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The Four Angels of the Apocalypse

Underfunding - over last 5 years a £160 million cut in total public spending on older people's social care despite a rapidly increasing demand - ageing stock too

Variations - despite the 2014 Care Act introducing a national system of eligibility, local variation is still leaving many older people without any support leading to some 2 Tier systems

Unmet need -1.2 million people aged 65+ don't receive the care and support they need with

essential living activities

Declining access - cuts in local authority care
services have placed increasing pressure on family carers



And the workforce (1.6m) too

- Vacancies 12% registered nurses/9% care workers
- Turnover 37.5% care workers/22% managers
 Retention/Brexit
- ► Recruitment
- Inadequate care
- Training and skills doubted and devalued
- ➤ 35% care workers on Zero hours contract





So the role for memory clinics?

- ▶ The information I give people is accurate
- ▶ I will not suggest that the Green Paper will make immediate changes
- ▶ I will support family and let them know about carers support - it may be that this is only what they will get
- ▶ I will discuss the advantages of care planning and legalities
- ▶ I will work with dementia friendly communities and other local assets







H is for home care worker

- ▶ Part time, low paid/min wage, ¼ on zero hours contract, female 80%, working for private agency... high turnover, varied satisfactions/rewards, more personal care than domestic work
- ▶ Also self-employed/grey labour force
- Problems of call cramming, viability,
- For memory clinic? Role in skill development?



C is for care home worker

- ► Large numbers, mostly female, minimum wage, employers = large companies or owner-manager
- companies or owner-manager

 Some care homes have nurses, many migrants (19% of registered nurses in 2016-17 = non-British European Economic Area nationals, highest % for any care job)

 Increasing role in end of life care
- Role for memory clinics support, compliments, respect, team membership, protocols



M is for manager

- ► Huge range little known
- ► Career progression uncertain
- Financial imperatives
- ▶ Running your own show; making the difference
- 15% =vacancy rate for registered managers
 Role for memory clinic part of team? Shared decision making, support with distressing behaviour/end of life/medication reviews



'Being' social care

- Relief (partial) not NHS but only noticed when can 'save' NHS

- when can 'save' NHS

 Great to run own show

 Relationships matter

 Less hierarchy

 Offers alternative, eg rights, disability model, care not cure
- modet, care not cure

 Can be parochial and 'theory lite'

 Role for memory clinics? Shared stories and communities of practice?
 Personifying integration? Asking what they need?



Thanks for listening -

The views presented here are those of the author alone and should not be interpreted as those of the NIHR, NHS or DHSC.

