



NHS and Social Care: Targets, Priorities and Pressures **Debate on 6 February 2020**

On 6 February 2020, the House of Lords is due to debate a motion moved by Lord Hunt of Kings Heath (Labour) that “this House takes note of the National Health Service’s performance in relation to its priority area targets; and the impact of adult social care pressures on patients of the National Health Service, and their safety”.

Summary

NHS England’s performance against the four-hour A&E waiting time targets in November 2019 was the worst since the figures started being collected in 2010. NHS England was also below its operational standards for elective referral and cancer referral and treatment waiting times in November 2019. The 62-day maximum waiting time target between urgent GP referral and first cancer treatment was last met in 2013/14. NHS England is currently reviewing changes to these targets. In addition to targets, NHS England also set out care priorities, and other priority areas of focus for the NHS, in its *Long Term Plan*. These cover clinical areas such as maternal health, mental health, diabetes and learning disabilities. They also include efforts to improve efficiency within the NHS as a whole; for example, the better use of land and equipment.

An additional pressure on its services cited by NHS England is adult social care. It has been reported that delayed transfers of care, where a patient is unable to leave NHS care for some reason, can impact upon other areas of the service, including A&E departments. In addition, some claim that reduced funding for social care can lead to increased hospital admissions. In a recent survey of NHS leaders, the majority agreed that issues in social care were affecting the NHS and patient care.

The Government has stated that it intends to publish plans to reform the adult social care system later this year.

This briefing summarises NHS England’s performance against particular targets, including accident and emergency (A&E) waiting times and cancer treatment targets and highlights some of NHS England’s priorities, as set out in the January 2019 *Long Term Plan*. The briefing also summarises pressures in the adult social care system and how this can affect those in the health service, and lists further reading on proposed reforms to adult social care. Both health and social care are devolved matters, and this briefing covers the situation in England only.

Russell Taylor | 30 January 2020

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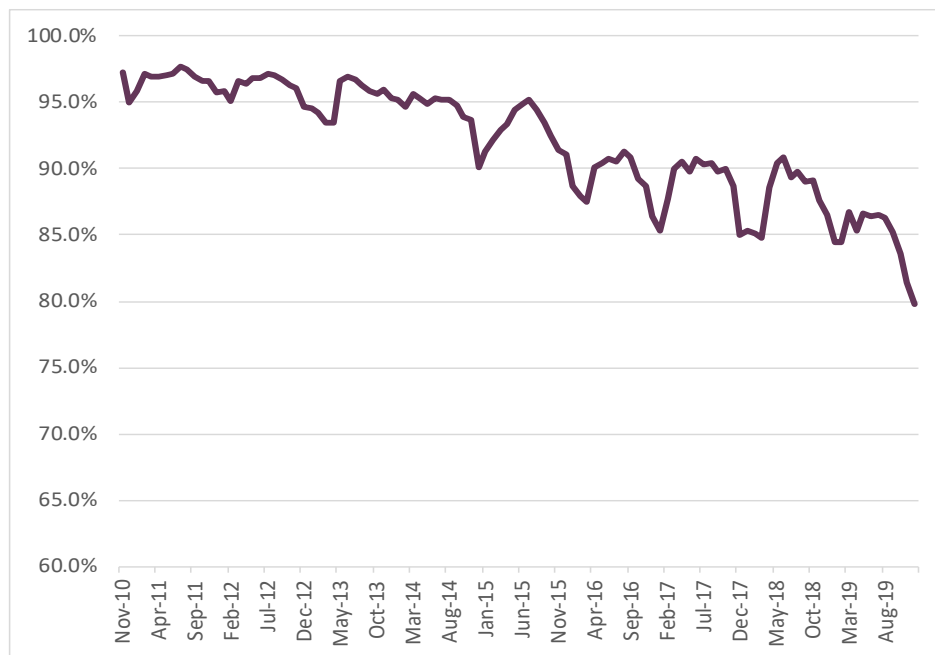
I. NHS Targets and Priorities

I.1 Accident and Emergency Targets

NHS England operates a target for 95% of patients at accident and emergency units (A&E) to be admitted, transferred or discharged within four hours.¹ The four-hour target has been in operation since 2004; however, until 2010, the target was set at 98% of patients.²

The latest set of statistics, covering December 2019, showed that 79.8% of all patients seen in A&E in that month were seen within four hours. This figure was a reduction from 81.4% in November 2019 and 86.5% in December 2018.³ It is the lowest performance since the collection began in 2010. The 95% standard was last met in July 2015.

Chart 1: Performance Against Four-Hour Target Since November 2010⁴



In addition, the statistics found:⁵

- Only one out of the 118 reporting trusts with a major A&E department met the 95% target in December 2019.
- December 2019 saw the highest number of over four- and over twelve-hour delays from decision to admit to admission since the statistics collection began.

¹ NHS England, [A&E Attendances and Emergency Admissions: December 2019 Statistical Commentary](#), 13 December 2019.

² Nuffield Trust, [‘A&E Waiting Times’](#), 26 April 2019.

³ NHS England, [A&E Attendances and Emergency Admissions: December 2019 Statistical Commentary](#), 13 December 2019, p 1.

⁴ NHS England, [‘Adjusted: Monthly A&E Time Series December 2019’](#), accessed 30 January 2020.

⁵ *ibid.*

There was also a general increase in A&E attendances and emergency admissions compared to the previous year. The total number of attendances in December 2019 was 2,181,024, an increase of 6.5% on the previous December. Emergency hospital admissions numbered 560,801 in December 2019, 2.9% higher than the same month in the year before.

Reviewing the A&E Targets

NHS England is currently reviewing the A&E targets, with fourteen trusts piloting a new system of “rapid care measures”. Explaining how this would apply, NHS England stated:

New standards to be trialled include a rapid assessment measure for all patients arriving at A&E, coupled with faster life-saving treatment for those with the most critical conditions, such as heart attacks, sepsis, stroke and severe asthma attacks. The proposals will support staff to focus on what matters most to the public and saves lives, including early assessment of everyone coming to A&E, the rapid start of treatment for those with the most serious illnesses and injuries.

A new measure of time in emergency department will also be tested, with the aim of ending hidden long waits and providing a more accurate view of hospital performance by recording how long every patient spends in A&E, not just whether their discharge or admission time breached the target.⁶

Progress of the Review

In a progress report on the trialled changes, NHS England described the initial results as “promising”. It stated that the number of patients spending over 12 hours in A&E had “fallen faster in trial sites than a control group”, and there were “signs that more people are getting the help they need to return home the same day”.⁷

It also reported possible public support for the changes, citing research conducted on behalf of Healthwatch England. It said the research showed the public “place the highest priority on A&E teams providing early initial assessment on arrival for everyone”, allowing staff to “prioritise those patients with the greatest need”, as well as “ensuring that patients with critical conditions get the right standard of care quickly”. The research suggested “the current measure was not well recognised” by the public and that “more people would find an average wait time understandable and useful”.⁸

NHS England stated that it would continue to trial the scheme and hoped to consult on proposed changes in early 2020, before making a decision whether to proceed.

On 15 January 2020, the Health Secretary, Matt Hancock, confirmed that changes to the A&E targets were being considered. He stressed the need for targets that are “clinically appropriate” and

⁶ NHS England, [‘NHS to Test New Rapid Care Measures for Patients with the Most Urgent Mental and Physical Health Needs’](#), 11 March 2019.

⁷ NHS England and NHS Improvement, [Measuring What Matters](#), November 2019, p 1.

⁸ *ibid.*

“supported by clinicians”.⁹ He said the targets were being looked at by clinicians.

Responding to these reports, the Shadow Health Secretary, Jonathan Ashworth, said that changing the targets would not “magic away the problems in our overcrowded hospitals, with patients left on trolleys in corridors for hours and hours”.

1.2 Cancer and Elective Referral Targets

NHS England has a range of targets for cancer treatment and waiting times and for other medical referrals.

In 2019, a House of Commons Public Accounts Committee report considered three key waiting times for elective and cancer treatment. These were:

- 92% of patients should wait no more than 18 weeks for their elective treatment from the date of their referral (if treatment is needed);
- 93% of patients should be seen by a cancer specialist within two weeks of being urgently referred by a GP for suspected cancer; and
- 85% of patients who are subsequently diagnosed with cancer should be treated within 62 days of the date of their original referral.¹⁰

Elective Referrals

This section discusses referrals for elective treatments—that is, non-urgent treatments planned and agreed in advance.

The NHS England target of patients not having to wait longer than 18 weeks for referral to elective treatment (RTT) was initially introduced in 2004.¹¹ The duty for this to apply in 92% of cases was then legislated for in 2012.¹²

The latest figures showed that 84.4% of RTT patients started treatment within the 18-week target in November 2019, below the 92% target. This was also 2.9 percentage points lower than in November 2018. The last time NHS England reported it had met the 92% target was almost five years ago, in March 2015.¹³

⁹ BBC News, ‘[Health Secretary Hints at End to Four-hour A&E Target](#)’, 15 January 2020.

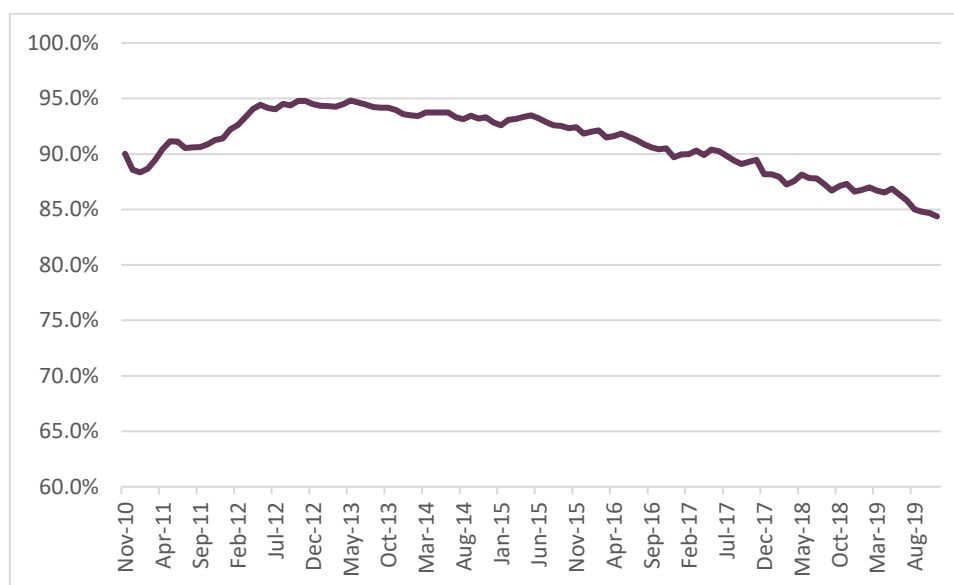
¹⁰ House of Commons Public Accounts Committee, [NHS Waiting Times for Elective and Cancer Treatment](#), 12 June 2019, HC 1750 of session 2017–19, p 4.

¹¹ King’s Fund, [How Much Have Waiting Times Reduced?](#), 2010.

¹² National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (SI 2012/2996).

¹³ NHS England, [NHS Referral to Treatment Waiting Times Data: November 2019](#), 9 January 2020.

Chart 2: Performance Against 18-Week Target Since November 2010¹⁴



The figures showed that the number of RTT patients waiting to start treatment at the end of November 2019 was 4.4 million patients. Of those, 1,398 patients had been waiting more than 52 weeks.

Cancer Treatment

A range of targets for cancer treatment and referral waiting times are currently in operation. These were initially introduced in 2000 and have been modified over time.¹⁵

The NHS Constitution provides for a patient to be seen by a “cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected”. In addition, the constitution includes a pledge that patients will receive their first cancer treatment within 62 days of certain referrals.¹⁶

NHS England’s last quarterly report of cancer statistics, covering July to September 2019, reported that 90.2% of these patients were seen within 14 days of an urgent GP referral.¹⁷ This is below the operational standard of 93%. The rate was unchanged from the previous quarter, but lower than quarter two in the previous year, when it was 91.6%. The target has not been achieved since 2017/18. The figures for this quarter were based on 617,318 patients.

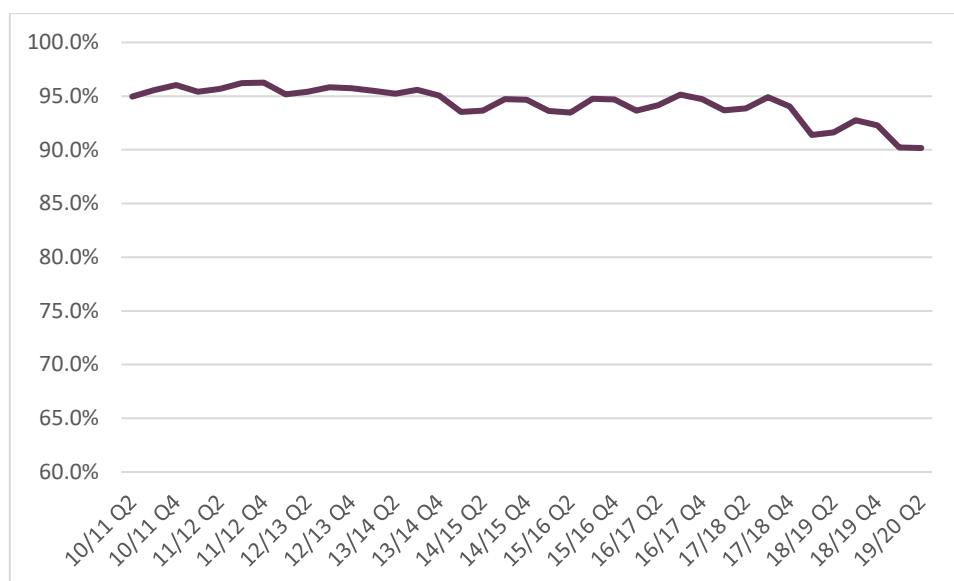
¹⁴ NHS England, ‘[RTT Overview Timeseries Nov 19](#)’, accessed 30 January 2020.

¹⁵ National Cancer Registration and Analysis Service, ‘[Cancer Waiting Times](#)’, accessed 24 January 2020.

¹⁶ Department of Health and Social Care, ‘[Handbook to the NHS Constitution for England](#)’, 28 October 2019.

¹⁷ NHS England, ‘[Statistics on Waiting Times for Suspected and Diagnosed Cancer Patients: Q2 2019/20 Key Points—Provider Based—Final](#)’, accessed 24 January 2020, p 3.

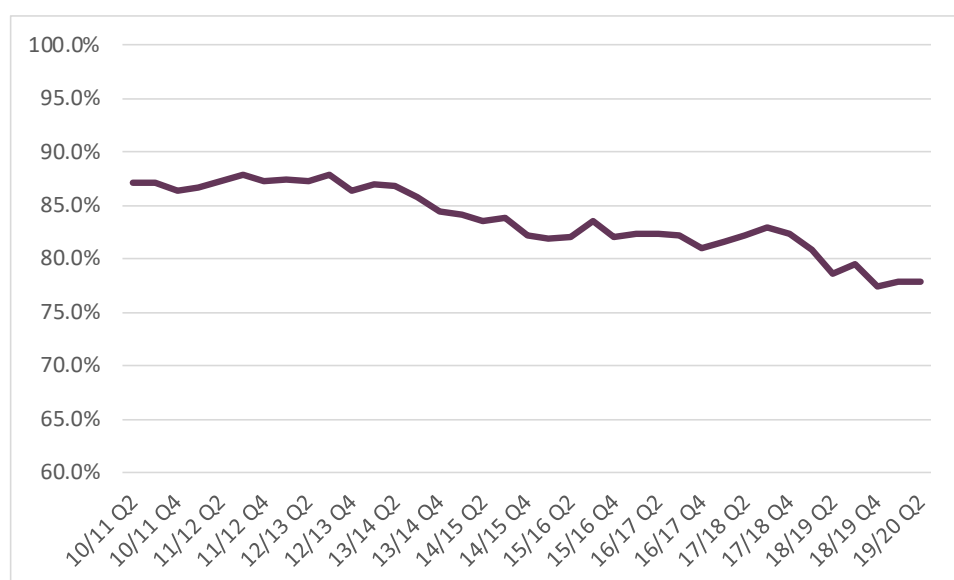
Chart 3: Performance Against Two-Week Target Since Quarter Two 2010¹⁸



The figures also showed variation by provider, with over half meeting the target (84 out of 153).

Regarding the 62-day first treatment target following an urgent GP referral, the figures showed that 77.8% of patients were treated within the target, below NHS England's operational standard of 85%. In the previous quarter it was 77.9%, and in quarter two of 2018/19 it was 78.6%. The last time the operational standards were met was in 2013/14.¹⁹

Chart 4: Performance Against 62-Day Urgent GP Referral to First Treatment Target Since Quarter Two 2010²⁰



¹⁸ NHS England, '[Cancer Waiting Times: National Time Series October 2009—November \(Provider-based\)](#)', accessed 30 January 2020.

¹⁹ *ibid*, p 10.

²⁰ *ibid*.

The figures also found that:

- Of those treating at least five patients, 107 out of 150 providers failed to meet the operational standard for the 62-day treatment target, with these providers varying between rates of 31% and 98.3%.²¹
- Rates for the 62-day target varied by cancer type, with waiting times for treatments for skin cancers (93.6%) and breast cancer (88.6%) above the operational standards, and treatment waiting times for urological (71.7%), lower gastrointestinal (68.3%) and lung cancers (66.4%) below the standards.²²

In quarter two of 2018/19, 5,529 patients began first definitive treatment for cancer following referral from a cancer screening service (rather than through a GP).²³ 86.9% of these patients started treatment within 62 days of referral, lower than the operational standard of 90%. This had reduced from 87.5% in the previous quarter and 89.3% in quarter two of the previous year.

Review of Elective Referral and Cancer Targets

NHS England is currently reviewing these standards. For example, it is considering whether the 18-week target could be replaced by a measurement of the average (mean) wait between being referred by a GP and starting treatment for routine conditions. This is being piloted by twelve hospital trusts.²⁴

In an interim report published in March 2019, the NHS national medical director, Professor Steven Powis, stated that the 18-week target gives little account of how long over 18 weeks someone may have to wait. This was unless it hit 52 weeks, at which point it is flagged up. It may also give the impression to the public that an 18-week wait is the norm.²⁵ Instead, he stated that the average wait for most people is less than eight weeks. He also stated that the proposed average wait measure could be supported by a “guarantee” of treatment within 52 weeks and better patient choice for those still waiting at 26 weeks to move to an alternative provider.

In their November 2019 progress report, NHS England and NHS Improvement were optimistic over the possible change to an average wait time based on its initial findings.²⁶ The report also stated that there was polling evidence that it may be more meaningful to the public.

Professor Steven Powis also discussed possible new cancer referral and treatment targets in the March 2019 interim report. He proposed that the two-week target be replaced with a maximum 28-day “faster diagnostic standard”.²⁷ This would require the patient to receive a diagnosis of whether

²¹ NHS England, [‘Cancer Waiting Times: National Time Series October 2009—November \(Provider-based\)’](#), accessed 30 January 2020.

²² *ibid*, p 11.

²³ *ibid*, p 12.

²⁴ NHS England and NHS Improvement, [Measuring What Matters](#), November 2019, p 1.

²⁵ NHS England, [Clinically-led Review of NHS Access Standards: Interim Report from the NHS National Medical Director](#), March 2019, pp 32–35.

²⁶ NHS England and NHS Improvement, [Measuring What Matters](#), November 2019, p 1.

²⁷ NHS England, [Clinically-led Review of NHS Access Standards: Interim Report from the NHS National Medical Director](#), March 2019, p 17.

they had cancer or not within 28 days, rather than just a meeting with a specialist under the two-week target. He stated that this had been recommended by the independent cancer taskforce. He believed it would be a significant improvement on the current two-week target. He also suggested that the 62-day treatment target should be retained, but that referrals from cancer screening and urgent referrals from GPs should be measured as one.²⁸

NHS England and NHS Improvement have reported positive outcomes from the new 28-day “faster diagnostic standard” pilots being run in eleven hospital trusts. They stated that sites were adapting well and had reported some early improvement in outcomes.²⁹

NHS England plans to introduce the new 28-day cancer diagnosis standard in April 2020.³⁰ No update has been given on plans for the new average wait target for other elective treatments, although the progress report indicated it was continuing to trial it and may run a consultation before deciding whether to proceed with it in 2020.³¹

Public Accounts Committee

The House of Commons Public Accounts Committee has expressed concern over cancer and elective waiting times. Its June 2019 report acknowledged increasing public demand but noted worsening performance against targets. The committee questioned whether plans were in place to deal with this and the possible knock-on effects to patient wellbeing.

It argued:

The NHS does not yet fully understand what is driving the demand for elective care, undermining its ability to plan services to meet patient needs. We are also concerned that the national bodies responsible for setting and managing waiting times appear to lack curiosity regarding the impact of longer waiting times on patient outcomes and on patient harm.³²

It highlighted increased funding and the review of waiting standards as opportunities to address the issues. However, it was not convinced the review of waiting standards would do enough to ensure a clear understanding and accountability of NHS performance.³³

The committee called for the new waiting standards to:

- help to improve patient outcomes and patient experiences;
- not reduce current standards to make them easier to meet; and

²⁸ NHS England, [Clinically-led Review of NHS Access Standards: Interim Report from the NHS National Medical Director](#), March 2019, p 19.

²⁹ NHS England and NHS Improvement, [Measuring What Matters](#), November 2019, p 2.

³⁰ NHS England, [‘Diagnosing Cancer Earlier and Faster’](#), accessed 24 January 2020.

³¹ NHS England and NHS Improvement, [Measuring What Matters](#), November 2019, p 2.

³² House of Commons Public Accounts Committee, [NHS Waiting Times for Elective and Cancer Treatment](#), 12 June 2019, HC 1750 of session 2017–19, p 3.

³³ *ibid*, p 6.

- be communicated clearly to the public, so that patients understand what they can expect of the NHS.³⁴

It also said NHS England should set out how it would ensure accountability, how it would work to understand demand and how it would evaluate capacity within the system.³⁵

In its response, the Government agreed with the majority of the committee's recommendations that NHS England should better consider and account for these matters. It also agreed with the suggestions for the new standards.³⁶

1.3 NHS Priority Areas

NHS England's *Long Term Plan*, published in January 2019, sets out clinical and care priorities and other priority areas for development over the coming years. NHS England stated that the plan had been "drawn up by frontline staff, patients' groups, and national experts to be ambitious but realistic".³⁷ The Government has announced it will be introducing draft legislation to implement aspects of the long term plan, based on recommendations published by NHS England.³⁸

Priorities for Care Quality and Outcomes

The priorities for "care quality and outcomes improvement" for the next decade are set out in chapter three of the *NHS Long Term Plan*.³⁹ This builds upon the [NHS Five Year Forward View](#) (published in 2014) and its focus on conditions including cancer, mental health, diabetes and dementia. The *Long Term Plan* extends this focus to children's health, cardiovascular respiratory conditions and learning disabilities. The priorities include:

- **Maternal health:** accelerate action to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025".⁴⁰
- **Young people's mental health:** increased investment in eating disorder services for young people and a commitment to increase funding for young people's mental health services at a rate faster than both overall NHS funding and total mental health spending.⁴¹
- **Learning disability and autism:** improved understanding across the whole of the NHS of the needs of people with learning disabilities and autism and better collaboration with other bodies to improve their health and wellbeing.⁴²
- **Children with cancer:** all children with cancer will be offered whole genome sequencing

³⁴ House of Commons Public Accounts Committee, [NHS Waiting Times for Elective and Cancer Treatment](#), 12 June 2019, HC 1750 of session 2017–19, p 6.

³⁵ *ibid*, pp 5–8.

³⁶ HM Treasury, [Treasury Minutes: Government Response to the Committee of Public Accounts on the Ninety-Fifth and on the Ninety-Ninth to the One Hundred and Eleventh Reports from Session 2017–19](#), October 2019, CP 176, pp 7–11.

³⁷ NHS England, '[NHS Long Term Plan](#)', accessed 27 January 2020.

³⁸ Prime Minister's Office, [Queen's Speech December 2019: Background Briefing Notes](#), 19 December 2019, p 30.

³⁹ NHS England, [NHS Long Term Plan](#), January 2019, p 7.

⁴⁰ *ibid*, p 47.

⁴¹ *ibid*, p 50.

⁴² *ibid*, p 52.

(to enable a more comprehensive and personalised diagnosis) and the vaccination programme for HPV-related diseases, such as oral, throat and anal cancer, will be extended to boys (this was actioned in September 2019, meaning that all girls and boys aged 12 and 13 will now be offered the vaccine in school).⁴³

- **Cancer:** an ambition that, by 2028, the “proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients”.⁴⁴ The plan also set out proposed milestones for cancer treatment over the next ten years.⁴⁵
- **Cardiovascular and respiratory diseases:** work to improve the early detection and treatment of these diseases, such as through the NHS Health Check programme.⁴⁶
- **Diabetes:** extending the provision of “flash glucose monitors” for those with type 1 diabetes.⁴⁷
- **Mental health:** funding for mental health services, the introduction of waiting times targets for emergency mental health services, and a new mental health safety improvement programme, focused on suicide prevention and a reduction in mental health inpatients.⁴⁸ The plan also set out proposed milestones for mental health treatment and service improvements.

The plan also contains ten priority areas to improve NHS efficiency and productivity. This includes plans to: improve deployment and availability of staff; make procurement savings, for example through volume purchases; improve turnaround and accuracy of tests and scans through investment in equipment; and improving efficiencies in community and primary services, medicine purchases, the use of land and equipment and administration costs.⁴⁹

Reaction to Long Term Plan

The plan received broadly positive responses from health think tanks, although they raised questions over how NHS England will achieve the targets given the pressures it faces.

The Health Foundation called it a “pragmatic plan with an ambitious vision to improve NHS care”, but highlighted the difficulty of “growing pressures on services, widespread staff shortages and continued cuts to other parts of the health and care system”.⁵⁰ Similarly, the King’s Fund described it as an “ambitious plan that includes a number of commitments which—if delivered—will improve the lives of many people”.⁵¹ However, it highlighted questions to address, including how workplace shortages will be handled under a new immigration strategy.

The King’s Fund also stressed the overlap between NHS health services and local provision of adult

⁴³ NHS England, [NHS Long Term Plan](#), January 2019, p 54.

⁴⁴ *ibid*, p 57.

⁴⁵ *ibid*, p 61.

⁴⁶ *ibid*, p 62 and 66.

⁴⁷ *ibid*, p 65.

⁴⁸ *ibid*, pp 68–73.

⁴⁹ NHS England, [NHS Long Term Plan](#), January 2019, pp 104–8.

⁵⁰ Health Foundation, [‘NHS Long Term Plan Launch: Pragmatic and Ambitious, but Making it a Reality Will be Tough’](#), 7 January 2019.

⁵¹ King’s Fund, [‘The King’s Fund Response to the NHS Long-term Plan’](#), 7 January 2019.

social care. It noted “the social care green paper has been delayed yet again” and concerns about “cuts to local government funding for public health services [that] underline the need for a more consistent approach across government to the population’s health”.⁵²

Labour was more critical in its response to the plan. It claimed the Government had not provided NHS England with enough support to tackle the current problems faced by the service, such as staff recruitment and retention and missed targets for reducing waiting lists. The Shadow Health Secretary, Jonathan Ashworth, argued the “funding [was not] sufficient and the staffing [was not] there” to achieve its aims.⁵³

However, the Health Secretary, Matt Hancock, stated that the plan set out how “we will use the largest and longest funding settlement in the history of the NHS to strengthen it over the next decade, rising to the challenges of today and seizing the opportunities of the future”.⁵⁴ He also said it would “improve the quality and speed of diagnosis and improve treatment and recovery, so that we can help people to live well and manage their conditions”.

2. Adult Social Care

Unlike NHS health services, the majority of adult social care is funded and provided by local authorities.

2.1 Pressures

In their June 2018 joint report on adult social care funding, the House of Commons Health and Social Care Committee and the Housing, Communities and Local Government Committee highlighted numerous pressures affecting adult social care, with many of these linked to increasing demand and a growing funding gap.⁵⁵ The report noted that demand was increasing due to longer life expectancies⁵⁶ and increasing numbers of conditions which required care (such as dementia and learning disabilities).

Turning to funding pressures, the committee noted the increasing demands on local authority budgets and reductions in their funding. For example, it stated that:

Since 2010, local authorities have had to cope with a 49.1% real terms reduction in the core grant they receive from central government, which equates to a 28.6% real-terms reduction in their ‘spending power’ (government funding, council tax and retained business rates). As the largest area of discretionary spend, comprising over a third (37.8%, £14.8 billion net) of their total spending in 2017–18, adult social care budgets have contributed to the savings local

⁵² King’s Fund, [‘The King’s Fund Response to the NHS Long-term Plan’](#), 7 January 2019.

⁵³ BBC News, [‘NHS 10-year Plan: Labour Attacks Theresa May Over Proposals’](#), 6 January 2019.

⁵⁴ [HC Hansard, 7 January 2019, cols 62–4.](#)

⁵⁵ House of Commons Health and Social Care and Housing, Communities and Local Government Committees, [Long-term Funding of Adult Social Care](#), 27 June 2018, HC 768 of session 2017–19, pp 8–13.

⁵⁶ It reported estimates that between 2010–11 and 2016–17, the number of people in need of care aged 65 and over had increased by 14.3%.

authorities have been required to make, with real terms expenditure on adult social care falling by -5.8% from £15.8 billion in 2010–11 to £14.9 billion in 2016–17.⁵⁷

However, the report recognised a slowing in these funding pressures and that the Government had made recent funding commitments for adult social care.

Despite such commitments, the committees highlighted evidence, including from the Local Government Association (LGA), that it would not be enough in the short-term or long-term to address the estimated funding gaps, and that many of the funding commitments had “limitations”.⁵⁸ Therefore, the report did not consider the commitments a “sustainable solution for the long term”.⁵⁸ Organisations have previously estimated the funding gap at up to £3.5 billion by 2024/25 (LGA) and up to £6 billion by 2030/31 (King’s Fund and the Health Foundation).⁵⁹

Due to these pressures, the committee highlighted a number of linked issues affecting adult social care, including:⁶⁰

- **Unmet need:** as local authorities are having to concentrate resources on those that are most vulnerable, the report estimated that the number receiving publicly funded care fell by around 400,000 between 2009/10 and 2016/17, resulting in an estimated 1.2 million people potentially having unmet care needs.
- **Unpaid carers:** due to unmet care needs, the report highlighted estimates of £132 billion worth of care each year being provided by unpaid carers. The committee also questioned whether these unpaid carers would be able to maintain the required support.
- **Workforce:** the report stressed poor conditions in the social care sector, resulting in high staff turnover and vacancies and a reliance on agency staff. It also noted a lack of investment in training and development.
- **Quality:** the report highlighted reports of variable and poor quality care in the sector. Although it noted that, overall, the quality of care had been rated as ‘good’, it stated that the Care Quality Commission itself had stated that there was “too much poor care” in the sector.

These issues are also discussed in the House of Lords Economic Affairs Committee report on social care, published in July 2019. This report also highlights perceived unfairness due to regional differences in provision and how different conditions may receive different support (for example, some conditions will be eligible for NHS support, while others—such as dementia—will not).⁶¹

⁵⁷ House of Commons Health and Social Care and Housing, Communities and Local Government Committees, [Long-term Funding of Adult Social Care](#), 27 June 2018, HC 768 of session 2017–19, p 9.

⁵⁸ *ibid*, p 10.

⁵⁹ House of Commons Library, [Adult Social Care Funding \(England\)](#), 3 October 2019, p 35.

⁶⁰ House of Commons Health and Social Care and Housing, Communities and Local Government Committees, [Long-term Funding of Adult Social Care](#), 27 June 2018, HC 768 of session 2017–19, pp 10–13.

⁶¹ House of Lords Economic Affairs Committee, [Social Care Funding: Time to End a National Scandal](#), 4 July 2019, HL Paper 392 of session 2017–19, pp 17–24.

2.2 Impact on the Health Service

There is evidence to suggest that senior health professionals perceive problems in adult social care is negatively affecting the NHS. Responding to a recent NHS Confederation survey of over 130 health leaders (such as representatives in NHS trusts and clinical commissioning groups), the majority agreed (21%) or strongly agreed (77%) that “the worsening social care crisis is having a damaging knock-on impact on the NHS and on patient care”.⁶² In addition, over 90% identified “creating a sustainable social care system” as a high or critical priority in their specific sector.

Studies have also linked adult social care pressures with both increased hospital admissions and negative impacts on people’s health. A group of think tanks, including the King’s Fund, Health Foundation and Institute for Fiscal Studies, have researched this link. They found:

The mismatch between demand and funding for social care is likely to have consequences for people’s health. If someone is not eligible for social care funding, has no informal support and is not able (or willing) to pay for care, it may result in potentially avoidable emergencies such as falls, or dehydration leading to a urinary tract infection.⁶³

Looking at the specific impact on hospital admissions, the think tanks highlighted evidence of higher admissions in areas most affected by reductions in social care spending and hospital data linking emergency admissions of dementia patients with issues suffered at home (such as falls and dehydrations).

The literature is not in universal agreement on the link. For example, the NHS’s strategy unit did not find a significant relationship between reduced social care spending and admissions.⁶⁴ Considering the potential reasons for this, the report’s authors noted the mixed economy for social care services (eg some individuals may receive private care or unpaid care from relatives) and NHS recording thresholds that may have led to lower recorded rates of “admissions”. Therefore, the report urged caution when interpreting the results of the study, stressing that further reductions in care spending may see a noticeable impact, particularly as it may then affect people less able to fund their own care.

The think tank report also stated there were increasing numbers of people delayed in hospital, even though they were medically fit to leave. NHS England collects data on this through its delayed transfers of care statistics. The most recent edition, covering November 2019, found:

- There were 145,900 total delayed days in November 2019, of which 95,800 were in acute care. This is an increase from November 2018, when there were 136,200 total delayed days, of which 88,300 were in acute care.
- The 145,900 total delayed days in November 2019 is equivalent to an average of 4,863 people delayed per day. This compares to 4,539 in November 2018 and 4,920 in October 2019.
- The NHS and social care sectors have both seen an increase in the volume of delayed transfers of care compared to the same month last year, and the number of delays jointly

⁶² NHS Confederation, [‘Health Leaders Demand End to Social Care Crisis’](#), 15 November 2019.

⁶³ King’s Fund et al, [‘What’s the Problem with Social Care, and Why do We Need to do Better?’](#), 2018, p 13.

⁶⁴ Strategy Unit, [‘Have Cuts to Public Spending on Social Care for Older People Led to More Emergency Hospital Admissions?’](#), 26 April 2019.

attributable has also increased. 60.2% of all delays in November 2019 were attributable to the NHS, 30.1% were attributable to Social Care and the remaining 9.7% were attributable to both NHS and Social Care.⁶⁵

The table below shows a comparison of the delays by provider since 2010:

Table: Delayed Days by Responsible Provider (Recorded Each November)⁶⁶

Year (November)	NHS	Social Care	Both	Total
2010	68,234 (60%)	37,030 (33%)	7,827 (7%)	113,091
2011	71,099 (62%)	35,280 (31%)	8,326 (7%)	114,705
2012	77,182 (66%)	31,823 (27%)	7,164 (6%)	116,169
2013	79,663 (68%)	29,725 (25%)	7,544 (6%)	116,932
2014	93,602 (66%)	37,610 (26%)	9,737 (7%)	140,949
2015	95,023 (62%)	47,602 (31%)	10,530 (7%)	153,155
2016	110,566 (57%)	67,185 (35%)	15,455 (8%)	193,206
2017	90,672 (58%)	52,634 (34%)	11,831 (8%)	155,137
2018	84,398 (62%)	40,858 (30%)	10,927 (8%)	136,183
2019	87,884 (60%)	43,871 (30%)	14,121 (10%)	145,876

The NHS data showed that the main reason for social care delays in November 2019 was due to patients “awaiting care packages in their own home”.⁶⁷

The issue of delayed transfers was also picked up in a report by the NHS Confederation. It found that delays discharging patients from hospital can have a knock-on effect on other departments, such as A&E, due to the lack of available beds to move patients around.⁶⁸

2.3 Reforming Adult Social Care

In the December 2019 Queen’s Speech, the Government stated that “putting social care on a sustainable footing is one of the biggest long-term challenges facing society”.⁶⁹

To meet this challenge, the Government set out a three-point plan:

- The Government is providing councils with an additional £1 billion for adults and children’s social care in every year of this Parliament. In addition, the Government will consult on a 2 percent precept that will enable councils to access a further £500 million

⁶⁵ NHS England, [Monthly Delayed Transfers of Care Data, England, November 2019](#), 9 January 2020, p 1.

⁶⁶ NHS England, ‘[Delayed Transfers of Care: Time Series](#)’, accessed 27 January 2020 (NOTE: Due to rounding, not all percentages will add up to 100%).

⁶⁷ NHS England, [Monthly Delayed Transfers of Care Data, England, November 2019](#), 9 January 2020, p 1.

⁶⁸ NHS Confederation, [System Under Strain](#), 2018, p 7.

⁶⁹ Prime Minister’s Office, [Queen’s Speech December 2019: Background Briefing Notes](#), 19 December 2019, p 37.

for adult social care for 2020–21. This funding will support local authorities to meet rising demand and continue to stabilise the social care system. This will help pay for more social care staff and better infrastructure, technology and facilities.

- The Government will urgently seek a cross-party consensus in order to bring forward the necessary proposals and legislation for long-term social care reform in England.
- In doing so, the Government will ensure that nobody needing care will be forced to sell their home to pay for it.⁷⁰

Speaking about the Government's plans for reform, Prime Minister Boris Johnson stated on 14 January 2020 that it would bring forward proposals later this year.⁷¹ Challenging the Prime Minister on this the next day, the Leader of the Opposition, Jeremy Corbyn, asked about the delay in addressing the issue:

It has now been almost three years since the Government promised a green paper on social care and seven months since the Prime Minister stood on the steps of Downing Street and said he had prepared a clear plan to fix the crisis in social care. Well, what is the hold-up? Where is the plan?⁷²

The Prime Minister responded by highlighting the importance of cross-party talks and cooperation, and indicated the Government was determined to address the issue.⁷³

In its manifesto for the 2019 general election, the Labour Party had proposed free social care through a national care service. It also promised flexible eligibility criteria for care.⁷⁴ The party's commitment to free personal care was re-emphasised by the Shadow Health Secretary on 16 January 2020.⁷⁵

Further Reading on Proposals for Social Care Reform

- House of Lords Economic Affairs Committee, [Social Care Funding: Time to End a National Scandal](#), 4 July 2019, HL Paper 392 of session 2017–19

Report offering recommendations for the reform of social care, particularly its funding. It also contains a brief history of reform proposals (see p 11 of the report).

- House of Commons Health and Social Care and Housing, Communities and Local Government committees, [Long-term Funding of Adult Social Care](#), 27 June 2018, HC 768 of session 2017–19

Joint committee report proposing a number of principles and options for the funding of social care.

⁷⁰ Prime Minister's Office, [Queen's Speech December 2019: Background Briefing Notes](#), 19 December 2019, p 37.

⁷¹ Independent, [Boris Johnson Admits Solution to Social Care Crisis Could Still be Five Years Away](#), 14 January 2020.

⁷² [HC Hansard, 15 January 2020, col 1016.](#)

⁷³ *ibid.*

⁷⁴ Labour Party, [Labour Party Manifesto 2019](#), November 2019.

⁷⁵ [HC Hansard, 16 January 2020, col 1182.](#)

- House of Commons Public Accounts Committee, [Interface Between Health and Adult Social Care](#), 19 October 2018, HC 1376 of session 2017–19

Report detailing attempts to integrate health and social care, which highlights potential areas of improvement and issues that need to be overcome.

- Local Government Association, [The Lives We Want to Lead](#), July 2018; and [One Year On](#), July 2019

Green paper containing proposals for the future of adult social care, including how the system should integrate with the NHS. The organisation also published a follow-on paper a year later, featuring views on adult social care issues from other interested parties, such as the King's Fund and the NHS Confederation.