

## The Politics of Care: for the Health Campaigns Together Conference 4 November 2017

In **1948** the post-war Labour government established:

- the **National Health Service** to deal with illness and provide health care free at the point of delivery, and within the NHS geriatricians developed the basic principles of the care of elderly sick and dependent patients so that the long term illnesses of old people were dealt with WITHIN the NHS.
- the **National Assistance Act** which set out in broad terms the responsibilities of local authorities to provide services to assist people, who by reason of age or infirmity were in need of residential accommodation and domiciliary and community services to assist people to stay active and independent. These services carried charges and users were means-tested, but most people did not consider them unreasonable.

“Slow-stream” treatment in NHS geriatric departments meant that gradually a trickle of discharges became a flood as potential long-stay patients were enabled to manage at home and hospital beds were freed for others to use. That was from 1948 to **1981**, when geriatric beds were cut and a critical number of NHS services were transferred to local authorities.

In **1990** the Conservative government’s **Community Care Act (implemented in 1993)** required local authorities to purchase nursing home care for people with “long term illness” – a move which speeded up the process of shunting sick elderly patients out of the NHS often to vegetate and die in local authority nursing homes.

In the 1997 general election, Frank Dobson who became Labour’s Health Secretary, supporting Labour’s manifesto said that arrangements for such care were so unsatisfactory that they “cannot be allowed to continue for much longer”.

**The Labour government set up a Royal Commission on Long Term care (chaired by Stewart Sutherland), which issued a critical report in 1999 and called for free personal care to be paid through general taxation.**

*Lord Lipsey and Lord Joffe issued a “dissentient note” declining to support this main plank of the report, an argument which would be purely theoretical except that in 2002 the devolved Scottish administration adopted the report and continue to refine it in practice.*

Prime Minister Tony Blair also refused to accept the report, and in **2000 Labour announced the NHS Plan**, which set up new Care Trusts to commission health and social care in a single organisation. It was a step further to transferring elderly patients from the NHS into local authority care. The Plan was explicit that whilst **medical care** could be given free in nursing homes, in most cases it was **social care** (i.e. means-tested charges) that was provided.

In **2003 the Fair Access to Care Services (FACS)** guidelines were introduced as a response to the outcry against the “postcode lottery”. Under FACS every local authority in England must use four standard criteria: *critical, substantial, moderate and low* to assess and deliver social care, but in the “small print” the guidelines stated that local authorities could cut the criteria if they couldn’t afford to provide the services and all the evidence shows that most councils only provide for *substantial* and *critical* care needs, some of which previously would have been regarded as medical care provided by the NHS. **It was this legislation that stated that dementia sufferers were not eligible for NHS care.**

Also in **2003 came the Delayed Discharges Act**, whereby local authorities are fined £125 a day for keeping an older person in hospital after the time he/she is deemed fit for discharge – legislation which almost forces older people back out into the community often without a suitable support package so that they are either quickly re-admitted or are unable to cope and are fast-tracked into a nursing home.

In **2008 the National Coalition on Charging report** revealed that 80% of people surveyed who no longer used care services said that charges contributed to their decision to stop their support. Whereas the old NHS geriatric departments assisted elderly patients to return to independence through physiotherapy and other rehabilitative treatments, suddenly many of those requiring such treatment in the community or in nursing homes were being means-tested and having to pay for physiotherapy as an added extra.

The transfer of thousands of chronically sick and elderly people from the NHS to local authority care has created a severe strain on those services traditionally seen as social care, and the **cuts imposed**

**by the 2010 Coalition government and the 2015 Conservative government** have forced local authorities to remove sheltered housing wardens, close day centres, luncheon clubs and meals-on-wheels services or increase the costs so that many have now stopped using the services.

During the 1980s local authorities cut their in-house services; so called “best-value” contracts meant they opted for private agencies which put in cheaper bids to provide care, and as frail elderly patients are moved out of the NHS, care workers are called upon to carry out many procedures which in the past would have been the responsibility of trained nurses.

The situation has been made worse as local authority residential homes are closed, handing over to private companies and experienced, unionized local authority social services staff are made “redundant” – their work handed over to private agencies employing under-trained and unqualified staff on low wages and without proper terms and conditions of services.

Ten years after the Royal Commission Report, Chairman Lord Stewart Sutherland said in an interview by the Guardian’s David Brindle, that his biggest disappointment is that when the government rejected the proposals it didn’t come up with an alternative. . . we are still at sixes and sevens!”

Very true! There have been almost annual research papers, reviews and **commissions all of which have concluded that the social care system is not fit for purpose**, e.g. Wanless Review 2006, Law Commission 2010, Local Government Information Unit 2012, Nuffield Trust 2013, Cavendish Review 2013, Demos Commission 2014, Barker Commission (King’s Fund) 2015, Communities and Local Government Committee 2017. In 2011 the Equality and Human Rights Commission issued a report “Close to Home” saying that the abuse and neglect of elderly people in social care was a breach of human rights.

Following a number of incidents of neglect of older and disabled people in care homes, the **Commission for Social Care Inspection (CSCI) was set up but when it published a critical report in 2008 it was disbanded and the Care Quality Commission was set up with a budget 30% less than its predecessor!**

Despite these reports and numerous media undercover exposures of abuse and neglect, the government set up the Dilnot Commission but instructed that it could only deal with how care would be paid for and that a tax-funded system like the NHS was off the agenda. **In 2011 the Dilnot report** proposed that the charges should be “capped” after which government would pay, and the Coalition Government did decide to implement this proposal i.e. self-funders would have their charges capped at £72,000. **However the 2015 Conservative government ditched this within two weeks of winning the election.**

Anyone with assets including property above the following thresholds will be liable for all their residential/nursing care costs: England and N Ireland £23,250; Scotland £26,000; Wales £24,000. With care home fees from around £800 to around £1,200 a week, it is no wonder that between 30 and 40,000 family homes are sold every year to pay for care. It is estimated that cuts to local authority funding and therefore cuts to the sums paid to private care companies mean that self-funders are paying up to 40% more for their care.

In addition, it has been estimated that there are now nearly 1.2 million people who are not getting the care they need - a rise of 48% since 2010. This includes: 696,500 who do not get any help, of whom 53,000 have trouble with at least three daily tasks such as washing, dressing and eating. And 487,400 get help but not enough to cover their needs.

To add insult to injury a report by the Centre for Research on Socio-Cultural Change (CRESC), entitled **“Where does the money go? Financialised chains and the crisis in residential care** reveals the dubious financial engineering, tax avoidance and complex business models shifting risk from the corporate care home owners to care workers, local authorities and self-funders – “manoeuvring over several years to reduce tax, extract cash and rearrange obligations with an eye to exit. . . . so that public money can disappear without political debate or social accountability.

**The policy of the National Pensioners Convention is:**

- greater funding for the NHS, an end to privatisation in the health service and a **National Care Service** funded from general taxation, free at the point of delivery and without means-testing.