Written evidence submitted by the National Council for Palliative Care (NCPC) (CSR0031)

Summary:

• The Government’s response to the national Review of Choice in End of Life Care is awaited after almost 12 months. NCPC hopes to see a full commitment to the recommendations in the report, which include 24/7 care in community settings.

• NCPC is concerned that the proposals to fund social care via local council powers to increase council tax will exacerbate variation in access to social care and therefore exacerbate existing inequalities in care at the end of life.

• NCPC is concerned that reductions in funding for the Department of Health (DH) and local authority public health spending will affect a number of key health outcomes, in particular preventing unnecessary hospital admissions for people at the end of life.

Quality and access in health and social care including the cost and implications of new policy objectives such as 7 day services

Government ministers have repeatedly stated, in Parliament and elsewhere, that the Government’s response to the national Review of Choice in End of Life Care is due to be published shortly. The recommendations in the report from the review, What’s important to me, would greatly improve choice and access to health and social care at the end of life. The need for the Government’s response to this is becoming increasingly urgent – the report was published almost 12 months ago. NCPC expects the Government to publish its response soon, announcing its support for the recommendations in the report.

One of the key recommendations in the report involves ensuring that community services are available 24/7 to ensure that people at the end of life can access the care they need in the place they choose. It is essential that 7 day care and support services are available in all care settings for people at the end of life.

Social care funding, including implications for quality and access to services, provider exit, funding mechanisms, increasing costs and the Care Act provisions

NCPC is concerned about the proposal for funding adult social care by giving local councils the flexibility to increase council tax above the 2% threshold\(^1\) for a number of reasons:

\(^1\) Spending review and autumn statement, section 5.2.
Raising the necessary £2 billion depends upon all councils raising taxes to the maximum level allowed – some councils may decide that such an increase would not be appropriate for local residents, leaving them unable to fund adequate social care provision.

Councils that have the greatest need for publicly funded social care are often the least able to meet it as their council tax bases are so low, whilst people in more affluent areas of the country will pay higher bands of council tax, enabling more adequate funding of social care in these areas. This will exacerbate existing inequality and variation in access to social care across England.²

Variation in social care is likely to increase the already problematic inequalities in access to care at the end of life across the country. For instance, research published in 2013 showed that people who lived in less deprived areas were more likely to die at home or in a hospice than people living in more deprived areas.³ In areas where little or no community-based social care is available, people are less likely to have access to the support they need to die at home. Exacerbating variation in access to care at the end of life would not therefore be conducive to the Government’s stated commitment to enabling people to die in their place of choice, given that the majority of people would prefer to die at home or in a hospice.⁴

In addition, reduced social care provision places an increased burden on NHS services - evidence from the Nuffield Trust suggests that greater investment in social care for those at the end of life is associated with reduced hospital inpatient costs.⁵ Commissioners and providers of healthcare services are planning to increase system resilience and reduce pressures on these services through CCG-led system resilience groups; the effectiveness of these plans is likely to be limited if NHS services continue to experience increased demand due to shortfalls in social care funding.

The Spending Review was a missed opportunity to look at NHS and social care spending collectively, rather than as separate budgets with separate objectives. NHS and social care services are both intended to support people’s wellbeing and quality of life, and there is a need for a strategic discussion on how these budgets and services can be properly integrated.

The effect of cuts to non-NHS England health budgets e.g. public health, health education and Department of Health, and their impact on the Five Year Forward View


NCPC is concerned about the potential impact of cuts to the Department of Health budget on its engagement with the Voluntary, Community and Social Enterprise (VCSE) sector. The insight and reach of the VCSE sector is essential to achieving the objectives of the Five Year Forward View - the statutory sector cannot achieve these objectives without its vital support. The VCSE sector therefore needs to be resourced properly and NCPC along with the rest of the sector awaits the final recommendations of the current VCSE review.

Whilst NCPC welcomes the Government’s decision to maintain the ring-fence on local authority public health spending, our organisation is also concerned about the potential impact of the proposal to make savings in this spending\(^6\) - in particular, on the government’s agenda for prevention. An important aspect of public health for people at the end of life and those important to them is preventing unnecessary hospital admissions, along with improving public health approaches to end of life care that encourage support for people at the end of life from within their communities.\(^7\) Both of these approaches have the potential to relieve pressures on NHS services, as shown in NCPC’s recent report, *Getting serious about prevention: enabling people to stay out of hospital at the end of life*.\(^8\) A significant reduction in the budget in these areas is likely to lead to increased pressure on NHS services and to impact negatively upon the experiences of those at the end of life.

### About NCPC

- The National Council for Palliative Care (NCPC) is the umbrella charity for all those involved in palliative, end of life and hospice care in England, Wales and Northern Ireland. We believe that everyone approaching the end of life has the right to the highest quality care and support, wherever they live, and whatever their condition. We work with government, health and social care staff and people with personal experience to improve end of life care for all

- We lead the national Dying Matters coalition, which currently has over 30,000 members, to change knowledge, attitudes and behaviours towards dying, death and bereavement, and through this to make ‘living and dying well’ the norm. Visit [www.dyingmatters.org](http://www.dyingmatters.org) for more information.

22 January 2016

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6 Spending review and autumn statement, section 5.1.
7 NCPC is working with Public Health England to support eight ‘Pathfinder’ communities across England to implement public health approaches to end of life care, to increase community support for people at the end of life, along with those important to them. For more information, see [http://www.ncpc.org.uk/communitycharter](http://www.ncpc.org.uk/communitycharter), accessed 12.01.16.