



## Is the system broken – reality and practice across the health and care system

**Chair:** Caroline Abrahams, Charity Director, Age UK

**Speakers:**

- Ann Ford, Delivery Lead Local Systems Review, CQC
- Martin Green, CEO, Age UK South Gloucestershire
- Dr Sharmeen Hasan, Consultant Geriatrician, King's College Hospital
- Professor Karen Middleton CBE, CEO, Chartered Society of Physiotherapists

**Session description:**

The Government's aim is to deliver integrated, personalised services to older people across Health and Care to help them stay well at home for as long as possible, but GP and community health services as well as social care are underfunded and understaffed, putting older people living alone without support at special risk. Is this characterisation fair? And if it is - what are some of the innovative ways in which services can overcome it?

Speakers reflected on how well services meet the needs of older people and how integration, when all relevant stakeholders are involved, can maximise an older person's health, wellbeing and independence.

**Ann Ford, Delivery Lead Local Systems Review, CQC**

Reflected on CQC report - [Beyond Barriers](#) – looking at 20 health and care systems, to see how well they work together to support the health and wellbeing of older people at home, and following a crisis or hospital admission.

It found older people had best experiences where organisations:

- Come together as equals to plan and deliver services
- Focus on the individual and their needs.

For integration to succeed:

- Must look holistically at workforce planning and training, across health and social care



- CQC must review its approach and create an environment that drives organisations together around a co-produced plan, and not towards meeting their own priorities and goals.

### **Professor Karen Middleton CBE, CEO, Chartered Society of Physiotherapists**

Despite NHS successes over 70 years, rehabilitation – a key community based service to maximise independence and wellbeing - is not consistently available for people who need it. This is bad for individuals, hospital capacity and budgets. Rehab aims to address symptoms - such as breathlessness, muscular skeletal difficulties and depression - that are common to many long term conditions and after surgery.

- Greater focus and money is needed for community rehab support
- Need to re-focus rehab around symptoms and goals - helping people be as physically active as possible despite limitations, so adding life to years, not simply years to life.
- Need more physiotherapists, so can intervene at earliest stage and work towards a situation, found in Denmark, where just 2% over 85s live in a care home. In UK, it is 15%.

### **Dr Sharmeen Hasan, Consultant Geriatrician, King's College Hospital**

The consultant geriatrician-led @home service is a community based multidisciplinary team, available 7 days a week that aims to keep people out of hospital and enable timely return home. Two thirds of the 300 patients seen per month are over 65 and receive a comprehensive assessment leading to a home based health and care plan with ongoing monitoring.

- Hospital consultants and trainee doctors should go into the community, to see for themselves what can be achieved by this type of service. It underlines why increased investment in well-designed community based services can benefit older people and the NHS.

### **Martin Green CEO Age UK South Gloucestershire**

Involving the voluntary sector as an equal partner when developing and delivering an integrated care service can enable greater personalisation and eliminate common problems such as constant repeating of information and poor service co-ordination.

Well trained voluntary sector staff can:

