



Why eligibility matters at home. A personal view on the Care Act

When the results of the government listening exercises on the regulations for the Care Act are known, it's unlikely to highlight a groundswell of support for its intention to formally ration access to social care.

There is much to recommend in this landmark piece of legislation and the accompanying regulations. It will for the first time cap the catastrophic costs of care at £72,000. But beware ... especially for those of us in housing who want to see the right care for all our customers and clients, there is in reality a lack of vision on eligibility which will hold it back. Rather than heal the institutional schism between health and social care it's more likely than not, unless there is an unexpected climb down at the eleventh hour, that the divide will only be further entrenched. The principle reason for this is that the threshold by which those requiring care is to be set at the equivalent to substantial and not moderate.

The Government rightly says that local authorities could set levels below the new national minimum but given the disproportionate burden of deficit reduction they are currently carrying that hardly seems like a realistic proposition. The savings are likely to be found in the NHS budgets rather than Town Hall coffers so the reluctance of local Councillors is entirely understandable. That's the accounting insanity that pervades in this era of austerity.

Medicine in the NHS is all too often failed prevention and this is causing real pain in GP surgeries and A&E departments. Only by embracing the preventative agenda can Britain develop a truly sustainable model for health and social care. Today care is rationed. Although there were more than 2.15 million new applications for some form of care in the last year - an increase of 4% - just 388,000 people were actually given it.

The vulnerable are increasingly being left to fend for themselves. In the last five years half a million fewer people have received state-provided care, a fall of 29%, according to figures for England released recently by the Health and Social Care Information Centre.

We cannot have a sustainable health system until everyone who needs care is captured in the system. The alternative is stark. Many will have little option but to present at an already overstretched A&E. That's far more costly to the public purse in the long run and does nothing to save the NHS.

The use of the term moderate to describe people's care needs, does not do justice to the importance of the support they require and the difference it makes to their day to day lives. People in this category experience serious difficulties in carrying out everyday tasks such as personal care and domestic routines.

In Home group we provide care and support to 30,000 vulnerable clients a year, 80% of that work is preventative avoiding hospital, returning to custody, escape from a violent situation, managing their mental health in community provision, the list goes on and why is that important? Because needs in many circumstances would be deemed moderate.

The wellbeing principle contained within the bill will never be fully realised if eligibility serves as a gateway as is currently the case. Other aspects of the guidance may re-introduce local disparities by the back door and undermine the Care Act's intent. For instance the reference to having "a significant impact" on a person's wellbeing has no formal definition. There is a danger that the lack of a formal definition will create an overly subjective interpretation at a local level. This would ultimately frustrate the desire to create a national set of standards and genuine portability. We believe that a formal definition of "a significant impact" should be introduced to rectify this situation and ensure there isn't a slip, intentional or otherwise, back towards the postcode lottery.

Housing providers who also do care potentially have a real role to play in this area. This is illustrated by the fact that there were 70,000 bed days used up in January 2014 because people were stuck in hospital despite being fit to leave. This clearly illustrates the chronic lack of coordination between the health and social care systems.

Political pathologists may well muse over the motive and the methods employed by the Care Act but for now it looks as if we will have to make the most of it. Perhaps we don't really want bold singular solutions to complex multi-level situations. Universal Credit somehow springs to mind. Agreeing on the problem is the easy bit. Addressing the issue is more complex. Yet there is hope just about to emerge in the form of the Barker Commission. And so echoing that immortal line we beat on boats against the current.

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