

Health & Social Care News

National Pensioners Convention

Health & Social Care Working Party

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Introducing the members of the newly formed Health & Social Care Working Party:

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Jean Hardiman-Smith (Chair)

Claude James

Shirley Murgraff

Terry Pearce

Pat Prendergast

Pat Roche

Elaine Smith

Dot Gibson (Gen. Sec)

Jan Shortt (Vice President)

We hope you continue to enjoy our newsletter and that you will share your stories with us.

**Pensioners' Parliament,
Winter Gardens, Blackpool
6-8 June 2017**

Tickets are now available for the above event. The cost is £5 for one day and £10 for the 3-day event. To get your ticket, contact Head Office.

Accountable To??

What is Accountable Care and what do Accountable Care Organisations (ACOs) do?

Accountable Care is a concept from the US health insurance market. The idea in the US is that a group of healthcare firms take responsibility for providing care for a given population for a defined period of time under a contract with a commissioner, such as Medicare.

An earlier version in the US was known as Health Maintenance Organisation run by insurance companies. It routinely denied patients access to medical treatment, screened out the sick and paid exorbitant salaries to CEOs.

NHS England boss, Simon Stevens (one-time employee of United Health) already has contracts with more than 800 ACOs across the US, and just launched Nexus ACO which will be available to employers in 15 US markets.

Sustainable Transformation Plans (STPs) in the UK now mention ACOs and Price Waterhouse Cooper (PwC) are in the thick of it guiding developments.

There are two models promoted by the *Five Year Forward View*, and they come straight out of the ACO manual!

- Multispeciality Community Provider (MCP) based on primary care in localities, and
- Primary and Acute Care System

All ACO plans simply accept the massive NHS funding cuts. They assume that pooling NHS and local council resources and expanding new models of care in the community, will justify cutting hospital budgets.

The private sector is directly involved in formulating the ACO plans. PwC were paid £300k for work on the Cheshire & Merseyside STP and were advisors on 17 other STPs. They are involved in plans for ACOs in Tameside, Wigan, Manchester City, Oldham, Cheshire, St. Helens, Hounslow and Richmond, Northumbria, Mid-Nottinghamshire and Croydon. The private sector can also be involved in the Governance structures

The implications for wages, terms and conditions of NHS staff when employers merge across care sectors with local structures threatens national agreements.

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No private company is big enough to buy the NHS, but once STPs and ACOs are established across England, health transnationals will see discreet local systems with budgets of £1 billion or less, with structures compatible with the US health insurance market. They could be bought and sold!!

Theresa May is adamant that the NHS will remain free at the point of use. Even if that's true (and it's a big if), does she **really** mean a comprehensive, universal service, with decisions on treatment made according to clinical need, publicly provided, publicly accountable, funded out of general taxation. ***That is what the NPC campaigns for.***

And then we have – the new NHS England Plan: *Next Steps on the NHS Five Year Forward View*.

This document confirms what we already know – that the NHS does not expect to meet the A&E target of seeing 95% of patients within 4 hours for at least the next year. It sets out plans for another round of rationing of treatments and the abandoning of the 18 week waiting list.

Gloomy though it is, the plan does provide a realistic assessment of what is and isn't achievable within the financial constraints placed upon the NHS. It also contains positives like the ambitions around cancer care and mental health, although the difference between government rhetoric and reality in these areas is huge. It very clearly confirms once again that despite repeated assurances from Theresa May and Jeremy Hunt, the NHS has not been given the funding settlement that it asked for and patients will pay the price.

The most striking thing about the new plan is the confirmation that not only did the 2012 Health & Social Care Act waste billions of pounds, it has also been an abject failure.

Whilst there has been some publicity about STPs, there has been much less coverage of the Vanguards or the move to ACOs which feature heavily in the 'new' plan.

The most alarming thing about ACOs is it opens the door to huge contracts to private providers with no clear legal framework for commissioning arrangements. This means a challenge is likely if private providers are not given the same opportunity to bid as the public sector. Whilst this has happened in a small number of cases to date, the door could be thrown wide open to many more cases in order for private providers to win more contracts.

Finally, the statement "some organisations and geographies have historically been substantially overspending their fair shares of NHS funding" which "may mean explicitly scaling back spending on locally unaffordable services" will send a chill down the spine of anyone who works or is currently a patient in the NHS. They will know that services are already stretched to breaking point and this move to single out sections for further cuts could well push parts of the health service over the edge.

So, has the NHS Constitution been reduced to a worthless scrap of paper?

Cancer Care Plan Scrapped

A controversial ten-year contract to provide cancer care in Staffordshire worth £690 million has been scrapped after the last bidder failed to meet criteria set by health bosses.

The four Clinical Commissioning Groups (CCGs) covering Stoke on Trent and North Staffordshire were not satisfied that the bidder met the required evaluation criteria.

Campaigners are critical of the waste of public money (the whole process took four years and cost around £840k) and the way the CCGs have ignored the public.

A spokesperson for the campaign group said: *'It has been wrong from the start, yet was continuously driven from the top despite warnings and research that proved its fallibility, and concerns of both residents and clinicians.'*

Procurement for a separate end-of-life contract is ongoing. Lessons learned – none!

900 Carers a Day Quit Adult Social Care Jobs

Service providers warn that growing staff shortages mean vulnerable people are receiving poorer levels of care.

Data gathered by the charity Skills for Care shows that in 2015-16 there were more than 1.3 million people employed in the adult social care sector in England:

- An estimated 338,520 adult social care workers left their roles in 2015-16 (equivalent to 928 people leaving their job every day)
- 60% of those leaving a job left working in the adult social care sector altogether
- The average full-time frontline care worker earned £7.69 an hour (£14,800 p.a.)
- However, the median average UK salary last year was around £27,600 for full-time workers
- 1 in every 4 social care workers were employed on a zero hours' contract
- There was an estimated shortage of 84,320 care workers, meaning around 1 in every 20 care roles remained vacant.

Social care providers struggle to retain staff with the industry having a staff turnover of 27% - nearly twice the average for other professions.

The government recently committed to spending an extra £2 billion on the social care system and allowed councils to raise extra funding through rises in council tax. Another sticking plaster, but also post code lotteries increasing inequality.

Thousands Lose Adapted Vehicles

More than 50,000 disabled people have had specially adapted vehicles taken away since changes to disability benefits in 2013.

The Motability Scheme entitles disabled people to lease a specially adapted new car, scooter or powered wheelchair using part of their benefit.

Changes to the assessment process happened with the introduction of Personal Independence Payments (PIPs) replacing the Disability Living Allowance (DLA). To qualify for the higher level of the mobility component of PIP (which is needed to get a vehicle), a person must be unable to walk unaided for 20 metres, compared to the previous distance of 50 metres under DLA.

Of the 51,000 taken off the scheme, more than 3,000 have since re-joined after the decision was overturned at appeal.

Campaigners, including Peter Bone, MP, are demanding changes to the Motability programme, so that vehicles are not taken away before claimants have had the chance to appeal against a decision. He said: *'You need it for mobility purposes and maybe you use it for work, but because you lose your PIP award, you lose the vehicle at the same time. You appeal against the PIP decision and ultimately the tribunal awards your PIP back, but you've already lost the car and maybe your job because of it.'*

DWP figures show that since PIPs were introduced, more than 160,000 people have had their original rejection overturned at mandatory reconsideration or at appeal.

Some 65% of decisions are now overturned at tribunal in the claimant's favour.

A spokesperson for Muscular Dystrophy UK said: *'Each of the 51,000 vehicles being taken away is a story about a disabled person's independence being compromised. This is having a devastating effect on quality of life. The fact that two-thirds of people who contest their PIP award win their case shows that the system is not working.'*

The £2billion Sticking Plaster

Philip Hammond announced a £2billion 'rescue' package for the social care sector in England in his Spring budget.

The numbers of people getting help in care homes and their own homes have been falling in recent years. This trend has been blamed for contributing to the growing pressures being seen in the NHS, particularly the rise in visits to A&E.

It is expected that funding will be phased in - £1billion coming next year and the remaining £1billion spread out over the subsequent two years. It will go into a pot shared across services for the elderly and those provided to younger adults with disabilities.

Currently, about 500,000 people in England pay the full cost of their care, with 1 in 10 facing costs of over £100,000 once they pass the age of 65.

Because local councils pay lower rates for care, research shows that self-funders are now paying 43% more for the same care. The extra money from Mr. Hammond will not help them at all.

More than 4million people over the age of 65 have care needs, but only about 1.35million of them get formal care – either by paying for it themselves or relying on council help

So, what happens to the rest? There are 1.5million people cared for by family and friends and another 1.2million who struggle by with little or no help.

The government theory is that councils could use the extra money to increase the number of people they help, but given the shortfall in funding already, it seems doubtful this will happen.

A really expensive sticking plaster!!

That is why the NPC campaigns for social care to be funded in the same way as the NHS – through general taxation, publicly owned, publicly delivered and publicly accountable. A service that is there for everyone when they need it.

Social Care Round Table

The round table was held in the House of Commons on 21 February, hosted and chaired by Sharon Hodgson, MP. Norman Lamb and Barbara Keeley spoke of their work on social care and what could happen in the future. NPC was most ably represented by various members of the Health and Social Care Working Party in conjunction with the NHS Support Federation.

Very clearly, the debate on how social care should be funded and also the current experience of Integrated Care, is well and truly under way. There are a variety of ways in which funding can be raised, some of which the 'think tanks' suggest should be from the universal pensioner benefits.

Everyone knows we have the worst ever crisis in social care, and as a campaigning organisation, NPC will be at the forefront of the arguments on universal pensioner benefits, a decent state pension and funding for social care – they are not isolated issues – decisions on one will impact on the other areas.

For a full copy of the report, contact Head Office. Also please see page 6 on one group's initiative to get the debate going locally.

Unsafe Trust Put Patients at Harm

The Isle of Wight NHS Trust has been placed in special measures after being rated 'inadequate' by the Care Quality Commission (CQC).

Their report found 'unsafe' mental health services, widespread understaffing and a 'subtle culture of bullying.' Community health and acute hospital services were rated as 'requiring improvement.'

Inspectors who visited the Trust in November found community mental health services had been wrongly restricted to patients with the 'most complex and urgent needs.'

On hospital wards, mental health patients had access to electrical cupboards, live broken electrical sockets and a continually failing personal alarm system. The CQC imposed an urgent improvement notice because of the risk of patient harm.

At St. Mary's Hospital in Newport, the emergency department did not meet minimum nursing levels for safe care. One patient with a serious heart and lung problem was left on a trolley in a corridor for 13 hours.

Staff at the Trust-run ambulance service were found to be working with an unreliable mobile data system which sometimes 'froze' leaving them with no navigation system or patient details.

An ambulance station was deemed 'not secure' with the Trust taking more than a year to replace a garage door.

A Trust spokesperson apologised for letting down patients and the community said: *'Our sole focus now is to absorb the lessons contained within this report, to develop an effective and comprehensive improvement programme and to ensure its implementation as swiftly as possible.'*

The Trust said it had already begun making improvements, including the reduction of agency staff and changed arrangements to prevent multiple bed moves for patients. £600k has been set aside for improvements to buildings used by mental health services.

Healthwatch Isle of Wight (an independent campaign group) said they were disappointed to see a number of issues raised in the latest report which had also featured in a 2014 inspection. They are concerned that despite assurances there has been no long term solution.

Although aware that the Trust is already taking action to address many of the issues identified by the CQC during their latest inspection, the real test will be how these actions translate into a rapid and sustained improvement of patient services.

'Isle of Wight residents deserve a healthcare service that meets their needs, delivers the right care in the right place at the right time. This is not much to ask and is nothing less that people deserve.'

NHS Improvement has appointed a director to work with the Trust as part of a package of support measures.

In all of this, the inspection found that staff were caring and patients appreciated their commitment.

The fact that NHS staff continue to provide such care under the most difficult of circumstances is proof that our NHS is worth fighting for.

Elsewhere

Hospitals:

- **United Lincolnshire Hospitals NHS Trust** includes Lincoln County, Pilgrim and Grantham hospitals: back in special measures
- **North Lincolnshire & Goole NHS Foundation Trust** returned to special measures – safety of patients 'inadequate'
- **Kettering General Hospital** in special measures
- **Worcester Acute Hospitals NHS Trust** (Worcester Royal Hospital, Kidderminster Hospital & Treatment Centre, Alexandra Hospital in Redditch) – in special measures

Several hospitals have been taken out of special measures; **North Cumbria University Hospital Trust** (Cumberland Infirmary and West Cumberland Hospital); **Medway NHS Foundation Trust**; **Barking, and Havering & Redbridge University Trust**.

Care Homes:

- **Lamel Beeches** (owned by Joseph Rowntree Housing Trust) have been prosecuted for failing to provide care and treatment that is safe. **£163,185** fines and costs.
- **Mosley Manor Care Home, Liverpool** prosecuted for failing to provide care and treatment that is safe. **£82,429** fines and costs.
- **Manor House Residential Home, Morden** prosecuted for failed duty to provide safe care and treatment. **£24,600** fines and costs.
- **Greenfield Care Home (BUPA), Ingol, Preston** placed in special measures.

Recently inspected by CQC:

- **Ricall House Care Home, Ricall, York** (private) – overall good.
- **Claremont Lodge, Salford** (Claremont Lodge Care Ltd) – overall good
- **High Lee Care Home, Halifax** (private) – overall good.
- **Culrose Residential Home, Diss** (Care East Ltd) – overall good.
- **Prospect House, Gloucestershire** (Innovation Care Ltd) – requires improvement.

£6billion Contract Out to Tender

Manchester launches a search for a single 'out of hospital' provider in a ten year deal set to go live in April 2018. Health leaders are looking for a single provider – Local Care Organisation (LCO) for all 'out of hospital' care services across the city under a contract worth nearly £6billion – the largest ever NHS services tender.

The LCO will provide services for 600,000 people in Manchester (but not the entire Greater Manchester devolution region) through Manchester Health and Care Commissioning – a partnership between the city council and a newly formed single Clinical Commissioning Group.

The aim is to bring together a range of health, social care and public health services to be delivered in the community. It is envisaged that the LCO will have an emphasis on:

- Local population health and prevention of ill health;
- Connecting to community assets and building upon people's strengths and self-management skills;
- Targeted care support needs, particularly as needs change and become more complex.

The city's new acute provider – created through the merger of Central Manchester University Hospitals Foundation Trust and University Hospital of South Manchester Foundation Trust is expected to bid for the contract.

The procurement notice has also attracted the interest of private firms. The Next Steps on the Five Year Forward Plan says that NHS organisations forming new integrated models should 'deploy (or partner with) third party experts to access rigorous and validated population health management capabilities.'

Until now it was not clear whether the LCO could sit within one of the existing NHS Trusts, be a joint vehicle created by separate organisations or whether there would be a procurement process

Meanwhile, in neighbouring areas:

- Stockport's Vanguard Project – which is somewhere between a multispeciality community provider and a primary and acute care system, is being developed without a competitive process.

The standard MCP model set out by NHS England incorporates primary, community, mental health and social care services. But leaders in Stockport are looking to include hospital services like the emergency department, acute medicine and frail elderly care.

- A similar project in Dudley worth £2billion is in the early stages.
- Other large local NHS tenders included the £800million UnitingCare Partnership project and the £1billion franchising of Hinchingsbrooke Health Care Trust – both ending in high profile collapses.

So, in this one newsletter we have STPs, Vanguards, ACOs and LCOs – all confusing – and all providing a model for packaging up large parts of the NHS ready for subsequent privatisation. If one doesn't get you, another one will!!

Cuts in Care Funding Costing Lives

For the first time a direct link between funding cuts and a surge in deaths – totalling an extra 30,000 in 2015 has been made by a study undertaken by the London School of Hygiene and Tropical Medicine.

Since the 2010 election, the impact of cuts resulting from the imposition of austerity on the NHS has been profound. Expenditure has failed to keep pace with demand and dramatic reductions in social care spending (around £5billion) has made the situation much worse.

With an ageing population, the NHS depends on a well-functioning social care system, but as we are all only too well aware, our social care system is collapsing under the strain.

The Kings Fund said: *'Six consecutive years of cuts to local authority budgets, rising demand for services and shortages of staff, have left the social care system increasingly unable to meet the needs of the older people who depend on it.'*

The care and support older people receive depends on where they live and how much money they have rather than what they need. This places an unacceptable burden on older people and their families – most of whom become unpaid carers.

It is no longer just winter deaths that we should be concerned about.

Islington Pensioners Forum

Every week, older and disabled people and their carers are being let down by the social care system.

In the last five years, over £5billion has been cut from care budgets, putting extreme pressure on council's duty of care.

1.8million people no longer get services at home, care staff are under pressure to look after people in just 15-minute visits and half of all care homes are facing financial problems.

It is clear we need a new model for social care – one that improves access to services, recognises the important role that care workers play and improves standards of care.

Islington Pensioners Forum (IPF) planned to carry out a borough-wide consultation/conversation on how the crisis in social care can be overcome.

We thought it a good idea to share the options that IPF had put forward into the consultation/conversation so that if other local pensioner groups/regional groups wished to do the same, there is something there to work on.

There are four options that people can choose from:

1. The current means-tested system whereby individuals and their families pay for all social care, with the government only paying for those who have no property or savings.
2. Individuals being forced to save for their future social care through some form of private insurance.
3. 15% being taken from the value of an individual's property after they die to fund care.
4. Individuals and their employers paying 1% additional tax to fund care services so that these services are free – like the NHS.

The debate has already started with the think tanks and government ministers suggesting all kinds of ways that pensioners can pay for their care.

We need to reach out to the public and encourage them to be part of that debate so that the NPC can ensure we have information to use when setting up campaigns and challenging policies that are not in the best interests of pensioners – now, or in the future.

'15 Minute Care Makeover'

A satirical film commissioned by UNISON has gone viral on youtube. It is a spoof and features actors, but the message it carries is very serious.

The video was launched at a time when nearly two-thirds (65%) of councils in England and Wales are still commissioning 15-minute care visits.

It highlights the human indignity suffered by thousands of vulnerable and elderly people. A care worker is often the only friendly face some people will see. They want to care, but they are forced to rush visits and the impact on those receiving care is starkly shown in the video.

Freedom of Information requests to 174 councils and health trusts (151 in England and 22 in Wales) revealed that 59 said they did not commission 15-minute visits; 76 said they did and 32 said they did but not for personal care. NICE guidelines issued in 2015 state that home care visits should last at least 30 minutes.

If you are on-line and have a few minutes to spare, watch the video on:

[youtube.com/watch?v=pOZ9dWf4L80](https://www.youtube.com/watch?v=pOZ9dWf4L80)