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15th May 2014

Solutions hearing: New ways of delivering health and social care

The Independence Day Panel includes:

Victoria Macdonald, Health and Social Care Correspondent, Channel 4 News (Chair) • Phil Hope, Director, Improving Care • Pam Creaven, Director of Services, Age UK • Paul Corrigan, former Director of Strategy and Commissioning at NHS London Strategic Health Authority and former health adviser to Tony Blair • Alexandra Norrish, Deputy Director of NHS Policy and Strategy, Department of Health • Emily Holzhausen, Director of Policy and Public Affairs, Carers UK • Don Redding, Director of Policy, National Voices

Evidence heard from:

• Geraldine Green, Senior Policy Officer, Alzheimer's Society • Christopher Annus, British Heart Foundation • Libby Eastley, Care UK • Jake Eliot, National Housing Federation • Jim Moran, Skills for Health • Lisa Ray, Assistant General Secretary, Civil Service Pensioners' Alliance • Paul Anders, Drug Scope • Cydonie Garfield, Head of Strategy and Quality Assurance, Jewish Care • Jill Manthorpe, Director of Social Care Workforce Research Unit, Kings College London • Kate Tillet, Director of External Affairs, MSD • Kate Hall, External Affairs Manager, Nutricia • Alison Jones, Nutricia • Duncan White, UK Homecare Association

The Independence Day Health and Social Care Hearings bring together policy makers, representatives from the health and social care sectors and the public to contribute fresh thinking to the policy debate and come up with practical solutions.

SUMMARY

The third Independence Day hearing looked at the practical solutions that would be needed to deliver genuine integration and improve the quality of care for patients.

The evidence session heard that:

- It would take at least seven years to bring about genuine integration in the health and social care system

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- Strong leadership at the top would be key to achieving this
- However, the gap between the current health budget and the budget that would be needed in 2021 would be £44bn
- The Better Care Fund needed to be reformulated to take account of the fact that in all likelihood, emergency hospital admission numbers would continue rising and consequently reduce money available for the Fund
- The voluntary sector should play a much greater part in the conversation about integration given the valuable support it provides to the social care sector

The hearing proposed these solutions:

1. A narrative that explains the actual benefits to people of integration needs to be developed - “independence” should be central to that
2. Patient data should be collected and examined to consider the “*avoidable suffering*” patients currently experience in the health and social care system and demonstrate how this could be lessened through integration.
3. Community organisations and system leaders should work together on the integration agenda.
4. Double-running services should be considered while acute services were being downsized and community services built up.
5. Commissioners should look at outcome based commissioning based on the principle of patients gaining independence from their experience of the health and social care system.

SUMMARY OF CONTRIBUTIONS

The Chair Victoria Macdonald introduced the third hearing and said that the purpose of this was to bring expertise to bear to look at how to transfer the health and social care system and to consider how independence for patients could be encouraged. She said that an all-party consensus on integration “*seemed closer than ever before*”.

Paul Corrigan said that it was fitting for these hearings to be called ‘Independence Day’ because there was a “*clear moral purpose*” on the part of the Government to ensure that patients gained increasing independence from using the health and social care system. He said that it was wrong that everything in the system should be phrased in terms of “*service charge rather than outcomes to the public*”. He noted that genuine integration would “*do very considerable change to the status quo*” and pointed out that there was a “*social, moral, economic and political imperative*” that ‘independence’ should be seen as a value in itself.

He gave an example of a woman in her mid-80’s with “*high acuity illnesses who yearns for independence*” and spoke about the bitter paradox whereby while she felt that the only place she could deal with her health problems was in hospital, this was likely to exacerbate them. As he reflected, “*the only place of safety we have created is unsafe*”. Further, he argued that her hospital experience was likely to create much more dependency on the system.

He also urged local commissioners to look at outcome based commissioning which was based on the principle of patients gaining independence from their experience of the system. At present, he said that they were “*spending resources and creating dependency*”.

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He warned that those in Whitehall and Government needed to understand the scale of change they were asking providers of services to be involved in and said that it would take *“at least seven years”* to bring about genuine integration. He argues that anxiety at the scale of change needed had caused people to *“retrench”* but said that they needed to be encouraged into timescales of this period or more.

He also spoke about the Better Care Fund (a health budget for local authorities, which in the Government’s words *“will ensure a transformation in integrated health and social care”*) which is due to begin in April 2015 but has been beset by rumours of delay. He said that the plans for this Fund did not address what was needed since it was predicated on there being a 15% decrease in emergency admissions, even though admission numbers have been *“going up for a decade”*. However he acknowledged that the Fund could work if it was reformulated to ensure it delivered a decrease in A&E admissions.

Alexandra Norrish of the **Department of Health** said this was a *“really good, well-timed conversation”* to be having and extremely pertinent for her department. She spoke about a friend who had worked in three successive organisations who had tried to integrate primary, community and acute care and who had only been successful in one. She said that the *“magic ingredient”* which allowed that organisation to do this was that *“the Chief Executive really cared about it”*. Ultimately, she noted that integration was *“incredibly hard, incredibly terrifying”* but, if there was an impetus to do this coming from the top of an organisation, it could still be achievable.

She argued that it was possible to shift attitudes to integration by taking all the data about patients and patient experience and highlighting the *“avoidable suffering an organisation inflicts on patients going through the healthcare process”*. She said that one could then demonstrate how the integration of services could lessen that suffering for an individual. She echoed Paul Corrigan’s earlier comments, saying that if integration became a *“moral imperative”*, it would have more traction in the UK.

Regarding the Better Care Fund, she said that it had the potential to be a *“game-changer”* but warned that a lot of organisations were feeling a *“great deal of pressure”* and had divergent goals.

Don Redding of **National Voices** spoke of the importance of using *“all of the support channels that make good social care”* and gave as one example the reduction in numbers of specialist district nurses. He argued that the voluntary sector, which provided valuable support to the social care sector had been subject to local authority grant cuts and that it should be part of the conversation about integration in a much more significant way.

He said that a narrative expressing the perspective of people who use services has been created, adopted by all the system leading organisations including the Department for Health, espoused by all the integration pioneer areas, and used by many other local carers in the work on integration. National Voices co-produced this narrative for person centred coordinated care and further information can be found [here](#).

He agreed with **Paul Corrigan** that people needed to work to seven year timescales but said that there must also be a clear *“coordinated independent movement for integration”*.

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Don said there needs to be a social movement that owns the cause of coordinated care and which keeps national politicians at arm's length. Currently this is nascent and consists of the local leaders of health and social care, but there needs to be more community and voluntary sector involvement in this movement.

Emily Holzhausen of **Carers UK** agreed with **Don Redding** that the voluntary sector should have a much bigger say in integration matters. She said that Carers UK were doing a piece of work with the CQC on 'care quality' which had found that *"people at the centre felt absolutely powerless to bring about change"*. She too said that leadership was crucial because a lack of leadership caused people to *"shy away from reforming the system"*.

Pam Creaven of **Age UK** also criticised the Government's decision to reduce the numbers of specialist district nurses and said this had directly led to a *"spike in hospital admissions"*. She said that the costs of hospital admittance were *"ten times more expensive"* than retaining these nurses. She argued that resources were being cut throughout the system and said that patients wanted *"continuity and to connect services back into the community"*.

She said that *"double-running services"* was an effective but expensive solution whilst downsizing acute services and building community services. She also criticised the fact that while younger patients were often given psychological therapies to combat mental conditions, older patients were *"simply put on medication and left alone"*.

Phil Hope of **Improving Care** praised **Paul Corrigan's** *"vision of independence where there was more independence for the patient at the end of a healthcare intervention than at the beginning"*. He agreed with others on the panel that *"strong leadership"* was vital in achieving this. However, he noted that while it was realistic to speak in terms of a seven year timescale, the gap between the health budget and the budget that would be needed in 2021 would have reached £44bn. He said that one could not ignore the realities of this situation and that shorter term solutions would have to be found.

Jill Manthorpe of the **Social Care Workforce Research Unit at Kings College London** pointed out that the *"elephant in the room"* was the carehome sector's relationship with social care and the NHS. She noted that a *"great deal"* of the local authority care budget went on funding carehome place, even though *"independence and carehomes don't sit together in most people's minds"*.

Jake Eliot of the **National Housing Federation** said that half the members of the Federation provided some form of care support and that housing should be a big part of the *"independence agenda"*. He argued that all political parties should consider ways to increase housing capacity to provide this support.

Phil Hope concluded by arguing that the three hearings had demonstrated why it was important to *"rally behind independence as a concept"*. He thanked all the contributors to all the Independence Day hearings and to Nutricia who had kindly sponsored them.

Phil outlined the next steps for the Independence Day series. Independence Day has always been about bold thinking. Through the hearings, we have started to shape and influence health and social care policy and we will be launching our recommendations at a unique **Parliamentary Innovations Forum** in September. The event will be geared to getting MPs and other influencers to see and hear about the innovation and best practice which is going

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on across the country which is achieving integration and independence at a time of mounting cost pressures. The event will also bring together star commentators and policy makers from all political parties to respond and comment on the Independence Day findings. The forum will showcase what good health and social care can look like and set a benchmark which all parties can sign up to. Further information will be available soon and on our website www.independencedayseries.co.uk