



THE ROAD TO INDEPENDENCE DAY

HOW TO DELIVER, REINVENT AND INTEGRATE
OUR HEALTH AND SOCIAL CARE?

2013 · 2014

sponsored by



21st November 2013

The challenge of ageing to a sustainable NHS - how can we tackle the cost pressures on the NHS and social care budgets given the UK's growing and ageing population?

The Independence Day Panel:

Phil Hope, Director, Improving Care (Chair) • Kieran Brett, Director, Improving Care • Andrew Hawkins, Chair, ComRes • Michelle Mitchell, Chief Executive, MS Society • Emily Holzhausen, Director of Policy and Public Affairs, Carers UK • Baroness Sally Greengross, Chair, International Longevity Centre • Sir Tom Hughes-Hallet, Executive Chair, Institute for Global Health Innovation • Pam Creaven, Director of Services, Age UK • Andrea Sutcliffe, former Chief Executive, SCIE • David Worskett, former Chief Executive, NHS Partners Network

Evidence heard from:

Baroness Howe of Idlicote CBE • Madeleine Knight, Senior Policy Analyst, Health Policy and Economic Research Unit, British Medical Association • Steve Tolan, Unit Head of Practice & Development, Chartered Society of Physiotherapy • Lisa Ray, Assistant General Secretary, Civil Service Pensioners' Alliance • Éabhall Ní Cheallacháin, Charity Development Support Officer, Compassion in Dying • Ally Paget, Researcher, Demos • Natasha Kutchinsky, Office of Paul Burstow MP • James Holloway, Policy and Research Officer, Independent Age • Kevin Halden, Adviser to Community Wellbeing Team, Local Government Association • Cllr Catherine Percival, Strategic Cabinet Member for Health and Children's Services, London Borough of Richmond • Caroline Lecko, Patient Safety Lead for Nursing Directorate, NHS England • Kate Hall, External Affairs Manager, Nutricia • Mark Jackson, Deputy Chairman, Saga Healthcare • Anna McEwen, Development Director, Shared Lives Plus • Richard Bourne, Socialist Health Association • Ali Rogan, External Affairs Director, Tunstall • Duncan White, Policy Officer, UK Homecare Association • Guy Collis, Policy Officer, UNISON • Prof Sheena Asthana, Professor of Health Policy, University of Plymouth

Independence Day • First Hearing

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.

The first Independence Day hearing placed the cost pressures on the NHS and social care budgets in context with the UK's growing and ageing population. The evidence session heard that:

- the UK is looking at a real terms reduction of 12% in spending over the next 20 years
- reform and integration will not come about by giving the NHS more money
- older people make more demands on the NHS but independent living strategies would lead to less expensive hospital stays and achieve significant savings

The hearing looked at how to meet these challenges and how to cut costs and improve the health and social care system **“at the right scale and pace”** to deliver independent, affordable and integrated health and social care.

There were several **solutions** proposed at the hearing:

1. A local health service is created, wrapped around the person – extracting money from acute care and using these funds to develop community services and a preventative model of care. It costs £30 per day for homecare support compared with £300 for hospital care
2. Hospitals needed to be transformed from acute to primary care centres
3. Policy makers should recognise that outside metropolitan areas, health and social care services are chronically underfunded
4. Independence cannot be achieved without technology – such as a greater use of telehealth in the system
5. Better nutrition, especially delivered at home, would help deliver more independence
6. We should invest in preventative care models – CCGs and health and wellbeing boards should play a big role bringing this about
7. Early and improved discharge plans, mandated by the CQC, could be included in the Care Bill currently going through Parliament
8. Local authorities needed greater encouragement to deliver care back into their communities

Any solutions would have to take into account public anxieties about protecting the NHS and their emotional attachment to hospitals. It was felt that there was an inherent disapproval of funding being diverted away from acute care and that party policy development in this area was influenced by negative public reaction and opposition to change from medical professionals. The evidence session heard that, if real transformation in health and social care is going to happen; difficult and tough policy thinking needs to be taken.

The King's Fund paper on health and social care integration in Torbay in 2011 demonstrated how integrated health and social care teams could work in practice. Pilot integrated care

Independence Day • First Hearing

schemes have also taken place in other areas on a small scale which could provide part of the solution.

The evidence session heard that Age UK had been involved in developing an award-winning healthcare scheme for the elderly in Newquay, which saw hospital admissions fall by more than a third. This pilot initiative brought together the health service, local authorities and volunteers to provide a combination of medical and non-medical help, aimed at keeping people independent and out of hospital. The scheme had made a 4 to 1 return on investment and serious consideration needed to be given to how this could be replicated for the most expensive patients in the UK.

SUMMARY OF CONTRIBUTIONS

Pam Creaven of Age UK spoke about her previous experience as Managing Director of a PCT and said that what the public wanted was a local service which was wrapped around the person in a thoughtful way and which gave flexibility and choice to meet individual care needs.

Transformation would only come about from extracting money from acute care and using these funds to develop community services which people wanted. Her experience of QIPP meant that in reality you end up paying twice – for the innovation and for the old service. It is therefore not surprising that public are sceptical of change unless wider resources are available.

Kate Hall from the clinical nutrition company **Nutricia**, said that malnutrition had doubled in hospitals in recent years. She said 1 in 10 of those over 65 were at risk of suffering from malnutrition and spoke about the work Nutricia had done with Carers UK to educate carers about how they could help with this problem. Better nutrition, especially delivered at home, is an important part of delivering independence.

Ali Rogan from **Tunstall Healthcare**, called for a greater use of telehealth in the system and said that integration and independence could not be achieved without technology. She said that it was clear that services needed to be improved and that cost efficiency must also be increased – the tools were out there and up to 8 million people now benefit from some form of telecare. Much more was possible if technology was embraced more widely; which generally the public were keen to do.

Duncan White from **The UK Homecare Association** said the main problem was a crisis in social care and that the solution lay in better direction of resources. He cited figures showing that 72% of local authorities had reduced homecare support for those who did not have the most intensive care needs. He said in three years, the number of adults of all ages receiving this support had gone down by 62,000. This was **“skewed logic”** because he had evidence to show it cost £30 for homecare support compared with £300 for hospital care. Meanwhile reduced social care actually has higher costs as it leads to more A&E visits and admissions.

Wholesale change not **“fine tuning”** a bad system was needed. In his view CQC monitoring must get better and this includes the commissioning process itself. The issue of costs

Independence Day • First Hearing

needed to be seized and at the same time people should face up to the fact that choice creates more expense and is probably something that cannot be afforded.

Kieran Brett of **Improving Care** said there needed to be a grown up debate regarding funding for social care. Any savings from integration would not be realised immediately so there needed to be a debate regarding putting up taxes, cutting services, and/or private payments as well as reconfiguration the health and care services.

Professor Sheena Asthana called for policy makers to recognise that outside metropolitan areas, health and social care services had been chronically underfunded for decades. Furthermore, the narrative of a greedy elderly population grabbing resources was not true or fair because the elderly were a “*tough generation*” who were good at managing their lifestyles.

The funding formula was currently skewed towards deprivation and councils with high birth rates, rather than more rural areas where higher percentages of the elderly live. A way of prioritising the needs of the 2 million+ elderly patients with the highest need must be found.

Cllr Catherine Percival of **London Borough of Richmond** stated that Richmond was the worst funded local authority but due to their population, 40% of their budget goes on social care.

Lisa Ray of **Civil Service Pensioners Association** said that her 60,000 members were increasingly worried about dementia services. She also noted that elderly people actually provide a great deal of care for themselves.

Mark Jackson of **Saga Healthcare**, the biggest provider of domiciled care in the UK, said the rationing of care, decrease in the number of care hours and the intensity threshold to qualify is clearly a bad thing, as is GPs retiring back into their surgeries. He felt that we do not need to dismantle the current systems, but can deliver better and more care in the community.

Richard Bourne of **Socialist Health Alliance** said that radical reform was needed everywhere and that social care needs more money if we are to get to a better service. He felt that raising taxes to provide universal quality social care would be acceptable to the public and that competition in health and social care was unhelpful.

Baroness Greengross said that hospitals needed to be transformed from acute to primary care centres and that for elderly people, who often had multiple non-acute conditions, they could be bettered cared for through primary and social care.

She called for investment in preventative care models and said CCGs and health and wellbeing boards had a huge role to play in bringing this about. She also said dementia was the biggest challenge for the elderly in care terms because it meant they often ended up in hospital when they could be cared for at home. Early and improved discharge plans could and should be included in the Care Bill currently going through Parliament.

Independence Day • First Hearing

Kieran Brett pointed out that more taxation for social care may not carry widespread support and that other alternatives need to be considered. He also said that NHS England is currently reviewing its resource allocation.

Phil Hope said the idea of new mandates for the NHS on early discharge planning, targeting the 2 million patients with the highest need and who incurred the greatest cost were important ideas. Independence Day would take forward these ideas as well as looking at the call to regulate commissioners regarding their quality of commissioning.

The next hearing in February/March 2014 will look at public and political expectations of the NHS, why policy makers are reluctant to embrace new forms of integrated care and how they can change the public's perception and attitudes towards the present system.

To get involved and be part of the Independence Day debate please contact James Noble at Connect Communications on 020 7592 9490 or j.noble@connectpa.co.uk