



NEWSLETTER

Winter 2018 / 19



Kindness and Compassion: Colourful Friendship bags for carers of seriously ill patients in the Emergency Department and Acute Medical Unit, BSUH

Who Pays, Who Cares?

Former MP and current Friends Trustee John Austin explains the challenges facing the care system

Who pays for care and who cares for the carers? These questions have been hotly debated over the past 20 years, but after successive reports, Green Papers, White Papers, Independent Inquiries and a Royal Commission are we any nearer a sustainable solution? After years of cuts and increasing demand it would be churlish not to welcome the additional funding promised for the NHS and social care reflecting the overwhelming public support for the NHS, but is this another one-off fix?

In 2005, the House of Commons Health Select Committee* estimated that one in three women and one in five men would eventually require long term residential care. In the past much care was provided in NHS community hospitals. but this has dwindled, enabling more people to be cared for in the community or their own homes. What should have been a positive change has resulted in increasing numbers of people, previously entitled to free NHS care, being cared for in private, fee-paying residential or nursing homes, or contributing to home-care costs. How care should be funded is a contentious issue.page 2

Carols by Candlelight

Thursday 20 December

**St George's Church
St George's Road
Brighton BN2 1ED**

Join us for a drink and mince pie from 5.45 pm.
Carols by Candlelight service at 6.30 pm.

A carol service for everyone featuring
NHS Community Choir
Brighton &
The Choir of St George's Church

During the service there will be an opportunity to hang a star on our Christmas Tree in memory of a loved one.

'A wonderful evening where you can remember your loved ones, celebrate Christmas and enjoy both'
BSUH staff member

If you wish to make a donation towards the work of Friends of Brighton & Hove Hospitals search for us at
www.justgiving.com/fbhh or
see our website

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Artificial barriers between health and social care lie at the heart of the problem of access to services, with complex procedures and widespread variations across the country.

The system should encourage care providers to help increase and maintain patients' independence and provide support and respite for the thousands of unpaid informal carers, but increasing numbers who need help with daily activities such as washing, dressing and eating may not be eligible for free services as their care is deemed to be 'social', with means-tested support being provided by local councils. The distinction between 'health' and 'social' care is blurred. Successive Health Committee reports and the Royal Commission on Long Term Care suggested distinguishing between living/housing costs and personal care costs. They recommended that all nursing care, and all personal care (defined as that which involves touching the patient – e.g. feeding, washing and dressing) should be provided free from general taxation.

In evidence to the Health Committee in 1998, Frank Dobson, then Secretary of State for Health, was asked to give a definition of the division between health and social care and responded that he could not. A decade later, senior officials from health authorities, primary care trusts and local authorities working at the interface of health and social care were similarly unable to supply a definition. The Government argued that 'the structure does not much matter' saying 'it comes down to how closely social care and health professionals are working together and how well they understand each other's needs'.

Local councils and health providers *are* working together to deliver an integrated service, but it is foolish to ignore the historic underfunding of community care services which has worsened with the cuts in funding for local authorities.

Earlier this year a House of Commons Committee reported that 'since 2010, local authorities have had to cope with a 49.1% real terms reduction in the core grant they receive from central government, a 28.6% real-terms reduction in their *spending power*'. They estimated real term expenditure on adult social care fell by almost £1 billion since 2010.

Reductions have slowed as a result of additional short-term funding and allowing local authorities to raise more funds through Council Tax, but councils have only been able to protect their social care budgets by spending less on other services. The HSC estimates local councils have reduced spending on social care by 3.3% in real terms compared to reductions of 52.8%, 45.6% and 37.1% on planning and development, housing services, and highways and transport.

In Brighton and Hove, the council has protected the care budget. Despite a loss in general funding of £33 million since 2015, the council has tried to protect vulnerable people by increasing the social care budget annually. 40% of the 2018/19 General Revenue Account is going to Adult Social Care, but there is a significant impact on other services. Demand for social care is increasing, both in volume and complexity of needs, against a background of increased responsibilities under the Care Act, NHS cut-backs and a fragile care market that struggles to recruit and retain staff.

As a result, local authorities provide care and support to fewer people, concentrating on those with the highest levels of need. The number of people receiving publicly funded care fell by 400,000 between 2010 and 2016, and an estimated 1.2 million older people now have unmet care needs. The additional £650 million announced in the November 2018 budget is welcome, but this is between a third and half of the amount needed to fill existing gaps in services

£650m won't be enough to plug current gaps, let alone bring back the care homes and home care packages lost over the last decade. 1.4 million older people with some level of unmet need for care will continue to make do without it, whilst older and disabled people lucky enough to be receiving any service are unlikely to see an improvement in 2019.

*(*John Austin is a former Labour MP 1992-2010 and was a member of the Health Select Committee between 1994-2005)*

Patients in the City benefit when they are treated with innovative equipment that supports the work of dedicated clinicians

Royal Sussex County Hospital is a major trauma centre and the Emergency Department treats patients who may be seriously unwell, including patients that need to be intubated. This Video Laryngoscope allows doctors to better see when establishing an airway or in the diagnosis of a range of conditions. Consultant Anaesthetist Dr Peter Westhead thanked the Friends saying clinicians in the ED were *'really pleased to get it'* and that it was in use day and night. Dr Westhead also explained the Video Laryngoscope was used in providing airway training for Junior Doctors and Paramedics. There are now four such 'scopes at Royal Sussex County Hospital provided by the Friends.



The **MOTomed** movement trainer moves a patient's legs or arms. With the help of a physiotherapist the individual may select passive, motor-assisted or active resistive training, allowing him or her to use and build on existing muscle strength and help them regain muscle movement lost following a stroke. The movements are smoothly controlled, similar to bicycling. Information is displayed on screen that allows patients to track their progress. It is proving very popular with patients on Solomon and Donald Hall Ward. Physiotherapist Steven Buck explained patients who cannot walk can still use this machine; the adaptability of the MOTomed means patients never struggle but can re-build strength at their own pace during their recovery.

NEWLY REFURBISHED

The Friends Shop

All proceeds support NHS Services in the City

95 St James's Street

Brighton BN2 1TP

A warm welcome to all customers

Re-use

Re-imagine

Re-purpose



Our fundraising target is £20,000

Donate: Visit our website or see www.justgiving.com/fbhh if you would like to make a one-off donation. Contact us if you are interested in giving regularly or leaving a legacy.

Come to events: We host a number of events, from lectures to wine tasting. Email us if you would like to be on our mailing list.

Volunteer: We are always looking for volunteers - known as befrienders - to help in the Elderly Care wards at Royal Sussex County Hospital. If you are interested, you may apply via the NHS Volunteer Recruitment process. It can take a few months, but it is worth it in the end. We are happy to help you through it and can ensure groups stay together during it. You can also volunteer specific skills or interests such as music, art, poetry or to support our digital reminiscence project.

Joint initiatives: If your school, business, club or organisation is interested in supporting Small Acts of Friendship let us know. We are happy to come and talk to you about our work and discuss ways we can collaborate.

Help us make Small Acts of Friendships' second year even more successful

Small Acts of Friendship is a unique programme of activities to help elderly patients retain dignity, mobility and well-being when they are in hospital and so are better able to re-join the community when they leave.



Volunteers in the SAF patient lounge on Jowers Ward

Since Small Acts of Friendship was launched in November 2017 more than 1100 patients on the Elderly Care wards at Royal Sussex County Hospital have benefited from the initiative in some way. See a short film about the first year on our website.

'It's the small touches that mean such a lot to the patients'
Karen Lee, Ward Manager, Jowers Ward



Thank You to everyone who supported the Friends at the Cardens Accountants Annual Charity Quiz Night – Sarah McHugh and Chris Rendel pictured collecting a cheque for £2,560 from Keith Hall.