ARGUABLY, THE greatest challenge faced by the UK’s health and care sectors in the 21st century is trying to meet the needs of the country’s ageing population. However, if a report by Age UK is accurate, services in England are failing to meet them.

The charity reviewed official statistics across more than 40 areas including rates of illness, hospital admissions, social care provision and, of course, spending.

The conclusion was stark. It said the needs of older people now ‘exceeded the system’s capacity to respond’ which was placing stress on staff and making it harder to recruit and maintain standards. This was, it claimed, a ‘destructive vicious circle’.

The problems could be seen in virtually every area of the system, it said. In social care, cuts to spending had created a system where growing numbers were being left to struggle on their own.

Age UK’s analysis shows that there are more than one million vulnerable older people whose needs are not being met by either council services, self-funded help or informal arrangements with family and friends. This represents one third of an estimated three million people with care needs, defined as requirements for help with everyday tasks such as washing or dressing. This pressure is also ‘seriously undermining’ the running of the NHS, and in particular hospitals.

Report co-author Marcus Green says: ‘Social care is how the system intervenes early and keeps people well. This is not happening so demand is increasing and the NHS is struggling to respond.’ This can be seen in various ways, the report said. Emergency department (ED) visits by older people have been rising more quickly than demographic change suggests they should be.

They also spend longer in EDs: 213 minutes for people aged over 75 compared with 149 minutes for younger people. Unsurprisingly, emergency

### Care of older people in the UK

#### Social care
- 1 million – the number of older people in England who now have at least one unmet need for care
- £6.3 billion – spent now by councils on older people’s care services, a real terms cut of nearly £2 billion over the past ten years
- 9.2% – the proportion of people aged over-65 who get social care support from councils, down from 15% eight years ago

#### Hospitals
- 213 minutes – the amount of time people aged over-75 spent in emergency departments on average compared with 149 minutes for people below this age

#### Community health services
- 8% – the cut in the number of nurses employed in community services in the past five years, down from 39,468 in 2009 to 36,296 in 2014
- 60% – the proportion of community nurses who said they were spending less time with patients than they did a year before

#### Health of older people
- 25% – the rise in the readmission rate for the over-75s between 2005/06 and 2011/12
- 25% – the proportion of people over the age of 85 classed as frail, for the over-65s it is 10%
- 2,621 – the number of people aged over 60 per 100,000 who were admitted to hospital with pneumonia in 2013/14, more than double the rate in 2005/06
- 81% – the rise in the rate of admissions for urinary tract infections among the over-60s between 2005/06 and 2013/14
admissions have also been going up, as have readmissions, which are signs that the needs of patients are not being met.

Statistics about care for older people in the UK are shown in the panel, left.

The King’s Fund has come to a similar conclusion. Its latest quarterly report notes that nearly nine out of ten NHS trust finance directors surveyed think that cuts to social care budgets are adversely affecting health services.

The think tank also highlights the issue of delayed discharges. It said performance data for the end of September show that more than 5,000 patients experienced delays, the highest level since record-keeping began in 2010.

Nottingham University Hospitals NHS Trust staff nurse Liz Charalambous, who has more than 30 years’ experience working with older people, says the report makes ‘sobering reading’.

She says the pressures have been compounded by the effect they have on staff. ‘Staff are running on empty, people are voting with their feet, managers are fire-fighting as a matter of course and new people appear not to be interested in older person acute care,’ she says.

‘I spoke to an agency nurse last week and asked her if she would come back to work on our ward. The answer was no, because she had 14 patients to care for overnight and other wards allocate six.

Why would a nurse look after 14 acutely ill patients with multiple comorbidities when they can care for half that amount, less sick and get paid the same? This is not to say that nurses are any less caring. The services are still going because they work through breaks, go home late, come in early, come to work when unwell and come in on their days off. It is simply unsustainable.’

Community ignored
But these pressures are also being felt in the community. The Age UK report cites a survey by the RCN which found just 6% of community nurses believe they have the time to deliver the care patients need, while six in 10 report the amount of time they could spend with people has fallen in the past year.

The Age UK report also highlights the 8% fall in community nurses seen between 2009 and 2014 which has left just under 36,300 in post once children’s nurses and health visitors are excluded.

RCN professional lead for care of older people Dawne Garrett says: ‘The problem is that all the investment that comes in goes into the acute sector, despite clear evidence we need to be doing more in the community to keep people well and out of hospital.

‘The fear is with the growing levels of deficits, which are particularly bad in the acute sector, that pattern of investment will continue. Care homes are de-registering and gaps are appearing in community and district nursing. It is just so short-sighted.’

The report says there is even evidence this combination of factors is leading to a deterioration in the health of older people.

The report highlights ‘alarming increases’ in illnesses, such as pneumonia, urinary tract infections and heart failure.

Ms Garrett says while it is impossible to say for sure that the pressures on services are leading to these outcomes the correlation does ‘seem very strong’. ‘If you are not getting regular care, your motivation and ability to get on with daily life suffer.’

So what is the solution? The government has promised extra funding for the health service and has set up the Better Care Fund to encourage greater collaboration between the health and care sectors.

However, Queen’s Nursing Institute chief executive Crystal Oldman believes ministers need to go further and create a ring-fenced transformation fund to ensure non-hospital services receive investment.

She says it is not all about money.

‘There are inefficiencies in the system too. Sometimes district nurses are not getting sufficient notice about a discharge. Being told at 5pm on a Friday that someone is coming out does not give nurses time to arrange the equipment and care needed.

‘We also need to do more on mobile working and that requires investment in technology, such as iPads, which can save district nurses an hour a day.’

But she says there may be some light at the end of the tunnel. ‘The number of students on district nurse courses has started to increase. It’s a small step, but at least it’s in the right direction.’

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The Age UK report can be accessed at tinyurl.com/pz4oz88

The King’s Fund’s quarterly report can be accessed at tinyurl.com/ojcwdqb