

Written evidence submitted by Mr Keith Keeping (retired at Retired) (ASC0006)

Written evidence for submission to the Parliamentary committee taking evidence as to the adult-social-care-reform-the-cost-of-inaction.

Prepared by and submitted to the committee on behalf of a current user of the existing older persons care in the community by her husband.

I have a lasting P.O.A in both my wife's health and financial affairs. Currently she is a full-time self-funder residing in a local Nursing home in Dorset.

My wife has a long-term worsening health condition, Parkinson's disease with worsening dementia and is without skilled nursing assistance completely bedridden needing full-time seven day a week care.

After being diagnosed with her illnesses in 2018 we had a contact from our local social services team with a representative coming to our home to meet us and see what, if any avenues of care from the team could be offered to us. At this meeting the first question we were asked was do you have savings above the M.C.L of £23500.00, we answered in the affirmative. The representative immediately said Well, you are of no interest to us we cannot help you in any way so then shortly afterwards left. We never heard, up until recently, from her department again.

From 2018 onwards I was my wife's full-time carer 24/7 and I retired from work. All of my wife's care and seeking of help fell to me. Now at this time Covid intervened and like most of the population our lives were totally placed on hold. After the covid restrictions were lifted I was able to source, via the voluntary sector, 2 hours of respite care per week for 8 weeks later extended to a further 8 weeks. These voluntary sessions, held at our local community Centre, were of enormous benefit to my wife's ongoing mental health deterioration.

After these sessions ceased, we were fortunate enough to obtain a full day, paid for by us, respite care within a local authority funded day care Centre for one day a week. This was a great help to us both. It was of enormous benefit to me and my wife, a great help especially meeting my needs for respite from full-time caring for my wife.

After my wife's initial contact with our local Adult social services department in 2018 we had no interface with them at all.

My wife's ongoing care needs intensified during this time 2018-2023 (late). Regrettably her health worsened and she required hospitalization in early 2024 remaining as an in-patient until very late May 2024 obviously at NHS expense, effectively a bed-blocker.

As her time in hospital progressed, catching Covid whilst there, it was becoming more and more obvious she was never going to be able to return home no matter what package of care could be provided and she has never returned to our home of the last forty years ever again.

After a few months had passed whilst she was a patient within our local hospital, a hospital based social worker intervened and called me to a meeting to discuss my wife's ongoing care and the social worker proposed the solution was a placement outside of the full-time hospital environment. My wife was classed as medically fit to discharge but to where and to whom was the question. At this meeting it was admitted that my wife's overall health had deteriorated to such an extent that the only suitable place for her was within full-time nursing care at a suitable facility. I was asked to agree to pay for such care until it could be decided if she was eligible for ongoing C.H.C funding. I point blank refused to sign the open-ended contract pushed across the table to me. My wife continued to be an in-patient at NHS expense for a further few months until a decision was made to discharge her at NHS expense to a local nursing home the hospital had contracted for her care on a pathway to assess route. This was almost June 2024 so my wife was classed as medically fit to be discharged but because nobody could decide to where she was to go the NHS provided full time hospital care for in excess of five months obviously at their expense. My wife was discharged to a local nursing home at the expense of the NHS where she remained until 16th August 2024.

Whilst at this home another CHC assessment was carried out to decide whom was going to be responsible for paying my wife's ongoing care costs. NHS funded care was refused. At my wife's CHC assessment a social service representative and c.h.c assessor attended neither had ever met my wife nor had either ever prepared any kind of reports pertinent to my wife's social or nursing care needs. This is in total disregard of the Parliamentary required protocols.

By the NHS refusing to accept the requirement to provide care for my wife it then therefore lawfully devolves down to the responsibility of the requisite local care organization "social services". The responsibilities enabling them taking over care are properly defined within the up-to-date legislation as envisaged by Parliament. Indeed, it is clearly defined that providing care in excess of the statutory instruments is unlawful, outside of the remit of social services care. How could they take over the responsibility for care when they had never ascertained if lawfully it was within their bailiwick? No reports, no evidence. I question the morality of this?

Despite reference being made at the CHC assessment to various NON-EXISTING reports allegedly compiled by the attending assessor and social care representative the deal was done on the basis that as it was known my wife has funds exceeding the maximum capital allowance (MCL) it was going to become her responsibility to fund her full-time nursing care until her funds reached the lower limit.

A nice little cabal had formed; no chc funding, no social services funding, get a nice fat- fee paying individual into the local care sector win-win for all. Savings made to both the NHS and Social care budgets but the individual will be forced to spend their assets unlawfully perhaps denied to her.

Without the continuing supply of private funders paying substantially higher fees into the nursing home providers coffers, thereby subsidizing the lower fees paid by the Local social services contractors, then

there will be no private sector homes offering low-cost beds to those that are not obliged to pay for their on-going nursing care. Said care home and nursing home providers are not social enterprises with responsibilities for care they are quite simply profit-making commercial enterprises, their commodities are people, albeit mostly very poorly elderly loved ones. Take the element of profit out and these enterprises will quite simply cease to exist. Then providing care will revert to the NHS. For care in the community local councils are going to be required to step in and provide care for the less able within their communities as indeed they once happened with their own facilities and care homes.

It follows the whole system of caring in the community will gum up and residential care will have to become the de-facto responsibility for Hospitals with all the consequences for bed-blocking at huge expense totally and completely unaffordable to the NHS. It is pointed out that care in local nursing homes, per week, is likely costing less than one day's care within the hospital environment. However, the supply of cost-effective care need beds to the local authority contactors is dependent on a constant supply of self-funders cross-subsidizing same. The local social services, by establishing whom has funds are actively colluding with the NHS in denying claimants lawful rights for accessing a care system that they have been paying for via taxation and N.I contributions all of their working lives it is a grossly unfair collusion by such organizations.

A nice little cartel extracting the savings of those whom have worked hard, maybe gone without, and put a little by so they could enjoy the later stages of their lives, now such funds are being stolen to pay for the care of others, grossly unfair some infirm are being exposed to unlimited financial cost. This is nothing other than taxation without representation. exposed to unlimited financial cost. This is nothing other than taxation without representation.

This transferring of assets from those elderly infirm to the coffers of the residential care providers, either all must pay or none must pay and the whole bang shoot funded by central government from general taxation.

The financial consequences of the current conduct as currently practiced by all, NHS, Social services and to a lesser degree the care home providers are all depriving families and individuals of their assets even family homes are being seized to pay for care that a high social care civilization such as the U.K ought to have long ago placed onto a correct fully funded footing. Not everybody will be fortunate enough to survive long enough into life to then fall into a poor health scenario needing nursing or social care but the current situation whereby social services see their remit as custodians first and foremost of the public purse and not ensuring that the care and social needs of those individuals falling into their remit are met without fear or Favour not, as currently happens social services employees assessing at first meeting an individual's ability to pay. Thereafter the employees of whatever agency excusing themselves of interest in the wider community of people on the basis of care cost alone is inexcusable.

These thoughtless agencies must recognize the harm they are doing to the mental and overall health of individuals caring alone for their loved ones, these individuals by themselves alone having to navigate a labyrinthine regime of care that likely they have never encountered before, seeing theirs and their loved

one's savings being denied them, maybe never possibly now those individuals not being able to keep long ago made promises to pass on a little something to make the lives of their own loved ones enriched.

It may seem selfish to those that have never saved for their old age, due to whatever circumstances, but passing down wealth is not a sin it is helpful in providing a foundation that those whom follow so they can themselves be independent maybe never needing paid for by the community social care.

In our personal experiences we would say the social services organization we have met, so far to be useless, late, Incapable of fulfilling its designated responsibility just because they either cannot be bothered, its practitioners being willful liars' pretenders of the truth behaving what's the point you have some funds and we are going to force you to hand to us and we shall collude with others in that ambition.

It is a fundamental injustice that a few must pay for all that need, some contribution maybe, but not the unlimited funding that some now must pay merely because they grew old and unexpectedly now need to be looked after, either at home, or in residential units.

If years ago, a separate fund had been set up from the N.H.I contributions and invested, plus the care homes were owned and run by the state then care could be obliged for all.

Even the very wealthy would participate in such a funded scheme since taxation is based on income so they will have by default have paid much more into a future provision during their working lives. Remember not everybody will live long enough to need care nor be ill enough to need some some large numbers of payees will not be around to use what they have paid for but that principle applies to all insurance-based products. It would be fair that even those living on benefits would have some of their income diverted to pay for future participation.

It is accepted that social workers join the field of social work because they are likely driven by the desire to better advance the lives and welfare of their fellow man but that noble ambition is very quickly dissipated by the requirement to guard the public purse and force payments from those very people they are trying to protect.

A juxtaposition indeed.

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