

Health and Social Care Thematic Group

CNCA were very interested in the development of social care in the UK as they are currently involved in discussions in developing this provision in China. Over 90% cared for within the family but as family structure changing (fewer children) and greater mobility especially from rural to urban areas, the capacity of the family to care will decline – probably more so than in the UK. While the UK and China are at very different stages of development in terms of social care provision, both are grappling with similar problems – if on different scales. These include, notably, changes in the ability of the family to provide care; how to resource and allocate social care services as demand and expectations rise; how to balance family and state care (at the local and national level); how to balance national frameworks with local needs.

Social Care in China

- Challenges facing ageing population will be part of next 5 year plan
- Resolution to challenge of social care necessary and urgent to prevent conflict in the future
- Goal to develop 3 levels of care with family at the centre:
 - Family care as primary care
 - Supported by community care
 - Supplemented by institutional care
- Initiative on social care launched by Chinese government – collaboration between Ministry of Civil Affairs, NDRC and CNCA – pilot study being carried out in 5 provinces with view to rolling out nationally. Will test results according to the three levels of care above. Specifically will explore setting up community facilities and professional care institutions and how to sustain positive relationships between the two.
 - Currently undertaking surveys to assess need for social care
 - Community activities being developed and health care workers, involving mainly trained professionals but also volunteers. This activity is not seen as sufficient. A central framework is needed to guide local activity. Therefore interested in the UK experience
- How to allocate/ration long term care; how to provide care to those with limited/no pension provision
- Providing care in urban and rural areas

Challenges to the creation of a social care system in China based on the UK experience

- Balance local needs with national framework to ensure equity across regions while retaining some local autonomy
- How to resource the expansion of the system in line with rising needs and expectations
 - How to protect those with lowest incomes without giving too much to those who can afford to pay.
- Lack of income for many people in China means that the state will have to provide help to those unable to pay for care. The market is not going to provide a solution to this large group of people. Currently mid-high income people receive premium services, while the poor miss out
- Disadvantage of using means-testing as mechanism for entitlement
 - Those just above income levels, who are still be on low incomes, miss out.
 - Perverse incentive - discourage people from taking steps to save for their own care
- Nature of care – designing public care system which works with and enhances family care rather than undermining it

Priorities for the development of social care in China (identified by CNCA)

- Assessment tool for social care (CNCA colleagues very interested in that used in *Fair Access to Care*. UK colleagues noted that while this might provide a useful basis, China colleagues should note the limitations and context, specifically the extent to which not all needs are met). Seeking to develop a national framework mediated by local priorities.
- Development of Third Sector (voluntary) organisations. Currently in need of considerable development in China.
- Capacity building, especially with regard to system building and training and education of service providers

Health care context

Considerable survey data on healthcare needs demonstrate that China's population has a morbidity/mortality profile very similar to that of the UK. China has achieved the transformation from a profile of disease prevalence characterized by infectious diseases/high mortality to one characterized by the predominance of chronic

diseases characterized by low mortality but high morbidity. This mortality/morbidity transformation has been , as with other social changes, much more rapid than experienced by the UK/western Europe

- Discussion focussed on physical health rather than mental health because of time constraints. China demonstrates prevalence rates of chronic diseases and disability and a pattern of multiple pathology in later life that is broadly similar that reported for the UK
- It is not clear if there is a rural/urban variation in the prevalence of health needs but, in absolute terms, the 'greatest' needs are demonstrated by rural areas as that is where most older people live.
- Importance of urban/rural distinction in terms of access to and provision of services– separate policies for health and social care, which impacts on quality of care for older people
- Inverse care currently in evidence-those in greatest need have least access to services (possibly of the lowest quality)
- Importance of prevention as a policy objective to promote 'healthy ageing'

Possibilities for future research

- Exploration of the UK experience of common assessment tools and the development of needs criteria and their suitability to the Chinese context.
- An opportunity to do further work in both countries on the consequences for the family and family care of developments in social care services. Comparative analysis of available data might help generate more general explanations or models.
- Linked to the above two areas, there may be a need for more qualitative studies to generate hypotheses on the significance of culture and cultural traditions and the need to take account of them when interpreting large data sets.
- Comparative research opportunities to explore :
 - the incidence and prevalence of key diseases (disability, dementia) and variations in terms of gender, social class and ethnicity and intergenerationally to explore compression of morbidity hypothesis;
 - access to and quality of care for older people
 - interventions to promote 'healthy ageing' and key UK strategies for the management of long term conditions such as self-care, peer group support and development of expert patients and
 - qualitative research investigating how Chinese elders understand the experience of health and illness in daily life, impact upon everyday life and issues linked to use of services/family care