

# STRAIGHT TALK

Dennis Bacon asks whether the country's leaders really know what is happening to vulnerable people.



Mahatma Ghandi once said, 'A nation's greatness is measured by how it treats its weakest members'. To my dismay, our most vulnerable continue to suffer as social care is offered a funding 'band-aid', while health receives a protected £8bn. Unlike the NHS, social care cannot exert the same political influence on Government to attract sustainable funding. Social care helps the most vulnerable achieve a reasonable quality of life. Services are provided by dedicated, low-paid care workers and not their better-paid health colleagues. Health workers are regularly referred to as professionals and practitioners whereas social care workers rarely receive such implied esteem.

Social care is carrying a huge burden, it is also experiencing the proverbial perfect storm; reduced funding against increasing demand, escalating compliance costs and cost shifting at NHS and local authority (LA) levels. This results in less choice (often

'Hobson's') and adversely impacts on access to services for the most vulnerable.

The Chancellor announced in the Comprehensive Spending Review that LAs could increase Council Tax by 2% to fund social care. This cannot be based on any reasonable assessment of the current funding gap. Social care is facing a 30% to 40% real-terms cut in funding over three to five years, which is clearly unsustainable. Excessive bureaucratisation and regulation in the NHS - and a failure to properly fund social care - has seen the Government effectively lose control of its budgetary function. While the Treasury is providing social care providers with a few coppers, the bureaucracy is demanding gold plated services by applying health care standards to social care services.

Demand for low-level clinical services is increasing; delayed discharge and out-of-hours A&E visits are becoming the norm, with cancellations in elective surgery and wider disruption to essential healthcare services occurring as a result of the mess that has been created by ill-conceived reforms. Reforms which have failed to recognise the inextricable link between health and social care and the interdependencies that exist within our dysfunctional system. Under the rather disingenuous guise of increasing independence, LAs are now viewing social care through the medical model of managing illness, with care homes acting as short-stay rehabilitation centres. Providers are now expected to support more vulnerable people with complex needs, managing and carrying out interventions that would have been the responsibility of community nurses.

With the aim of shifting long-term care out of care homes and back into the community, LAs wrongly assume sufficient capacity exists. It does not - especially when we look at our workforce and the number of unfilled vacancies. Any shift of this kind, mindful of the deficits that exist in terms of capacity and community service development, will give rise to

fewer activities, less stimulation and greater social isolation. Care homes do a pretty good job in reducing the impact of social isolation and, contrary to the belief that most people would hate to find themselves in a care home, people placed for a short-stay within a good care home can be reluctant to leave. Presumably this is because the prospect of returning to an empty house with a meagre social care package and no companionship is not as appealing as some would like to imagine. Moving people back into the community, in the absence of services, outcome measures and quality of life indicators, is nothing more than cost-shifting that negatively impacts people's quality of life. Poorly-funded and ill-conceived social care leads to poor outcomes.

This push is happening rather quickly and without transition funding or service redesign. In the absence of planning, it seems reasonable to expect an increase in social isolation and decrease in wellbeing. The focus is firmly on managing numbers and cost, crisis management is now the norm.

When confronted with the realities of social care, health colleagues generally assume that care home quality is relatively poor. However, the Care Quality Commission has found 60% of inspected services are 'Good' or 'Outstanding'. Care homes play an important role in supporting people, especially at end of life, so they don't find their way back to A&E and, potentially, die in hospital. Traditional low-cost providers are also being squeezed out of the market, putting even greater pressure on hospitals and the public purse.

By concentrating and prioritising funding on the NHS to the detriment of social care, I think it is perfectly reasonable for us to question the leadership and vision that is needed to design and deliver an integrated system. One able to meet the demand of an ageing population that is being further marginalised by short-sighted, short-term and poorly-conceived policies.

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