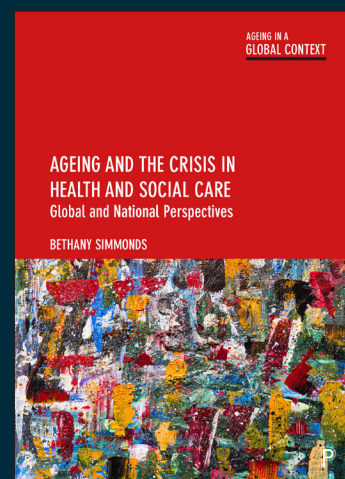


Ageing and the Crisis in Health and Social Care: Global and National Perspectives

OVERVIEW

The COVID-19 pandemic hit after a decade of austerity, when health and social care services in the UK were not able to provide good quality care or dignity to older people. Health and social care were already in crisis and susceptible to underperforming when any pressures were exerted on the system – for instance, a pandemic. The decades of neoliberalisation and privatisation of health and social care have exacerbated the class and aged based inequalities, which the welfare state was originally constructed to eradicate. These inequalities were laid bare by the high number of deaths, particularly of older people.

Mazzucato (2021) argues to fix ‘wicked’ problems, such as health and social care, governments must be reimagined and reconfigured to achieve their mission. *Ageing and the Crisis in Health and Social Care* argues that we should begin with the restructuring of welfare states around the principle of universal care for all, whilst resisting and reversing the unjust neoliberal marketisation of care systems. Care systems need to be opened up to new collective ways of thinking, which move away from outdated notions of care as ‘women’s work’ to broader conceptualisations of providing care within interdependent communities. There needs to be legal protection of older people’s right to health care, and ageism must be challenged in society more broadly. Governments urgently need to learn from their past mistakes to prevent more older people dying needlessly.



Ageing and the Crisis in Health and Social Care: Global and National Perspectives by Bethany Simmonds
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CONCLUSIONS

Do older lives matter?

During the COVID-19 pandemic, neoliberal rhetoric has been successful in perpetuating intergenerational ageism (Walker, 2012), by arguing that older lives are perceived as worth less than younger lives. Age discriminatory practices were seen clearly operating through a number of 'exceptional practices' during the first wave, including unsafe hospital discharges, blanket 'Do Not Resuscitate Orders' and a denial of medical treatment or transfer to hospital (Calvert and Arbuthnott, 2021). Further, intergenerational ageism has also helped to justify the multiple delayed and rescinded public health measures, such as lockdowns, face masks, social distancing and test-track and isolation measures. However, ageist practices which have neglected older people in the health and wider social system have a long history. Successive governments since the 1980s have hollowed out health and social care services, which have left the system extremely precarious.

Failure of residential adult social care organisations

The 'Caring for people' White Paper (DH, 1989) insisted that 85% of local authority budgets had to be spent in non-public sectors (Glasby, 2017). Previously, 80% of budgets were spent on public-sector residential homes (Barron and West, 2017). This reversal of funding sources marketised and commodified social care, while leaving the responsibility for purchasing, providing, and regulating care to the public sector (Barron and West, 2017). A few companies capitalised and bought up large sections of the care home market (Scourfield, 2011). By 2015–16, five large, commercialised organisations were running

chains accounting for 35% of the beds for adults in residential care (Harrington et al, 2017).

These big chain organisations are based on similar financial models as those developed in the private equity sector, where shareholders invest funds in high-risk, high-return, financial projects (like start-up companies) or bail out failing organisations (Harrington et al, 2017), inappropriate for low-risk sectors like adult social care (Horton, 2019). These conglomerates are making up to 19% profits (Harrington et al, 2017) which should be invested into public services, not into shareholders' pockets. Further, the structures of these organisations are so complex that the accountability for the flow of public funds is difficult.

Improving integration or increasing privatisation?

The UK government has acknowledged that care for older people is inadequate and not fit for purpose (DHSC in Health Policy Insight, 2021). Although integrated care systems (ICSs) look promising, several criticisms have been levelled at them, including a lack of transparency, unrealistic financial savings and hospital admission targets, and a lack of involvement with the community (Charles, 2020).

Further, the overall control of the NHS (including ICSs and NHS England) passing to the Secretary of State for Health and Social Care, who would have the potential to intervene in the delivery of local health services, is concerning (McKenna, 2021), particularly considering the management of NHS Track and Trace is outsourced to private companies. Furthermore, the draft act does not address the deep-rooted inequalities within the system, particularly the urgent need to reform social care or chronic workforce shortages (McKenna, 2021).



POLICY RECOMMENDATIONS

Immediate public inquiry into the UK government's handling of the COVID-19 pandemic

- The 'lessons learned to date' report (House of Commons, 2021) was highly critical of the government's management of the COVID-19 pandemic, citing that the UK government could have learnt from other countries to better protect the lives of their citizens.
- This echoed the book's analysis: Germany's health and social care system fared much better, with its locally organised and devolved federal system. The UK government could have learnt from Germany in its handling of the first wave of the COVID-19 pandemic, particularly in relation to the legal protection of older people's right to health care and the implementation of track and trace to control the spread of the virus.
- Yet the UK is continuing to delay implementing protective health measures in a timely fashion. In the UK hundreds are still dying every day from COVID-19, but, instead of this being problematised, it has been normalised/ naturalised/accepted because of age and chronic health status.
- Little attention or care has been paid to the thousands of bereaved families who have lost loved ones prematurely and in often traumatic circumstances. For instance, the families of the bereaved were only briefly mentioned in the House of Commons Report (2021), with the following line "We also express our deepest condolences and sympathies to those who have lost loved ones" on p123 of a 147-page document.

Innovative, alternative health and social care models

Over the years, many alternative innovative health and social care solutions have been trialled in

the UK but not adopted fully. The four examples discussed in the book are:

- Homeshare scheme
- Therapeutic nursing homes
- Age-friendly cities
- Relational/ asset- based approaches.

What these examples of innovation have in common is:

- A focus on the quality of relationships between people, whether they are related or not. Outcomes-based approaches are far superior, as they focus on what care means subjectively to particular individuals. Care could be listening to someone talk about their day or a simple hug; care is socially and culturally constructed, and that is what process- based models do not capture.
- Relationships engendered by holistic models, which do not reduce older people to their physical or biological functions, are needed. Instead, the whole person is considered, including their psychological and social wellbeing (Burns et al, 2016).
- Reciprocal relationships. The older person is not reduced to a passive entity 'to' whom something is done. Instead, they are treated as someone 'with' whom something is done (Barnes et al, 2018). There is an exchange of activity, interaction, knowledge, experience or feeling that demonstrates the agency of both parties (Sevenhuijsen, 1998).

Moving on from the tragedy of COVID-19, there is a unique opportunity for transformation and change. The pandemic has highlighted our interdependence and collective responsibility, like never before 'COVID- 19 and lockdown have taken us to a moment of viscerally experiencing our interdependence: in shared risk, shared care, shared experience' (Melville and Wilkinson, 2020: 40).

About the book

Neoliberal political discourses have normalised the belief in northern European countries that individuals are responsible for their health and wellbeing, regardless of social class, gender or ethnic background.

Drawing on examples from Germany, Sweden and the UK, Simmonds critically examines how the neoliberalisation and marketisation of health and social care have created an adverse environment for older people, who lack social and cultural capital to access the care they need. This crucial analysis scrutinises provision for ageing populations on an individual, national and global level.

Challenging current political and social policy approaches, this rigorous text discusses innovative solutions to contemporary challenges in a complex care system.

"We need to move from a neoliberal belief that older people are dependent, to an understanding that care is a human right that we must guarantee as a society. This book helps us move in this direction."

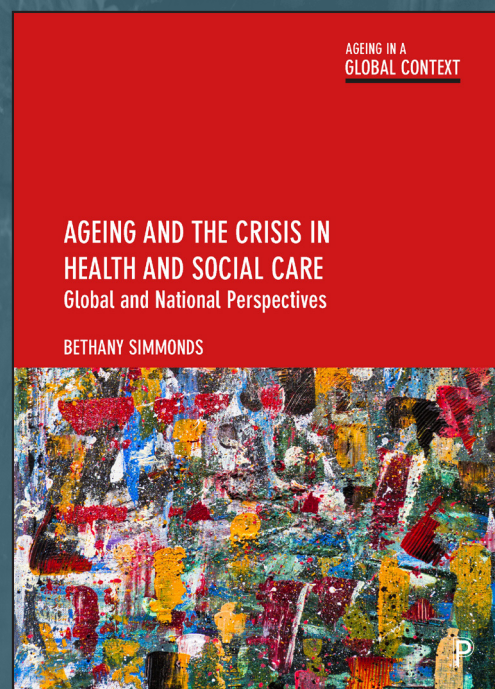
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