



## The NHS cannot stand still on social care

*Written by Julienne Meyer CBE, Professor of Nursing: Care for Older People and Executive Director, My Home Life, City University London and John Myatt, Strategic Development Director, Healthcare, Serco*

The NHS needs to work in partnership with care homes (and housing providers) to find solutions for our growing ageing population.

Older people with frailty, dementia and complex comorbidities are now the “core business” of acute general hospitals. Two-thirds of NHS patients are aged 65-plus but they receive only two-thirds of total expenditure. Most costs inevitably come at the end of people’s lives. One in three people over 65 are admitted in their last year of life. Older people often present in hospital with additional challenges to their acute care problems.

Of people aged over 70 admitted to an acute hospital, half have a cognitive impairment, 27% have delirium, 24% have possible major depression. These challenges are likely to increase over time, as the population ages. NHS and care sector staff need to work in partnership to find solutions across the health, social care and housing systems.

There is more than three and a half times the number of beds in care homes that the whole NHS – mainly run by private organisations. We ignore them at our peril. The final report of the HSJ Commission on Hospital Care for Frail Older People<sup>1</sup> was published in March 2015. The Commission for Residential Care<sup>2</sup> (CORC) chaired by the former Care Service Minister, Paul Burstow MP, from think tank Demos published its final report last September. They focus on different care settings but share common ground on the role of residential care for older people.

### Housing has an NHS impact

CORC says NHS England chief executive Simon Stevens “neglected” the role of housing in his plans for the NHS. It argues a rapid review of housing, health and care demand and funding must be a priority for any government.

Almost 450,000 people live in care homes in England and a further 239,000 over 85’s are predicted to need round the clock care by 2030. Five million people with disabilities are in need of accessible homes. CORC warns that a lack of suitable housing for disabled and older people means only the richest will have a choice about where they live and the care they receive, with little more than a “tattered safety net” for the rest. It calls for the next government to review health, care, housing demand and spending to ensure the whole system is fit for purpose and sustainable for the future.

---

<sup>1</sup> <http://www.hsj.co.uk/comment/frail-older-people/hsj-commission-final-report-are-you-doing-enough-for-frail-older-people/5083393.article?blocktitle=Final-report&contentID=15796#.VVcXpGd0zIU>

<sup>2</sup> [http://www.demos.co.uk/files/Demos\\_CORC\\_report.pdf?1409673172](http://www.demos.co.uk/files/Demos_CORC_report.pdf?1409673172)

### Building homes not hospitals

The HSJ commission talks of pennywise, pound foolish decision making in relation to out of hospital care. The CORC highlights the need for strategic thinking on surplus NHS land. By incentivising the use of this land for extra [care] homes, we would offset the need for more hospitals. CORC commissioners recommended the relaxation of planning permissions regulations introduced in 2013 to help councils convert offices into housing. It should be extended to NHS, Ministry of Defence and university land banks, and appropriate office buildings to be converted in housing with care more easily.

### Common themes

Care for skilled and specialist staff was a theme of both commissions (HSJ and CORC). Care homes provide a significant amount of care to vulnerable and sick members of our society. Yet only 4,400 of the 19,884 care homes in the UK are registered to provide nursing care.

A joined up approach to training, recruitment and the workforce between the NHS and residential care sector could ensure appropriate staff levels in care home, enabling more patients to receive care where they live.

Better partnership working between NHS providers and care homes (and housing providers) could reduce available admissions, accelerate discharge, and improve rehabilitation, re-ablement and respite care. We can't afford a fragmented approach to nursing when demand for nurses in hospitals, adult social care and residential care is set to increase. The CORC recommended a vocational nursing role that allows nurses to be trained while working in care settings.

Social care and housing are rising up the political agenda. While our population continues to age, we cannot stand still and risk making these very real problems even worse.

*Professor Julienne Meyer was a commissioner on the Demos Commission for Residential Care and, together with John Myatt, was also a commissioner on the HSJ/Serco Commission on Hospital Care for Frail Older People. This article originally appeared in HSJ on 10 April 2015 and reproduced by the Housing LIN with their kind permission.*

*The Housing LIN is a signatory to the Health & Housing Memorandum of Understanding at: <http://www.housinglin.org.uk/HealthandHousing>*

**Published by the Housing LIN on 21 May 2015**