About Marie Curie

1 Marie Curie is the UK’s leading provider of care and support for people affected by terminal illness.
2 We provide free care to people with any terminal illness, either in their own home through the Marie Curie Nursing Service or in one of the charity’s nine hospices.
3 We fund and manage the largest programme of research into the best ways of caring for people with a terminal illness in the UK.
4 In April 2015 we launched our information and support service, which provides information about any aspect of terminal illness. Our services include a telephone support line, an online community, information pages on our website and a series of online and printed booklets.
5 The Marie Curie Helper Service is a volunteer service which provides support to people in their own community. The service pairs trained volunteers with people who are living with a terminal illness in order to provide companionship and emotional support. It runs in locations across England and the UK.
6 Marie Curie is a member of the End of Life Care Coalition and the Care and Support Alliance.

Overview

7 Marie Curie welcomes the opportunity to submit written evidence to the Health Committee’s inquiry into the impact of the Comprehensive Spending Review on health and social care. Our response focuses on the potential impact that the spending review will have on the services available to people affected by terminal illness, and in particular, the announcements relating to social care funding.
8 We welcome the ring-fencing of the NHS England budget and the commitment to provide an extra £10 billion per year in real terms by 2020-21. However, the impact that this has on people affected by terminal illness will be dependent upon how this investment is targeted, and whether investment in community services increases sufficiently with rising levels of need. In particular, we are concerned that social care investment may prove inadequate to meet growing needs, which may further exacerbate issues such as delayed discharges for people who are approaching the very end of their life.

Context to Marie Curie’s response

9 In their 2015 manifesto, the Conservative Party committed to support commissioners to combine better health and social care services for the terminally ill so that more people are able to die in the place of their choice.
10 The government therefore has a mandate to ensure that services are commissioned to support people to achieve their preferred place of care as they approach the end of their life. It is crucial that the care available in different settings is delivered to the highest standard, with families and carers offered appropriate support.
11 As a member of the End of Life Care Coalition, we called for the spending review to commit to a planned incremental increase in investment of £400 million (gross) per
annum over the spending review period. This would serve to expand community care provision in order to deliver implementation of a ‘national choice offer’ by April 2020, as outlined in the independent Review of Choice in End of Life Care (Feb 2015)\(^1\). According to this model, delivering this investment would result in costed benefits including a decrease in hospital unit costs and a reduction in the number of admissions and A&E visits per person, as community services and more widespread provision of specialist care reduces the number of admissions and A&E visits per person.

12 Given the high level nature of the spending review announcement, we are not surprised that the additional funding needed to improve care for people with a terminal illness was not directly addressed. However, we believe this was a missed opportunity to commit to improving care for people approaching the end of their life so it is in line with their wishes, and to put in place measures intended to reduce pressures on acute services.

13 The number of people living with a terminal illness is growing. The UK’s population is ageing and more people are living longer with complex needs and conditions. ONS projections suggest that, over the next 25 years, there will be an additional 100,000 deaths each year in England (increase from 498,000 in 2014-15 to 599,000 in 2040-41)\(^2\). About three-quarters of those who die each year will require holistic palliative care\(^3\). The number of people in need of care is growing at a faster rate than the number of people (e.g. friends and relatives) who are willing and able to provide unpaid care: Researchers at the London School of Economics have predicted that the relative lack of adult children able to care could lead to 160,000 older people in England being made vulnerable and lacking the care they need over the next two decades\(^4\). It is important that public services receive adequate investment now so they are ready to meet rising demand.

14 Already people are missing out on high quality care. Each year, an estimated one in four people miss out on the palliative care they need at the end of their life\(^5\). According to ONS’s VOICES survey, one in ten bereaved people say the care their friend or relative received at the end of life was poor, and one in three reported that hospital services did not work well together with GP and other services outside the hospital\(^6\).

Social care funding and implications for quality and access to services

15 Good social care is vital to the proper functioning of the NHS, and we welcome the acknowledgment that measures are needed to increase the investment into social care. However, we are concerned that the package put forward for social care will not serve to fill the current gap in funding, nor will it fully meet future increases in demand (as set out above).

16 The settlement for social care is back-loaded, with Better Care Fund funding not rising to significant levels until towards the end of this parliament. Additionally, there is no guarantee that money raised through the optional social care precept will amount to the sum it is estimated to raise. We therefore share the concerns of the wider Care and Support Alliance that, without concerted action across government and the sector, the settlement is not sufficient and will not come soon enough to resolve the care funding crisis.

17 At a local level, we are already seeing the impact of cuts to social care on people who have a terminal illness. This is particularly evident in the growing issues relating to the Fast Track component of Continuing Healthcare Funding\(^7\). We are concerned that, in certain areas of England, a reduction in funding for social care appears to have contributed to an increase in referrers using Fast Track as an
alternative funding stream which puts additional pressure on the system. The lack of central control of this system means that different areas are responding to these pressures in different ways, leading to a host of problems.

18 A lack of overall availability of care in the market is also leading to unreasonable delays in hospital discharge for people who are medically able to leave, and in some cases, to people dying in hospital when they had expressed a wish to be at home. These problems stand in stark contrast to the government’s policy focus on choice in end of life care and manifesto commitment to support people to die at home.

19 It is crucial that resources are targeted so that care can be delivered in the settings where people need it most in order to support those who have a terminal illness and their families when they are vulnerable, and for people who need this support more widely. On the basis of the information we currently have about NHS funding and, in particular, the settlement for social care, we have concerns about how public services will be able to deliver timely, high-quality and person-centred care in the future.

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5 Dixon J. et al. (2014) Equity in the provision of palliative care in the UK: Review of evidence. LSEPSSRU.
7 I.e. a package of care (including health care and associated social care) which is arranged and funded solely by the NHS for individuals outside of hospital who have on-going health care needs.