



NHS CONFEDERATION



A MANIFESTO FOR THE NEW PRIME MINISTER

A view of the NHS in 2019
and a prescription of priorities
for health and social care

JULY 2019

The NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of all organisations that plan, commission and provide NHS services in England, Wales and Northern Ireland. We support our members by:

- being an influential system leader
- representing them with politicians, national bodies, the unions and in Europe
- providing a strong national voice on their behalf
- supporting them to continually improve care for patients and the public.

About this briefing

The NHS Confederation and its networks have jointly compiled this briefing for the new Prime Minister, the Rt Hon. Boris Johnson MP.

This briefing sets out seven key challenges for the NHS in 2019 and beyond including, funding, social care and the NHS in a post-Brexit world.

The NHS Confederation looks forward to working with the Prime Minister and Secretary of State for Health and Social Care to overcome the challenges and deliver better outcomes for patients in the months and years ahead, as set out in this prescription of priorities for health and social care.

Key points

Realising the aims of the NHS Long Term Plan

- The UK Government must ensure that sufficient funds are available to pay for aspects of the health and care service not covered by last year's £20.5 billion boost in NHS England funding in order to achieve the goals of the NHS Long Term Plan. These include capital spending, training and education budgets, public health and social care.
- Supporting the evolutionary approach to reform set out in the plan will help develop the necessary local relationships between the NHS, local government and voluntary and private sector providers.
- Prioritising legislative reforms that will improve mergers and acquisitions policy, simplify commissioning requirements (including procurement), and facilitate joint working will be welcome.

Harnessing the benefits of local leadership

- There is an opportunity for the new Prime Minister to act as a champion for local health and care systems, which promise to ensure health and care services are better rooted in communities and more tailored to the needs of local populations.
- Senior politicians can show leadership by supporting local health and care leaders to make meaningful decisions about how services should be organised, within the parameters of an effective regulatory framework.
- The government should avoid making any changes that will have the effect of further centralising decision making with the arm's length bodies, given the emphasis on local leadership in the Long Term Plan.

Supporting the NHS workforce

- Given the potential impact of the pension annual allowance taper on the availability of senior clinical staff, the government should either reform aspects of the tax system or the NHS pension scheme to rectify this problem.
- The 2019 spending review must set a realistic budget for Health Education England to restore investment in training clinicians, facilitate recruitment and retention programmes and mitigate the effects of the loss of the nursing bursary.
- Better value could be achieved by using some of the apprenticeship levy funding to support a wider range of training activities to help deliver successful apprenticeships.
- Integrated care systems should be further empowered to better influence their local labour market, with devolved powers over strategy and planning, supply and retention and deployment.

Achieving financial sustainability

- The UK Government should invest in NHS education, training and staff development beyond 2020/21 to help the NHS attract and retain new staff.
- The government should commit to greater capital investment to arrest the decline in NHS estates and facilities, and to enable NHS leaders to modernise services.
- Without improved public health funding, the progress of the prevention agenda within the Long Term Plan will be undermined, leading to more serious and costly health need in future.

Maintaining progress on mental health

- Previous pledges to increase mental health funding should be acted on, with funding reaching the front line.
- Leaders should capitalise on young people's interest in mental health by opening more avenues into mental health roles and expanding the number of mental health places available at medical and nursing schools.
- The new Prime Minister should support the publication of the forthcoming white paper in response to the independent review of the Mental Health Act and commit to bringing forth a new mental health bill.

Creating a sustainable social care system

- Eligibility for social care services should be widened and based on need instead of means to pay.
- Any new settlement should provide secure, long-term funding at a level that enables the social care system to operate effectively and deliver the outcomes that people want and need.
- There needs to be both short term funding increases to cover immediate gaps in provision and a long term financial settlement.

Mitigating the risks of Brexit

- Medical supply chains should be protected to ensure that the import and export of medications between the UK and the EU can continue after Brexit. At present, this represents 45 million 'patient packs' (items of medication) leaving the UK and 37 million entering the UK each month.
- Reciprocal healthcare should be honoured so that 190,000 UK pensioners living in the EU continue to receive healthcare in the member state in which they reside.
- Without workforce agreements in place, the NHS could be short of 51,000 nurses by the end of the Brexit transition period. And in social care (which has become increasingly reliant on EEA nationals), the sector will struggle even more.

Introduction

It is a time of unprecedented challenge and opportunity for health and care services. During a prolonged period of constrained funding and against a backdrop of escalating demand for services, the NHS has taken significant steps to improve its efficiency. Social care has faced even greater funding pressures, resulting in a reduction in the availability of care services across England and Wales.

Recognising that this was not a sustainable position from which to approach the next decade, NHS England in January published a new ten-year strategy for the NHS, the NHS Long Term Plan. This strategy builds on previous policy goals around boosting community provision, expanding ambulatory care and making services more joined up to improve the experience of patients in order to reduce reliance on hospital-based services. The plan includes a welcome focus on some clinical priorities where there is the potential to improve outcomes. These include mental health, children's health, cancer, cardiovascular disease, maternity and neonatal health, stroke, diabetes and respiratory care.

The mechanism for driving improvement set out in the Long Term Plan is to empower local systems encompassing health and care providers and commissioners to take the lead in developing solutions tailor made for the populations they serve. This emphasis on local leadership has been warmly received within the NHS, on the basis that only by genuinely empowering leaders to use their local knowledge will we be able to drive further significant improvements and efficiencies in the way we organise and provide services.

The Long Term Plan has been well received within the NHS, but there are some enduring challenges. Funding for social care, public health, workforce, training and capital remains unresolved, and will need to be addressed in a government spending review. NHS England has identified some legislative reforms which may be useful to accelerate delivering the Long Term Plan, but these will need to be adopted sensitively. Unless serious and systemic problems relating to social care provision, workforce and NHS capital spending are addressed, any have the potential to derail the Long Term Plan's success. Brexit is another issue of high significance to the NHS in terms of its potential impact on staffing, access to medicines and clinical trial availability.

Provided these challenges are addressed, there is an opportunity for the new Prime Minister to champion the work underway under the Long Term Plan, while leading a radical reshaping of the nature of social care provision in England.

Realising the aims of the NHS Long Term Plan

The NHS remains an iconic and highly valued element of the UK's public service offer. However, our population is ageing and more people are living for longer, often with multiple long-term conditions.

Over the last five years, the health service has performed well, maintaining services and delivering significant improvements in care in spite of huge increases in demand and little extra funding. The NHS has been treating more patients within most of the constitutional standard areas, but for many years it has been unable to meet key waiting time targets. The Powis Review, which published an interim report in March, is in the process of reviewing clinical standards to ensure they are appropriate for current clinical practice, but it's important that any future changes to NHS waiting times targets do not dilute patient access to care. Many NHS organisations throughout England have also been unable to balance their books.

An ultimate objective of the Long Term Plan is to enable NHS organisations to get back on track financially and to return to previous high levels of performance against clinical standards. That said, the plan is not solely about responding to challenges. It puts in place the foundation to adopt new technologies and to improve quality and safety for patients, for instance through adopting new models of provision such as primary care networks and same day emergency care.

The NHS Long Term Plan therefore arrives at a critical point for the NHS. The plan's more ambitious elements raise the prospect of a health service which embraces the digital era and radically changes the way care is provided. Many of the plan's recommendations involve ramping up progress in areas such as care coordination and increasing provision in the community in order to reduce reliance on services provided in hospitals. These changes are widely recognised as being important for effective, modern healthcare that can respond to rising demand over the next decade as well as improving public health and tackling health inequalities.

Following publication of the Long Term Plan, NHS England and NHS Improvement (the two national arm's length bodies with responsibility for how health and care services are delivered) announced a series of proposed legislative changes designed to remove some existing and perceived barriers to collaboration. The main purpose of these was to remedy aspects of the 2012 Health and Social Care Act that were introduced when the realities on the ground facing health and care services were very different.

The main vehicle to achieve this is local health systems, known as integrated care systems (ICSs), which will see local leaders driving forward service improvements and population health outcomes, based on an assessment of what is needed in their areas. Championing these measures offers an opportunity to lead a reform programme that capitalises on local health and care leaders' expertise in serving their populations.

As health and care leaders work to implement the Long Term Plan's goals, we recommend the following steps for a new government:

1. Ensure the NHS has the necessary resources to deliver the plan

The £20.5 billion funding boost for the NHS announced by former prime minister Theresa May represented a welcome and necessary injection of cash into a stretched system. But funding arrangements for several critical areas of health service spending remain unresolved, as they fall under the remit of the comprehensive spending review. The UK Government should ensure that the necessary resource is provided in the spending review to ensure sustainable approaches to social care, public health, workforce, training and capital spending. The significance of this extra funding is addressed in more detail in sections 4 and 6 of this document. There is a real risk that if the spending review does not address the challenges in these areas, the plan itself could fail.

2. Support the health and care system to transform while ensuring sustainability of provision

One of the most successful elements of the Long Term Plan is that it takes an evolutionary, rather than a revolutionary, approach to reforming the health service. The NHS has undergone radical reform over the last decade. Our members have told us there is no appetite for a top-down reorganisation of the NHS.

The continuity underpinning many of the commitments in the plan, along with adequate funding, will be important factors in the ability of health and care leaders to stabilise the system and ensure its sustainability. Health and care leaders have identified the importance of giving new systems space and time so that strong and effective partnerships between the NHS, local government, third sector and private providers of health and social care services described in the plan can reach fruition. Supportive encouragement of the development of this, rather than further reform, will be important to ensure that the NHS has the best chance of achieving stability.

3. Facilitate greater local collaboration

The proposed legislative reforms facilitate greater local collaboration. Our members support removing merger and acquisition oversight of trusts by the Competition and Markets Authority (CMA), but also believe that changing procurement duties to remove section 75 requirements and introducing a 'best value test', will make a positive contribution to achieving more joined up local systems.

Commissioners and providers have said that making procurement less burdensome will be welcome, but it is important that commissioners retain the ability to secure the best possible services for patients, whether from an NHS, independent, voluntary sector or social enterprise in order to deliver value for money from the new funding.

We support in principle introducing integrated trusts in England, allowing the creation of joint committees, and simplifying commissioning arrangements including to allow joint commissioning for some functions. However, for each of these changes, we need to proceed at an appropriate pace and to be clear that the replacement approach would not introduce other difficulties. For example – when creating joint committees between commissioners and providers, it's important the unique role of clinical commissioners is not undermined.

Harnessing the benefits of local leadership

Achieving the changes set out in the Long Term Plan for the NHS in England requires a shift in emphasis from the historic 'top down' model of NHS management to an approach which is more locally led. NHS England and NHS Improvement are spearheading this transition.

The main vehicle in the Long Term Plan for achieving locally-led change is the integrated care system (ICS). This is a local partnership, encompassing NHS provider and commissioner organisations, local authorities and others, which takes collective responsibility for managing resources, delivering NHS standards and improving the health of local people through prevention and public health measures. The ICS approach is relatively new – at present, more than a third of England's population is covered by an ICS, but it is intended that there will be full coverage by 2021.

Steps that ICSs can take to address the fundamental challenges facing the NHS include making more services available closer to people's homes, making sure patients with multiple conditions experience more 'joined-up' care, and focusing effort on preventing people from getting ill in the first place, where possible. ICSs are significant because they provide a forum for joint strategic decision making that has not previously been available at a local level, and also because they emphasise the clinical voice in these strategic decisions.

The NHS Confederation supports the approach set out in the Long Term Plan for the NHS in England. There are three ways in which we would urge a new government to help drive forward this agenda:

1. Advocate for approaches that empower local leaders to make decisions about what is needed in the health systems they run

There is an opportunity for the new Prime Minister to act as a champion for these emerging systems, which promise to ensure health and care services are better rooted in communities and more tailored to the needs of local populations. Doing so would help to raise the profile of this work and to increase the momentum behind the changes.

2. Champion local leaders as they put in place the machinery to effect change

Perhaps the most well-received element of the Long Term Plan is its emphasis on allowing the knowledge and expertise that exists within health and care systems to service improvement through meaningful local partnership.

There is sometimes an understandable desire in Whitehall to see greater standardisation across the service, as well as a strong push from the Treasury to see measurable results from the additional investment. But this can be at the expense of solutions that are genuinely responsive to local circumstances. Senior politicians can help local leaders by supporting them to make meaningful decisions about how services should be organised, within the parameters of an effective regulatory framework.

3. Politicians can empower local health leaders

The UK Government should avoid making any changes that will have the effect of further centralising decision making with the arm's length bodies, given the emphasis on local leadership in the Long Term Plan.

Supporting the NHS workforce

With a significant shortage of more than 100,000 staff, including 40,000 nurse vacancies, the case for greater investment in education and training for both existing staff and new entrants is compelling. A recent survey of our members in England emphasised the magnitude of concern NHS leaders have that they will be able to meet increased demand for staff with 65 per cent saying they were not confident that they would be able to achieve this. In addition, recent decisions around pension reform led to senior clinical staff reducing their availability in order to avoid large tax penalties on pensions, compounding staffing issues.

We urge the UK Government to prioritise the following issues:

1. Pension reform

The annual allowance, which limits the amount of tax relief on pension saving, has been a growing problem for members of the NHS Pension Scheme in England and Northern Ireland. The annual allowance has reduced substantially over time; tapering of the standard annual allowance was introduced and employees are exhausting their carry-forward of unused annual allowance from prior years. This has resulted in some members of the scheme receiving large and unexpected tax bills. There are two potential solutions: reforming the tax system or reforming the NHS Pension Scheme. We would welcome urgent engagement on this issue with the Treasury.

2. Policy which supports recruitment to social care and health

There are widespread concerns about the ability of the NHS to plug the workforce gap. In line with the commitments given in NHS England's Interim People Plan, it is of vital importance that the 2019 Spending Review sets a realistic budget for Health Education England to restore investment for continuing professional development and consider other potential financial incentives to attract people into training following the end of the nursing bursary. Moreover, there must be a long term migration policy which enables recruitment of vital social care and health staff.

3. Apprenticeship Levy

Better value could be gained from this levy if employers in the NHS were able to use some of the levy funding to support a wider range of training activities to help deliver successful apprenticeships. We also recommend allowing the use of the levy to support backfill for apprenticeships that require significant supernumerary time as part of their training.

4. Locally- led workforce strategy

A one-size-fits-all approach to developing our workforce is no longer the best way for the NHS and social care. In line with other areas of responsibility, there needs to be greater influence and accountability for workforce at local level. This is central to the broader Integrated Care System agenda.

Achieving financial sustainability

For some time, the NHS provider sector has been operating with a deficit. In 2018, the NHS Confederation commissioned the report *Securing the future* to model the funding needs of the country's health and care system over the next 15 years. Subsequently, the government dedicated an extra £20.5 billion to the NHS in England by 2023, representing a 3.4 per cent real-terms increase in annual funding for NHS England and an annual increase of 3.9 per cent for social care.

We welcome this additional funding, but we fear it will not be enough to drive the improvements and innovation in health services that the public rightly expects. For health services to be truly improved, The Health Foundation and the Institute for Fiscal Studies calculated a 4 per cent real-terms increase in public spending on both the NHS and on the health sector at large would be required. The £20.5 billion does not address areas of need such as capital investment, public health, social care, workforce, education and training, which fall under the remit of the comprehensive spending review.

The Long Term Plan seeks to remedy this financial challenge in part through service level change, but the scale of the task is significant, and steps will need to be taken separately in order to improve the financial stability of the service. In particular, we support plans to move beyond the current control total approach to a system which takes better account of the realities facing different NHS organisations.

Our recommendations for the financial challenge:

1. Invest in education, training and staff development

With the NHS suffering from a shortage of more than 100,000 vacancies and with Health Education England having seen its budget cut by 24 per cent since 2013/14, the case for greater investment in education and training could not be more compelling.

2. Fund capital investment to modernise services and improve efficiency

Capital investment in buildings, equipment and IT has been cut in recent years due to rising pressures on daily running costs within the NHS. Capital per worker in trusts reduced by 17 per cent between 2010/11 and 2017/2018. In a recent survey of NHS Confederation members in England, 85 per cent said that a lack of NHS capital investment has inhibited the ability of local systems to deliver the goals of the NHS Long Term Plan. Unless the UK Government commits soon to greater capital investment, the health service's current maintenance backlog of more than £6 billion will grow and local NHS leaders will remain unable to modernise services and facilities.

3. Deliver resources for public health to realise the vision of prevention

The public health grant has been reduced in real terms by £850 million since 2014/15. This is equivalent to a reduction in the grant of 23 per cent in real spending per person over the past five years. In our recent survey of NHS Confederation members, 80 per cent stated that reductions in public health spending have restricted the ability of their local system to deliver NHS services either "somewhat" or "to a great extent". Without improved public health funding, the prevention agenda of the NHS Long Term Plan will be greatly undermined, leading to an accumulation of health problems which could be prevented now and will instead have to be addressed in the future at greater expense.

Maintaining progress in mental health

We welcome the increased policy focus on mental health services since 2010. This includes the introduction of the first ever national waiting times standards in mental health and legislating for parity of esteem. However, a large care deficit still exists, with fewer than four in ten people who need support accessing it.¹ We are also detaining more and more people every year under the outdated Mental Health Act and the racial disparities in detention rates are unacceptable.

The commitments in the Long Term Plan to increase the spend on mental health as a proportion of the entire NHS budget, and to increase the proportion of the mental health budget that is spent on children and young people is a step towards true parity. There exists an exciting opportunity to build on the many positive advancements in mental health awareness and provision in recent years. In order to achieve this, we propose that you consider three key areas of importance.

Priorities for mental health:

1. Workforce

Mental health sees some of the highest vacancies in the NHS, especially in mental health and learning disability nursing. We should capitalise on young people's interest in mental health by opening additional avenues into the sector, expanding the number of places in medical and nursing schools, reviewing the impact of tuition fees on mental health nursing and work through all levels of education to promote mental health careers. We also need to better support the mental health and wellbeing of the entire workforce and take action to encourage more staff to stay working in the health and care system.

2. Funding

Previous pledges made on mental health investment need to be followed through and the additional funding must reach the frontline. Capital funding, vital for implementing the Long Term Plan and the recommendations of the Independent Review of the Mental Health Act must be provided as part of the forthcoming Spending Review, and increased investment is needed in mental health research to identify the most effective interventions.

3. Mental Health Act reform

The new Prime Minister should support the publication of the forthcoming white paper in response to the Independent Review of the Mental Health Act and commit to bringing forth a new Mental Health Bill during this parliament.

1. The Mental Health Policy Group (2019), *Towards mental health equality: A manifesto for the next Prime Minister*

Creating a sustainable social care system

We warmly welcome the commitment made during the new Prime Minister's leadership campaign to solving the social care crisis via a cross-party approach. With 1.4 million older people unable to access the support they need, 58 per cent of people over 60 living with at least one long-term condition and an ageing population, the challenges facing social care are significant and will require strong and bold leadership.

Health and social care must be viewed as a singular, integrated system that has at its heart the wellbeing of the entire UK population. The NHS Confederation is leading a coalition of 15 health organisations calling for reform to secure the future of the social care sector. Without reform and investment in social care, we risk putting the ambitions of the NHS Long Term Plan at risk.

Our recommendations for social care are:

1. Widen eligibility

Eligibility should be based on need and must be widened to make sure that those with unmet or under-met need have access to appropriate care and support. Around 2.1 million people in the UK were estimated to have received some level of informal care in 2014, but the number of family and friends providing unpaid care in England increased from 4.9 million in 2001 to 5.4 million in 2011. Moreover, Age UK have identified that at least 1.4million people have unmet or under met need.

2. Secure a long-term settlement

Any new settlement should provide secure, long-term, funding at a level to enable the social care system to operate effectively and deliver the outcomes that people want and need. The settlement needs to address immediate needs from April 2020, as well as putting the social care sector on to a sustainable path for the longer term. That will require the right funding, workforce and a diverse and stable market of providers. This will need to be supported by good quality, trusted information and advice to help people navigate the care system effectively. The Spending Review presents an essential opportunity to invest in social care at the same scale as the Government is now investing in the NHS.

3. Reform and integrate services

A recent report commissioned by the NHS Confederation, and undertaken by the Institute for Fiscal Studies and the Health Foundation, calculated that social care is facing high growth in demand pressures, which are projected to rise by around £18 billion by 2033–34. That means social care funding would need to increase by 3.9 per cent a year to meet the needs of an ageing population and an increasing number of younger adults living with disabilities. We recognise that any significant additional funds must be accompanied by reform and improved service delivery. Social care services and the NHS are working together to transform and integrate local care services, but they can only go so far when services are being placed under so much strain.

Mitigating the risks of Brexit

Patients must not suffer because of the Brexit process. We recognise the enormous effort that has gone into making these plans as robust as possible. But the truth is that much of this is outside of the control of the NHS and our members; that is why we continue to advocate a negotiated deal which will provide maximum protection for patients.

Around three quarters of our medicines and over half our clinical consumables come from, or via, the European Union and so it is vital that the supply chain continues to work.

We have worked closely with the Department of Health and Social Care, to make sure that we are in the strongest possible position once the UK leaves the EU. Under the Brexit Health Alliance, we have been working with industry to make recommendations to government on Brexit. And as part of the Cavendish Coalition, we have been addressing the implications of Brexit for the health and care workforce. While we will continue to work with the Department of Health and Social Care and others to prepare the sector for all scenarios, there should be no illusions about the severe implications of no deal for the NHS.

Brexit also has unique challenges for the NHS Confederation's members in Northern Ireland, including concerns around the land border with the Republic of Ireland. Specifically, measures will need to be put in place to minimise the impact of Brexit on staff who live in the Republic of Ireland and work in Northern Ireland, as well as supporting the continuation of cross border services that are already in place. The lack of devolution and the current incapacity to make political decisions remains of significant concern in Northern Ireland at such a complex time of change.

The key risks of no-deal Brexit:

Medical supply chains

45 million patient packs go to the EU from the UK every month, and 37 million patient packs go to the UK from the EU. In the short term, there could be delays in importing medicines due to new border arrangements, requiring stockpiling and good supply chain management to ensure there will be no shortages. The creation of a medicines authorisation regime separate from the rest of the EU could lead to further delays. The UK could be excluded from the European Rare Diseases Network. This raises particular concerns regarding orphan medicines (treatments that aren't commercially viable for the UK market alone) as to whether such medicines will even reach the UK market, which will have implications for the treatment of rare diseases.

Reciprocal healthcare and public health

190,000 UK pensioners living in the EU currently have the right to receive healthcare in the member state in which they reside. The ending of reciprocal healthcare agreements could disrupt patient care, effectively leaving UK nationals in the rest of the EU currently in receipt of medical cover through the S1 scheme without health care. The arrangements in place for the European Health Insurance Card could also come to an end. On public health there could therefore be an impact on NHS services if some people decided to return to the UK for treatment. If the UK no longer had a relationship with the European Centre for Disease Prevention and Control, both UK and European health protection will be weakened due to a reduction in information exchange.

Workforce

The Cavendish Coalition commissioned the National Institute of Economic and Social Research last year to undertake a major study of workforce implications through Brexit. The report found that the NHS could be short of 51,000 nurses, enough to staff 45 hospitals, by the end of the Brexit transition period. And in social care (which has become increasingly reliant on EEA nationals with a 68 per cent increase between 2011 to 2016), the sector is under considerable strain with a vacancy rate of 12.3 per cent and will have to navigate a transition period in which a critical portion of its workforce considers its future. In the event of no deal, new immigration rules could affect the ability of the NHS to recruit doctors and other medical staff from the rest of the EU, and there may be changes to current rules around the mutual recognition of medical qualifications.

For more information or to discuss any of these points,
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