THE LONG-TERM CARE

REVOLUTION

A Provocation Paper

Is the current institutional model of long term care suitable or sustainable for the 21st century in a digitally connected world? If it is not fit for purpose how can we revolutionise the system or do we accept that the system is not the best but it is slowly changing and we need to give it time?

Our ageing population represent a victory for better nutrition, better housing, and the welfare state. People in later life offer wisdom, experience, perspective and a wide range of skill sets and capacities. We must utilise the wealth of knowledge and experience of older people to develop and deliver community services that meet their needs. It is time for our society to start taking seriously the opportunities presented by people living longer. We have to change the narrative and think about a future where people look forward to later life with a wide range of choices to live a fulfilling life irrespective of health, locality or relationships.

In the UK by 2026, the number of those older than 75 is expected to have risen from 4.2million to 6.3 million. Recent research indicates that 2 million people aged over 65 will not have informal care available from adult relatives by 2030. The number of people living in care homes is forecast to rise from 450,000 in 2013 to 1.13 million in 2050.

At an international level, the United Nations (UN) has produced findings about the rights of older people (UN, 2012). Apart from their findings about age discrimination and gaps in the protection of their rights the statement goes wider than this and states that older people hold rights but are often treated as objects of charity. The idea of 'the elderly' as objects of charity is a strong downward pressure on innovation and autonomy.

Can we rethink institutional long term care, stimulate innovation and create new and desirable alternatives which offer affordable choices which meet our aspirations in later life?

Innovation and Revolution

"Innovation can be regarded as the successful implementation of new ideas, commonly divided into three stages: identification (or 'invention'), growth (including adoption, testing and evaluation), and diffusion (or spread). Without innovation, public services costs tend to rise faster than the rest of the economy – the inevitable pressure to contain costs can then only be met by forcing already stretched staff to work harder.

In health, housing and social care, innovations in the way services and systems are designed are likely to be just as important (and probably more so) than any specific innovative product or service.

Innovation can apply to simple, incremental changes or more radical developments within organisations, systems and processes, products and services. Innovation occurs when an idea or the result of a creative process (e.g. a brainstorming session or an efficiency programme) is successfully implemented in practice. An important aim and outcome of innovation is that the user and service provider experience a change for the better."

Clark M and Goodwin N (2010) Sustaining innovation in Telehealth and Telecare WSD Programme

The Long Term Care Revolution National Challenge will focus on the creation and delivery of new ways of looking after our older citizens with high level medical, nursing and/or care requirements. This offers opportunities to develop new value and supply chains, new and exciting products and services and integrated community-centric systems that are scalable, sustainable and commercially viable. Most important of all, the outcome will be framework for lifestyles and support that is fit for purpose and reflects 21st century living.

The Long Term Care Revolution aims to change the status quo through disruptive innovation and create new alternatives to institutional forms of long term care between now and 2020, with a vision for 2040. As I understand it the overarching ambition is to transform long term care in the UK from an economic liability to a dynamic engine of economic growth.

Revolution is defined as:

- A dramatic and wide-reaching change in conditions, attitudes, or operation (http://oxforddictionaries.com/definition/english/revolution)
- A sudden or momentous change in a situation (http://www.thefreedictionary.com/revolution)
- Activity or movement designed to effect fundamental changes in the socioeconomic situation
- A fundamental change in the way of thinking about or visualizing something ; a change of paradigm (http://www.merriamwebster.com/dictionary/revolution)

It would appear that a revolution is required in our thinking of older people as a 'demographic time bomb', 'burden', 'bed blockers' and an economic liability all of which engender ageist attitudes. We' need to recognise the contribution of older people in the workplace, supporting families, friends, neighbours and society. We also need to radically rethink how different services and sectors collaborate to identify innovative solutions. There is not a coherent, consistent and independent voice championing the older consumer. There is no strategic vision, focus or acknowledgement about the level of change required to deliver transformation in long term care.

There is a gulf between thinking and doing as organisations are unable to turn ideas into actions. There are numerous stakeholders with their own perspectives and priorities sometimes struggling to survive in a competitive funding environment. This is reflected in the way resources are managed which is often presented to the citizen as "just the way things are done" as a way of defusing consumer demand.

It is time to take long term care out of the shadows and encourage a public debate about the services we aspire to in later life rather than accepting that the current institutional models are fit for purpose. It will be complex and challenging to engage not only citizens but bringing together all the sectors with an interest in improving the quality of later life for older citizens. As an example this includes: health and care sectors, housing associations, emergency services, the social sector, organisations funding social technology and innovation projects including Nesta, Big Lottery and Nominet Trust, The Centre for Ageing, universities, different Government depts: Health, Communities and Local Government, Work and Pensions, Cabinet Office, Business, Innovation & Skills and Innovation Labs across the UK. We also need to explore how technologies from other sectors can address the seemingly intractable problems confronting how we support citizens in later life.

It is significant that politicians have not seen long term care as a priority. Whilst the NHS has a special place in the national psyche long term care tends to be associated with horror stories of neglect and abuse. It should be acknowledged that there are excellent care homes providing high quality care in a regulated market, The John Kennedy Care Home Inquiry for Joseph Rowntree Foundation highlights the importance of an open and evidence-informed debate around how to improve life in residential and nursing homes for older people to ensure that they are good places for people to live and work in.

A poll by Anchor Housing indicated that British people are in 'denial about ageing' The survey revealed that nearly two thirds of people have never thought about their care options for when they reach older age and 64% of adults have failed to ever think about their care options. The biggest concern about care in later life was losing independence (45%), with anxieties about being able to afford future care.

We have to acknowledge a fundamental human concern about the consequences of ageing that we treat with 'denial'. We fear growing 'old'; we 'end up' in care homes; generally society rejects us on many levels when we are perceived as old, irrespective of our past achievements, life experiences and attainments.

A recent survey by the Care Quality Commission reported that for 84% of respondents choosing care for their parent or other older relative was 'very stressful' or 'quite stressful' – ranking it higher than getting divorced or separating from a partner, choosing a school for their child, getting married, and buying a house.
Sadly care today has connotations of professional power which includes assessments, an unequal level of knowledge, giving and receiving of care, meeting of need, accountability, ethics, risk aversion, cost savings and 'this is what is available. Is it too challenging to hope that we can move from these negative associations to redefining care as Creating a Remarkable Experience?

Many elements of how we live our lives have been transformed by the rhetoric of choice and control in determining the care needed to live independent and fulfilling lives. But this is not being reflected in how services are being delivered. Older citizens show a strong preference to receive long-term care in their home rather than moving into a nursing or care home and their expectations of autonomy and choice in later life are not currently being realised.

It is a serious issue that while there has been a substantial investment in ageing better; it has involved disconnected thinking and short term pilots not embedded in community services. Today people want tailored and personal care which is coordinated via one key contact.
Our society has advanced in all aspects of life socially, medically, economically, technologically, environmentally. These advances have substantially redefined how we live our lives on a daily basis, how we travel (space, air, sea and land), how we communicate, how we work, how we manage our finances, how and what we buy, how we experience leisure and entertainment, and how we educate ourselves. Yet the institutional principles which form the basis of long term care provision remains completely unaffected by such changes and has failed to develop in-step with these advances.

The institutional mindset is still prevalent in social care and our health system with a medical rather than social model of support. For many carers and families residential care becomes the only option. There is very little consideration of a service culture which would include 'options' 'choice' and 'self-determination'. We need a mind shift about what and how services should be provided. The supply chains extend beyond care and may include transport services, educational services, employment or occupational services, rehabilitation services, counselling services, retail and banking services, travel and leisure services and volunteering services. We need to move away from seeing older citizens as 'objects of care' to individuals with whole lives.

"A key element in improving cultures of care is the need to eliminate a process and/or task-driven approach in which residents have things done to or for them rather than with them. "The prevalent model in care emphasises the debilitating effects of old age where staff take on the role of custodians who 'do things to' residents. This devalues staff as much as residents. A more positive model is one which emphasises personal growth for residents and staff with a shared commitment to ideas, values, goals and management practices by residents, staff and relatives"

Owen T & Meyer J (2007) My Home Life: Quality of life in care homes. Help the Aged.

We need to ask why the great advances in technology have not changed the way in which long term care is provided. Digital technology and social networks offer some of the most powerful tools available today for building a sense of belonging, support and sharing among groups of people who share similar interests and concerns. We need a shift in thinking which starts much earlier about the benefits of keeping healthy, self care, well being and being engaged in a vibrant and supportive local community.

The Institutional Mindset

"A total institution may be defined as a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life."

Erving Goffman Asylums

The care home sector is worth over £10 billion and seems to be viewed by both government and local authorities as an economic liability. The aim of the Long Term Care Revolution is to disrupt the business models of existing care providers by engaging innovators across many different sectors. A crisis mentality exists around long term care with respect to the cost for the statutory sector, local authorities, individuals and their families. In too many instances there is a public perception that care home provision offers poor value for money with profits not being directed toward improving the quality of life for residents and staffing levels.

For the UK as a whole, an industry review reveals average weekly fee levels of £622 in 2012. There is however a tangible difference in the way the overall fee rise was apportioned between the two types of care home. Nursing homes saw fee growth of 2.2% in 2012 (to £643 per week), while residential care homes recorded no growth in fee levels (at £528 per week) during the year. The trading performance review noted the marked rise in investment interest for the best quality elderly care facilities over the past 12 months reflecting confidence in the long-term prospects for the sector, underpinned by the UK's rapidly ageing population. The analysis indicated that there is an optimal size of care home. "Homes with a capacity of 60-79 beds demonstrate superior levels of profitability compared with both the smaller and larger size categories".

The care home business model in the UK is very worrying since the UK has fewer hospital beds and very little adapted housing. As people live longer with co-morbidities, out of hospital services are not currently able to cope. As pressure increases on hospitals, care homes are one of the only places with 'supervised' beds. Many people in care homes should be in nursing care but the extra care/sheltered housing market does not have the capacity to cope with nursing needs which means that citizens are admitted into care homes.

The Better Care Fund is establishing a single, pooled budget to enable health and social care services to work together to support the move from providing care in hospitals, to delivering it in the community. There is rightly concern that the government is expecting local authorities and their NHS partners to achieve too much, with too few resources within an unrealistic time scale.

It would seem that the care provider as business focus has been on building new institutions rather than exploring alternatives or improving the quality of care provided. Does the sector understand what its potential customers want now not in 10 or 20 years time?

A private front door and personal space matters to most people over 50, as do good neighbours and opportunities for easy everyday social interaction. Any innovative service needs to disrupt the strong tendency on the part of care providers to take control, as they aim to save time and maintain efficiency.

As the Older People's Commissioner for Wales stated in her recent review into the Quality of Life and Care of Older People living in Care Homes in Wales

> "When older people move into a care home, all they are doing in effect is moving from one home to another. The word 'home' should mean something special, a place that we hope will be filled with friendship, love and laughter."

For many families and carers residential care becomes the only option in a crisis situation. There is very little debate about realistic alternatives to institutional care. Services we all now take for granted such as access to the internet are not included in the Care Standards required for registration by the Care Quality Commision.

The world of technology enhanced care requires staff to have new skills and knowledge sets including digital literacy. However, digital literacy is not included in the core competencies of the new Care Certificate for staff. The landscape in which nurses, care workers, allied health professionals and general practitioners work is changing rapidly. This has implications for recruitment and retention, staff development and the education and training required.

Currently older individuals with different care and support needs are treated in standardised rigid institutional systems of care. It is no wonder that people are not inspired to think about planning for care and support in later life when they are confronted by such a limited choice, the quality of which cannot be guaranteed, irrespective of the cost. There are potentially so many different and more attractive options which could be developed but political will, the allocation of targeted resources and a groundswell of public interest is required to make them a reality.

People who require long term care are not seen as customers with choices or people with views to be sought about the design of services: a very paternalistic view. It seems there is little understanding of how older people want to live when they come to need help - sometimes at very high level - with everyday life. What is very clear is that older people and their families want to maintain their former lifestyle with a sense of self and autonomy as far as is possible.

How do we turn the guidance and rhetoric of personalised care into a reality of everyday care and practice? Person centred care will translate from words into everyday reality only when citizens have leverage over the NHS and care systems?

Why are we not involving older people in the design and marketing of products and services? Surely it is time to implement the recommendations of the numerous reports emphasising the importance of encouraging older citizens to use technology.

The New Dynamics of Ageing Programme is an eight year multidisciplinary research initiative with the ultimate aim of improving quality of life of older people. The programme has been developing practical policy and implementation guidance and scientific, technological and design responses to help older citizens enjoy better quality lives as they age. The diverse range of projects have included sustaining IT use by older people to promote autonomy and independence and tackling ageing continence through theory, tools and technology

The Design Council have just launched Design for Care with the aim of "harnessing the UKs formidable design talent to innovate by focusing on practical "can-do" results which will transform care."

An early element of the Innovate UK Long Term Care Revolution was commissioning a number of projects to test new approaches in delivering services for people with high level care requirements.

- Responsive Interactive Advocate is harnessing technology to underpin new models of personal care that restore autonomy. Using avatars - artificially intelligent virtual companions, RITA will help older people stay living comfortably and safely in their own homes for longer. Each person will have a tailored avatar capable of intelligent communication, which will monitor their health and well-being and provide a single link between the individual and family, friends, professions and services.
- The Flourish project is reframing the concept of need, moving away from a care system that provides physical support alone, to one that focuses on well-being.
- One Precious Life applies the principles of elite human performance training, service and support to enhance the emotional, physical, mental and social health of those with long term conditions.
- Simulating Ageing and Long Term Conditions has established pathways for several Long Term Conditions, to identify the key decision points along the way. SALTC provides a tool to educate people about the very real possibilities that they, or a loved one, may face the challenge of a Long Term Condition, one day in the future.
- Connecting Assistive Solutions to Aspirations is transforming the assistive technology market by integrating new and existing technologies in ways that create a better fit with an individual's environment, social networks and lifestyle aspirations.
- The Poppins project explores the use of a parallel virtual currency as an enabler of initiatives that promote independent living and community connections. The currency is being used to change attitudes to older citizens, helping shopkeepers to establish a relationship with a key and growing sector of their customer base. Whilst these projects are still at an early stage of development there are already lessons to learn and share about the business models, the market, the challenges and the opportunities.

In the future many more people will be funding their own later life care. Whilst there is always likely to be a need for "assisted living" what is clear is that residential care would not be the first choice for many people. I have not been able to find any baby boomers whose later life care plan includes being warehoused in a 60 bed institution. However there is still a widespread belief that needing care in later life is 'something that happens to other people'.

This fundamental myth is a significant barrier which we must overcome to further develop the long term care market and help empower people to make the right choices for themselves and their families.

Assumptions and Stereotypes

Should we now be looking at life narratives differently? The traditional patterns of education, work, family, retirement and pension are all on shifting sands.

People aged sixty plus are not one homogenous group, we are as varied as individuals in any other sector of the population and our different life experiences inform our perspectives as consumers. Older people may have similar needs physically these do not erase life experiences, preferences and orientations. Older people is not an identity but a statistical category

Using the term 'older people' does, therefore, present a challenge because there is no widely accepted definition of when a person fits into this category. Age UK, for example, provide services for people over 50; some state benefits become available at age 60; and the increase in the retirement age suggests that some people will be working until their late 60s and early 70s. The over-60 population describes a diverse group where there can be up to 40 years different life experiences in this group of older people. Older citizens are firstly individuals who do not want to be defined by their chronological age, illness, condition or needs. Yet all too often, society considers them in this way. To be attractive long term care must acknowledge these critical differences.

Older citizens are an increasingly powerful demographic what will be the "tipping point" for concerns about the lack of alternatives to institutional care to be seriously addressed by politicians?

The baby boomer generation, born after the second world war, form nearly a quarter of the UK population and controls more than three-quarters of the nation's wealth. There seems to be a generational divide with early beneficiaries of the NHS feeling a grateful acceptance about the availability of universal health care. This is being challenged by baby boomers with very different expectations and aspirations about how they wish to live in later life.

The Cultural Mindshift Required

Undoubtedly there are significant challenges and the real disruptive influences will be a rapidly ageing society, the pace of technological change and the expectations of baby boomers as consumers rather than passive recipients of care in later life. Visionary leadership is critical for developing a culture of innovation and requires a different skill set which recognises that centralised authority and bureaucratic systems are no longer the way to do business as we operate in a networked world. This includes involving citizens in designing and developing new and more responsive services.

We need to explore and debate how the power of innovative collaboration can address the apathy, denial, non-engagement and silo thinking which currently exists in the care sector There are enormous possibilities and potential for new ways of living with high level physical and/or cognitive requirements. How can we make the opportunities in the later life sector attractive to innovators?
The difficulty with innovation in long term care sector is the fragmented nature of service provision. Commissioners are not always aware of what is happening outside of their own locality and innovators are not connected to commissioning network and the emerging self funder market.

Innovation is by definition about creating something new and different to what already exists and which has value to the customer. There are examples of disruptive innovation in other sectors which have resonance for developing the long term care market. Could the public sector take inspiration from companies like Zappos, Uber and AirBnB who are disrupting markets with agile business models focussed on innovation?

> "Zappos is being run via a series of self organising teams rather than by managers. Instead of going up the chain of command, decision-making is entrusted to groups of employees, called circles. People can assume whatever roles they want within these circles to focus on the task in hand. This marks a shift in how large organisations are dismantling long established models to encourage greater agility and innovation."
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> **Taylor P (2014) Managers are waste: Five organisations saying goodbye to the boss**

At the moment there seem to be few incentives in the public sector to nurture innovative approaches to long term care and bring together stakeholders from across the public, academic, private and not-for-profit sectors. This leads to a seeming inability to turn policy and research into impact and outcomes. Silo thinking precludes a holistic view of long term care that includes all involved in providing commissioning, funding and researching care solutions from policymakers to the front line.

It is suggested that personalisation will stimulate an 'expanding market estimated at £21.4bn a year, or 1.6% of GDP' (Innovate UK). This market would be funded either by an older population wealthy enough to purchase high quality personalised care privately, and/or extra money from the state to enable poorer older people to purchase such care. Is this likely?

Unlocking new markets and supply chains to create vibrant and competitive landscapes requires a cultural mindshift where older citizens are seen as consumers with choice and power to determine the services they wish to purchase. This is a different dynamic which includes care as well as many other services that make life fulfilling. Service providers seek to have a 'relationship' with their customers and the experience of the customer is important to them and a key determinant in the profitability of their product and/or service.

If maintaining the status quo is not an option where are the new markets to explore? Consumer demand and the digital market has yet to develop despite a substantial investment by multinational Telecommunications and ICT companies

Given the right conditions harnessing social, technological and economic resources could radically alter the way services are delivered in 10 years time. What level of disruption is required to trigger mainstream consumer demand and encourage wider adoption? Where are the champions for the Long Term Care Revolution?

Living Choices?

Living choice for older citizens are influenced by standards, regulations, the design of new housing and lifetime homes. What are the options for retrofitting of existing housing stock; shared lives and co-housing. How can we support inclusive communities and neighbourhoods through urban design and planning?

Undoubtedly housing can act as a preventive service. Experts in the field maintain that 'Housing standards and suitability are pivotal to achieving these targets e.g. to reduce days in hospital) but receive inadequate attention in health planning and the cost benefits of suitable, decent housing is under-reported' (Care and Repair, 2012)

The Building Research Establishment quantifies the costs to the NHS of specific aspects of poor housing as over £600 million per year. Many of the chronic health conditions experienced by older people have a causal link to, or are exacerbated by, particular housing conditions. This housing and health link becomes more important with age, as people become more prone to trips and falls and more susceptible to cold or damp related health conditions. Poor thermal standards in the homes of older people are a quantifiable contributor to excess winter deaths. There have been many reports that have identified where housing spend has led to savings in health' (Care and Repair, 2012).

One significant role for the housing sector is in adopting the 'Lifetime' homes standard and building homes that are adaptable enough to meet the changing needs of a citizen through a lifetime

Internationally there has been a movement towards smaller clusters of housing with varying degrees of support. The ultimate purpose of small clusters is to improve privacy, autonomy, choice, control and independence of residents.

A relatively recent development in housing for older people in the UK has been retirement villages. These are purpose built developments usually with different types of accommodation and sometimes the whole range of facilities from ordinary small homes, nursing homes, leisure facilities and a restaurant. I do not believe it is healthy for our society to have older citizens living in segregated communities or institutions. Older citizens should be visible everywhere in their communities

How about living on a cruise ship? A study published in the Journal of American Geriatrics Society (Lindquist and Golub, 2004) claimed that living on a cruise ship provides a better quality of life and is cost effective for older people who need help to live independently. The author Dr Lee Lindquist compared the amenities and costs in assisted living (in the USA) with accommodation on cruise ships. "'Both cruise ship and assisted living facilities offer single room apartments with a private bathroom, a shower with easy access, some help, cable television, security services and entertainment. Cruise ships, however, have superior health facilities – one or

more doctors, nurses available 24 hours a day, defibrillators, equipment for dealing with medical emergencies and the ability to give intravenous fluids and antibiotics"

In the Netherlands Hogewey village is designed for individuals with dementia who can no longer live independently in their own home. The village can host up to 167 residents. The organisation aims at making individuals as comfortable as possible by enabling them 'to continue to live in the manner to which they were accustomed prior the onset of dementia' (Notter et al., 2004). To that end, they have created different life styles within the village ('homes within homes').

The future is already here - it's just not very evenly distributed. - William Gibson

From robot companions to ambulance drones the potential impact of technology is enormous. But this is not yet a mainstream topic of conversation in long term care.

"Robotics is the new rock 'n' roll" 'We are a nation of early adopters; everything from the microwave to the video cassette took off early in the UK. It's a national characteristic.'

Research shows that the way in which help is provided, and by whom is important for the older citizen. Providing the level of skill required to maintain sensitive service standards is costly and labour intensive. Are there alternatives? How do we make organisations culturally ready for moving from institutional thinking to person centred care which recognises how the adoption of digital technology can enhance the care and support available within communities? The scope of technology now encompasses an increasingly wide range of products and services from gadgets available on the high street through to traditional telecare and telehealth, online personal support networks, smart homes and robot companions. Digital does not have to mean no human contact. What it can do is free up the time for more face to face contact.

Technology is now omnipresent in all strands of everyday life. Now is the time that we need to urgently and collectively shift focus to reduce the barriers and increase understanding of the new innovations in technology. Rather than just talking about life enhancing technology we need to prepare people for the future by showing them what is possible now. Older people, their families and carers need to have the value of digital technology demonstrated to them in concrete terms; they need to see benefits that have direct relevance to improving the quality of their lives

Why is there a reluctance of organisations to embrace robotics and autonomous systems and explore how these systems could give people more control and autonomy? What if we stopped saying 'independent living' and said 'autonomous living'? Robotics have become commonplace in the manufacturing environment where repetitive tasks of physical manipulation have replaced human hands. However, in the home, where tasks are varied and contextual, robotics has not yet become commercially viable. What is the potential for robots to assist with intelligent reminding (appointments, medications, etc.), overcoming barriers imposed by mobility conditions and social interaction?

For example Paro is a therapeutic robot that is used widely in Japan but is now being trialled by the NHS. Paro allows the benefits of animal therapy to be administered to patients in care facilities. Far from being a toy, Paro stimulates interaction between patients and caregivers and has been shown to improve relaxation and motivation. How could this new breed of companionship robots help individuals at risk of isolation and loneliness?

What value might be unlocked if we understood how different people measure their health? The popularity of activity trackers such as Fitbit and the social elements of the app to compete with friends and family suggest that there is huge potential to explore how wearable technology can provide insights into monitoring our own health and wellbeing. However it should be noted that maintaining motivation remains a challenge which probably benefits from human interaction.

Medisafe is a medication management solution. You use the app on the phone to enter which medications you're supposed to take, the dose, and the times. Once you do that, the reminders pop up on the watch. We already know the problems when people do not adhere to their prescribed medications or skip doses.

> Maneesh Juneja a digital futurist tested the Medisafe app and observed that "since the watch is connected to Google, what if when tapping on 'Skip', the watch would ask you why you are skipping a dose? What if you as a patient are able to speak in your own words WHY you've skipped the dose? Imagine if that data as free text could make it back to the patient's electronic medical record in real-time? What insights could these data provide? Could these patient generated data enhance 'active surveillance' of the safety of drugs?"
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> **Juneja M (2014) Will Android wear impact Health and Social Care?**

There are thousands of digital innovations available which could enhance long term care. However there is no central resource to find out what is available, whether they have been rigorously and independently validated and to share learning and experiences about what works and why. This can lead to the development of apps with similar functions which only serves to confuse the consumer market.

A serious question has to be asked about why the NHS and Social Care sectors who currently commission the majority of long term care have been so slow to develop a culture which promotes innovation. Market shaping exercises seem to assume the status quo will continue indefinitely which is confirmed by the number of care providers now building new larger care homes.

A key focus of the Care Act 2014 has been to ensure that citizens have sufficient information, advice, guidance and advocacy if required to enable them to make informed choices about suitable care and support. However what this will also highlight are the limited long term care choices currently available.

“We can’t solve problems by using the same kind of thinking we used when we created them.” - Albert Einstein

The remit of Innovate UK is to accelerate business growth and to invest in innovative businesses to promote economic growth. The strategic programmes are based on high risk, intractable societal challenges, collaboration and wealth creation potential.

The budget deficit in health and care seems to have become a race to cut costs and shift responsibilities and places little value on the quality of life of the person requiring long term care. Organisations with a focus on systems and processes are still negotiating block contracts for care services. Services are not being tailored to meet the personal needs, hopes and aspirations of older citizens. There appears to be a focus on medicalising later life care which ignores the health risks associated with loneliness and social exclusion amongst older citizens.

There are a proliferation of partnerships and alliances exploring the ageing better agenda and how to embed social innovation in long term care. It is unclear how they are collaborating to provide a UK overview and avoid duplication. A social network analysis to identify current relationships would provide a useful starting point to determine the potential for future collaboration across partnerships.

There are tough and uncomfortable questions to be discussed to inform the debate about how we can all look forward to a future without fear of being abandoned to a market where vital care and support is determined by our income and locality rather than our needs and personal preferences. We have to address the potential shortfall in both formal and informal carers in the future with more people living on their own who do not have families to support them.

I want a clear vision for the future which offers a coordinated system with many different life choices for citizens in later life. This is not just the responsibility of one sector it needs to engage each and every one of us at local, national and UK wide levels in a public debate about our hopes and aspirations for long term care in later life.

Person centred care will translate from words into everyday reality when we focus on the older citizen and are able to answer the simple questions “what will improve the quality of your life?” and “what care would you like to support you to live a fulfilling life?”

This paper was commissioned by Innovate UK to provide an independent perspective. The views and content are not attributable to Innovate UK and remain the view of the author, Shirley Ayres.

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