

# Health & Social Care News

National Pensioners Convention

Health & Social Care Working Party

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## The Saving of Heatherwood Hospital

**Terry Pearce, Save Heatherwood Hospital Campaign  
& NPC Health & Social Care Working Party member**

In about 2011 a small group of activists from Ascot, Bracknell and Windsor became seriously concerned that we could lose our local hospital, Heatherwood. We had already seen it lose its A & E status and other cuts to its services were being discussed by the local NHS establishment. We were further alarmed by a consultation document "Shaping the Future" and proposals to close the Minor Injuries Unit, Maternity Unit and changes to the Rehabilitation Ward. For all these reasons and others, we decided to form an action group to save our hospital and all its services. We wanted our group to be non-party political; to be representative of all our local communities; to be a campaigning, active group and to be a fighting group. I believe we fulfilled all these ambitions. It must be said that prior to establishing Save Heatherwood Hospital (SHH) Campaign a group called Heatherwood Action Group (HAG) had been campaigning since 1994 to save services at Heatherwood, including A & E Status and Maternity and Children's Unit. HAG joined SHH along with many other local community groups, including DOCS, WASAC ACAG all under the banner of SHH.

From 2011 SHH campaigned relentlessly against the local NHS establishment, Bracknell Forest Council, CCG and local Tory MPs. We did, however, have the support of Windsor and Maidenhead Council and of course our local communities. It is worth pointing out at this stage that we live in an area with no recent history of struggle. In fact, Heatherwood Hospital is in Ascot High Street, right opposite Ascot Racecourse, blue chip property land, not a hopeful prospect. Our local community had been hoping for a local, fully equipped, A & E, hospital for decades and all they were seeing was a shrinking hospital threatened with closure. So, our first job was to get our residents on side and convince them that we could and would save our hospital. We took our petition into all our communities and after a faltering start we soon had people signing in droves, we ultimately secured about 24,000 names. We arranged two marches and rallies right through the heart of Ascot, we had a car cavalcade, street theatre, lobbies, interviews with local TV and Radio and sung Christmas Carols at the hospital. We fully engaged with the Consultation which offered us 4 options 3 of which included closing Heatherwood, we opposed these 3 options and won the argument.

**M**embers of the Health & Social Care Working Party:

June Clark

Mary Cousins

Barry Finch

Jean Hardiman-Smith (Chair)

Marie Harrison

James Leavy

Terry Pearce

Pat Roche

Lena Sharp

Elaine Smith

Dot Gibson (Dep. Gen. Sec)

**W**e hope you continue to enjoy our newsletter and that you will share your stories with us.

- Pensioners' Parliament, Blackpool, 12<sup>th</sup> – 14<sup>th</sup> June 2018. Tickets now available.
- Please note the new address of our Head Office – at the top of this newsletter.
- Social Care Petition – please get as many signatures as you can and return on or before deadline. Thank you.

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However they still ignored us. We suffered some set-backs We lost our MIU at Heatherwood - it was privatised and moved out of the hospital; likewise, our Maternity Unit and Mental Health Ward were moved out. It was clear to us that closure of the hospital was looming. Our break-through came when Frimley Park Hospital Trust took over the running of Wexham Park Hospital in Slough and Heatherwood. We were promised a future for our hospital. We started to work closely with the CEO of Frimley Park Trust, Andrew Morris and we still do.

Andrew Morris soon realised that Frimley Park Hospital needed more space. He saw in Heatherwood Hospital the opportunity to provide more space and its location between Frimley Park and Wexham Park Hospitals made it strategically sensible. This of course fitted in with our aims and we welcomed this move. This new, proposed, hospital did not meet all our demands, it would be smaller, we would not see the return of lost services and no A & E, however we had travelled a long way from no hospital at all to a new smaller unit, but a hospital none the less. The battle was not yet won. Finance needed to be raised, planning consent needed to be granted (especially as some of the land needed was green belt) and land would have to be sold for housing. Some local groups were unhappy with all this. We met and talked with Andrew Morris and to be fair he kept us informed of all developments.

From the start to the present time SHH stayed united despite the politically diverse nature of our group. We covered a wide political span from Labour Party, Lib-Dem, Green Party, Socialist Party, Church, Environmental Groups, concerned local residents from no party, etc. Yet we hung together through good and bad times. We were on the verge of seeing a new hospital on the horizon.

The only thing standing between the new projected hospital was planning permission from Windsor and Maidenhead Council - the final barrier. As the planning meeting day approached we heard that a planning officer was going to recommend against us. We mobilised to lobby the meeting. In the end the meeting overwhelmingly found in our favour. We celebrated outside Heatherwood Hospital.

As of today, we await the final decision from the Council, but we believe the hard work has paid off. We are fully aware that we must be vigilant - the insidious S.T.P. may yet impose private management on us; political decisions may still give us problems. But we still think we have won a hard-fought victory.

This article is not meant to give a perfect account of our struggle. There were other events that I have omitted. The purpose of this piece is to show that if local activists are determined and united they can win.

I would like to thank Carol Booker for her help in providing me with additional information.

## How to Improve Life in a Care Home

The Care Quality Commission (CQC) latest report on the state of adult social care shows that 89% of smaller care providers were rated good or outstanding, compared to 65% of larger nursing homes. These figures are similar for domiciliary care.

The CQC praised these smaller services for looking 'beyond people's medical conditions' and encouraging people to be themselves. The crux of the matter is that small services are dedicated to person-centred care.

Personalisation is about having choice and control; person-centred care is something that, in theory, any service can achieve. It is about being sensitive to individual needs and desires; the way the person wishes to be referred to, when and where someone wants to eat, what they love and hate. Delivering person-centred care means knowing who a person was, is and wants to be.

So, how do they do it and what can larger services learn from smaller care homes?

Good person-centred care means people are fully involved in all areas of their care and how it is delivered. This is particularly so when it needs to change because an individual has different requirements either temporarily or long term.

It is really important to encourage feedback from service users, families and other agencies and ensuring staff training matches the needs of each individual.

Designing services around the person flips the doctor-patient relationship on its head. A simple questionnaire when people enter a service helps reveal their preferences; i.e. changing the layout of a room can help people feel at home, and is cost neutral; or being directly involved in the running of the service and activities offered.

Staff with time to care is also important because they should not be rushed or distracted when it comes to delivering person-centred care.

Involving people in their own care matters more than anything. Big or small, it can be achieved by all providers. It takes commitment and willingness to change methods, but it has so many rewards – not just for those being cared for but for families and staff involved in that care.

# Sustainability and Transformation Partnerships

Jean Hardiman-Smith, Chair, Health & Social Care Working Party

Sustainability and Transformation Plans are no more. They are now **Sustainability and Transformation Partnerships**. 44 STPs now stride the land. They will decide the future of the nation's health, and of our NHS, but open and transparent they are not. According to an Ipsos MORI poll published in January 2017 86% of the public have never heard of them. If this is democracy at work, we all need to find out how to make our Freedom of Information (FOI) Requests while we can. Bear in mind that many FOIs on the NHS are already refused due to business confidentiality.

In theory the STPs are tasked with delivering on health, and something called "wellbeing". I have been trying for years to get a definition of wellbeing. It sounds good, like Christmas and a warm fire. They are also in charge of care, quality and funding and efficiency. In practice the last 2 priorities drive the rest. Funding is squeezed and we are witnessing the rationing of procedures and access to treatments and to our doctors. We are witnessing the loss of hospital beds, already at a dangerously low number compared to the rest of the civilised world. Wards are closed, while patients queue on corridors on trolleys, and we are living with a manufactured staff shortage, with a historically low number of training places, so that a few extra in any one year is hailed as a victory. Since nurses must pay to work while earning their degrees now, the take up of training has plummeted, and our demoralised and demonised doctors are taking up work elsewhere. Cash strapped hospitals are taking an increasing share of private patients to balance the books. The 44 STPs will have to make at least 20 billion in cuts to keep inside the public funding constraints set by the Government. The plans also require £9.5 billion of capital funding, but what is on offer is access to a £1.8 billion pot called the Sustainability and Transformation Fund (STF). Most of that has been earmarked to cancel out NHS provider debts.

STPs are, under austerity, aimed at delivering swingeing cuts, with the possibility of small carrots and the probability of incurring larger fines and certainly central interference. It seems closure and bankruptcy are now comfortably on the agenda too, rather than support and a bail out. We patients are told we want something called care in the community. There is an acute shortage of district nurses, and other community services are disjointed and seem to be the first target for closures. Charities may be doing great work, but they cannot begin to cope with demand now, never mind as our NHS winds down. Our GPs are

insufficient in number, and access is becoming a real issue.

Medication rationing is already being implemented in many areas, but there is currently a Government consultation to see if it will be mandatory (it will have closed by the time you read this). The argument is that prescriptions will not be issued for items like paracetamol, as they can be pennies over the counter, but cost a lot in GP time, and bureaucracy to the NHS. The actuality is that you may find yourself having to pay out over a hundred pounds for a dressing, then struggle to find anyone to fit it professionally. If nothing else, studies show it will succeed in disadvantaging the health of the poor.

STPs are also charged with centralising our hospitals. It might be OK for elective surgery, though we are not India, on which this model is based, and I have strong reservations, but for an acute episode it seems disastrous. Do you ask your ambulance to rush you to the nearest "centre of excellence", an hour and a half away, or do you request to be taken your local hospital (maybe just a rump of its old self) which seldom sees people needing complex procedures to save their lives? You will almost certainly not be treated by an expert.

STPs are also charged with setting up Accountable Care Organisations (ACOs). Most people will be unaware they are already up and running in many areas, despite the lack of the required co-operation between the NHS and Local Authorities. Though centrally driven, the mantra from NHS England is that the STPs are only a vehicle to improve local planning.

Remember local planning basically means delivering cuts, and enabling the Americanised ACOs. Refuse, as some brave LA's have done, and you are side-lined and ignored. There is no evidence that either Local Authorities or the public and patients can change the direction of travel, except possibly in the narrowest senses.

Despite the rhetoric, we only have an NHS Confederation now, not a national system. The Confederation consists of 560 organisations, and all are running as businesses. The experts are now chosen from airlines and car manufacturers. STPs, which are difficult to pin down as they have differing objectives (all must "save" though), are simply another opaque layer to add to this confused and disjointed system, as the partners supposed to be working in a joined-up way under it increases exponentially both in number and in

type, with differing core values and aims. Increasingly the aims are to squeeze the most for shareholders and CEOs, not patients and the public.

I can see a push from the government for Health Savings Accounts. They are tax free and an enabler of choice, and a great way to hide money and be helped by the taxpayer to do so for the very rich 5%. Under this kind of system, many of us will

have a choice of queuing at a poor people's version of A&E, coupled with selling ourselves round charities for funding, even for palliative care as we die. Not care in the community, but lack of care anywhere. Of course, any system depends on the political will behind it. We must continue to fight for our NHS in all the ways the NPC has outlined.

***If you need support, please contact us at the NPC Health and Social Care Working Party.***

## Loneliness ~ The Last Taboo

The London School of Economics (LSE) has completed a study into loneliness which has been published in conjunction with the Campaign to End Loneliness (a group set up by charities and local authorities).

Research has now put a financial cost to what is called the 'epidemic of loneliness' - £6,000 per person. This is the cost in poorer health and pressures on local services. Yet, for every £1 spent in preventing loneliness, there are £3-worth of savings.

There are an estimated 1.2million people in the UK who have 'chronic loneliness' with links to poorer physical and mental health and increased use of GPs, hospitals and social services. Loneliness is also linked in the study to earlier death and a higher risk of dementia.

The LSE research shows that there is a stigma around admitting to loneliness – it implies there is something wrong with us.

The increased use of technology has the potential to make people feel more isolated, not just in their own homes but in public places. Everyone is on their phones; an increase in automated check-outs takes away the opportunity to chat to fellow shoppers in the queue; people get closed off.

In many cases when people become cut off from their friends and are less independent, they suffer chronic low-level bereavement.

The Campaign to End Loneliness reveal that 9 in 10 people (89%) believe loneliness in older age is now more likely than ever. This rises to 95% when asking those aged 65 plus. 56% say admitting to loneliness is difficult and 76% of over-65s say they would find it hard to admit to feeling lonely because they do not want to be a burden.

The campaign launches the first phase of its work to drive public action to tackle loneliness in older age, working with partners from across the UK to inspire thousands of people to take action in their communities, workplaces and businesses.

To see more about the campaign, go to:  
[www.campaigntoendloneliness.org/LonelinessProject](http://www.campaigntoendloneliness.org/LonelinessProject)

Tel: 0203 865 3908 – find out what's in your area.

## NHS Professionals

During the summer, the government proposed the sale of NHS Professionals. This is a valuable, publicly owned service which provides temporary, short-term and flexible staff to NHS Trusts.

NHS Professionals saves the NHS £70million every year because it does not charge expensive commission fees unlike private agencies.

Already 20% of the service goes directly to profit making private agencies, and the government proposal was to increase this by 75%. This meant that only 5% of NHS Professionals would remain in public ownership.

The warning signs were spotted by Justin Madders MP, Shadow Health Minister who raised the issue with the National Audit Office, calling for an investigation into government plans.

Along with around 100 individuals, GPs, campaign groups and health campaigners, the NPC signed an open letter to the National Audit Office adding our voice to the call for an investigation.

The Audit Office agreed that an investigation should take place, and the government removed the proposal from the table.

Selling off a 75% stake in NHS Professionals would raise less than a year's savings. More damaging is the fact that it would have introduced motive for profit margins into the organisation with the 5% left in public ownership struggling to make its way.

We know that it was pressure from a whole range of people and groups that changed the decision and shows that working together with others often has a strong and positive impact.

In these challenging times, we sometimes feel we are firefighting all the time. This particular fire is out, but we will see another one in its place somewhere, sometime soon.

We need to remain vigilant and also keep each other informed of what is going on around us. By doing this, the NPC and other organisations who campaign on everyone's behalf can, together, make a difference.

# The State of Care ~ Social Workers Speak Out

The Care and Support Alliance and Community Care Magazine ran an online survey between April and June 2017.

The survey was aimed at social workers and other professionals who undertake care assessments. It asked a series of questions about what it is like for them doing their jobs today. Throughout this article, you will see some of the quotes from those who responded along with the factual contents of the report.

The survey found that 68% who responded felt they were expected by their managers to reduce the help on offer to people in need of social care. 37% said they believed they couldn't get people the care they needed; and more than 28% were not confident that the reduced care packages they had to administer were 'fair and safe'. 81% said family and friends are being expected to provide more support to fill in where care has been reduced. Sometimes there are circumstances where it is not clear that this assistance is actually available.

Since 2010, there has been an increase of 48% in older people and disabled people not receiving the care they need. When people don't get the basic care they need, they are more likely to fall into crisis and need more expensive medical attention.

Meanwhile, families are expected to do more. Carers currently provide £132 billion worth of care, the equivalent to the UK's total health care annual spend and over 2 million people have already given up work to care.

***'I cannot get new packages of care agreed or increases agreed when needs have increased'***

***'In my local authority I work for managers who will not approve time for a carer to visit an older person and prepare a hot meal. I am told to record telling the individual about hot meal deliveries as a reasonable way to meet this need. Meals on wheels are self-funded within the authority and can cost a minimum of £42 a week. Lots of my service users go without a hot meal.'***

The Care Act 2014 requires local authorities to assess people who are in need of social care by reference to a set criteria and come to an objective judgement based on what they find. They have some discretion over 'how' to meet the needs, however they should not reduce a person's care package unless their needs have also reduced and/or they can demonstrate that there are other less expensive ways in which those needs can still be met.

The Care Act also places high priority on meeting people's need for 'wellbeing' through the provision of social care. This means that it is vital to look at the support needed to manage household chores, to engage socially with others and to take part in normal leisure activities like other members of the community, as well as personal care needs.

***'There has been a reduction in calls from 45 to 30 minutes. The call is now rushed and although the basic needs are met, there is not enough time to check personal wellbeing. Managers need to remember that wellbeing is not just about meeting basic needs, it's about the whole person.'***

***'There is no such thing anymore as a person-centred approach.'***

The Care Act 2014 was intended to be something that ensured progression in working with those in need of care and support. It seems that in some authorities there is a breach of legal requirement as a result of budget cuts.

***'We are being encouraged to write care plans that do not include any form of social interaction.'***

In recent years there has been a trend within social work towards 'personalisation.' This is the idea that rather than expecting people to fit into 'boxes of provision', they should have choice and control over the help they receive.

'Personal budgets' are a manifestation of this idea; people are allocated a sum of money depending on their needs and can make their own decisions about the kind of support they require. The personal budget is administered by a social worker for some people, others choose to receive the money in the form of a 'direct payment' to spend themselves.

Comments made from respondents to the survey suggest that the freedom that personal budgets are supposed to bring is rapidly disappearing. Local authorities increasingly require it to be used only for 'personal care' in the strictest sense.

***'It has become so much more stringent lately. Everything has to be itemised and decided upon in advance. It removes the spontaneity of choice and that in itself is restrictive.'***

The overall picture painted from this survey is a system of care and support for disabled and older people that is buckling under the strain of too few resources and rising demand. There are positive and negative examples in all the respondents comments. A significant number expressed grave concern about the disastrous impact of withdrawing or reducing care from clients. It is clear that some people have been put at risk of serious harm and many more subjected to acute anxiety and distress.

The spirit of the Care Act – with its emphasis on promoting the wellbeing of people – seems at risk of disappearing at a time when there is sometimes not enough funds or people to provide even the most basic personal care, let alone pay attention to wider needs.

***‘People are ending up in hospital following falls as they are trying to carry out tasks themselves unsafely due to not having adequate care calls.’***

It is not at all surprising that over a number of years the NPC has gathered like experiences from our members and their families of a range of problems and concerns around accessing care, the quality of the care delivered and the continuing cuts in budgets year on year. What is significant is that now social workers and other professionals working with people in need of social care are not only confirming these concerns, but adding to them.

The NPC policy of a National Care Service funding by general taxation, free at the point of need, is now gathering momentum and support from other organisations. The crisis we find ourselves in cannot be resolved overnight. It takes political will to start the process and a huge commitment to keep it going until we have a care service that has dignity and respect for people at its heart.

Full report at: [www.careandsupportalliance.com](http://www.careandsupportalliance.com)

## Future of NHS Precarious

The Care Quality Commission (CQC) says the health system in ‘straining at the seams’ and faces a precarious future.

The annual report from the regulator raised concerns about staff shortages, rising demand and the number of patients with preventable illnesses. The report comes after it completed its new inspection regime of hospitals, mental health units and care services.

The report highlights:

- Staffing shortages with vacancy rates in the NHS rising by 16% over the last two years despite an increase in staff of 4%
- Bed shortages in hospitals with occupancy levels being consistently above recommended levels since April 2012
- Falling numbers of nursing home beds – down by 4,000 in two years at a time when more are needed
- Rising numbers of people not getting support for their social care needs – up 18% in a year
- Number of detentions under the Mental Health Act up by a fifth in two years to more than 63,000 last year

CQC chief executive, Sir David Behan, said: *‘while the quality of care was being maintained currently thanks to the efforts of staff, that resilience was not inexhaustible given the rising pressures.’*

He also said: *‘We are going to see a fall in the quality of services that are offered to people and that may mean that the safety of some people is compromised. The NHS is struggling to cope with 21<sup>st</sup> century problems.’*

Taken in conjunction with the CQC report on the state of care, the messages are very clear. We are in a mess!! A mess that will not be resolved by money alone – nor will it be resolved by yet another commission when all other outcomes of previous commissions have been shelved. It needs open and brave discussion on what we need, want and can reasonably achieve. It needs brave politicians to grasp the information we give them and then stand up for us against those whose only goal in life is to make a profit from others peoples frailty and vulnerability.

They are out there somewhere, we need to find them and encourage them to listen, learn and act.

