

Dame Meg Hillier MP
Chair, Public Accounts Committee
House of Commons
London
SW1A 0AA

20 October 2022

Dear Dame Meg,

Introducing Integrated Care Systems – submission from the British Geriatrics Society

The British Geriatrics Society (BGS) is pleased to be contributing to this important inquiry looking at the introduction of Integrated Care Systems (ICSs) in England.

1. About BGS

1.1 The BGS is the membership organisation for all healthcare professionals engaged in the treatment and care of older people across the UK. Since 1947 our members have been at the forefront of transforming the quality of care available to older people. Our vision is for a society where all older people receive high-quality patient-centred care when and where they need it. We currently have over 4,600 members working across the multidisciplinary team, including geriatricians, nurses, GPs, allied health professionals and pharmacists and across acute, primary and community care settings.

2. Older people as a priority for ICSs

2.1 The Public Accounts Committee will be aware that the population of the UK is ageing. It is projected that by 2050, a quarter of the UK's population will be over the age of 65 – up from one fifth in 2019.ⁱ For many people, this means living longer, healthier lives and is cause for celebration. However, for others, it may mean living with frailty and other complex health conditions for many years. For the NHS, an ageing population means that more people with complex long-term health conditions need specialised care for a longer period of time.

2.2 Older people are the NHS's core business. Regardless of specialty, most healthcare professionals will care for older people more than any other population group. People aged over 65 account for around 40% of hospital admissions and 65% of NHS spend.ⁱⁱ This inquiry is looking specifically about whether ICSs are being set up in a way that will enable them to achieve the objectives of improving outcomes in population health and healthcare; tackling inequalities in outcomes, experience and access; enhancing productivity and value for money; and helping the NHS support broader social and economic development.

2.3 We would suggest that if ICSs are not set up to meet the needs of older people, then they will fail to meet these objectives. ICSs must ensure that they have the skills and expertise within their leadership to plan and commission services for older people with frailty and multiple complex conditions. This should be written into ICS plans to ensure that the needs of older people are catered for and that every decision that will impact older people is considered and made with the best interests of older people in mind. It is not sufficient to plan adult services and assume that these will be adequate for older people. The needs of older people are not the same as the needs of the working-age population and cannot be

assumed to be. Older people's healthcare is a continuum of care needs including caring for people with long-term needs, chronic illness with urgent episodes warranting hospital admission and the need for rehabilitation to support recovery.

- 2.4 ICSs should have an individual who is responsible for leading on frailty and older people's services. These individuals should have a duty to report annually on how services have been developed to meet the needs of older people and what the outcomes have been.

3. Population health management

- 3.1 When considering population health management, ICSs should be planning for their roll-out of anticipatory care, as they are required to do from April 2023 as part of the Ageing Well strand of the NHS Long Term Plan. Anticipatory care involves identifying older people at risk of deterioration and intervening early to delay or prevent the onset of frailty and other conditions common in older age. If ICSs are to deliver on their aims, they must invest in creating capacity, time and space for professional disciplines to come together to make anticipatory care a reality. Adequately resourced anticipatory care can enable older people to live independently for longer in the place they call home (whether this is their own home or a care home) and can save the health system money as older people are less likely to be hospitalised or need a high level of care.

- 3.2 NHS England have promised funding for anticipatory care from next April and ICSs have the opportunity now to embrace anticipatory care and make sure that older people in the communities they serve have access to this level of care. Done well, anticipatory care has the potential to make a real difference to individuals and systems. BGS recently published a blog series on anticipatory care highlighting the impact that good quality anticipatory care can have.ⁱⁱⁱ

4. Tackling inequalities

- 4.1 We welcome the focus on tackling inequalities within ICSs and would encourage ICSs to ensure that older people are included within this. The COVID-19 pandemic exposed an ageism that society that often chooses to ignore. As we move beyond the pandemic, it is clear that older people have not been prioritised in the COVID recovery plans, despite the fact that they are likely to make up a high proportion of those waiting for treatments and elective care. ICSs must recognise the needs of older people and prioritise these needs within their services.
- 4.2 It is also important to recognise that older people are not a homogenous group – inequalities exist within this age group related to socioeconomic status, ethnicity, gender and sexuality. These inequalities will have had an impact on the individual's life experiences and, in some cases, their health. Failing to recognise that older people are the largest user group of NHS services and to design appropriate services for them risks exacerbating inequalities.

5. Inclusion of social care

5.1 Many of the issues currently plaguing the NHS are made worse by the crisis in social care. A lack of home care provision and care home places means that there are many older people in hospital who are medically well enough to be discharged but cannot leave hospital because they cannot get the care they need outside of hospital (at home or in a care home). While reforming social care is the responsibility of central government, it is vital that ICSs are set up to enable integrated working between the NHS and social care, right from the beginning. Social care commissioners and providers must be as involved in the development of ICSs as those from the health service. In particular we recommend ICBs have proper representation from social care.

6. Rehabilitation

6.1 The BGS is a member of the Community Rehabilitation Alliance and supports the separate submission to this inquiry organised by the Alliance. This submission calls for ICSs to prioritise good quality rehabilitation services, something that is essential for older people leaving hospital and recovering from periods of ill health. Community rehabilitation is essential for older people and will save systems money in the long term. If systems do not invest in community rehabilitation, older people will decline faster and are more like to be readmitted to hospital.

Thank you for the opportunity to contribute to this important inquiry. If you would like to discuss any aspect of our submission or invite one of our expert members to give oral evidence to the inquiry, please contact our Policy Manager, Sally Greenbrook, to make arrangements (s.greenbrook@bgs.org.uk).

Yours sincerely,

Dr Jennifer Burns
President

Sarah Mistry
Chief Executive

ⁱ Office for National Statistics, 2021. *Overview of the UK population: January 2021*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/january2021#the-uks-population-is-ageing> (accessed 10 October 2022)

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- ⁱⁱ Soong J, Poots AJ, Scott S, Donald K, Woodcock T, Lovett D and Bell D. Quantifying the prevalence of frailty in English hospitals. *BMJ Open* 2015;5:e008456. doi:10.1136/bmjopen-2015-008456
- ⁱⁱⁱ British Geriatrics Society, 2022. *Anticipatory care blog series*. Available at: <https://www.bgs.org.uk/AntCare> (accessed 18 October 2022)