HOUSE OF LORDS

The Select Committee on the Long-Term Sustainability of the NHS

Corrected oral evidence: The Long-Term Sustainability of the NHS

Tuesday 15 November 2016

11.10 am

Watch the meeting

Members present: Lord Patel (The Chairman); Bishop of Carlisle; Lord Kakkar; Lord Lipsey; Lord McColl of Dulwich; Lord Mawhinney; Baroness Redfern; Lord Ribeiro; Lord Scriven; Lord Turnberg; Lord Warner and Lord Willis of Knaresborough.

Evidence Session No. 18 Heard in Public Questions 178 - 184

Witnesses

I: Katherine Murphy, Chief Executive, the Patients Association; Janet Morrison, Chief Executive, Independent Age.

Examination of witnesses

Katherine Murphy and Janet Morrison.

Q178 **The Chairman:** Welcome to both of you. This evidence session is extremely important to us. Although we have heard a lot from different people from the health service and social care, you represent a vast number of people, citizens and patients. Your voice, therefore, on all the issues related to NHS and social care is extremely important. You might be small in number in giving this evidence, but we recognise that you represent a large number. To begin with, please introduce yourselves and, if you represent an organisation, please say so. If you want to make an opening statement feel free to do so and then we will move on to the questions.

Janet Morrison: Thank you for inviting me to speak. My name is Janet Morrison; I am chief executive of Independent Age, which is the national older people's charity. We provide information, advice and social support to older people and their carers. We take about 34,000 calls a year to give advice to people on very complex cases. We also have about three-quarters of a million information interventions that we provide to people alongside providing local social support and befriending schemes.

The majority of the calls that we receive are from people who are in crisis at transition points, trying to navigate between and within health and social care. Many of them are at a sticking point where they are trying to identify and find information and advice. They receive very little support. Many of them may be self-funders and therefore are struggling with that interface between moving from perhaps hospital into home care or a care home, struggling with paying for care and knowing what their rights and entitlements are. We try to provide them with some explanation and support to enable them to achieve a better result. They are often at a crisis point very late in the day and it would have been better if we could have spoken to them earlier to help them prevent some of the crises that they face.

Katherine Murphy: Thank you very much for inviting the Patients Association to give evidence. My name is Katherine Murphy; I am the chief executive of the Patients Association. The Patients Association is a health and social care charity. We are independent. We have been in existence for 54 years now. We have a national helpline and all the work we do is based on the information and the intelligence that we receive through our national helpline. We receive and we assist around 8,000 people who contact our national helpline on a yearly basis. Based on the intelligence and the information we receive on our national helpline, we undertake research and produce independent reports on what patients, the public and their carers are telling us. We also provide the secretariat to the All-Party Parliamentary Group for Patient Safety and the All-Party Parliamentary Group on Patient and Public Involvement.

Q179 **The Chairman:** Our first question is about the patient perception of how sustainable the NHS is in the long term. This inquiry's focus is in the long

term, beyond 2025, 2030. What is the patient perspective about the long-term sustainability of health and social care?

Janet Morrison: We conducted a survey in February where we were asking for people's views about the future of health and social care. We found that four-fifths were concerned about the long-term future of the NHS; 51% said that they thought the NHS had worsened in the past year; and 47% thought that social care had worsened in the past year.

The Chairman: How many people were involved?

Janet Morrison: It was a survey of 2,000 people, a representative sample done by ComRes. It was a small indicator of concerns about the long-term future and the issues arising from an ageing population.

Katherine Murphy: As the Patients Association we undertake research on a very frequent basis. We also hear from patients and the public on a daily basis. The public are very concerned about the long-term sustainability and funding of the NHS and social care. They understand the financial restraints on the NHS. They know that no change is not an option. They understand that over the past number of years there has been a huge demand in the services, especially in primary care. What the patients and the public fail to understand and to comprehend is the constant reorganisation in the NHS. Patients and the public would like access when they need it. They would like to be cared for as much as possible in primary care, closer to home, and to stay out of hospital. We know from the work we do and from hearing from patients and the public on a daily basis that the vast majority of people who are in hospital occupying beds at the moment are elderly people with complex care needs. The vast majority of them probably do not need to be there but the services are not available in the community for these patients to remain in their own homes and have the appropriate care. Patients and the public are concerned about the financial sustainability of the NHS. They are also concerned about the care and treatment provided in the NHS currently.

The Chairman: Do the public feel that they are involved in any discussions relating to the long-term sustainability of the NHS and social care in all its aspects?

Katherine Murphy: That is an interesting question to ask after all the publication there was yesterday on the sustainability transformation plans. I am sure Janet has the same experience as the Patients Association that the public were not consulted on what services should be provided in their local communities. The public are very willing to become involved. They want to be involved; they want to be consulted and talked to and given the correct information. They would like to be involved in an open, transparent and meaningful way. They understand the reasons why services have to be cut within the NHS. What they fail to understand is why such major plans are being drawn up without any consultation with patients and the public.

Janet Morrison: When the Care Act was introduced in 2014 we were involved in a lot of broadcasting and giving information to people to explain what it meant. There was a huge pent-up demand from people wanting to know what it meant for them—what it meant for them in paying for care, what the future was going to be. MPs in particular say that their postbags are not full of questions about social care. However, the BBC had a care calculator on its website and over 48 hours there were half a million hits, with people trying to work out what it might mean for them. The Care Act has been kicked into the long grass for the time being but it demonstrated real concerns.

We also find that when people call us they are in a little bit of shock because they may not have understood or realised about the means testing that is involved in social care. Dealing with people with dementia and multiple long-term conditions, they suddenly discover that there is a dispute or probably lack of funding in terms of caring for their relatives with dementia. That comes as a real shock in terms of realising they are going to have to pay for it and what the consequences will be.

We also meet with many people who are stuck when there is a dispute between continuing care and social care. The transition between the NHS, which is free at the point of use, and the means-testing element is a real sticking point both in transformation and integration plans because it creates that sticking point. That is why people are stuck in hospital, because that is the free bit. The bit that is rationed or means tested becomes more complex. We generally find that the public seem to be very passionate about the NHS and very passionate about anything that threatens the future of the NHS but are much more ignorant and less passionate about social care. For the older people we deal with, the best place is not hospital, it is avoiding being in hospital and having the social support they need to live at home for as long as possible with the care they need.

Q180 **Bishop of Carlisle:** You said quite rightly that people are passionate about the NHS. We have been talking quite a lot in this Committee about future funding with regard to long-term sustainability. From all the research and surveys that you have done and the people who speak to you, which forms of funding that we might focus on in the future would be most acceptable to people generally? Would it be direct taxation or hypothecated tax or an insurance scheme? Or would it be some of the other things that have been suggested like paying for certain treatments and so on?

Janet Morrison: We did an ageing population survey through the *Guardian* in the winter of 2014 to 2015. Most of those questions are normally about whether people would pay more tax. The results of that showed that 58% of people said they thought they should pay more tax. That increases for those who are over 65 to 66%. Two-thirds say, "Yes, we should pay more tax." In that survey half the people responding said that there should be more facilitation for people setting up financial plans for their future.

My personal view is that it is very rare that the general public are presented with a range of options about future funding. Mostly they are asked, "Would you pay 1p or 2p more in the pounds in your tax?" It would be very rare for the public to have any understanding about hypothecation. However, perhaps the precept does create a little open door or a principle to think about. It is very rare for people to consider long-term social care schemes such as those in Japan. People are very nervous about anything that involves rationing, reducing eligibility or charging or changes to charges because of fears about the future of the NHS. There is very little presentation of the real choices and options that we have as a society to enable us to have a long-term vision of the kind of care we need and the health we need for the future.

Bishop of Carlisle: How would one develop a conversation of that kind?

Janet Morrison: There have been a lot of calls for a national conversation with the public about the future and what our expectations are. There have also been calls that we have supported for a Care for Tomorrow campaign, which is about setting up an independent commission on the future of health and social care. The reason we have backed that is because nobody would automatically say, "Let's have another commission", but the reality is that there seems to be an inability to have an objective and independent debate about the long-term future of health and social care without it starting to become a party-political football where one side will accuse the other of either wanting to privatise or produce death taxes or whatever else. In the absence of being able to achieve cross-party agreement on that kind of high-level debate, we have been supporting Norman Lamb, Stephen Dorrell and Frank Field on that cause, simply because there needs to be a longer-term settlement and something that independently sets out the real choices that we have in terms of also accepting where we may ourselves have to pay more or support ourselves and our families more, alongside what safety net the state should provide.

Katherine Murphy: The Patients Association would support that with the caveat that any extra funding is ring-fenced for health and social care. Whatever model we look at, we must make sure that funding goes to health and social care. There is a great unmet need to have that open conversation with the public around choices, as Janet mentioned. I am part of Norman Lamb's group looking at this.

Lord Lipsey: I may be a member of the House of Lords but I am a bit sceptical about this wisdom of crowds and that the people should decide. Perhaps that will carry a bit more weight after the election of Donald Trump last week. To take an example, you rightly cited one poll that showed 57% wanted more spending on health. There is another poll by NatCen which shows that the favoured option of the people is that the NHS needs to live within the limits of the cash it has. I do not blame them for this, but people have completely contradictory sets of emotions within them and they require guidance from people taking political and rational judgments before they can have what they really want at the end

of the day, which is the best possible balance of all these different considerations.

Janet Morrison: I am sure that is right. Many people who we talk to are very concerned about the problems of integration in terms of some continuity between different systems and how that works. They believe there are many more efficient ways for services within health and social care to be delivered. It will not be very easy to find consensus among the general public and it will take some high-level analytical tools and thinking to weigh up the options and look at what the future should be. I am not sure we will have a public movement of people charging through the streets calling for hypothecation or other forms of long-term financial planning. However, something that takes it above the scrum of party politics would be very valuable.

Lord Lipsey: I agree with that but, to take an example you are very familiar with, in social care there is a straight conflict between giving people more money to pay for their care so they do not have to be means tested and so on and spending on services so they receive the services they require. This has been wrestled with for many years, since the royal commission on which I sat. Unfortunately, what the public want is both and unfortunately that may not be available to them.

Katherine Murphy: The public need to see where and how the current NHS and social care funding is being spent, for example on front-line services, management and reorganisation.

Lord Scriven: I am in support of bringing people in more if it is in the right area, but broad questions such as a funding system might not be. Interestingly, the King's Fund did a recent attitude survey which showed that 44% of people said the NHS should not provide treatments which were poor value for money. In the previous session we were talking about productivity, which professionals in the NHS seem to be unable to get a grip on. Do you think that this is a way that we could introduce the public and patients into this to help deal with that very specific question and help with productivity?

Katherine Murphy: We certainly hear this on our national helpline on a regular basis. Patients and the public are your greatest asset. Very often patients are in hospital for a period of time. They are lying in their beds and they can see what is happening all around them. They can see where the waste is happening within the NHS and how systems could be more effective. Patients tell us about turning up for appointments to see somebody and whoever they were supposed to see is on leave or is away and there was nobody else to see them. There is a whole raft of innovation and ideas that patients can contribute to the bigger debate. It would be a terrible waste if we did not involve the public.

Lord Scriven: What do you think would need to be put in place? What would need to be put in place systematically to help us deal with this productivity issue in terms of getting the patient perspective?

Katherine Murphy: As I said, knowledge about how the current funding is spent and what is spent in real terms in front-line care; the services and treatments that are currently being delivered in hospital that would be much better delivered closer to home in the patient's own home provided by the right staff in a safe environment.

Lord Warner: You mentioned dementia. Do any of your surveys show confusion, if I may use the term, about the boundary between health and social care for that particular group? Is that a growing problem?

Janet Morrison: I do not have a survey that will tell you statistically but I have information from the advice calls that we receive. We take about 34,000 calls in a year and to many people it comes as a great surprise when they discover that dementia care is not free and delivered by the NHS. We support many cases to try to challenge the decisions made about continuing care and we are successful in some cases. It comes as a very big shock to people in terms of how they continue to provide the right kind of support. When people look at care homes because they need additional dementia care and support, the costs come as a huge shock and there is a real issue about the affordability and the support they can access to sweat their assets or to pay for it in a more efficient way. Most of the people we deal with will be over 75 and the calls will be from their relatives. Most of them will have a number of long-term conditions but there will be dementia as part of that equation. That is where the real difficulty lies. The public could engage at that point in terms of understanding the challenges of health and social care when looking at the issues of supporting people with dementia.

Q181 **Lord Warner:** A lot of concern has been expressed about the current lack of funding for social care. From your contacts with the patients and the public, what alternative funding models for social care could be considered as a viable alternative to the present arrangements? Where do they all stand now on whether they should be paying more for social care in some way, providing that they should not be caught for catastrophic costs—a Dilnot type cap, for example? Where are the public in that area?

Janet Morrison: The majority of people we deal with will be self-funders. You do not have to be very rich to be a self-funder and have to deal with those issues. It does not cross the minds of the majority of the people we deal with to go anywhere near the local authority and social services. They have no expectation that they are going to have any support, even in terms of information and advice or what the local options are or the provision of care that they can expect.

I was involved with a piece of work with Which? We were asked to read 30 diaries of self-funders who were trying to navigate, supporting their family and getting the social care they needed. The vast majority of those never went anywhere near a local authority, they never went anywhere near social services and, surprisingly to us in the voluntary sector, nowhere near a voluntary organisation. They were largely relying on family connections, solicitors or GPs for suggestions. What struck me

most of all about that was that self-funders do not have any expectation of support or that they are going to be given any steer. In terms of what to pay, people are very worried. We hoped that with the potential of the care cap would be more provision of financial tools coming into the marketplace to help people. There are options in terms of deferred payments and equity release, but there is simply not enough understanding or trust among the public about what alternative options there might be to pay for care.

We also deal with a lot of people who are paying top-up fees who are already facing additional charges with the introduction of the living wage. We had a case recently where a family member was paying £31 a week, which has increased to £100. That is happening on a regular basis now so people are feeling it, but they are not feeling it in terms of having made a conscious choice about what tools they could have used to pay for care. We talk to people when they are looking at their care home fees and we ask what their contracts say. They may not have a contract or have any awareness of what it might say about future costs. Many of them will not have taken independent financial advice. There is a real issue about financial literacy and options for paying for care. Most people assume they are going to struggle on on their own.

Lord Warner: People are psychologically in a state where they are willing to pay; it is just that we have a rather inhumane system for helping them run that system. Is that a fair summation?

Janet Morrison: In the cases that we are dealing with, people at a crisis point are making a crisis purchase. If they are dealing with a family member who has been in hospital for five months and has suddenly been told to leave and is discharged, they are trying to find a suitable care home without any assistance from social services in terms of what their choices and options are if they are paying for it for themselves. They are faced with an inevitable choice. It is not an acceptance; it is just that that is what they have to do. At that moment there is no independent advice and support for people to make good choices that are good in terms of the quality of the care that is needed in the right location, close to family and all of those requirements, but also good in terms of independent financial choice and the options that are available to them. Crisis purchases tend not to be good purchases.

Katherine Murphy: I agree with that. There is very little, if any, meaningful information that people will need at a given time in their care journey that is available and useful to them to make a meaningful choice. Janet is right: the choices are made when there is a crisis. Whether it is the right choice or not, it is difficult for patients or their carers because they are faced with a problem that they have to deal with.

Lord Warner: Do you think that activating the 2014 Care Act would solve most of those problems?

Janet Morrison: The care cap is not a perfect mechanism, but it is a mechanism. What was particularly valuable about it was that by having

the option of starting your care account running, self-funders would be brought into the ambit of local authorities to have a social care assessment and assistance in navigating the marketplace. I have huge sympathy with local authorities in terms of their capacity to respond to that duty, given the shortfall in funding that they have to provide for an ever-increasing care load in their area. I understand why local authorities might have fallen over at that prospect, but at least those self-funders would have been brought into having more support than they currently do. Even though only a small proportion of those people might have been helped with avoiding catastrophic costs, at least some would have been encouraged to do so. I would be very pleased if there were a wider debate led by the Department of Health about what the options are about reintroducing the care cap or considering other options that would enable self-funders to have a better deal.

Katherine Murphy: I totally agree. It is a very complex system for people to have to navigate and there is very little available to help them to make these decisions at a time of crisis.

Lord Mawhinney: I declare an interest in that my mother went through a period with advanced Alzheimer's. She went into a home and died three years ago. There was no information available to me at all. I had a residual memory as a Member of Parliament dealing with constituents' cases but there was nothing. I listened carefully when you said that there should be a public debate led by the Department of Health. Why should it be led by the Department of Health, given what we are facing up to this morning? Why should it not be led by you two?

Katherine Murphy: I am inclined to agree with you because it is up to organisations like Janet's Independent Age and the Patients Association to lead these kinds of debates. Our interest is in the well-being of patients and the public having access to care and treatment and social care when they need it. However, we are independent charities and these are huge pieces of work. I am sure we would both be happy to lead on it.

Janet Morrison: When I was talking about the Department of Health, it was really about the care cap. My concern is that, having been kicked into the long grass, it may never re-emerge. While it may not have been the perfect solution, it was some kind of way towards being a solution. It was only that limited part that I was talking about.

Lord Mawhinney: Do you not understand that the people who kicked it into the long grass are very unlikely to be in there with torches trying to find it and bring it out on to the playing field?

Janet Morrison: I do.

Lord Mawhinney: I was actually making a serious point.

Janet Morrison: I understand, yes.

Lord Mawhinney: Given the links that you have with other charitable health-oriented organisations, you two would not necessarily be on your

own. If you are half as good as we are told you are, you could be putting together something of which you become the focal point which would force other people into a public debate. What is wrong with my argument?

Katherine Murphy: Absolutely nothing. It is certainly something that the Patients Association have considered. We had a conversation with Independent Age about setting up a commission to look at the future funding of health and social care.

Janet Morrison: We worked in alliance with over 70 organisations as part of the Care and Support Alliance to bring about the Care Act. Many of us helped with the drafting of the guidance and supported it. It is a very good piece of legislation and the principles of it are extremely sound. The principles about prevention, integration and person-centred care are all incredibly important. We are continuing to work together with the Patients Association and with others to try to promote that debate. At some point, that would need to be backed by political will to look at the bigger questions about long-term funding and sustainability. If you would like to give us a job to do, we are more than happy to try to take that up and engage with the people we are dealing with who are expressing real concern about the quality of life that we expect for older people in this country.

Q182 **Lord Willis of Knaresborough:** I am very supportive of the national conversation but we have struggled as a Committee with a huge volume of evidence, and we have time and professional advice. Doing this on a national scale is a task which needs some careful thinking about. There must be priorities that you have whereby you can say that, unless we actually deal with a particular priority rather than the lot, the whole system is going to collapse. What do each of you think is the key priority which this Committee should be recommending to Government to say that, above all, it has to be sorted out?

Katherine Murphy: From the Patients Association's point of view, it is around access, so access to services, access to services closer to home, keeping people well and out of hospital, cared for in their own homes, cared for by the right staff with the right skills and the right expertise, care provided by compassionate individuals. End-of-life care is very important as is prevention and public health.

Lord Willis of Knaresborough: You have gone through 11 points.

Katherine Murphy: I am sorry. Access would be our one thing.

Janet Morrison: Do I have to have one?

Lord Willis of Knaresborough: The area that is of greatest priority.

Janet Morrison: The area of greatest priority is integrated preventive services delivered through the community.

Lord Willis of Knaresborough: Who would lead that?

Janet Morrison: I obviously defer to the great experience around this table but I am very anxious about things that are led only by the NHS. Social care and the philosophy of person-centred care—saying that the person who is receiving that care is the best expert on what they need in terms of the outcomes for their life—are incredibly important. Anything that happens should have social services and local authorities deeply involved because they are also very close to understanding community needs and supporting that marketplace. If things are only NHS led, they must include social care and there must be a very strong voice for local communities in shaping plans.

Katherine Murphy: If we continue to work in silos, as we currently do, we will never move and we will never provide the service that is needed.

The Chairman: Are the current Government's plans addressing any of these issues?

Janet Morrison: There are many good initiatives—for example, the Better Care Fund and the sustainability and transformation plans. If they are embedded in communities and engage with local authorities and with local communities, those are great moves forward. I am also a big fan of some of the schemes that Bruce Keogh has brought in in terms of hospital avoidance, frailty, "front doors" within hospitals to bring the right skills and not dealing with the medical model but enabling people to return to their homes. The initiatives must be integrated ones that cross over between health and social care. There is much more that needs to be done on the bigger question of what future we look at. In terms of understanding what the public's expectation should be, we all need to understand that there are more things that we can do ourselves in terms of preventive efforts and, those that can, looking after themselves and their families. We need to make preparations earlier in our lives for the kind of older age that we want.

Lord Warner: How would your organisations stop the big barons of the acute hospitals squirrelling away all the money? Answers on one sheet of paper.

The Chairman: On one line.

Katherine Murphy: It is more about the NHS accepting that they cannot and should not work in silos and they cannot and should not work without engaging and integrating social care. Social care needs to be seen as a key priority, not just an add-on. For us to be able to provide services going forward, we need to identify that the greatest need is with older people, many with complex conditions. They need care. All the funding does not need to go into the hospitals. Care should be provided. We should look at reintroducing the Lord Darzi models of care, keeping people out of hospital.

Janet Morrison: The key thing also is making sure that hospitals are absolutely rooted in responsiveness to community and to local need and that the medical model has limited application when you are talking about

the kinds of clients that I work with, older people. In reality the responsiveness to community need and to community voice and using this experience is vital. We need to recognise that the best thing we can do for most people is to keep them away from hospital, keep them in their own homes and enable them to receive the community support that they need.

Q183 **Lord Turnberg:** We have heard an awful lot about integration of care between the NHS and social care. At the moment we hear that much of it is being led by the chief executives of NHS trusts. Their motives may be impeccable. I do not know whether it is true or not, but they say that they understand the needs of the community for which they provide hospital services. Where do the patients and the public come into that? How can we promote the involvement of the patients in that area?

Katherine Murphy: There needs to be openness and transparency with the local communities. You have to demonstrate to them exactly how the funding that is going into their community is being spent. You need to engage with them, identify where the needs are and know what your community make-up is. You should know who is living in your community and look at the services. A lot of people do not want to go to hospital. We should be looking at that. Why is it always the failsafe to send people to hospital when it would be much better if we were caring for that person in their own home, in their own community?

Lord Turnberg: This is entirely right. In the system which we are evolving to provide this integrated care, how can the patient, the public and the social services people take a lead in all of this?

Janet Morrison: The sustainability and transformation plans offer a real opportunity if done correctly.

Lord Turnberg: Are you involved in those?

Janet Morrison: Not directly.

Katherine Murphy: NHS England came to us very late in the day, after the plans were in the public domain.

Janet Morrison: They could be a real opportunity to show how to embed plans for future greater sustainability and improvement.

Lord Turnberg: Are you talking to them?

Katherine Murphy: The Patients Association is talking to some of them and we are talking to NHS England. It is a missed opportunity if they do not involve and engage their local communities. There is a real opportunity to get things right. Unfortunately, by publishing and leaking the plans and not engaging with their local communities, some of that trust has now been eroded. It is about building that trust and being honest with people.

Lord Turnberg: We are trying to look at 2030, or even 40 years hence,

and what we are talking about is how to make it better for now. Are any of your organisations involved in thinking about what will happen when we cure dementia, which is possible in the next 10 to 20 years? Are you thinking about longer-term use of technology? How are you involved in taking in the advances we will likely see in the way people are cared for and how disease is prevented?

Katherine Murphy: Technology has a huge part to play in the care that is being delivered now and, more subtly, in care in the future. We need to invest more in technology and demonstrate the huge benefits there are to technology. Unfortunately, technology within the NHS and social care has not always gone smoothly, so again it is about using the advantages we have and making best use of available technology.

Janet Morrison: The opportunities of technology in terms of enabling people to access consultations with consultants or with GPs or with whomever at a distance are hugely advantageous, as are the kinds of telecare that enable people to be kept an eye on. However, it is not an alternative to meaningful face-to-face support and social care. We need a vision where both can work in tandem to allow telecare or other forms of technology to release the energies to provide real support rather than dealing with the monitoring or medication side of it. I was very fortunate to go to Japan, where I was slightly alarmed by the use of robots. The Japanese said that this was because they are particularly fond of robots but there are quite a lot of things being used in care homes that may be more efficient than hoists. It did slightly alarm me, however. At the same time we need to be thinking about all the opportunities, but not so that we do not visit and we do not support older people. We need to have better value out of the face-to-face contact we can provide.

Lord Turnberg: FaceTime does it.

Janet Morrison: Yes, and Skype is fantastic.

Q184 **The Chairman:** What one recommendation do you think this Committee could make that would be effective in the long-term sustainability of the NHS and social care that needs to be addressed?

Katherine Murphy: Integration of both.

The Chairman: What does that mean?

Katherine Murphy: Health and social care working together in the best interests of the patient, for the best outcome and experience for the patient.

The Chairman: If we make that as one recommendation from people like you who represent the public and therefore is very important, is that the key recommendation that would change the whole thing?

Katherine Murphy: It would go a long way to changing some of the huge unmet needs that patients are experiencing currently.

The Chairman: How would this be brought about and by whom?

Katherine Murphy: By health and social care, the local authority, working much closer together.

Janet Morrison: I hate to use a mechanism, but I would argue for a commission on the future of long-term funding of health and social care. My second suggestion is that I would like it to be called social care and health and not the other way around. I am sounding like a globetrotter, but by invitation I went to visit care homes in Finland. Their department is the Department of Social Care and Health. That is an important message about what is important.

Lord Lipsey: There have been four commissions on social care in recent times, the royal commission, Wanless, Barker and Dilnot. We still have the problem exactly as it was in 1999 when the royal commission sat. What is your commission going to do when all of us have failed so hopelessly?

Janet Morrison: I have huge sympathy because all of that work has been done, with the expertise around this table putting the commitment and drive into finding those solutions. The only thing I can say is that in conversations that I was involved with probably four or five years ago we seemed to be closer to cross-party agreement on the need for a long-term solution than we are now. That makes me extremely anxious. Anything that could drive cross-party agreement that it is not a political football—it is the future for us and our families that matters—is important. It would be a mechanism to try to drive cross-party agreement that it needs to go above party politics into a bigger and longer-term solution that is honest about our own contribution as well as the state's contribution to our health and well-being. That is the absence of having any other solutions that come to mind.

Lord Lipsey: I share your difficulty. There was cross-party agreement. Cross-party agreement was watered-down Dilnot; it was not perfect and more funding was needed. Then one Friday afternoon when Parliament was about to rise, the Department of Health announced that it was kicking Dilnot forever into the long grass. It is no good having cross-party agreement if one party or the other is prepared to ditch it at their first convenience.

The Chairman: Do you think an independent commission involving public and patients with cross-party agreement might have a better success?

Janet Morrison: One of the things that we can most usefully do in our experience with Independent Age, the Patients Association and many others is illuminate the real stories of people's journeys through trying to have the well-being and quality of life they want in later life whatever medical conditions or issues of disability they may be carrying. That is how we can illuminate that and try to put pressure on those in power to understand that this is not happening to someone else, it is going to

happen to all of us, however well prepared we are and however much we have saved or tried to keep ourselves healthy through our lives. We cannot continue to leave people falling into these huge crises with this lack of support. I sympathise with Lord Mawhinney and what he said. Trying to deal with my own parents' needs for social care when I am supposedly an expert and trying to get an assessment or contact a human being who would do an assessment was impossible. We must illuminate the real journeys and the real stories of people. Dementia care and things like that are a real illuminator of what the issues are.

Lord Warner: Would you accept as second best a properly funded and properly introduced 2014 Care Act as a practical way of getting near to what you want?

Janet Morrison: I was involved in discussions with the Care and Support Alliance about what does "good" look like and my conclusion was that it is the Care Act, but properly funded and supported. It is a very good piece of legislation that unifies myriad requirements but sets out very clear principles. If it were properly funded, it would go a long way to giving us the person-centred care that we need in this country.

Katherine Murphy: What is important is the person-centred care, but it needs to be funded appropriately.

The Chairman: Thank you both very much. The written evidence from both of you was excellent; thank you for that, too. If you have any further material to send us, particularly following today's questions, please feel free to do so. You will see the transcript. You cannot change it but, if anything is not accurate, please let us know.