

Saga

**Delivering Social Care Reform
- A partnership approach**

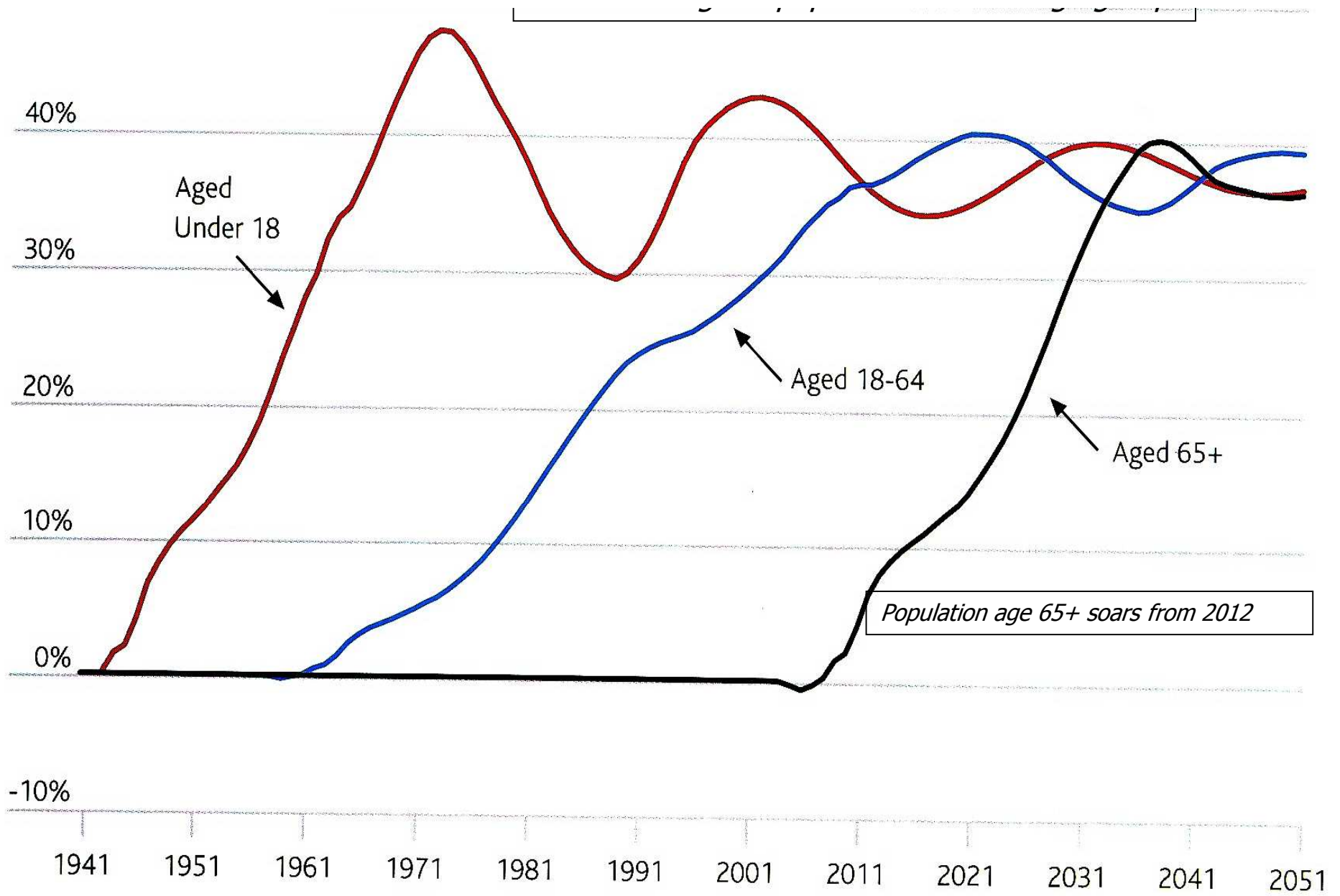
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Social Care in Crisis

- Crisis from good news – more people living longer
- BUT - funding falling as demand rising
- Welfare State didn't cover care of ageing population
 - Beveridge NI covers pensions and health, not care
- Current care model is broken
- Commissioners under pressure
- Inadequate planning for demographic realities



Source: Pensions Commission analysis based on a synthetic model of the England and Wales population

Main failings of current system

- Variable standards, quality and delivery
- Dilnot: unpredictable, unfair, lottery, unmet need
 - NHS may fund all the cost, or none
- Insufficient information or advice –can't plan ahead
- Inadequate funding
 - Focus on lowest cost sacrifices quality & outcomes
- Rationalising to 15 minute visits is false economy
- Strain on NHS 'safety net' – Nicholson challenge?

Changing the terms of the debate

- Not just about 'hours' but needs and outcomes
- Care is also about families!
- A family member may need care, if not ourselves
- Want to ease financial and practical burdens on carers and families
- Businesses can deliver decent care – raise the bar
- Partnership between business, users and community

About Saga

- Saga's mission – to improve the lives of the over 50s
 - Financial services, insurance, holidays, care
- Largest provider of domiciliary care
- Second largest provider of out of hours GP services
 - 40m homecare visits, GPs see 3m patients a year
- We think more people at home improves well-being and minimise costs
- Opportunities for partnership and integration

What people want from social care

- Most decisions made by adult daughters, late 50s
- Central information/advice resource for buying care
- Carers they can trust as trained, checked, monitored
- Enable self-help: prevention, stay healthy, not isolated
- Concern about wellbeing & outcomes not care 'hours'

Will Government go for Dilnot?

- Partnership and capped cost model makes sense
- A cap would be far fairer e.g. for dementia sufferers
 - Dementia tax', NHS pays if stroke or heart failure
- BUT – does Progress Report = Long grass?
- Would be wasted opportunity for future funding
- People will pay something, but not to lose everything

Problems with Dilnot

- National standards conflict with localism
- NHS Continuing Care has national standards, which has reduced variation but increased bureaucracy
- Where to set a cap and means test level?
- Still need agreed eligibility and improved standards
- Cost?

Future trends

- Emphasis on support to stay at home as long as possible
 - Prevention, telehealth, telecare, early diagnosis
- More personalisation & choice – measure outcomes?
- Support for family carers + dementia awareness
- Bring self-funders into assessment process – advice?
- Incentives for saving money to the NHS – integration
 - Expedited discharge, prescribing domiciliary care

Essentials for the future

- National standard portable assessments
- Reallocate funding priorities
- Integration of health and social care
- Promote care sector
- Appreciate value of carers for NHS
- Information, education and advice

How can we improve funding?

- Savings incentives for care – no money set aside
 - Care ISAs
 - Care Annuities
 - Family Care Plans
 - Employer Savings, Pensions or Insurance Plans
 - Equity release (home is precautionary savings or insurance)
- Insurance - could help prevention
 - e.g. house insurers demand locks, alarms

What we need

- A transformation programme for change
- ALL get help even if no money – signpost prevention
- Personalisation/Prevention/Partnership/Protection
 - + 5th ‘P’ – promotion of value of care sector
- Fairer eligibility thresholds
- Combine technology, professional, voluntary, community and family care
- Measure satisfaction levels

Saga's aims

- A national brand that can deliver good quality
 - All workers commit to values and standards
- Reliable, dependable, trustworthy, professional
- Raise standards – checking, training, monitoring
- Measure satisfaction and outcomes
- Can work with ADASS to improve homecare standards
- Delivering better social care, a Partnership approach