

### 3) ILC-UK

#### Outline

#### **Who Cares? -Cross National Comparison of Care-**

20<sup>th</sup> International Conference of Alzheimer's Disease International, Kyoto, Japan

15<sup>th</sup>-17<sup>th</sup> October 2004

#### **The UK experience of dementia**

Baroness Sally Greengross OBE, ILC-UK

#### 1). Overview: dementia in the UK now and in the future

- Statistics
- Overall UK trends: greater Government emphasis on domiciliary care; reducing hospital stays for chronically ill people

#### 2). Formal care

- Residential home
- Nursing home
- Hospital Care
- Domiciliary care (community care)
- Who is providing care?
- Who pays for formal care?

#### 3). Informal care

- At home
- In day centres / in the community
- Who is providing care?
- How do you qualify as a carer?
- Who pays for informal care?

#### 4). Future trends

- Growth of high prevalence older cohorts
- Changing family structure and numbers of available carers
- Intergenerational conflict or return of greater identification with the family?

#### 5). UK long-term care – key issues

- Funding
- Impact of 1999 Royal Commission on long term care – personal care v social care
- The future: Insurance, private sector role, using pension schemes?
- Professional care vs. nursing care

- Acute v chronic care
- Definition of continuing care (NHS funded) – health ombudsman report

6). Carers' legislation

- Legislation to recognise and help carers – latest Carers (Employment) bill 2004l

7). Conclusion: towards the future

- Extra care and care clusters likely to be future of care
- Strategic planning needs of local / regional authorities
- Cross-sectoral benefits of effective care solutions: fertility, productivity, civic engagement

## Abstract

Who Cares? The UK experience of dementia

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Since the 1990s, the Government has emphasised the importance of domiciliary care and reducing hospital stays. Formal care is therefore largely given in privately operated residential and nursing homes by lowly paid, relatively poorly trained staff, and is means tested unless there is a health need.

The other source of care is the informal – family and friends. But it also includes the vibrant UK voluntary sector which helps provide informal care settings such as community day centres. Some carers qualify for Government support.

Future dementia issues which may grow in importance include the impact of rising longevity of people aged 85+ and the changing family structure which may affect the numbers of available carers. Will this lead to intergenerational conflict or a return to greater identification with the family? The role of the financial services sector remains unresolved – insurance to cover long term care fees, home equity release schemes and using pension assets.

Some UK specific issues on dementia include how to fund long term care, which remained unresolved despite a Royal Commission in 1999-2000 when Government decided to fund nursing care outside of a hospital but not personal care.