Care Quality Commission report highlights shortfalls in service provision for over 65s

Beyond Barriers takes a holistic look at the interaction of NHS and social care services in England

In one of his final acts as Care Quality Commission (CQC) chief executive, before he stepped down in July, Sir David Behan unveiled a report that, for the inspection body, was unusual. Instead of looking at and rating individual services, it takes a holistic view of how NHS and social care services in England interact in providing care for the over 65s.

The report, Beyond Barriers: How Older People Move Between Health and Care in England, draws on in-depth fieldwork carried out in 20 local areas, from major cities, such as Birmingham and Liverpool, to rural areas, such as Cumbria and Oxfordshire.

In publishing the report, Sir David highlighted one person’s story in particular. It involves a woman living at home independently with the support of her son and a domiciliary care agency. One Friday evening she fell, bumped her head and was taken to hospital. She was not badly hurt and, after one night in hospital, was ready to go home. But the right staff were unavailable over the weekend so she could not be discharged.

On Monday, the hospital was ready to discharge her but because her home care support was no longer available, she could not go home. She stayed in hospital for over a month, her condition deteriorated and eventually she was moved into a residential care home. She never saw her home again.

**Necessity for change**

Sir David says cases like this show the ‘urgent necessity for change’. But while the report details examples of how care can and has gone wrong, it also provides plenty of evidence of what works.

The report comes at a crucial time. Ministers in England have promised a green paper on social care funding reform this autumn, which the sector hopes will pave the way for more integration of services for older people. Meanwhile, the Local Government Association is running a consultation on the green paper until 26 September. The CQC has recommended several initiatives, including:

- Setting up hospital-at-home schemes and virtual wards to provide intensive care in people’s homes.
- Ensuring hospitals provide in-reach into care homes to reduce emergency admissions.
- Employing social workers on wards to help with discharge planning.
- Discharge-to-assess schemes allowing people to be released from hospital as soon as they are medically fit.
- Making sure discharge summaries are accurate and available on time.
- Providing step-down services for people ready to leave hospital but not yet able to live independently.
- Setting up single point of access schemes where patients and professionals can get advice and information about local support services.
- Befriending schemes and other social prescribing initiatives to keep people well and living independently.

The CQC said, however, the systems in place already are not yet ‘fully matured’, despite the dedication and commitment of many staff.

Care England nursing adviser Deborah Sturdy believes there is
Tax rises may be needed to boost older people’s care

The means-testing of universal benefits, such as the winter fuel allowance, and tax rises should be considered to help increase funding into the social care sector, according to council leaders.

The Local Government Association (LGA) said councils are facing a £3.5 billion funding gap by 2025.

To increase investment in the sector, it said a number of options should be considered including:

- Income tax rises for all
- National insurance increases
- A premium to be paid for by the over forties
- Allowing councils to increase council tax bills

RCN professional lead for older people Dawne Garrett believes such initiatives will have a major impact.

‘I would like to see nurses being able to rotate through community, hospital and social care roles to develop the skills and experience they need to care for these patients and develop the right services.’

But Ms Garrett says finances have played an important role in the slow uptake of integration.

‘In times of financial hardship, we tend to be less sharing,’ she says.

Further information


a fundamental problem holding the agenda back and it is not just a question of money.

‘We know what works. The more interesting question is: what stops people adopting this wholesale? A fundamental shift is needed for joint working. Currently there are two pay structures and terms and conditions in place.

‘Without a change in the recognition, understanding and value of the part everyone plays in the delivery of services, I’m not sure we will shift the practice at the rate we need.’

This opinion is echoed by the CQC report, which states that leaders in the system should develop a ‘common vision and purpose’ by working together on joint plans for commissioning projects and developing the workforce.

**Seconfments and passports**

On developing the workforce the CQC recommends more secondments and accreditation-style ‘passports’ to allow staff to move freely between the NHS and social care settings.

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