

CARE SERVICES INQUIRY INTERIM REPORT

Concerns about care for older Londoners

Janice Robinson

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JANICE ROBINSON

This interim report highlights key issues emerging in the evidence submitted to the first phase of the King's Fund Care Services Inquiry, launched in February 2004. It outlines the shared concerns of many different interest groups about care services for older people in London, including older people and carers, local councils and NHS primary care trusts, professionals and organisations providing care services, voluntary organisations and regulatory bodies. It also discusses underlying policy tensions where there is widespread uncertainty or disagreement. The final report of the inquiry will be published in summer 2005.

About the author

Janice Robinson is a Senior Advisor on Health and Social Care at the King's Fund. The main focus of her work is on improving the integration of care and support for people who have long-term health and social care needs. She has published widely on the care of older people, including work on long-term care funding, age discrimination in health and social care, and intermediate care. She heads the secretariat of the King's Fund Care Services Inquiry – an independent inquiry into care services for older people in London.

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- older people
- family carers
- care workers
- health professionals
- policy and development staff in the voluntary sector
- senior managers from local authority social services; NHS primary care trusts; care businesses and charities
- senior staff from the Commission of Social Care Inspection and from the Audit Commission
- politicians from local and central government
- university researchers.

We thank them all for sharing their experiences and views with the inquiry.

Overview

There is increasing public concern about the availability, quality and appropriateness of care services for London's diverse older population. Is the 'care market' working for older people in London, and will there be enough care services of the right quality for them in the future?

In February 2004, the King's Fund launched its Care Services Inquiry to investigate these questions, led by an independent committee made up of people with experience and expertise in the health, housing and social care of older people.

Since then, our inquiry has collected evidence from a wide variety of people. We have been impressed by the response from older people and family carers, local authorities, the NHS, voluntary organisations, individuals and organisations that provide care and support, and from bodies responsible for regulating care services. Almost 200 people have made the time to either write to us about their experiences and views, take part in focus groups or talk directly to the Committee of Inquiry through a series of hearings.

This interim report sets out early findings from the opinions expressed and information submitted to the inquiry between March and September 2004. We have heard about good practice and service innovation but we have heard much more about bad practice, service shortcomings and worries about the future.

The inquiry has already commissioned several new research studies, both quantitative and qualitative, which will cast more light on the issues raised in this report. The Committee of Inquiry is reviewing the evidence gathered so far to consider priorities for further work in the final phases of the inquiry.

Major concerns identified from the evidence submitted in the first stage of the inquiry include:

- **Limited choice for service users** Older people are reported as having little say in what type of care will be provided – or how, where and by whom it will be offered. The range of help on offer is often narrower than that available for younger disabled people. Older Londoners are less likely to be able to choose a care home close to their local community than older people elsewhere, and those from black and minority ethnic communities wanting to use a service consistent with their religious, cultural and social preferences have very little choice. Even older people paying for their own care can find that they have no more say than publicly supported service users.
- **Service shortages** No evidence has emerged indicating insufficient care home places for older Londoners in general (though places may not always be in a location of choice). However, there is a serious shortage of services for older people with mental health problems, including those with dementia and those experiencing depression and anxiety.

This applies both to residential care and community services such as home care and day care. A lack of care services for older people with complex physical needs requiring NHS continuing care, and for single homeless older men who are heavy drinkers, are also reported in some areas.

- **Staffing shortages** Problems with recruiting and retaining nurses, social workers, therapists and care workers are widespread in the capital. Staff vacancies and turnover contribute to delays in assessment and a lack of continuity of care for service users, while staff shortages have sometimes deterred independent care providers from investing in new nursing homes. We heard that staff acting as advocates or brokers for older people and their carers are in short supply. Some care staff, whose first language is not English, are experiencing difficulties in obtaining the necessary qualifications required to meet new care standards regulations.
- **Poor quality of some services** While older people and their carers told us of their appreciation of a wide range of care services, there are widespread concerns about the quality of home care and residential care services. Home care services are widely criticised for not allowing staff enough time to carry out their work. We heard concerns that they are inflexible and sometimes unreliable, and may use staff who are not always competent and caring. Some care homes do not meet the standard of accommodation that most people expect. New care homes have been built, but many tend to be large developments, lacking the homely atmosphere that many older people prefer. We also heard of some homes having insufficient staff, little or no specialist help for people exhibiting signs of dementia and poor access to health care for residents.
- **Funding pressures** Spending on care services for older people sometimes has lower priority than spending on services for children and families, or for working-age adults with mental health problems. Much of the new money made available by government is being channelled into short-term intermediate care services that enable speedy discharge from hospital and help councils avoid fines for causing older people to stay in hospital longer than is necessary. Both service commissioners and providers cite funding problems. Rules banning the use of Supporting People funds for the care, rather than housing-related support, of vulnerable people are causing budget shortfalls among some housing-with-care schemes. Many councils are facing reductions in government grant allocations, and all must deal with the rising costs of land, property and labour. Care providers claim they are not seeing any increase above inflation in fees paid for the work they are contracted to undertake. Some older people are reported as going without home and day care services they have previously used, following recent increases in service charges; many are clearly worried about the future cost of residential care.
- **Weak collaboration across London boroughs** There is a recognition that more co-operation across borough boundaries is needed in order to plan services for London's diverse and mobile older population. Collaboration is also seen as important for commissioning the specialist services needed by small groups of older people spread across different boroughs, and for building capacity in the care workforce. As yet, such co-operation has barely started. There is widespread opposition to the idea of regional procurement of care services. But ideas are being put forward by commissioners and providers for a more strategic approach to capital investment, with councils and primary care trusts (PCTs)

working together to ensure that new care homes and very sheltered housing are built where they are needed (and not concentrated where land happens to be cheapest).

The problems described above will be of little surprise to anyone involved in care services in London, although there is little agreement about root causes. On the plus side, a new consensus seems to be emerging that no lasting practical solutions are possible in the absence of a shared vision of the care and support that should be available for older people. In the evidence we have gathered so far:

- there is no agreement about the balance needed between care homes, intensive home care and extra-care housing
- there is much talk about the need to adopt preventative approaches that reduce or delay the demand for long-term care, but the reality is crisis care, with councils and their PCT partners concentrating resources on a relatively small group of older people with high care needs
- there is an ongoing debate about social care funding, with claims and counterclaims about under-funding, and a sharp division of opinion about the extent to which older people should be expected to pay for their care.

A new government Green Paper on social care for adults is promised before the end of 2004, followed by a period of consultation on the new vision. The Committee of Inquiry will assess carefully how far these specific proposals for change are likely to improve matters for older people who need care and support, and to address the problems with care services in London that we have identified to date.

Further research studies commissioned by the King's Fund Committee of Inquiry will cast more light on aspects of London's care services that this interim report shows are causing widespread concern among people using, commissioning and providing those services. We will publish our full report, including recommendations for action, in summer 2005.

Main findings

Challenges for the inquiry

As our inquiry has progressed, it has become evident that we are looking at a complex picture in relation to care service needs, provision and funding in London.

London has a very diverse and mobile population of older people and this creates distinctive patterns of demand for care services within different London boroughs. High property values in the capital restrict investment in care homes and supported housing and the availability of affordable housing for care staff.

The capital's care markets operate across 32 boroughs and into surrounding counties. They comprise many different councils and PCTs, together with thousands of individual older people, purchasing care from hundreds of agencies providing those services.

Funding for older people's care services comes from a wide range of different sources, including older people's own earnings, savings and housing equity; pensions, welfare benefits and Direct Payments; and budgets held by local councils, the NHS, housing organisations and charities.

In this context, it is not surprising that we have heard a range of different experiences and views concerning the state of care services for older people. We have heard about good practice from some older people and carers, who have told us about the help they have had in finding the services they need and how much they have valued the care and support provided.

Organisations have also told us about the success they have had in developing a wider range of good-quality services for older people. But we have also heard much more about bad practice, service shortcomings and worries about the future.

This interim report focuses on those concerns, highlighting issues where there seems to be a consensus across the different interest groups that responded to our call for evidence. It also discusses controversies about the care and support of older people that have emerged so far.

We recognise that some of the concerns identified are being addressed at the moment. Our inquiry is taking place in a fast-changing environment, where government policies to improve care services for older people are being implemented, and action is already being taken to tackle some of the problems we have identified. As yet, it is too early to judge what impact that action is having.

Common concerns

As we listened to people using and working in London's care services for older people, a range of common issues emerged as clear themes to guide our further work. Below, we expand on the main concerns described in the overview at the start of this report.

Limited choices for service users

- **Type of support** Older people have very little choice about the type of care services provided for them. This is particularly true of people who are supported with public funds, where – following assessment by social services – care plans are drawn up specifying the type (home, residential or day care), amount and timing of care, and tasks that will be undertaken by the care provider. Care plans for home care often reveal a set of personal care tasks that do not always match the day-to-day priorities and preferences of service users. People needing help with household chores, shopping or gardening tend to be excluded from the system by eligibility criteria set by local councils.
- **Range of support** The range of help offered to older people can be narrower than that available for younger disabled people. It is still less common for care packages for older people to include support that enables them to participate in community life, for instance through leisure or education opportunities.
- **Place of care** There is more choice when deciding on a care home but even here, choice is restricted because of a shortage of places in London that are close to home, at a price that local authorities are willing to pay, or that self-funders can afford. High land and property values in London have resulted in fewer care home beds in central and inner London, with more located in outer London boroughs and surrounding counties like Kent and Essex. This means that Londoners are less likely than anywhere else in the country to be able to choose a care home close to the community in which they currently live, if that is what they prefer.
- **Competing priorities** Even where places are available, choice of home may be further restricted as priority for vacant places may be given to older people being discharged from hospital. There are worries that the latter are being pressurised to make quick decisions about a care home place to free up hospital beds. There is also some unease that the Government's policy on fining local authorities that cause undue delays in hospital discharges may be intensifying those pressures on older people – and there are widespread calls for this to be investigated further.
- **Self-funders** Older people paying for their own home or residential care appear to have more choice, but many family carers report that they struggle to find what they need and want in the open market. Older people and carers complain that they receive little help from local authorities once it becomes apparent that they will be paying for a care home out of their own pockets. Older people requiring a faith-based service (where they can practise their religion and observe dietary, hygiene and other cultural practices) are more likely to find a place if they are self-funded than if they are dependent on financial support from local authorities, who can be reluctant to pay the higher costs associated with these specialised services. However, in the main, self-funders using non-specialist services can find themselves paying more for a service than publicly supported clients, but having no more say about what – and how – care is provided.

- **Direct Payments** Direct Payments – where councils offer cash instead of providing a service – should give older people and carers more choice and control over the care and support they need. They can choose who will help them and what sort of help will be provided according to their preferences. But take-up of Direct Payments by older people is low. We heard that older people do not always know that they are available; council staff often do not encourage their use; and there is little support for older people who want to employ and pay people to help them. Central government and some local authorities have recently introduced measures to promote greater use of Direct Payments, but it is too early to say what effect they will have.

Service shortages

- **Number of care home places** Despite all the concerns about recent care home closures, no evidence has emerged indicating that there are insufficient care home places available for older Londoners in general (although these places may not always be in a location of their choice). We found some exceptions in a few London boroughs, which reported difficulties in finding places for their residents, having experienced a large number of care home closures. Some councils have embarked on developing new care homes, usually in partnership with independent providers.
- **Mental health services** There is a serious shortage of services for older people with mental health problems, including dementia, throughout the capital. Services for younger people with early-onset dementia are also in short supply. This applies to residential care and community services, such as home and day care, that provide support to people with dementia and to their family carers. Reductions in residential care for this group appear to have been caused by the introduction of new care standards requiring homes to have higher staffing levels and expertise than had previously been required. A shortage of suitable community services is also reported for older people who have a history of mental illness and for those who have begun to experience depression and anxiety in their old age. Shortcomings in services for older people with mental health problems have been recognised for many years, and are attributed in part to the low priority given to this group by both health and social services.
- **Complex needs** Specialised services are in short supply in some parts of London, including those for older people with complex physical needs requiring NHS continuing care, and for older people with challenging behaviour, for example, single, homeless older men who are heavy drinkers.

Staffing difficulties

- **Recruitment and retention** Throughout London, there are difficulties in recruiting and retaining nurses, social workers, therapists and care workers. Vacancies and high staff turnover have contributed to delays in assessment and a lack of continuity of care for service users. Shortages in the availability of qualified nurse managers have been a factor in deterring investment by independent care providers in new nursing homes in some parts of London. The degree of staffing difficulty experienced in each borough varies considerably, depending in part on the availability of affordable housing and

public transport, and on opportunities for alternative employment in local leisure and retail services. Staffing difficulties appear to affect both council employers with in-house provision as well as external independent providers.

- **Use of employment agencies** Resorting to employment agencies, from which staff usually receive higher rates of pay than those offered by either statutory sector employers or by registered care providers, is widespread. Care workers from employment agencies have attracted criticism from users and carers, and from other care providers, who perceive them to be less well trained and skilled, and less reliable than other workers.
- **Advocates** Organisations representing older people and carers report that there are insufficient paid or volunteer staff who can provide information and advice about care options, and who can act as advocates or brokers for older people trying to secure services. Typically, funding for these staff comes in the form of grants to voluntary organisations from local councils, but the funding tends to be short term and subject to cuts when funding pressures intensify.
- **Training and qualifications** With the introduction of new care standards, requiring more care staff to be trained and qualified, many more care workers are now receiving training and gaining the necessary qualifications. This is universally welcomed, and a source of great pride to care workers, employers and training bodies. However, this is at times leading to qualified care workers moving from the employer who has arranged their training to another employer offering better terms and conditions. This ‘churning’ also disrupts continuity of care for older people. One group of staff experiencing difficulties in obtaining the necessary National Vocational Qualifications (NVQs) are those whose first language is not English. This is a pressing problem, given that many care workers in London come from recently established immigrant communities. It is of particular concern to specialist care providers whose care staff speak the same language as their clients but whose English is not sufficiently good to make use of NVQ training materials.

Poor quality of some services

- **Quality issues** Older people and their carers told us of their appreciation of a wide range of care services, including home care, day centres, care homes and very sheltered housing. However, there are widespread concerns about the quality of home care and residential care services.
- **Home care services** Concern about home care services comes from almost all quarters, including home care staff and employers. Complaints include the amount of time allocated to a home care visit (half-hour and quarter-hour visits are not uncommon), the rigid set of tasks to be completed in the time, and the timing of getting-out-of-bed and putting-to-bed services. There are also concerns about staff not turning up on time or at all, staff staying for less time than the client is charged for; and staff being incompetent or uncaring. Care providers place much of the blame for these shortcomings on local councils for the way they commission and pay for home care services.
- **Outdated care homes** Many care homes have become outdated and unfit for purpose, and are being decommissioned, taken over by another provider for refurbishment or closed

down. There are still homes that do not offer the standard of accommodation that most people would expect. However, there is much concern about the welfare of older residents who have to be moved to more suitable accommodation – something that, if not handled properly, can lead to premature death. Concerns about the consequences of disrupting the lives of vulnerable older people undoubtedly underpin campaigns mounted by relatives and other community interests to save sub-standard care homes.

- **New care homes** New care homes are coming on-stream in some parts of London but, because of the high costs of land and severe competition for vacant land, these tend to be large, with 60 or more beds. While the scale of these new developments will suit some people, they do not provide the homely atmosphere that some people prefer. The same cost pressures have resulted in some new care homes failing to provide en-suite toilet facilities and relying on shared facilities.
- **Out-of-borough placements** When it comes to the care regime within homes, there is some recognition that regular reviews of care placements and care plans by care managers are difficult to achieve when so many older Londoners are placed in homes outside their borough, and sometimes out of London altogether. This failure leaves little scope for changing the care to fit changing needs.
- **Appropriate services** There are reports from older people and carers of some homes they have visited having insufficient staff, poor-quality food and poor relationships between staff and residents – either because of high staff turnover or because of communication difficulties among staff whose first language is not English. Care providers and others have expressed concerns about the large number of older people in residential care homes who are exhibiting signs of dementia but who receive little or no specialist help.
- **Access to health care** Care home residents are also reported to have poorer access to health care than those living at home; this can include access to GPs, therapists, podiatrists, specialist nursing advice on continence or stoma care and consultant geriatricians. In some parts of London, specialist support teams of NHS staff are working with care home staff to improve the care provided, but these are by no means commonplace.

Funding pressures

- **Competing priorities** Even though the Government has recently increased funding for social services, care providers claim that they are not seeing any increase above inflation in fees paid for the work that they are contracted to undertake. Councils report that they are spending the money but that other priorities, such as children and families in need and high levels of mental illness among working-age adults, compete for resources with older people's services. In some cases, older people lose out as some London councils spend below the levels of expenditure expected by the Government. PCTs also have limited scope to invest more in community services for older people, while priority has to be given to a range of access and other targets set by government. Both councils and PCTs have given some priority to expanding intermediate care for older people, using extra resources made available prior to the introduction of reimbursement charges on delayed discharges from hospital. This expenditure has centred on short-term care, which is expected to reduce demand for long-term care services.

- **Supporting People funding constraints** Care services provided by housing associations are perceived to be under threat. In the past, housing benefits have been used to finance care provided by registered social landlords (RSLs) in their housing-with-care schemes and care homes. However, new Supporting People funds are intended to be used only for the practical support of vulnerable people and should not be used to pay for personal and/or physical care. Some RSLs are now facing large holes in their budgets, and fear that they will go out of business unless local authorities make good the shortfall by using their community care budgets. The potential for using Supporting People funds to assist older people is still there, but there seems little likelihood of any substantial expansion in ‘floating support’ for older people living at home or in supported housing. Supporting People funds are cash-limited, and the Government has recently announced a reduction in the overall budget for next year.
- **Increasing costs** At a time when many London councils are experiencing reductions in central grant allocations from the Government, and are unable to make good the loss through Council Tax increases, they are also facing increased costs. Land and property values have increased dramatically, contributing to the decisions of many small owners of care homes to sell up and use the proceeds for other purposes. Competition for remaining care homes – especially those offering specialised services – is intense. This is driving up the cost of places, leading some observers to talk about a ‘seller’s market’. The costs of very sheltered housing are equally affected by increasing land and property prices, and this accounts in part for the slow development of such services in London. And care providers are demanding above-inflation fee increases to meet what they regard as the real costs of care.
- **Use of housing equity** Home ownership is increasing in London as elsewhere, but the value of housing in London is far higher than elsewhere in the country. This might suggest that care home owners and providers of extra-care housing in London could expect increasing demand for their services from older home owners who need care and are willing to use their housing equity to pay for it. However, councils and care providers report that they have sometimes overestimated the amount of income coming from this source when planning new facilities and have had to rely more heavily than they had anticipated on publicly funded residents. It has been suggested that this happens because many older homeowners who need care of this sort opt to move to areas where care home fees and house prices are lower.
- **Affordable care** Many older people using care services are contributing to their care costs in some way or another through means-tested charges. Some older people have made it clear that they are happy to pay for home and day care, provided that they get a good service. But charges have been substantially increased by some London councils under Fair Access to Care Services (FACS) guidance, and there are reports of older people going without services they previously used. Concerns about future charges for residential care appear to be more widespread, with both older people and carers worrying about how they will cope if they, or their partner, have to go into a care home.
- **Under-use of technology** There is considerable scope to increase the use of technology that reduces the need for expenditure on care staff. This includes aids and equipment that enable people to bath, cook, eat, do their shopping and banking, and move about the house unaided. There is also more sophisticated ‘smart-house’ technology and other forms

of 'telecare' such as health monitoring. The use of such technology in social care is under-developed, and there is little evidence of increased investment that might bring about savings in staffing budgets.

Lack of collaboration across London boroughs

- **Influencing care markets** There is a recognition that care markets in London are not confined within borough boundaries and that London's 32 councils and their PCT partners may need to work together more strategically on a regional or sub-regional basis in order to maximise their influence on those markets. Currently, the nature and extent of collaboration required is largely a matter of debate, although in practice some limited cross-borough collaboration is beginning to emerge.
- **A diverse and mobile population** The older population in London creates different patterns of demand for care from elsewhere. For instance, some more affluent sections of the older population tend to move out to the suburbs or out of London altogether just before or after retirement. In addition, the older population is made up of many different ethnic groups, some large and well established, and others comprising small numbers of people, some of whom have only recently arrived as refugees or asylum seekers. There is greater recognition of the need to share intelligence about demographic trends and to understand the implications for current and future commissioning of care services. Some go further, arguing that there is a case for collaborative commissioning of specialist services needed by small groups of older people spread across different London boroughs, by consortia or strategic health authorities.
- **Staffing capacity** The supply of care services in London is constrained in a number of ways because of pressures in labour, land and property markets. Councils and PCTs recognise that they are competing for care workers and staff skilled in commissioning and contracting services. New initiatives have been established to address staff capacity problems. We noted strategies being pursued by the Workforce Development Confederation within the North East London Strategic Health Authority, in co-operation with local councils, training agencies and Learning Skills Councils, to recruit and train health and social care staff. The Association of London Government, in co-operation with the Department of Health's Change Agent Team, has recently mounted a development programme for commissioners and is supporting a network of assistant directors responsible for commissioning care services in their boroughs. It is not yet clear what impact these initiatives are having.
- **Patterns of capital investment** Capital investment in care homes or extra-care housing is unevenly distributed across London, with historically greater development in areas where land and property values are comparatively low. The resulting pattern of investment does not reflect the scale and level of need among older people in individual boroughs. Planning restrictions can be made at regional and local levels to modify these market forces. For instance, the Greater London Authority and the London Development Agency have powers to designate sites for particular uses, such as general and social housing. Equally, priorities can be set to house particular groups, such as key workers or homeless people. However, planning consideration has not been given to the housing (including supported housing) needs of older Londoners by these regional bodies; nor has any priority been given to this group.

- **Contracting inefficiencies** There are high transaction costs in a market system based on multiple contracts between 32 councils with their PCT partners, and the hundreds of organisations that provide care services in London. Some care providers have indicated that they would find it easier, and more cost-effective, if fees for services could be agreed across London and if commissioning and contracting processes could be rationalised. At the same time, the Treasury's review of public sector efficiency conducted by Sir Peter Gershon has suggested that savings could be achieved through more regional 'procurement' of social care. It is clear that there is no appetite among councils or PCTs for pan-London commissioning of care services for older people. This is seen as conflicting with local political priorities and with the achievement of flexible, person-centred care for individuals.

Controversies about care

While there is widespread agreement among different stakeholders about the issues raised in this interim report, the evidence we have collected so far suggests that there are three major issues about which there is widespread disagreement or uncertainty:

The balance between residential care and care at home

For a decade or more, government policy has been to ensure that as many older people as possible receive care and support in their own home, rather than being admitted unnecessarily to a care home. It is argued that this is what most older people want, and that even people with high-dependency needs can be supported safely in their own homes.

More recently, central government and some local authorities have advocated shifting the balance of care still further in favour of care-at-home options. The need for residential care has been challenged, and a combination of intensive home care and extra-care housing promoted.

Not surprisingly, care home providers do not accept this but nor, it seems, do many local councils, older people and carers. They see care at home for all as presenting high risks to the safety of some older people; leading to social isolation at times; and failing to lessen the stress of family carers who can no longer cope.

This lack of a shared vision about the care of vulnerable older people needs to be resolved. Without it, no serious attempt can or should be made to tackle the distorted distribution of care homes in the capital – a distortion that causes so many older Londoners to have to leave the communities in which they live. Furthermore, serious consideration will need to be given to the barriers preventing greater expansion of intensive home care and extra-care accommodation in London. These barriers can only intensify in the future.

Crisis care and preventative approaches

Recent policy initiatives have placed considerable emphasis on:

- preventing older people being admitted to hospital or care homes unnecessarily
- reintroducing practical support with daily living for older people with 'low-level' needs
- helping older people to keep healthy and active
- improving older people's opportunities to live in safe neighbourhoods and participate fully in community life.

In London, there has been an increase in intermediate care schemes, healthy-ageing programmes and a variety of neighbourhood regeneration schemes. All of these, directly or indirectly, are intended to reduce or delay the demand for long-term care services.

However, councils and their PCT partners are under great pressure to respond to older people with high care needs – often in a crisis – and finding that even then they are having to concentrate resources on those with the most severe needs.

Expenditure on this group far outweighs what is made available for prevention purposes, where the evidence about what works is perceived to be weak. Much is said about prevention, but the scope for action appears to be severely restricted.

Debates about the funding of social care

Questions about the funding of care services for older people have been raised throughout the evidence submitted to our Care Services Inquiry. There are claims and counter-claims about the under-funding of care and support for older people. There are also different views about who should pay for social care and what the balance should be between the use of public monies and individuals' own income and assets.

Critics point out that current funding is targeted at a relatively small number of older people with high levels of need. Ever-tightening eligibility criteria set by councils are leading to help being withheld from large numbers of older people whose health is failing, and who need low or modest levels of care and support. Attention has also focused on a range of service failings in home and residential care, attributed in part to insufficient resources. It is argued that current levels of funding hold back the development of care and support that enables and maximises independence and quality of life.

By contrast, others point to substantial increases in funding for social care in recent years. They argue that councils and their PCT partners are making the most of the money available by pooling resources, reducing the unnecessary use of high-cost services and working more effectively to achieve value for money.

There is a sharp division of opinion about who should pay for social care. This is nowhere more evident than in the case of older people selling their houses to pay for a place in a care home or to buy extra-care housing.

Some people are opposed in principle to this and there is clearly a great deal of anxiety about this among many older people. However, others are comfortable with the idea that

care services should be means-tested. Some actively want to encourage older Londoners to use their housing equity to invest in some form of sheltered housing with care which, given London property prices, would still leave them with money to hand on to their children after their deaths.

Next steps

The Committee of Inquiry will be looking closely at the concerns about care services in London that it has heard expressed since the inquiry was launched in February 2004. It will want to check how far the problems identified are borne out by other evidence and will begin to draw conclusions and consider recommendations.

At this stage, what seems clear is that while there are so many tensions and conflicts in policies governing the care and support of older people, there can be no simple solutions to the problems outlined in this interim report.

We shall therefore be interested to see the ideas for a new vision for social care that Stephen Ladyman, the Parliamentary Under Secretary of State for Community, will present in the Green Paper on adult social care promised for late 2004. Any changes in social care policy will provide an important context for the future development of care services for older people in London.

Inquiry research

New research commissioned for the inquiry is underway. Studies will be completed by the end of 2004 and published as working papers alongside the final report in summer 2005. Studies include:

- trends in London's care markets – past, present and future
- how well councils and PCTs are commissioning care services in London
- older people's experiences and views of care services in London, and middle-aged Londoners' requirements for the care services they may need in the future.

Linked publications

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Ros Levenson

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ISBN 1 85717 472 0 Feb 2003 70pp Price £15.00 (voluntary organisations £7.50)

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Janice Robinson

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Jan Stevenson and Linda Spencer

Produced with the support of the Department of Health, this guide is a comprehensive, one-stop-shop resource for commissioners and providers seeking to translate intermediate care policy into a workable set of linked services. It offers a step-by-step approach to planning, managing and evaluating services, unpicks government policy and directives relating to intermediate care, and reviews the evidence and the issues involved. It contains a wealth of practical case studies and examples to help anyone setting up these services.

ISBN 1 85717 466 6 Oct 2002 134pp Price £18.00

Old Habits Die Hard: Tackling age discrimination in health and social care

Emilie Roberts, Janice Robinson and Linda Seymour

Based on a telephone survey of 75 senior managers in hospitals, primary care groups, community trusts and social services departments, this report shows that managers in the NHS and social care organisations support new moves to combat age discrimination in health and social care, but lack the tools they need for the job. It provides guidance on practical ways to implement policies designed to prevent age discrimination.

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Melanie Henwood

Across the UK, some one million people – many of them women – provide care and support services. Their work is critical to the health, wellbeing and quality of life of the growing numbers of people who rely on their help, including older people with disabilities and mental health needs. This report, based on a far-reaching investigation into the care sector, paints an alarming picture of a service faced with growing demands as the numbers of people needing help grows, and the complexity of their needs increases.

ISBN 1 85717 450 x Jun 2001 236pp Price £14.99

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Janice Robinson (ed)

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