ALBERT GOODMAN

# CARE BRIEFING JUNE 2015

## HOW DO WE SORT OUT THE MUDDLE?

In the context of the question, WE is a very big word. It thankfully hints that no one organisation can do it. Indeed, the short answer is that unless every organisation involved in health and care delivery, from Government to the smallest micro provider, then the objectives enshrined in the Care Act 2014 will not be achieved.

First, let us look at what the muddle is, in summary form. We are living longer and the baby boomers are contributing to an increase in the elderly population. As a consequence of living longer we are developing multiple conditions needing whole person attention in social care terms, while the NHS works to deal effectively with single diseases or acute conditions.

It could be argued that the two are mutually exclusive but in the 21st century both sides of the coin need co-ordinated attention if we are to cope with the increase in demand and the multiplicity of conditions. The NHS is free at the point of delivery whereas, social care for people with substantial and critical needs who have no personal funds, receive free care. The others, (about 50%) have to pay for their care up to a defined limit (although very few will benefit from this). The health budget has been maintained and seeks a further £8bn whereas the social care sector has been the brunt of the greatest austerity regime since the 70s. Local Authorities have seen 400,000 fewer people receive free care and £3.5bn taken out of their budgets since 2010. The future cost of the Care Act is measured as over £4bn to 2020.

The list goes on but to encapsulate this in a single statement, more decisive action is needed to break down the barriers between, NHS England, hospitals, GPs, physical and mental health, community services, the regulators, housing, local authorities and social care providers, so much of which is cultural. In its place we need to see a protected system (by Government) that jointly works to the same objectives of delivering the right health and social care and support to the right people, in the right place, at the right time. Although social care appears at the end of this list, it is in fact the most important factor in the full care pathway because it is charged with delivering the most elusive of objectives, that of wellbeing.

There are some immediate priorities to tackle, the most predominant being for Government to understand that the lines between health and social care are blurring as a result of people living longer with multiple conditions and the ever increasing incidence of dementia alongside frailty. Demarcation between the two is constantly changing making it difficult for the NHS and Local Authorities to define the differences. It will be much easier if both sides set aside their cultural resistance and just ask each other ‘what can we do together to improve peoples’ lives?’ This does not necessarily mean fully fledged integration but will certainly require the political recognition that social care requires discrete and adequate funding if it is to play its part in a jointly managed care pathway.

Secondly, the public need good quality information on which to base their choices, this should be consistent across the country, especially so to deal with cross border commissioning of care, either by Local Authorities or more likely as time goes by, through personal budgets.

Whilst personal budgets deliver choice to people they will only work effectively if they are able to purchase the care that is needed. We know that 98% of Local Authorities do not include travel time in their calculations; neither do they pay the national minimum wage for sleepover shifts. This is largely down to the lack of recognition by Government who urgently need to tackle underfunding in their forthcoming spending review. Similarly in residential care where Local Authority budgets inhibit the recognition of the actual cost of care. For instance, in Cornwall the Local Authority allows £390 per week for residential care and £5 more for dementia care, clearly well below the actual costs involved.

A sustainable workforce also figures highly in the equation. Years of underfunding nurse training leaves a frightening gap in nurse availability at the same time the Home Office refuses to place nurses on the shortage register. This comes at a time where nursing homes are forced to close or reduce bed availability whilst experiencing an increase in demand. The consequential pressure on hospitals to accommodate these pressures seems to be an expensive and unnecessary recourse.

Finally, the glue that will stick cohesive and co-ordinated co-operation between health and social care together rests with the recently formed Health and Wellbeing Boards. This is where the greatest opportunity for success resides where strong leadership and engagement with health and social care commissioners can focus resources and accountable service delivery to meet local demands.

Underpinning all of this is the clear commitment from everyone to provide quality personalised care to those that need it, when they need it and in the right place. Quality is an elusive target and difficult to gauge, despite the regulator's attempt to do so. For the social care sector, quality resides best in demonstrating innovation, responding to comment and constantly striving to improve with a demonstrable and sustainable model of care and support, engaging with the community in which people live, being consistently reflective and inspiring staff to understand that everyone is someone.

## CONTACT

If you would like to arrange an initial no-obligation meeting, at no charge, please contact:

**Julie Hopkins, Partner**

Julie Hopkins leads Albert Goodman's Care Providers Team providing advice to care sector start-ups, those growing their business and those looking to exit. The team of more than 10 experts advise on business strategies, cash flow management, business structures, minimising tax, acquisitions and disposals, payroll and financial services.

Julie takes a lead in the firm's membership of the Registered Care Providers Association (RCPA). Her depth of expertise within the Care sector includes care homes, nursing, residential, mental health, domiciliary and supported living. Julie qualified as a Chartered Accountant with international firm KPMG and has specialised in SMEs ever since, with a particular emphasis on care providers.

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