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# NHS efficiency targets 'will need reviewing' warns Fund



By Sam Clayden

NHS chiefs may have to revise ambitious savings targets because of the continued underfunding of social care, health experts have warned.

As the sector hits the midpoint of the NHS Five Year Forward View, King's Fund chief executive professor Chris Ham said 2015 forecasts were predicated on protection for social care and public health, 'neither of which has happened'.

Speaking ahead of the publication of the first major analysis of all 44 sustainability and transformation plans (STP), Prof Ham warned of 'optimistic' timescales.

He said: 'We are talking about a multi-decade programme if we are serious about a significant shift away from acute hospitals to care closer to home. It would be wonderful for someone to stand up and say we have found the magic solution to accelerating all of this. But that's magical thinking, it cannot be done.'

The King's Fund report found 'almost all' additional resources earmarked for transformation were being used to reduce deficits.

Prof Ham urged local health bosses to 'redouble' their

efforts to find efficiencies, claiming there was 'a lot of scope' for using existing resources more effectively.

He added: 'We are realistic about the challenges but if we think about the out of hospital services there is a lot of staff and resources already there often not well used.'

It suggested amending the 2012 Health and Social Care Act to align with the 'direction now being taken' by STPs.

Prof Ham warned the plans were vulnerable to judicial review and that proposals were likely to be 'stopped in their tracks' by legal challenges.

'This is where aspirations to collaborate bumps up against the legal framework,' he added.

Prof Ham questioned whether the Government would be prepared to support STPs when potentially unpopular choices had to be made, saying some STPs would have to 'go back to the drawing board' because the financial assumptions they made were based on controversial acute hospital reconfigurations.

He said if politicians were not willing to support evidence-based cases for change then they were 'colluding in the continuation of unsafe services'. He added: 'Politicians need to step up to the plate and be brave.'

## Age UK joins call for more cash in the next Budget

Age UK has become the latest charity to call for an injection of funds for social care in the March Budget.

Its latest report *The Health and Care of Older People in England 2017* says that cash from the NHS for social care has grown from 2% of the total spend on older people's social care in 2006/07 to 16% in 2015/16. By 2020/21 social care spending will need to increase by a minimum of £2.65bn to £10bn to take into account demographic changes. In the five years to 2016 £180m was cut in real terms from social care.

Disability-free life expectancy at age 65 has been falling from its peak in 2010/12. It increased significantly between 2005/07 and 2009/11, with women gaining an average of 0.5 years of good health and men around 0.3 years. However, since then men have lost 66% of the gains made earlier in the decade and women have lost 60%.

The report says there are now nearly 1.2 million people aged over 65 who it says do not receive the care they need with essential daily living activities. This represents one in eight older people in the entire population, a 17.9% increase on last year and a 48% increase since 2010.

People are waiting longer to be discharged from hospital, putting more pressure on hospital resources and capacity and leading to increased spending. Waits for residential care have also increased.

Caroline Abrahams, charity director of Age UK, said: 'The Government has tried to prop up older people's social care in three ways: through financial transfers from the NHS, a social care precept in local areas, and by calling on families and friends to do more. Unfortunately, our analysis shows there are problems with all three approaches, which in any event are not enough to make up for the chronic shortfall in public funds.'

**INSIDE: PAC warns plans to integrate health and care by 2020 'a pipedream' – See p6-7**

comment



By Michael Burton

The National Audit Office (NAO) is not known for pulling its punches when it comes to criticising central government and to an extent when reading its reports one factors in the NAO's tendency to find fault.

Yet even taking this into account their recent report on the progress of integrating health and social care makes alarming reading. The Government's mantra is full integration will be achieved by 2020. Meg Hillier, chair of the Public Accounts Committee, dismisses this as 'a pipedream.' The NAO is more circumspect, saying the goal is 'at significant risk.' Core to its criticism is the lack of joined-up working between the NHS and local government which it says leads to 'misaligned financial incentives, workforce challenges and reticence over information sharing' none of which have been fully tackled. Well there's a surprise. Despite often heroic efforts at local level to bridge the gap between health and councils, as sectors the NHS and local government continue to operate in deep silos, primarily because they are two sets of budgets, two sets of workforces, and two sets of providers and suppliers.

The NAO also worryingly states it can find 'no compelling evidence' to show 'integration in England leads to sustainable financial savings or reduced acute hospital activity.' This is not because integration is a bad idea but there is no system of evaluating its impact. It reiterates the message from its 2014 report on the Better Care Fund that there needs to be 'robust evidence' on how best to improve care and save money through integration. The NAO is especially critical of the lack of local government involvement in the creation of the STPs with the result that its engagement has been 'variable.' Considering the NHS lobbyists were as one in decrying social care cuts because of their impact on hospitals the health sector needs to do far more to bring local government on board at early planning stages.

Michael Burton is editorial director of Health MJ

# Patients ready for discharge 'could be three times higher than NHS figures suggest'

By Paul Dinsdale

The number of patients unable to be discharged from hospital although medically well could be significantly higher than NHS figures show, according to a study by an independent body.

The Nuffield Trust, a health policy think-tank, has estimated that far more hospital beds were taken up by patients classed as 'delayed transfers of care' (DToCs) than NHS England's counting system picks up.

Chief executive Nigel Edwards said: 'Our audits show that up to two-thirds of the patients stuck unnecessarily in hospital beds aren't actually being counted in the official figures.'

'That means a typical 650-bed hospital may actually have only around 250 beds available for all its emergency patients, once you've taken out all the people who could go home if they had more support, and



Many hospital beds are occupied by well patients who require support

discounted maternity, paediatric and cancer beds.'

Delayed transfers – also known as bed-blocking – are running at their highest ever level, with 193,680 bed days lost in November, according to the most recent official NHS figures.

Mr Edwards said his think-tank's own research about bed occupancy trends at three small

and medium-sized hospitals NHS hospitals – and a separate study of 7,500 bed days in a large number of bigger hospitals – showed the scale of the problem.

In one small rural hospital, only 40 (14%) of the 277 patients examined were counted as DToCs. But 80 others (29%) were also fit to leave, and

another 35 (13%) were not medically fit to be discharged, but could have been safely looked after in a nursing home if places had been available.

Separate research by the Oak Group, a consultancy that reviews inpatient stays, found the same situation in bigger hospitals. 'These audits confirmed that significant numbers of patients could be cared for elsewhere; for typically 50%-60% of the acute bed days examined,' Edwards said.

Chris Hopson, chief executive of NHS Providers, which represents NHS trusts, said: 'Our hospital members tell us that because the official definition of delayed transfers is so specific, the actual number of patients medically fit to discharge, or who could be cared for in other settings, is much greater than the definition implies. The problem of blocked hospital capacity is significantly greater than the DToC figures by themselves suggest.'

## Health regulators could be merged

A major shake-up of health regulation is being considered by ministers who fear patients are being let down by a confusing system which failed to detect the Mid-Staffs hospital scandal.

The General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) would be merged under proposals for a super-regulator that could cover more than a million NHS staff.

But the plans are likely to be controversial with health unions, which guard professional autonomy jealously and fear such major changes could bring chaos to services.

Nine regulators oversee doctors, nurses, dentists, pharmacists and other healthcare professionals at present, with each having separate

standards, codes of conduct and investigatory methods. The NMC regulates more than 600,000 nurses and midwives while the GMC regulates more than 100,000 doctors.

Although there have been high-profile cases where doctors and nurses have been struck off the register for misconduct, or poor performance, the system has been unable to sound the alarm about organisational failure, such as that at Mid-Staffs.

One of the recommendations of the Francis report on the Mid-Staffs scandal was that there should be better oversight of healthcare professionals and tighter controls for identifying poor care, but many patients have not seen much improvement since then, say ministers.

## DES funding dropped in new GP contract

General practices in England will get a 1% pay rise and no longer have a portion of their funding linked to numbers of unplanned hospital admissions from April, as part of an agreement between the BMA and the government.

The deal, announced this month, will end the unplanned admissions direct enhanced service (DES) and transfer the £156.7m that funded the service directly into practices' core funding.

The BMA said that the agreement, negotiated as part of a package of changes to the GP contract in England in 2017-18, would relieve practices of a 'significant bureaucratic workload' and provide financial relief in key areas.

Under the terms of the deal, general practices will get a pay uplift of 1%. Other benefits include significant improvements to sickness and maternity absence cover arrangements, and increased funding for disability learning.

There will also be extra funding to cover increases in indemnity costs and extra work from the new system for transferring patient records – to be run by Capita.



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# Better Care Fund ‘has not achieved its expected gains’ in first year

By Paul Dinsdale

Plans to treat more patients in the community have not helped to reduce pressure on NHS hospitals or save money so far, says the National Audit Office (NAO).

The NAO examined progress in England following the introduction of the £5.3bn Better Care Fund to help local authorities invest in services to keep patients out of hospital.

It said that in its first year, the fund achieved some integration of health and social care, but this has not led to an expected reduction in hospital workload.

According to the NAO, within the first year of the Better Care Fund being introduced, the number of emergency hospital admissions has increased and the number of people stuck in hospital because they have no suitable care package available to them in the community – either in a care home or adequate homecare – has also risen.

The total Better Care Fund budget for 2015-16 was £5.3bn,

**The Better Care Fund has fallen short of its target to help reduce pressure on the NHS after a year in operation**



as some local authorities added extra money to the £3.8bn allocated by the Government. Ministers hoped the fund would return a saving of around £500m in its first year by reducing demand for costly hospital care.

Local authorities had estimated they could cut emergency hospital admissions by 106,000 using the fund. Instead, they went up by 87,000, compared with the

previous year. The number of delayed transfers of care cases – when a patient is healthy enough to leave the hospital but is unable to do so – was meant to drop by 293,000, but rose by 185,000.

The NAO report says it remains ‘unclear’ whether more integration of services will help, and that the Government should take stock and evaluate how best to move forward. The

Department of Health said it was too soon to judge the Fund’s impact.

Sir Amyas Morse, head of the National Audit Office, said: ‘Integrating the health and social care sectors is a significant challenge in normal times, let alone times when both sectors are under such severe pressure. So far, benefits have fallen far short of plans, despite much effort.’

• See feature p6-7

## Call for NHS staff to apply for award

NHS clinicians and managers are being invited to apply for a new annual award designed to inspire future NHS leaders to improve services for patients.

The Sir Peter Carr Award is a £30,000 award that will be made to a clinician and manager partnership to invest in their professional development over a year – to support the delivery of a shared improvement objective.

Both the winners and partnerships shortlisted for the award will also receive access to a range of support, including mentoring, networks, personal development, skill-building and opportunities to attend events during the year.



The award has been inspired by Sir Peter Carr, who supported and fostered innovation in the NHS during his 25 years of service.

# NHS improvements are ‘taking too long’

A senior NHS manager claims it is taking too long to deliver the Five Year Forward View and wants to see revisions to policy, including the abolition of national access targets, to speed up changes.

Sir David Dalton, Salford Royal and Pennine Acute trust chief executive, said in an article that ‘decision making takes too long’ in the health service. He suggests the removal of provider trusts ‘right of veto’ over change and a reduction in the number of local commissioners.

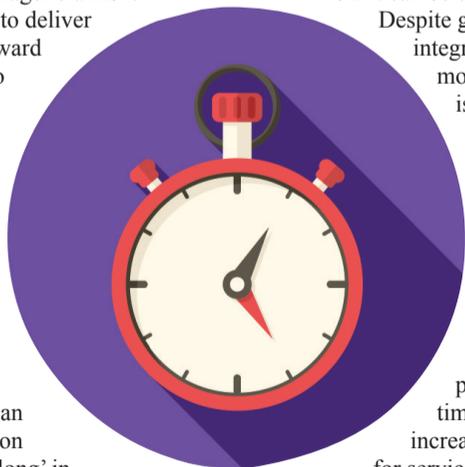
He said: ‘We all praised what the Forward View wanted us to do – but, sadly, we are behind on organising

how it can be delivered at pace.

Despite good work on integration and new models of care, it is taking us too long to deliver improvements.’

The NHS is currently under pressure to demonstrate that its plan is working, in the light of poor waiting times performance, increasing demand for services, and a large number of NHS provider deficits.

NHS England chief executive Simon Stevens is expected to use a Five Year Forward View update document next month to show progress, and indicating what additional resources may be needed from government.



## e-cigarettes ‘safer than tobacco’

The use of e-cigarettes as a way of stopping smoking has been endorsed in the first long-term study of its effects in ex-smokers.

After six months, it found that people who switched from real to e-cigarettes had far fewer toxins and carcinogenic substances in their bodies than those who continued with real cigarettes.

Nicotine patches also appeared to be far safer than tobacco products, according to the analysis of saliva and urine samples. Experts hope the findings will reassure would-be quitters who have been confused by mixed messages about the

safety of e-cigarettes.

Some previous studies suggesting vaping is as harmful as smoking are misleading, says the study. The new findings also show that, to be safe, smokers should switch completely to e-cigarettes or nicotine replacement therapy. Study participants who failed to make a clean break still had significant amounts of tobacco-related toxins in their saliva and urine.

Many clinical commissioning groups have also reduced funding for smoking cessation programmes in their areas and many smokers may now have to reply on e-cigarettes as a means of quitting.

## briefs

■ The number of unexpected patient deaths reported by England's mental health trusts has risen by almost 50% in three years, new figures suggest. The findings, reported in the BBC's *Panorama* programme, are based on Freedom of Information results from half of mental health trusts. Unexpected deaths include death by suicide, neglect and misadventure. The Department of Health has said the increase is to be 'expected' because of changes to the way deaths are recorded and investigated. Many NHS trusts have been dipping into their mental health services budgets to bolster other hospital services, according to recent reports.



Unexpected deaths are on the rise in the UK

■ The Department of Health is considering new rules to enable commissioners to fine acute providers if they fail to check whether a patient is from overseas and eligible or not for free NHS care. It will also table secondary legislation in March to change the regulations affecting how trusts deal with 'health tourism'. Under the new regulations, which have yet to be published, trusts will be required to charge 'upfront and in full' overseas patients who are not entitled to free NHS care. Although trusts are able to do this currently, they are not required to do so by regulation.



Healthcare providers can now be fined for missing cases of 'health tourism'

# Bleak future for social care funding, says IFS report

By Paul Dinsdale

The crisis in social care will deepen as funding fails to keep pace with the needs of the ageing population, putting more pressure on overstretched local authorities, according to a report by the Institute for Fiscal Studies (IFS).

Spending on social care fell by 1% from 2010 to 2016 as the population aged over 65 rose by nearly 16%, leaving a funding gap that was likely to get worse, the IFS said. The report says: 'The cumulative cut between 2010 and 2020 is likely to increase. Overall, it looks very challenging for councils to maintain per-adult social spending at current levels.'

The IFS says that given increasing demand and cost pressures from other sources faced by NHS providers, it seems likely that calls for further funding increases will continue. It forecasts that the non-NHS part of the Department of Health budget



With increased demand predicted, councils may struggle to secure the required funds for many aspects of social care in the future, says IFS

will fall by £3.2bn (or 20.9%) between 2014–15 and 2020–21.

The report says some of this burden has been transferred to the NHS, with a growing share of spending funded by

transfers from the NHS to local authorities. Leaving these transfers aside, social care spending by local authorities from their own revenues has fallen by 8.4% in real

terms over this period, with substantially bigger falls for adult social care.

It says: 'While pressures exist for both health and social care funding in the short-run, the long-term forecasts suggest that a steadily increasing share of national income will need to be spent on providing these services.'

The IFC notes that the Office for Budget Responsibility has said that rising demographic and cost pressures could result in 14.7% of national income needing to be spent on health and long-term care by 2066–67.

'This is around a third higher than the previous estimates, published in June 2015, though the reported increase reflects better recognition of likely cost pressures rather than any substantive change. As a result, policymakers must consider whether, and if so how, to fund these future increases, either through increased taxes or cuts to other spending,' the IFS says.

# More trusts fail on A&E waiting time targets

NHS figures published this month for last November show hospitals have been under significant pressure, with 131 out of 139 major emergency departments failing to hit the four hour A&E target. As many as 54% more patients were left on trolleys for four hours compared to last year, and delayed discharges were at their highest level for years.

But the Nuffield Trust says the situation in January and February is likely to have been worse. Commenting on NHS England's combined performance summary for November, John Appleby,

chief economist and director of research at the Trust, said: 'We know from previous years that it's generally later in the winter that the health service comes under the most serious strain and more recent figures indicate that in the first week of February, 18,000 patients were waiting on trolleys for a hospital bed, almost 500 of them for longer than 12 hours.'

'Our research has shown that a third of hospital Trusts in December reported that they were either unable to deliver comprehensive care to patients, or experiencing major pressures. So I think



the real picture now is far more serious than today's figures for November indicate. The big test for the NHS will come in the weeks ahead.'

# GMB union calls for funding plan by Surrey CC



David Hodge

Surrey CC has dropped plans to hold a referendum on increasing council tax by 15% to cover the shortfall in funding from central government.

It now plans to raise council tax by 4.9% for 2017-18, amid reports it agreed a 'sweetheart deal' with the Government on future funding. The GMB Southern union has called on the council to set out how spending on social care will be funded in future years.

Paul Maloney, GMB Southern regional secretary,

said: 'There is a shortfall in the money needed to fund social care in Surrey. It is essential that the Government and the council come clean on how the shortfall is going to be funded.'

The GMB says that in 2014, when the Rowntree recommended level of payment for residents in care should be £600 per week, Surrey was paying £326.45, the lowest in the country.

In January, David Hodge, leader of Surrey CC, announced a proposal to seek

a council tax rise of 15%. He said: 'We have to set a budget that will protect vital services for Surrey residents. The Government has cut our annual grant by £170m since 2010 – leaving a huge gap in our budget. Demand for adults social care, learning disabilities and children's services is increasing every year. [And] despite us finding £450m worth of savings from our annual budget, we have no choice but to propose this increase in council tax.'



## Better training needed for social care workforce post-Brexit, says report

By Paul Dinsdale

Training and working standards in the care sector need to be improved if it is to attract more UK workers and avoid labour shortages post-Brexit, says a leading social policy think-tank.

A report by the Institute for Public Policy Research (IPPR) says that, together with extra funding, an ambitious workforce strategy is necessary to tackle longstanding challenges with poor working conditions and sub-standard care.

The report highlights that around 55,000 of social care workers are EU migrants and with uncertainty about the future of freedom of movement, the flow of EU migrant workers could provide a less reliable source of labour post-Brexit.

It also says that the UK will need to

recruit 1.6 million low-skilled health and social care workers, two-thirds of the current workforce up to 2022, larger than any other occupation in the UK. It found that the level of quality and training of care workers in the UK is significantly lower when compared to similar economies and poor workforce conditions mean that the sector struggles to recruit, train and retain workers with the skills to deliver high standards of care.

The report says: 'As a result of the current poor standards of the social care services in Britain, there are growing concerns about high levels of user dissatisfaction, the rising number of abuse alerts and the large number of providers needing formal action plans for improvement.'

The IPPR calls for urgent action to improve minimum standards for training

and qualifications to push up the quality of social care; better conditions for workers, enforced through a stronger Care Quality Commission (CQC) in partnership with HM Revenue and Customs; an industrial strategy for care with a new focus on innovation, including stimulating the potential of new technology to drive productivity improvements.

Clare McNeil, IPPR associate director for families and work, said: 'These challenges cannot be addressed without a sustainable funding solution for social care, for example by raising National Insurance (NI) contributions for employees and employers by 1%. Persistent underfunding in the adult social care sector has led to a reliance on a low-paid, often poorly trained workforce, with care workers some of the lowest paid workers in the country.'

### LGA says most of council tax rise will go on pay

As much as 80% of planned council tax rises could be absorbed by increases in the minimum wage, say local government leaders.

Under rules designed to ease the pressure on social care, local authorities will be allowed to increase council tax rates by up to 4.9% in April, or more if they hold a referendum, which is unlikely.

But council leaders are warning that most of the £600m of extra revenue would go on implementing the government's plan to raise the national minimum wage from £7.20 to £7.50. A similar rise is expected next year to meet a target of £9 an hour by 2020.

The Local Government Association (LGA) says that increasing the minimum wage will cost councils at least £500m from April of next year while extra revenues from increasing council tax would bring in £600m.

Lord Porter of Spalding, the Conservative chairman of the LGA, said: 'Extra council tax income will not bring in anywhere near enough money to alleviate the pressure on social care both now and in the future.'



Jeremy Hunt: 'completely unacceptable' problems for the NHS

## Hunt finally admits NHS problems

Health Secretary Jeremy Hunt has finally admitted that the NHS in England is facing 'completely unacceptable' problems.

In an interview with the BBC, following its NHS Health Check week, he said there was 'no excuse' for some of the problems highlighted and said the Government had a plan to help hospitals deal with the crisis.

Mr Hunt said the solution was to treat more people 'at home and in the community' to ease the burden on hard-pressed hospitals. But Sir Robert Francis QC, who chaired the inquiry into failings at Mid Staffordshire NHS Trust, said the NHS was facing an 'existential crisis'.

A series of BBC reports

revealed lengthening waits in A&E and patients being left for hours on trolleys. Mr Hunt said there was already a 'big transformation programme' under way, but conceded it would take time.

In the week of NHS coverage, the BBC revealed that the number of patients waiting longer than they should for routine operations has risen by 163% in four years; that nine in 10 hospitals have had unsafe numbers of patients on their wards this winter; and that record numbers of patients have waited more than four hours for A&E care.

It also highlighted the plight of patients left stranded in hospital for months because of a lack of social care support.

# Plans to integrate health and care

A damning report from the National Audit Office raises questions over the viability of integration plans. **Michael Burton** reports

Meg Hillier, chair of the House of Commons public accounts committee, has warned that government plans to integrate health and social care by 2020 are a 'pipe dream'.

Her comments follow a National Audit Office (NAO) report criticising the level of progress so far. It says that 'progress with integration of health and social care has, to date, been slower and less successful than envisaged and has not delivered all of the expected benefits for patients, the NHS or local authorities.'

According to the report, this puts 'the Government's plan for integrated health and social care services across England by 2020 at significant risk.'

The Better Care Fund (the principal integration initiative) has improved joint working but it has not yet achieved its potential, says the NAO report *Health and social care integration* published in February.

It says: 'The Fund has not achieved the expected value for money, in terms of savings, outcomes for patients or reduced hospital activity, from the £5.3bn spent through the Fund in 2015/16.'

Commenting on the report, Ms Hillier said: 'Unless the Department of Health and NHS England fully engage local government in whatever re-hashed targets result from sustainability and transformation plans, then integration by 2020 is nothing but a pipe dream. Meanwhile patients, and older and vulnerable adults, suffer.'

The NAO report says that, nationally, the Fund did not achieve its principal financial and service targets over 2015-16, its first year. Planned reductions in rates of emergency admissions were not achieved, nor did the Fund achieve the planned savings of £511m.

Compared with 2014/15, emergency admissions increased by 87,000 against a planned reduction of 106,000, costing £311m more than planned. Furthermore, days lost to delayed transfers of care increased by 185,000, against a planned reduction of 293,000, costing £146m more than planned.

The Fund has, however, been successful in incentivising local areas to work together; more than 90% of these regions agreed or strongly agreed that delivery of their plan had improved joint working. Local areas also achieved improvements at the national level in reducing permanent admissions of people aged 65 and over to residential and nursing care homes, and in increasing the proportion of older people still at home 91 days after discharge from hospital into re-ablement or rehabilitation services.

The NAO report says: 'There is general agreement across the health and social care sectors that place-based planning is the right way to manage scarce resources at a system-wide level. However, local government was not involved in the design and development of the NHS-led sustainability and transformation planning programme. Local authorities' engagement

While the Better Care Fund has encouraged local areas to work together, critics have labelled the current 2020 targets for integration as a flight of fancy



## For how long can you defy gravity?

**Chris Hopson** says the pressures in the system are now impossible to resist



Despite the crescendo chorus just before the Autumn Statement, social care and health didn't get any extra funding. The Chancellor and Prime Minister did their best 'steely glare', transmitting a clear message that they expect just as much efficiency and reform rigour, stretch and delivery from health and care as they feel they secured from defence and the Home Office.

It's difficult to avoid the conclusion that, if the Government does stick to the spending review plans for the parliament, the media coverage of the pressures in health and care over the last six weeks is just the beginning.

Governments set public

service budgets, that's their job. But there is an underlying set of factors at play here, exerting an inexorable pull that feels akin to gravity.

These forces were laid bare in the recent Office for Budget Responsibility fiscal sustainability report and the separate report on health and care spending projections that underpinned it.

In short, we are facing rapidly rising demand due to demographic pressures; there are unavoidable income effects and cost pressures driving health spend; and there are natural limits to how much inefficiency can be driven out.

So, yes, of course, we should move to integrate health and social care as the

'Five Year Forward View' sets out. But as the National Audit Office (NAO) argued earlier this month there is no compelling evidence that integration will lead to meaningful cost savings or reductions in hospital activity. Integration is a long-term vision, not a short-term panacea.

Yes, of course, we should seek to realise productivity and efficiency savings. But as the NAO has also argued, expecting the NHS to realise such gains at double the rate of the economy as a whole is a recipe for driving provider deficits.

Yes, of course, we should transform the way the NHS provides care. But that needs investment that is currently being

used to eliminate the deficits we have run up because of those unrealistic expectations on efficiency gains.

In the end, you can't defy gravity, as those running the prison service are now discovering. You get what you pay for. Either we increase health and care funding to match those inexorable demand and cost increases, or we get a worse service. It's as simple and as difficult as that.

**Chris Hopson** is chief executive of NHS Providers, the membership organisation for NHS acute, ambulance, community and mental health Foundation Trusts



# by 2020 ‘a pipedream’ warns PAC



in the planning and decision-making phase has been variable, although four sustainability and transformation planning areas are led by local authority officials.’

The Department of Health and the Department for Communities and Local Government have identified barriers to integration, such as misaligned financial incentives, workforce challenges and reticence over information sharing, ‘but are not systematically addressing them’, says the NAO.

Research commissioned by the Government in 2016 concluded that local areas are not on track to achieve the target of integrated health and social care by 2020.

The report also found that NHS England’s ambition to save £900m through introducing seven new care models ‘may be optimistic’. The new care models are as yet unproven and their impact is still being evaluated. According to the NAO, while the departments and their partners have set up an array of initiatives examining different ways to transform care and create a financially sustainable care system, their governance and oversight of the initiatives is poor.

In addition, the NAO ‘found no compelling evidence’ to show that

integration in England leads to sustainable financial savings, or reduced acute hospital activity. It adds: ‘While there are some good examples of integration at a local level, evaluations have been inhibited by a lack of comparable cost data across different care settings, and difficulty tracking patients through different care settings. The NAO today reiterates its emphasis from its 2014 report on the Better Care Fund that there is a need for robust evidence on how best to improve care and save money through integration and for a co-ordinated approach.’

Amyas Morse, head of the NAO, said: ‘Integrating the health and social care sectors is a significant challenge in normal times, let alone times when both sectors are under such severe pressure. So far, benefits have fallen far short of plans, despite much effort.’

It will be important to learn from the over-optimism of such plans when implementing the much larger NHS sustainability and transformation plans. The departments do not yet have the evidence to show that they can deliver their commitment to integrated services by 2020, at the same time as meeting existing pressures on the health and social care systems.’

## Fact file

Source: NAO

**£5.3bn pooled budget in first year of Better Care Fund**

**£511m Whitehall departments’ estimated savings from BCF year one**

**2020 target date for integrated health and social services in England**

**87,000 actual increase in emergency admissions to hospitals between 2014/15 and 2015/16 against a planned reduction of 106,000**

**90% of local areas that believe the BCF had a positive impact on integration**

**£2.1bn funding for the NHS Sustainability and Transformation Fund for 2016/17 of which £1.8bn went to cover NHS deficits**

## Joint complaints service ‘is a sticking plaster’

Wholesale reform of the way complaints about the health and care sectors are handled is vital if it is to fully reflect integration, says a joint report from the local government and health service ombudsmen.

The two services are set to merge into a single Public Service Ombudsman and draft legislation was laid last December. A joint service team was created in 2015 to investigate public complaints, which span both the health and care sectors. Their joint report *Learning lessons from complaints*, says many of them would have been more difficult to pursue without having a single investigator and adds: ‘However, we recognise this approach has its limitations and can only be a sticking-plaster response

to patching up a system in which the cracks are visible. Wholesale reform is needed to enable us to operate in a way that reflects the increasing integration between health and care services.’

The complaints ranged from the assessment of mental capacity to the failure of organisations to communicate properly, either with each other or with complainants and their families.

The key themes found were delays in assessments, meaning that people have to wait longer to get the care they need, poor care or failure to provide services altogether, failure to deal with safeguarding issues and lack of appropriate aftercare following discharge from hospital for those sectioned under the Mental Health



A report has raised concerns about the merging of the health and care sectors’ complaints procedures

Act. The report said that ‘shared responsibilities can cause problems when organisations are not clear where their individual responsibilities begin and end.’



# Making health a top investment priority

Braintree DC corporate director **Jon Hayden** reports on how the council is investing in residents' access to health care while also creating a healthy return on investment for the community



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Land behind Braintree's town hall has been ear-marked for a housing project in the future



invested £1.8m in the project – but, more importantly, our residents will soon have a much more patient-friendly surgery, which we hope will attract new doctors.

We have also committed £3m from the sale of our land for investment towards improving primary care in Witham – a move endorsed by Witham MP Priti Patel, who has long been campaigning for a new multi-purpose healthcare centre. She welcomed our investment plans saying it would give the NHS and other services confidence to come forward and support the delivery of new health services.

Our next project is the regeneration of land we own behind Braintree's town hall. Part of the complex will be a purpose-built building to house another local GP surgery, which is also in desperate need of new premises – they have on occasion had to use a broom cupboard as a consultation room. The complex is currently being designed by architects and will go for planning permission later this year.

The surgery looks set to be circa 1,400m<sup>2</sup>, with around 15 consultation and examination rooms, as well as additional, purpose-built rooms for treatment, phlebotomy and admin spaces, although all this is subject to discussions with the surgery and NHS commissioners. Braintree MP James Cleverly described these investment plans as an “imaginative approach” that will “unlock improvements in the delivery of public services”.

Clearly, our ambition doesn't end with health. We're also looking for opportunities to invest in town centres, businesses, roads and other infrastructure. Sensible investment, based on local need and enabling a host of agencies to improve outcomes for our residents, helps us to create a district where people are happy to live, work and be healthy. And isn't that exactly what our mission should be?

The urgent and necessary debate about local government and the health and care agenda has taken place, largely, without the active participation of district councils.

Like many districts, in Braintree we are proud of our work improving the health of our residents through our environmental health and open-space responsibilities, but districts are much better known for our statutory frontline services, like collecting waste, recycling, planning advice and so on.

Yet, there's no reason for us to be on the outside looking in when it comes to health services. We have invested more than £10m in leisure centres in the last five years and, since 2014, we have strengthened links with our NHS partners, especially on our Live Well campaign, often taking a leading role with some public health campaigns. However, our councillors get more emails from residents worried about their access to health care, especially GP services, than any other subject and poor access to care has such an impact on our sense of 'place'.

So, when we created our district investment strategy, improved healthcare provision was a priority. Not unlike other

areas, our district has been affected by closed doctors' lists, difficulties getting appointments, out-of-date and not-fit-for-purpose buildings, as well as problems attracting doctors.

Improved primary health care facilities in the district are essential to the wellbeing of current residents, and they need to be substantially improved if they are to serve the needs of a growing population. Like all district councils, we're working on a new local plan that will lead to significant increases in the number of houses – up to 15,000 new homes – built between now and 2033.

### Future challenges

But what happens against a backdrop of ageing populations, higher expectations and more demands on our, and our partners' services, not to mention the loss of our central government grant by 2020?

As a result of prudent financial planning, we feel we are in a stronger position than most and our approach is to use New Homes Bonus for investment only, while at the same time reduce our costs and increase income, maintain our good services and minimise impact on

customers. At the heart of what we are doing is our plan to invest to support our residents, now and in the future, even in areas not traditionally in our remit; we want better outcomes for the district and good health services help promote a strong economy.

We are eager to find good opportunities to invest taxpayers' money in things residents need and want and, importantly, where we can be confident of good returns that can be ploughed back into the district and key services.

The first fruits of our investment approach will be seen next month (March) when we hand over the keys to the health providers after we bought a new premise for a doctors' surgery and converted it, so that it better suits 21st century healthcare. It has been designed with extra capacity which, although not needed at the moment, will be used when the population grows. It will replace a surgery that has an outdated building and poor access.

Unlike its predecessor, the new surgery comes with parking, new facilities and it also has good access to public transport with a bus stop outside. For us, yes, it is a valuable property investment – we



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