Beyond COVID:

New thinking on the future of adult social care

About SCIE

The Social Care Institute for Excellence improves the lives of people of all ages by co-producing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice. We are a leading improvement support agency and an independent charity working with organisations that support adults, families and children across the UK. We also work closely with related services such as health care and housing.

We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new

- supporting people who plan, commission, deliver and use services to put that knowledge into practice

- informing, influencing and inspiring the direction of future practice and policy.

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COVID-19 has had a devastating impact on social care. By June 2020 there had been more than 30,500 excess deaths among care home residents, and social care staff have been more than twice as likely to die from COVID-19 as other adults. Deep-rooted inequalities in society have also been amplified by the crisis, as have the sector's fragile finances and the low pay and conditions experienced by many care workers.

This position paper for commissioners and senior managers working in the health and social care sector sets out the findings of **Beyond COVID: new thinking on the future of adult social care**.

This report is based on:

- a series of articles and podcasts from over 25 stakeholders which explore the impact of COVID-19 and the future of social. The essays and podcasts are now published in our **COVID-19 resource hub**

- outputs from the Beyond COVID-19 roundtable we held on 22 July, attended by Helen Whately MP, Minister for State

- contributions to our thinking from the **SCIE Board** and the **Co-production Steering Group**, which is made up with people with lived experience

- SCIE's broader work with the sector to support improvement, and particularly insights from the DHSC-funded **Social Care Innovation Network** and DHSC-funded work to support the sector to recover from COVID-19, which involved extensive engagement with the sector.

Forewords

The COVID-19 pandemic represents an unprecedented challenge, testing all of us involved in social care to the limits. As COVID-19 reached its peak in May, I wanted to make sure that we started to learn the lessons, and to think about what care needed to look like when we get through the worst of the crisis.

This led me to ask my colleagues at SCIE to commission a programme of essays, podcasts, and to host a roundtable – which we were delighted that the Minister of State, Helen Whately MP was able to attend – to consider these lessons and what they mean for the future. This report summarises the main themes from all these different contributions, and makes recommendations for the future of adult social care.

The pandemic has amplified inequalities in our society: whilst we may all have been facing the same storm, we have not all been in the same boat; indeed, some have had no boat at all. The murder of George Floyd has energised Black Lives Matter as a global movement for change. Government and public services must re-double efforts to tackle society's deep inequalities. Reducing these stark inequalities must be at the forefront of any future vision for care.

At the time of writing this, many areas are re-entering forms of lockdown and the talk is of a second wave of infection. Despite these pressures, we cannot further delay the need for radical reform. In fact, we must seize the opportunity to envision and plan for a different future for social care; one that is aspirational and hopeful and gets to the heart of how social care liberates people, as Social Care Future put it:

> *'We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us.'*

In this report we call for a long-term plan for social care that will deliver on this vision. We also identify three shifts we think need to happen to build a system that is financially sustainable and fair to access, preventative in focus and supported by a well-paid workforce that is taken care of. We also set out a number of specific recommendations for the Government and other organisations which we hope are considered as part of future plans.

I hope that Government and sector leaders find this report a source of inspiration and ideas for turning that vision for social care into a reality, one that gets us Beyond COVID-19. As ever, SCIE stands ready to support the sector with its journey to a better place.

Rt Hon Paul Burstow, Chair, SCIE

Since I became a care worker at 16, I have not known a worse period for social care. Every day, as more reports come in about deaths that could have been prevented, lack of testing kit and personal protective equipment, or local authorities and providers facing financial ruin, I feel a sense of despair.

However, I am also reminded every day of the enormous resilience, versatility, passion and empathy of the care workforce, and within wider communities. And I ask myself, can we come out of this crisis stronger? I think we can.

A friend of mine, Sarah Mitchell, who manages a care home wrote these words for SCIE back in early May, right in the middle of the first peak:

> *'But it's not just the present. Where will we be in six months' time? We have to start planning ahead. We'll become smarter, especially over the use of IT. We're starting to get online support from GPs – so in many ways, working practices are bound to change.'*

It's a statement infused with optimism and visions for better social care: Sarah, like thousands of her colleagues, believes a better future is possible.

When I kicked off the series of Beyond COVID-19 articles, which form part of this report, I asked a series of questions about the future of adult social care, including:

- How do we capture and galvanise the undoubted social solidarity which has risen up in many communities?

- How do we create a new contract between the citizen and the state which binds people to a relationship of mutual rights and responsibilities?

- What is the role of the care home in the future?

- What should the workforce of the future look like?

In this report we have sought to address some of these questions, and helped by our colleagues who wrote the articles, took part in podcasts and the roundtable, set out a roadmap for reform to enable the sector to arrive at that positive future we all desperately want for social care.

Since I arrived in May, SCIE has been deeply involved in supporting the sector on COVID-19, developing national tools on everything from commissioning and day care, to learning disabilities and safeguarding. In doing this work we have engaged with many thousands of people in the sector. The common message has been: we need radical and lasting reform. We need investment and a better supported workforce. And we need to unleash the potential of digital technology and innovation. I agree with them, and my overriding priority at SCIE is to support the sector in delivering on these goals.

Let's look forward working together to build a social care and support we can all be proud of for years to come.

Kathryn Smith, Chief Executive, SCIE

Executive summary

COVID-19 has had a devastating impact on social care; by June 2020 there had been more than 30,500 excess deaths among care home residents, and social care staff have been more than twice as likely to die from COVID-19 as other adults. Deep-rooted inequalities in society have also been amplified by the crisis, as have the sector's fragile finances and the low pay and conditions experienced by many care workers.

However, it has led to some positives. Within communities, we have seen a willingness to become part of mutual aid and support networks; the steadfast professionalism and commitment of the social care workforce throughout the crisis; and the capacity for many organisations to innovate, moving their entire operations online or developing totally new services in the face of enormous challenges.

Faced by an enormous set of challenges, but also opportunities for reform, SCIE started a programme of engagement with the sector and analysis with the aim of determining what kind of future we needed for social care when we are successful in moving beyond the COVID-19 crisis.

The specific aims of this programme were to:

- explore the impact of COVID-19 on the sector, both negative and positive, and draw out lessons and implications for social care reform

- examine what we needed to improve social care in the future, once we emerged from the worst of the pandemic

- produce recommendations that explore what kind of sector we want after the crisis, and what the priorities are for reform. We called this programme, Beyond COVID: new thinking on the future of adult social care.

This position paper from SCIE sets out the findings of this programme, and is based on an analysis of a series of essays we commissioned from sector leaders, a roundtable which the Minister of State Helen Whately MP attended and an analysis of SCIE's own work in support of sector improvement. In particular, it has been developed from our work for **DHSC to support the implementation** of the COVID-19 Adult Social Care Action Plan and the DHSC-funded **Social Care Innovation Network**, which SCIE led with the Think Local Act Personal partnership and Shared Lives Plus.

This is an important time for social care. The Government has recently restated its commitment to produce a long-term plan for social care in the autumn: 'to give every older person the dignity and security they deserve'. A new **Social Care Sector COVID-19 Support Taskforce**, chaired by David Pearson CBE, has also been set up to ensure that the Adult Social Care Action Plan is implemented and that the sector will be supported through the next year.

This paper attempts to set out a bold plan for reform: one that we hope both the Government and the Taskforce consider and find useful. The plan needs to be bold because the challenges we now face are considerable and deep-rooted. To overcome these, half measures won't be enough.

We also need to deliver a different vision for care - a positively framed, and co-produced vision, along the lines of that produced by Social Care Future, which SCIE endorses:

> *'We all live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us.'*

The NHS has benefited from having a long-term plan for health. We believe it is now vital that we have a long-term plan for adult social care, clearly setting out a vision and plan for social care. This should be co-produced with the sector and with people who use services and carers.

To inform this plan, this paper sets out **three strategic shifts** which are needed to overcome the immense challenges we face, along with **21 recommendations** which will help facilitate rapid progress towards these goals. We call on the Government, along with other national bodies with responsibilities for social care, to consider these proposals as they develop their thinking on the long-term plan and the Taskforce's recommendations.

Recommendations

Below we set out **three strategic shifts** which are needed to overcome the immense challenges we face in the social care sector, along with **21 recommendations** that will help facilitate rapid progress towards these goals. We call on the Government to consider these proposals as it develops its thinking on the long-term plan for social care.

Three strategic shifts for the future of adult social care: What SCIE says

Faced with unprecedented challenges, we need three strategic shifts to take place in social care, which together will enable the sector to move onto more sustainable ground and deliver much better outcomes for people.

Shift 1: To shift the sector from surviving hand-to-mouth, to the point where it has long-term and sustainable funding

How care is paid for and funded for those who are eligible for state-funded care is deeply unfair. Whereas the NHS is free to everyone who wants to use it, everyone with assets of more than £23,250 must pay for themselves, rely on family, or go without.

The level of funding for those entitled to care has been squeezed for many years, which has led many local authorities to cut services. Age UK estimates that over 1.4 million people who need care now **don't receive any**. Finally, **as the ADASS survey** reported in spring, COVID-19 has only made the finances of local government and providers even more precarious.

Several comprehensive reviews have explored what funding options are available, and there is no need to cover this same ground again. What is now needed is a decision on how social care will be funded, and a timetable for implementing this.

> **What SCIE says**
>
> We simply can't go on like this, and call on the Government to bring forward and publish proposals this autumn, along with a timetable, setting out how it will implement a fair and long-term funding settlement for social care.
>
> We support ADASS and **the LGA**'s call for the Government to make additional immediate funding available, above and beyond that already committed, to support the adult social care response to the pandemic and recovery over the next year.

Shift 2: To shift investment and focus away from remedial and acute services, towards community-centred preventative models of care, support, housing and technology

As a sector, we are not yet investing a sufficient proportion of expenditure on prevention. In the context of fiscal austerity – as highlighted by Shift 1 - and rising demand, the capacity of local authorities to focus on the strategies that support people to stay independent and well for longer have been eroded, leaving little choice but to fund services that support people who have priority needs. However, even if more money materialises for social care, we need a clear and overriding strategy that once and for all makes prevention a priority; reducing demand over time for acute and remedial services, whilst dramatically improving the quality of lives of many more people.

Although we will always need forms of care (such as care homes) which support people who require intensive forms of care or support people experiencing a crisis, we do not currently

invest enough in models of care that are proven to maintain people's resilience, wellbeing and independence.

Through this programme of engagement with the sector, we have identified a large number of innovations in the housing sector, the field of technology and in community-centred approaches to care (see Think Local Act Personal's **Innovations in community-centred support directory** for examples). These are helping to bolster community resilience and enable people to live well at home, but they are starved of investment. We need a national commitment, supported locally through co-produced and outcome-focused forms of commissioning, that facilitates a shift in funding and focus towards preventative approaches to care.

What SCIE says

We call for the long-term plan for social care to restate the Government's commitment to prevention, and introduce innovation funds which enable the sector to rapidly scale up the most effective preventative models of care, housing and technology.

Shift 3: To shift the workforce away from low pay, low recognition and poor conditions, towards higher pay, better conditions and parity of esteem with the NHS

The social care workforce is in a dire need of investment and reform. Skills for Care estimates that there is a 30.8 per cent turnover rate, equivalent to approximately 440,000 leavers over the year, and that around a quarter of the workforce (24 per cent) are on a zero-hours contract **(370,000 jobs)**. Whilst some efforts have been made during the pandemic to increase the recognition of people working in social care, care work lags well behind the NHS in terms of pay, conditions, career opportunities and access to training and development.

We agree with **ADASS**:

> *'For too long the skilled and compassionate adult social care workforce has been undervalued by the rest of society.'*

Moreover, as we move steadily towards a more integrated health and social care system, we need to start planning now for how we build a workforce which is better placed to work closer together, and provide more multi-disciplinary and coordinated care to people.

What SCIE says

We call for the Government to produce a workforce strategy for social care which sets out proposals for better pay, conditions, progression and development. We ask that the Government works closely with Skills for Care, who lead the sector on workforce development, and ask it to take a lead role on co-producing this strategy with the sector.

Recommendations by theme

We have identified 21 recommendations for the Government, other national bodies and local authorities to consider under a number of themes.

Theme: Vision for adult social care

1. **Develop a positive, co-produced, vision for social care** – like the one produced by Social Care Future, which permeates all aspects of proposals for sector reform: We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us.

   Recommended for: Government

2. **Facilitate a national conversation with people with lived experience including unpaid carers to shape the vision and detailed proposed reforms**, so that they reflect the needs, aspirations and views of people who use services.

   Recommended for: Government with support from the LGA, ADASS, SCIE and Care Provider Alliance

Theme: Funding and resources

3. **Urgently address the short-term funding pressures**, which have worsened as a result of COVID-19 to prevent further deterioration in access to care, and ensure adequate supplies of PPE, equipment and funds to recruit workers during the next year.

   Recommended for: Government

4. **This autumn, the Government should publish proposals, along with a timetable, setting out how it will implement a fair and long-term funding settlement for social care.**

   Recommended for: Government

Theme: Leadership and culture

5. **Fund a new leadership programme on asset-based leadership and co-production**, for directors and aspiring directors from local government, voluntary and community and social enterprises, NHS and people with lived experience in asset-based forms of working.

   Recommended for: Government, NHS England and NHS Improvement and Leadership Academy

Theme: Supporting the sector to recover from COVID-19

6. **Conduct a review of 'burnout' and wider wellbeing** across the social care workforce.

   Recommended for: Government

7. **Permanently relax rules** which govern how people using direct payments and personal budgets spend their budgets so that they have much more freedom to spend money as they see fit.

Recommended for: Local authorities

8. **Fund, develop and roll out psycho-educational support for care home managers to help them and their staff manage trauma.** This support would be freely available and accessible online for managers to access when they most need them.

Recommended for: Government

9. **Local authorities develop plans for how they will continue to support mutual aid and other support networks** to flourish beyond the end of the immediate COVID-19 crisis.

Recommended for: Local authorities

Theme: Housing with care

10. **As part of the long-term plan for adult social care, the Government should highlight a common goal to align health, housing and care systems around a shared objective of helping people to live independently in a home that is suited to their needs.** This should include plans to invest in extra care housing, supported living accommodation and intergenerational housing solutions to enable family members to support each other more effectively – either as full-time or part-time residents.

Recommended for: Government

Theme: Prevention

11. **As part of its long-term plan, the Government should introduce a prevention strategy** which clearly sets out how it will support the sector to create more person-centred care and support that help prevent, delay or reduce the need for more formal care services

Recommended for: Government

12. **Expand NHS England and Improvement's population health management programme**, to give local authorities access and capabilities to utilise predictive analytics so that they can better target services at those at most risk.

Recommended for: NHS England and NHS Improvement

Theme: Creating asset-based areas

13. **Establish an innovation fund for adult social care**, which would fund a number of local-area 'exemplars' to implement asset-based, preventative, approaches to care and support at scale, from which the wider sector would learn.

Recommended for: Government

14. **Promote the new DHSC-funded Commissioning during COVID-19 and beyond guidance produced by SCIE and Social Care Future**, which promotes asset-based commissioning, through a programme of webinars, peer support and learning events.

Recommended for: Government with support from LGA, SCIE and ADASS

15. **Introduce metrics which measure progress towards asset-based areas such as people's independence, resilience, wellbeing and social connectivity** into the refreshed Adult Social Care Outcomes Framework (ASCOF).

Recommended for: Government

Theme: Place-based integration of health and care

16. **Develop a new national learning and support network** – involve the LGA, NHS Confederation, NHS England and support place-based working between the NHS, local government and other partners.

Recommended for: LGA, NHS Confederation, NHS England and NHS Improvement

17. **Restart the programme of local systems reviews** which are led by the Care Quality Commission, as a way to identify better ways in which health and care can be integrated within local places.

Recommended for: Government and Care Quality Commission

Theme: Innovation and technology

18. **Establish a fund to invest in scaling up proven, small-scale digital technology innovations** which have flourished during the pandemic, but need funding and support to grow to their potential.

Recommended for: Government

Theme: Equalities

19. **Produce a cross-government strategy on health and social care inequalities** committing the Government to ambitious targets for meeting these.

Recommended for: Government

20. **As part of a long-term plan, set out a commitment and ambitious targets to tackle race, gender and other inequalities** experienced by protected groups in terms of access, workforce and quality in social care.

Recommended for: Government

Theme: Workforce and skills

21. **Publish, as part of the long-term adult social care plan, a national long-term workforce strategy** which sets out proposals on training, pay, leadership development, career progression pathways and recognition.

Recommended for: Government

Negative impacts of COVID-19 on social care

In this section we identify from the essays, roundtable and our wider engagement with the social care sector the key themes about the negative impacts of COVID-19 on the sector.

A sector poorly prepared for the pandemic

The COVID-19 pandemic has taken a grim toll on social care in England. Those we spoke to as part of the essays and podcasts, and who took part in the roundtable, were clear that not only was the sector ill-prepared for the crisis – with poor advance planning – but the response when it did arrive was insufficient and too late. In workshops with care managers, commissioners and managers as part of our COVID-19 work, we were told on many occasions that social care felt like it was not a priority, guidance was initially inaccurate and late, and support for funding insufficient and slow to arrive.

In terms of preparation, we heard that the years of underfunding had left the sector without the equipment and estates necessary to manage the crisis. For instance, we heard that many care homes had insufficient space to safely isolate people who had caught COVID-19 and contain the spread. Local supplies of personal protective equipment (PPE) were low, or non-existent in some places as late as the end of March, which left many care workers exposed to the virus.

> *'If we had declared a national emergency two weeks before lockdown, local resilience forums would have been able to put in place communications that reached out and listened to their valuable residents – even the best systems with integrated place-based hubs struggled with communications in the first few weeks.'*

> **Professor Donna Hall, Chair, New Local Government Network**

> *'Frankly, the guidance we received at the start of the crisis about people being discharged into care homes without tests was wrong.'*

> **James Bullion, Executive Director of Adult Social Services, Norfolk and President of ADASS – The Association of Directors of Adult Social Services**

In terms of the response, most of those we spoke to said that guidance, PPE and financial aid arrived too late to stem the initial wave of infections. The guidance, when it did arrive, was also criticised for being inaccurate and inaccessible. We heard many calls from people working in care to be more actively involved in shaping guidance.

> *'There is no 'one-size-fits-all' but a set of guiding principles is needed. We need guidance written by and for care workers.'*

> **Care home manager at a SCIE's COVID-19 care home manager meetup**

The result has been well covered by the media – an unacceptable number of excess deaths in care homes, and far too many care workers dying. Several spoke of this being a 'national tragedy' and that lessons needed to be learned.

'It was a very difficult period. A combination of strict criteria put in place before you could be placed on the extremely vulnerable list, a lack of support and difficulty getting hold of PPE equipment.'

Clenton Farquharson, Chair, Think Local Act Personal and person with lived experience

'A key challenge during this pandemic has been ensuring people using social care services, and those that provide them, receive regular testing. We've all seen news reports of people being discharged from hospital into care homes. The lack of a systematic testing programme has undoubtedly led to many thousands of otherwise preventable early deaths.'

Deborah Alsina, Chief Executive, Independent Age

'Only limited amount of Infection Control Fund has reached outside care homes. Fifty per cent of the workforce are in homecare but little or no additional money has been made available to support them if self-isolating. Ditto to support PPE costs.'

Jane Townson, Chief Executive, UK Homecare Association

Inequalities exposed

The crisis also had the impact of exposing the deep levels of inequalities which exist in society, **with evidence** telling us that Black, Asian and minority ethnic (BAME) communities, adults with learning disabilities, and those on the lowest incomes, have been disproportionately affected.

'From data released by CQC, NHSE and the learning disability mortality review, we have seen over 130 per cent increase in the number of recorded deaths of people with a learning disability when compared with the same period last year.'

Edel Harris, Mencap

Several contributors argued that tackling inequalities needed to be a priority for any future reforms. In **a recent statement**, ADASS wrote:

'As we reset and rebuild social care, it is vital that we proactively tackle historic inequalities and injustices, whilst ensuring that the new models of care that are nurtured and developed as a result of the reforms are equally relevant, accessible and vital to all groups.'

But for this to be genuine, we need to co-produce these plans for reform with diverse communities, ensuring that their fears, aspirations and strengths are reflected, and become part of the reform narrative.

A fragmented and disconnected sector

The social care system is complex and fragmented, with care being provided by around 18,500 organisations working in 39,000 locations across England. Whilst seen as a strength, the diversity of the sector provided, in some cases, a hindrance in terms of coordinating a response. Good practice being developed in one part of the care sector is difficult to share

easily with another part. Data on care home residents, workers and supplies was often incomplete or difficult to pull together.

In our interviews and surveys with commissioners, social workers, care home managers and care workers to inform our COVID-19 work, we heard a common theme that the sector was very fragmented and that data wasn't joined up. Many of those we engaged told us that the scale and complexity of the sector posed significant practical and logistical challenges in organising effective responses. For example, in ensuring that providers have access to sufficient PPE, coordinating safe hospital discharges, and testing staff and residents in a timely manner.

'You couldn't access any real-time data on what was happening in all the different care homes – who was working where, who was entering care homes.'

Commissioner interviewed to inform the COVID-19 guidance

Delayed local response

During the first few weeks of the pandemic, people who use services and carers told us that they often felt very isolated and frightened. Whilst some local authorities were good at getting in touch with people quickly, in other areas people didn't hear from their key workers for many days. Information on websites about, for instance direct payments, was often slow to be updated.

'I sometimes think about those dystopian films, where people are searching for survivors in an empty and damaged city. I felt like one of those survivors.'

Ossie Stuart, SCIE Trustee and person with lived experience

Although many local authorities were praised for the support they gave to providers, others were criticised for being slow and inflexible, for instance, not passing on funding quickly to struggling providers.

Low morale amongst workers

We heard from contributors that we face a growing emergency about the morale of staff working in social care. Despite many in the workforce showing immense resilience overall, morale is low in adult social care, and care staff have felt undervalued compared with their healthcare counterparts. This has also played out in practical terms, for example, in care workers not having priority access when shopping for their clients. We were told about registered managers of adult social care services suffering from burn out and extreme anxiety. Access to high-quality and trauma-informed support to managers and frontline staff to help them recover was seen as essential in the future.

In our engagement with our social workers, commissioners and care workers for Department of Health and Social Care-funded work on COVID-19, we were consistently told that many felt isolated and experienced very low morale during the first period of the pandemic. In response, SCIE, along with other sector bodies like Skills for Care, established national forums and 'meetup' meetings which proved hugely popular, and we call on national bodies to continue putting on such groups.

'Thank you for this space to share our experiences with people outside our organisations.'

'Good and useful meeting that has provided us an opportunity to link up. Thank you. '

Social workers involved in SCIE's COVID-19 meetup

Positive impacts of COVID-19 on social care

In this section we identify from the essays, roundtable and our wider engagement with the social care sector the key themes about the positive impact of COVID-19 on the sector

Involvement of communities

A common theme that arose through the essays, podcasts and roundtable discussions was the extraordinary willingness of communities to get involved in providing support to others. There were also a lot of discussions about the many mutual aid organisations that sprung up to provide support to those who were shielded. This view that communities had 'stepped up to help out' was echoed in the many conversations we have had with stakeholders working in social care as a result of our work on COVID-19.

> *'In time, we hope that above all else, this pandemic will be remembered for revealing our natural instinct to care about each other. Whether it's been our family, friends or neighbours, what we have wanted for those around us during this time is what we want for ourselves: to live the life we want to lead.'*

Cllr Ian Hudspeth, Chairman of the Local Government Association's Community Wellbeing Board

> *'The wave of good will has just has been an inspiration. A new wave of volunteers is interested in different ways of working, through community businesses – it's been very difficult and tragic, but it has been a real demonstration of the good will, and skill and gift in communities, if you do it in the right way.'*

Sian Lockwood, Chief Executive, Community Catalysts

This rise in community spiritedness led many to ask how we could find ways to maintain these levels of enthusiasm and support beyond the end of the crisis. Many feared that without some level of coordination and support, the enthusiasm would wither away.

> *'We need to keep the involvement of local volunteers going. As we come out of the worst of the crisis, there is a danger we let these mutual aid groups fall away. This would mean we lose a once-in-a-generation opportunity to galvanise the community in supporting the delivery of adult social care.'*

Ade Adetosoye, Chief Executive, London Borough of Bromley

Relationships between local government and providers improved

Several of those we involved in the essays and the roundtable told us that they felt that, whilst not a universal experience for providers, some relationships between local authorities and providers had improved as a result of the pandemic. Moreover, we were told that where there were strong existing relationships and partnerships, relationships were more likely to remain strong during the crisis.

> *'The pandemic has forced commissioners to put their trust in social care providers. They acknowledge that we are professionals who should be trusted to respond in a safe way, always putting the health and wellbeing of those we support and those we employ at the top of our list.'*

Edel Harris, Chief Executive, Mencap

In our conversations with commissioners and providers as part of our work on COVID-19 with the sector, we heard about several examples of commissioners and providers working more closely during the crisis than before.

Examples of good practice included:

- The opening up of more regular and supportive communications with providers, including weekly call arounds.

- The creation of online forums to bring commissioners, providers and community groups together.

- Making emergency funds available for providers to claim back excess COVID-related costs.

- Commissioners providing practical support and advice, e.g. on personal protective equipment (PPE), testing, infection control, recruitment.

We also heard that in local places that had strong histories of joint working, the response to the crisis was easier to coordinate, as partners with track records of partnership working reached out to each other and worked on solutions together.

Digital innovation

Many of the contributors to the essays were impressed by how quickly the sector adapted to the need to work online. Within a matter of a week, vast numbers of workers were providing information, advice and support online, whilst care managers were able to keep in regular touch with other care providers through WhatsApp, Zoom calls and Facebook groups.

This was backed up through our engagement with the sector as part of our DHSC COVID-19 support work. Commissioners, providers and care home managers gave us many examples of how they used technology to bring services to people and support each other.

'We understand there's been anxiety. We're being as supportive as possible and we're using social media, video calls and email updates to relatives. We also have a lively Facebook page and WhatsApp group. But it's not just about keeping social activities going. Staff are downloading guidance and we've also got them on e-learning training to help tackle the task in hand. This has helped over protective equipment. It's OK getting it in the first place but it's important to know how to use it most effectively.'

Care home manager

We were told that, in some places, the crisis acted as an accelerant for digital innovation – with both local authorities and providers rolling out new technology solutions, which, before the crisis erupted, would have taken years to get going.

In communities, we also saw the rapid adoption of technology as the main means of communication, and the emergence of a growing number of online mutual aid and social support groups.

'For every news story about a tragic death, there is another about a care home connecting its residents up to family via Zoom, or of a social worker working creatively online to plan an active and engaging week for someone. I have no doubt that the sector will bounce back.'

Kathryn Smith, Chief Executive, SCIE

Putting trust in people

One response, which was broadly welcomed, was the decision by several local authorities to reduce rules and processes around the allocation of funds. Nowhere was this new-found freedom felt more acutely than for people who receive direct payments. In some local authorities, recipients of these payments were told that they could spend these how they choose. In other cases, commissioners chose to trust providers to spend money flexibly in response to changing needs, rather than holding them to specific key performance indicators that were agreed before the pandemic struck. Ultimately, this more flexible and trusting approach led to better outcomes and experiences:

'I have to say that the COVID-19 guidance provided by my social service was rather banal. Yet, one thing stood out like a beacon. This was 'permission' to spend my social care direct payment as I saw fit. Given the years of oppressive policing of every penny, this came as a shock. While not a universal response across England and Wales, it meant I could make decisions about my care needs during this crisis without the anxiety I would normally have had doing so. This breath of fresh air is just one of many other examples of this new flexibility shown by social care services. We must not revert back to 'business as usual'. Trusting us must continue.'

Ossie Stuart, Trustee SCIE and person with lived experience

Challenges for the future of adult social care

This section pulls together the themes from the essays, roundtable and SCIE's wider improvement work with the social care sector on the key challenges facing adult social care.

Commissioning focusing on outputs not outcomes

A widely held view which emerged from the essays, podcasts, roundtable and our wider engagement with the sector on COVID-19, is that commissioning is no longer fit for purpose.

Whilst our recent collection of guidance **Commissioning and COVID-19: Advice for social care** highlights examples of good commissioning, it also raises concerns about the direction of travel for commissioning and the high level of what people called 'transactional' rather than outcome-focused commissioning which takes place.

> *'Commissioning was supposed to be a strategic approach, but has become bogged down in narrow processes. It drifted far from its original purpose.'*

Commissioner

Originally intended to be a strategic process which enabled resources to be directed towards the achievement of outcomes, we now see a tendency for commissioning to be overly focused on the delivery of outputs, such as the amount of time and task delivered. A radical overhaul of commissioning, it was argued, is now needed.

> *'A key issue is the application of transactional commissioning that has no link whatsoever with professionals or evidence-based thinking, let alone local communities. We need a closer relationship between social workers and commissioners as well, especially for the large numbers of people who are disenfranchised from control over their life and the inequitable circumstances they find themselves in.'*

Mark Harvey, Chief Social Worker, Adults, Department of Health and Social Care

> *'In many places, I am not sure 'commissioning' is really the word. Councils have ended up buying packages of care at the cheapest rate available rather than attempting to/ being able to shape markets.'*

Simon Bottery, Senior Fellow, The King's Fund

> *'I wanted to put more funding into local charities, where we're doing so much innovative work, but when I went to a panel to discuss how we funded it, I was told I had to go out through our framework. Well this only has the big players on it.'*

Commissioner

Lack of support for innovation

There are many good examples of innovative approaches to care and support that are person-centred and community-based. Evidence generated through the **Social Care Innovation Network** demonstrates that these models are not only cost-effective but improve outcomes and experiences. However, even though these innovations can demonstrate their

impact, they tend to exist in pockets and are not yet seen as the core business of social care. Even small-scale innovative community-based organisations who don't wish to grow large, struggle to survive beyond short-term pilot funding. This needs to change, and there were several contributors who called for national investment in innovation; possibly through some kind of innovation fund, or pioneer programme, which involves authorities being backed to make rapid progress on growing innovations to scale.

> *'I believe, at its core, an innovation must be about moving people closer to what they say they want, which is having a life and not a service – about thriving and not just surviving.'*

> **Clenton Farquharson, Chair, Think Local Act Personal**

Variability in quality and performance

Though the rules on entitlement to state-funded social care are set nationally, access to social care varies considerably depending on where people live, reflecting what one contributor described as a 'post-code lottery'. Local authorities have the power to make their own decisions about priorities, budgets and what they commission at the local level, inevitably leading to variation in access. This variability in access is compounded further by the variability in the quality of care, as reported by the Care Quality Commission in its **Annual State of Health and Adult Social Care reports**:

> *'As we explored in last year's report, there are parts of the country where relative concentrations of poor-quality care, as shown by ratings, mean that people living there may find it more difficult to access good care.'*

> **Care Quality Commission**

> *'I think we have a problem not just with how direct payments (DPs) are policed but also with the overall low number of them (4 in 10 working age adults, less than 2 in 10 older people) and the variation between places – in some councils more than half of people have DPs, but in other places it is fewer than 1 in 10.'*

> **Simon Bottery, Senior Fellow, The King's Fund**

This problem of quality was much debated through the essays and at the roundtable, with little agreement on the solution. Whilst there was broad support for a fairer funding settlement for publicly funded social care – something SCIE would support – there were differing views on whether Government should be more active in stepping in to address underperformance and variation, or instead that this role should be left to local authorities to support one another with sector-led improvement.

Lack of clear plan for workforce

Participants at the roundtable raised a number of concerns about the workforce. Whilst there was universal praise for their resilience and professionalism during the crisis, there was also real concern the workforce was reaching breaking point. To address these challenges, there is urgent need for a national strategy for the social care workforce, that sets out clearly how low pay and conditions, the lack of progression opportunities, and the lack of training and leadership development, will be addressed.

'There were deep issues the 18,500 organisations who offer social care services were wrestling with before the virus. A high turnover rate of 30.8 per cent and increasing year on year. This is compounded by a high vacancy rate, which means that on any given day before the pandemic there were 122,000 vacancies that needed to be filled. Those realities make it more expensive for employers who have to pay to recruit constantly.'

Oonagh Smyth, Chief Executive, Skills for Care

Opportunities for the future of adult social care

This section pulls together the themes from the essays, roundtable and SCIE's wider improvement work with the social care sector on the key opportunities facing adult social care.

Shifting investment towards prevention

Despite widespread recognition that more preventative investment in social care could reap great benefits to society and the public purse, it remains a small proportion of social care expenditure.

There is a huge potential for social care to help more people stay healthy, happy and independent for as long as possible through prevention, but as an overall proportion of what we spend, too little is allocated to **preventive approaches to care**. **Our own research** has shown that if we invest in scaling up preventative, person-centred approaches to care such as asset-based approaches to reducing social isolation, shared lives and community agents, outcomes can be improved and costs reduced.

> *'As a country, we are not very good at prevention. We need to see far more money spent on prevention – on skills, mental health, preventative social care – which reduce demand for acute services.'*

Rob Whiteman, Chief Executive, Cipfa

To enable this shift to happen, we need to commission differently, shifting resources towards organisations which demonstrate that they can support people to live independent and fulfilled lives, and help people recover independence quickly after hospitalisation or a crisis. As part of this solution, we need to invest in technology, which has a huge potential to support more people to live independently.

As we argue later in this report, we also need to invest in innovation, establishing a national fund which will support local areas to grow innovative models of preventative care.

The reforms of social care need to be framed in positive language

Reviewing all of the insights that have informed this report, it is clear that the sector has reached a dead end in its use of the language of 'crisis' as a way of compelling the public to sit up and take notice, and for the Treasury to realise the merit of investing in social care. Those who shared their concerns about the negative language we use for social care insisted that a better, more compelling way forward is to talk up the role of social care, and to accentuate the contribution it makes to society.

In SCIE's work on the Social Care Innovation Network, and more widely, we have adopted the 're-framing social care language', put forward by the **Social Care Future** movement, in a way which has led to high levels of engagement with, and commitment to, the aims of the network:

> *'We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us.'*

And in a **new statement about social care** from the LGA:

'Social care is an essential part of the fabric of our society. Social care at its best enables and transforms lives. It enables millions of us to live the lives we want to lead, where we want to live them. Whether we need support with our mental health, because of physical disabilities, learning disabilities, or because we are older and need additional support. It supports us to work; to socialise; to care and support family members; and to play an active role in our communities.'

A thriving and sustainable voluntary, community and social enterprise sector

There was broad support from everyone we spoke to and who contributed essays to expanding the role of the voluntary, community and social enterprise sector in supporting adult social care, building on the many impressive ways this sector supported people through the pandemic. However, this would require a conscious commitment to investing more in the sector, and would require commissioners to bring the voluntary, community and social enterprise (VCSE) much more into discussion to shape local commissioning plans, through a 'co-commissioning' approach.

'Many of our voluntary providers came up with amazing ideas overnight on how we could support those who were shielded, bringing different organisations together for a collective effort.'

Commissioner involved in SCIE's DHSC-funded COVID-19 meetup

'The solutions are already out there and this crisis has helped reveal the value of micro-enterprises, the wide range of communities' different assets, mutual aid, and innovative housing arrangements in supporting people, to name a few examples. These solutions feel infinitely more 'human' and are infinitely preferable to some of the more traditional services on offer.'

Cllr Ian Hudspeth, Chair, Local Government Association's Community Wellbeing Board

Digital at scale

It has become received wisdom that the social care sector struggles to adopt new approaches to digital technology, with many local authorities and care providers seen to be falling behind developments in other sectors, such as the NHS. Yet during the COVID-19 pandemic, many social care organisations have moved services online – such as assessments, care planning, reviews and outreach – at astonishing pace. Many contributors felt that we are at a tipping point on digital technology, which would lead to much faster spread and uptake of new technology and online working.

'If we truly want to see a future vision for social care, and put the person at the heart and centre of delivery we need to think about a preventative and proactive approach. Data, workforce and true partnerships are critical in delivering the right care at the right time that deliver real differences for people. Technology-enabled care should be considered as part of an overall package of care tailored to the individual.'

Alyson Scurfield, Chief Executive, TSA

Within the space of a week, huge parts of the social care workforce were operating online. We heard about examples like the Isle of Wight, which managed to move its Personal Assistant Hub online within a few weeks, so that people could still be matched to personal assistants (PAs) when they left hospital or a PA fell sick. We heard about how the London Borough of Hammersmith and Fulham was able to use an artificial intelligence (AI) platform to make regular direct contact with more than 9,000 shielded individuals during the lockdown. This deployment meant that the Council's staff were able to identify the unmet needs of residents, many of whom are suffering from social isolation and loneliness. In local communities, we heard about how community navigators and local area coordinators, used to working door to door, were suddenly able to recreate their unique forms of communal support through online networks and WhatsApp.

'If we want to keep people in their homes, technology is a key part of this … in terms of systems and actual hardware. There's loads of it out there but none of it is being adopted at scale due to the fact that most innovation sits in small and medium-sized enterprises and they find it difficult to sell at scale into the public sector.'

Mary McKenna, Technology entrepreneur

'My hunch is we will continue to see moves towards looking after people in their own homes. But, if that is to work, we will move people into homes which work better; new homes purpose built, or adapted for it. I think we will see more new and exciting ways of looking after people in their own homes. More reliance on technology, monitoring people's conditions.'

Sir Andrew Dilnot, University of Oxford

Developing new forms of housing with care

There are fundamental connections between housing, health and care. However, despite their obvious interdependencies, these connections are not fully recognised or reflected in policy, institutional incentives or practice. In our engagement with commissioners and care workers through our COVID-19 work for the DHSC, we heard lots of calls for investment in a broader range of housing with care options, including extra care, supported living and home share options.

At the roundtable, questions were raised about the long-term sustainability of residential care, with several commenting that we need to reduce our reliance on this. If we could rebalance investment into a broader range of well-designed housing options, which support healthy ageing and adults with learning disabilities, care outcomes could be transformed.

People at the heart of decision-making

The future of social care was one that needed to be more co-produced – that is a way of working that involves people who use health and care services, carers and communities in equal partnership, and which engages groups of people at the earliest stages of service design, development and evaluation.

However, we were told of too many cases where key decisions at the level of the system, and at the level of the individual, that people who receive services and carers were not involved in decisions. This is a missed opportunity, given true co-production can reduce

waste and enhance services, and undermines the aims of the Care Act which foresaw co-production as a critical part of achieving greater wellbeing for people.

On a more positive note, we were given examples of co-production beginning to be developed to positively shape local services.

In Kirklees, for example, the Council has set out a vision for 'people as active and equal partners in how we work together to co-produce, co-design, co-deliver and co-evaluate care services,' whilst Oxfordshire County Council has demonstrated a long-term commitment to co-production by establishing a co-production board and recruiting a cohort of co-production champions.

For these reasons, it was argued, the forthcoming social care reforms need to place co-production at their heart.

> *'Co-production and shared endeavour with our citizens go to the heart of what we're doing in Camden; we have a citizens' assembly about the future of children's and adult social care; and co-production is embedded deeply in how we deliver services.'*
>
> **Cllr Georgia Gould, Leader, London Borough of Camden**

> *'We achieve better outcomes when people are sat alongside professionals when we are making decisions – working with professionals to decide how services are designed, paid for and delivered. Everyone wins when we do co-production in a meaningful way.'*
>
> **Kate Terroni, Chief Inspector Adult Social Care, Care Quality Commission**

Imagining a better future for adult social care beyond COVID-19

This section pulls together the themes from the essays, roundtable and SCIE's wider improvement work with the sector on what the features of a future care and support system need to be.

Principle of subsidiarity

A common theme that emerged from the essays and podcasts is the need for us to preserve a care system which is led, commissioned and delivered close to local communities. As one contributor put it, we need a system which is 'local by default.'

> *'We are pleased that many of the decisions we take about funding are taken with local people – so we commission what really matters to people.'*

Commissioner involved in a SCIE's COVID-19 DHSC-funded meetup

Good social care, it was argued, is locally based, and community-centred, building on local community connections and resources; something the LGA recently expounded in its **seven principles for reform**.

> *'Social care plays a key role in making connections in our local communities between a wide range of public, private, voluntary and community organisations that all work together in supporting people to be well, safe and independent.'*

In an envisioned future for social care, locally owned and run organisations – rather than distant national organisations – created personalised care through close collaboration with communities.

Unsurprisingly, given this view, there was little support for the NHS becoming more involved in the funding, commissioning and delivery of care, something that has been mooted in some press stories as a viable option for social care.

> *'Top-down solutions don't always meet local needs.'*

Georgia Gould, Leader, London Borough of Camden

There was less agreement across those we have engaged about the role of central government. Most of those who contributed felt that it was the role of the Government to set out the vision for care, and the expectations it has for the sector on standards, similar to the role it took with the Care Act. There was less consensus about whether the Government should go further than this, and intervene much more in redressing variations in performance between local authorities or intervening when there are perceived failures.

What it was seen to have a role to play in was in identifying and backing innovation. Much as the Department for Education has done in children's social care through its Innovation Programme, the DHSC could create some form of innovation fund to support the growth of proven and innovative models of care.

> *'At play here is a paradox of scale – great care often happens at a small scale but struggles to deal with the challenges of a large population and big problems.'*

Alex Fox, Chief Executive, Shared Lives Plus

Creating asset-based areas

There was broad support amongst those involved in the essays and roundtable, for a vision of an asset-based care system – one which starts with, and builds on, people's strengths and assets, rather than their problems or deficits.

Several of those we interviewed for the podcasts talked about the post COVID world as being the right climate in which to build asset-based care, as we could use this period to build on the ground swell of people already keen to help within local communities.

Others pointed to the growing evidence, including SCIE's **own research**, which shows that these approaches to care and support, have the potential to enhance health, wellbeing and resilience; reduce long-term pressures on higher-cost health, care and support services and enable more people to participate in and benefit from community resources and activities.

> *'Taking shared responsibility for population health means the NHS, local government and voluntary sectors working together as partners to make the best possible use of their reach, resources and assets to innovate and tackle the causes of ill health.'*

Paul Burstow, Chair, SCIE

For this to happen, we needed to encourage and invest in a whole-systems approach, which requires sustained action at **three main areas**.

- **Co-production, partnership and power sharing:** building and valuing community capacity and community organisations, tackling inequalities.

- **A strategic approach:** a clear story translated into shared outcomes, asset-based commissioning, grant-giving, and provider market development.

- **Diversifying workforces and building local enterprise:** investing in volunteers and social entrepreneurs, valuing lived experience, growing mutuals and cooperative organisations.

Collaborative and outcome-focused commissioning

Across all of the insights we received for this report, it was clear that we need a new approach to commissioning; one which is focused on community strengths and assets, is collaborative with providers and the community, and which seeks to achieve whole-person outcomes.

This is the vision we call for in **Commissioning during COVID-19 and beyond**, a guide we co-produced with the sector to assist commissioners and providers during COVID-19:

> *'Building on the strength of communities is a vital pillar for good commissioning. There is so much to learn from the impact of and response to COVID-19. Equality of access, relevant accessible information, and visibility of people all have impacts on people's life chances. For people to retain, and in many cases regain, control over their lives, they need to be able to connect with the things and people that are important to them and to participate in their communities.'*

Innovations are enabled to thrive

Although we have a growing body of evidence about what works in terms of community-centred, personalised care and support – and in terms of new technologies which can transform care experience – we continue to struggle to bring these to scale. The future vision for social care will be one that sees innovative models much more commonplace, central to commissioning intentions, and demanded by citizens who will be much more active in shaping how we design services.

Social care workers' pay and conditions improve

For too long, the pay, working conditions and level of recognition received by care staff has lagged behind those of their colleagues in the NHS and other public services. In many of the conversations we have had with people in social care to shape the DHSC-funded guidance we have produced, we were told that the low status of care work holds back efforts to improve the quality of care and improve access.

'I felt that I was battling alone without Government and public acknowledgement.'

Care home manager involved in SCIE's DHSC-funded COVID-19 programme

In several essays and podcasts, contributors told us that it was time for radical action on low pay and poor conditions in the sector. In the future, we need a workforce which is better paid, receives high-quality training and career development, and experiences good working conditions.

'First off, we need to tackle long-term issues with the social care workforce. Care work is highly demanding, physical, skilled work and yet it has always been poorly paid with few opportunities for progression. It is also often insecure work with a quarter of staff on zero-hour contracts.'

Deborah Alsina MBE, Chief Executive, Independent Age

Promoting equality

Contributors to this report spoke about the need for social care to do more to tackle deep-rooted social inequalities and social injustices in society. Whilst there was recognition that many of the principles and training in social care are strongly focused on tacking injustice, it was felt that in too many parts of the sector not enough is being done to address inequality within the workplace, promote inclusive working practices, and ensure that there is fair access to good-quality care.

'As social workers we need to re-affirm our commitment and ambition to tackle racism, celebrate diversity and tackle prejudice.'

Fran Leddra, Chief Social Worker, Joint Chief Social Worker for Adults at the Department of Health and Social Care

In the future, social care will be driven by a strong and clear vision for a more equal society. In this new reality, we will be able to demonstrate that people with protected characteristics are equally able to access high-quality care; care workers consistently seek to challenge discrimination; people with protected characteristics are much more involved in decisions about local care services and their own care, and that people working in social care with protected characteristics are equally able to progress into management and leadership roles.

Growth in housing with care options

Good-quality housing needs to be at the heart of future plans for social care, echoing the Association of Directors of Social Services call for a 'Home First' principle. Whilst there will always be some need for residential care, most of those we involved in the essays and the roundtable were of the view that now was the time to invest in a broader range of housing with care options, including extra care, supported living and home share models.

Budgets are devolved to local areas and individuals

In a transformed care system, budgets will be devolved as far as possible down to neighbourhoods, families and individuals, maximising choice and control over how money is spent on people's care.

In the future, more money will be devolved to the neighbourhood level, and through collaboration with communities, allocated to services which matter most to local people.

As part of this vision, the level of bureaucracy which currently gets in the way in some places of people with direct payments spending their budgets, will also be scaled back.

We measure what matters

As we reform services, we need to put in place a different approach to measuring the impact of care and support. Plans are already underway to update the national adult social care measures, but we need to put in place different measures for contracted services so that we understand their true impact on wellbeing and independence.

In a recent article, Alex Fox, Chief Executive of Shared Lives Plus argued for the creation of key human indicators, instead of traditional key performance indicators which tend to focus on narrow outputs:

> 'Many areas and organisations have key performance indicators (KPIs). Perhaps every area needs key human indicators. Are people achieving wellbeing? That usually means that people who need support are able to experience the right balance of independence and connection for them, which will change at different times in their lives.'

A vibrant voluntary and community sector

Reading all of the insights that we have included for this report, there is consistent call from stakeholders for us to shift more investment into the voluntary, community and social enterprise (VCSE) sector, so that it becomes a thriving part of a local social care ecosystem. Investing in the VCSE, it was argued, will help us to create a care and support sector which is better placed to create person-centred, co-produced forms of care and tackle inequalities.

> 'The VCSE is better placed than any service, to connect to people who for reasons of inequality and discrimination, cannot access normal services.'

Social worker involved in SCIE's COVID-19 meetup

Conclusion

Now is the time for bold action to transform social care for decades to come. After nearly 20 years of underfunding it is time to call time on austerity. The adult social care system needs a long-term funding settlement; one that is simpler, fairer and helps tackle the fundamental inequalities which exist in society.

However, more funding alone will not be enough. Mirroring what has happened in the NHS – which now has a long-term plan – we need an ambitious reform plan which is fit for the future. We must commit to a progressive new vision for adult social care which clearly articulates the vital role social care plays in society – of a more preventative, asset-based, accessible, co-produced and joined-up system of care and support. This vision should be accompanied by a clear timetabled roadmap setting out how this vision will be realised. As much as possible, this roadmap should be co-produced with the sector, and those with lived experience, so that it reflects the aspirations and ideas which reside in communities.

'More of the same just won't do.'

Sally Warren, Director of Policy, The King's Fund

There was almost universal agreement that now is the time for bold and far-reaching change to adult social care, not simply tinkering with the status quo.

'We need an industrial-level intervention.'

James Bullion, President, Association of Directors of Adult Social Care (ADASS)

Moreover, this plan for adult social care should clearly set out how we learn the lessons from COVID-19. Never again can the sector be left so unprepared and exposed to a pandemic like this. We hope the Social Care Sector COVID-19 Support Taskforce, working in tandem with those drafting the long-term plan, come up with robust proposals for avoiding a future crisis. In doing this they should definitely focus hard on the areas of failure and risk, but consider also the many good things that happen in communities and build on these.

The challenges we face are of such magnitude and the vision we want so far reaching, that wide-ranging action is necessary.

Drawing on a broad range or sources of insight, including the essays and roundtable, but also our work on COVID-19 and innovation, we have identified **three strategic shifts** which are required, and **21 recommendations** for short- and medium-term action.

We call on the Government to consider these proposals as it develops its thinking on the long-term plan for social care.

Participants in the essays, podcasts and roundtable

- Ade Adetosoye, Chief Executive, London Borough of Bromley

- Deborah Alsina, Chief Executive, Independent Age

- Rt Hon Paul Burstow, Chair, SCIE

- James Bullion, President, Association of Directors of Adult Social Care

- Kim Carey, Director of Adult Services, London Borough of Bromley

- Professor Paul Corrigan, Independent Consultant

- Christina Cornwell, Director, Health Lab, Nesta

- Neil Crowther, Social Care Future

- Sir Andrew Dilnot, University of Oxford

- Clenton Farquharson, Chair, Think Local Act Personal

- Susie Finlayson, Development Manager, Power to Change

- Martin Farran, Director of Adult Social Services, Liverpool City Council

- Alex Fox, Chief Executive, Shared Lives Plus

- Mark Harvey, Chief Social Worker, Department of Health and Social Care

- Edel Harris, Chief Executive, Mencap

- Professor Donna Hall, Chair, New Local Government Network

- Cllr Georgia Gould, Leader, London Borough of Camden

- Jane Green, Trustee, SCIE

- Alex Khaldi, Senior Associate, SCIE

- Cllr Iain Hudspeth, Leader, Oxfordshire County Council

- Fran Leddra, Chief Social Worker, Adults, Department of Health and Social Care

- Sian Lockwood, Chief Executive, Community Catalysts

- Sarah Pickup, Deputy Chief Executive, Local Government Association

- Mary McKenna, Trustee, SCIE

- Professor Robin Miller, Co-Director, Centre for Health and Social Care Leadership, University of Birmingham

- Mike Padgham, Chief Executive, St Cecilias

- Martin Routledge, Convener, Social Care Future

- Oongah Smyth, Chief Executive, Skills for Care

- Caroline Speirs, Head, Think Local Act Personal
- Ossie Stuart, Trustee, SCIE
- Kate Terroni, Chief Inspector Adults Social Care, Care Quality Commission
- Jane Townson, Chief Executive, UKHCA
- Sally Warren, Director of Policy, The King's Fund
- Helen Whately MP, Minister of State, Department of Health and Social Care
- Rob Whiteman, Chief Executive, Cipfa

About this report

COVID-19 has had a devastating impact on social care. By June 2020 there had been more than 30,500 excess deaths among care home residents, and social care staff have been more than twice as likely to die from COVID-19 as other adults. Deep-rooted inequalities in society have also been amplified by the crisis, as have the sector's fragile finances and the low pay and conditions experienced by many care workers.

This position paper for commissioners and senior managers working in the health and social care sector sets out the findings of **Beyond COVID: new thinking on the future of adult social care**.