

**Royal Society for Public Health (RSPH) submission to Health Select Committee Inquiry: Impact of the Comprehensive Spending Review on health and social care**

The Royal Society for Public Health (RSPH) is an independent, multidisciplinary charity dedicated to the improvement of the public's health and wellbeing. We have a membership of over 9000 members working in public health and healthcare management. The Institute of Healthcare Management (IHM) represents health and social care managers, supporting personal development and driving change to improve health and wellbeing for all through quality management.

Our vision is that everyone has the opportunity to optimise their health and wellbeing, and we seek to achieve this through our qualifications, conference and training programmes and policy and campaign work.

We are pleased to provide the Health Select Committee with a submission on the impact of the Comprehensive Spending Review on health and social care where we have a particular view or position.

**1) The distribution of funding for health and social care across the spending review period;**

While the Government's pledge to increase NHS spending by £10 billion by 2020/21 is welcome and in-line with the Five Year Forward View, there is still great imbalance between the funding of NHS and prevention services that help to keep people free from ill-health and disease before they receive treatment. RSPH is concerned that a disproportionate focus has been placed on funding treatment services, and although investment in this area is much needed, it is not a long-term solution to the challenges and issues facing our healthcare system. It is estimated that 80 per cent of cases of heart disease, stroke and type 2 diabetes, and 40 per cent of cases of cancer could be avoided if common lifestyle risk factors were eliminated (WHO, 2005). Evidence that emphasises the importance and need for a culture shift towards prevention must be taken into account when setting budgets and looking for areas to make cuts and savings.

In 2015/16, the NHS is operating on a budget of £116.4 billion. Compare this to only £2.79 billion being spent on public health services annually (The King's Fund, 2016). The evidence of return on investment of local authorities' public health spending is growing, particularly in areas such as investment in housing, and promoting walking and cycling. Funding prevention will relieve pressures on primary care in the NHS by stopping people from developing the illnesses and diseases that require care through GP services and hospital admissions.

## **2) Achieving efficiency savings: their source, scale and impact;**

Proposed savings by cutting £200 million from local authority public health budgets is a false economy that is likely to have a devastatingly negative impact on the health and wellbeing of many people across the country. Cutting funding for public health will mean many people will be missed by interventions designed to keep them free from ill-health and reduce demand on primary care services.

Concerns have been raised about the Chancellor's plan to give local authorities control over capital raised from local business rates that could top up public health budgets. Many are worried that this plan could make already stark health inequalities worse. More deprived areas are likely to bring in less revenue via business rates than more affluent areas. In contrast, the most deprived areas will be home to people with the greatest need for spending on prevention and public health.

RSPH believes the introduction of public health revenue-raising policies could generate up to £3 billion per year over the next five years. These policies would include a tobacco levy, minimum unit pricing for alcohol and a new duty on sugary soft drinks. It is argued that by increasing the cost of the causes of avoidable ill health such as cigarettes and alcohol that we may lessen their appeal to the public whilst also raising funds to contribute towards investment in public health interventions.

## **3) Achieving service transformation set out in the Five Year Forward View at scale and pace through transformation funds;**

Extra resources are always welcome and the increase in the Transformation Fund recognises that the scale of the change needed in healthcare to meet the needs of an increasingly ageing population cannot be achieved without a realistic investment in new care models. However, change is never just about the money and must be a supported process. Leaders and managers need to be free to innovate and take risks without fear that failure - or speaking up about impediments to progress - will be career suicide.

That said, there also needs to be realism about the timescale required to implement change and to overcome what yet may prove to be significant barriers. These include the different mindsets and cultures of the various components of healthcare, which will not change overnight.

## **4) The impact and management of deficits in the NHS and social care;**

The Spending Review appears to have a twin focus - to help manage the deficits in the NHS and social care in the short term and to look forward to how new models of care can both improve patient care - which must remain the focus of both now and the future - and reduce dependence on the expensive acute sector. This will be a balancing act and it is not without risks. Whether integration of health and social care services will deliver savings has

yet to be seen and will take time. Meanwhile, patients will not only expect the same level of service to be delivered, but to see the realisation of improvements, such as the introduction of seven-day services.

### **5) The effect of cuts to non-NHS England health budgets e.g public health, health education and Department of Health, and their impact on the Five Year Forward View;**

Avoidable illness is a significant problem in the UK. Smoking, poor diet, lack of physical activity and excessive alcohol consumption is costing the healthcare system billions of pounds every year. Estimates suggest smoking alone costs the NHS £2.7 billion per year, while disease and illness relating to overweight or obese cost £4.2 billion in 2007 (Public Health England, 2014). It has been known for some time that this unsustainable trend cannot continue. If we ignore the root causes of avoidable illness now, the next generation will pay for it both economically and with their health.

When this government came to power in 2015 it talked of a “completely new approach to public health” to focus on healthy living for the people of the UK and the NHS’s own Five Year Forward View talked of the need for “a radical upgrade in prevention and public health”. However, to the disappointment of many working in public health, rather than supporting schemes that promote prevention, the Government announced cuts to local government funding that will have a direct impact on public health and the services and initiatives that help people to live healthier lifestyles and avoid ill-health. There is a consensus amongst medical and public health professionals that early intervention and prevention should be a core value of this country’s health agenda. To implement such deep cuts – as proposed in the Comprehensive Spending Review – would go directly against what the government claims to be in favour of, which is tackling avoidable illness, improving health outcomes long-term and reducing the health inequalities that plague our society by condemning the most deprived to increased morbidity and shorter life expectancy than their more affluent neighbours.

The proposed cuts in the Comprehensive Spending Review not only go against the government’s health priorities; they are in danger of being economically irresponsible. We know that for every £1 we spend on sexual health services, we save £11 (King’s Fund/LGA, 2015). Public health cannot be seen from a short-term perspective. Immediate investment will not yield results straight away; investment in the public’s health today often does not bare fruit until many years in the future. Some may argue that just as other public services have faced cuts, public health should be no different – however, this would be very short-term thinking and over the longer-term the Comprehensive Spending Review cuts to public health funding may be storing up problems for the future which will cost successive governments.

## **6) Social care funding, including implications for quality and access to services, provider exit, funding mechanisms, increasing costs and the Care Act provisions;**

Lack of finance is the issue which currently dominates every discussion on health and care, with the NHS charged with making £22 billion efficiency savings by 2020 and social care budgets under pressure as never before. When people's needs are not met by the social care system, which is an increasing reality in the current climate, their dependence on the NHS increases. The common example is elderly people kept in hospital because of a delayed assessment, care home place, home care package or home adaptation. Hospital discharge delays are estimated to cost NHS England in the region of £100 million per year (BBC, 2014).

The Dilnot Commission found that a whole new system of funding was needed for the funding of care and support. The report concluded that the current funding system is in "urgent need of reform: it is hard to understand, often unfair and unsustainable. People are left exposed to potentially catastrophic care costs with no way to protect themselves." We would echo these calls and stress the need for a well funded care system that tends to the needs of some of our society's most vulnerable and helps to keep them free from ill-health that would lead to hospital admission. However, there is serious concern that there is an imminent crisis in residential care and that the implications of this for the NHS could be extremely damaging. Cuts in real-terms spending on social care for older people has declined in recent years and increasingly, local authorities are failing to cover providers' operational costs and estimates suggest care homes will be underfunded by £1.1 billion per year (Crawford, 2015). If a large care provider were to collapse due to financial pressures, this may leave many people reliant on the NHS for beds and care, which would add significant costs to the already strained service.

The financial pressures the NHS is currently facing should be a blatant indication of the need to support people to live healthily at home for longer, without needing to use NHS services. This need is also why public health is so important because it is public health interventions that keep people from becoming ill and reduce long term conditions that need treatment through NHS services and hospital admissions.

## **7) Impact of the spending review on the integration of health and social care;**

The arguments for effective health and social care integration from a patient perspective have been made and won – an ageing population, often with complex co-morbidities, requires well coordinated care from different professionals, services and organisations. Fragmentation leads to gaps, which in turn deliver poorer outcomes.

The plan to achieve full integration of health and social care by 2020 is ambitious but achievable. However, if the Government is expecting integration to unlock desperately needed savings in the system, they may be disappointed. Unfortunately, evidence from international studies to date suggests that financial benefits are unlikely to materialise.

RSPH supports the Government's ambition for the integration of health and social care and the flexibility on offer to local decision makers to decide the best way integration happens based on the need of the local people. RSPH is also supportive of the spending commitments put forward in the Comprehensive Spending Review to fully fund the NHS's Five Year Forward View plans.

However, the key to success of health and social care integration may not be a financial issue. A 2014 report on the progress of the initial English pioneers of integration at the end of their first year of operation highlighted "overwhelming evidence" indicating that the key to successful transformation was "strong relationships which enable leaders to overcome organisational boundaries for the benefit of the whole system... where it is working well, it is not because of changes imposed nationally. It is through local leaders at all levels – clinicians, health and care workers, managers and patients – taking bold steps to move away from traditional ways of working which may benefit their own organisation but be to the detriment of the whole system. Strong relationships take time to build and excellent, stable leadership is crucial to creating vision, trust and shared values and to breaking down traditional silos and changing cultures.

#### **8) Quality and access in health and social care including the cost and implications of new policy objectives such as 7 day services;**

The demands being asked of the NHS in the Comprehensive Spending Review will be a great challenge. In particular, introducing a truly 7 day health service will be a difficult test for an already stretched service. There has been much public opposition to the plans from a number of stakeholders. However, we believe there are ways in which pressure could be taken off primary healthcare using other untapped resources that could make the 7 day service a reality.

We believe the "Wider Public Health Workforce" (RSPH and Centre for Workforce Intelligence, 2015) could play a significant role in reducing demand on the NHS and the requirements for a 7 day service? This would include anyone who has the opportunity or ability to positively impact health and wellbeing through their work such as firemen, hairdressers, Allied Health Professionals, pharmacists and postal workers. Many of these occupations have regular contact with the public - the fire service undertakes some 670,000 safe and well checks each year, AHPs see over 4 million patients every week and 95% of the public visit a pharmacy at least once a year. The Wider Public Health Workforce, if properly supported, has great potential to relieve the strain on health and social care services, improving quality and availability of access which will be essential if the NHS is to cope with the added pressures associated with operating a 7 day week service.

However, to make this a reality will require action on many levels and the combined efforts of people from a wide variety of professions and backgrounds. The reorganisation of the public health workforce in England and its collocation within local government provides a

unique opportunity to encourage many of those who don't have a traditional public health role to play a greater part in improving the public's health and free up services needed for the 7 day service.

### **9) Progress on achieving parity of esteem through funding for mental health services.**

Each year, an estimated one in four adults and one in five children experience a mental health problem. This places mental illness as the largest cause of disability in the UK, above conditions such as cancer and cardiovascular disease.

The staggering prevalence of mental illness, however, is not reflected in the funding for or provision of mental health services. People with mental ill health face a 'postcode lottery' with considerable variation between localities in terms of the type and quality of services provided. This disparity is indicative of the lesser status frequently assigned to mental health in comparison with physical health. Mental health is often viewed as a secondary and disparate concern, with many sufferers facing prejudice and discrimination. A survey found that almost nine out of ten sufferers experienced stigma as a result of their condition.

The announcement in the CSR that mental health services will be receiving additional funding is very welcome. However, whilst progress has been made, parity of esteem is yet to be fully realised. RSPH would like to see local authorities take action to ensure that mental health is given equal priority in public health. This is essential for ensuring that local authorities realise their potential in promoting mental wellbeing and tackling the social determinants of mental ill health. We would also like to see greater prominence of mental health and wellbeing in joint strategic needs assessments; ensuring that health and wellbeing boards include mental health and wellbeing representatives; greater provision of training in mental health and wellbeing for public health professionals and local authority staff; greater utilisation of the wider public health workforce to promote mental wellbeing.

As with all other health issues in the UK, prevention is better than treatment. This is why RSPH has serious concerns regarding cuts to public health budgets and the pressures being placed on social care and housing (particularly in London). These pressures have the potential to cause serious harm to people suffering with mental health problems. More attention needs to be paid to preventing mental health issues in the first instance by tackling causal factors such as poverty, housing and social services.

**Thank you for the opportunity to respond to this consultation. For more information please contact Matt Keracher, Policy and Communications Executive on [mkeracher@rsph.org.uk](mailto:mkeracher@rsph.org.uk)**

**22<sup>nd</sup> January 2016**

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