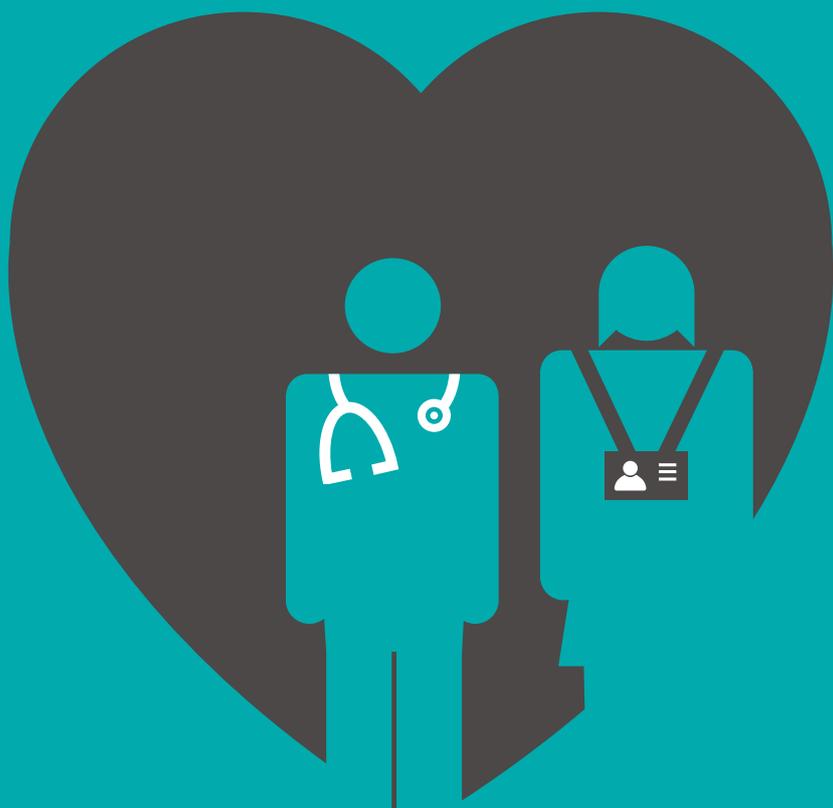


Destined to ‘sink or swim together’

NHS, social care and public health

June 2018



The Richmond Group of Charities

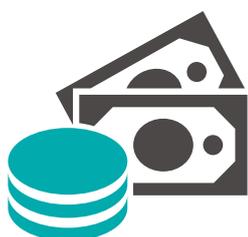
We are the Richmond Group of Charities and we help people of all ages who have serious long-term physical and mental health conditions like diabetes, dementia, depression or cancer. By working together, we aim to influence policy and practice in England.



Commit to a long-term funding plan for the NHS, social care and public health in England

There are more than 15 million people in England living with a long-term health problem – more than 1 in 4 of our entire population – who need and deserve good quality health and care. As a country, we also have a responsibility to ensure everyone has the opportunity to live as long and healthy a life as possible.

Unfortunately, services are under growing financial pressure and increasingly unable to deliver the timely help people require to manage their health and live well. Furthermore, as pressure mounts on the NHS and social care system to meet the most urgent needs, investment in prevention and public health is falling away.



- Between 2009/10 and 2016/17, spending on adult social care in England fell by 8 per cent in real terms. Taking into account population growth alone, spending per adult fell by 13.5 per cent over this period.
- The 2015 Spending Review announced cuts to public health funding of nearly 4 per cent a year. By 2020 this will reduce real terms spending by at least £600 million a year. This is on top of the £200 million cut in year from the 2015/16 budget allocation.
- Between 2010/11 and 2014/15, NHS spending grew at one of the lowest rates in its history at 1.1 per cent p.a., followed by a below average 2.3 per cent up to 2016/17 – meaning per capita spending increased by just 0.6 per cent p.a. over the whole period.

We know the health and care system has to change if it is to meet the needs of people with long-term conditions effectively. A growing and ageing population means these pressures are not going away. We also know that the only effective means of managing demand longer term is to invest in and improve services that support people to stay as well as possible for as long as possible. However, our experience of developing new, better models of care has taught us that in order to achieve this, proper, sustained investment is an imperative – right across the whole system. Furthermore, that investment must be set at a level and in such a way that it does not disappear into the black hole of provider deficits and short term fixes.

So as the NHS approaches its 70th anniversary, we are calling on Government to deliver an ambitious funding package that sets the NHS, social care system and public health on the right path for the future together.

The NHS alone will need an estimated £81 billion extra p.a. by 2033/34 just to maintain levels of access and quality at 2015/16 levels. However, in order to deliver the improvement and modernisation patients need and want this amount **needs to rise to £106 billion p.a.**

Social care is in crisis and requires an urgent cash injection of **£2.5 billion to stabilise the current system.** Longer term, the social care budget will **need to rise by £14.6 billion p.a.** just to maintain this wholly inadequate status quo, and will require **at least the same again on top** in order to deliver an improved system for service users and their families.

Public health also requires **urgent investment in the order of £1 billion** to, as a minimum, reverse the cuts to its budget and factor in the needs of our population, which is growing as well as ageing.

1. Timely access to health and social care for those who need it, when they need it, without undue delays that leave people struggling or in pain

Too many people face delays or other barriers in accessing the care, treatment or support they require – and some fail to have their needs met at all. The NHS has repeatedly missed waiting time performance targets in recent years, more people are dissatisfied with the quality of the NHS than at any time since 2007 and providers are reporting a deficit for the fourth year running. Funding pressures on social care and community health services are leaving people trapped in hospital or struggling at home with inadequate support, while public health cuts leave many people vulnerable to unnecessary sickness and suffering.

- Failings in the social care system means that more than 1.2 million people aged over 65 do not receive all the care and support they need with essential daily living activities; this rises to over 1.5 million if you take into account instrumental activities of daily living.
- 1 in 5 social care providers were rated as inadequate or requiring improvement by the Care Quality Commission in 2018. This increased to nearly 1 in 4 when looking at dementia care services.
- 3.84 million people were on waiting lists for treatment as of March 2018, an already huge number expected to increase to 4.1 million by May 2018. This is more than double the numbers waiting five years ago.
- People who could benefit from treatments and services aren't always getting them. For example, almost half of people with MS who could gain from treatments that can slow the progression of the disease aren't receiving them; while each year nearly 2,000 eligible stroke patients are denied the clot busting drug thrombolysis.
- Some Clinical Commissioning Groups are using non-clinical criteria to ration services, such as access to joint replacement surgery – in contravention of the NHS Constitution.
- A survey of 250 GP partners revealed that over three quarters had withdrawn or reduced funding for at least one of their public health services. 40 per cent reported cuts to their smoking cessation services, 34 per cent to their sexual health services and 30 per cent to their weight management services.



Everyone should be able to access high-quality health, social care and prevention services. More funding is needed just to maintain today's standard of care, which we know is often inadequate. To deliver improvements in the quality of, and access to, services in line with what we know people need and want, the whole system requires further, substantial investment. It needs to prioritise new ways of working with a focus on performance and driving transformation.

“ My 93 year old neighbour was left 10 days without a care package after a stay in hospital. She relied solely on neighbours to look after her.

2. Sufficient numbers of appropriately trained health and care staff to give the high quality, compassionate and dignified care everyone deserves

The pressure on the health and social care workforce is unprecedented and set to get worse. People living with serious, often multiple, long-term mental and physical health conditions need time with their health and care professionals – which staff under pressure often can't find. On a daily basis staff are working harder than can be sustained in the long run. The whole system needs a comprehensive workforce strategy, one able to address the pressures of today as well as plan ahead to meet the challenges of tomorrow. However, no credible strategy yet exists and, of those responsible, Health Education England has had its budget cut and Skills for Care receives only relatively meagre funding in the first place.

- There are yawning gaps in the health workforce. Over half of all hospitals report difficulties filling respiratory consultant posts and 40 per cent have a vacancy for a stroke consultant. Only 18 per cent of breast screening units are adequately resourced and more than 1 in 5 breast radiologists are likely to retire by 2020.
- In the Diabetes Specialist Nurse Survey, nearly 4 in 5 respondents expressed concern that their workload was having an impact on patient care or safety and a third reported that there are unfilled posts in their team.
- Skills for Care estimate that on any given day the adult social care system is running with around 90,000 vacancies – this includes approximately 1 in 10 registered manager and nurse roles. Staff turnover is also very high at an average of 28 per cent. Turnover is highest among home care at 37 per cent.
- 400,000 people living with dementia rely on home care workers, 1 in 3 of whom receive no dementia training, leading to instances of people being left unwashed, without access to essential medication or being admitted to hospital due to infections being missed.



The staff are so cut, they're just running round ragged.



Urgent action is needed to address increasing workforce and training shortages. This means investing in recruitment and retention today by offering better working conditions, career development opportunities and training; and providing Health Education England and Skills for Care with the resources they need in order to plan for tomorrow.

3. Commit to true strategic collaboration with, and investment in, the Voluntary and Community Sector (VCS)

VCS organisations understand that being well is not just about being free of illness. They know how to support the whole person, beyond their medical treatments, in order to improve health and wellbeing. People's financial stability, their living environment and how supported they feel by their families and communities are just a few of the wider determinants of their health and wellbeing. VCS organisations can address these factors and improve people's health and wellbeing in a wide variety of ways; for example, by offering emotional support, information and advice, or by providing practical help, as well as through leading research, innovation and system redesign.

- Being diagnosed with a health condition has a significant impact on someone's wellbeing in later life. However, on its own, it is only the sixth most important factor cited by older people after physical activity and education, to name just two. Many other non-medical factors, such as housing, having close friends and neighbours or being in debt also significantly affect wellbeing – especially if they come on top of having one or more health conditions.
- VCS organisations often need to help people with their money worries in order to enable them to focus on and cope with their health. 1 in 6 people are affected by poor mental health, among whom around four million struggle with their finances. 4 in 5 people feel the financial impact of a cancer diagnosis and are on average £570 worse off a month as a result.
- Evidence from research and service evaluations demonstrates that person and community centred approaches to improving health and wellbeing and reducing loneliness can improve outcomes for individuals, build resilient communities with wider societal benefits and, over time, help reduce demand for health and social care services.



There needs to be genuine commitment to strategic collaboration and investment in scaling up and rolling out interventions that VCS organisations have shown to be effective in improving people's health and wellbeing. Funding for interventions and services that provide vital support for people with long-term conditions or that tackle our serious public health challenges needs to be more sustainable – moving away from the current situation in which as soon as public finances get tight, effective VCS approaches get cut.

“ The statutory sector cannot fully meet needs without engaging the voluntary sector. They're absolutely crucial in knowing what people at the grassroots need.

4. Stronger emphasis on, and investment in, public health and prevention

Money spent on prevention enables people to live healthier, happier lives. It also means they demand less of the health and social care system, helping to maintain its overall sustainability. Without taking prevention seriously all that is left is fire-fighting. Ultimately this is a recipe for failing to prevent avoidable deaths and one that leads to needless suffering. As people in deprived areas have the greatest burden of ill-health, this failing hits the poorest the hardest. We cannot have a fair system that supports everyone to live as well and as long as possible without investing in prevention. However, as budgets have been squeezed, public health is losing out and preventive services cut back.

- Meeting the WHO's '25 by 25' goals would give the equivalent of 1.12 million people in the UK an extra year of healthy, disability-free life – a wonderful prize.
- Previous estimates calculated that poor diet, physical inactivity, smoking, alcohol and obesity collectively cost the NHS around £43 billion.
- Modifiable risk factors account for over half of the disease burden in later life. Changing people's lifestyles could prevent 9 out of 10 strokes, between 50 and 80 per cent of cardiovascular disease cases, 4 in 10 cancers and nearly a third of dementia.
- Regular physical activity reduces the chances of developing a range of conditions. For example, it cuts the risk of Type 2 diabetes by 40 per cent, colon cancer by 30 per cent and back pain by 24 per cent. The risks of developing cardiovascular disease, depression and dementia, and the incidence of falls are all also reduced.
- Even when people already have a health condition, good care can prevent crisis and complication; for example, 60 per cent of deaths from asthma attacks are preventable, while faster access to specialist care could reduce diabetes related foot ulceration and amputation which cost the NHS £1 billion in 2014/15.
- Early intervention in psychosis improves outcomes and saves £15 in health and social care costs for every £1 invested.
- Patients with COPD who take part in pulmonary rehabilitation are over four times less likely to be readmitted to hospital because of their COPD than those who don't.

We want to see a serious commitment to all forms of 'prevention' as set out under the duty in the Care Act 2014, and regular reporting on progress and impact. This will require previous funding cuts to be reversed and additional investment made in the prevention of ill-health and the escalation of existing conditions into crisis. Plans are urgently needed to tackle obesity, inactivity, alcohol consumption and smoking. It must also be recognised that the provision of amenities like community transport, leisure and social services are vital for enabling people to stay connected to their communities and live well, so they also need to be seen as central to a concerted preventive approach.



It gave me the kick-start I needed to make life changing decisions about what I eat and the exercise I do. I've lost 7.5 stone, and I have never felt healthier, happier and 'more alive'.

5. Effective coordination of services, staff and data across all parts of the NHS, social care and non-medical and community support services

NHS, social care, prevention and other services work best when they are working together. We welcome efforts to integrate across all these systems and to personalise care, but this needs to happen with more urgency and with greater attention paid to the views of service-users, their families, communities and local organisations. In addition, these efforts must acknowledge that integration does not happen by accident: it requires leaders to create the right conditions for better communication and collaborative working.

- Almost 1 in 5 people with MS feel that their health and care professionals do not work well together.
- Nearly half of stroke survivors say they feel 'abandoned' after leaving hospital, and only 3 in 10 get the six month review required to check how they are recovering and whether they need additional support. The lack of this review can lead to unnecessary readmission to hospital or a care home.
- Every day, 175 people are admitted to hospital for asthma, but people with asthma are four times less likely to be admitted to hospital if they have had an asthma action or care plan put in place.
- £264.2 million was wasted due to poor dementia care in hospitals in 2013/14, as a result of unnecessary extra days spent in hospital, additional care needed because of falls, and avoidable emergency readmissions due to poorly coordinated and insufficient care.



Time and sustained investment is required if initiatives like Integrated Care Systems are to transform care by joining-up and personalising services, deliver new ways of working and meaningfully engage with the service users and community groups in their local areas. We also want to see people with long-term conditions benefit from better collection and sharing of data, and this will require more investment in technology and infrastructure across health and social care.

“ Nobody was speaking to anyone else, social workers weren't speaking to the care agency, and neither of them were speaking to me. They blamed each other.

Funding and reform: time to get it right

Past experience teaches us that funding is crucial, but is only one part of the equation. Driving improvements needs time, leadership and collaboration. It can't happen without sustained effort and clear direction.

Staff and system leaders need time to develop relationships and the space to think long-term about what is right for the communities they serve, rather than just what it will take to meet the next target. They need the capacity to build lasting collaborations and strategic partnerships with organisations across the system, including with and between VCS organisations.

To put long-term plans in place, the system needs certainty about its funding and structures. It also has to be free to work across traditional organisation boundaries to innovate and invest upstream in prevention and other services that support people to stay well.

Ad-hoc and short-term approaches to policy and investment inevitably fail to deliver real improvements. Nor is it possible to change for the better when any one part of the system is in perpetual crisis. The NHS, social care and public health have different structures but, like a three-legged stool, fundamentally each needs the others if the system as a whole is to function and perform at its best in supporting our population to live healthily and well.

So, in addition to an ambitious, balanced funding package, we are calling for a long-term commitment from Government that enables health, social care and public health to support people more effectively today, at the same time as building more sustainable models of care that work better for people in future.

For better or worse, the NHS, social care and public health are destined to 'sink or swim' together. All require significant extra funding, that is delivered at the same time, in sufficient quantity and in ways that support collaboration.

People and communities across the country are depending on Government to get this right. Change cannot come too soon.

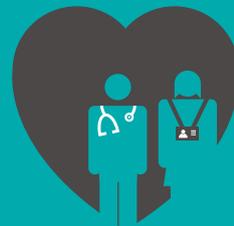
What we need:

£106 billion
a year for the NHS by 2033

£14.6 billion
a year for social care to
maintain the status quo
and the same again
to fund improvement by 2033

£1 billion
to reverse the cuts to public
health by 2020

£2.5 billion
is urgently needed to stabilise
the current social care system



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