The Association of Directors of Public Health

The Lord Darzi Review of Health and Care: Call for Evidence - Consultation Response

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice. The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

The ADPH welcomes the opportunity to respond to this consultation and provide our viewpoint on what the health and care system should look like in the future. We would be happy to meet with the Review Team and provide further information.

1) What should our vision for the health and care system be in 2030?

1.1 Our vision for the future of the health and care system should be one that is focused on prevention and wellbeing, enabling people to live their lives in good health for as long as possible. The health and care system in 2030 should be one that recognises that 'health' services only constitute a tiny part of what makes people 'healthy'.

1.2 To tackle the health challenges awaiting us in the next 15 years and prevent those problems from continuing to exacerbate long into the future a renewed and much greater focus is needed on public health and prevention. Prevention should be seen in its widest sense and goes well beyond the health system to the wider determinants of health.

1.3 The next decade is likely to see the continuation of the need to address key public health issues such as obesity, smoking, mental health and alcohol harm. If current trends continue almost three in four adults will be overweight or obese by 2035.[1] This would result in about 440,000 obesity-related diseases in the UK per year, including 257,200 cases of type 2 diabetes, 101,000 cases of coronary heart disease, 43,600 cases of stroke and 38,500 cases of obesity related cancer. Strikingly, this would mean 4.62 million additional cases of diabetes over the next 20 years.[2]

1.4 Public mental health should continue to be a priority. One in six people have a common mental health problem and nearly half of adults think they have had a diagnosable mental health condition at some point in their life. One in ten children has a diagnosable mental health problem and children from low income families are at the highest risk.[3]

1.5 In the ten years between 1999-2003 and 2009-2013 there was little change in the difference in life expectancy between the most and least deprived areas in England.[4] Health inequalities are likely to worsen if income inequality in society continues to increase.

1.6 Our population is ageing. It has been estimated that 36% of people aged 65-74 and 47% of those age over 75 in the UK have a limiting longstanding illness.[5] By 2040 nearly one in seven people is projected to be aged over 75 and with this will come a higher prevalence of non-communicable diseases of older age such as cancer, diabetes, and dementia.[6]

1.7 Given this context, improving the public's health will continue to be a crucially important challenge. Prevention should be placed at the centre of practice within the NHS. This requires more than just financial investment; it requires culture change across the whole system and behaviour change amongst health and care professionals.

1.8 Primary, secondary and tertiary prevention should be embedded throughout the life course to maximize the opportunity for people to lead healthy and fulfilling lives and to reduce inequalities. At the primary prevention level this means supporting health promoting behaviours starting with pre-birth and the early years and continuing throughout the life-course. At the secondary and tertiary levels, it means delivering initiatives to ensure people are living as healthily as possible, are connected to their communities and can access services and engage with screening, immunization and health checks.

1.9 The future should see the NHS workforce play a bigger role in prevention; staff should be able to support patients and carers with self-management and self-care, and promote behaviour change in those who are well but at risk of ill health as well as in those who have a health condition and are at risk of deterioration or developing other conditions. The education and training that healthcare professionals receive both before they qualify and throughout their careers should embed and reinforce the importance of public health and prevention. All staff should have a foundation in health coaching (e.g. Making Every Contact Count/All Our Health) to facilitate conversations about risk factors and staying healthy. More investment is needed in the community workforce to ensure they have the necessary skills to keep people healthy and away from acute treatment services.

2) What are the current and future funding requirements of the health and care system?

2.1 Public health funding in England will be cut by 9.7% by 2020/21, £331 million in cash terms in addition to the £200 million in-year cut in 2015/16.[7] Although DsPH have been acting to manage these cuts without detriment to outcomes they have reached the limit of available efficiencies.

2.2 Investment in public health must be increased. Cuts to public health budgets must be reversed and public health needs to be funded both sustainably and adequately in line with local population health need.

2.3 If there continues to be a lack of investment in public health and prevention this will continue to put pressure on the health and social care budget. For example, research conducted by the

charity Action on Smoking and Health (ASH) concluded that current and ex-smokers who require care in later life because of smoking-related illnesses cost society an additional £1.4bn each year across England.[8]

2.4 Reductions to funding for public health represent a short-term approach and ignore the much larger long-term costs associated with not investing in public health. Investment in preventative initiatives paired with an effective approach to encouraging self-management of long term conditions is key for both improving the health of the public and the sustainability of the NHS and social care system.

2.5 The social care system is currently under a tremendous amount of financial pressure. The Local Government Association estimates that adult social care services will face a funding gap of £1 billion by 2019/20[9] and Age UK predicts that by 2020/21 public spending for older people's social care would need to increase by a minimum of £1.65 billion to £9.99 billion to manage the impact of demographic and cost pressure.[10] However, recent figures are not encouraging; the amount spent on social care has decreased every year since 2010/11 excluding transfers from the NHS.[11] Reforming the design of the social care funding system is extremely important for older people's wellbeing and dignity and must be addressed as a matter of urgency. However, it will do nothing to address demand. Acting on behavioural determinants such as smoking, alcohol use, a healthy diet and regular exercise will increase healthy life expectancy and delay the onset of long term conditions, which would help to ease the pressure on social care.

2.6 The NHS requires more investment in order to be sustainable. The Office for Budget Responsibility (OBR) projects that the NHS budget will need to increase by £88bn by 2067 to keep pace with demand and the government is expected to have to increase health spending from 6.9% of GDP in 2020-21 to 12.6% by 2066-67.[12] Since the NHS Five Year Forward View was published in 2015 financial and operational performance in the NHS have decreased and funding is increasingly squeezed, often being used to plug deficits rather than investing in improving care and funding prevention. This is an unsustainable and short-term approach.

2.7 In the opinion of our members, the Sustainability and Transformation Partnerships (STPs) are not deliverable with the financial resources currently available. Members have reported financial challenges which present major risks to all programme delivery and that it has been difficult to achieve the scale and pace of change necessary with the available resources, particularly ensuring a sustainable workforce.

3) What reforms to the system is needed to enable these changes to take place?

3.1 In order to make progress on prevention a truly whole system, integrated approach to health and care which encompasses the social determinants of health is needed. Integration needs to extend beyond the NHS and social care and take a place-based approach. This involves working collaboratively with a wide range of partners including the police, fire service, housing services, planning teams and schools, with a collective responsibility to address the factors that impact on health and ensure that people can lead healthy and fulfilling lives.

3.2 DsPH have commented that it has been difficult to achieve true integration of the health and social care system as there is uncertainty about responsibilities and the power of STPs to achieve tangible improvements to health outcomes. There are concerns over boundaries and the interplay between local authorities, Clinical Commissioning Groups (CCGs) and STPs. As STPs have no legal status their capacity to make practical change is unclear. This may be impeding their ability to function as change-making bodies.

3.3 Members report that the STP process is in danger of being driven by specific issues facing the NHS (particularly the need for the NHS to make efficiency savings) and does not reflect a whole system approach, with a lack of consideration of the wider determinants of health. Addressing the wider determinants of health is crucial for achieving reductions in health inequalities, which was one of the key original goals of the STP process.

3.4 The NHS needs to step up and recognise its role in prevention, and a more collaborative and holistic approach to primary, secondary and tertiary prevention is needed across local systems, with a focus on wellbeing and, where possible, self-management. The emerging new models such as Integrated Care Systems (ICSs) and increasing devolution provide opportunities to get this right.

3.5 Our members are extremely cautious about the ability of STPs to deliver on the NHS Five Year Forward View's commitment to an upgrade in prevention. NHS England should act to make it a requirement that prevention is a cornerstone of all STP and ICS plans and is threaded throughout all workstreams. DsPH should be given a statutory role in STPs and the emerging ICSs to help to ensure that public health and prevention are threaded through and embedded in these new systems.

3.6 Public engagement and transparency around the development of the ICSs needs to be much stronger than has been through the STP process, to ensure public buy-in and the smooth transition towards ICS structures. ICSs need to engage with the public and patients and be responsive to the diverse needs of local areas. To ensure local accountability for the STPs and ICS's there needs to be a clear role for Health and Wellbeing Boards and Health Overview and Scrutiny Committees.

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