National Voices
People shaping health and social care

About National Voices

National Voices is the coalition of health and social care charities in England. We work for a strong patient and citizen voice and services built around people. We stand up for voluntary organisations and their vital work for people's health and care.

We have more than 140 charity members and 20 professional and associate members. Our membership covers a diverse range of conditions and communities and connects with the experiences of millions of people – patients, carers, service users and the public more generally

An independent charity, we work closely with the Department of Health, its arm's length bodies, the NHS and many other stakeholders in the health and care world. We have a key role in the implementation of the NHS Five Year Forward View and supporting other priorities in health policy.

1. Introduction

There is growing evidence of an urgent need for more money for the health and care system. Trust deficits, growing waiting times and service reductions are some of the key signs that the system is overstretched and that this is having an adverse impact on patients and those who rely on services. It is vital this is addressed in the Autumn Statement if we are to achieve a sustainable, effective and equitable service.

However, additional funding should not be aimed simply at plugging gaps in the existing system. More staff, and more equipment, will not address the fact that models of care have not kept up with the changing needs of the population. We urgently need to move to a new way of providing supportive care, in people's homes and communities. Health is not just about the NHS – it is about wellbeing, and how people are supported to live healthy lives.

The things that people most need to stay well are the things that are most under-resourced now: preventive support, better conversations in primary care, support to manage conditions successfully, community-based interventions which address the whole person, and care provided at home.

Investing in the health and wellbeing of millions of people should be considered as important as investing in transport infrastructure. It will bring long term savings and boost productivity, and requires an holistic approach: investment not only in the NHS but also in social care, public health and the voluntary sector.

As members of National Voices we urge the government to address these issues in a refreshed settlement for health and care, ensuring social care, public health and the voluntary and community sector get real new investment.

2. Creating a sustainable NHS that is fit for purpose

The NHS Five Year Forward View identified a £30 billion gap in NHS finances by 2020/21 which, given growing deficits across the system, may be a conservative estimate. While last year's Spending Review committed slightly more than the £8 billion a year that the service requested from central government, the Office for Budget Responsibility projects that health spending will only rise by an average of 0.5 per cent a year to 2019/20. The consequences are as follows. Firstly, demand and costs will continue to rise at a considerably higher rate than spending in this period. Secondly, real spending per capita will fall by a cumulative 0.9 per cent over this period, because of population growth. Thirdly, spending on health will fall from 7.2 per cent of GDP in 2015/16 to 6.8 per cent by 2019/20 – a level which many experts, including Don Berwick, former head of the US Institute for Healthcare Improvement,, believe to be below what is realistic for a modern, developed economy.

In addition to a real terms per capita fall in spending over the NHS Five Year Forward View period, the prospects for success in closing the NHS finance gap are further imperilled by a lower funding settlement for social care and public health compared with the assumptions upon which the Forward View was predicated. This puts the plan at risk.

We believe that it is possible to create a sustainable NHS. However, this will not be achieved if additional funding is focused on the NHS alone.

The kind of population-oriented, place-based and integrated systems of care that are required for the achievement of the government's and the NHS' plans need the involvement of the NHS and its key partners including:

- Social care,
- Public health, and
- The voluntary and community sector

The NHS Five Year Forward View called for a new relationship with patients and with the communities they live in. It set out a vision of a more joined up, proactive, preventative health and care system, providing more care in people's homes and communities.

This reflects the changing demands on the NHS. Originally set up to treat infectious disease, it is increasingly called on to support people with long-term conditions who have interlinked health, social and psychological needs.

Key to this vision is the importance of involving people: in their own care, empowering them to stay well and manage their own health well; in the design of services; and in service delivery. This has been encapsulated in Six principles for

engaging people and communities, published by the Five Year Forward View People and Communities Board, which is chaired by National Voices.

There is mounting evidence that joined-up, proactive, preventative services and support, developed in collaboration with citizens and communities, result in better health outcomes and a better experience for people using services. There is also growing evidence, for example as brought together in the current Realising the Value programme, which validates the economic modelling used for the 2002 Wanless Review, namely that the full engagement of citizens in matters concerning their health will help to flatten the demand curve over time.

Such services and support can enable a higher proportion of care to be provided in and close to people's homes, reducing demand for high cost acute services in the medium to long term. They also make a vital contribution to economic growth by improving the employability of working age people with disabilities and long term conditions, and family carers.

Additional funding to health and care should be used to help transform the way that the services work with people: towards more person-centred, community-focused approaches that put the emphasis on involvement and prevention, and with more care being provided outside the acute sector. It will help facilitate the new ways of working that are central to the Five Year Forward View vision but whose implementation is currently hampered by the need simultaneously to focus on bringing the NHS back into financial balance.

The NHS budget itself must be re-aligned so that a greater proportion of total spend is geared towards promoting health and supporting people's independence and self-management.

From our work in the Realising the Value programme, we have concluded that outcome frameworks and incentives need to move away from payment for episodes of care in single service settings. This approach is not fit for the purpose of measuring the outcomes of population-oriented, place-based, whole systems of care, which are clearly the direction of travel in the plans of the Government and the NHS, for example in the development of new models of care such as the emerging Multispecialty Community Provider model.

The system needs to be re-geared to support a single, simplified outcomes framework, going across the health, adult social care and voluntary and community sectors, and focused on the things that matter most to people and communities.

3. Current pressures highlighted by our members

The lack of an holistic approach to health and wellbeing funding, both in ensuring people are supported to stay well and live independently, and in making certain that services are able to meet demand, means that our members, and the millions of patients they work with, are reporting worrying pressures within the system. For example:

- Primary care services do not currently receive an appropriate proportion of overall spending, creating missed opportunities for primary and secondary prevention.

- The continuing under-resourcing of mental health puts at risk any prospect of parity of esteem with physical health as enshrined in the Health and Social Care Act 2012. Earlier this year, the National Audit Office reported that around 12% of NHS England's budget went to mental health in 2014-15, and only 25% of people needing mental health services have access to them. Allocations to services should reflect the importance of these services to wellbeing and in preventing ill health.

- The overall lack of care coordination at the crucial stage in a person's journey when they are trying to move home from hospital. There is a range of services, all of which are in one way or another under-resourced, and which do not connect well. These include hospitals which face additional costs as a result of delaying discharge until care can be arranged; NHS Continuing Healthcare teams which are facing diminishing resources; underfunded social care; and an underpaid social care workforce that cannot sustain regular and good quality staff. A new approach is urgently required, which incorporates the capacity and expertise of the voluntary and community sector.

- The current system of prescription charge exemptions is inequitable and reinforces health inequalities for some groups of patients with long term conditions. We recommend that this is reviewed; including looking at whether those with a wider range of long term conditions should be exempted.

- We welcome the decision to review previously announced cuts to community pharmacy, and are aware that an announcement is due ahead of the Autumn Statement. Community pharmacists can play a vital role in supporting health and wellbeing, and prevention efforts, due to the frequent contact they have with many patients with long term conditions. We believe this role should be strengthened. However, the proposal to cut funding has already had an impact on provision across the country.

4. Addressing inequalities in health and care

We welcomed the emphasis in the Prime Minister's inaugural speech on addressing inequalities in health, including life expectancy. The Marmot Review demonstrated clearly the social gradient to health, and the need to tackle the wider causes of ill health.

The Autumn Statement should not ignore the wider impact on health and wellbeing of changes to the funding and organisation of public services, of reforms to benefits and of other economic policy changes. We welcome the recent announcement by the Secretary of State for Work and Pensions that up to 100,000 people with long term conditions will be exempted from the reassessment requirement for Employment Support Allowance. We think that there needs to be much more of this joined up approach to government, with close involvement of the voluntary and

community sector, building on the excellent example of the Department of Health's voluntary sector strategic partners programme.

We recommend that the promotion of a joined-up approach to health and wellbeing across the Government, with the support of the voluntary and community sector, should be one of the key areas of focus for the new No 10 policy unit set up to improve relations between the Government and the third sector.

Vital to addressing health inequalities and premature mortality is ensuring that health and care is accessible to those who are frequently marginalised, who were previously represented by the Inclusion Health programme. Ensuring that these groups, including people who are homeless, gypsies and travellers, refugees and people involved in prostitution, have proper access to primary care is not only the right thing to do to enable them to live well, but will also help to reduce costs due to avoidable illness and use of costly acute services. There is an urgent need for coordinated action to promote the health of vulnerable people and those on the margins.

5. Local government funding

We are particularly worried about the impact of cuts to local government on health and care. Local government plays a critical role in the provision of health and care services, and in prevention. However, last years' Spending Review reduced cash funding by 56% and the Treasury estimated there would be an average 7% per annum fall in local government spending. This has significant risks for health and care services, and for wellbeing.

5.1 Real-terms increases in funding are needed for social care.

The progressive squeeze on local authority social care spending has left a growing number of older and disabled people with un-met needs. Disabled children, along with their families, are also being affected by cuts to social care funding. A decent society should not tolerate this.

Despite new powers to raise a 2% council tax precept for social care in last year's Spending Review, we have continuing concerns about the adequacy of this provision to meet the growing need for social care.

The Association of Directors of Adult Social Services (ADASS) Budget Survey 2016 found that only eight councils chose not to raise money through the Adult Social Care Precept, and of those who did, only two chose to raise it by less than the full 2% permissible. ADASS estimates that this would raise an additional £380 million. However, around 40% of councils did not raise their council rates by the full amount allowed outside of the precept, meaning that other pressures may limit the amount reaching adult social care.

Even if the full amount possible was raised by the precepts, it is likely that it would be insufficient to meet all social care need. Research from the King's Fund highlighted a 26% drop in the number of people receiving publically funded social services over the last five years, and they estimate that the funding gap for adult social care will

reach at least £2.8 billion by 2019/20. While it is difficult to quantify the level of unmet need, analysis of the English Longitudinal Survey of Ageing suggests that 10% of people aged 65-89 with difficulties with daily living tasks receive no formal or informal support at all – approximately 1,004,000 people: a 26% increase since 2010.

Where there are insufficient funds to meet individual needs, local authorities are unlikely to fulfil their duty to provide the early intervention preventive services that limit the development of more costly care and support needs in both social care and NHS services. The squeeze on social care adds extra costs to the NHS as it risks peoples' health deteriorating to the point where expensive and unplanned medical services become necessary. A lack of social care resource also creates pressure on A and E departments, and costly delays in discharge from stays in hospital. NHS England data on delayed transfers of care show that the proportion of these attributable to Social Care has increased over the last year to 33.1% in July 2016.

5.2 Prevention and public health must be prioritized.
Following the 2015 Spending Review, by 2020/21 local authority public health budgets will have experienced cuts of at least £600 million on top of the £200 million cut made in-year in 2015/16. We agree with comments made by the Health Select Committee in their report on Public health post-2103 that "Cuts to public health are a false economy". We share their analysis, and that of the King's Fund, for example, that failure to invest in prevention and public health will have a negative impact on people's current and future health and on health inequalities.

Our members and the patients and service users who they work with are already reporting cuts in front line public health NHS services. Such cuts have significantly reduced investment in key prevention activities such as HIV prevention, smoking cessation and health visitors in many areas. They are also affecting front-line NHS services such as sexual health clinics responsible for treatment and care, as well as drug and alcohol services.

Taking a short term approach to health and wellbeing that focuses on costly interventions to 'fix' people once they have become unwell rather than investing in education and support that can help people stay or become well will undermine the sustainability of the NHS.

The decision to move towards funding public health entirely from retained business rates receipts – and the lack of clarity about the future of the public health ring fence - means there is uncertainty about future levels of funding, at a time when all areas of local government spending are under severe pressure.

We recognise that the government has been consulting on the plans to use business rates in this way, and that the government is keen to ensure a fair re-distribution of funds. However, we are concerned that variation in local authority ability to raise funds from business rates may exacerbate health inequalities given the close association with higher levels of deprivation. It is our view that the public health grant is not an appropriate funding line for devolution in this way.

Removing the ring-fence would put further at risk non-mandatory services including in sexual health and services for alcohol and drug misuse, but may also leave mandatory services, such as sexual health clinic services underfunded.

6. The role of the voluntary sector in health and care

The NHS Five Year Forward View vision recognizes that the voluntary and community sector is an integral part of the health and care infrastructure. The sector is key to the development and delivery of preventative, holistic, person-centred approaches that reduce people's recourse to unplanned, urgent and emergency care; support better health and wellbeing; and help people to be productive as citizens.

Our sector fills gaps in provision and reaches people not otherwise reached or adequately served by statutory services, as a result often offering better value for money. This was recently set out in the final report of the VCSE Review, and in the Richmond Group's report *Untapped Potential.* Voluntary sector organisations make important contributions to a wide range of national priorities in health and care, including:

- Supporting the discharge of patients from hospital and helping to reduce pressure on A&E and acute services through mobilizing voluntary effort
- Preventing diabetes, obesity, and cancer (for example through the Diabetes Prevention Programme, and the Cancer Taskforce)
- Supporting people with dementia and mental illness
- Supporting children and young people (and their families) with life-limiting and life-shortening conditions
- Integrating health and social care and reforming out of hospital care
- Helping to develop and then implement the Care Act, and promoting personalisation, choice and control and supported self-management
- Supporting compliance with legal duties relating to equality, health inequalities, safety and public involvement
- Innovating, for example in developing social prescribing, peer support and other new models of service delivery
- Promoting a patient and citizen voice in accelerating access to new technologies and treatments
- Promoting social action
- Providing support, and a voice, for people with rare, overlooked or stigmatised conditions, for example HIV, rare cancers, or conditions leading to incontinence, or disfigurement
- Supporting people with sensory loss and their families

However, the importance of the voluntary and community sector as a key system partner in health and wellbeing has not been reflected in the funding and commissioning environment. The voluntary sector has experienced no real terms growth in income since 2006/07 and overall spending on the sector from both central and local government has decline by more than 10 per cent since 2009 in real terms.

Smaller voluntary organisations, representing the majority of the sector, have experienced much sharper reductions in income. Such organisations are typically those best connected to individual neighbourhoods, and to particularly excluded communities, including those living with overlooked health conditions. While voluntary organisations must avoid the trap of overdependence, statutory funding is vital for building their capacity to diversify funding streams and for ensuring that their voices continue to be heard.

Some welcome developments such as the Social Value Act, investment in impact measurement in the social sector, and social investment bonds have not significantly changed the playing field; while the dominance of competitive tendering in the commissioning and procurement of health services has limited the VCS' role and forced community organisations to compete when they would prefer to collaborate as part of an integrated system of local care.

It is an urgent challenge to find and develop new ways to stimulate social innovation as part of a movement for better health, and to ensure that the VCSE sector can access investment, organizational development, human resources development and partnership in the design and delivery of care and support.

7. Conclusion

There are growing efforts – the Integrated Care Pioneers, Five Year Forward View vanguards and Sustainability and Transformation Plans to name a few within the NHS - to move the provision of health and care away from looking at separate services working in silos, towards a more integrated approach.

Funding for health and care must take a similar approach. It cannot be about plugging gaps in the NHS alone, or merely increasing the supply of any particular kind of professional. We urgently need a new approach, one that drives transformation towards a more person-centred approach, reduces inequalities in both access to care and in outcomes, and which recognises that sustainable health services are impossible without investment in social care, public health and prevention, and the voluntary and community sector. Without this, the Five Year Forward View is unlikely to succeed.