

READING BOROUGH COUNCIL

REPORT BY THE DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 APRIL 2018	AGENDA ITEM:	10
TITLE:	LORD DARZI REVIEW OF HEALTH AND CARE: CALL FOR EVIDENCE		
LEAD COUNCILLOR:	COUNCILLOR EDEN COUNCILLOR HOSKIN	PORTFOLIO:	ADULT SOCIAL CARE / HEALTH
SERVICE:	ALL	WARDS:	BOROUGHWIDE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report presents Reading Borough Council's response to the Lord Darzi Review of Health and Care (Call for Evidence).

2. RECOMMENDED ACTION

- 2.1 That the Committee note the annexed officer response submitted to the Lord Darzi Review of Health and Care (Call for Evidence) as set out in Appendix 1.

3. BACKGROUND

- 3.1 In December 2017, the Government announced that Lord Darzi had been appointed to lead a review aiming to examine the state of quality in health and care services and to make recommendations for future funding and reform of the system. The remit of the review is described in two parts:

- An examination of quality - meaning safety, effectiveness, timeliness, efficiency and equitability - of care in the NHS and social care service today; and
- Developing recommendations about the funding settlement and reforms needed to drive improvements in the quality of care in the coming decade.

The aim is for the review to publish its findings to coincide with the 70th anniversary of the NHS in the summer of 2018.

3.2 On 19 February, the Institute for Public Policy Research (IPPR) issued a Call for Evidence in support of the review with a deadline of 19 March. Reading Borough Council received an invitation from IPPR to participate in this exercise on 23 February, directed to the Health and Wellbeing Board Committee Administrator.

3.3 In view of the very small window of opportunity to respond to this review, Reading Borough Council was unable to endorse a response through an appropriate committee. The Council has therefore submitted an officer response, based on a desktop review of published reports touching on the subject matter of the Lord Darzi review.

4. CONTRIBUTION TO STRATEGIC AIMS

4.1 The annexed response highlights those elements of the Council's published strategies and plans which relate to the subject matter of the Lord Darzi Review. These were principally Reading's Better Care Fund Plan 2017-19 and Reading's Health and Wellbeing Strategy 2017-20.

4.2 The questions posed in the Call for Evidence are as follows:

1. What should our vision for the health and care system be in 2030?
2. What is state of quality in the health and care system today?
3. What can we do to drive innovation in the health and care system?
4. What are the current and future funding requirements of the health and care system?
5. What are the future funding options for the health and care system?
6. What changes to care models should be undertaken post Five-Year Forward View?
7. What reform to the system is needed to enable these changes?

5. LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6. EQUALITY IMPACT ASSESSMENT

6.1 There are no equality impacts arising from this report.

7. FINANCIAL IMPLICATIONS

7.1 There are no financial implications arising from this report.

8. APPENDICES

Appendix 1 - Reading Borough Council response to the Darzi Review Call for Evidence:
March 2018

9. BACKGROUND PAPERS

<https://www.ippr.org/research/publications/darzi-review-call-for-evidence>

Reading Borough Council response to the Darzi Review Call for Evidence: March 2018

In view of the limited time allowed for preparing and submitting responses to this Call for Evidence, the Elected Members of Reading Borough Council have not had the opportunity to debate the questions posed. This submission is therefore an officer response based on a desktop review of published Council plans and policies which relate to the subject matter of the Review.

1. What should our vision for the health and care system be in 2030?

Our vision for health and care in Reading, as set out in our Better Care Fund Plan for 2017-19, is that: “Local people are supported to improve their own health and wellbeing, and that when people are ill or need support, they receive the best possible joined up care”

In order to realise this, we recognise that we need:

- Excellent patient centred care that reduces avoidable hospital admissions, through preventive and collaborative work in the community and by addressing the needs of frequent GP or hospital attenders and teaching methods of self-care.
- To maximise re-ablement at home first: to keep people happy, healthy and at home.
- To enable smoother transitions and reduce duplication of effort, so that the patient tells their story once and a discharge date is identified at the earliest possible opportunity.
- To improve utilisation of resources from all health, social care and voluntary partners in a smarter way and to secure best value for tax payer’s money through trusted assessments, pooled budgets, fast track CHC assessments, direct care payments, and carers’ assessments.

By changing the focus from illness to wellness, we believe we will become better at communicating the benefits of things such as regular exercise, social contact and a healthy diet - and enjoy the dividends as a town and across our health and care system.



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2. What is state of quality in the health and care system today?

The social care marketplace is critical to the overall health and social care system, and a key factor in reducing demand for traditional NHS services. An over-reliance on too few nursing, residential or home care providers poses risks for a locality, and challenges in terms of maintaining quality, so support and capacity to develop those markets is vital.

Providers need to be able to recruit and retain care workers with the right aptitude, training and qualifications, but those providers are reporting difficulties in recruiting, and several businesses have withdrawn from the market in Reading recently. We need campaigns to improve the image of care, and robust partnership working to improve recruitment and working conditions.

As needs become more complex and there is greater emphasis on keeping residents independent in their own homes, there is a particular need to ensure adequate capacity is available in the home care marketplace. Unison's Ethical Care Charter aims to improve working conditions for care workers as well as the quality of care for individuals. Under the Charter, home care workers are guaranteed the Living Wage and paid to do the training they need. Reading was the first SE authority outside London to sign up to the Charter, and all providers on our Homecare Framework have signed up to the Charter.

3. What can we do to drive innovation in the health and care system?

The areas of focus identified within the Sustainability and Transformation Plan for West Berkshire, Oxfordshire and Buckinghamshire are:

- A shift in focus of care from treatment to prevention
- Access to the highest quality primary, community and urgent care
- Collaboration of the three acute trusts to deliver quality and efficiency
- Maximising value and patient outcomes from specialised commissioning
- Mental health development to improve the overall value of care provided
- Establishing a flexible and collaborative approach to workforce
- Digital interoperability to improve information flow and efficiency

The health and care system is driven by the people who work within it, and those workers need to feel valued, as well as supported to be flexible and collaborative in their delivery. It is important to recognise the workforce in terms of pay, training and career development, and historically social care staff have been particularly overlooked. We need national promotion of adult social care as an attractive sector to work in, and national work on training, recruitment and status of homecare, care home, and nursing staff.



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4. What are the current and future funding requirements of the health and care system?

Social care funding nationally has been subject to significant decreases at the same time as the population is ageing, and the Care Act 2014 has been implemented, which has placed additional responsibilities on the local authority. It was disappointing that more funding for social care was not provided for in the last Budget. The additional funding for the NHS does not address the longer-term funding issues around the health and social care system as a whole, leaving significant sustainability challenges.

Staffing and retention across the whole system is challenging. Securing qualified registered and experienced Social workers and Occupational Therapists to fill essential vacant posts is difficult in Reading. This is in part due to the additional cost of living by comparison to similar authorities outside the geographical SE of England area. Reading's provider market has had to meet the demands of paying the national living wage which in turn has placed further financial pressure on the authority. There are also some early indicators that 'Brexit' may also have an effect with the recruitment and retention of staff within the care market, increasing the need for agency staff and increasing still further the financial and service pressures within the market.

Funding settlements for health and social care need to reflect the evidence of demand pressures as demonstrated by:

- Population increases, particularly in the over 65s
- Increases in non-elective care
- Increasing A&E attendances, and pressure on urgent and emergency capacity
- Delayed transfers of care and bed days lost
- Pressures on adult social care for community packages and care home placements
- Demand for planned care services

Adult Social Care is in need of new and earmarked resources, to invest in services identified as local priorities, in order to facilitate the transformation towards a greater focus on the community rather than health and social care delivered in institutional settings.

Carers are a huge resource helping to keep our health and social care systems sustainable, and future funding should therefore protect carer support. Census data demonstrates that rates of unpaid caring are increasing at a faster rate than population growth. We are also seeing higher intensity of care (50+ hours per week) and advanced carer age - both of which have been shown to correlate with carer health risk.

5. What are the future funding options for the health and care system?

The new Department for Health and Social Care must take the opportunity to make sure social care is joined up with and on a par with health, and deliver on Jeremy Hunt's personal commitment to driving a solution to this longstanding problem and ensuring fairness for people requiring long term social care. Placing 'social care' in the title of the department shows that it is now seen as a Cabinet-level brief. This increase in profile and priority is welcomed.

Future funding options should be developed through public consultation, looking at viable options for the use of different funding streams and insurances to pay for care costs.

6. What changes to care models should be undertaken post Five-Year Forward View?

Future models of care should take a 'whole-person' approach, addressing people's physical health, mental health and social needs together. These factors are often closely related and interact to influence health and wellbeing.

The principles agreed in Reading as the basis for developing our current Health and Wellbeing Strategy were the need for:

- a clear plan to shift our emphasis onto prevention rather than care;
- an approach which takes a holistic view of people rather than looking at health conditions in isolation;
- stronger collaboration around providing people with the information they need to take charge of improving their own health;
- recognition that different approaches are needed to reach different communities;
- better use of technology to empower people, support independence and make the most efficient use of limited resources; and
- a focus of partners' collective effort on fewer priorities, so as to target the biggest health and wellbeing risks for Reading.

People who have used care services tell us how much they value continuity and smooth transitions between services. This should be prioritised in new care models.

It is also important to recognise loneliness and social isolation as risk factors for presentation to statutory care services, and the need to fund community development and services to address this. Reducing loneliness has been adopted as a shared health and social care priority in Reading via our Health and Wellbeing Strategy, and a cross-sector partnership is supporting the development of a community champions network to end loneliness, with a jointly commissioned social prescribing service to be in place from June 2018.

7. What reform to the system is needed to enable these changes to take place?

There needs to be a shift in focus across the health and care system as a whole, from a system centred around hospitals to a system focused around communities and community services defined in their broadest sense - not just NHS community health services. Community assets to promote health includes statutory services, voluntary and community sector organisations, private sector organisations, support groups, social networks, individuals, buildings and community spaces. Local government settlements need to recognise this.

Health inequalities are real and widening, and this is a particular concern for the Reading Health and Wellbeing Board. The gap in healthy life expectancy between people living in the most deprived and in the most affluent areas of Reading now stands at 10 years for men and 5 years for women. Our poorest communities face the biggest challenges - with reductions in the value of welfare benefits, restrictions on entitlements to support, and rising costs of food and fuel. Policies of austerity increase inequities in our society - with those in the poorest communities paying the very highest price of all in terms of early ill health. The wider determinants of health need to be included and addressed as part of plans to reform the health and social care system.



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