

Have Your Say on the Health and Care Bill: September 2021

Ealing Reclaim Social Care Action Group (ERSCAG) works for a transformed social care system which would benefit the lives of older people and working age adults with physical and/or mental disabilities or long-term conditions. We work for change locally with users of social care packages, carers (paid and unpaid), and locally elected representatives; and nationally we argue for a national framework, well-funded from general taxation and free at the point of delivery. We are studying the recent government announcement about funding and await, with great interest, the major review of social care, promised by way of a White Paper this Autumn. In the meantime, we have some concerns about the Health & Care Bill.

Firstly, its title implies that it is dealing with “care”, alongside “health”, and therefore we expected to see some consideration of both issues. In reality, the draft legislation is almost entirely focused on the issue of health provision. Moreover where “care” is addressed, it seems to be largely with the intention of integrating this provision into the NHS and the health framework. Hence we consider that this draft legislation is a totally inadequate vehicle to promote a serious discussion of the needs/structures/resources needed to address the population’s social care needs. Moreover, ERSCAG fears that its passage may well create structures which cut across the long-promised commitment to overhaul the provision of social care both nationally and locally.

Secondly, the greater integration of health and care services is assumed to be a self-evident good but in ERSCAG’s view, this is highly questionable.¹ We are active in a campaign to create a distinct National Care Support & Independent Living Service (NaCSILS). Clearly there are issues of overlap between ‘health’ and ‘care’ which should be managed well, but we argue that there are two fairly distinct goals here – or in the words of the slogan “*the NHS is life-saving, social care is life-changing*”. Social care is primarily about helping people live independent lives, ideally in their own homes and within the community, and is explicitly about NOT providing a solely “medical” response to people’s needs: the funding, philosophy, structures, and legal construct of the two worlds is currently quite distinct. ERSCAG believes that this would be better recognised by creating a national service alongside the NHS.

Thirdly, while it is vital that there needs to be good cooperation and collaboration between a National Care Support and Independent Living Service and the National Health Service, this Bill proposes measures and structures which will subordinate the social care needs of people to their medical needs. To take one clear example: the proposals around “discharge to assess” (see clause 78) seem to address the long-standing NHS concern described by some as “bed blocking”, or DTOC (Delayed Transfer of Care) but is this the right solution? We have noted that the Local Government Association supports the proposal,² but we have serious doubts. Emergency measures introduced in response to the pandemic led to tragic consequences in 2020, with people being discharged

¹ Even a cursory study of the National Audit Office’s report in February 2017 into “health and social care integration” indicates that no robust evidence base existed to show that integration leads to better outcomes for patients; there was no compelling evidence to show that integration in England led to sustainable financial savings or reduced hospital activity; and NHS England had not assessed how pressures on adult social care might impact on the NHS. Are these findings no longer valid?

² See Health and Care Bill Second Reading, House of Commons, 14 July 2021 www.local.gov.uk/parliament/briefings-and-responses/health-and-care-bill-second-reading. OR [Health and Care Bill Second Reading, House of Commons, 14 July 2021 | Local Government Association](https://www.local.gov.uk/parliament/briefings-and-responses/health-and-care-bill-second-reading)

precipitately to residential or other care without adequate infection control or other checks.³ We do agree with the Local Government Association that “*home is the most appropriate place for resolving crises and recovery for nearly all people being discharged from hospital*”. However, ERSCAG believes that, in practice, the removal of the duty to carry out assessments before discharge from hospital reduces the pressure on Local Authorities to carry out their assessment duties and could lead to serious problems. Carers UK produced a report this month⁴ where they found, in a survey of 1,950 carers in England, in March 2021: over half of carers providing significant care were not involved in decisions about discharge; most carers were not themselves assessed; 70% of carers were not asked whether they were willing and able to care; 2/3 did not feel listened to about their willingness and ability to care; the majority of carers were not given enough information and advice to care safely and well; & most carers said insufficient support was provided to protect the health and wellbeing of either the patient or their own health.

ERSCAG does not look at the wider health arena which is the primary focus of this legislation, but we are sympathetic to the arguments that:

- the NHS has already undergone too much structural re-organisation in recent years;
- the timing of this legislation is poor in promoting further re-organisation in the wake of covid and the long-term problems created by extended waiting times etc;
- the thrust is towards increased centralisation of powers in the hands of the Secretary of State, just when the lessons from covid have underscored the value of facilitating greater national/local flexibility and adaptability and
- we feel that some of the mechanisms proposed to encourage integration lack adequate democratic representation, still less the diversity of membership necessary to tackle health inequalities (involving carers, people with disabilities, of different ethnicities etc.)

In addition to the material alluded to already, we found the following articles/briefings prepared by specialist groups to be of interest and recommend them to parliamentarians:

- Carers UK briefing: Health and Care Bill, July 2021 www.carersuk.org
- <https://keepournhspublic.com/health-and-care-bill-nhs-staff/>
- Kings Fund: www.kingsfund.org.uk including '[Important reforms could be undermined by plans for ministerial interference](#)': | [The King's Fund \(kingsfund.org.uk\)](http://The King's Fund (kingsfund.org.uk)) This preliminary reaction concludes with the statement: “*Reforming health services while leaving the social care sector in crisis would be a recipe for failure.*”

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³ See, amongst other materials, report by Healthwatch England and the British Red Cross (October 2020) entitled “590 people’s stories of leaving hospital during covid” where they talk of the new discharge process relying “on people’s recovery needs being assessed and addressed in the community which people have told us does not always happen”. Indeed, they found that 82% of respondents did not receive follow up visits, and nearly one in five of them reported having unmet needs.

⁴ The survey https://www.carersuk.org/images/News_and_campaigns//Carers_experiences_of_hospital_discharge_report_2021.pdf focused on the experiences of carers. One is left wondering about the experience of those being discharged from hospital care and who do not even have family or other advocates to assist them with this important transition.