

Local Government Association Briefing Social Care and NHS Winter Pressures House of Lords

Thursday 25 January 2018



Key messages

- In the 2016 to 2017 winter period there were an estimated 34,300 excess winter deaths in England and Wales.
- Together with NHS England, local authorities and the LGA have undertaken a range of measures to improve preparedness for winter, including improving take up of flu vaccinations among health and care workers, sharing emerging best practice, carrying out analyses of current activity in local systems and mapping out bed availability among care providers in areas where there are currently delays.
- Local authorities remain committed to supporting people to be discharged from hospital safely and effectively. We are committed to supporting councils to prevent people from going into hospital in the first place, as well as improving performance on delayed transfers of care (DTOCs), with a range of practical support offers either already available or underway for challenges systems.
- The Government's DTOC reduction expectations are undeliverable for many as they do not take account of demographic and financial pressures facing councils. We urge the Government to bear in mind that DTOCs are a symptom, not the cause, of the pressures on the NHS and in many cases solutions will lie in investment in prevention, primary care, community services and hospital avoidance schemes. This is also a point made by the CQC in their interim report on the 'local area reviews' of the health and care systems.
- The commissioning and provision of adult social care and support is a vital council service that cares for and supports people year round, throughout their lives whether in care homes or in their communities which can help to transform those people's quality of life.
- There cannot be a sustainable NHS without a sustainable adult social care system. Adequately funding social care will deliver benefits for local communities and savings for the public purse. For example, funding an expansion in social care capacity would alleviate NHS pressures and therefore enable more people to be discharged quickly and safely from hospital.
- Given the ongoing social care pressures that local authorities face, it is particularly disappointing that the Government made no further funding available, in the Autumn Budget or the provisional Local Government Finance Settlement, to adult social care which faces a £2.3 billion gap by 2020.

Background information

The public health impact of winter

In the 2016 to 2017 winter period, there were an estimated 34,300 excess winter deaths (EWDs) in England and Wales. Local authority public health teams record the number of extra deaths seen in the winter months compared to the summer months. It is calculated by the Excess Winter Mortality Index.ⁱ

Briefing

In the winter of 2016 to 2017, there were 39.3 per cent more deaths from dementia and Alzheimer's disease compared with non-winter months. Of the 34,300 total excess winter deaths, 7,700 had dementia and Alzheimer's disease as the underlying cause of death (or 22.4 per cent).ⁱⁱ

Since the publication of the first Cold Weather Plan for England in 2011, (of which the LGA is a co-signatory) the impact of cold weather on health has been recognised. There are too many avoidable deaths each winter in England primarily due to heart and lung conditions from cold temperatures rather than hypothermia. The reasons more people die in winter are complex and interlinked with inadequate heating, poorly insulated housing, and health inequalities as well as circulating infectious diseases, particularly flu and norovirus, and the extent of snow and ice.

The winter period not only sees a significant rise in deaths but also a substantial increase in illnesses. The Cold Weather Plan for England therefore helps to raise awareness of the harm to health from cold, and provides guidance on how to prepare for and respond to cold weather. It is now clear that in an average winter, most of the health burden attributable to cold occurs at relatively moderate mean outdoor temperatures (from 4-8°C depending on region). This is why we must ensure our responses include year-round and winter-through actions, as well as emergency responses to extreme winter weather, to protect the vulnerable in our society.

Winter preparedness

In 2016/17 there were a large number of flu outbreaks in care homes despite elderly residents having high flu vaccination rates. This makes vaccination of staff caring for older people even more important. Vaccination of staff has been shown to be effective in reducing disease spread and patient mortality in the care setting. It can also help to ensure business continuity by reducing staff flu-related illness and the need to provide locum cover.

NHS England (NHSE) announced in October 2017 that they will fund up to £10 million for this flu season to support the delivery of flu immunisation for social care workers that offer direct patient/client care including:

- residential care homes;
- residential nursing homes;
- domiciliary care services;
- Shared Lives schemes;
- extra care housing services;
- supported living services.

The LGA has been working with NHSE to ensure the scheme successfully protects staff and patients, and contributes to the resilience of the health and social care system this winter. Some councils have also carried out scrutiny reviews focussing on preparedness for winter pressures on health services (such as accident and emergency services) and road gritting during freezing conditions.

We have delivered two of our three national winter preparedness workshops (in London, Leeds, with a third workshop planned in SW England) for adult social care leaders where top tips and best practice were shared ahead of winter. In addition to this, working with national and regional partners, we are currently developing a shared narrative about what is happening in each local system: how are they doing objectively, what are they doing to improve, do we think this will work, what support is going in and what else might be needed. This narrative will assist us in our ongoing conversations with the Government and our national partners regarding progress and challenges in tackling

delays as well as sharing best practice with a view to developing longer-term solutions.

Finally, we are working with several large social care providers to map capacity and bed availability against areas where there are delays. We are encouraging councils in these areas to seek jointly commissioned solutions with NHS colleagues, and ensure that if care home beds are used to support discharge that they have a short-term rehabilitation and reablement focus, with a clear emphasis on getting people home.

Delayed transfers of care

It is positive that councils have reduced delayed transfers of care (DTOCs) attributable to social care since July 2017, when their targets were set by government, by 20 per cent.ⁱⁱⁱ However, we know more needs to be done in close collaboration with NHS partners locally to ensure everyone gets the care they need in their own home wherever possible.

Local authorities remain committed to supporting people to be discharged from hospital safely and effectively. The LGA is in turn committed to supporting councils to prevent people from going into hospital in the first place, as well as improving performance on DTOCs with a range of practical support offers either already available or underway for challenges systems. These three tiers of support, offered under the LGA's Care and Health Improvement Programme, are: a Universal Offer, a Targeted Offer and an Enhanced Offer. This includes a range of resources such as guides, toolkits and emerging best practice studies, as well as peer-led reviews, themed workshops and a full diagnostic assessment of the DTOC system with ongoing support to ensure sustained improvement (available under the Enhanced Offer).

The LGA is working with other national partners, such as the Department of Health (now the Department of Health and Social Care), NHSE, and ADASS to mobilise the Enhanced Offer this winter for up to 10 of the most challenged systems. We are leading on the procurement of specialist support with a view to immediate delivery, for which funding has now been agreed.

The target reduction in delayed discharges is shared equally with local government and health, despite social care only accounting (directly) for 37 per cent of DTOCs. Setting separately attributable targets is seen as divisive and further damaging already fractured relationships, as well as fostering a continued blame culture. Indeed, where we have seen good, or notable improvements in, performance are within systems that have strong collaborative leadership, a no blame culture and a focus on people as well as performance. To highlight the success of this approach, we are building a library of case studies to illustrate effective action on DTOCs and publishing research and analysis on what works.

The LGA is also committed to supporting the weekly data collection on DTOCs, as a means of having accurate and timely data that can track trends closer to real time, and can support local narrative around delays as well as inform national discussions.

However, the Government's DTOC reduction expectations are undeliverable for many as they do not take account of demographic and financial pressures facing councils. Not only this, but the expectations were communicated late in the year, undermining confidence in future planning. We urge the Government to bear in mind that DTOCs are a symptom, not the cause, of the pressures on the NHS and in many cases solutions will lie in investment in prevention, primary care, community services and hospital avoidance schemes.

The role of local government in providing adult social care

The commissioning and provision of adult social care and support is a vital council service that can transform people's lives. It is a crucial public service that supports working age disabled adults, older people and their carers, as well as promotes their wellbeing and independence. Despite major funding pressures, councils have worked hard to preserve adult social care outcomes:

- In 2016-17, 86.4 per cent of service users in England reported that the services they received helped make them feel safe and secure. This is a statistically significant increase compared to the 84.5 per cent reported in 2014-15.
- The proportion of people who use services who say they have control over their daily lives has remained stable (77.7 per cent in 2016/17 compared to 76.6 per cent in 2015/16).
- Overall satisfaction of people who use services has remained stable (64.7 per cent in 2016/17 compared to 64.4 per cent in 2015/16).^{iv}

Adult social care is framed in legal terms by the 2014 Care Act, a landmark piece of legislation that brings together numerous separate laws and policies into a single, modern statute. At the heart of the legislation is a duty on councils to promote people's wellbeing, which is purposefully defined in broad terms. Included in the definition (alongside more 'typical' defining features, such as personal dignity and protection from abuse and neglect) is 'the individual's contribution to society' and 'domestic, family and personal relationships'.

Funding adult social care

There cannot be a sustainable NHS without a sustainable adult social care system. Adequately funding social care will deliver benefits for local communities and savings for the public purse. For example, funding an expansion in social care capacity would alleviate NHS pressures and therefore enable more people to be discharged quickly and safely from hospital.

As we have highlighted^v the continued underfunding of social care is making it increasingly challenging for local authorities to fulfil their legal duties under the Care Act, leaving the ambitions of the legislation on the brink of failing altogether and councils facing the prospect of court challenges. More concerning still is that by 2025 there will be another 350,000 people needing high levels of social care from councils.^{vi}

Councils also play a fundamental role in investing in preventative services, including telecare or hospital avoidance schemes, such as rapid response teams which mobilise quickly to treat someone in crisis in their own home rather than A&E. However, evidence from the ADASS Budget Survey shows that spend on prevention in 2017/18 forms 6.3 per cent of adult social care budgets, or £890 million. This is a smaller proportion of the budget than last year (7.1 per cent), and a decrease in cash terms from last year (£954 million).^{vii}

The situation is now critical and our care and support system is in crisis. This is not just the message from local government, it is the message from across the wider care and support sector.

Councils have worked hard to protect adult social care spending. However, our latest analysis on the funding gap faced by councils show that this approach is not sustainable:

- Since 2010, councils have dealt with a £6 billion funding gap in adult social care services. This has been met through £3.4 billion of savings to adult social care and £2.6 billion taken from additional savings to other services.
- The LGA estimates that local government faces a funding gap of £5.8 billion by 2020. £1 billion of this is attributable to adult social care and includes only the unavoidable cost of demography, inflation and the National Living Wage. This figure excludes other significant pressures, including addressing unmet need.
- The LGA estimates that adult social care also faces an immediate and annually recurring gap of £1.3 billion, which is the difference between what care providers say they need and what councils currently pay.

ⁱ For further information please see, 'Excess winter mortality in England and Wales: 2016 to 2017 (provisional) and 2015 to 2016 (final)' published November 2017:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/excesswintermortalityinenglandandwales/2016to2017provisionaland2015to2016final>

ⁱⁱ For further information please see, 'Excess winter mortality in England and Wales: 2016 to 2017 (provisional) and 2015 to 2016 (final)' published November 2017:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/excesswintermortalityinenglandandwales/2016to2017provisionaland2015to2016final>

ⁱⁱⁱ For further information please visit: <https://www.local.gov.uk/about/news/latest-transfers-care-figures-lga-response>

^{iv} For further information please visit: <https://digital.nhs.uk/catalogue/PUB30122>

^v For further information please visit:

https://www.local.gov.uk/sites/default/files/documents/5.20%20budget%20submission_06.pdf

^{vi} For further information please visit: <http://www.ncl.ac.uk/press/news/2017/08/cfasresearch/>

^{vii} For further information please visit: www.adass.org.uk/media/5994/adass-budget-surveyreport-2017.pdf