



Senior Leaders & NHS / Social Care 5th. April 2019

Steve Connor, Managing Director, MIAA opened the day.

Dr. Carolyn Wilkins, OBE, Chief Executive, Oldham Council spoke about experiences of financial freedoms and pooled budgets in practice and what opportunities and challenges they create. While the NHS did balance its overall budget in 2017–18, there is a worrying level of disparity in financial health and patient experience at a local level.

The NHS's financial health (1) is getting worse: increasing loans to support trusts in difficulty, raids on capital budgets to cover revenue shortfalls, and the growth in waiting lists and slippage in waiting times do not indicate a sustainable position. It is unacceptable to simply offset surpluses and deficits in the presentation of these overall budget results.



The long-term funding settlement for the NHS and the NHS Long Term Plan present an opportunity to bring back stability to the health system. However, with about 100,000 current vacancies, the NHS will not deliver against the plan unless it addresses staffing shortages.



Risk Sharing / S.75 agreement (2). This includes some additional background and suggestions for what to cover in the risk sharing elements of the template: this has been prepared by the BCF Task Force in consultation with NHS England, other health boards and professional bodies. From 1 April NHS England and NHS improvement came together to act as a single organisation. However the NHS cannot repeatedly design services without the

users being in the room; i.e. google maps, excellent on-line tool that gives directions for walking, car or bus but what if you are disabled? It was well designed but with no disabled at the table.

John Jackson, National Care & Health Improvement Adviser talked about the financial challenges and risks lie ahead for social care, the impact of funding for social care (3) from 2019/20 and beyond. The National Audit Office is a useful statistical tool for issues such as adult social care; it shows that adult social care has fared better than most in local services percentage wise but that's just means that it has not been cut as much as other care areas have. Worse though is that demand has soared and over last 8 years there has been a 40% cut

in funding. The government made a commitment to introduce the Adult Social Care Green Paper as well as a number of pledges regarding how individuals pay for social care. It is late by over a year and still waiting for but it is vitally important.

Chris Hopson, Chief Executive, NHS Providers has the ear of the Treasury and spoke about will share what he believes the future holds for NHS finances and in particular analyse the pressure on NHS providers and the outlook for 2019/20. The eight years of budgets and the deepest cuts in the history of the NHS, it is biting now we will reap what has been sown. We have underspent on facilities and now things are not fit for purpose; all the rainy day money has gone. The back pocket is empty and every other phrase or analogy you can use is real. CCGs have held back on spend and NHS England are addressing this. There are 100 000 unfilled vacancies in the NHS – 40 000 nurses alone. Due to many reasons but work pressure, staff morale, a falling retention rate and staff cannot keep doing the impossible. To use an ambulance analogy – we have spent years just putting in petrol in it, we have not put oil in the engine, put in anti-freeze or looked after the body; now it is old and rusty, the engine needs replacing, it needs new tyres etc. You cannot go back to just topping it up as it is irreversibly damaged and needs replacing. The NHS has been damaged and whole areas need massive upgrades.

Anita Charlesworth is the Director of Research and Economics at The Health Foundation and considered question “is the system sustainable?” based on the latest data. We will develop a variable long term plan and say what we need as the “Resolved Departmental Expenditure Limit”, which is government speak for budget. The 3.4% as we are told will merely mean running just to stand still. Living longer may be nice but over the 65s don’t work and they are expensive to keep. We have to build in dignity with care and needs. Increased multiple morbidity is a huge issue and there will be an increase in over 65s in the coming years.

There is no joined up health governance i.e. cutting back on drug and alcohol policies puts more work on to NHS, on to the police and affects real lives. Up to 2011 mortality rates in the UK were falling, we were living longer, then it flattened and now if look at the most deprived areas of the UK life expectancy is decreasing – this is catastrophic in 2019. A healthy life style can mean up 18 years difference. Austerity measures may be largely over but the damage has been done; we desperately need a conversation on UK tax as we are 13/15 in the EU15 on health spend and 7/7 in the G7. The UK has gone from the health pioneers of years ago to lagging behind all similar economies.

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Sourced:

- 1 NHS financial sustainability: progress review. (3 April 2019). *Summary*. Available: <https://publications.parliament.uk/pa/cm201719/cmselect/cmpublic/1743/174302.htm>. Last accessed 5 April 2019.
- 2 NHS England. (2019). *Risk Sharing / S.75 agreement*. Available: <https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/risk-sharing/>. Last accessed 5 April 2019.
- 3 The Kings Fund. (2018). *Our work on social care policy, services and reform*. Available: https://www.kingsfund.org.uk/topics/adult-social-care?gclid=EAIaIQobChMIgJaKmea94QIVGLLtCh1ucAjXEAAAYASAAEgL3svD_BwE. Last accessed 7 April 2019.
- 4 House of Commons Library. (2018). *Social care: forthcoming Green Paper (England)*. Available: <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8002>. Last accessed 7 April 2019.



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