Community Network representation to the Spring Budget 2021

The Community Network is the national voice of NHS community providers. We support trusts and not-for-profit organisations providing NHS community health services to deliver high-quality care by influencing national policy development, sharing good practice, and promoting a vision of integrated care in the community. The Network is hosted by the NHS Confederation and NHS Providers.

Key points

1. The NHS is experiencing the most difficult period in its history, with all parts of the provider sector under immense strain. Community health services proved critical in ensuring the NHS has not yet been overwhelmed and are now caring for 15% more people than at the same time last year[1]. This is driven by long term care for COVID-19 survivors in the community, catering for more complex discharges and a backlog of care following the first wave of the pandemic when some acute and community services were delayed.
2. While the 2020 Spending Review addressed some of the immediate financial challenges the NHS was facing as it battled COVID-19, it did not provide targeted investment in community health services nor stipulate how much – if any – of the £3 billion NHS recovery package will be directed to community health services. It is therefore now essential that the Spring Budget includes investment for community health services to support the national effort to combat the pandemic. This includes:
    - **Emergency funding now and in 2021/22 to support discharge to assess.** Additional emergency funding to support more innovative models of discharge are required urgently to support this wave of the pandemic. Community providers, and their acute and social care colleagues, also need certainty that this funding will continue into 2021/22 as it is not only better for patients but reduces bed occupancy and delayed discharges.
    - **Appropriate financial incentives to overcome barriers to using residential and nursing home beds in COVID positive designated settings or unused wings**. The government needs to provide appropriate financial incentives to make beds available on an emergency basis, by covering costs such as higher insurance premiums or providing additional funding for domiciliary care.
    - **Suspend NHS Continuing Healthcare assessments indefinitely.** These were successfully paused from March-August 2020, releasing over two thousand nurses to deliver frontline care.
3. While acute and, to a lesser extent, mental health services received some much-needed capital investment in 2020, community health services were overlooked once again in the national allocation process. There must be a fair, transparent process for capital and revenue funding allocations at both national and system levels.
4. The NHS is dependent on a sustainable social care system and public health infrastructure. The government must clarify when it will address its commitment to reform social care funding. Immediate priorities must include ensuring local authorities have sufficient funding to redress historical cuts to public health, social care and community health contracts.

[1] https://www.england.nhs.uk/coronavirus/publication/important-operational-priorities-for-winter-and-2021-22/

5. In 2019, the NHS Long Term Plan[2] (LTP) set out worthy aspirations for community health services which were in our view always ambitious within the financial envelope available. The NHS now needs a realistic and reprioritised 'ask' in the March 2021 budget which aligns the expectations of the service with the resourcing envelope and includes a clear path for shifting more care and investment into the community as planned.

Context

As set out in the Community Network's recent submission to the Spending Review 2020[3], community health services play a key role in local health and care systems. They deliver specialist care to keep people with long term conditions well at home, and provide public health services that play an important role in prevention and population health. Strengthening community health services is more imperative than ever as more care delivered in the community means lower bed occupancy levels, fewer delayed discharges and proactive management of long-term conditions.

While the Spending Review 2020 was scaled back to a one-year settlement, due to COVID-19 related uncertainty, the NHS still received an additional £20.3 billion to help cover the costs associated with the COVID-19 response. This included a £3 billion NHS recovery package. However, there was no ringfenced funding for community health services despite the government previously committing to providing the NHS with the funding required to manage the impacts of the pandemic.

We welcome the fact that the government has recognised that further funding will be necessary to cover COVID-19 costs in 2021, but community providers need specific consideration this time around, both in terms of a short-term cash injection to resolve key issues around delayed discharges, and certainty around longer-term investment to deliver the LTP's strategic aims.

Unprecedented pressure on community health services

The NHS is experiencing the most difficult period in its history, with COVID-19 hospital admissions higher than ever before and community health services currently supporting 15% more people than they were at the same point last year. Even before the pandemic, community providers were facing increased demand due to demographic changes, particularly the ageing population, as well as an increase in the complexity and acuity of patients' needs.

During the pandemic, community health services have faced an even more challenging set of circumstances and pressures. They have responded to COVID-19 by expanding and maintaining surge capacity, including redeploying staff to priority services and supporting care homes to open extra capacity wherever staffing allows. This expansion and transformation of community services' capacity has proven critical in protecting the NHS from becoming overwhelmed.

Community providers have also worked hard to maintain non-COVID services as much as possible. While some community health services were stepped down under a national policy directive during

[2] https://www.longtermplan.nhs.uk/
[3] https://nhsproviders.org/media/690185/community-network-submission-to-the-csr-2020-final.pdf

the first wave to staff up discharge teams and other priority services, providers worked swiftly and hard over the summer to restore services to pre-pandemic levels, while grappling with reduced capacity and COVID pressures. As pressures on the NHS mount again, some community providers have had to redeploy teams to free up staff to expand rehabilitation services, discharge teams and care home support. All at the same time as community providers are taking a leading role in the COVID-19 vaccination roll-out.

Furthermore, COVID-19 is likely to change the shape of demand now and for the longer term, as trusts play a vital role in delivering rehabilitation for those recovering from the virus, supporting timely discharge for patients ready to leave hospital settings and meeting a sharp rise in demand for palliative care from people choosing to die at home.

The initial £10m announced for 'long COVID' clinics[4] was therefore helpful in supporting the diagnosis and screening of patients, but this funding was stretched thinly across the country. Community service providers tell us that considerably more funding will be needed in 2021/22 to cover the ongoing cost of treatment. Similarly, the initial discharge to assess funding and suspension of NHS Continuing Healthcare assessments in March 2020 were welcome, removing barriers to discharge and freeing up staff previously tied up in undertaking assessments. Now the community sector needs certainty that these arrangements will be reinstated and continue.

When deciding how much money the NHS needs to cover the costs associated with COVID-19, the government must consider the full range of demands faced by community providers. Funding levels should be kept under regular review throughout 2021/22 as the challenges posed by the pandemic evolve.

Immediate asks for a one-year settlement in the Spring Budget 2021

We expect the Spring Budget to focus on the immediate consequences of the pandemic. We are calling for the government to provide urgent additional funding for community services to support the pandemic response and to increase transparency around longer-term funding increases for community health services.

The overriding, immediate issue for the NHS is pressure on patient flow through the system. NHS hospital and community beds, as well as 'hospital at home' services, are rapidly reaching capacity – or have reached capacity – in some places. The social care sector is also under immense strain, with high numbers of outbreaks in homes and protecting vulnerable residents and staff a top priority.

These pressures have reached a point at which local systems, and NHS England and NHS Improvement, are urgently identifying additional capacity wherever possible, considering the potential use of any spare capacity in care homes and other facilities, and staffing support from different sources. Community providers have highlighted cases of patients who are stuck in hospital but no longer

[4] https://www.england.nhs.uk/2020/10/nhs-to-offer-long-covid-help/

require complex medical care, who could be safely discharged into alternative settings with the appropriate support from community teams.

Community providers are clear that, looking at the overall balance of risk and the best outcomes for the largest number of people, enhancing discharge to assess arrangements and accessing spare residential and nursing home capacity has now become critical in many systems. Community health services need:

- **Emergency funding to support discharge to assess and confirmation that funding for discharge to assess will continue into 2021/22.** The discharge to assess process adopted during the pandemic has shown that when community services are fully funded and supported to free up hospital capacity they can do so, thereby reducing demand on acute services and leading to cost efficiencies. However, we now know that the sector is at breaking point as acute hospitals, community providers and social care providers are reaching, or have reached, maximum capacity in some local areas. Additional emergency funding to support more innovative models of discharge are required urgently to support this wave of the pandemic. Community providers, and their acute and social care colleagues also need certainty that this funding will continue into 2021/22 as it is not only better for patients but also lowers bed occupancy and delayed discharges. Making this investment permanent would need to be considered in the Spending Review in the Autumn.
- **Appropriate financial incentives to overcome barriers to using residential and nursing home beds in COVID positive designated settings or unused wings**. The government needs to provide appropriate financial incentives to make these beds available on an emergency basis, by covering costs such as higher insurance premiums or providing additional funding for domiciliary care, which are currently some of the barriers to maximising capacity. We understand a range of options are being considered, which the Spring Budget could continue to support.
- **Suspension of NHS Continuing Healthcare assessments indefinitely.** These were successfully paused from March-August 2020, releasing over two thousand nurses to deliver frontline care.

Key messages for the longer term spending review

The Community Network submitted a representation to the Spending Review 2020, setting out the key role that community health services play in local health and care systems, and how important it is to invest in community care given changing demographics and ambitions to move more care closer to home.

The additional COVID-19 pressures set out above mean that the five key messages outlined in the aforementioned submission (paragraph 18) are now more critical than ever:

1. **Invest in expanding capacity in the community across all pathways**, including but not confined to community beds, to: support ongoing COVID-19 rehabilitation needs; prevent avoidable admissions and pressure on the acute sector; avoid unnecessarily long stays in hospital which are detrimental to patients and financially costly; and deliver more care within or as close to home as possible.

2. **Expedite existing LTP investment commitment** in rapid response and anticipatory care services. Funding for these two standards must be brought forward to enable community providers to continue managing demand on the acute sector and therefore provide a cost-effective health service. Reablement services can reduce demand on acute settings by enabling shorter lengths of stay in hospital and reduced delayed transfers of care, and community rapid response teams prevent conveyances to A&E and reduce hospital admissions and transfers to residential care. This realises financial benefits based on future cost avoidance to secondary care services, frees up bed capacity in hospitals, and improves patient experience and clinical outcomes.

3. **Implement a national investment standard for community health services**, which will help track levels of investment in community services by specifying minimum levels of spending in targeted areas such as rapid response, discharge to assess and 'home first' (including rehabilitation and reablement). There needs to be a national policy mechanism, such as an investment standard for community health services, to ensure that the planned increases in funding flow appropriately.

4. **Provide capital to increase community bed capacity in the areas that need it** and drive forward digital transformation across the full range of community providers. While acute and (to a lesser extent) mental health services received some capital funding in 2020, community providers were largely overlooked. The government must provide capital to increase community bed capacity in the areas that need it and drive forward digital transformation across the full range of providers.

5. **Resolve the local authority funding gap** to protect the public health grant, fully fund the Agenda for Change pay uplifts and increase social care provision, including domiciliary care. If local authorities are not fully funded to meet their population's needs, we will need to consider whether the clinical end of public health services should move back into the NHS. COVID-19 has laid bare the impact of underinvestment in public health over the years, yet there was no increase to the grant in the 2020 Spending Review. Similarly, social care has experienced years of underfunding, and while there was a short-term £1 billion stop gap in the 2020 Spending Review, the government is still no further forward in proposing long term reform and sustainable funding.

While the one-year spending review in 2020 went some way to addressing challenges facing the NHS - a £3 billion recovery package and additional funding for PPE, test and trace, and the vaccination programme – it was unclear what community health services would receive from this additional funding.

The 2021 Spending Review will need to determine a realistic and re-prioritised 'ask' of the NHS over the next three years. Community services should be prioritised within any reprofiling of the 2018 funding settlement, and be prioritised for additional investment beyond the 2018 funding settlement to meet increases in demand and deliver LTP trajectories.

Conclusion

To enable the community health sector to meet the relentless pressure it is facing on a daily basis, and support the national response to the pandemic which proved so essential in March and April, the Spring Budget needs to build on the 2020 Spending Review by ringfencing additional funding for

community health services, injecting immediate funding for discharge to assess and increasing domiciliary care capacity, and properly investing in public health and social care. In the longer term, there will need to be a significant reprioritisation of the 'ask' of community providers and their staff which matches rising demand for care and a need to move more services into community settings, with an appropriate funding envelope.