



advice and support for older age

**Independent
Age**

Response to the Public Accounts Committee Inquiry on Integrating Health & Social Care

February 2017



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.

Enquiries

For more information on this submission or to arrange for Independent Age to give oral evidence to the committee, please contact Gabriel Gavin on 020 7605 4217 or gabriel.gavin@independentage.org

Website

For more information, visit our website 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

Registered charity number 210729

Independent Age's response to the Public Accounts Committee's inquiry, 'Integrating Health and Social Care'.

1. Key points

- By 2030, there will be an estimated 15.7 million people in the UK over the age of 65. Without significant integration of health and social care, these systems will be ill-equipped to handle the often complex needs of millions more older people.¹
- Independent Age welcomes the Government's 2020 target for full integration and recent statements that it wants to see less variation in the way in which local authorities manage issues such as delayed transfers of care. However, we still have serious concerns not enough action is being taken to ease current problems and given the gaps that already exist, the 2020 ambition for full integration may be unrealistic in the extreme.
- Specifically on delayed transfers of care, the Public Accounts Select Committee together with the Public Administration Select Committee have called on the government and NHS England to improve policies and practices on hospital discharges especially where transfers of care take place in an uncoordinated or unsafe way. We still need to see evidence that a plan is being put in place to ease these problems.
- As an indicator of integrated health and social care, driving reductions in delayed transfers of care will be one important measure to monitor. However, we caution against seeing improvements in secondary care as the only relevant measures and would urge instead a more holistic approach which also prioritises improvements across primary and community care. Other key measures to continue monitoring include how many older people with complex health and care needs can access re-ablement and intermediate care following discharge from hospital and how many are supported to live independently at home following their stay in hospital.
- There are already a number of programmes delivering innovative solutions, particularly new care models and vanguards developed as part of the NHS Five Year Forward View. Whilst the Prime Minister is right to point to councils such as Newcastle and Torbay as examples of best practice², it is important to acknowledge there is currently no obvious framework to ensure the good learning on integration is being shared or adopted across the country. As a result, where innovations are taking place (particularly around hospital discharge) it is often hard to see how areas which are struggling to integrate health and social care can apply this good practice or introduce reforms at scale.
- Independent Age also calls on policymakers to view the integration as health and social care as a 'two way street'. All too often, the focus is solely on transitions from hospital to social care settings. In practice, it is vital to also consider how people using the social care system have access to healthcare, for example residents in nursing and care homes. Regular visits from medical professionals like GPs, dentists and optometrists can make a significant difference to frail and elderly care home residents. Whilst enhanced healthcare

¹ ONS (2015) [Population Projections](#).

² [HC Deb 14 December 2016, volume 618](#).

in care homes will improve quality of life it also reduces the pressure on the acute sector by driving down the number of avoidable admissions to hospital.

- To ensure that integration of health and social care can take place in a consistent, co-ordinated but also in a sustainable way, Independent Age has led recent calls from the charitable sector for a cross-party process on the future of the England's health and care system.
- In the end, we still have two different systems with two different funding regimes: a health service universally free-at-the-point-of-use and funded in large part from general taxation and a local authority-funded system of social care which is tightly rationed and means-tested. For integration to be most meaningful, we still need an honest debate about whether adults with critical care needs – including those with dementia – should be paying for their care where adults with other conditions receive their treatment and support mainly for free.
- The Barker review on a future settlement for health and social care proposed a better way forward which would see all adults with critical care needs getting these needs provided for by the state, irrespective of their condition or indeed whether their needs are primarily deemed 'health' or 'social care' needs. We need a cross-party process to ensure whatever long-term reforms are introduced, they will command the confidence of all the major political parties and can genuinely deliver the lasting improvements our ageing population needs.
- Now the Prime Minister has accepted the need for a long-term solution we need to see more details from the government on how social care services can be placed on a more sustainable footing. We understand there is a Cabinet Office review of social care services but again, for this to feel fully integrated, it really ought to be a fuller review of health and social care in the round and how these services can work most effectively together in future.

2. Social Care

Social care funding

- 2.1 Adult social care funding is inextricably tied to the overall state of funding for local government. With real-terms budget reductions amounting in some cases to 40% of pre-2010 levels, the LGA estimates that the local government funding gap will reach £5.8bn by 2020.³ This has led to almost unprecedented pressures on adult social care services to deliver high-quality care to more people for less money.
- 2.2 For adult social care specifically, funding has been reduced by at least 30% between 2010 and 2015, whilst funding for the NHS has increased by around 20%.⁴ The sector required at least an extra £1bn for 2016/2017 just to deliver the same standard of care provided in 2015.
- 2.3 The Government has pointed to £7.6bn in funds that will be allocated to local authorities to relieve the pressures of an ageing population.⁵ However, there are concerns about what proportion of this funding actually represents new money.

³ LGA (2016) [Adult social care funding: 2016 state of the nation report.](#)

⁴ Ibid

⁵ Gov.uk (2017) [Dedicated adult social care funding forms key part of continued long-term funding certainty for councils.](#)

The Social Care Precept

- 2.4 Independent Age acknowledges government attempts to provide some short-term relief to local authorities through the recent increase in the social care precept and changes to the New Homes Bonus. Insofar as these new policy measures go they are welcome, but the LGA and others continue to highlight they won't prove sufficient in plugging all the gaps in council funding.
- 2.5 Focusing on the social care precept, as a measure for raising new funds there remains a real risk that the precept could create imbalances in the provision of adult social care. Some councils will struggle to raise the necessary levels of funding to meet demand for adult social care where for example there are disproportionately higher numbers of households paying lower levels of council tax. These regional inequalities are not fully accounted for or redressed by the Better Care Fund.
- 2.6 The government has now pointed a number of times to variation across the country particularly around managing delayed transfers of care. The Prime Minister has suggested⁶ that councils (such as Ealing) which did not use the full social care precept in 2016/17 might be delivering poorer care. Independent Age believes local authorities have some responsibility for tackling delayed transfers of care. However, there are a number of factors at play – including a lack of non-acute NHS care – so it's not always helpful to judge councils' success on integration by simply looking at the total delays from hospital in their area.
- 2.7 In any case, very few local authorities have chosen not to apply the discretionary maximum increase to council tax through a social care precept and we note that only 8 councils out of 152 chose not to implement the precept in 2016/17.⁷ We believe there are more fundamental issues driving a lack of integration which cannot be explained by local authorities' use of the precept, or indeed their management of delayed transfers of care. These need to be looked at systematically.

Care homes

- 2.8 A lack of data collected on the quality of social care, particularly around how residents in care homes access healthcare and the clinical outcomes for some of the frailest and most vulnerable members of our communities, also needs addressing. Recent Independent Age research found that basic indicators of safety and quality that could give greater insight into how care homes are performing are not currently monitored.⁸ There is a real paucity of data available on how care home residents are being supported to keep healthy, so for example how many residents regularly get to see a GP or where there are reductions taking place in the numbers of residents unnecessarily admitted to hospital. Key measures to ensure transparency in the NHS, so for example on clinical outcomes available for the public to look at through NHS Choices have no equivalent in the social care system, leading to a disparity in information available about how certain providers are performing and their impact in improving integration.

⁶ Prime Minister's Questions, 14 December 2016 <http://hansard.parliament.uk/Commons/2016-12-14/debates/7053F896-FC84-4084-8AAA-CAC26A51EEBB/Engagements#contribution-3C693689-8044-476D-943E-095B8A766CEB>

⁷ LGA (2017) [Adult social care funding: 2016 state of the nation report.](#)

⁸ Independent Age (2016) [Shining a light on care: helping people make better care home choices.](#)

3. The Better Care Fund and Sustainability and Transformation Partnerships

- 3.1 The Better Care Fund (BCF), announced by the Government in June 2013, is a welcome attempt to drive improvements in health and adult social care. However, we worry the fund is increasingly being used to fill historic gaps in adult social care, rather than drive modernisation or genuine improvements.
- 3.2 Initially set at £3.8bn, the fund was increased to £5.3bn in 2015/2016. However, the implementation of the Better Care Fund and the means by which it allocates capital has drawn criticism.
- 3.3 In February 2017, the National Audit Office reported that the Better Care Fund has failed to achieve the expected value for money and is not sufficiently reducing avoidable admissions to hospital or other key priorities local authorities and their partners in the NHS had agreed. It also maintained that there is little evidence to indicate that integration of health and social care led to sustainable cost reductions or reduced hospital pressures.⁹ In other areas, better progress is taking place so for example on the proportion of older people still living independently at home following a period of re-ablement. Independent Age is clear that integration improves the patient experience and can smooth transitions between health and social care services but is not a cure-all for all the systemic problems across the health economy including historic under-funding of adult social care.
- 3.4 In many places, governance of the Better Care Fund is complex and involves a large number of CCGs and local authorities.¹⁰ Where an area is covered by a unitary authority, however, implementation is often more straightforward.
- 3.5 In a survey conducted by CIPFA of almost a third of NHS bodies and local authorities involved in the Better Care Fund, it was clear there were a number of negatives around the levels of bureaucracy and the pressure on health budgets the BCF creates by simply re-using or re-directing existing funding.¹¹
- 3.6 Another designated route for health and social care integration are Sustainability and Transformation Plans (STPs), which will be a key method of driving implementation for the NHS's Five Year Forward View between now and 2020. Any action taken to improve integration should involve all the organisations tasked with improving integration including local authorities. However, it is becoming clear that STPs are all too often disconnected from local authorities and other important partner bodies that need to work alongside the NHS to deliver reforms. A recent report by think tank Reform has argued that difficulties with the implementation of STPs can be explained by a lack of leadership and local engagement in all areas, as well as an inconsistent vision as to what good, integrated care looks like.¹² Elsewhere, the College of Emergency Medicine has argued that whatever the initial concerns around implementation, STPs still represent the right approach in terms of reconfiguring health and care services and delivering more efficient services for the future.
- 3.7 In a 2015 assessment of the readiness of local authorities to implement the Better Care Fund, only 27% of Health and Wellbeing boards said that they were 'fully

⁹ National Audit Office (2017) [Health and Social Care Integration](#).

¹⁰ Nottinghamshire County Council (2014) [Better Care Fund governance structure and pooled budget](#).

¹¹ CIPFA (2015) [The Better Care Fund – six months on](#)

¹² REFORM (2017) [Saving STPs: Achieving meaningful health and social care reform](#).

ready' for implementation.¹³ It is clear that communication and co-ordination around the set-up and actual operation of the Better Care Fund was insufficient.

- 3.8 Independent Age urges policymakers to now give partners involved in setting up and delivering STPs the time and space they need to genuinely collaborate and deliver solutions that will work in their local areas. The local NHS will need to work alongside local authorities and partners in their Health and Wellbeing Boards to deliver the best results but we need to draw on the learning from the Better Care Fund and ensure STPs can deliver where perhaps the Better Care Fund at first has struggled to achieve an impact.

4. Measuring integration: delayed transfers of care

- 4.1 Failure to ensure patients efficiently transition from secondary care to a social care setting leads to a reduction in the number of hospital beds available for more acute cases. These delayed transfers of care leave patients effectively stranded in a system that is not best-placed to cater for their needs. In the second half of 2016, the incidence of delayed transfers of care reached a new national high every month for six months.¹⁴
- 4.2 The gross costs to the NHS of delayed transfers of care of older people is estimated at £820 million.¹⁵ In November 2016, nearly 200,000 days were lost because of delayed transfers of care.¹⁶ It is clear that the lack of integration of health and social care in this respect is costly and has profound effects for those stuck in the system.
- 4.3 Delayed transfers of care are explained by a range of different factors, including the failure of care workers and clinicians to co-ordinate a needs assessment, protracted waits for home care packages to be put in place, or difficulties in decision making around longer-term care including difficulties patients and families face around self-funding care.¹⁷ The NHS has experienced an increase of more than 45% of delayed days due to care packages not being in place in patients' own homes.¹⁸
- 4.4 Better integration, increased availability of information and clearer guidance for patients, staff, carers and families would help to alleviate some of these problems. During 2015 and 2016, the proportion of delayed transfers due to difficulties with patients and families making timely choices about after-care increased.¹⁹ It is vital to ensure people have sufficient support when making these decisions because they will often be making serious, lasting decisions about what residential care to choose for a loved one and how to pay for it from their own funds.
- 4.5 Innovations, such as the 'Discharge to Assess' model have been trialled with success in some areas, but are frequently limited in geographical scope due to a lack of consistent implementation.²⁰

¹³ NHS England (2015) [Readiness for implementing the BCF.](#)

¹⁴ NHS England (2017) [Delayed Transfers of Care Data 2016-17.](#)

¹⁵ National Audit Office (2016) [Discharging older patients from hospital.](#)

¹⁶ NHS England (2017) [Delayed Transfers of Care Data 2016-17.](#)

¹⁷ The Kings Fund (2015) [Delayed transfers of care.](#)

¹⁸ NHS England (2017) [Delayed Transfers of Care Data 2016-17.](#)

¹⁹ National Audit Office (2016) [Discharging older patients from hospital.](#)

²⁰ Department of Health (2016) [Quick Guide: Discharge to Assess.](#)

5. Key recommendations

Whilst it is clear that there are significant problems in health and social care, integration of the two systems will go some way to alleviating the pressures on frontline services and generating savings that can be used elsewhere. With a growing population of older people and increased demand for services, the Government must act now to ease current problems but also start taking the necessary action to make health and care services sustainable in the long-term.

1. Seek a long term solution to the problems facing health and social care.

The issues facing health and social care, including delayed transfers of care, cannot be dealt with in isolation. The government needs to take a more holistic approach.

Whilst the Government have taken steps to lessen some of the pressures on adult social care with the precept and changes to the New Homes Bonus, these steps do not in themselves address the fundamental problems with under-funding in social care. Without a well-funded social care system, progress on integration will always be limited.

What is needed now, more than ever, is a cross-party process to examine the long-term sustainability of the system. This should include an assessment of how health and social care services can genuinely achieve integration when two different funding models are still in operation.

2. Broaden public access to information on care.

Although delayed discharges are frequently due to problems putting in place appropriate care packages for older people, in some cases, discharges are unnecessarily held up whilst older people, families and carers come to a decision about after-care.

Making choices around care is always a difficult process, but it is scarcely made any easier by a real paucity of meaningful, accessible information on the process of going into care and for a number of older people leaving hospital, the quality of care homes. Independent Age has piloted a programme with Camden Healthwatch, who have a statutory right to enter and view care homes. This partnership aimed to assess care homes in the area by a new set of criteria, asking questions that older people and their families report wanting to know the answers to when making care home choices.²¹

Independent Age wants to ensure that people making care home choices have access to improved information on safety and quality in care homes and the quality of healthcare within these homes. This could go some way to improving integration, both in terms of assisting people with deciding where they want to receive care, but also increasing transparency and driving better performance in care homes overall.

²¹ Independent Age (2016) [Shining a light on care: helping people make better care home choices.](#)

3. Maintain realistic goals for integration.

The Government has called for 'complete integration' across England by 2020. It is vital that there are clear measures to monitor and evaluate success.

In addition, integration should not be seen as a panacea for all of the problems facing the health and care system. Integration of health and social care is only one of many steps required to deliver improved care. Longer-term solutions to funding and service delivery will now be crucial for the government to develop.