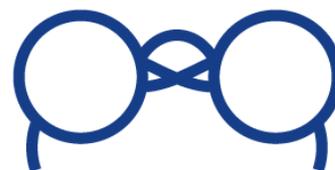


In focus

Healthy London Partnership



Better health and care for all: A 10-point plan for the 2020s

14 June 2018 – Source: Institute for Public Policy Research

In a report published by the Institute for Public Policy Research (IPPR), Professor the Lord Darzi of Denham from Imperial's Department of Surgery & Cancer, and Lord David Prior, Chair of UCL Hospital and former Conservative health minister, sets out a number of key reforms needed to maintain the health service. Simon Stevens, Chief Executive of NHS England, gave the key note speech at the launch of the report on 19 June 2018.

Summary

The report calls for improved access to social care, ensuring funding for the NHS, and the need to simplify and join up the over complex structure of the NHS.

Among the findings, they call for free social care for those with 'critical' or 'substantial' care needs. The report proposes to eradicate means testing, which puts many at risk of facing personal bills of £100,000 or more.

Highlights

Bed-blocking

It highlights that the NHS spends £3bn a year caring for patients who could be discharged, which could be reduced by providing free social care.

The reforms would require annual spending on social care to double, from its current level of around £17bn to £36bn, by 2030, which could be paid for with a 1p increase on National Insurance Contributions (NICs) for employers, employees and the self-employed.

Radical restructure

In addition, the report highlights the need to 'dramatically streamline' the NHS, and roll back some of the Lansley reforms which changed the service in 2012. Lord Darzi and Lord Prior call for a "radical simplification" of the NHS to better join up different parts of the system.

Among the changes, they propose the creation of at most 10 new Health and Care Authorities (HCAs) to replace 244 commissioning bodies and other organisations. The newly created HCAs would act as 'strategic commissioners' with powers to drive integration and reform, set local priorities and ensure national standards are met.

Discussing funding issues, the report calls for a long-term settlement which guarantees that NHS funding will grow at its rate of 1.5 per cent more than the UK's rate of economic growth. This would deliver real terms growth of around 3.5 per cent a year over the next decade.

The proposed increase to National Insurance Contributions would pay for the extra NHS and social care spending during the current parliament. Beyond 2022, they recommend creating an independent body to recommend future tax rises to meet future funding requirements.

Lord Darzi's recommendations:

1 Long-term funding settlement

- Historic settlement has been 1.5-2% above GDP. The report recommends 3.5% (vs. the announced 3.4%). Crucially, IPPR proposes that the gap only be contributed to by 0.8% productivity increases as they believe more than this is unrealistic.
- The report also calls for a 10-year settlement.
- Their modelling shows that if national increase is increased by 1p in each £, this would fund the NHS and social care costs of the recommendations within this Parliament.
- Within this, they propose a significant transformation fund for health and care (2% of the NHS budget).
- They also call for a significant capital investment to address NHS backlog maintenance.

2 Invest in health not just healthcare - Key elements include:

- Create healthy towns and cities by placing a new statutory duty on LAs to actively promote health in planning.
- Extend smoke free public places and the sugar tax.

3 Tilt towards tech – 'digital first' NHS and care system

- The report says that IT needs significant investment and commitment with a board level leadership position for IT/digital in each trust.
- They estimate that this could release £12.5bn in productivity savings.
- 90% of the population have access to the internet but only 2% of the population report any digitally-enabled transaction with the NHS.
- Key strides can be made through advanced data use, analytics and artificial intelligence

4 Invest in social care

- The report advocates for free personal and nursing care at the point of need.
- This would be funded through National Insurance. The report states:

'The additional costs of moving to free personal and nursing care are less than is commonly assumed. Maintaining our existing system would require around an additional £11 billion per annum by 2030. The additional cost of the system proposed by the Conservative party in the 2017 general election would be a further £5.6 billion by 2030. The incremental cost of moving to free personal and nursing care would be £2 billion by 2030 on top of that. Assuming spending on social care was set to rise in line with increases in the tax base anyway, this would mean an extra £7.8 billion per year in social care spending by the end of the parliament, and would mean an extra £13.5 billion by 2030'

5 Integrated general practice, mental health and community care

- New integrated care trusts in a local area.
- Lock in increases in funding for these 3 within the NHS budget

6 Radical simplification of NHS:

- Merge PHE, NHSE, NHSI, HEE (but keep NICE and CQC separate)
- Move from 5 NHS regions to 8-10 health and care authorities
- Dismantle CCGs
- Keep STPs but they should transition to become 'local commissioners'
- This reorganisation should come from within the NHS, not imposed by central government

7 Quality as an organising principle of health and care

8 Invest in talent

- Integrated skills and immigration policy
- Fair pay for health and care staff

Remarks by speakers at 19 June event to launch the report

Lord Darzi's said:

"The NHS and social care have done well to improve or maintain quality over the last decade. But the cracks are now showing. We need bold action to ensure that the NHS is fit for the 2020s.

We must demand that we do care differently by embracing new technologies and empowering people to live healthier lives. This will mean caring as much about social care and public health as the NHS and embracing reform as much as additional funding. The gift the NHS needs on its 70th birthday is a pragmatic plan to secure it for future generations."

Lord Prior, Chairman of UCL Hospital, said:

"Simply putting more money into the NHS and hoping for the best will not work. With funding must come radical reform. We need a shift from 'diagnose and treat' to 'predict and prevent'. Care must be joined up around - and tailored to - the patient.

A universal service should be there for everyone, not the same for everyone. At the heart of our plan for reform is a radical simplification of the NHS and a properly funded social care system to make this happen."

In his key note speech, Simon Stevens said:

Most of the 82 recommendations are excellent – some need further inquiry.

At the launch of the NHS in 1948, Aneurin Bevan, the Minister of Health said: "the health service must always be changing...it must always appear to be inadequate'. This simultaneously conveys a sense of progress and more to do. This is consistent with where the NHS is now.

With respect to funding:

- The certainty of the five-year funding settlement clearly represents a change in gear and enables medium term decision-making.

- England has a conversation once a decade on whether the NHS is affordable and whether we can afford not to have it.
- We must not forget the significant contribution that the NHS makes to the economy. Bevan in 1958 reminded us that when people talk about the cost of the NHS, they often forget that this enables people to go back to work. A well-functioning health service contributes to economic productivity.
- The NHS costs £6.60/person/day, which is significantly lower than other developed countries.

With respect to statutory/legislative changes

- He welcomes that the NHS has now (for the first time) been invited to put forth legislative changes for consideration. Bevan described legislation as: ‘starting by voluntary action and improvisation, then establishes itself by merit and then makes its way into legislation.’ This is the process the NHS has been undertaking, building the evidence for integrated care since the start of the Five Year Forward View.

With respect to children:

- There is a need for proper and renewed focus on children.
- New health challenges facing children despite growing life expectancy. These include childhood obesity and child mental health problems.
- Mental health has new challenges e.g. gaming addiction is now recognised by WHO and poses a risk to young people.
- Regarding the medical cannabis conversation, we need to be careful we don’t introduce new risks for children. Don’t confuse health risks of marijuana with the health benefits in very specific cases. For 10% of people, cannabis becomes addictive. It increases the risk of long-term psychiatric and respiratory conditions. So while it’s fine to look at evidence-based use for specific health indications, this should not be conflated with broader legalisation.

➔ **Go to the IPPR website to read in full:**
[‘Better health and care for all: A 10-point plan for the 2020s’](#)

➔ **Summary of the ‘10 point offer to citizens’ can be seen on page 2:**
<https://www.ippr.org/files/2018-06/darzi-final-june18-summary.pdf>