

# Health & Social Care News

National Pensioners Convention

Health & Social Care Working Party

Walkden House, 10 Melton Street, London, NW1 2EJ  
020 7383 0388 info@npcuk.org www.ncpcuk.org



Issue : 1: February 2016

**I**ntroducing the members of the newly formed Health & Social Care Working Party:

Mary Cooke

Clive Evers

Jean Hardiman-Smith (Chair)

Claude James

Shirley Murgraff

Terry Pearce

Pat Prendergast

Pat Roche

Elaine Smith

Dot Gibson (Gen. Sec)

Jan Shortt (Vice President)

**W**e hope you continue to enjoy our newsletter and that you will share your stories with us.

**Available Now!!** .....

**For What It's Worth:** Second and revised edition of this pamphlet is now available. £1 plus p&p

**Frozen Pensions:** A new pamphlet from the ICBP and the NPC explaining the case for ending the scandal of frozen pensions for UK pensioners living in 150 countries. £1 plus p&p.

## Victory in South Staffordshire

**Y**ou may remember an article some time ago about a proposal from North Staffordshire Clinical Commissioning Group (CCG) to restrict NHS hearing aid provision. CCGs in other parts of the country (including South Staffordshire) also made the same kind of proposals.

Action on Hearing Loss ran a long and focused campaign that targeted Joint Health and Well-Being Boards, Scrutiny Committees and Healthwatch Boards with local communities who would be affected.

In November 2015, an Inquiry Day on hearing aids enabled a wide range of evidence to be produced to the CCG in South Staffordshire about the benefits of hearing aids and the impact of restriction on those needing them now and in the future.

We are pleased to say that common sense eventually won the day and South Staffordshire CCG have now dropped their proposal to restrict access to NHS hearing aids. So, our congratulations to everyone who played a part in getting petitions signed, meetings arranged, and all the other things that are involved with campaigning.

Campaigns do make a difference and this victory has now given renewed determination to protect NHS hearing aids across the country and fight to reverse the cuts in North Staffordshire.

To find out more about the Hands Off Our Hearing Aids Campaign in your area, get in touch by calling their free helpline on 0808 8080 123 or emailing:

[www.actiononhearingloss.org.uk](http://www.actiononhearingloss.org.uk)

**NPC Pensioners' Parliament 2016:**

**14-16 June:** Booking is now open for this year's 3 day event in Blackpool. Tickets priced £10. Contact the NPC office for a registration form.

## THE NATIONAL COUNCIL FOR PALLIATIVE CARE

The National Council for Palliative Care (NCPC) is the umbrella charity in the UK for all those involved in palliative care, end of life and hospice care in England, Wales and Northern Ireland. Our aim is to raise awareness and improve the quality of services to people who are at the end of their life, their families and professionals who care for them.

NCPC established the Dying Matters Coalition in 2009, which is in place to encourage people to talk about and raise awareness of death, dying and bereavement.

One way we do this is to involve the public and use their knowledge and experiences. This helps to influence good practice and end of life care.

We have many ways you can get involved.

### People in Partnership

**What we do:** Meet quarterly in our London offices

Getting those with personal experience to be involved with training, campaigning and developing national policy

Enable opportunities to feed into the development of new resources

Help and encourage other organisations to involve people with personal experience

### People Bank

The People Bank is a group of people who either have or have had experience of a life-limiting condition. Involvement in our People Bank is on a more “free” basis and you can attend meetings and participate as often as you like or when it is easiest for you.

### Other opportunities - *Other ways to get involved include:*

- \* Speaking in schools to teachers and students
- \* Sharing your story. Both Dying Matters and NCPC have website areas where you can share your stories and experiences and we are always keen to hear from you!
- \* Joining the Dying Matters Coalition (<http://www.dyingmatters.org/members>)
- \* Taking part in Dying Matters Awareness Week, 9<sup>th</sup> – 15<sup>th</sup> May (<http://www.dyingmatters.org/BigConversation> )
- \* You can buy Dying Matters Awareness Week resources here:  
<http://shop.dyingmatters.org/public/shop/default.aspx?Category=Dying%20Matters%20Awareness%20Week%20Resources%20and%20Packs%202016>

Our Dying Matters website features many blog posts by one of our trustees and North West regional Dying Matters Champion, Tony Bonser, whose son Neil died in 2009. This Q&A with Tony explains how he got involved with NCPC and how he hopes to see end of life care develop

<http://www.dyingmatters.org/blog/TonyBonserQandA>

### Future plans include:

- Developing a wider and more diverse network of regional Champions for both NCPC and Dying Matters. Funding for this is currently being sought in order to pilot this this year
- Developing a Compassionate Employers scheme that will enable employers to provide the needed support during a time of bereavement

### Contacts:

- To find out about getting involved with People in Partnership or the People Bank, please contact **Louise Palmer, Community Involvement Manager**, on [l.palmer@ncpc.org.uk](mailto:l.palmer@ncpc.org.uk) or **020 7697 1528**

You can contact Dying Matters on [info@dyingmatters.org](mailto:info@dyingmatters.org)

*The H&SC Working Party will be working with NCPC as part of our work plan. In the meantime, if you are on-line, please go to their website – loads of interesting material there for you and your family.*

## Lincolnshire Gran Makes Protest on Dignity Action Day

**E**laine Smith resolved enough was enough when her Council decided on a whole range of cuts to public services in her area.

She decided to protest and chained herself to the front of Lincolnshire County Council offices on 1 February to highlight the fact that the most vulnerable people in society are being stripped of dignity.



*Elaine making her protest*

Elaine is concerned at the scope of public service cuts, the loss of many bus routes and the rising costs of social care, along with the delay in implementing the care cap, having a massive impact on older people.

*National Dignity Action Day is held on 1<sup>st</sup> February every year to uphold people's rights to dignity and respect. Well done Elaine .....*

## 'TELL US YOUR STORY' PROJECT

Your big opportunity to tell us what you think about the NHS and Social Care services in your area – good, bad, indifferent.

We need to hear your experiences (and those of your family & carers) and you can do it anonymously.

Get in touch with your Regional Secretary if you need help to get started, or, if you prefer send your story to our National Office by post or email to [info@npcuk.org](mailto:info@npcuk.org)

Closing date is 31 March 2016

**YOUR VOICE COUNTS**

## Council Commissioning Against NICE Guidelines

In our last newsletter, we gave a flavour of the main objectives of the Guidelines on Home Care produced by NICE. This is an update from data gained under the Freedom of Information Act by UNISON. The data reveals that 74% of councils in England are **still** commissioning 15 minute home care visits.

A survey undertaken with Home Care workers reveals that other guidelines are also being contravened.

- **15 minute visits:** a number of councils said that 15 minute visits are only used for medication prompts rather than personal care. But 58% of home care workers said they are given this short amount of time (or less) to deliver personal care despite service users having conditions like dementia, Parkinson's and multiple sclerosis.
- Worse still, 26% of homecare workers said they had frequently been given 15 minutes (or less) to deliver personal care to someone they had never met before, and 11% said this happened most of the time.
- 74% of home care workers do not feel they are given enough time to provide care that ensures the dignity of their service users.
- 61% said they had not had enough time to provide a dignified level of care to someone over 90 years old.
- **Unmet health and care needs:** home care users regularly missed out due to lack of time
- 85% said they had no time for a conversation with their service user.
- 49% said they did not have time to notice a change in the condition of their service user.
- 49% did not have time to prepare varied nutritional meals.
- 32% did not have time for washing/showering service users.
- 24% did not have time for personal care tasks to be properly completed (eg stoma care).
- 24% did not have time to take their service user to the toilet.
- **Isolation:** 89% of home care workers said that all or most of their service users were housebound, which is largely the consequence of the eligibility criteria that restricts care to those with the highest levels of need.
- More than a third of home care workers said their service users hardly ever had anyone else come to visit them.

There is no doubt that the huge funding cuts to social care budgets are the cause of this crisis. Over a million people now cannot access home care services and this will rise as more cuts bite. Social care should be properly funded and regarded as part of our wider Health Service. It is unacceptable that the dignity of both service users and care workers is compromised through lack of time and money.

*Source: 'Suffering Alone at Home' published by UNISON, January 2016*

## Attendance Allowance

There is a proposal by government to give the funding for Attendance Allowance (AA) over to local councils. NPC have responded to Shafi Khan (Department for Communities and Local Government) to input into the consultation on this proposal. This prompted Andover Older Persons Forum to voice their concerns to their MP and, with their kind permission; we re-produce their letter as an aid to other groups or forums interested in raising the issue with local MPs.

*'I am writing to you on behalf of the Andover Older Persons Forum to voice our concerns re the proposed change in payment of the Attendance Allowance (AA).*

*I have seen the submission sent to Shafi Khan (Department for Communities and Local Government) by the General Secretary of the National Pensioners Convention and as it sets the case so succinctly I have no hesitation in sharing parts of it.*

### **Future of Attendance Allowance**

*Some very serious concerns are raised by the plan to give local authorities the responsibility for administering and paying AA. This would shift the responsibility for welfare policy from central to local government, representing one of the biggest shifts of resources within the welfare state for 25 years.*

*At present AA is paid to 1.5 million people aged 65 or over in the UK, regardless of their personal means. This is seen as a vital support for hundreds of thousands who live independently, but who might otherwise need to go into residential care. In fact, evidence shows that just one in seven AA recipients also gets funding for social care, so whilst the two are linked into wider questions regarding the care of older people in the community, it thus shows that AA plays a specific and distinctive role in enabling individuals to maintain their independence within their homes rather than experiencing unnecessarily or early entry into the residential/nursing home sector. It is all claimable for those paying the whole of their care costs, therefore it is obvious that their funds will run out earlier than planned and they will thus fall into needing care paid for by the local authority.*

*Whilst the consultation paper mentions the greater flexibility the proposed transfer will bring to local authorities, it certainly does not recognise the inevitable additional bureaucracy and administration that will follow. This will obviously require more staff and facilities incurring a high cost. Our Forum feels this shift to local authorities will put this important benefit in jeopardy. We are all aware of the struggle facing our local authorities having cuts to both staffing and resources. Indeed, Hants County Council is already facing swingeing cuts this forthcoming year of £58 million for Adult Services, surely highlighting that they will be even less able to manage this.*

*Legal assurances would be needed that funding for AA transference would be ring fenced in order to*

*ensure that this would be spent only on this and not to plug the gap in other services. Unless this is made a statutory service, with clear and explicit criteria for payment and eligibility, there is a strong possibility that AA could be subject to rationing similarly to present social care. It would also be necessary for the amount of funding to increase annually in line with current procedure.*

*The position of existing and future claimants is paramount. No existing claimant should be adversely affected by the proposed change; the scheme should continue to be accessible to any future claimants using the present criteria.*

### **The Funding of Social Care**

*Local councils were informed by the Chancellor in last November's Autumn Statement that they could raise an additional 2% in council tax in order to fund social care. You will not be surprised to know that detailed analysis of the measures conducted by the ILC-UK Centre does not make good reading, showing a bleak future for older people requiring care. Approximately 1.86 million people over 50 in England (1 in 10) have unmet care needs – an increase of 120,000 (7%) since 2008/9.*

*Data received from 326 local authorities shows that councils with the highest concentration of older people and unpaid carers will be the ones bringing in the least amount of money from the 2% council tax precept. Furthermore, even if the plan did raise an extra £3.5 billion into adult social care, it could only result in spending on care being returned to 2015 levels by the end of 2020.*

*In our opinion the measures contained in this settlement for local government will do little to reverse the decline of social care services in England.*

*One can see that the false separation of medical care funded by the NHS via taxation and social care provided by the local authorities in the community which is means tested is at the heart of the problem.*

*Over the past 30 years unfortunately there has been a systematic attempt to redefine illnesses affecting old age as 'social' rather than 'medical', resulting in thousands of frail, elderly people with complex needs being removed from the free NHS medical care and moved into the community – or into a residential home.*

*The Care Act 2014 was supposed to forge a*

.... Contd

*consensus around the need for reform but it has become clear that the proposals simply do not properly address the key issues affecting social care such as chronic underfunding, poor quality services and the rights of those in care to be treated with compassion and dignity.*

*We believe that it is now time to have a longer term, fairer more sustainable solution; a national health and care system funded through general taxation, free at the point of use, following the NHS model enabling risk to be shared across society as a whole and not based on either pensioners paying for pensioners or just the individuals affected. We also need a service doing more than the present one, widening access and improving the quality of care, especially in maintaining dignity and safeguarding for those needing social care. Those suffering from Alzheimer's disease/dementia are thus classed as needing social care rather than*

*medical, being left routinely to fund themselves under means testing.*

*Older people are the only ones who have to pay for their NHS treatment in the UK, having their pensions stopped after 8 weeks in hospital, receiving only pocket money.*

*It is totally unacceptable that successive governments have turned back the clock – firstly to the pre WW2 situation of making local authorities responsible for the care of the chronically sick and aged, then offering access to means tested services provided by private companies.*

*We face a challenge of an ageing population which will clearly demand that society will provide for their needs; even should it mean re-ordering priorities for public spending. There is no doubt that this is a debate that should be urgently started.'*

Rosemary Hamilton, Andover Older Peoples Forum

Editorial note: This proposal could potentially mean the biggest welfare cut yet with the government seeking once again to abdicate its responsibilities for the nation whilst still keeping a tight grip on the purse strings.

## Underfunding in the NHS

Sally Ruane, Campaign Against NHS Privatisation

The residents of Leicester are routinely reminded through the news pages of the Mercury of the relentless pressure on the local NHS. Quite recently, we have seen a number of stories about rising patient need, delayed ambulance hand-overs, overstretched staff and bed shortages.

Before we all conclude that the NHS is at breaking point, we should remember that there is a fundamental aspect of the story that is often overlooked. This is the question of funding. We have become perhaps too used to talk of 'austerity' so that we now let the funding of the NHS float over us without thinking any longer of what is really happening.

For the past five or six years the NHS has been funded at a level well below the 4% real terms rise required when growing need and NHS-specific inflation are taken into consideration.

Instead of 4% annual growth in funding, the NHS has received less than 1% on average and this looks set to continue. It means that every year the NHS has to make around 3% of 'savings'. Sensible efficiencies are of course welcome and nobody wants to see wasted resources in the NHS or in any other public service. But at what point do 'efficiencies' fade into 'cuts' and at what point do cuts begin to do serious damage to the health service and the patients it serves?

This point has already been reached in Leicester where, against a financially outstanding record, last year and for the first time our acute hospital trust registered a £40 million deficit and the local NHS as a whole predicted a 'funding gap' of nearly £400 million.

Across England, the 4% needed is currently around £5 billion a year. While a large sum in most people's books, it does not represent a 'black hole' when compared with the size of the UK economy (around £1.7 trillion). Most of this could come from economic growth which is currently around 2.4% a year, leaving a relatively modest amount to come from other tax revenues.

Instead, a planned rise for the NHS this year has been partially counteracted by **cuts** to the Department of Health's spending on public health services, buildings and, worryingly, quality inspection. Further savage cuts to the budgets of local authorities will exacerbate the burden already borne by the NHS when social care is inadequately funded.

Behind these figures stand the lives of ordinary local people. We cannot expect services to remain as good when they are not properly funded. It is unclear why it is that the people of the sixth largest economy of the world cannot expect a high quality, speedily available health service. Is this part of the 'low welfare' society

..... Contd

..... Contd

George Osborne promises?

What **is** clear is that if we want a good health and social care service we are going to have to start demanding that it be properly funded.

*This article appeared in the Leicester Mercury on 15 December 2015. The H&SC Working Party is interested to hear from local groups or forums about the difficulties in their local areas. It helps us build a picture of the overall state of services.*

## Mental Health – The Search for Beds

**T**he practice of sending mentally ill adults in England long distances for care is unacceptable and must end says a report by the Independent Commission.

Some 500 patients travel more than 31 miles to access care each month because acute inpatient beds or services are not available in their area.

The report has the backing of the Royal College of Psychiatrists (RCP) who have made recommendations on how services are commissioned. It says that from October 2017, no acutely ill patient should have to travel long distances to receive care. At the same time, a maximum 4-hour wait for acute psychiatric care (in hospital or the community) should be introduced. The aim is to guarantee that patients with mental health needs are treated equally to those with physical needs.

Professor Simon Wessely, President of RCP said: 'Everyone agrees that it is a scandal that patients with serious mental disorders who need admission can end up being sent anywhere from Cornwall to Cumbria in the search for a bed. And yet it continues. The answers lie in not just providing more beds, although there are definitely places where that might help in the short term, but assessing the whole system.'

The report revealed that access to acute care for severely ill adult mental health patients was inadequate nationally and, in some cases, potentially dangerous.

The Commission said crisis bed management was a daily occurrence in some trusts, with staff trying to free up beds by moving patients from ward to ward, sending them home on leave, or discharging them earlier than planned.

Mental health charities have said that mental health remains a neglected service and continuous cuts to mental health care funding have left too many services pushed to breaking point.

## And Children .....

**T**he dire state of care for children with mental illnesses means that the numbers arriving at A&E departments has risen to nearly 20,000 – more than double the number 4 years ago. The number then going on to hospital wards has also risen.

The chief cause of this is the absence of out-of-hours community care for vulnerable under-18s with children being advised to attend A&E after 5pm.

Young Minds Chief Executive, Sarah Brennan said: 'The impact on A&E departments of running down child and adolescent mental health services (CAMHS) should have been foreseen. Support in the community needs to be provided for children, young people and their families when they start to struggle, so that the intense suffering that a mental health crisis can cause can be prevented.'

More than half the councils in England had cut or frozen budgets for child and adolescent mental health between 2010-11 and 2014-15. The government investment of £143 million to improve children's mental health services is less than the £250 million expected, but they say the deficit will be made up later!!

**\*\*\* STOP PRESS \*\*\*** We started with good news, and we end with some more ..... we just got information from Action on Hearing Loss that both South Norfolk CCG and Mid Essex CCG have halted plans to restrict NHS funded hearing aids following strong public opposition. The pressure is still on in North Staffordshire and other areas looking at similar proposals.

By standing together, we **can** change what seems to be the inevitable.