

# Debate on the NHS's performance in relation to its priority area targets; and the impact of adult social care pressures on patients of the National Health Service, and their safety.

## House of Lords

Thursday 6 February 2020



### Key messages:

- Adult social care and support is a vital service in its own right. It helps people of all ages to live the life they want to lead. It binds our communities, helps sustain the NHS and provides essential economic value to our country.
- Following the Government's delays to its green paper, we published our own, 'The lives we want to lead: The LGA green paper for adult social care and wellbeing', in the summer of 2018. This was a starting point for a public debate about how to fund care and how it can better support and improve people's wellbeing. Our response to this consultation was published in November 2018 and sets out key findings, implications and recommendations, including on how to fund social care. In July 2019, to mark one year on from the launch of our own green paper, we produced a further report to set out the consequences of another year of delay and inaction.
- We are pleased that in the recent Spending Round, the Government has responded to our calls and provided desperately needed new money, including £1 billion for social care (children's and adults), as well as confirming the continuation of existing grants. However, these one-off, piecemeal injections of funding hamper councils' ability to plan for anything beyond a short-term horizon. Social care needs to be given long term funding certainty in the same way as the NHS, and we look forward to seeing the Government's plans for long-term adult social care reform.
- NHS performance on its key target areas has deteriorated significantly over recent years. This has been driven by rising demand for NHS acute services, which is caused by a range of factors, including:
  - A lack of funding for and investment in adult social care, primary and community health care. This has meant that these services have been unable to keep pace with demand. It also means they are less able to help keep people out of acute settings in the first place.
  - A lack of investment in public health and preventative services.
  - An ageing population with more complex and multiple needs.
  - A national healthcare funding and operating model which is reactive and prioritises acute funding over community-based provision, treating the symptoms of pressures rather than their root cause.
- There is a vital need to invest in primary and community health care, and wider community services. Local authorities' public health grant funding has reduced by over £700 million in real terms between 2015/16 and 2019/20. To match the growth in overall NHS funding as part of the Long-Term Plan, the public health grant should increase to at least £3.9 billion by 2024/25. We are continuing our calls for the public health grant to be restored and placed on a long-term sustainable footing for the future, with the additional money used by local authorities to help avert the onset of disease and reduce the burden on NHS and social care.
- More needs to be done to make our model of health and care proactive, person-centred, holistic and preventative.

# Briefing

## **Further information**

### **Adult social care funding**

Adult social care is a crucial service that can transform peoples' quality of life. Years of significant underfunding coupled with rising demand and costs for care and support, have combined to push adult social care services to breaking point. From 2010 to 2018/19, councils protected adult social care relative to other services. However, the ADASS budget survey demonstrates that the proportion of budgets spent on adult social care will decrease slightly in 2019/20 for the first time in a decade. The service continues to face significant pressures. These include core pressures of demography, inflation and National Living Wage pressures; and the provider market pressure (the difference between what providers say is the cost of provision and what councils pay). Latest figures show that councils in England receive 1.8 million new requests for adult social care each year – the equivalent of nearly 5,000 a day.

Government responses to the challenge of adult social care funding in recent years have been short-term and incremental in nature. One-off grants, the council tax precept for social care and increases in improved Better Care Fund funding have been helpful. But each mechanism has its limitations and they have not been enough to deal with all short-term pressures, let alone address the issue of longer-term sustainability.

Long-term reform is needed, and we look forward to the Government setting out its thinking at the earliest opportunity. Proposals will need to be practical and workable so that adults of all ages are supported to live the lives they want to lead. This means ensuring that the current system is adequately funded, as well as introducing reforms which improve access to care and pool the financial risk, so individuals do not face catastrophic costs. After many years of failed attempts at reform, local government is eager to see - and support - meaningful and lasting change for the benefit of all people who use and work in adult social care and support.

### **The lives we want to lead**

Following the Government's repeated delays to its green paper, we published our own in the summer of 2018. 'The lives we want to lead: The LGA green paper for adult social care and wellbeing' was a starting point for a public debate about how to fund care and how the care and health system can better support and improve people's wellbeing.

The consultation considered adult social care provision in the context of the role councils' play in shaping people's lives and communities. It posed a series of 30 questions covering issues including: the importance of care and support and wellbeing, the consequences of underfunding, how to make the system better and the options for implementing those changes, the role of public health and the relationship between care and health. The consultation was a real success and we received over 500 responses from members of the public, professionals, voluntary organisations and charities. Our response to this consultation was published in November 2018 and sets out key findings, implications and recommendations, including on how to fund social care.

In July 2019, and to mark one year on from the launch of our own green paper, we produced a further report. Through a series of articles from people who use services, care workers, providers and other sector experts, the publication set out the consequences of another year of delay and inaction.

### **NHS performance**

Performance on the four-hour A+E wait target has steadily declined over recent years. Figures from December 2019 showed historic lows, such as:

- There were 4,185 trolley waits in quarter three 2019/20, more than three times the 1,262 reported for the same period in 2018-19
- Overall four-hour performance was 6.1 percentage points lower in quarter three 2019-20 (81.6 per cent) than in the same quarter a year earlier
- The four-hour performance target in Emergency Departments was nearly 10 per cent lower in the third quarter 2019-20 than the previous year, down to 71.5 per cent from 81.2 per cent – another unprecedentedly large slide. The NHS has not met the four-hour target since July 2015.
- Demand has risen throughout this period, with admissions up 6 per cent in 12 months (at July 2019) at major accident and emergency departments, total attendances hitting a record 2.27 million (in July 2019), which is a 4 per cent increase on July 2018 numbers.<sup>1</sup>

The significant pressure on councils' adult social care budgets means that funding is having to be prioritised on supporting people with the highest level of needs. Consequently, there is a lack of funding for more community-based preventative services. The 2019 Director of Adult Social Services (ADASS) Budget Survey notes that despite knowing that investing more in prevention and early intervention is one of the most important ways to make savings, 53 per cent of directors stated that they can only maintain existing levels of expenditure on these services, whilst 11 per cent are disinvesting.<sup>2</sup>

The 2019 ADASS Budget Survey also notes that as well as the £7 billion cuts to social care, there are fewer GPs, a 45 per cent reduction in district nurses since 2010 and a 10 per cent reduction in the Government grant for public health since 2015/16. 71 per cent of Directors report that these pressures have been further exacerbated by insufficient capacity in primary care, community health care or mental health services.<sup>3</sup>

The Health Foundation estimated that 41 per cent of emergency admissions from care homes were for potentially avoidable conditions such as chest infections, pressure sores and urinary tract infections that could be treated in the community or were a result of poor care or neglect.<sup>4</sup>

The Public Accounts Committee estimated in 2018 that 1.5 million people could have avoided emergency admission in 2016/17 if hospitals, GPs, community services and social care had worked more effectively<sup>5</sup>.

### **Delayed transfers of care (DTOC)**

Government focus and investment, such as the £2 billion Improved Better Care Fund, has supported improvements in delayed discharges.

Our analysis shows there was a reduction of 513,773 in delayed days attributable to social care over the period from July 2017 to June 2019, freeing up essential beds and improving people's lives for the better by making sure they do not stay stuck on wards for longer than necessary. We estimate this has saved the NHS an estimated £177 million.<sup>6</sup>

<sup>1</sup> <https://www.hsj.co.uk/quality-and-performance/record-collapse-in-emergency-care-performance/7026655.article>

<sup>2</sup> ADASS Budget Survey (2019) [https://www.adass.org.uk/media/7295/adass-budget-survey-report-2019\\_final.pdf](https://www.adass.org.uk/media/7295/adass-budget-survey-report-2019_final.pdf)

<sup>3</sup> ADASS Budget Survey (2019) [https://www.adass.org.uk/media/7295/adass-budget-survey-report-2019\\_final.pdf](https://www.adass.org.uk/media/7295/adass-budget-survey-report-2019_final.pdf)

<sup>4</sup> Health Foundation (2019) 'Emergency admissions to hospital from care homes: how often and what for?' <https://www.health.org.uk/publications/reports/emergency-admissions-to-hospital-from-care-homes>

<sup>5</sup> Public Accounts Committee (2018) 'Reducing emergency admissions inquiry' <https://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/inquiries/parliament-2017/reducing-emergency-admissions-17-19/>

<sup>6</sup> LGA (2019) 'Adult social care services help cut half a million unnecessary hospital bed stays'.

<https://www.local.gov.uk/lga-adult-social-care-services-help-cut-half-million-unnecessary-hospital-bed-days>

Whilst the reduction in delayed transfers is important, many commentators, including ADASS, have warned that more preventative and community-based services have suffered from funding being sucked into supporting discharge rather than preventing hospital admissions in the first place. We have long argued for funding to focus on community investment and preventing hospital admissions.

## Solutions and good practice

The LGA, along with other national health and care partners, advocates for preventative, person-centred integrated care, with investment in community provision which maximises people's independence, wellbeing and the resilience of communities. This means investing in services such as reablement, which helps people regain their independence after time in hospital and helps reduce the likelihood of returning to hospital.

Councils are demonstrating best practice in this area. For example:

- **Wirral care home triage:** Wirral has a large number of care homes and had a significant number of non-elective admissions from care home residents. They therefore introduced a tele-triage service across 76 care homes, which gave an iPad and basic monitoring equipment to staff, who could use this to call on the advice from a nurse practitioner or GP when a resident become unwell. The service receives around 300 calls a month and only 15 per cent of patients require hospital treatment following the consultation. In terms of impact, there has been a 68 per cent reduction in NHS 111 calls from Wirral Care Homes, and a 10 per cent reduction in ambulance conveyances to A&E from care homes for 2018/19 compared to 2017/18<sup>7</sup>.
- **Mid Nottinghamshire Better Together** has a multi-agency model has seen 22 per cent fewer breaches of the national four-hour emergency target in 2015/16, compared to the previous year. As a result of the proactive work, Sherwood Forest Hospitals has been able to reduce bed stock by over 100 adult medical beds. The number of patients staying in hospital for more than 14 days has halved. They are introducing a commissioning model using personal health budgets. Initial pilots have shown average cost reductions per budget of around 17 per cent.
- **Voluntary Action Rotherham** is funded £500,000 to allocate money to voluntary and community organisations that are providing activities as part of the social prescribing programme. Analysis has identified an overall trend that points to reductions in service users' demand for urgent care interventions after they had been referred to the social prescribing programme. The estimated total NHS costs avoided between 2012-15 were more than half a million pounds: an initial return on investment of 43 pence for each pound (£1) invested.<sup>8</sup>

As part of the LGA's sector led improvement offer, we regularly hold events and produce resources to share best practice and support leaders in adult social care and wellbeing.

## Public Health

Councils have statutory responsibilities around public health, and as such have a stake in the future arrangements around these areas. There needs to be a greater shift away from health and care investment in treatment and towards prevention. We are pleased that the recent NHS Long Term Plan recognises this. By joining up care, health, planning, housing, transport,

---

<sup>7</sup> LGA (2019) 'Wirral: care home tele-triage service'. <https://www.local.gov.uk/wirral-care-home-teletriage-service>

<sup>8</sup>LGA (2019) 'Integrating health and social care: Rotherham case study' <https://www.local.gov.uk/integrating-health-and-social-care-rotherham-case-study>

welfare and education, councils have made positive strides in tackling the social determinants of health and wellbeing from early childhood and throughout life.

We must place an emphasis on prevention, rather than cure, as this is better for people and the public purse. Prevention involves tackling the wide range of determinants that contribute to poor health amongst individuals and populations, with the aim of promoting health and wellbeing, and reducing health inequalities. Prevention has become increasingly important in recent years as the cornerstone of the drive to reduce people's need for high cost health treatments and care services.

Good public health has the potential to make a real and large-scale difference to our society. As well as improving people's quality of life, early interventions can also help save money further down the line. For example, a recent Public Health England report on falls prevention programmes shows that every £1 spent on home assessment and modification schemes for older people has generated savings of £2.17 on primary and secondary care spending. It has also been shown that this investment reduced the number of falls requiring admission to hospital over two years by an estimated 23 per cent, and that the societal (quality of life) return on investment was £7.34 for every £1 spent.

Since the transfer of public health to local government, councils across England have seized new opportunities to make health everybody's business. They have done this despite reductions to their grants. The ability for local authorities to innovate and increase efficiency is nearing its end. Investment in public health must be increased. Reductions to public health budgets must be reversed and public health needs to be put on a sustainable footing.