

Opening the conference, **John Lister, editor of Health Campaigns Together** made clear he was not an expert in social care, but understood it was a complex issue covering a wide range of interest groups, with distinct viewpoints.

Some, especially from disability rights organisations, reject links with the NHS as “medicalisation”. Some explicitly favour the social care equivalent of personal health budgets, stressing that it works for them.

But just as there can be no easy “one size fits all” approach to social care that will adequately address all of the various concerns, it’s clear that personal budgets might work for some service users, but would be quite inappropriate for others.

“I would argue that personal budgets are not appropriate at all where the budgets are inadequate to cover the needs of the individual, and where there are insufficient or inadequate quality services available for them to buy with their budgets. In practice the actual sums are in general very limited, and fall far short of the sums needed to deliver the support required by many people with more serious needs.”

“Given these differences, why has Health Campaigns Together called a conference on social care?”

“Because we can all agree it is an important issue, which is related in many ways with public health and health care, and it’s an area where the approach of Health Campaigns Together – as a coalition that builds on points of agreement while leaving scope for differences of opinion on details – can perhaps help establish a campaign where so far no campaign has been established.

“Indeed some key elements of what is now called social care, most notably long term care of older people, people with mental health problems and learning disabilities were in the NHS until the mid 1990s. They were under-funded and far from perfect then, but few will now argue that the system that has evolved since then, and further distorted and fragmented through austerity cutbacks and privatisation, is much better. Tens of thousands of NHS “geriatric” beds have been closed, leaving hospitals unable to cope with the growing numbers of older people needing support.”

As health campaigners we recognise that failures and gaps in social care are now helping to create additional, avoidable caseload for hospitals, resulting in people being admitted who should be supported and if necessary treated and cared for elsewhere.

Gaps in social care make it more difficult to discharge people after hospital treatment – and so result in beds not being available for people who do need urgent or elective hospital treatment.

“Why are no other campaigns already active on social care?”

“It’s a difficult area to organise. There have been some localised campaigns, but social care has been seen as a soft target for cuts because the service users and their carers are scattered and fragmented, many feeling vulnerable and lacking confidence to speak out. Social care staff too are fragmented, many are part time, there is a rapid turnover of staff, who often work long hours as individuals and are difficult to organise.

“We know that on this issue the Labour Party is divided on how to proceed, and the unions are also divided: while some favour nationalisation of private sector providers, there are disagreements.”

In the Labour Party the division has continued since the debates over the establishment of the NHS, which one wing of the Party argued (against Nye Bevan) should have been run by local government. Bevan won the day 70 years ago, but the arguments have continued.

“Some MPs, councillors and some campaigners pointing to the lack of democracy in the NHS itself now argue local government has to be in charge of social care.

“But others point to the disastrous track record since long term care of older people was transferred to local government as a result of Thatcher’s so-called “community care” reforms, and subjected to means tested charges along with wholesale privatisation and fragmentation of domiciliary care and the proliferation of privately run nursing homes.

“This has been the biggest privatisation of care services so far. Since the implementation of the Griffiths Report proposals from 1993 thousands of people every year whose nursing home care was once covered through social security payments have had to liquidate their savings or sell their houses to pay for poor quality treatment in private for profit nursing homes, and pay for privatised, casualised domiciliary care that was previously provided by home helps.

“But access to even these services is a post code lottery with wide variations. So-called eligibility criteria are in fact used by every local authority to decide who is NOT eligible for care. And as local authority funding has been cut year by year, and halved since 2010, this means that it is impossible to access any support at all from social care unless your needs are assessed as the most serious.

“Preventative and pre-emptive support for people needing assistance to live at home is now out of the question in most areas.

“Home care has been privatised, and in many areas is now desperately exploited staff on minimum wage and zero hours contracts being allocated as little as 15 minutes a time to visit clients. What can you do for anyone in 15 minutes? Boil them an egg? Who in their right mind would ever have imagined there is any value in 15 minute appointments? Which local authorities led the way in establishing this as a model for care?

“But we can’t blame all of this on the Tories. New Labour came to office committed to set up a Royal Commission on long term care, but it was clear from the outset that ministers were determined not to abolish the means tested charges. Some even argue that it is fair for people with larger savings and higher pensions to pay for their care.

“Just imagine if we applied this ridiculous principle to the NHS. It would smash up our universal health care system.

“The fairness has to be based in the tax system: if people have inherited wealth, or high levels of earned or unearned income, they should be taxed on that income. It is not fair to apply an arbitrary, retrospective tax through imposing punitive charges on the minority who are unlucky enough to need social care support – while the majority pay nothing.

“That is profoundly unfair.

“Nobody chooses to rely on home care or be looked after in a nursing home. Those services, irrespective of who provides them, should be paid for collectively through general taxation, and provided to those who need them free of charge – on the same principle as the NHS.

“I am sure that’s one principle on which we can all agree in this conference, and a basis on which we can campaign together.”

From 1997-2010 New Labour continued with the policies established by the Thatcher and Major governments. As NHS spending rose, many social care budgets were frozen or falling, and more services were privatised.

But since 2010 the decline has been much more rapid and deliberate as part of the austerity regime brought in by George Osborne. We now have hundreds of thousands of people denied the care or support they need, and this has been compounded by cuts in disability benefits and other welfare rights. In many areas social care has already been reduced to the bare statutory minimum.

“So this conference starts from the need to begin where we are to see how far we can go in developing a common line of campaigning to prevent any further erosion of social care, reclaim it as a public service, and remodel it to meet the needs of the various groups of service users.

“I hope we can agree that we want to see staff on permanent contracts, with decent pay and conditions, training where required, and services subject to scrutiny to ensure standards are adequate.

“And while NHS England uses the smokescreen of incessant talk about “integration” to obscure their attempts to drive through further savings and cuts, we have to say that the state of social care, its fragmentation and privatisation means that at present there is nothing acceptable for the NHS to integrate with.

“So we want to start the discussion today, but recognise it will need to go further and we can’t solve all of the problems in one conference.

“We need to hammer out a platform for the unions, Labour and other opposition parties, campaigners and the various user groups to unite in the fight to Reclaim Social Care as a public service and ensure it has the resources and the policies that can make it fit for purpose.