

## Webinar Recording: Recovery and reform after COVID-19

Webinar took place: 8 July 2020

### Webinar Question and collated responses

Q. Are you suggesting the social care provision should be taken back centrally relating to CoViD-19 contrary to the current political momentum to help s114?

A. I don't think social care provision should be taken back centrally but there is an urgent need to look at how it is funded. It is important to remember that any additional money allocated to council to assist with S114 pressures is not necessarily focussed on relative social care need.

Q. (to RBWM): how are you accounting for the inherent risk in central income promises as they become material to your local response (I guess they already have) or are you subcontracting those?

A. We haven't sub-contracted payment loss out to providers. In the current circumstances some are fragile already. We are very much in touch with our clients and aware of a few with changing circumstances who we work with. We hold a significant amount in reserve to support both providers and, if there are no other options, clients, if cash becomes a problem.

Q. How can s151 officers and council leadership cascade the severity of the financial position down to those making decisions on a daily basis and mandate/encourage changes in commissioning practices?

A. It is important that S151 officers are transparent about the nature and scale of the challenge that they face and that they work with the political and executive leadership to determine how they plan to best meet those challenges. Some changes can be made more immediately than others, where councils are tied into long term contracts for instance, it can be difficult to make changes in a short time.

Q. Is the current mode of commissioning affordable? Is now an ideal time to reconsider the whole relationship between citizens, statutory bodies and providers to produce different outcomes and "better" ways of working in a whole system environment?

A. SCIE argues that the current approach to commissioning which dominates focus on payments by time, task and beds. In new guidance for the DHSC we present a different vision for commissioning which is more focused on outcomes and asset based commissioning: <https://www.scie.org.uk/care-providers/coronavirus-covid-19/commissioning/during-covid>

Q. Many care providers experience is that COVID funding was not fast tracked to them, putting them under exceptional pressure. How can we move beyond local variations and interpretations of good funding/commissioning practice?

A. Concerns have been raised about the distribution of funding both by Government to local authorities, and also from local authorities to providers, with delays definitely experienced in some cases, although local authorities were under enormous pressure in a very difficult time. SCIE has produced new guidance on commissioning during Covid-19 which aims to promote consistent good practice:

<https://www.scie.org.uk/care-providers/coronavirus-covid-19/commissioning/during-covid>.

Q. Commissioning outcomes was introduced in 2004 why did commissioner embrace it?

A. There are a huge number of barriers that have got in the way of outcome-based commissioning, not least the steady reduction in funding for adult social care over the last 10 years. Some of these issues are explored in new guidance by SCIE, which seeks to point the way towards a more outcome based approach and which we hope you find helpful: <https://www.scie.org.uk/care-providers/coronavirus-covid-19/commissioning/during-covid>.

Q. How are the financial difficulties going to affect leaving care?

A.

- There is evidence from a number of LA's that the COVID19 pandemic has had a detrimental impact on Care Leavers mental health and emotional wellbeing, which is increasing demand on already stretched Council services and health services.
- During COVID19 many Care Leavers have been unable to secure suitable accommodation, placement moves have been postponed, resulting in some Care Leavers having to remain in emergency accommodation (additional cost, adverse impact on emotional wellbeing);
- If demand does increase and there is a greater need for placements, this may put pressure on the Staying Put initiative that enables Care Leavers to stay with their carers beyond 18, but inevitably reduces sufficiency of carers for children under the age of 18
- Care Leavers themselves may find employment opportunities more difficult to come by if COVID 19 triggers a recession, and some reports are suggesting that opportunities such as apprenticeships will be hit; whilst this affects all young people, those with additional needs may be worst affected. This means that local authorities may have to do more with employers to ensure that Care Leavers are given access to opportunities as part of a wider social value approach"

Q. What is your view on effective prevention and demand management in terms of adult social care particularly with the pressure on growing age-based demand (90+) with less good mental health and therefore higher support needs?

A. Effective, joined up and targeted prevention will be essential if we are to manage demand and identify opportunities for effective intervention early on, to delay or prevent the need to social care intervention.

Q. What is your view of effective market shaping and the buy: in-house balance of delivering effective social care? Will we be seeing more in-house provision moving the balance away from external providers?

A. There are a huge number of barriers that have got in the way of outcome-based commissioning, not least the steady reduction in funding for adult social care over the last 10 years. Some of these issues are explored in new guidance by SCIE, <https://www.scie.org.uk/care-providers/coronavirus-covid-19/commissioning/during-covid/market-shaping>

Q. What about those on the cusp of care needs - how to keep people supported and independent in their own home and preventing/delaying the need for LA support for as long as possible.

A. Agreed and this is where we need to build on the opportunities for more community based and partnership working that Covid has presented. Potentially working with the community and community services to risk stratify people early and put in place appropriate networks of support.

Q. How much mileage do you think there is in the potential of a 'National Care Service' in the same way as the 'National Health Service'?

A. There is no one size fits all approach to market shaping. For good practice advice, please see the section of our new guidance on market shaping: <https://www.scie.org.uk/care-providers/coronavirus-covid-19/commissioning/during-covid>.

Q. What proportion of the difference in referrals to children's services, between expected level and Covid level do you think will come in as referrals?

A. I think we are seeing different pictures over the country in some area's referrals are down by around 30% for a period of 2/3 months, but I am also aware that another LA saw only a significant reduction in referrals for a period of 2/3 weeks. We believe that this lag in demand will make its way into the system as it hasn't gone away, it may just be more complex when it presents. The issue is how we quantify the 'new demand' as a direct result of Covid that would not have presented itself pre Covid.

Q. "More importantly, why?"

A. I think the main reason for this is that key partners such as schools, community health services were not operating business as usual (BAU), and they are critical in identifying and referring concerns to Children Services. When they return to levels of (BAU) there is an expectation that these referrals will come through.

Q. COVID-19 has gone some way to raising the profile of social care, particularly Adult Services. However, this is still some way off that of the NHS. How do we continue to raise the profile of social work so that it receives?

A. At SCIE we believe we need to use a different language to promote social care - positive language which talks about the huge contribution social care makes to people's lives, communities and the economy. This approach moves us away from talking about social care as a crisis service, which reduces public support for social care. Please see: <https://socialcarefuture.blog/>

Q. It sounds like providers understand the current position and I love that outcome-based commissioning has been highlighted early on in the webinar. Do you feel that councils and trusts are still pretty rigid in how they commission and procure services?

A. Some commissioning practice is too rigid and process driven. We need a more outcome focused approach which is coproduced with providers. For more ideas on how to do this, see our new guidance: <https://www.scie.org.uk/care-providers/coronavirus-covid-19/commissioning/during-covid>

Q. With expenditure on preventative services having reduced significantly as councils try to meet increasing demand for statutory services from reducing budgets, do you think that spending on prevention should also be made a statutory requirement?

A. Simply making a service a statutory requirement does not necessarily create any more money to spend on it. For any statutory services councils still need to decide the extent of funding that they should allocate to them and can afford to allocate. Making a service statutory may only therefore put it a bit higher up the queue but does not necessarily guarantee substantial extra funding.

Q. Post-Covid are we going to see a new relationship with communities and new models for local service delivery?

A. I would certainly hope so, we need to harness the community spirit that has been evident during this crisis and sustain it. I also feel that risk stratification at a local level with local solutions implemented will be crucial if we are to manage demand and support people and families within their own communities