

Written evidence submitted by Switchfoot Wealth Limited (ASC0091)

I am an English based Independent Financial Adviser operating in Surrey and Hampshire and an accredited member of the Society of Later Life Advisers. In considering the best way to respond to the call for evidence, I decided that it would be best for you to hear from one of my clients experiencing adult social care directly. The story she tells is uniquely hers, but the themes that we can identify I assure you are familiar to a great many of my clients.

Amanda's circumstances -

Amanda has been left dependent upon adult social care, following a bleed on the brain. She is also the attorney for her husband Douglas who is now in a care home with dementia. She has been a self-funder but with 2 adults requiring full time care she has exhausted all of her funds, having downsized her home she has now spent all of her available savings, sold her car and Douglas' car, along with many of her books and is now reliant upon the local authority to pay for her care.

The key themes identified in conversation with Amanda are:

1. Poor record keeping and 'chaotic administration' leading to disjointed service
2. Hectoring and bullying approach around financial information from the local authority
3. Financialisation of the service. It seems to Amanda that the authorities exist to manage (badly) budgets rather than to provide person-centred care.

How much is inaction on adult social care reform costing the NHS and local authorities, and what impact does this have on patients and the public?

Amanda has found that poor record keeping and 'chaotic' administration by the local authority has resulted in unnecessary delays to discharge home, which would have resulted in significant costs to the NHS.

Examples include "blocked beds made me and others in this situation and our families frustrated especially when we realised adult social services a) either do not record information given to them, b) do not file the information in the correct file and/ or c) do not send or forward relevant information to other concerned Departments."

Information does not flow easily between departments and example is this story from Amanda's direct experience...

Amanda was held in hospital through lack of access to her home, and nobody was prepared to ensure a suitable ramp was in place. She was provided with a wheelchair that would not fit through her doors. That meant that she had to be put on a stretcher to be carried inside.

No ramp had been made available so a family member had constructed one out of wood in desperation to get Amanda home, but because she was being stretchered in, and it was a frosty night - the ambulance worked slipped on the inadequate ramp and broke her ankle – causing more distress and cost to the ambulance service.

Amanda was left battling between different departments and budgets – where a person-centred approach (and budget) would have been far more efficient and less costly to both the NHS and social care.

The cost to Amanda and Douglas has been ruinous, they had saved and planned carefully for retirement and are now left with nothing.

The emotional cost is the most significant as Amada's understanding of basic human dignity does not match with the Local Authority's view. In her words "they do not have respect or compassion and do not treat me with human dignity"

Question3. What is the cost of inaction to individuals and how might peoples lives change within actioning on adult social care reform?

Interactions with the local authority feel to Amanda as if being bullied. Every minutia of financial affairs is examined as if there is an implication of wrong doing – when in fact the obvious reason for running out of money was monthly care bills in excess of £11,000 per month for 2 people.

The tone is often of accusation, rather than compassion. I witnessed this myself when invited to sit in on a financial assessment. I had to end the call and let the assessor know that his behaviour was unacceptable, before reconnecting the call and resuming the interview with Amanda. The funding gap means that social workers are unable to provide social work and instead their role has been financialised – they are badly managing care budgets rather than truly addressing and assessing need.

Question 4 where in the system is the cost of inaction on adult social care reform being borne the most?

The cost of inaction is being borne by vulnerable people, in the most vulnerable circumstances. Amanda is facing financial ruin and threats and 'demands' for money rather than the seamless application of a care package.

A false distinction is made between 'Social care' and NHS care and this allows for odd situations where the NHS is charging the social care budget and vice versa.

When Doug was ill and in hospital for a week – full price was being charged by the private care home 'to hold open the bed' despite the fact that the NHS was providing care.

A joined up system with the vulnerable person at the centre would be fairer and cheaper. In the long term everyone would be better off.

Additional Comments

Do not resuscitate notices are being used even where clients have repeatedly requested they not be. Another example of disjointed communication and record keeping that has a profound impact on peoples wellbeing.

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