between 17 April and 13 May 2020, 40 charities responded. Of these respondents, 77% reported a slight or significant increase in demand for their services. It is hard to see the need for this support reducing in the near future. It would be an important part of the legacy of Covid if the voluntary sector was recognised more clearly as a key delivery partner in local health and care systems. Is there an opportunity for the VCS to play a greater part in local systems through emerging Integrated Commissioning Partnerships?

However, alongside the demand for voluntary sector support, another impact of Covid has been on funding. Many opportunities to fundraise have been impossible for over 18 months. Of respondents to the Health and Care Charity Covid-19 impact survey⁹, 28% predicted at least a 40% drop in their fundraising income over the next 12 months. A further 33% predicted at least a 25% drop. Local authority commissioners are also facing acute budget pressures. The ADASS Spring Survey 2021 found that Directors, apparently driven by the need to prioritise funding on meeting their statutory duties and pressures on discretionary spending, have budgeted for a 6.1% reduction in VCS funding. Looking ahead to 2022/23, just 30% of Directors plan to increase VCSE funding.

The role of organised and more informal community support grew and proved vital to people coping during lockdowns. There have been countless stories of communities supporting those in need – from organised charities and social enterprises to community and self-advocacy groups and informal acts of neighbourly kindness. Volunteers have played a key role in keeping communities connected. However, can we expect this support to continue? Many volunteers will be returning to the workplace and may simply not have the time or energy to continue to volunteer. In any case there are inequalities – the infrastructure of support is less strong in some areas and communities.



⁹ The impact of Covid-19 on the health and care voluntary sector, Arthritis and Musculoskeletal Alliance (ARMA), Neurological Alliance and National Voices

As the country emerges from lockdown and into a new normal, what will be the impact of this local collaboration and creativity? It is difficult to know whether it will be sustained or whether the expectation will be that this was simply a response to a crisis, and statutory services should now step in to meet needs. This seems unlikely to be a solution that will sustain all those in need. Surely recovery will require some investment in building community resilience and support for community-led approaches? Apart from finding the necessary funding, there is a challenge of how this can best be achieved. How do local authorities nurture, rather than stifle, community-led approaches?

Digital

One of the most obvious impacts of the pandemic and lockdowns was the huge increase in the use of technology and digital solutions – for communication, diagnostics, accessing support, education and so on. The innovation that we have seen over the period, and the ways people have embraced new ways of working, communicating and socialising have great potential long-term and are likely to be an enduring legacy of Covid.

For Adult Social Care these included:

- Rollout of digital technologies, eg iPads, to enable users of social care services to access support and advice from home or other locations, and offer alternative opportunities to building-based services
- Enhanced communication and integrated working – the use of digital to communicate and work together.

Continuing to offer a range of in-person and technology-enabled support has potential long-term benefits for individuals and services. The challenge is to ensure that technology is a tool, the use of which is guided by the principles of personalised support, building and maintaining high-quality relationships, and addressing inequalities. It will be important not to rely too heavily on digital technology as a substitute for all face-to-face work.

In addition, strategies are needed to ensure some people are not disadvantaged by digital exclusion due to an inability to use digital technology, poor broadband connectivity, poverty etc. Services will also have to negotiate the increase of digital scams and concerns around data sharing.

The ADASS/TSA Commission report published in March 2021 had four main recommendations that seem very useful to structure thinking around potential as well as pitfalls to avoid with digital in the longer-term:

- Technology enabled services need to be proactive and co-produced with people, their families and carers.
- Digital infrastructure, skills and approaches in social care must improve so individuals and the care workforce can maximise digital opportunities.
- People must own and control their health and social care data and enable access by the right people at the right time.
- More collaboration is needed in care and support across all levels so services and policies are joined-up and contribute to the wider wellbeing of people, their families and carers.

Conclusions

There is no crystal ball to look ahead to assess the long-term legacy of the pandemic or the impact of lockdowns, but drawing on this analysis, some tentative conclusions can be drawn. They suggest that the challenges now faced by Adult Social Care arising from the pandemic are by and large not new but have become much more severe. The long-term need for reform and transformation are even more urgent than before Covid:

- The economy will recover, but this resurgence will not return us to a pre-Covid world and will be uneven. There will be some whose wellbeing will not fully recover, and a generation of children and young people whose education and employment prospects will be very different from those they might have expected two years ago. The bill to pay for Covid seems likely to be a burden for several generations to come and will affect Government's choices of how to spend public money;
- The political, social and cultural landscape has changed with new divisions and tensions to be navigated. The need to protect people from infection will need to be balanced against the need to safeguard personal freedoms and the rights to education and earning a living;
- Health outcomes will take time to improve. Demand on the NHS will remain extremely high for the foreseeable future, and that will have a huge impact on demand for Adult Social Care. While efforts are made to reduce hospital stays there is as yet no rebalancing of investment from acute services into the community including Adult Social Care;
- The type of care and support people want has been changing over time – the experience of Covid is accelerating the desire for home-based solutions, supported by technology and away from residential care;
- The need to improve recruitment, retention and career structures for the workforce has become more urgent, and looks set to be a long-term challenge, as the sector still appears less attractive than the NHS or other economic sectors. The impact of Brexit is being felt at the same time as Covid. With demand rising, the shortages of some key roles will be felt acutely;
- The pandemic's impact has highlighted to the public the need for reform and sustainable funding for Adult Social Care, but this spotlight has focussed on older people, self-funding of care in old age and the need to support patients out of hospital – the needs of working age adults and of preventing hospital admissions in the first place remain less well recognised;

- In the longer-term, the legacy of Covid may be to permanently widen and entrench existing inequalities. The tragic loss of life among people who were already disadvantaged before Covid is very disturbing and the experience of many others through illness and lockdown has been extremely challenging;
- The creation of Integrated Care Partnerships is an opportunity for place-based, whole-system planning – if the voice of Adult Social Care and others, including the voluntary and community sector, is sufficiently strong;
- Building on the learning from the pandemic, there is also an opportunity to accelerate change, to address the need for alternative support models, harness new technologies and commit to co-production with service users;
- Digital solutions offer opportunities that the pandemic has shown can lead to rapid innovation, but there is also a need to address risks and support person-centred and relationship-based planning;
- Communities can provide vital support to connect and support people, with the voluntary sector a key partner with health and care services, if these can be appropriately supported.



Questions

If the conclusions outlined above are broadly correct, there are some questions that may be helpful for the sector to consider:

- How can Adult Social Care actively reshape the market to meet needs and preferences that have significantly changed – rather than just react to provider fragility and failure?
- How can the positive developments in partnership working with the NHS be built upon to shape the future – whole system working; new models of care; parity of esteem for the workforce?
- Can Adult Social Care succeed in making the case for rebalancing investment between the acute sector and community services? Can it secure a stronger commitment to prevention and promoting wellness?
- How can the sector prevent inequalities widening and becoming more entrenched?
- What more can be done to attract and retain the workforce, and how it achieves parity of esteem with the NHS?
- How can Adult Social Care ensure co-production is at the heart of planning for recovery in terms of prevention and whole population health, as well as shaping service models?
- How can councils nurture and support communities to continue to provide support for those that need it?
- How can they maximise the opportunities and minimise the risks offered by digital working to support Adult Social Care and the people it serves?
- What is the sector's narrative, learning from the experience of the pandemic? How can that shape debate about its future? Can Adult Social Care use this to make a persuasive case for a bigger share of public spending?

