Summary

The health, public health and social care round-up summarises new policy, research and publications that are relevant to elected members and officers interested in health and social care. It is intended to be a digested read and provides links to the source documentation of major reports for further consideration. The briefings are organised in the following categories:

- major developments in November
- public health
- health and social care reform and finance
- health and social care quality and practice.

Major developments in November

The main news in November was the Comprehensive Spending Review which attempts to address the financial problems facing the NHS and adult social care. While local authorities welcomed more control over council tax, opinion is hardening that the two per cent precept and ring-fenced social care funding will be insufficient given the huge cuts to local authority funding overall. There is also concern that the precept will lead to inequalities for poorer areas which can raise less through council tax increases.

NHS pressures continue to increase; bed occupancy in acute trusts were at winter pressure levels in September, with leaders worried there was no more capacity to meet the winter emergency admission increase. Delayed discharges are rising, particularly those attributable to adult social care.
NHS regulators indicate that trusts are facing a deficit of £1.5 billion, projected to rise to £2 billion by the end of March. Chief Economist at the Kings Fund, John Appleby, said the NHS had never faced anything on this scale before.

Junior doctors voted for the first all-out strike in NHS history; an overwhelming result with a turnout of 76 percent and 27,741 people in favour, only 564 against. However, both sides called in ACAS to convene talks and on the eve of the first day’s strike it was suspended, to allow a period of negotiation to take place.

**Health and social care reform and finance**

**Comprehensive spending review**

**NHS and adult social care funding**

The CSR report includes:

- Councils allowed to introduce a social care precept of up to 2 per cent above the existing council tax threshold estimated at raising an additional £2 billion for adult social care by 2019-20.
- The Better Care Fund maintained beyond 2016-17, rising to an extra £1.5 billion of government funding by 2019-20.
- An additional £10 billion to the NHS by 2020-21 with £6 billion available in the first year to fully fund the NHS Five Year Forward View.
- The Disabled Facilities Grant increased by £500 million by 2019-20.
- An additional £600 million for mental health crisis and perinatal care.

An LGA analysis of figures suggests a large difference in the ability to raise income between wealthy and poorer areas – varying from around four to twelve per cent; areas with higher levels of deprivation and lower property values are set to face the biggest pressures. The Kings Fund’s Richard Humphries points out, ‘The councils that most need money for publicly funded social care are least likely to raise it from council tax ... the more deprived they are the less they can raise’.

It appears that the £1.5 billion BCF funding will not come from the NHS, but from existing local government funding – leading to concerns about the fate of other services within an overall cut to grants of 56 per cent over the next five years. The additional funding will not be made available until 2017-18, not in time for the introduction of the national living wage in April 2016. It is also not clear how much will be held back until 2019-20. ADASS and the LGA estimate that the funding short-fall in social care will reach £7.9 billion by 2019-20 with pressures including rising demand, inflation, the national living wage and reduction in core funding.

The report also indicated that the government remained committed to introducing the delayed cap on care costs and more generous means test for residential care in 2020. It said money would be allocated to prepare for this – but it is not clear whether this is contained within the BCF funding.

**Integration**

© Local Government Information Unit, www.lgiu.org.uk, Third Floor, 251 Pentonville Road, London N1 9NG. Reg. charity 1113495. This briefing is available free of charge to LGiU subscribing members. Members are welcome to circulate internally in full or in part; please credit LGiU as appropriate. You can find us on Twitter at @LGiU
The CSR report says that each part of the country must have an integration plan by 2017, to be implemented by 2020. There will be no centrally imposed model of integration – possible approaches include accountable care organisations, devolution deals and lead commissioning. Areas will be able to progress from BCF programme management once they ‘have moved beyond its requirements’.

**Public health**

While the funding ring-fence will remain until 2017-18, savings will be made to the public health budget – it is estimated that funding will fall from £3.46 billion in 2015-16 to £3.1 billion in 20-21. The CSR report says that this’ finishes the job of reforming the public health system’ and that councils can deliver efficiencies and learn from best practice so it is right to deliver savings. The government will consult on options to fully fund public health funding from retaining business rates receipts as part of the move towards 100 per cent business rate retention.

As with adult social care, savings to public health are another area where poorer areas with deprivation and health inequalities will be worst affected.

**Right place, right time, better transfers of care: a call to action**

This report of the Commission led by former Care Minister, Paul Burstow, found that delayed transfers increased by 15 per cent between August 2014 and August 2015 on the same period the previous year.

To avoid delayed discharges, the Commission recommends:

- establishing shared care records
- paying social care workers the national living wage
- strengthening the role of health and wellbeing boards in joined up commissioning
- national payment mechanisms should be changed to allow a coordinated system wide approach to improve care transfers stop block contracts
- pursuing the approach of completing full patient assessments which include a focus on discharge at the time of admission.

**Delayed discharge figures**

Community Care reports on NHS figures showing that delayed discharge bed days increased by a third between April and September 2015 on the same period the previous year. Delays attributable to adult social care account for 30 per cent of all delays, up from 25 per cent the previous year. Delays attributable to councils and the NHS rose by 23 per cent, but those attributable only to the NHS remained largely static. This appears to be attributable to reduced capacity in home care and care homes, and people with more complex needs.

**Monthly delayed transfers of care situation reports**
NHS England has issued new guidance on delayed transfers of care which aims to provide clarity on when it is appropriate for a patient to be discharged. It identified that, too often, discharge is focused on freeing the bed, rather than the patient’s best interests. It gave examples of social care only accepting a discharge notification when the patient was medically fit, rather than when they were medically fit for discharge, risking the problems facing patients who stay in hospital too long. It also warns against acute trusts sending out large numbers of inappropriate notifications and wasting social care time. The guidance reinforces the need for partners to agree their definition of delay. ADASS and NHS England are coordinating regional events on the guidance. Opinion is divided on whether the guidance will be sufficient to help in areas where there is mistrust between partners over issues such as accurate recording.

Financial strain spreading to CCGs

Health Service Journal (HSJ) reports that CCGs are aiming to save £1.8bn this financial year through quality, innovation, productivity and prevention targets (QIPP). CCGs with the biggest QIPP targets are attempting to improve their financial position after finishing 2014-15 in deficit.

Better Care Fund – criticisms from system leaders

HSJ used a Freedom of Information Act request to see a report commissioned by NHS England on the views of CCG and council leaders about the BCF. A number of problems were identified:

• Learning is not shared across areas and many don’t know what is working elsewhere.
• The emphasis on the rate of hospital admissions as the main indicator of local performance has distorted wider, system-wide plans for transformational change, while reporting is overly complicated, bureaucratic and onerous.
• National conditions such as protecting social services, seven-day discharge support and use of the NHS number across health and social care have been useful but are seen as too prescriptive and should be relaxed.
• Pooling budgets can be important to building collaboration, but particularly in financially challenged areas can cause anxiety and mistrust.

Greater Manchester federation of providers

HSJ reports that NHS trusts in GM are set to create a federation, to maximise the opportunities of reducing costs and sharing services and backroom support across the region. The federation will operate collective decision making with limited opportunities for individual trusts to veto decisions if they do not like the outcome. Two early areas of joint work could be recruitment and induction, and research and development which have potential benefits from working at scale.

Cities and Local Government Devolution Bill
The Bill has reached the Committee stage in the House of Commons. Health related measures include:

- ministers able to transfer NHS functions to combined authorities made up of two or more councils or other public bodies
- ministers could order property, rights and liabilities to be transferred from any public authority, such as foundation trusts or NHS England, to a combined authority
- the combined authority would remain answerable to regulators
- the combined authority should ‘have regard’ to national standards (this is a government amendment which weakens a previous Lords amendment stating that combined authorities should ‘adhere to’ national NHS standards and accountability obligations.

The Bill in its present state would go beyond the joint decision making and budget pooling in the GM devolution; potentially a combined authority could take on the responsibilities of a CCG. The Kings Fund has raised the possibility that devolution could result in more local variation in the NHS. Others have questioned whether such powers would ever be used.

**Place based systems of care**

The Kings Fund recommends that NHS commissioning should become more strategic and integrated so that scarce commissioning expertise is brought together into larger geographical footprints than is usual in a CCG, while retaining local knowledge. The think tank proposed the need to establish place based systems of care, but did not define the size of the ‘place’ or recommend CCG mergers.

HSJ reports that NHS England and NHS Improvement are expected to ask NHS providers and commissioners to work together as sustainable health systems to produce multi-year financial and joint service transformation plans. Examples from previous years include West London, Greater Manchester and Staffordshire where independent CCGs are working together. NHS England Chief Executive Simon Stevens has previously indicated he sees formal CCG mergers as a distraction from getting on with the job.

**Appointments in November**

HSJ reports that the third director of the Better Care Fund has been appointed in twelve months. Anthony Kealey replaces Ann Radmore who left in the summer to become interim chief executive of Kingston Hospital Trust. Kealey has been involved previously in BCF development at NHS England. He has expressed sympathy with the view that BCF planning will be aligned with the wider NHS planning round.

The new Chair of the CQC will be Peter Wyman, currently Chair of Yeovil District Hospital Foundation Trust.

**Vanguard metric dashboard**
The team supporting the new care model vanguards has launched a dashboard of metrics to monitor performance and outcomes. Two indicators are included at present – emergency admissions and bed days; for enhanced care home vanguards the first metric is non elective admissions in people over 65. More metrics will be added, forming a dashboard of around 18 by next April. The team found that many nationally reported indicators do not properly measure the performance of integrated systems. It will be working to improve measures on quality of life, staff experience (to cover GPs) self care, patient experience of integrated care, and possibly a bespoke health and wellbeing indicator for care home residents.

Public health

Commons Health Committee report on child obesity

The cross-party committee acknowledged there was no one solution to tackling child obesity. Instead a range of measures, similar to those previously recommended by PHE, should be adopted urgently.

- a tax on sugary drinks
- a crackdown on marketing and advertising including a ban on advertising on television before 9 pm, and a ban on the use of cartoon characters
- clearer labelling of products showing sugar content in teaspoons
- a drive to force the food and drink industry to reduce sugar as it did with salt
- a crackdown on price promotions.

The Food and Drink Federation thinks the report is ‘disappointing’ and is nobly standing up for ‘hard-pressed consumers’.

The Government is publishing its child obesity strategy in the new year.

Public health funding cuts

In its response to the consultation on how to cut £200m off public health budgets, the government decided to make a 6.2 per cent flat rate cut across all areas. Savings will be made through a reduction in the fourth quarterly instalment of the grant, brought forward from January to November. Local Government Chronicle reports that this is an equivalent of a cut of almost 25 percent, and that only a minority of local authorities will be able to use reserves; most will cut services – recommissioning where contracts are up for renewal, or cutting smaller services such as weight management or breast feeding support.

Inequalities in health and life expectancy persist

This is the first Office for National Statistics analysis carried out in conjunction with PHE. It provides data across England and within local authority areas. The data show that wide inequalities in life expectancy and healthy life expectancy exist, not only across England but within local authority areas. The variation between healthy life expectancy between the most and least deprived areas is 16.8 years for women and 16.7 for men. The healthy life expectancy gap is much greater than simple life
Health and social care practice and quality

**CQC consultation on full-cost recovery.**

The CQC is consulting on two scenarios for the changeover to full recovery on the fees charged to providers, as required by government.

- full cost recovery over two years
- a 40 percent rise next year with the further 60 percent over the next four years.

Under scenario one, an NHS trust with a turnover of £125m to £225m would see fees rise from £79,000 to £137,000 next year, and to £216,000 in 2017-18. Proposed increases are even larger for primary care and the DH will make £15million available to GPs to help reduce the impact. Care homes would face an increase from £4,000 to £4,466, while community providers would have a massive increase to the current rate of £800 to £3,000. Care providers have expressed anger at this increased pressure at a financially difficult time. The consultation runs until January.

**Adult social care providers sustainability**

HSJ reports that care minister Alistair Burt is confident that there are plans in place in case of a major social care provider collapsing. Concerns have grown about this possibility after news that the biggest care home provider Four Seasons is in financial difficulty.

**Improving the quality of orthotics services in England**

In response to concerns from Healthwatch England about unacceptable variation in provision of orthotic services, NHS England found that of 55 providers for adults, two had waiting times longer than 50 weeks, and five, longer than 20 weeks. The position for children was only slightly better. NHS England is expecting local commissioners to improve performance and has produced guidance, a service specification and examples of good practice.

**National whistleblowing policy**

Monitor has published plans for a national policy which each NHS organisation in England will need to adopt, and which will form part of regulators’ consideration of organisational governance.

**Staffing levels in hospitals**

HSJ analysed data on staffing levels on NHS Choices website, which shows that 92 percent of acute hospitals did not achieve the planned staffing levels for qualified
nurses during the day, and 81 percent did not achieve this at night. Trusts have been failing to increase levels to meet NICE safe staffing guidance; they are struggling to recruit nurses due to a national shortage.

Social care for older people with social care needs and multiple long term conditions

The second NICE social care guidance reinforces measures in the Care Act and extends these to the NHS.

- Care coordinators to ensure services are joined up, needs are met promptly, there is a quick response to crisis, and care is undertaken wherever possible by people known to the individual. The coordinator could be a social worker, nurse, or voluntary/community worker.
- Care plans should include the full range of needs – medical, psychological, emotional, social care, spiritual, cultural and community.
- Where it is likely an individual would be eligible for social care or may need a care home, referral for assessment by a geriatrician should be considered.
- Community based, multi-disciplinary teams potentially including pharmacists, physiotherapy, social work, occupational therapy and psychology are seen as a good model.
- There are recommendations for care homes supporting people with multiple conditions – e.g. facilitating social contact, control over their environment, and choice over meals throughout the day; also homes should clearly set out charges for self funders and publicly funded residents.

Designated safeguarding managers: revision to guidance

Community Care reports that the Government will no longer ask councils, CCGs and police forces to appoint designated adult safeguarding managers under the Care Act 2014. Consultation resulted in the sector identifying that this would duplicate existing functions. The Government will make a revision to the statutory guidance.

Disability tax guide website

The Low Incomes Tax reform group have been allocated an HMRC grant to set up a Disability tax guide website. This aims to help advisers, individuals, social workers and user-led organisations with the tax and National Insurance obligations of employing a personal assistant through local authority direct payments.

Community social work practice

Community Care reports on a pilot in Calderdale in which a social work practice will operate in towns across the borough using shops, market stalls or community venues. The service will be overseen by a management board and an advisory group of service users, and if successful could be set up as a public service mutual. The aim is to support people before they become at high risk of needing care. This is one of four schemes supported by the National Development Team for Inclusion’s community social work programme.
Low take up of independent advocacy

Community Care reports on a lack of referrals for independent advocacy – a legal entitlement under the Care Act. One local authority averaged less than two referrals a month, a second had experienced just nine per cent of predicted demand. Advocacy providers point to problems including:

• short-term commissioning, with contracts less than a year or spot purchased
• lack of awareness raising and possibly deliberate rationing in some areas.

Councils say they are investigating low numbers and working to increase awareness of the service.

Ombudsman’s annual report 2014-15

Community Care reports that in the period leading up to the Care Act’s implementation in April 2015 there was an 18 per cent increase of unresolved complaints about social care compared with the previous year. Overall, the proportion of upheld complaints rose from 51 per cent to 57 per cent. The largest area of complaint, by far, was about assessment and care planning. Other areas of complaint were:

• residential care, particularly medication errors and poor communication
• home care services, particularly cancelled or too short visits
• charging for care
• safeguarding – delays and disagreements about conclusions of investigations.

The report acknowledges that the number of complaints is small compared to the number of people being supported. However, local complaint procedures are often not working properly and places are missing opportunities to put things right first time around.

National audit of intermediate care 2015

The annual audit by the NHS Benchmarking Network in partnership with ADASS and others, based on responses from 61 of 211 CCGs, found that waiting times for reablement services have doubled over the past two years, rising from 4.2 days in 2013 to 8.7 days in 2015; investment in reablement fell, on average, from £0.7 million in 2014 to £0.6 million this year. Referrals also fell. Waiting times for home-based intermediate care also rose, and a third of those waiting for hospital or home-based intermediate care were in an acute hospital bed. There was also a reduction in step-down from hospital reablement, with an emphasis on preventing admissions. The 2012 audit had recommended doubling intermediate care capacity, but this has not happened.

Government’s response to the consultation on the No voice unheard, no right ignored green paper

The Government’s response to strengthening the rights of people with learning disabilities, mental health or autism includes commitments to ensure that:
POLICY BRIEFING

• a pilot in which people at risk of hospital admission will get a named social worker to challenge decisions about their care (social workers are independent from clinical teams)
• new guidance for health and social care commissioners
• a pledge to change Mental Health Act regulations so professionals must record the reason why someone cannot be treated in the community.

Community Care reports that user and carer organisations have expressed concern that the response does not commit to the legal reforms to challenge hospital placements and gives no timetable for change.

For more information about this, or any other LGiU member briefing, please contact Janet Sillett, Briefings Manager, on janet.sillett@lgiu.org.uk