

Social care needs social clarity

Reviews need to focus on changes that are sustainable, says **Les Bright**



Sometimes initiatives, consultations and reviews come thick and fast, with barely time to look back on what you said the last time you were asked to give your opinion. Still, the latest consultation about the future shape of care and support services, in advance of a green paper deserves serious consideration. Serious because as the government warns us, unless the social care system is reformed, it will be left facing a shortfall of £6 billion in 20 years. In addition, changes to social care will inevitably impact on health providers.

Announced on May 12, the six-month consultation period will begin with consideration of the scope and extent of potential changes to the means of payment for social care services – addressing a topic on which many people have strongly-held views. The present system of financial entitlements and obligations has been around as long as the NHS itself. It was introduced at a time when the number of people needing assistance was much smaller and, crucially, when fewer of those needing help owned property that would have to be accounted for when assessing contributions towards the cost of their care needs.

Arriving at a consensus

Being required to sell your home to meet the cost of living in a care home frequently attracts bad press for local authorities – and the government of the day. However, the cost of non-residential services such as home care, meals and aids to daily living has also risen dramatically in many areas. So it is understood that no matter how well thought through service reforms might be, they must go hand-in-hand with arriving at a consensus on the new basis for charging.

The consultation asks:

- What is needed to make the vision of independence, choice and control a reality?
- What should be the balance of responsibility between families, individuals and the government?

- Should the system be the same for all, or should there be variations in the way that state support is allocated?

Having recently established a series of measures intended to give users greater choice and control, the government may need less help with the first question. Examples of this include commitments to personalising services, and giving more people Direct Payments to buy their own care.

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The second question is concerned with financing and providing care. It acknowledges that demographic changes and people's attitudes and expectations may limit the nature of family involvement in sharing caring now and in the future.

The third question asks us to think around a series of linked issues: the desirability of national consistency versus local flexibility; targeting help to those most in need, while also recognising that people with savings feel penalised by such an approach; and whether there should be a range of different systems determined by the type of help needed. This is a huge agenda that is asking us to think about changes that, if made, will have to be sustainable for a long period – not just a short term political fix.

However, being given a personal budget may not be a priority for many older people, and neither is frequent repetition of the importance

of choice. What matters is whether they are considered eligible for help when they finally get round to approaching their local council (Bright 2008). At the same time it is something of a paradox that PCTs are being encouraged to further develop preventive services while access to council care services is subject to ever tighter rationing.

Mind your language

And on a final note: the government announcement of additional investment in telecare, foot care, falls prevention and audiology services was very welcome, but it could have done without the 'spin'. The official press release said: 'Old age is the new middle age.' Given that the government labels those over 50 as an 'older person', this statement is confusing and contradictory. Does it make middle age the new childhood? At a time when clear heads are needed so that good decisions can be made they should drop such crass terminology.

The public will be able to contribute to the debate through a series of events and through a new national website: www.careandsupport.direct.gov.uk ■

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References

Bright L (2008) Mind the gap. *Nursing Older People*. 20, 2,13.

HM Government (2008) *The Case for Change – Why England Needs a New Care and Support System*. HMSO, London.

Further government initiatives

In a further bid to improve social care services, the government last month announced the creation of a School for Social Care Research, Care Services. The school will be housed in the National Institute for Health Research (NIHR) and funded to the tune of £3 million a year, for five years in the first instance. Details of the call for applications for the new School for Social Care Research can be obtained from the NIHR website: www.nihr.ac.uk/ However, there has been criticism in the field that, at least initially, applications are only requested from academics already working on DH funded long-term programmes of social care research.