

Following Theresa May's Cabinet reshuffle, Jeremy Hunt is now the secretary of state for health *and* social care. Should his new title mean a new approach to his job?

Hoorah! Social care now has a place at the Cabinet table with the expansion of Jeremy Hunt's title to secretary of state for health *and* social care.

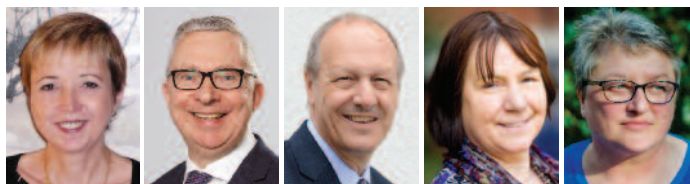
It seems that even the government has now caught on to the obvious - social care is important to health policy and health and social care need to be better integrated. This is true across the health service but especially relevant to dementia services.

For patients with dementia the hospital environment is often distressing. For informal carers, a failure to provide necessary social care leaves them unsupported. For the NHS, a lack of social care services routinely leads to delays and costs.

Mr Hunt's expanded job title suggests an expanded remit, but more will be needed to demonstrate that this is not just window-dressing, particularly since he was already responsible for social care policy. Social care delivery is devolved to local level, so he will wield few direct levers of power.

The upcoming green paper on social care funding will offer the first test of the government's commitment here. Social care must be given long-term, sustainable funding, with a clear plan for increased and better-targeted investment and solutions to overcome the unnecessary bureaucratic hurdles and perverse incentives that impede a needs-led approach.

But, in the end, any improvement will not come just from government. All those involved need to embrace a "whole systems"



From left: Amanda Thompsell, Jeremy Hughes, Des Kelly, Jill Manthorpe and Margaret Willcox

approach focused on patients' needs, not on their own job titles.

Amanda Thompsell is a consultant old age psychiatrist and chair of the old age faculty at the Royal College of Psychiatrists.

As the biggest recipients of adult social care, people with dementia are often left fighting for essential support, while people with other long-term conditions like heart disease and cancer get free treatment through the NHS. The social care crisis is a dementia crisis, and Jeremy Hunt is now uniquely positioned to develop a credible solution to it.

The Department of Health has always had responsibility for social care policy, but crucially didn't have control of the budget; that must change with Hunt's new role. Then and only then will we stop the travesty of people with dementia paying again for what they thought would be covered by their taxes.

Hunt must also look beyond funding, to issues of quality and availability, and put an end to the current postcode lottery in dementia care and support. At the G8 summit in 2013, he pledged to make the UK the most dementia-friendly country in the world. This new role is his chance to make us a global leader in

person-centred, integrated, co-ordinated dementia support.

I look to our new secretary of state for health *and* social care to seize this opportunity to transform the system and put pounds behind promises, so that people with dementia can at last have the care and support they deserve.

Jeremy Hughes is chief executive of Alzheimer's Society

Like many others from the social care sector I have always considered adult social care policy to be firmly within the remit of the Department of Health. In fact, over the last 30 years or so successive governments have led on policy initiatives, including both green papers and white papers, to promote greater value in the role of social care to support NHS health care provision.

So, what are we to make of the decision as part of the recent reshuffle, to retitle Jeremy Hunt? I suppose at the very least it acknowledges the place of social care alongside health. That is not to be disregarded, especially for people living with dementia and their families. However, if the purpose was to emphasise the importance of social care, it might have been better to opt for a Department of Social Care and Health!

That aside, it is arguably a

step towards aligning health and care which has to be a positive for people living with dementia who are so often caught between the two silos. I don't think we should underestimate the task of making care and health more seamless and, in turn, the experience of services as being more "joined-up".

Of course, the real test is not about titles, structures or systems ... it's about relationships, experiences and outcomes as defined by people receiving services.

Des Kelly is chair of the Centre for Policy on Ageing

Jeremy Hunt's new title has prompted a range of fairly subdued responses – from the welcoming to the cynical. Of course, if the order of his responsibilities had been changed to read "social care and health," there might have been a larger realisation of change.

We have been in a similar place before. It used to be the Department of Health and Social Security. Now, largely lost in the mist of time, the advantages of this (linking health and benefits) were not particularly evident and the administration of both parts of public policy was heavy and high profile. Will the DHSC have a longer history? – my guess would be yes.

One reason for this is that health and social care are now "companions" on most levels, if not partners or bosom friends. Dementia epitomises this with the interconnections across the workforce, in family and social networks, in local services and in shared concerns that not all is well.

But the creation of a new

title is more than just comforting. What about accountability? Where does the Department for Communities and Local Government stand if social care is seen as less part of its responsibility for local government funding and income generation? And will local politicians hope to be rescued by the new health and social care secretary if budgets don't balance?

Leaving such questions for the political pundits, for me the key word in the new title is AND. This is the word to remember – it is Health AND Social Care – not “or”.

Professor Jill Manthorpe is director of the Social Care Workforce Research Unit at King's College London.

It's welcome that the importance of social care has been acknowledged in the new job title for Jeremy Hunt, and his department. We have consistently evidenced how social care is essential in providing care, support and safeguards to enable older and disabled people, including people with dementia and their families, to live their lives in the best way possible.

The secretary of state was already responsible for social care - this new title must be reflective of a new emphasis

on social care, and not just seen as ancillary to health. It is so much more – a vital connector to housing, employment and communities.

So, Jeremy Hunt will need a new approach to his job – firstly, by ensuring social care is addressed in its own right. When it comes to dementia, the government's overall ambition is by 2020 for England to be the best country in the world for dementia care and for research into the condition. We are committed to help make this vision a reality but that is a very big challenge when funding is not yet sorted out.

We want to support a workforce that is able to better support people with dementia because good, personalised care and support transforms lives. With a funding gap of over £2 billion, this will be one of the most essential tasks for the new Department of Health and Social Care to get to grips with in making sure that a long-term, sustainable funding solution is provided to address this. The upcoming green paper on social care, which is expected in the summer, is an ideal opportunity to do so.

Margaret Willcox is president of the Association of Directors of Adult Social Services

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PERSPECTIVES



By Peter Fairley

Search for technologies that transform lives: the £100,000 Challenge Dementia Prize

■ Peter Fairley is director for integration and partnerships at Essex County Council

We have begun a national search for technologies and services that could transform the way people live with dementia, helping them to live enjoyable and fulfilling lives for as long as possible. The Challenge Dementia Prize, launched in January, is a national tech challenge that represents a radical shift in local authority thinking.

We are offering the prize in partnership with Nesta, Alzheimer's Society, PA Consulting and TechUK, and have spent a lot of time thinking about the types of solution it will yield. There have been heated debates about the benefits of seeking tech-based solutions to the problems of living well with dementia. On one side of the argument is the need to embrace emerging technology, to look for opportunities to transfer learning across sectors and create new tech where nothing currently exists. It is a case of looking for the next Paro (the therapeutic seal robot).

But on the other side of the argument is the view that an over-reliance on technology could spell the end of person-centred care and the human-to-human connection that we know is so important to people with dementia. For me it isn't a case of either/or and I am reminded of the words of Tom Loosemore, who founded the Government Digital Service. He offered this definition: "Digital is applying the culture, practices, processes and technologies of the internet era to respond to people's raised expectations."

The idea that tech or digital isn't a silver bullet is fundamentally important. Tech is an enabler and often the tip of the iceberg. If we are going to fully exploit the potential that technology and a more digitally sophisticated world can bring to the people we are here to support, we need to understand the context, understand the culture and the working practices. Rather than rushing in with something shiny and new, we need to take the time to learn about the barriers and the appetites of those we are expecting to embrace us and our ideas.

The next three months will determine how many people enter the prize and the calibre of the solutions. At this point we are looking for the seed of an idea, something with potential. Holding on to the concept that the system forms the vital framework which solutions will enhance, we are giving all finalists a £5,000 research and development grant along with six months of support to develop and test their ideas. They will be encouraged to learn from real people about the benefits and drawbacks of their tech solutions as they progress.

There is a £100,000 prize for the best solution, but we hope that the Challenge Dementia Prize will lead to the development of up to 10 viable, marketable solutions altogether. We are very excited and genuinely hopeful that innovation in tech will drive change for the better in the way people live with dementia.