



advice and support for older age

**Independent  
Age**

**Health Select Committee A&E Winter  
Planning Inquiry  
August 2016**



## **About Independent Age**

Whatever happens as we get older, we all want to remain independent and live life on our own terms. That's why, as well as offering regular friendly contact and a strong campaigning voice, Independent Age can provide you and your family with clear, free and impartial advice on the issues that matter: care and support, money and benefits, health and mobility. A charity founded over 150 years ago, we're independent so you can be.

### Website

For more information, visit our website [www.independentage.org](http://www.independentage.org)

### Helpline

We give free, confidential advice over the telephone for older people, their families and carers on issues such as getting help at home, adaptations, care assessments, paying for care, staying in touch with other people and welfare benefits.

Call our team of experts on 0800 319 6789, Monday to Friday, 8am-8pm, and Saturday to Sunday, 9am-5pm, or email your query to [advice@independentage.org](mailto:advice@independentage.org)

Registered charity number 210729

## Health Select Committee A&E Winter Planning Inquiry – A response from Independent Age

1. We welcome the Committee's inquiry into how A&E departments can better cope with winter pressures. This short response from Independent Age focuses on the impact on older people and our concerns that winter pressures in A&E are symptomatic of wider problems within our health and social care systems.
2. We know that greater numbers of older people present at A&E during the winter months.<sup>1</sup> This reflects the fact that cold weather spells mainly affect the health of the elderly, the very young and the chronically ill. We also know that older people tend to wait longer in A&E departments when they visit. People over 75 spent an average of 213 minutes in A&E, compared with 149 for those aged under 75 in 2012/13<sup>2</sup>. This means that increases in the numbers of older people visiting A&E will have a disproportionate impact on A&E performance. Older people are crucial to understanding and tackling winter pressures on A&E departments.
3. Preventative approaches to health crises in the winter form an important part of the picture. The BMA has noted that in order to truly manage winter pressures, we will need to tackle wider public health issues for older people such as warmth, mobility and nutrition<sup>3</sup>. Recent initiatives such as the Stay Well this Winter campaign are a welcome development. Last year's NHS campaign emphasised the community role in keeping older people well, with Professor Keith Willett, NHS England's Director for Acute Care advising that: "Keeping an eye out for elderly relatives and neighbours and supporting them in the cold really has to be the duty of us all"<sup>4</sup>. We have also seen the development of a number of voluntary schemes to encourage people to support vulnerable older neighbours during the winter months. Living Streets estimates that half of all councils have now set up some kind of voluntary scheme<sup>5</sup>.
4. But given the context of squeezed local authority budgets, it will be increasingly difficult for councils to prioritise preventative services whilst also meeting their statutory duties. The 2016 ADASS Budget survey found that councils will be spending 4% less on prevention than last year.<sup>6</sup> Demographic pressures also suggest that winter spikes will continue to be a feature of A&E departments: the number of older people in England increased 20% between

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<sup>1</sup> The Kings Fund, What's going on in A&E> The key questions answered, March 2016, <http://www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters>

<sup>2</sup>The Health Foundation and the Nuffield Trust, Quality Watch, Focus on A&E Attendances, 2014

<sup>3</sup> BMA Briefing Paper – Beating the effects of winter pressures, 2013

<sup>4</sup> <https://www.england.nhs.uk/2015/11/17/keith-willett-3/>

<sup>5</sup> <http://www.livingstreets.org.uk/make-a-change/urgent-actions/ice-free-pavements>

<sup>6</sup> ADASS Budget Survey 2016, <https://www.adass.org.uk/media/5379/adass-budget-survey-report-2016.pdf>

2004 and 2014, and is projected to increase by a further 20% by 2024<sup>7</sup>.

5. Winter pressures on A&E departments are indicative of more fundamental problems with the interaction between our health and care systems. Delayed transfers of care, which can occur when patients are being discharged home or to a supported care facility such as a residential or nursing home, are a key indicator of how well the two systems are interacting, and how well patient flows are being managed. The National Audit Office (NAO) estimates that 85% of people affected by delayed discharge are over the age of 65<sup>8</sup>. They also estimate that this results in a total gross cost of £820m to the NHS of older patients in hospital beds who are no longer in need of acute treatment<sup>9</sup>.
6. There has been a significant increase in 'delayed days' over the past year. The latest figures show the highest number of delayed days since monthly data was first collected in August 2010: there were 172,452 delayed days in May 2016, a 25% increase on the same period last year<sup>10</sup>. 32.7% of all delays in May 2016 were attributable to social care. And a total of 35.9% of delays attributable to social care were due to 'awaiting care package in own home'. This represents an increase of 48% on the same month last year (May 2015).
7. As well as having a knock-on impact on patient flows and the capacity of A&E departments to deal with seasonal spikes, delayed transfers of care are a particular concern for the quality of experience of older people. From our work on our Helpline to support older people and their families we regularly hear stories that illustrate what these statistics about delayed discharge mean for individuals.<sup>11</sup> For example:
  - Mr Thompson, 84, went into hospital with significant health problems including dementia and cancer. He was told that he would need to move into a care home once he was discharged, and that he qualified for local authority care. But an ongoing dispute between NHS continuing care, and the local authority, meant that no home would take him. In total, he was in hospital for 6 months – and his son is very clear that this extended stay has been seriously detrimental to Mr Thompson's wellbeing.
  - Ms Bartholomew went into hospital with a fractured shoulder, and received treatment for two months. When she was ready to be discharged she was told that she would receive an occupational therapist assessment of her home, a care package from the local authority, and a time-limited re-ablement service to allow her to resume her old life. However, she was also told that she would have to wait for a space to

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<sup>7</sup> [Discharging older patients from hospital](#), National Audit Office, May 2016

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<sup>9</sup> Discharging older patients from hospital, National Audit Office, May 2016

<sup>10</sup> NHS England, Delayed Transfers of Care Data 2016-2017 <https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/2016-17-data/>

<sup>11</sup> Note: all case studies have been anonymised at the requests of the individuals.

become available on the re-ablement service before she could leave, as all the spaces were full. This resulted in Ms Bartholomew being stuck in hospital for three weeks longer than she needed to be – which dramatically impacted her recovery time.

8. NHS England now believes the increasing pressure on adult social services will prevent much progress being made in reducing the number of delayed discharges over the next five years.<sup>12</sup> And more broadly, there is a growing recognition that pressures on the NHS cannot be tackled without addressing the funding crisis in social care. The Nuffield Trust, King's Fund and The Health Foundation estimate that the gap in social care funding by the end of this Parliament in England will be between £2.8 billion and £3.5 billion<sup>13</sup>. Simon Stevens recently commented that "the social care funding thesis is unfinished business. It is obvious that there is going to be a widening gap between need and funding over the course of the next three years"<sup>14</sup>.
  
9. We echo the BMA's view that 'an adequate response to winter pressures would require systematic and long-term change'<sup>15</sup>. Independent Age is calling for a cross-party, independent commission which takes a strategic long-term view about the future of health and social care in England is vital. Such a commission should look not just one or five years into the future, but to the kind of health and care services we want to have in 20, 30 or 50 years' time. The commission should examine both the funding that we want to dedicate to health and social care spending, and at integration of both systems to ensure that older people do not fall into the gap between health and care. It is also vital that a commission hears directly from older people, disabled people and carers, as well as health and care professionals. Without this fundamental review of our health and social care systems, it is highly unlikely that A&E departments across the country will not be able to absorb the spikes in demand that occur during the winter months without serious and ongoing delays, and possible risk to life.

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<sup>12</sup> Public Accounts Committee, Discharging older people from acute hospitals, July 2016  
<http://www.publications.parliament.uk/pa/cm201617/cmselect/cmpubacc/76/76.pdf>

<sup>13</sup> The Spending Review: what does it mean for health and social care?, King's Fund, The Health Foundation and Nuffield Trust, December 2015 <http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/spending-review-nuffield-health-kings-fund-december-2015.pdf>

<sup>14</sup> <http://www.theguardian.com/politics/2016/jun/17/nhs-boss-says-promise-of-8bn-in-extra-funding-may-be-far-from-enough>

<sup>15</sup> BMA Briefing Paper – Beating the effects of winter pressures, 2013

