

Britain: Protests against closure of elderly care homes

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Funding long term care for the elderly has become a life and death issue for millions of individuals and families. The already terrible situation many elderly people face at the end of their lives is being made worse by the recession and plans to slash government services.

Chief Secretary to the Treasury Liam Byrne has declared, “We’ve got to be much blunter about our plans for public spending.... We’ve got to find £82 billion of deficit reduction.” With the Department of Health having the largest budget, it is likely to lose more than a tenth of its income—about £10 billion.

Many local councils, faced with budget deficits and cuts in central government grants, are targeting care homes for closure and privatisation and demanding that private providers slash the cost of contracts. The wholesale privatisation of care homes began following the Conservatives election victory in 1979 and has continued at a pace. Now, nearly 90 percent of care homes are privately run, leaving residents with dementia, disabilities and the frail elderly subject to market constraints.

The closure and privatisation plans of the remaining council-run homes have sparked protests.

In the last week of February, more than 200 care workers marched against plans by Neath Port Talbot council to close its remaining seven care homes and replace them with three new buildings run by private contractors. In Durham, dozens of people opposed to the proposed closure of seven care homes demonstrated on the steps of County Hall. In Penzance, Cornwall, a sit-in protest, which included some elderly residents, was held against the closure of St Mary’s Haven day care centre. Protests have also been held in Norfolk over the council’s plans to close its 26 residential care homes and rebuild them under a form of private-public partnership.

In Birmingham the council announced it would freeze proposals to close and privatise its ten remaining homes, which by its own admission are “unsuitable,” but only because property prices had fallen and there was already a projected £9 million overspend this year on services for the elderly. A spokesman for the private sector, which provides 85 percent of elderly care in Birmingham, complained that the council was no longer prepared to pay £615 a

week to place elderly people in private homes and wants to reduce the figure to £525. A council spokeswoman stressed that the 10 homes will close eventually and new facilities provided by the private or voluntary sector.

Somerset County Council has said it can only give private care providers a 0.9 percent increase in funding as opposed to the 2.9 percent promised. Somerset County Council’s Conservative leader Ken Maddock declared, “I understand it’s difficult, but we’re all in this together and we all have to take our share of the discomfort.”

Several reports recently have revealed the chronic crisis in the social and care sector and the substandard care received by tens of thousands of elderly people in England.

The Care and Quality Commission reported that almost 4,000 out of the total 24,000 residential homes and other care agencies—providing care for more than 80,000 people—must improve the quality of service they provide. There were major shortfalls in the standards in 10 percent of cases, the CQC added.

A “Home Truths” report by the London Assembly health and public services department found that three-quarters of local councils only fund services for those with the most severe needs. Nearly 2,000 elderly people in London have waited more than three months for “home help” assessment. An estimated 165,000 pensioners, many of them living in the most impoverished areas of the capital and all alone, have no local authority support.

A study carried out by Professor Nick Barber and his colleagues at the University of London School of Pharmacy reveals an alarming level of drug errors in care homes. They found that two-thirds of residents in a random sample of homes had been exposed to one or more medication errors.

Dementia, which impairs the cognitive function of individuals, is the leading reason elderly people seek residential care in UK. According to a recent report from Oxford University, 820,000 are in care.

Recent research revealed that half of dementia patients leave hospital in a worse condition than when they arrived. More than

three-quarters of their carers said they were unhappy with the treatment their relatives had received. Rebecca Wood, chief executive of the Alzheimer's Research Trust that funded the research, said, "The UK's dementia crisis is worse than we feared. This report shows that dementia is the greatest medical challenge of the 21st Century."

Other reports have revealed that 150,000 dementia patients are being treated with antipsychotic drugs, and over-prescribing of medicines to the elderly leads to 1,800 deaths each year. Antipsychotic drugs are used as a means of restraint, rather than using other methods of dealing with aggression because the latter need more trained staff and other facilities.

Every year at least 3,000 elderly people are compelled to sell their homes to pay for care. More than 45,000 people who are already in care homes have been forced to do so.

People living in England are regarded as fully able to meet the cost of their care if they are found to have more than £23,500 in assets including their home, savings, stock and shares. The UK average annual fee for a single room in a private residential care home is £24,500 and for a nursing home it is £35,000.

At the Labour Party conference last year, Prime Minister Gordon Brown announced plans for free personal care at home for the neediest elderly people in England and Wales. But this just maintains a false distinction made between nursing and personal care—a distinction criticised by a Royal Commission set up by the Labour government in 2000.

This means that a cancer patient, for example, is entitled to free treatment and care whilst dementia patients, who are unable to wash, feed or care for themselves have to pay for personal care according to means, whether they receive help in their own home or in an institution.

In order to appease public anger before the election, the Labour government published "The Personal Care at Home Bill" last month, saying it would benefit 400,000 elderly people. Although the bill passed in the House of Commons without trouble, it immediately provoked criticism from both the opposition parties and from within Labour's own ranks on the grounds of how to fund it.

The annual cost of the bill is estimated at £670 million. Of this total, £420 million is to come from existing Department of Health budgets. Local authorities have been told that they must provide the remaining £250 million from efficiency savings. The majority of local authorities criticised the bill, saying they were already having to slash services or increase council tax to meet these needs.

All three major parties are agreed that full state funding for care, whether at home or in care, is out of the question, and the money needed will have to be extracted from the pockets of working

people in one way or another.

Secret talks have been held between Labour Party Health Secretary Andy Burnham, Conservative Party health spokesman Andrew Lansley and Liberal Democratic Party spokesman Norman Lamb in an attempt to reach a cross-party consensus. Burnham was pressing for a compulsory tax of £20,000 on the assets of everyone when they die to pay for free personal care at home. A voluntary insurance scheme and a "partnership" scheme between companies and their employees were also raised, neither of which address the needs of the poorest.

The talks broke down in acrimony when the Tories started bolstering their campaign for the general election due by June with a poster claiming that Labour wanted to introduce a £20,000 "death" tax.

The Tories' political somersault was no more than a cynical attempt to deceive the voters. They are agreed on a compulsory levy of some sort. When Labour published similar proposals last year in a green paper, they had no serious opposition to them. Their only criticism being that Labour was taking too long to address the question.

Eighteen charities including Carers UK, the National Care Forum, Age Concern, Help the Aged, the Alzheimer's Society and Macmillan Cancer Support criticised the political parties for reducing the issue to "election soundbites" and "poster slogans."

None of them addressed the real cause and solution to the crisis in elderly health care. Under the existing social system, advances in medical science that have greatly extended the average human life span are regarded as creating a financial burden upon the state-run health service. Having abandoned the premise upon which it was founded—universal and free health care for all, from the cradle to the grave—the NHS is now capable of providing only selective care. In a situation of ever more acute shortages, it is the weak and vulnerable who are the first to lose out. Free high quality care must be provided to all elderly people that need it so they can spend their last days without fear of poverty, loneliness or abuse.



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