



The NHS health & social care debate at the House of Lords

Hosted by Lord Warner, the Rt Hon Professor Paul Burstow (former Health Minister), the Adam Smith Institute and LCS International chaired a lively and interesting debate on innovation and change within social care in the UK between now and 2020.

Let's start with some stats. The UK is 18th out of the 21 richest countries in the world. Out of those countries our GDP ranks very low at 6.9%. We spend £17 billion on social care each year.

There was no doubt amongst those present that a predicted hard Brexit will further affect our economy. The knock-on effect on our social care funding is inevitable.

Funding Gap

There will be a £1.9 million funding gap in the NHS next year and Stephen Dorrell, former Secretary of State for Health from 1995 to 1997 and chair of the NHS Confederation, mentioned the hypothecated or “ear-marked” tax for social care funding that has been mooted recently. This argues that a small increase in income tax, which although is something the Conservative government promised not to do, if “ear-marked” for social care funding, would adequately bridge this gap and leave something in the pot for the NHS.

Lord Warner, former Health Minister, stated that lack of government funding, no growth and Brexit is “the new normal” in the social care sector. However, lack of investment in technology has had a major effect on productivity within the sector. He also suggested that it is not so much that money is the issue, but the allocation of those funds. He did not see that taxation would be likely to happen. He advocated it was more helpful to target how the money is used rather than how to get any more.

Staffing

He then focused on the workforce within the sector and how we should look at the types and skills of the staff that are needed. We should ask why there is no retention of skills within the workforce, and mentioned pay and the lack of on-going training as the driving force behind those leaving the sector with the inevitable reliance on overseas workers to fill the vacancies.

He stipulated an integrated NHS and social care sector since the current situation presented an outdated and disintegrating primary care model. Integrating the two would stop money going into the acute hospital sector at the expense of social care and vice versa. Integration would help change the way the funding is distributed.

Dr Robert Varnam, head of GP Development for NHS England, reiterated that productivity is not just about working faster and providing more. The concept should not be used to blame staff who work on the front line. Instead it should be used as a tool to do things better. He also stated that collaborative, integrated care, and access to that care, creates value which is of primary importance. So it is not about doing more but doing things differently and encouraging patients to help themselves with the help and guidance of the social care sector.



Spending on health and social care

Stephen Dorrell then took the stand. Based on the statistics, he also stood by the point that the NHS health and social care sectors are not separate and neither should they be. Most notably he said that the UK underspends on this sector and it accounts for only 9.9% of our economy compared to 11% for France and Germany and 17% for the USA. He said there had been a 25% increase in health spending in the last 10 years but zero for social care.

But he wanted to challenge inefficiency. We were appalled to hear him say that as we sat in the Lords, across the river was St Thomas' Hospital, and that typical of most hospitals, one-third of it was being used as a care home where otherwise non-acutely ill patients were waiting in beds for a care home place or to be allowed back home with proper follow-up care, but could not be discharged. That is a huge waste of resources.

Change for the future

Mention was made of the Sustainability and Transformation Plans or STP initiative. The plans are designed to offer a chance for health and social care leaders to work together to improve care and manage limited resources, the very topic of our debate. We all agreed that a change in the service model for these is needed for them to actually work such as involving everyone from patients to local authorities. Again, integration is the key word.

Questions followed from the floor where it was suggested how we can measure this productivity, whether the population needs to make lifestyle changes in order to help itself in the future and put less of a strain on resources. The utilisation of data resources and patient access to data was explored as well as the patient/professional relationship. Several doctors present said this needs to change too to allow professional values and standards to be recognised and to allow professionals to concentrate on raising standards rather than defending their actions.

I liked Mr Dorrell's definition of a professional as someone who suffers from divine discontent! In other words they ask themselves – "how could I have done it better?" - a theme that ran through today's debate.

In conclusion

The debate concluded with the assertions that social care is vital to keep people out of hospitals where resources and skills can be better used to care for them in a proper environment. There is unlikely to be any more money available but instead we should look at ways to increase productivity by doing things better, making conditions better for the workforce, distributing funds better, investing in technology and collaboration and integrating the services.

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This article is not intended to be a full summary of the law and advice should be sought on all issues.

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