



The care champion

Professor Martin Green, chief executive of Care England, talks to **Kathy Oxtoby** about how the pandemic has transformed the way care homes work, how staff have adapted to new ways of working, and the challenges the sector faces in 2021

“**T**hese are difficult times. But difficult times require, and allow, people to think differently.”

Professor Martin Green, chief executive of Care England, the largest representative body for independent social care services in the UK, is reflecting on what have been, and continue to be, the most difficult of times for the care home sector.

And yet despite facing extreme challenges – being in the frontline of care during a global pandemic, and dealing with the trauma of bereavement, while all the time being vulnerable to the virus – care home managers and staff have been able to “think differently”. They have adapted to change, to using new technology. They have continued to innovate, and come up with new ways to support residents and enable them to maintain some form of contact with families despite restrictions. Put simply, as Martin says, “they have been amazing during this time of emergency”.

Throughout the pandemic Martin has been championing social care and older people’s care, just as he has done throughout his working life. [See box.]

“My entire career has been in the voluntary sector, particularly in organisations for older people,” he says. Posts held include chief executive of three Age Concerns in London, trustee of Age Concern, England, and chief executive, Counsel and Care. “This experience of working in the voluntary sector most of my life, both in the UK and overseas was, I suppose, my stepping stone to being appointed to CEO of Care England,” he says.

Ageism in the system

One of the challenges of older people’s care is that it is “quite neglected because there is a lot of ageism in the system”, he believes.

“People who need care and support often have a difficult time because we’re an ageist society. What really drives me is older people’s care – it’s so important because it enables people to live the best life possible,” he says.

Martin has been driving the strategic direction of Care England since 2005. He says the organisation’s long term aim is “to really make sure older people’s care is recognised as an important part of the health and care system, and that everything that is done enables and helps care providers to deliver the best care possible”.

In the short term he says Care England has four key strategic areas of work. “First, is funding for quality care. We want a long term funding solution that enables care providers to invest and develop good quality care services.”

Next, the organisation wants proportionate regulation. “We do believe in regulation - it has to be the cornerstone of public protection. We need a regulation system that’s fit for purpose, learns the challenges of the sector, and is not punitive and overly burdensome,” he says.

He cites the airline system as having one of the best types of regulation, “which does critical forensic analysis of critical incidents, learns lessons and cascades them to the entire sector. That should be the model for social care regulation, which unfortunately I don’t think it is at the moment”.

Care England’s third priority is workforce. “What has come out during Covid is how amazing the social care workforce is. And yet there isn’t a strategy for workforce in social care.” What is needed, says Martin, is “a 10-year plan and a skills competencies framework”.

“We need clear carer pathways and much better payment and salary scale levels for staff, who are dealing with the same issues as their counterparts in the NHS are dealing with,” he says.

Innovation and development is the organisation’s final priority. “What we want to see is a sector innovating model. I’ve talked about things like developing care homes as hubs for supporting people with long term conditions in care homes.

“There is also a great need for the care home sector to embrace new technology to make us more efficient and to use resources more effectively. And another real issue that is part of the innovation and development agenda is about getting better social care data,” he says.

Care homes “abandoned” by NHS

A key issue for 2020 was, and continues to be Covid-19. Martin says one of the main achievements for the care home sector during this Covid emergency is “how much commitment staff showed”, adding “that was particularly commendable at the start of the pandemic as care homes were abandoned – particularly by the NHS”.

“I saw letters and emails from primary care saying ‘we are not going to come into a care home’ and ‘we are withdrawing district nurse services’”, Martin recalls. “And some letters were from GPs saying ‘we will not admit people to hospitals’.

“There was clear evidence at the start of the pandemic that far from the notion that there was a ‘ring of support’ around care homes, they were abandoned by pretty much everybody – local authorities and the NHS,” he says.

He suggests this “abandonment” was because “this is what happens when bureaucratic organisations focus on processes. Instead of responding they withdraw. They can’t say ‘where is the plan to deal with the crisis?’ because they are so bureaucratic and focused on processes they find it difficult to act nimbly,” Martin says.

Dealing with the trauma of losing residents

2020 challenges for care homes were not only about how they kept people safe but also having to “deal with the trauma of losing so many residents – sometimes ten residents within the space of 48 hours”.

“This has had an enormous psychological impact on staff and residents because their families were not able to be with them and support them at the end of life. But the care sector did a fantastic job in making sure that this support happened where possible,” says Martin.

He also believes that what hasn’t been acknowledged as challenging for the sector is the financial impact of Covid. “What we’ve seen in this pandemic is a great deal of reduced occupancy. The only way to sustain services is by having high occupancy levels - if you don’t there are severe financial implications.” He says some of the support from government was slow, initial support was directed through local authorities, and only about a third of it according to the Public Accounts Committee got to the front line of care.

Another financial issue for the sector at the start of the pandemic, he says, “was that our PPE supply rocketed, because the NHS was prioritised by everybody, including government and suppliers”.

He says that not only were care homes facing not having enough PPE, but supply lines were disrupted in order to give PPE to the NHS. “One corporate told me their normal PPE bill was £240,000 but that they had already signed off £2.7m – so that gives you some idea of the scale of cost pressures on the sector,” he says.

Staffing was a major issue for the sector. “A lot of people were having to shield and self-isolate within their staff teams. But it was amazing the way staff supported not only residents, but also each other. We owe

a great debt of gratitude to staff who gave their commitment to supporting colleagues as well as residents,” Martin says.

How to keep contact between families and residents during the pandemic when loved ones are unable to visit has been a significant issue for care homes. As well as adapting to using new technology, such as video conferencing, staff have devised new and innovative ways of for people to stay connected. “One care home organised a ‘drive through’ music event where residents could look out at the car park to see their families members and share music together – just one of many examples of creativity in this pandemic”, says Martin.

Pandemic has “transformed” the social care sector

The pandemic, he says, has transformed the social care sector in many ways, in particular, giving it “increased recognition, and probably for the very first time, real understanding of the fact that care services are dealing with the most vulnerable people, and this is being acknowledged by citizens and the media”.

The impact of Covid-19 means the sector, in some areas, is now going to be “more fragile”, says Martin. “What we will see is that some people will leave the sector, mainly because financials are going to be difficult post Covid, and also because they’ve been through an emotionally draining time.”

He points out that what people don’t realise about the sector is that it is predominantly made up of small providers – individual care home owners who provide a “significant amount of care”. “If they leave the sector they will leave a gap in provision,” he warns.

People working in the sector have “really understood the benefits of technology” during the pandemic. “Technology has, for example, been seen as an interface between the NHS and care homes, which should make connections between the two easier in the future,” he says.

And there have been other positives for the sector during Covid. When care homes were being “abandoned by the NHS”, this meant care staff were doing “a whole raft of things they were told they could never do, giving some much more confidence in their own ability,” Martin says.

He explains where district nurses would typically come to care homes to dress

ulcers or to give injections, suddenly staff were doing these procedures under supervision of nurses working in those homes. Such examples highlight how “care staff have really shone and shown what they can do, and also signal to the system that there is capacity for care homes to do much more – though this would have to be remunerated, and with proper training”, says Martin.

Fast moving situation

With England now in its third lockdown, the pandemic will continue to impact on the sector in ways that are difficult to predict because, as Martin point out, “this is a fast moving situation and things change all the time”. And given the speed of change he believes that politicians should be “very careful about making definitive announcements”.

“One thing that that has come through the pandemic are the times when politicians have announced something, but nobody has a delivery plan in place,” he says.

What is also “completely ignored is the fact that the system is decentralised. So you have a range of public health directors giving contradictory advice. It’s difficult for care homes when central government is saying one message and local government another – things are not joined up,” he says.

“What we need is clarification where the power between ‘local’ and ‘national’ lies. What we saw with all the tiers was confusion. It’s much more helpful having a national position with everybody knowing what it is,” he says.

Visiting policies: defined by care homes not government

Inevitably, he says the third lockdown is going to put care homes “back to a situation where connections between families and residents will be more difficult”.

“Of course, this time the difference is we can look towards the horizon of a vaccine and that will help residents, families and staff to feel more positive than they did at this point last year”.

But with care homes once again having to close their doors to visitors, he stresses, “we cannot underestimate the enormity of the challenges for relatives not being able to visit loved ones in care”, and also “the enormous impact on people’s mental health”. Set against that impact however, is the knowledge that thousands of care ➤

► home residents have died in the pandemic.

Given that there are tough choices to be made about people's health, wellbeing and safety, Martin believes visiting policies "have to be defined by care homes, not government". "Each care home community is very different. Care home providers should make decisions about protecting their residents based on the evidence on who is in their service, because they are in the best position to know how to manage visiting effectively."

Covid-19 testing was initially "quite problematic, but has got much better", Martin believes, stressing that testing "has to be a cornerstone of the response to Covid". But now, with vaccinations coming down the line "what we've got to do is to make sure the maximum number of staff as well as residents get vaccinated, and we what want to see commitment by government to vaccinate every care home resident by the end of January – I hope that target is met," he says.

Integrating health and care

On the issue of integrating health and care, Martin says that "government has not done nearly enough". He calls for a "really clear culture change programme in government and the NHS, which understands organisations are less important than people".

"What we've seen throughout pandemic is the mantra 'protect the NHS'. But the NHS is an organisation. It's about the NHS protecting citizens and many of those citizens are in care, not in health services.

"The government needs to start to understand that these are interdependent systems. It then needs to look at resources allocated across social care and apportion them more fairly across health and social care.

"At the moment social care is a poor relation, a 'Cinderella service', and we've seen that in the way the government responded to the pandemic by saying the NHS has a 'blank cheque'. They throw money at the NHS, but not social care.

"I blame local government that the money allocated did not go to front line care services. And this has continued to be a problem throughout the pandemic."

The big issues for care services in 2021 include "how to restore occupancy levels, how we make sure enough money is in the system and that we get a long term solution to this" he says. "Every Prime

Minister since Tony [Blair] has fudged this issue. Now, with the pandemic we must have a long term financial solution," he says.

Recruitment and retention present another challenge for the sector. "A lot of people are going to be worn out by the pressure of the pandemic, so we not only need to attract new people to the workforce, but we've also got to retain people – to nurture our colleagues. "That will be a challenge in the coming months because as the vaccination programme rolls out and we move away from being in crisis there's a tendency to forget what people have been through."

A year of "seismic change"

His hopes for 2021 are that it will be a year of "absolutely seismic change", and that government will come forward with "really clear long term funding proposals". He would also like to see "a clear workforce strategy that recognises training and support needs, and also recognises that we have to pay people because they are doing a very skilled job".

The UK's exit from the EU means staffing in general will be a challenge, he believes. "What the government seems to talk about is a 'home grown workforce', but we need to understand that it takes time to grow a workforce.

"I want to see government coming forward with a very clear plan on how that's going to be done, a plan on a transition point for the sector - which has relied to an extent on overseas staff - and a bridge time between leaving the EU and developing this home grown workforce."

2021, he hopes, will also be the year "when we really start to see care homes embracing technology and data as an

CARE ENGLAND

Working on behalf of small, medium and large providers, registered charity Care England speaks for both members and the whole care sector.

Its membership includes organisations of varying types and sizes, amongst them single care homes, small local groups, national providers and not-for-profit voluntary organisations and associations. Between them they provide a variety of services for older people and those with long term conditions, learning disabilities or mental health problems.

essential part of planning and developing care. For example, I want to see the introduction of electronic care planning where you can make sure you have capacity".

He says technology, such as the iPad that flashes up when a resident's tablet is due, or the automatic sensor that lights a resident's way to the bathroom. "can be used really effectively to enhance residents' experience, and we need to build this technology into our future".

While care home staff have faced "a really testing time" during Covid, Martin says "one of the things they should hold on to is that the sector has come through it – showing its ability to deal with hard times.

"Sometimes people don't recognise just how amazing staff have been. I would say the sector needs to take a step back, to try and learn the lessons from how people did during the pandemic, and use those lessons to make a stronger service for the future." ct

PROFESSOR MARTIN GREEN – chief executive

Martin Green, is chief executive of Care England, the largest representative body for independent social care services in the UK.

He is also chair of the International Longevity Centre and a Trustee of the National Aids Trust.

In 2013 he was appointed visiting professor of social care to Buckinghamshire New University.

In 2012, in his role as Department of Health independent sector dementia champion, he led the development of the Dementia Care and Support Compact for The Prime Minister's Challenge on dementia.

He is also a member of the Secretary of State for Health's Stakeholder Board; a Dignity commissioner; a Lambeth Transformation commissioner; a member of the Nursing and Care Quality Forum; a Board member of the National Institute for Health Research (School of Social Care) and a founder trustee of The National Skills Academy for Social Care.

In 2008 he was named care personality of the year and was awarded an OBE for Services to Social Care in the 2012 Queen's Birthday Honours List.