PAUL BURSTOW MP SPEECH TO DEMOS

Paul Burstow MP, Chair of Demos Commission on Residential Care, speech to the think tank Demos

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FULL TEXT

Welcome.

Last July I announced I was launching a year-long commission examining the future of residential care.

I said that there needed to be a reappraisal of the role of residential care, a realisation that it is part of the solution to the challenges of demographic change.

But that it would have to change to meet the expectations of the baby boomers.

I am delighted to be here today launching the fruits of our labours the Commission's final report.

Before I set out some of its key recommendations I want to start with a story.

During one of my field trips for the Commission I found myself sitting in a café on the campus of Lasell College in Boston. I was waiting to meet one of the college Vice Principles.

At the next table sat a group of students.

Eavesdropping on their conversation it was all about the courses they were following, the lectures they had attended.

It was a light, relaxed conversation.

These were students enrolled on a range of different courses.

To be precise the café is situated in the Lasell retirement village the college had built in the grounds.

The students ranged in age from 70 to 90.

Animated discussion about their courses and the future, not their ailments and age!

A condition of moving to the Lassell village is that you must take 150 hours of education a year.

Now that might not be for all of us.

But defining people as students challenges the sterotypes and assumptions we make about people as they get older.

When we talk about ageing we should really be talking about our future selves and how we want to live our later lives.

My Lasell visit and others I have made during the course of this Commission reflect what the best residential care is all about. Maintaining the rhythms of normal life, having purposeful activity, maintaining relationships and building new ones.

Put another way, helping people to lead the life they want.

Oh and the Vice Principle I met was the Director who managed the retirement village.

THE COMMISSION'S CONCLUSIONS

So let me turn to the report.

Let me start with our central conclusion.

I should say that our polling, our focus groups, our expert interviews, our deliberations all led us to this conclusion.

As a brand residential care is fatally damaged.

In the public mind residential care is linked to loss.

To loss of home, loss of independence and a fear of abuse.

When polled 43% of the public told us that they would not contemplate going into residential care.

To salvage the best of what residential care has to offer, it must rebrand.

We are not proposing a superficial change, a fresh coat of paint or new uniforms won't do.

But we think a new label is needed that captures the continuum of housing options and reflects a more profound shift in the way we think about where we live in later life and how care and support needs are met.

We call this housing with care.

It is not one thing.

It is a spectrum.

From care homes, to Retirement villages, extra care housing, and housing built to HAPPI standards.

Housing front and centre.

So we argue for a break between the 'what' of care and the decision about 'where' you live. No more should a person's care needs make the place they live an inevitability.

The future of housing with care must be individuals choosing the type of home that can not only deliver their care needs, but their lifestyle preferences too.

It cannot be a question of home care good, care home bad.

It should be about how we design and adapt our housing to accommodate the changing needs and aspirations of working age disabled adults and an ageing population.

Where we live matters to us. We attach great importance to home and place.

Care homes are unusual in that bricks and mortar and care are linked. This arbitrary marriage is fossilised in our land use planning, commissioning, inspection and regulatory systems.

It is why we recommend changes to use class orders and the community infrastructure levy to make possible our vision of a more diverse continuum of housing with care.

It is why we call for a practical and political link to be made between Council's care and support duties, in particular the market shaping and needs assessment roles, with their spatial planning responsibilities.

This is about designing age friendly places not just age appropriate buildings.

It is also why we argue for regulation and inspection to focus on the 'what' of care rather than the 'where'. Inspection of outcomes against the Care Act's guiding principle of wellbeing.

To support this change of emphasis and unleash the potential for innovation we believe that the term residential care should be dropped from national policy all the way down to CQC registration.

In its place should be the more broadly defined housing with care.

Adopting this housing with care model would reflect the best practice we have seen here in the UK and abroad.

For example, when I met the founder of Humanitas in Rotterdam, Hans Becker. He was at pains to stress the importance of looking at people's housing choice as separate from the care needs.

The separation of the 'what' from the 'where' of care is not just about one's initial choice.

It is about how we live.

We shouldn't be paying 'hotel costs' in a care home.

It isn't a hotel. It is our home.

We should be paying – transparently – rent, service charges and care fees. With the associated rights this gives us.

Hans Becker's emphasis on individual agency and autonomy is reflected in the tenancy rights that people living in Humanitas developments enjoy.

It changes the terms of the discussion from moving into care with its association with a loss of independence to a discussion about where to live.

We believe such a reform is long overdue in the UK and recommend the introduction of tenancy rights to all forms of housing with care to give people moving into care homes the same rights as those moving into supported living or care villages.

Let me turn briefly to some comments made by NHS England's Chief Executive, Simon Stevens, at a conference in July.

He told the conference that admission to residential care should become a 'never event', that he would be disappointed if residential care still existed in 40 or 50 years time.

On this I believe Simon is wrong.

He has misunderstood what great housing with care can deliver.

I would be disappointed if public perceptions of residential care, and the range of choices that are currently on offer were the same in 2050 as they are today. It is change that is needed, not abolition.

Housing with care providers should be treated as both local and national strategic partners of the NHS.

For people whose daily lives are suffering because of the amount of support that they need to manage daily tasks of living in their existing home housing with care can make a huge difference.

Given its ability to deliver personalised, round-the-clock support to a group of people who might otherwise be supported in isolation, it can also be a resource effective way of meeting high and complex needs while creating opportunities for building friendships and community.

He also seems to have misunderstood the demographics.

There will be many more people needing access to housing with care as our population ages. By 2030 there will be an extra 239,000 people over 85 needing 24/7 care. There will be many more disabled people wanting to live independently – who need housing with care as a crucial step to gain greater independence, learn life skills and build social networks.

In truth the sector is dangerously underprepared to meet the challenge.

I hope Simon Stevens will read our report.

He might want to consider the fact that around 30% of acute hospital beds are filled with people that don't need acute care but are too frail to go home - many could be better supported by either adapted housing or housing with care options.

And there is nowhere near enough of the right housing available, or being planned.

Perhaps he should act on the fact that less than 40 per cent of land held by NHS trusts is currently being used for hospital or medical purposes, leaving a land bank of over 5,000 hectares some of which could be used to build new housing with care schemes.

Of course this building will not just happen. It needs a revolution in planning to create the right conditions and incentives.

The community infrastructure levy needs to be adapted. There should be expedited planning permission and reduced purchase prices to sell surplus NHS land to providers who are willing to reserve a percentage of housing for those needing state funding, or for those offering to contribute to local authority care and support services.

Housing with care can provide a crucial hub for delivering services into the surrounding neighbourhood. Offering respite, reablement, home care, information and advice, a social meeting place for

tenants and the broader community. Helping to create age friendly neighbourhoods.

To meet the need and create the demand there needs to be concerted drive to provide more housing with care options. Not just new build, adapting existing buildings applying simple principles that turn an institution into a persons own home.

The demand for general needs housing has already led to changes to planning rules to allow for some office space and shops to be converted. The same approach could see much more housing with care right in the heart of our towns.

Lasell College in Boston demonstrates the benefits of co-locating housing with care on a college campus. It challenges the negative perceptions.

Combining housing with care with educational institutions or other community facilities such as libraries, day nurseries help to make them part of their neighbourhood.

But our report is not just about the bricks and mortar.

It is also about the heart and soul of great care and support: the staff and volunteers.

When I visited De Hogeweyk in the Netherlands I was bowled over by the design concept, that saw a traditional nursing home replaced with a low rise development organised as a series of street blocks based around houses where a large number of people lived in small housholds.

But what struck me most was what the manager told me about their training.

Every single person who works at De Hogeweyk, staff or volunteer, has hospitality at the heart of their training.

Everyone sees their role as working with the residents to have a good life. Making this step from doing things to people to doing

things with people challenges deeply engrained paternalism, but it is the difference between being alive and having a life.

It is why we argue for a standard level of training, with independent accreditation right across the housing with care sector. In short there should be a licence to practice that people must have before they can support people unsupervised.

We believe that such a licence would mark an important shift from working in care as a transitory, short-term job, to a long-term career choice.

The Care Certificate the Government plan to introduce next March could deliver this, but it needs to be independently accredited if it is to become a trusted and portable record of training and competence.

Great housing with care requires great staff. They are the lynchpin of the whole sector.

However, care work is widely perceived to be low skilled, low paid and of low status. The Low Pay Commission has identified pay rates in this sector as among the lowest in the UK and staff in this sector are often paid below the minimum wage.

The sector experiences some of the highest vacancy and turnover rates in the economy at 3 per cent and 19 per cent respectively. The highest vacancy and turnover rates are for direct care roles, which make up three-quarters of all care positions, compared with a UK job market median turnover of 11.9 per cent.

While some care providers pay above the minimum wage for specialised trained carers, at the moment, the 78 per cent of the care workforce in the housing with care sector in 'direct care' roles earn on average £6.45 per hour – barely more than the minimum wage.

Career progression, skills and status all play a part, the minimum wage status of many care jobs sends a signal that this is not a well-respected or valued profession.

Wage levels may not of themselves dictate whether someone enjoys and stays in their job, pay certainly helps to create a culture of feeling valued and of vocation.

Evidence from other sectors where a living wage has been introduced suggests that implementing it is linked to improved morale and retention. Retentions and continuity of staffing is particularly important in care settings to foster positive relationships and personalised support.

In our view housing with care will not be viable – financially, operationally or culturally – if it remains a minimum wage – indeed, below minimum wage, sector.

The care sector should become a living-wage sector through a combination of changes in the personal tax and national insurance allowances and higher wages.

The costs of higher wages have been found in other sectors, including home care, to be partially offset by the reduced costs of absenteeism, recruitment and induction.

However, we are under no illusions that higher wages comes without a price tag. That is why we argue for a transparent and fair funding formula developed by national government, local commissioners and providers, so that contract prices set by local commissioners adequately cover the costs of housing with care delivery at living- wage prices.

This is one of the reasons we believe that the CQC should have the power to conduct thematic reviews of local authority commissioning.

Where providers are struggling and a pattern emerges that points to poor commissioning practice the CQC should be able to inspect the way a local authority is discharging its market shaping and commissioning responsibilities.

The reality is that we are at a cross roads with our care system.

Chronic under-funding of care is forcing providers to make a choice.

Hang in there, cutting costs like activity budgets, shaving margins, skimping on training and cross-subsidising state funded residents from the fees of self-funders.

Or exit the market altogether or concentrate exclusively on self-funders.

The danger is obvious.

A two tier system where those who lack the means have no choice, like it or lump it mediocre and life limiting care delivered by an endlessly changing workforce.

The Commission feels strongly that adequate funding from local health and care commissioners, plus additional resource from government, are necessary to halt the growing division of the market where high-quality care, delivered by better-trained, better-paid staff, is becoming the preserve of wealthier self-funders.

Tomorrow the Kings Fund launch the final report of the Barker Commission on the future of health and social care which I am sure will pose some hard choices on funding.

In our report today we argue strongly for greater transparency and honesty about the costs of care.

The Office for Budget Responsibility should be charged with producing regular 20 year projections of future demand for care and the likely costs.

Along with a fair funding formula and open book accounting these are all steps necessary to build trust and make the case for increased spending.

The truth is these costs cannot be avoided. They will fall to us as individuals or as taxpayers.

Great housing with care has a part to play in containing those costs, making the best use of the resources available and helping us all to live happy, healthy lives into our old age.

In conclusion I want to say some thank you's.

First, to my fellow Commissioners, to Chai, Guy, Julienne, Des, Simon, Richard, Jane and Clare. I am indebted to them for the time and breadth of expertise they have brought to this review.

Second, to Demos for sharing my passion for this review and providing fantastic support throughout. In particular Claudia Wood and Jo Salter who have made digesting the mountain of evidence we have received possible. And my own researcher Natasha Kutchinsky who has been a great support.

Today marks the formal end of the Commission's work.

Really it marks the beginning of the real work, translating our ideas into practice.

Placing housing with care at the heart of communities, a resource, a place of respite; open and outward looking, an essential part of how we respond to the impact of demographic change and living longer.

Just let me end with another story because housing with care should be just that – about genuine care for people and the lives they want to live.

As part of my field trip to Copenhagen I visited a new development called Flintholm.

Innovative design has been used to create attractive apartments and communal space.

The development is part of a municipal building programme to put in place housing with care that is fit for the future.

The manager told me about the challenge of doing things with people rather than for them. Promoting and supporting self-reliance and letting them make their own choices.

She gave told me about one lady who lived at Flintholm who was determined to clean her own apartment.

This lady was still giving her flat a light dusting at the age of 104. A simple thing, a practical thing. But for that lady part of the rhythm of her day to day life and a testament to her life long independence.

Thank you.

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