Social Care & Older People In Home & Community Contexts

What’s the problem and what ideas are out there?

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The Review and the Evidence Base

• Identify the focus/ state of knowledge in the field (what do we know?)

• Identify dominant discourses and policy responses

• Identify the problems and the knowledge gaps
What We Know 1 - The Need

• To keep pace with demographic pressures over the next 40 years, residential & nursing home places would need to expand by around 115% & numbers of home care hours by around 100%

• The numbers of staff working in social care for older people would need to increase by around 110% between 2002 and 2041 to provide this increased level of services

• The stock of specialist older age housing will need to grow by 40-70%

• Demand for unpaid care will begin to exceed supply by 2017 and the unpaid ‘care gap’ will grow rapidly from then onwards

• Long-term care expenditure would need to rise by around 325% in real terms between 2002 and 2041 - to allow for real rises in care costs of 2% per year for both social care and health care

• ESSENTIALLY – A NEW APPROACH AND OFFER
What We Know 2 - The Reality

- In last 5 years LA spending on essential care & support for older people has fallen by 11% in real terms & number receiving state-funded help is down by 25% (400,000 people)

- Those receiving community-based services most affected – down 30%, compared with 4% for residential care and 6% for nursing home care

- A steady reduction in the number of residential care homes since 2010 – places fallen by 7%; shift in the sector to self funders; polarisation of provision

- Fees to providers also reduced

- LAs having to ‘take money out’ to meet shorter-term scarcities
Additional Pressures

• Rising levels of dementia and gaps in provision for dementia care

• Social issues like loneliness and social isolation

• Changing demography and family patterns
Government Policy

• The Care Act 2014
• The Better Care Fund
• Social Care Precept
• The Prime Minister’s Challenge on Dementia
• Plan for locally funded services through local taxes
• Postponement of the Dilnot proposal
Deeper Trends over the Longer Term

• Shifted to prevention and lifelong health

• Coalition Government’s (2011) 7 principles for social care: Prevention, Personalisation; Partnership, Plurality, Protection, Productivity, People

• A trend towards ‘localness’

• Personalisation and individual/ family/ community responsibility

• Mixed system of delivery but greater reliance on private provision (some 19,000 such organisations)

• Marketisation of care
Innovations (ideas and other areas - where the momentum is)

- Asset based approaches; community capital
- ‘Ageing in place’; age-friendly cities
- New models of cohousing, extra care housing, etc
- Partnerships for Older People projects
- The different early alert mechanisms
- Assistive Technology
Gaps Between Policy & Practice 1

- Care Act prevention agenda undermined/confounded by eligibility thresholds which only meet severe needs.
- Consequent time-bomb of severe needs not deferred/prevented/avoided due to lack of preventative interventions.
- Funding myopia will lead to increased demands upon services and for crisis support.
• Decision-making based on resources/ service availability belies personalisation & choice agendas. Examples:

  ➢ Home care determined by times home care agencies can deliver (e.g. meal times; bedtimes; whether overnight care is possible).

  ➢ Day care determined by places available, often only one-day a week, rather than every day.
Concerns about Care Quality

‘While large numbers of care homes and home care agencies are providing good quality care – and three-quarters of those that we had rated as inadequate, and then re-inspected, improved – this still left a quarter of services originally rated inadequate that did not improve enough to change their overall rating on re-inspection.’

CQC State of Care 2015/16 (page 4)
Underfunding

‘The funding outlook for the next five years looks bleak. The measures announced by the government will not meet a widening gap between needs and resources set to reach at least £2.8 billion by 2019. Public spending on adult social care is set to fall to less than 1 per cent of GDP. The potential for most local authorities to achieve more within existing resources is very limited and they will struggle to meet basic statutory duties.’

‘Profit margins are reducing – both due to pressures on fees, and cost pressures that include the national living wage. Already we are seeing some providers starting to hand back home care contracts as undeliverable; local authorities predict more to come.’

Tipping Point?

‘The fragility of the adult social care market and the pressure on primary care services are now beginning to impact both on the people who rely on these services and on the performance of secondary care. The evidence suggests we may be approaching a tipping point. The combination of a growing and ageing population, people with more long-term conditions and a challenging economic climate means greater demand on services and more problems for people in accessing care.’

Future Agenda 1 - Research

• We need to know what is actually happening

• This should in our view include research on lived experience

• We need to investigate the possibility of a different world – one of unmet need

• We need to investigate growing inequalities and polarisation

• The (lack of) development of alternative models of care

• Organisational issues: budget(ing), staff/workforce, the meaning and extent of ‘integration’

• Quality issues

• Social issues (loneliness, social capital, NGOs/other organisational burnout)
Future Agenda 2

• To address dissonance – call on government and public providers to be honest and show leadership – perhaps a new system is needed?

• But also the public needs to be honest and step up…

• Kings Fund (2016 report) identifies three strategic challenges: we have to achieve more with less, we have to have a different offer, long-term reform of funding and organisation
Future Agenda 3

• Change our approach to care – reprioritise & value it

• Properly interweave care and work

• Invest in care – make it contribute to the economy rather than a drag on the economy - paid and unpaid care to be better rewarded; make care a profitable industry

• Integrate care into wider social policy - employers to support care of older people similar to childcare (day care, allowances, carer leave, etc); working hours to reflect care (later start, earlier finish, longer breaks, reduced working week)
Thank you