



Making Sense of Older Adult Social Care

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Trends in Social Care Spending

- Current spending on adult social care is £14.5 billion, compared with £110 billion in NHS
- Just over half of this is on services for older people (Dilnot Commission, 2011)
- Since 2004 net spending on older people has risen by just 0.1% or £43 million compared with an increase of £25 billion in NHS (Age UK, 2011)
- But needs are rising. Dilnot estimates that demand has outstripped expenditure by about 9% over the last 4 years
- Cuts likely to mean spending will be lower still. Age UK estimates it will be £250 million lower in 2014 than in 2004 (Age UK, 2011)

The current system is
neither fair nor
efficient!



An Unfair System

- Fair Access to Care Services levels vary from one local authority to another
- Charges differ from one local authority to another, as do the ceilings for contributions
- ‘There are 152 different adult social care systems – one for each local authority in England’ (Dilnot, 2011)
- Older people generally get less money for care packages than younger service users - £53 per week compared with £78 per week (Age UK, 2011)
- Levels of care need differ enormously from person to person, but there is no way to predict that or insure against it
- Some may end up spending a majority of their savings and assets on social care while others spend very little
- Many older people do not claim the benefits to which they are entitled (e.g. Attendance Allowance)

An inefficient system

- Falls are the biggest cause of hospitalisation for the frail elderly and the biggest financial burden in terms of NHS spending on older people's health
- The cost to the NHS of a fracture is £28,000
- The cost of installation of toilet support frame, grab rails and good slippers -approx £88
- NHS and social care budgets not effectively pooled

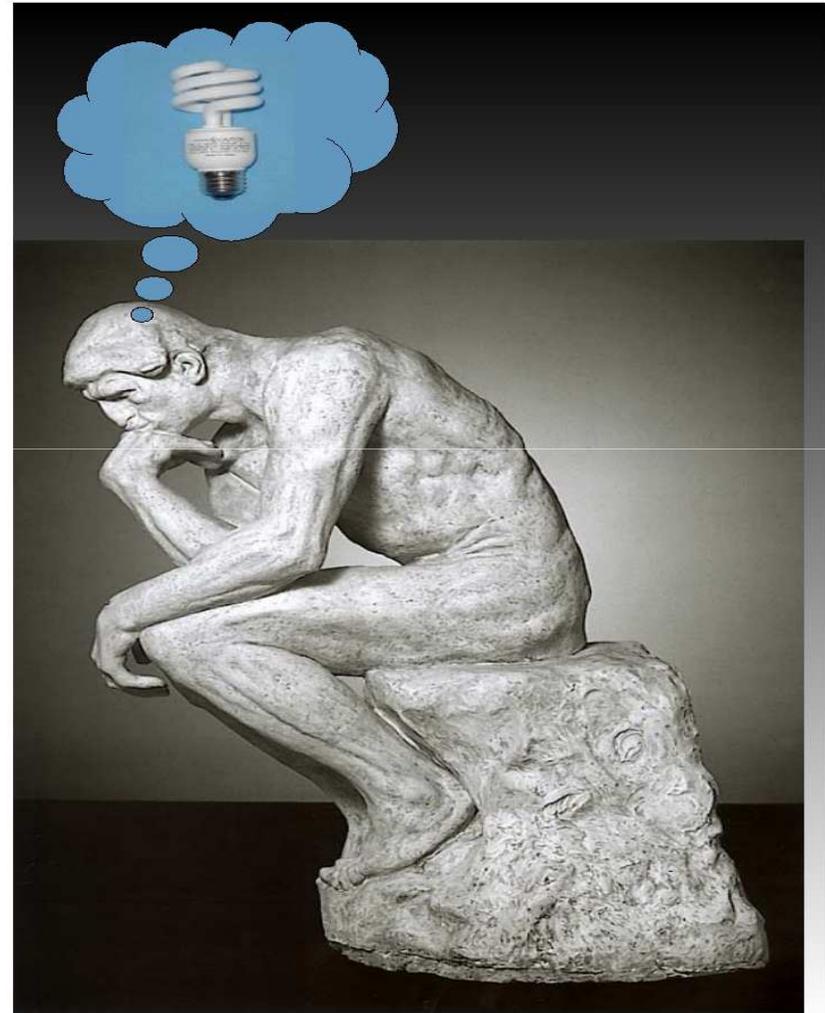


The Symptoms of Social Care Crisis

- The number of people who report difficulties in activities of daily living is increasing at the same time as levels of domiciliary care are declining
- Evidence that the length of home care visits is shortening as a consequence of cuts
- Anecdote – two sisters living in same house in separate bedrooms didn't see each other for 3 months before one of them died
- Frail older people report having to choose between having a wash and a hot meal
- Collapse of Southern Cross – an isolated event or a symptom of systemic failure?

Two important recent initiatives

- The Law Commission Report on Adult Social Care, May 2011
- The Dilnot Commission Report on Funding Care and Support: 'Fairer Care Funding', July 2011



Law Commission Proposals

- Legal framework for adult social care dates back to 1948 and is ‘a complex and confusing patchwork of legislation’
- Recommends ‘a unified adult care statute’ (for England and Wales)
 - Establish that the overarching purpose of adult social care is to promote or contribute to the wellbeing of the individual
 - Local authorities should provide universal services to the wider community to help prevent or delay the need for more targeted social care interventions – information and advice; stimulate local markets
 - Assessment focused on a person’s care and support needs and the outcomes they want to achieve with clear regulations about how assessments should be carried out
 - Eligibility to be decided solely on the basis of needs assessment and decision on eligible needs, not e.g. ability to pay
 - A duty to provide residential accommodation even for those who fall under the eligibility criteria but still have a need for care and attention which is not otherwise available to them
 - A duty to assess carers even if the cared-for person has refused an assessment or is not eligible for one
 - A duty on local authorities to make arrangements for care to be provided
 - Greater clarity on respective functions and services of health and social care providers

The Dilnot Proposals

- Primarily aimed at addressing perceptions of unfairness and inefficiency in the current system
- Unfairness – 2 elements
 - Set a cap on the total contribution of an individual to life-time care costs – recommended £35,000 on care costs and £7-10,000 per annum on ‘hotel’ costs
 - Raising the asset threshold beyond which no means-tested help for residential care is given from £23,250 to £100,000
 - Free state support for those who have a care and support need before old age
 - Standardised minimum eligibility threshold – recommends ‘substantial needs’
 - Portability of assessments

The Dilnot Proposals (contd)

- Inefficiency
 - Making people plan in advance of the contribution they will have to make
 - Contribute to the development of financial products
 - Better integration of health and social care
 - Support for telecare
 - Support for extra care
 - Support for personalisation
- Cost estimated between £1.7 bn and £2.4 bn per year
- ‘That's one four hundredth of total public spending – one quarter of one percent, and our feeling is that an area that causes so much anxiety for so many people, paying one quarter of one percent of public spending is a price well worth paying’ (Dilnot, Today Programme, July 2011)
- Government reception of Dilnot proposals – ‘kicked into the medium length grass’

ARCHA's activities on making sense of older adult social care

- Enabling older people (especially the older old) to fully engage in consultation and quality monitoring:
 - Partnership and development of the Birmingham Advisory Council of Older People
 - Establishment of a consultative network on Older Adult Social Care
- Evaluation of ExtraCare
- Research on the meaning and impact of personalisation for older people and in the context of austerity
- Research on integration of health and social care