

Ageing positively

Speech to East Midlands Later Life Forum Conference

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Introduction

I'm absolutely delighted to be here today – not only as the MP for Leicester West but the Shadow Minister for Care and Older People.

How we ensure getting older is a great experience – for individuals, their families, our communities and society – is one of the biggest challenges facing Britain today.

You know the figures only too well.

Over the next two decades, the number of people aged over 65 will increase to 15.5 million – up from 10 million now.

The number of over 80s will rise even faster still – doubling from 3 to almost 6 million.

Here in the East Midlands we have the most rapidly ageing population of any English region.

The number of over 65 year olds here will increase by 65%.

The number of 85s by a staggering 150%

The fact that we are living longer is something we should celebrate.

Whether it's helping look after grandchildren, caring for very old or disabled relatives, volunteering in the community, or boosting our economy – older people make huge contribution to this region and this country.

I see this every day in my constituency, and in my own family.

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But these huge demographic changes also bring big challenges – challenges we have only just begun to grasp.

I want to focus on two of these today - the challenge for our care system – by which I mean the NHS and social care services - and the challenge for housing.

Both of these are absolutely critical to improving the quality of life for people as they get older.

And both need radical reform if we're going to make sure ageing really is a positive experience for everyone, particularly in these tough economic times.

NHS and social care

The fundamental problem is that both care services and housing have failed to keep pace with the scale and nature of demographic change.

In 1948, the average life expectancy for men was 66 and for women 71. Now, men can expect to live 78 and women to 82 years old.

60 years ago the main causes of death and ill health were infectious diseases and accidents. Now they're long term conditions like cancer, heart disease, diabetes and stroke.

Some health conditions that are now common amongst very old people – like dementia – were almost unknown back then, and many disabled children died at a very young age.

Public attitudes were also very different 60 years ago. Disabled adults had fewer rights, people automatically assumed that women would stay at home to care for their families, and society as a whole was much more deferential.

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Social care wasn't included in the creation of the NHS and the state provided support only for people who had no family and could not afford to take care of themselves.

Although there have been big changes over the last 60 years, our care system is still focused on providing last minute crisis interventions, predominantly in hospitals, rather than helping people stay fit, healthy and living independently in their homes.

Services for people's physical, mental and social care needs are still too often delivered in silos – instead of working together in the best interests of patients and their families.

And they still give users too little say and too little control.

We face a particularly crisis in social care, which has been under growing pressure for many years but has now reached breaking point.

Local authority budgets are being cut by a third over the course of this Parliament. Adult social care makes up around 40% of local council budgets and is their biggest discretionary spend. So it is inevitable that care budgets are being reduced.

More than £1.3 billion has been cut from older people's social care budgets since the Government came to power, at a time when demand is increasing.

In order to cope, and balance their books, councils are tightening the criteria they use to decide who is eligible for care, so fewer people are getting the support they need.

The quality of care is suffering too.

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There is very clear evidence that an increasing number of home visits last barely 15 minutes, which simply isn't enough to get many frail, vulnerable older people up, washed, dressed and fed.

Yet at the same time care charges - for vital home help, day care, residential care and meals on wheels – are soaring, with huge variations across the country. Whilst home care is free in Tower Hamlets, it costs £21.50 an hour in Brighton and Hove.

This isn't good for older people and their families, and it doesn't make economic sense either, because if people can't get the support they need to stay living in their own homes, and end up needing hospital care, it ends up costing the taxpayer more.

Delayed discharges from hospital have gone up by 16% over the last two years, and now cost the NHS more than £18 million every single month because people can't get the right services or support in the community or back home.

Housing

There's a similar picture in housing.

Much of our housing stock – in the public, private and not-for-profit sector - was built in a different age and not fit for purpose in an ageing society.

The kind of home needed by a frail 85 year old – who may want some hand rails, a stair lift, and wider doors - is very different from that needed by a fit and active 65 year old.

Families are far more mobile than 50 years ago and live in different parts of the country, leaving many older people feeling very isolated and lonely.

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Too much housing is damp, cold, and poor quality. We know this increases the chances of someone getting respiratory illnesses, or having an accident at home like a fall.

Whilst the last Labour Government made important improvements – including investing in housing related support and widening the choice of housing options by funding Extra Care Housing schemes - we focused on both housing and social care too late during our time in Government.

But this Government is turning the clock back and making it far harder for older people to get the good quality, joined-up housing and care services they need to stay living fit and independently in their own homes.

For example local council housing related support budgets have been cut too - by 6.7% across the East Midlands in this year alone.

Yet we know these cuts can be a false economy, because if people can't get the hand rail or stair lift or supported care they need to stay living in their own home, and end up having to go into more expensive residential care, it costs them, their families and often the taxpayer far more.

Need for reform

The need to transform care services and housing for older people, existed before the financial crash. But the current economic climate makes radical reform more important than ever before.

The difficulty is that faced with such huge problems, and ever increasing demand, the urge for services to retrench into silos and batten down the hatches, can be overwhelming.

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Yet, as the recent Health Select Committee report on social care warns, there are huge risks in short-term 'salami slicing' services.

Instead, we need a different approach: to pool our resources, pool our efforts and work together to deliver better care for older people and better value for taxpayers money.

There are three key challenges.

First, shifting the focus of care and support towards prevention and early intervention, to help keep people healthy and fit for as long as possible as they get older, and living independently in their own homes.

For example, GPs can help identify older people who might be at risk of having a fall, so they get the right home adaptations, support from telecare, or community nurses to make sure they get their medicines on time.

Second, ensuring care and support are far more joined up and integrated, so people don't have to struggle to between different agencies to get the help they need, and to reduce unnecessary duplication and waste.

Council Health and Wellbeing Boards have a crucial role to play here in bringing together all the different partners locally.

Third, making sure services are far more personalised, to give older and disabled people and their families a greater say and more control.

This is particularly important as the more demanding and discerning baby boomer generation reaches retirement.

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One of the biggest challenges is to ensure there's a genuine choice of housing options and housing related support services for people as they get older - from the public, private and not for profit sectors.

Some people want to 'downsize' as they get older. Other people like the independence but peace of mind offered by retirement villages or Extra Care Housing schemes.

The vast majority of people want to stay living in the family home. We know that very modest investments in handy-men schemes, basic home improvements like stair lifts and hand rails, and home visits can make a real difference here.

These reforms would make a big difference to older people's quality of life. And they will help save taxpayers money too.

The previous Government's Partnership for Older People's Projects which brought together different NHS, council and voluntary sector services to help older people stay living independently in their own homes significantly reduced the use of more expensive NHS services.

Use of A&E was cut by 47% by some of these projects and use of outpatient clinics for physiotherapy and occupational therapy were also reduced – producing savings of over £2,000 per person.

Making change happen

But how can we make these changes happen? And what lessons can we learn from the many previous policies and strategies that have sought to achieve preventive, integrated and personalised care and support?

The first lesson is that we need to stop the constant

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structural re-organisations, particularly in the NHS.

All the evidence - and experience - shows these re-organisations are disruptive, wasteful, and distracting and rarely if ever deliver the savings they initially set out to achieve.

Some of the best examples of joined-up care have been delivered by Care Trusts – which have been swept away by the Government’s Health and Social Care Act.

Second, we need to get the right incentives in the system. Genuinely integrated care and support means having integrated commissioning budgets - a point the recent Health Select Committee report on social care made very powerfully.

And it means getting the financial incentives right, including making sure any savings are shared fairly between different organisations. If the NHS keeps all the savings from reduced hospital admissions, due to better social care or housing services, what incentive will local councils have to invest?

Crucially, we must go further and faster in empowering older people and their families.

That means not only transforming information and advice to older people, but genuinely engaging them in the way services are designed and delivered, and giving them more say and control over their care, for example through Personal Budgets and Direct Payments.

Conclusion

So whilst the challenges we face are huge, I know – together - we can find a way forward to make sure ageing is the positive experience people want and deserve.

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Meeting the needs of our ageing population is a top priority for Labour.

One of the reasons Ed Miliband put my role as Shadow Minister for Care and Older People in the Shadow Cabinet is he understands this agenda affects every part of Government.

It was announced at our Party Conference earlier this month that I will be leading Labour's health and care policy review in the run up to the next general election. I'll be working closely with our Shadow Housing Minister Jack Dromey.

And as a proud Member of Parliament in the East Midlands, I want to work with you as we all developing our thinking and policies in the months and years ahead.