

EngAgeNet Awards for All Project

Have Your Say – Make a Difference! Mature Conversations on Ageing

Social Care

Positive Ageing in London held a focus group on behalf of Engagenet Mature Conversations on the topic of Social Care on 22nd October held at Morley College. This focus group comprised of 11 individuals and took place at the end of our conference on Wellbeing. We held the focus group discussion for over an hour where we gave out the Facilitators briefing notes (see below) and then asked everyone to discuss and then enter their score next to each of the propositions. The groups included people from across London, with members from BAME communities, including Afro Caribbean and Asian participants. The focus group also represented people from different age groups within the 50+ demographics, from those in their 50s, 60s, 70s and 80s. They were also from different socio – economic categories, so we felt that this was a representative sample of the diverse groups making up the population of older Londoners. Note that all scores that were made on their individual papers that they then submitted to the facilitator were confidential.

Propositions

- 1 Society has a responsibility to provide social care for those people who need it but who cannot afford to pay the full cost of this care.

All 11 participants in the this focus group agreed fully with this proposition all recording a score of 6

- 2 We should expect people to contribute to the cost of their care according to their means.
This was also agreed by all participants but with varying degrees of agreement. This proposition was amended to read 'in the current circumstances' as it was nearly unanimously agreed that in principle all care should be provided free at the point of delivery – similar to the provision of the NHS. It was suggested with majority agreement that that this should be funded by progressive general taxation.
However, one member said that taxation was already progressive and that we needed to operate within the current budgetary constraints. It was generally agreed that while in principle the idea of social care which is free for all and paid for from general taxation is good, in reality it is unlikely to be affordable and put into practice any time in the near future so therefore the Proposition was agreed by everyone – with various degrees of agreement.

Scores were 2 x 6, 1 x 5-6, 5 x 5, 2 x 4 and 1 x 3-4

- 3 When assessing someone's ability to contribute to the cost of his or her care, we should take account of:

Income
Savings
Value of property/other capital assets

This was also agreed in general and in principle 'in the current circumstances' There was a debate about whether money should be paid up front or after death (through the sale of assets) Also whether money should be paid in instalments, but everyone agreed if that was the case then there has to be a maximum price.

Scores were 4 x 6, 3 x 5, 3 x 4 plus one 5 that stated they wanted higher taxation to pay for this.

- 4 For people assessed to contribute, the amount of their contribution should be limited in some way.

There was little enthusiasm for the suggestion that there should be a minimum amount left from their house and savings when those in care died. It was recognised that there are differences between the amount to be paid by the wealthy and the amount paid by those with limited housing and savings wealth.

Scores were 5 x 6; 2 x 5, 3 x 4, and 1 x 3

- 5 People should pay the same for the same service irrespective of whether they are self-funding or supported by the local authority.

This was agreed by nearly everyone and everyone felt that residents in the same care home should receive the same service, food and care. However, it was suggested, with no one disagreeing, that those with greater wealth should have the freedom to choose a higher quality care home offering better food and services, if they paid for it. There was a concern raised however that we should try to ensure that everyone receives a basic care package which provides in full for their needs. No one wants to see a 2 tier system of care. This worry was raised when talking about the closures of care homes, of hedge fund and other corporate owners closing down care homes and converting them to other use / residential developments etc or refusing to accept local authority clients. The reduction in the amount of money which central government is allowing local government to spend on individuals care and the impact of severe government cuts to local authority on their ability to properly fund such care was a matter of general concern

Scores were 9 x 6, 1 x 5 and 1 x 2

- 6 Practical support to enable people to remain in their own homes should be more widely available and be offered at an earlier stage as people begin to face challenges in their day to day lives. This should be available to social housing tenants and owner occupiers. Ideas/suggestions?

This was agreed by all participants. Having heard from experts earlier in the day talking about real life examples about the problems of getting home adaptations, and the alternatives to social care, there was an informed discussion around ways to help people stay out of care homes for as long as possible.

These included greater publicity and promotion of the options of adapting your own home and the financial support and advice available to help people do so. It was agreed that those tenants in former council housing who had bought their own home should be given more information and assistance and subsidies about how to adapt their own homes, particularly those on low incomes / pensions, but just above the current levels of income that entitle people to receive this support as part of their benefits. The active promotion and support for adaptations for council and other social housing tenants who were in need of these was also discussed. What was a matter of concern was that in the face of cuts to local government which impacted on the councils' ability to provide universal support for adaptations there seemed to be very short-term thinking, putting the immediate cost implications before the longer term costs of placing people into social care homes when they neither wanted nor needed to go into care. The plight of those older people in private rented accommodation- often in poor condition and / or with limited long-term security – was also raised as a matter of concern

Also discussed were ways in which older residents could be encouraged to stay at home and become more active socially and physically thus reducing the need for people to be placed in care earlier than could be required, with more inter communication between health and allied workers (e.g. Occupational Therapists) in the community and between the NHS practitioners and those working in the community

Scores were 9 x 6, 2 x 5 with a comment that there should be more housing options to choose from for people wishing to move to other accommodation

- 7 Where people can no longer manage at home, non-institutional alternatives to residential care should be more widely available. Ideas/suggestions?

The discussion included references to the positive options of co-operative social care housing, following a presentation by women who were members of a social care co-operative in Barnet. There should also be better joined up support coming from community health and social care providers, including community nurses, OTs, nutritionists etc that were client focused and took

into account the desires and needs of patients and their families to ensure that care was, where possible, maintained in people's homes

Scores were 9 x 6 and 2 x 5

- 8 People should be encouraged to take active control of maintaining and improving their own physical, mental and cognitive health, with support provided for those who cannot afford otherwise to be involved. Ideas/suggestions

This discussion was also informed by the presentations by experts earlier in the day including becoming active participants in mental and cognitive self help using such online testing and support as offered by My Cognition. In addition, it was agreed that there should be more promotion and active recruitment of older people, particularly for 'hard to reach groups' about the free or cheap subsidised sports and leisure activities available locally through councils and voluntary / community services – including walks, dance, swimming, and subsidised gym membership. The fact that some GPs were able to offer subsidised gym membership for those who were older and in need of regular exercise was something that participants thought should be extended and promoted. It was also noted that there were many opportunities to continue life long learning, through such organisations as the self-run local Universities of the 3rd Age, plus community college and University courses, which were deemed useful in both promoting mental health, combatting dementia and breaking down social isolation

Scores 9 x 6; 2 x 5

- 9 The NHS should be funded to provide integrated social care as part of its health remit.

This was generally agreed but with a big proviso that there had to be sufficient money put into the HNS and Social Care budgets to make this feasible. If not, it was feared that this would be an additional burden on the already underfunded NHS. However, in general it was agreed that this would be beneficial as long as the process involved an integrated approach by a team of health professionals, including both relevant hospital and GP staff and community outreach and care workers, which focused on the needs of both the patient and their families as well as looking for the most economically efficient use of resources

Scores 8 x 6; 2 x 5, 1 x 4-5

The following introduction was given out to participants as part of the introduction to the focus group.

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Introduction for participants

What is a mature conversation?

A *mature conversation* is an opportunity to formulate a collective later life view on an issue that is the subject of public concern. It is particularly apposite where Government may be considering the introduction of a green or white paper, where current policies may be under review, or where there is a consultation process under way. The ability to present a clear and concise statement of the views and opinions of people in later life, based on structured and widespread discussion, will enable EngAgeNet to ensure that the voice of older people is listened to.

Our aim is to facilitate as many conversations as possible across our network, using local forums, or small groups of older people who are in a position to come together for a face to face discussion. The outcome of these conversations will be summarised and fed into all the appropriate communication channels.