



Social Care: Impact of NHS Plans and Delivery of Services Over the Winter Period

Summary

On 25 January 2018, the House of Lords is scheduled to debate a motion moved by Baroness Wheeler (Labour) on the “impact on front line social care of the Government’s NHS plans and the delivery of services over the winter period”.

The NHS in England has been under acute strain in recent weeks. This fits a pattern of increased demand for health and social care services in winter months, and both the NHS and social care providers have had specific winter plans in place in recognition of the challenges that arise during the season. However, concerns have been raised both in Parliament and across the sector about the unprecedented pressures experienced during the current winter period and in respect of the resilience of current arrangements for health and social care in the context of the prevailing funding settlements in England.

Social care is part of a complex system of public services and forms of support, including health care provided by the NHS, for people who require assistance with daily living. This means that the NHS and social care sector are connected and interdependent in many ways. Whilst much of the recent debate on social care has concentrated on how pressures in the sector—including those relating to demand, funding, staffing and capacity in residential care settings—have impacted upon the NHS, pressures in the NHS can in turn have a knock-on impact on the social care sector.

This briefing provides an introduction to the issue of the impact on the social care sector of current pressures in the NHS by giving a brief overview of social care, recent NHS plans and the current winter peak in demand for healthcare. It then discusses the challenge for the social care sector of delayed transfers of care, before considering recent proposals to help ensure the long-term sustainability of the sector. A list of suggested reading can be found in the final section as a source of further information on various aspects of this complex issue.

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I. Background

I.1 NHS Planning for Winter Period

The NHS has been engaged in planning for the pressures experienced over the current winter period. Regarding its winter resilience plans, the NHS has stated:

Pressures have been building on Accident and Emergency departments for several years and can increase significantly over winter because of a rise in the number of people admitted to hospital.

The NHS has pulled out all the stops to prepare for this winter. We are determined to protect the good standards of service that the public have come to expect.

As a result, planning started earlier than ever before with hospitals, GPs, social services and other health professionals coming together to work out the best way of responding in every area of the country.¹

On 14 July 2017, Pauline Philip, Director of National Urgent and Emergency Care at NHS England and NHS Improvement, wrote to local NHS leaders about planning for winter 2017/18. In her letter, Ms Philip requested that local health leaders prepare for winter in a range of areas, including in relation to reducing delayed transfers of care.² This is where patients are unable to be discharged from a hospital when first ready, often because appropriate support outside of the hospital environment is not yet ready. Ms Philip's letter included an appendix which stated that all local A&E delivery boards would be required to submit comprehensive winter plans, which should include measures to reduce delayed discharges.³

However, concerns were raised in early December by NHS Providers, the membership organisation and trade association for NHS trusts, that patient risk still remained despite this planning activity. In a press release issued to accompany a briefing on measures that NHS trusts had put in place ahead of the current winter period, NHS Providers stated that trusts had "done all they can to prepare for extra winter pressures" and that local and national planning for winter had been "more extensive and meticulous than ever before".⁴ Despite this activity, however, it contended that the "health service may be sorely tested in the coming months as it is already at or close to full stretch". NHS Providers welcomed the extra £335 million provided for the

¹ NHS England, '[Winter Resilience](#)', accessed 16 January 2018.

² NHS England, '[Preparation for Winter 2017/18: Letter from Pauline Philip](#)', 14 July 2017.

³ NHS England, '[Winter Planning Appendices](#)', accessed 16 January 2018; and [Appendix 3: Winter Plan Requirements](#), 3 August 2017, p 2.

⁴ NHS Providers, '[NHS Trusts Have Prepared for a Tough Winter, But Patient Risk Remains](#)', 7 December 2017.

NHS by the Government in the November Budget to assist with winter pressures, but argued that the money had “come very late to be used to maximum effect”.⁵

1.2 Delivery of Services Over the Winter Period

Despite the planning that was undertaken, the NHS has been experiencing severe pressures during recent weeks. These have been exacerbated, as in previous winter periods, by frail older people being more susceptible to respiratory conditions and flu during winter months. There has been a great deal of press coverage and political comment both within and outside both Houses of Parliament on the pressures in the NHS system, and this ongoing debate has been assisted by the publication of weekly operational updates by NHS England since the beginning of December. These releases have included performance statistics relating to A&E closures and diverts, bed availability and occupancy rates, ambulance handover delays and on use of the NHS 111 service.⁶ As at last week, these data showed:

- Between 20 November and 31 December 2017, 76,000 ambulance arrivals at A&E were delayed by over half an hour. This is 13.2 percent of all ambulance arrivals. The peak was 20.2 percent on 27 December.
- 16,922 ambulance arrivals at A&E were delayed by over one hour—one in every 34 ambulance arrivals. On 27 December, this rose to one in 16.
- There were 17 NHS trusts in England where more than a quarter of ambulance handovers were delayed by more than 30 minutes over this period.
- In December 2017, there were 105 temporary diverts between A&E departments to provide respite. This was lower than the 147 recorded in December 2016.
- In December 2017, 28,222 bed days were lost due to norovirus closures in England. This compares with 25,719 in December 2016.
- In December 2017, an average of 95,864 general and acute beds were available each day—around 300 higher than in December 2016, but around 2,300 lower than in December 2015.
- General and acute bed occupancy was above 95 percent for nine days in December 2017, compared with seven days in December 2016.⁷

⁵ NHS Providers, [‘Briefing: How Will More Funding Help This Winter?’](#), December 2017.

⁶ NHS England, [‘Winter Daily SitRep 2017–18 Data’](#), accessed 16 January 2018.

⁷ House of Commons Library, [‘Opposition Day Debate: NHS Winter Pressures’](#), 9 January 2017.

At the beginning of January, a shortage of beds in many hospitals led to a decision by the NHS National Emergency Pressures Panel, chaired by Professor Sir Bruce Keogh, NHS England's National Medical Director, to implement a range of measures, including the deferral of all non-urgent operations until after January.⁸ The rationale for this decision was that an estimated 40 percent of the 100,000 beds in the NHS were occupied at any one time by planned routine care, so allowing postponements would permit hospitals flexibility to deal with some of the strain imposed by winter pressures.⁹ Some estimates suggested that the decision to postpone non-urgent operations could have affected around 55,000 people awaiting such procedures.¹⁰

Responding to questions on the decision following press coverage on whether this measure meant the NHS was in a state of 'crisis', the Prime Minister, Theresa May, contended that the NHS had been "better prepared for this winter than ever before" and that the number of delayed discharges had been reduced.¹¹ On the same day, the Secretary of State for Health, Jeremy Hunt, argued that the measures had been "reluctantly" put in place as a response to pressures.¹² Arguing that the measures reflected a more planned approach to pressures than in previous years, he also apologised for the postponements having been deemed necessary:

What is different this year compared to last year is that last year we had a lot of operations cancelled at the last minute. A lot of people were called up the day before their operation and told: 'I'm sorry, it can't go ahead'.

And we recognise that it is better, if you are unfortunately going to have to cancel or postpone some operations, to do it in a planned way [...] Although if you are someone whose operation has been delayed I don't belittle that for one moment and indeed I apologise to everyone who that has happened to.¹³

The next day, the Prime Minister, Theresa May, repeated that the winter pressures had been "planned for better than ever before". Mrs May added that an additional £437 million had been allocated to the NHS for the current winter period, before also apologising for the postponements.¹⁴

⁸ NHS England, '[Operational Update from the NHS National Emergency Pressures Panel](#)', 2 January 2018.

⁹ Janina Conboye, '[NHS Delays Non-urgent Operations After Winter Pressures](#)', *Financial Times* (£), 3 January 2018.

¹⁰ *ibid.*

¹¹ BBC News, '[NHS 'Better Prepared for Winter than Ever'](#)', 3 January 2018 (video).

¹² Aubrey Allegretti, '[Jeremy Hunt Apologises for Cancelled Operations as Theresa May Denies NHS 'Crisis'](#)', Sky News, 3 January 2018.

¹³ Sarah Marsh, '[Jeremy Hunt Defends Decision to Postpone Non-urgent NHS Surgery](#)', *Guardian*, 3 January 2018.

¹⁴ BBC News, '[Theresa May Sorry for NHS Difficulties](#)', 4 January 2018 (video).

Speaking on behalf of the Labour Party on the same day as the Prime Minister's apology, the Shadow Secretary of State for Health, Jonathan Ashworth, argued that the pressures faced by the NHS constituted a "serious crisis", and that recent years had seen "very severe cuts to social care so elderly people don't get the support in the community that they should be getting".¹⁵ In addition, it was reported that a number of NHS staff have questioned the resourcing and preparedness of the system as a whole, with one A&E doctor quoted as alleging that the Prime Minister's assertion that winter pressures had been planned for were "misleading, disingenuous nonsense".¹⁶

However, Professor Keith Willett, NHS England's Director of Acute Care, denied that the NHS was in crisis, arguing instead that the postponements represented "precautionary action [...] to try to give hospitals the space that they need".¹⁷

1.3 Social Care

There is no simple definition of social care.¹⁸ The term covers a wide range of different activities, from child protection to end-of-life care.¹⁹ However, much of the debate in recent months on the issue of social care in connection with the NHS has centred on pressures in adult social care, which is widely taken to mean care and support provided to adults who need extra support. Most of this support is provided by friends, family or neighbours on an informal basis without payment, but it can also be provided through formal care services paid for by individuals or their local authority.²⁰ In terms of formal care, estimates suggest that 1.4 million individuals are employed in social care roles, with these individuals caring for over 1 million vulnerable adults.²¹ Furthermore, the National Audit Office, which is compiling a report on the adult social care workforce, has noted that more than 19,000 organisations provide care.²²

¹⁵ BBC News, '[NHS in 'Serious Crisis', Says Labour's Ashworth](#)', 3 January 2018 (video).

¹⁶ Alan McGuinness, '[May Defends Handling of NHS Amid Winter Crisis: 'Nothing is Perfect'](#)', Sky News, 7 January 2018. See also Jasmin Gray and Kathryn Snowdon, '[NHS 'Winter Crisis': Five Frontline Staff Reveal What It's Really Like Working in A&E Right Now](#)', Huffington Post, 11 January 2018.

¹⁷ Janina Conboye, '[NHS Delays Non-urgent Operations After Winter Pressures](#)', *Financial Times* (£), 3 January 2018.

¹⁸ BBC News, '[O&A: Social Care](#)', 12 May 2008.

¹⁹ King's Fund, '[Bite-sized Social Care: What is Social Care?](#)', accessed 16 January 2018.

²⁰ National Audit Office, '[Adult Social Care in England: Overview](#)', 13 March 2014, HC 1102 of session of 2013–14, p 5; and House of Commons Library, '[Adult Social Care Funding \(England\)](#)', 23 October 2017, p 4.

²¹ [HL Hansard, 6 July 2017, col 985](#); and Association of Directors of Adult Social Services, '[ADASS Responds to Reclassification of Department of Health as Department of Health and Social Care](#)', accessed 17 January 2018.

²² National Audit Office, '[Adult Social Care Workforce](#)', accessed 16 January 2018.

Much of the recent debate on formal adult social care delivered by local authorities has been conducted in relation to the care needs of older individuals. However, it should be noted that adult social care also includes care and support provided to physically disabled people, people with learning disabilities, people with mental health problems, drug and alcohol misusers and carers.²³ The National Audit Office has captured the complexity of the spectrum of care and support provided to the wide range of social care recipients, and the interaction of their care needs with health care needs, as follows:

Adults with care needs cannot perform activities of daily living such as washing, taking medicine, paperwork, cooking and shopping without support. Care needs may be short-lived, long-term or permanent, and are difficult to plan for. Needs can arise from disability from birth; physical injury; mental health problems; health conditions such as dementia; discharge from hospital, perhaps after a fall or fracture; or ill-health of an informal carer. Social care and health care needs can overlap and be difficult to distinguish and define. For example, an individual may be in good health but have care needs.²⁴

Recent debate has also concentrated on current funding arrangements for formal adult social care. The policy area is a devolved issue, and in England is means-tested. Formal adult social care is primarily funded through local government and constitutes the biggest area of discretionary spending for local authorities.²⁵ The National Audit Office has noted that the sector is “operating in challenging circumstances”, at least in part because spending on adult social care by local authorities fell by 7 percent between 2010/11 and 2014/15 and because of increased demand due to an ageing population.²⁶

In recognition of the financial pressures faced by local authorities, the Government has announced additional short-term funding for social care over time. Current measures include:

- a new **Social Care Precept**, under which local authorities are able to increase council tax levels by up to 2 percent (above the referendum threshold) for each year between 2016/17 and 2019/20. In December 2016, the Government announced increased flexibility which will enable local authorities to, if they wish, bring forward the Social Care Precept, by raising council tax by up to 3 percent in 2017/18 and 2018/19;

²³ Joint Committee on the Draft Care and Support Bill, [Draft Care and Support Bill](#), 19 March 2013, HL Paper 143 of session 2012–13, p 17.

²⁴ National Audit Office, [Adult Social Care in England: Overview](#), 13 March 2014, HC 1102 of session of 2013–14, p 12.

²⁵ House of Commons Library, [Adult Social Care Funding \(England\)](#), 23 October 2017, p 4.

²⁶ National Audit Office, [‘Adult Social Care Workforce’](#), accessed 16 January 2018.

- an improved **Better Care Fund**—to include additional social care funds of around £4.4 billion between 2017/18 and 2019/20;
- and a new **Adult Social Care Support Grant** which will provide £240 million to local authorities in 2017/18.²⁷

However, critics of the Government’s approach to social care have criticised this additional funding as inadequate to deal with the scale of the financial pressures in the sector, particularly in the context of an ageing population and increased demands for formal care and support. For example, the Labour Party has alleged that reductions in local authority budgets since 2010 have “meant cuts to adult social care funding”, with these “set to reach £6.3 billion by March 2018”, and highlighted that social care was not the subject of announcements in the most recent Budget.²⁸ The Labour Party has also cited estimates by the charity Age UK that there are 1.2 million people living with unmet care needs, which suggests that funding pressures may only increase.²⁹ Separately, the Local Government Association has estimated that social care will face a £2.3 billion funding gap by 2020.³⁰ The Association of Directors of Adult Social Services in England has cited a higher estimated funding gap of £2.5 billion by 2020.³¹

2. Impact on Social Care: Delayed Transfers of Care

As indicated above, the relationship between health and social care is complex and interdependent in many ways. In recognition of this, the job title of the Secretary of State with responsibility for this policy area changed during the recent cabinet reshuffle, from Secretary of State for Health to Secretary of State for Health and Social Care. It was reported by the BBC during the reshuffle that the incumbent Secretary of State, Jeremy Hunt, had argued for the change to accompany an expanded role to lead planning for the future of social care in England.³²

One high profile area in which winter pressure in the NHS has carried through to the social care system is in delayed transfers of care (DToC), or an instance when it is clinically safe to discharge a patient from hospital, but this is not possible due to a lack of suitable care arrangements being available outside of the hospital environment. The result is a prolonged stay in hospital for the affected patient.

²⁷ House of Commons Library, [Adult Social Care Funding \(England\)](#), 23 October 2017, p 4. Bold in original.

²⁸ [HL Hansard, 7 December 2017, col 1198](#).

²⁹ [ibid, col 1199](#).

³⁰ Local Government Association, [‘Latest Delayed Transfers of Care Figures: LGA Response’](#), 11 January 2018.

³¹ Association of Directors of Adult Social Services, [‘ADASS Responds to Alzheimer’s Society Report on Stranded People in Hospital’](#), accessed 17 January 2018.

³² Laura Kuenssberg, [‘Cabinet Reshuffle: What Took So Long in No 10?’](#), BBC News, 8 January 2018; and Hugh Pym, [‘Will a Rebranded Department of Health Change Anything?’](#), BBC News, 12 January 2018.

During a debate in the House of Commons last week on the subject of winter pressures in the NHS, the Secretary of State for Health and Social Care, Jeremy Hunt, noted that the issue of delayed discharges was the “biggest lesson from last year” and that pressure in the social care system was making it “difficult for hospitals to discharge”.³³ In turn, the high numbers of individuals requiring care support after leaving hospital during the current winter period appears to be contributing to pressure in the social care system.

2.1 Background

The King’s Fund has commented on the impact that delayed transfers of care can have on patients and their care needs as follows:

The timing of discharging patients from hospital is important. Sending a patient home from hospital prematurely, before their medical care is completed, can lead to poor patient experience and readmission to hospital. But delayed transfers of care are currently a significant concern to patients and staff in the health and care system. Longer stays in hospital are associated with increased risk of infection, low mood and reduced motivation, which can affect a patient’s health after they’ve been discharged and increase their chances of readmission to hospital. The [National Audit of Intermediate Care](#) argues that, for older patients, a delay of more than two days negates the additional benefit of intermediate care, and seven days is associated with a 10 percent decline in muscle strength due to long periods of immobility in a hospital bed.³⁴

Delayed transfers of care have long been an issue for the health and social care sector and pre-date the current winter period. For example, in May 2016, the National Audit Office published a report in which it noted:

- Percentage of hospital bed days occupied by older patients (those aged 65 or over) in 2014/15: **62 percent**.
- Increase in emergency admissions of older people between 2010/11 and 2014/15 (12 percent increase for whole population): **18 percent**.
- Our estimate of the gross cost to the NHS of older patients in hospital beds who are no longer in need of acute treatment: **£820 million**.
- Bed days lost to reported delayed transfers of care in acute hospitals during 2015: **1.15 million** (up 31 percent since 2013).
- Our estimate of hospital bed days occupied by older patients no longer in need of acute treatment: **2.7 million**.

³³ [HC Hansard, 10 January 2018, cols 346](#).

³⁴ King’s Fund, [‘Delayed Transfers of Care: A Quick Guide’](#), 4 January 2018.

- Average length of inpatient stay for older patients in 2014–15 (based on emergency admissions only): **11.9 days**.
- Percentage of muscle strength that older people can lose per day of treatment in a hospital bed: **5 percent**.
- Hospitals in our survey who told us that discharge planning is not started soon enough to minimise delays for most older patients: **54 percent**.³⁵

In June 2017, NHS Providers, the membership organisation and trade association for NHS trusts, published a report in which it analysed pressures in the health and social care system during the 2016/17 winter period. This report stated that “too often, winter pressures has just been about acute hospital capacity”.³⁶ It continued by emphasising that social care also faced increased capacity issues over the winter period: “last winter showed that ambulance, community and mental health capacity are just as important, as is primary and social care capacity”. The report made a number of other points, including in relation to capacity in the social care sector. The report’s ‘key findings’ included the following:

- NHS performance last winter showed unacceptable levels of patient risk as growing demand outstripped NHS capacity.
- The Government’s plans to manage this escalating risk next winter [2017/18] assume that the extra £1 billion for social care in 2017/18, announced in the March 2017 Budget, will be spent in a way that reduces NHS delayed transfers of care (DTOC), freeing up 2,000–3,000 NHS beds.
- Our member survey shows that only 28 percent of trusts have been able to secure a commitment from their local authority that the extra social care funding will be spent in a way that directly reduces DTOCs and frees up NHS capacity.
- The survey also shows that only 18 percent of trusts believe they have a commitment that will enable them to deliver the NHS mandate requirement of reducing DToC to 3.5 percent.
- Trusts report a lack of capacity across all parts of the health and care system to deal with the expected demand: 64 percent of trusts report a lack of ambulance capacity; 71 percent a lack of acute capacity; 76 percent a lack of community capacity; 80 percent a lack of mental health capacity; 91 percent a lack of social care capacity and 92 percent a lack of primary care capacity.

³⁵ National Audit Office, [Discharging Older Patients from Hospital](#), 26 May 2016, HC 18 of session 2016–17, p 4.

³⁶ NHS Providers, [‘Winter Warning: Key Points’](#), 27 June 2017. See also NHS Providers, [‘NHS Providers Issues a Winter Warning as Extra Social Care Funding Fails to Help the NHS as Planned’](#), 27 June 2017.

- To manage next winter's risk safely, the NHS needs the added capacity that the extra social care investment was intended, but is failing, to secure. This requires an extra winter pressures funding injection of £350m.³⁷

More recently, it was reported in a sector publication that NHS trusts have been making progress against targets for reducing delayed transfers of care set by the Government.³⁸ However, it was also noted that “some areas remain a long way from meeting them and face the possibility of financial penalties next year”.³⁹ Such financial penalties may take the form of delayed discharge payments or the reconsideration of funding from the Better Care Fund.

The House of Commons Library has provided background on these potential penalties as follows:

Delayed Discharge Payments

When the NHS is about to discharge a patient with care needs, the NHS must give the relevant local authorities 24 hours' notice, alongside a description of the patient's likely support requirements. This is known as a discharge notice. If a local authority fails to act upon this information, resulting in a delay to a patient's discharge, the NHS body can claim reimbursement for each day of delay.

A survey carried out by Association of Directors of Adult Social Services in England (ADASS) reports that “16 councils were fined for delayed transfers of care in 2016/17, with individual fines as high as £280,540. Ten councils paid the fine. In 2017/18, eight councils have been fined, with fines as high as £99,970. Six councils have paid the fine”.

Better Care Fund

The Better Care Fund (BCF) is the Government's primary funding mechanism specifically for the integration of health and social care. It is a pooled fund that local areas can use to provide better community care outside of a hospital environment.

³⁷ NHS Providers, '[Winter Warning: Key Points](#)', 27 June 2017.

³⁸ Alex Turner, '[Winter Social Care Pressures: 'Crisis Was Here Before the Snow, and is Still Here After It'](#)', Community Care, 2 January 2018.

³⁹ Alex Turner, '[Winter Social Care Pressures: 'Crisis Was Here Before the Snow, and is Still Here After It'](#)', Community Care, 2 January 2018. See also: Alex Turner, '[Delayed Transfers of Care Hit 18-month Low But Targets Still Set to be Missed](#)', Community Care, 13 November 2017.

In the 2017 Spring Budget, it was announced that targeted measures would be introduced to help the local areas with the highest delayed transfer of care rates. The Better Care Fund (BCF) planning requirements for 2017–19, published in July 2017, aimed to “reduce delayed transfers of care to occupying no more than 3.5 percent of hospital bed days by September 2017”. For those areas not meeting this target, the Department of Health stated that 2018–19 allocations of the Better Care Fund might be ‘reconsidered’. Many councils have suggested that these target rates are unrealistic.⁴⁰

2.2 Incidence

Statistics on the incidence of delayed transfers of care are available from a number of sources. The House of Commons Library has noted the following in respect of delayed transfers of care for previous financial years:

In 2016/17 there were 2.3 million delayed transfer days in England, an average of around 6,200 per day. The average number of delayed days for 2016/17 was 25 percent higher than the previous year [2015/16]. It is estimated that delayed transfers cost NHS providers £173 million for the previous year [2016/17], up 19 percent from 2015/16.

Much of this increase is attributed by commentators to pressures in social care related to, for example, patients waiting for a suitable home care package to be put in place or for a residential care home place to be found. Although the majority of delayed days are still attributable to the NHS, delays attributable to local authority social care have risen by 85 percent over the past two years.

Efforts made by the Government to reduce the number of delayed transfers of care focus largely around the Better Care Fund, a pooled budget between local authorities and the NHS to better integrate health and social care services.⁴¹

NHS England publishes statistics on delayed transfers of care. The latest statistical release on delayed transfers, covering November 2017, included the following findings:

- There were 155,100 total delayed days in November 2017, of which 99,500 were in acute care. This is a decrease from November 2016, where there were 193,200 total delayed days, of which 127,700 were in acute care.
- The 155,100 total delayed days in November 2017 is equivalent to 5,169 daily DToC beds. This compares to 5,487 in October

⁴⁰ House of Commons Library, [‘Opposition Day Debate: Social Care’](#), 23 October 2017.

⁴¹ House of Commons Library, [‘Delayed Transfers of Care in the NHS’](#), 20 June 2017.

2017 and 6,440 in November 2016. This is the lowest number of DToC beds since January 2016, when the number of DToC beds was 5,144.

- 58.3 percent of all delays in November 2017 were attributable to the NHS, 34.0 percent were attributable to social care and the remaining 7.6 percent were attributable to both NHS and social care.
- The proportion of delays attributable to social care has decreased over the last year to 34.0 percent in November 2017, compared to 34.8 percent in November 2016.
- The main reason for NHS delays in November 2017 was 'Patients Awaiting further Non Acute NHS Care'. This accounted for 25,300 delayed days (27.9 percent of all NHS delays). The number of delays attributable to this reason showed a general increase between July 2015 and April 2016, before levelling off for several months. Following a large decrease in April 2017, the number remained relatively stable until August 2017, when it saw a further decrease. The figure has continued to steadily decrease.
- The main reason for social care delays in November 2017 was 'Patients Awaiting Care Package in their Own Home'. This accounted for 18,700 delayed days (35.4 percent of all social care delays), compared to 24,400 in November 2016. The number of delays attributable to this reason had been increasing steadily since February 2015 and reached a peak in December 2016. Delays attributable to this reason have been gradually decreasing since March 2017.⁴²

Responding to these figures on the day of their publication, Councillor Izzie Secombe, the Conservative Chairman of the Local Government Association's Community Wellbeing Board, stated:

Today's figures show that councils have continued to reduce the number of delayed days. This continued improvement is testament to the ongoing hard work by councils to get people out of hospital and living in their own homes and communities with the support they need in the right place and at the right time.

Councils will continue to work closely with their NHS partners locally but the Government needs to recognise that delayed transfers of care are a symptom of pressures across the whole health and care system, not their cause.⁴³

⁴² NHS England, [Statistical Press Notice: Monthly Delayed Transfers of Care Data—England, November 2017](#), 11 January 2018, p 1.

⁴³ Local Government Association, ['Latest Delayed Transfers of Care Figures: LGA Response'](#), 11 January 2018.

Councillor Seccombe continued by stating that new money was “urgently needed now to prevent social care breaching its tipping point” and called on the Government to address the issue in the forthcoming final Local Government Finance Settlement.⁴⁴

Data for delayed transfers in December 2017 will be published on 8 February 2018.⁴⁵

3. Proposed Solutions

There has been much debate on the future of health and social care in recent years, including during the most recent general election campaign, with many proposals for relieving pressure in the social care sector by putting current funding arrangements on a more sustainable footing. Reports on the subject include that of the Dilnot Commission and the final report of the Barker Review.⁴⁶ Most recently, the House of Lords Long-term Sustainability of the NHS Committee made recommendations in respect of the future of social care to which the Government is yet to formally respond.⁴⁷

In addition to these existing reports, earlier this month the Local Government Association (LGA), which represents 370 councils in England and Wales, called for the Government to ensure a sustainable social care system over the long term. Lord Porter of Spalding (Conservative), Chairman of the LGA, called for extra funding for social care in the Local Government Finance Settlement due in February.⁴⁸

The Government has committed to publishing a green paper on a sustainable settlement for social care by summer 2018.⁴⁹ The Government has added that this consultation document will “focus primarily on the reform of care for older people, but will consider elements of the adult social care system that are common to all recipients of social care”.⁵⁰

⁴⁴ Local Government Association, ‘[Latest Delayed Transfers of Care Figures: LGA Response](#)’, 11 January 2018.

⁴⁵ NHS England, ‘[Delayed Transfers of Care Data 2017–18](#)’, accessed 16 January 2018.

⁴⁶ Department of Health, *Fairer Care Funding: The Report of the Commission on Funding of Care and Support*, July 2011; and Independent Commission on the Future of Health and Social Care in England, *A New Settlement for Health and Social Care: Final Report*, 4 September 2014.

⁴⁷ House of Lords Long-term Sustainability of the NHS Committee, *The Long-term Sustainability of the NHS and Adult Social Care*, 5 April 2017, HL Paper 151 of session 2016–17.

⁴⁸ Local Government Association, ‘[NHS Winter Crisis Should Prompt Government to Fully Fund Social Care. Warn Councils](#)’, 4 January 2018.

⁴⁹ Cabinet Office, ‘[Government to Set Out Proposals to Reform Care and Support](#)’, 16 November 2017. See also: [HL Hansard, 7 December 2017, col 1196](#).

⁵⁰ [HL Hansard, 7 December 2017, col 1197](#).

In addition, the renaming of the Department for Health as the Department of Health and Social Care during the recent Cabinet reshuffle, and the related change in Jeremy Hunt's title as Secretary of State, has focused attention on the Government's forthcoming plans for reform of social care. The Department itself has emphasised that the move to rename the ministry represented "substantial change".⁵¹ However, it has also been reported that the move had sparked scepticism from some long-term observers. The *Financial Times*, for example, reported that such individuals doubted the move would "transform the health of a sector that has seen cuts of up to £6 billion since 2010".⁵²

4. Further Information

Parliamentary Debates, Statements and Questions

- [Oral Question on 'NHS: Winter Funding'](#), HL Hansard, 11 January 2018, cols 303–6
- [Debate on 'NHS Winter Crisis'](#), HC Hansard, 10 January 2018, cols 333–90
- [Statement on 'Social Care'](#), HL Hansard, 7 December 2017, cols 1196–207
- [Statement on 'Social Care'](#), HC Hansard, 7 December 2017, cols 1235–46
- [Oral Question on 'NHS: Winter Staffing Levels'](#), HL Hansard, 26 October 2017, cols 971–3
- [Debate on 'Social Care'](#), HC Hansard, 25 October 2017, cols 312–58

Parliamentary Committee Reports

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⁵¹ Sarah Neville, '[Jeremy Hunt's Beefed Up Social Care Role Met with Scepticism](#)', *Financial Times* (£), 9 January 2018.

⁵² *ibid.*

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