Written evidence from the Academy of Medical Royal Colleges

HEALTH AND SOCIAL CARE COMMITTEE BUDGET AND NHS LONG-TERM PLAN INQUIRY

1. Introduction
The Academy of Medical Royal Colleges is the representative body for medical royal colleges and faculties in the UK. As such we seek to bring together the expertise across Colleges and Faculties to provide advice and information on cross specialty issues relating to quality of healthcare, standards and medical education with the aim of improving healthcare for patients and the health of the public.

The Academy welcomes the opportunity to make a submission to the Committee’s Inquiry. The Academy Council, which comprises the Presidents of all the medical royal colleges and faculties, agreed that the Academy should make a short, high-level submission which sets out our views in principle.

2. Overview
Colleges and the Academy warmly welcomed the Government’s £20bn funding increase for the NHS announced last year. We acknowledged that the funding of education and training, capital, public health and social care is not part of NHS England expenditure and therefore needed to be considered separately.

However, alongside other commentators, we are absolutely clear that these four areas are inextricably linked to core NHS activity. The whole thrust of Government policy on healthcare is, rightly, towards integration and the co-ordination of care. It, therefore, makes no sense to have funding for specific aspects of activity treated differently when they are co-dependent.

Our key message is that securing adequate funding in the four areas is not simply “nice to have” but essential if the aspirations and specific objectives of the Long Term Plan are to be realised and the committed NHS additional funding is to be used with effect.

The danger is that without further adequate funding the substantial resources already committed to the NHS will effectively be wasted. This would be a tragic failure and a lost opportunity for major improvements in health and healthcare for patients and the public.

In terms of funding, the Academy supported the recommendation in the 2018 NHS Confederation commissioned report “Securing the future: Funding health and social care to the 2030s” by the Health Foundation and the Institute of Fiscal Studies which called a 4% increase in funding in order to improve services. We are not in a position to give a detailed analysis of funding requirements in the four areas and would call for a similar funding
increase for all. We would certainly expect no lower increase than that given to core NHS England services, particularly in view of the historic cuts to these areas.

The funding cuts to the public health grant announced in the 2015 Spending Review must be reversed in order to address the crisis in public health. The Faculty of Public Health is calling for £1billion to be allocated to support public health and prevention services.

3. Education and Training

a) Impact of failure to provide necessary funding in this area

Education and training are core business for medical royal colleges and the continuing education of not only medical but all clinical and support staff is essential both for developing and adapting skills to meet the changing healthcare environment and for the personal development and satisfaction that drives, much needed, staff retention. If education and training are not funded staff will not be able to make the changes in ways of working and delivering services required to deliver the plan.

The removal of CPD funding for groups of clinical staff has caused huge problems and resentment. Staff organisations consistently say restoration of CPD funding is the key change that would have the most significant practical impact and be the best gesture of intent. If the intention of the Interim People Plan is to make the NHS the best place to work is to be realised in any degree, this must be addressed. It will be regarded as a totemic test of the sincerity of Government intentions.

b) Impact on the wider economy of investment in this area

Investment in education and training is universally recognised as beneficial to society and the wider economy and should be regarded as benefit rather than a cost. It is recognised that such funding should be closely related to service need and development and responsible, transparent use of the funds is an expected requirement – but quantification of this should be considered as a guide to the funding provided.

4. Public Health

a) Impact of failure to provide necessary funding in this area

The Faculty of Public Health evidence submitted on the recent spending review demonstrates, funding reductions in public health budgets have had a major effect on reductions in public health services e.g. sexual health, drugs and alcohol services.

Prevention and public health are at the heart of the Long Term Plan. The success of the plan and the sustainability of the NHS rests on the assumption that more effective public health and the prevention of disease will reduce the burden on the NHS. The cuts that have occurred in public health are shortsighted and counterproductive.

In simple terms, failure to invest in public health and health prevention will result in failure of the plan.

b) Impact on the wider economy of investment in this area

There is extensive literature on the impact and benefits of investment in public health.
Many, but by no means all, public health investments produce benefits in the longer rather than short term which can make them less politically attractive but does not diminish their value.

We welcome the Prevention Green Paper, however a strong public health system with adequate funding needs to be in place to deliver this with strong Public Health Leadership.

5. Social Care

a) Impact of failure to provide necessary funding in this area

In what was a significant move from an organisation representing the medical profession, the Academy publicly stated in 2017 that priority should be given to social care in the allocation of additional funding for health and social care. The Academy is a core member of the Health for Care Coalition of 15 organisations representing the entire breadth of the NHS joining forces to make the case for a sustainable, long-term settlement for social care.

The impact of cuts in social care funding has been profound, with record numbers of people now left to struggle each day without the care and support they need.

This is unacceptable in itself but also has a direct impact on the NHS. The increase in admissions because of inadequate social care facilities and the delays in subsequently discharging patients have a profound impact on the ability of the NHS to manage the flow of patients. In many cases the delays in emergency departments can be tracked back to the failure to discharge patients or unnecessary (re)-admissions because of inadequate social care provision that would permit care in the community or at home.

Without improved social care arrangements, which require increased investment, the Academy believes the chances of achieving the aspirations of the Long Term Plan will be severely jeopardised.

b) Impact on the wider economy of investment in this area

As the Health for Coalition has said, finding a long-term, sustainable solution to how we pay for and provide care and support to people in England is among the greatest challenges our country faces. We recognise it is an extraordinarily difficult and complex problem to resolve but it is one that Government must have the courage to tackle. The failure of the Government to produce its long-awaited green paper on social care is deeply disappointing.

The benefit of investment in social care is not simply in terms of its beneficial impact on the NHS but more widely on the impact on families and carers both in terms of their wellbeing and economic activity.

Many health services sit within the realm of local authority funding – e.g. sexual health, screening etc. and the direct effect of insufficient funding on health of families is notable.

The Academy would also draw attention to the further threat to social care provision because of Brexit and the likely loss of substantial numbers of EU social care staff, particularly in the south of the country. None of the proposed immigration arrangements
would address the problem of staffing social care. To date, the Government has been entirely silent on how it intends to deal with this almost inevitable and massive problem.

6. Capital
   a) Impact of failure to provide necessary funding in this area
   Money for capital development is essential for the NHS as for other industries both in terms of building infrastructure and equipment. Large parts of the NHS estate and equipment are frankly unfit for purpose and simply need renewal. In addition, capital development is needed to facilitate changes that are required in the Plan as to how care is to be delivered in the future. Capital development is often seen in terms of large-scale projects such as the building of a new hospital or unit. However, it is often many small-scale capital developments in the region of £5-10m and for equipment which can make a significant difference and improvement to services.

   b) Impact on the wider economy of investment in this area
   The value of capital developments for the wider economy is possibly the most immediate and apparent amongst the four areas. The concept of NHS organisations as “anchor bodies” for their communities is growing in prominence and capital development is an obvious example of this. Capital development provides work and employment for the construction and related industries. This will directly impact on wealth creation and employment in local communities which is both valuable in itself to local economies and will have a corresponding knock on effect on the health of the population.

7. Conclusion
   The Academy is clear that the link between effective performance, which will require funding investment, in each of the four identified areas and the successful implementation of the Long Term Plan is direct and immediate. The effective delivery of healthcare is inextricably linked to a highly trained workforce, a suitable, modern environment, adequate social care and recognition of the role of public health and prevention.

   The Academy is sure that the Health Committee recognises this link and these interdependencies. We would urge the Committee to add its voice to those pressing the Government to ensure that this unique opportunity for the NHS, provided by the Government’s additional funding and the vision of the Long Term Plan, is not all put at risk by the failure to provide commensurate investment in education and training, public health, social care and capital.

   **August 2019**