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.

For more information please contact Sarah Hutchinson (Policy Advisor): sarah.hutchinson@nationalvoices.org.uk

Executive Summary

1. National Voices recognises that the Comprehensive Spending Review 2015 included welcome announcements about increasing investment in the NHS, reflecting calls made in the Five Year Forward View. We also welcome the continuing commitment to integration of health and care contained in the Comprehensive Spending Review, including through the introduction of local Implementation Plans.

2. However, we remain concerned about the financial sustainability of the health and care system as a whole following these changes. First, the funding gap identified in the Five Year Forward View, which the Government has sought to meet, was based on assumptions on efficiency savings that will be difficult to meet, particularly given underinvestment in social care and public health.

3. Second, we are very concerned about the settlement for social care. We are not convinced that the proposal for a local precept is equitable, nor that it will raise the stated amount. Further, we believe that the £2 billion the Government expects local authorities to collect will be insufficient to meet the level of need for social care.

4. Third, we believe that the proposed cuts to public health will undermine the prevention agenda which was also central to the Five Year Forward View, and will add pressure to the NHS. Coupled with reductions in benefit payments made to people with health needs and to carers, this risks widening health inequalities, the prevention agenda, and a greater burden of ill health falling on the health and care service.

5. Finally, we fear that the imbalance in investment between these different branches of health and care reflects a lack of joined up thinking, and ambition for the real transformation and integration of health and care. The NHS, social care and public health are interlinked, and do not function in isolation from one another. Taking vastly different approaches to investment in these services risks undermining them.

6. National Voices’ vision for person centred health and care

7. National Voices believes that the health and care system should be person centred. This means that care is coordinated, people are in control of decisions about their health and care and everyone has fair access to care and support. We hope that at least some of the new money going to the NHS will be used to fund this transformation of the relationship between people and health and social care, as envisaged in the NHS Five Year Forward View. However, we are concerned that the Comprehensive...
Spending Review settlements for the NHS, Social Care and the Department of Health including public health, reflect a continuation of silo thinking that may undermine this ambition for more person centred, coordinated care.

8. NHS funding

9. National Voices believes that the generosity shown towards the NHS itself is strictly relative, and is founded on somewhat heroic productivity assumptions. We are midway through a 10 year squeeze on health spending, unprecedented in NHS history.

10. The funding gap set out in the Five Year Forward View represented the minimum needed to ‘keep the doors open’ by 2020, and was based on assumptions about possible efficiency savings the system could achieve. If these are not realistic, given the growing pressure on the system of an ageing population, there is a risk that quality will suffer.

11. The Five Year Forward View funding gap was also predicated on the assumption of strong and effective – and adequately funded – social care and public health services. By preventing ill health in the first place, or worsening health among those with long term care needs, they can prevent the need for treatment, in particularly costly acute care, reducing demand on the NHS. However, both systems have been under growing pressure over recent years, and we do not believe that this situation will be reversed as a result of the Spending Review, as the following sections demonstrate.

12. National Voices, in common with our member organisation Mind, welcomes the commitment to investment in mental health services as a first step towards meeting the greater level of funding required to deliver parity of esteem.

13. Social Care

14. While we welcome attempts to increase funding available for social care, we have serious doubts over whether the social care precept will deliver this. The total that can be collected through the social care precept nationally is £2 billion. However, we believe that this is unlikely to be sufficient to meet current unmet needs. In addition, this is a cumulative total, and this does not recognise the urgency of the social care crisis.

15. We are also concerned that the mechanism being used, of a locally decided precept of ‘up to’ 2% a year means that significantly less than the £2 billion will be raised overall, as local councils may choose not to introduce this. It is also an inequitable approach, as local authorities with high levels of health inequalities and who therefore need to invest more in social care may not be the same areas best placed to raise more tax. We believe that the Government should introduce a mechanism to ensure areas with highest need receive the income they need.

16. It is not an overstatement to say that the social care system in England is in crisis: there is evidence of growing unmet need, and additional investment would be needed even without the forecasted growth in older people with social care needs.

17. Public Health

18. We were very disappointed to hear that spending on public health will be cut by 3.9% in real terms by 2020, although we welcome the continuation of a ringfence on public health spending until 2018, as this will insulate public health against pressure from other parts of local government.

19. As stated above, the level of additional funding for the NHS requested in the Five Year Forward View, and met by the Government in the Spending Review depends on investment in public health to help reduce demand on costly primary and acute care. Without this investment, it may be impossible to implement the efficiency savings required, and services will continue under pressure.
20. We are also concerned that cuts to local public health services often in effect means a cut to what the public would consider ‘front-line’ NHS services – HIV and Aids support in sexual health clinics, and smoking cessation services, for example. This puts people’s health at direct risk.

21. Conclusion

22. We need a joined-up, holistic approach to health and wellbeing that synthesises the NHS, public health, social care, housing and the broader determinants of health. While this approach is evident in the Five Year Forward View, it was less evident in the Comprehensive Spending Review. We believe that a more unified approach is urgently required to protect the sustainability of the health and care system, and those it supports.

25 January 2016