

King's Fund Report "Our Future Health Secured? A Review of NHS Funding And Performance" by Sir Derek Wanless, John Appleby, Anthony Harrison and Darshan Patel – Decisions and Actions Required

Decisions

1. *A view on the implications of the report "Our future health secured?" published by the Kings Fund in September 2007 and presented by one of the authors, John Appleby, to the Board, for future local government action on public health and social care.*

Actions Required

2. *Board members are asked to:*
 - *Consider the implications of the report.*
 - *Make suggestions on what this means for local government and its responsibilities for public health and social care.*
 - *Identify any examples of good practice or other evidence which may support the case for local government activity.*

Action *LGA Secretariat*
by:

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King's Fund Report "Our Future Health Secured? A Review of NHS Funding and Performance" by Sir Derek Wanless, John Appleby, Anthony Harrison and Darshan Patel.

Summary

The Wanless review Securing our Future Health, published by the Treasury in 2002, concluded that the United Kingdom would need to spend substantially more on health care and that fundamental reform would be needed to enable those resources to be used effectively. Five years on, the King's Fund commissioned Sir Derek to undertake a retrospective review of NHS spending. Real spending on the NHS has increased by nearly 50 per cent in that time. This report looks at where that money has been spent, what it has achieved, whether government policy has promoted effective use of the resources, and what needs to happen next.

Background

1. *The full report can be found at http://www.kingsfund.org.uk/publications/kings_fund_publications/our_future.html*
2. *The report attempts to provide answers to some pressing questions:*
 - *did health care resources increase in line with the recommendations of the 2002 review, and what are the prospects for funding up to 2022/3?*
 - *where did the extra money go and what has it achieved in terms of resource inputs (labour and capital), outputs (activity) and, most crucially, outcomes (health benefits and productivity)?*
 - *have the additional resources been used effectively, and if not why not? Have the policy decisions taken since 2002 produced health systems that put the United Kingdom on track for an optimistic future?*
 - *what lessons can be learned to inform similar reviews in future?*
3. *The 2002 Wanless review's vision was that the health of the population would improve through a combination of better, more responsive health services and changes in health-seeking behaviour. The 2007 report examines the impact of recent health policy on known determinants of health – such as smoking, diet and other lifestyle behaviours; it also considers general measures of population health. Broadly speaking, the health of the population has improved, with a fall in overall mortality rates and an increase in life expectancy, although both of these are continuations of long term trends. Cancer survival rates have also increased, and infant and perinatal mortality rates have improved a little since 2002, although they remain higher than for many other European countries. Various measures of morbidity, such as longstanding illness, remain unchanged. And inequalities between socio-economic groups, as measured by infant mortality and life expectancy at birth, have grown rather than diminished.*

4. *The 2002 review estimated health promotion expenditure in England at around £250 million – less than the NHS spends in a day and a half. All three scenarios examined in the 2002 review projected an increase in health promotion spending. However, it is impossible to track trends in public health or health promotion spending since 2002 as no official figures are kept. Given the lack of accurate information, it is impossible to assess whether the aspirations of the original report for a doubling in public health spending by 2007/8 have been met.*
5. *It is also indicative of the relatively low priority given to public health that, while nonpublic health medical staff numbers have increased by nearly 60 per cent since 1997, the number of public health consultants and registrars has gone down overall. Investment in public health is designed to impact on the key determinants of health. A population's health is, of course, determined by many factors, including genetic inheritance, education and welfare services, income, housing and lifestyle choices. While there has been evidence of improvements in some areas, progress in other areas has been slow. Here four key factors are assessed: smoking, obesity, physical activity and diet.*

Smoking

Smoking prevention has been successful in general, with England on track to achieve the 2004 PSA target to reduce overall adult smoking rates to 21 per cent or less by 2010, with a reduction to 26 per cent or less for routine and manual socioeconomic groups. The evidence suggests that England is on track to achieve these headline targets, but large variations between socio-economic groups persist

Obesity

At the time of the 2002 review, the 1992 White Paper (Health of the Nation) target for obesity was for just 6 per cent of men and 8 per cent of women to be classified as obese by 2005. Between 1995 and 2005 the proportion of adult males classified as obese rose by half to 23 per cent of the male population, while the proportion of obese women rose by 42 per cent to around 25 per cent of the female population. Childhood (2–15 years) obesity increased by a similar extent over this period, with the proportion of obese boys and girls rising by 65 per cent and 51 per cent respectively; nearly one in five children are classified as obese. A continuing rising trend in obesity to 2010 is predicted, when some 33 per cent of men, 28 per cent of women, one-fifth of boys and more than one-fifth of girls will be obese. The evidence on obesity is therefore of great concern and while it would be wrong to hold the NHS responsible for this adverse trend, it does mean in terms of achievement that the results are now at a much worse level than even the slowest improvement envisaged in 2002

Physical activity and diet

Since 1996, the government has recommended that adults should participate in at least 30 minutes of moderately intense activity five days a week. Over a third of men and a quarter of women met these guidelines in 2004, an improvement since 1997. Progress has also been made in increasing children's physical activity. Eighty per cent of pupils in partnership schools – those participating in a national school sports initiative – participate in at least two hours of high-quality physical education and school sport in a typical week – an increase of 11 per cent over the previous year and an improvement on the 2006 target. While progress has been made on salt consumption with rates falling, they remain 50 per cent higher than the

recommended 6g per day. The government is on track with its children's activity targets and may also achieve its interim target for adults, but this will require sustained effort up to and beyond 2011.

6. *On broad measures, the health of the population has improved. Tackling the causes of ill health is an ongoing long-term task. Continuing reductions in smoking and improvements in levels of physical activity and diet suggest a future close to the solid progress scenario in the 2002 report. But the adverse trend on obesity is very worrying. In addition, tackling recent financial difficulties in the NHS by raiding public health budgets has not been in the long term interests of the public health of the nation.*
7. *The 2007 review makes two key criticisms of how central government's policy process has supported reform:*
 - *Pressure to produce quick results has led to some policies and initiatives being introduced without adequate preparation. For example, policies on the management of long-term conditions were introduced with little prior evaluation and NHS Direct was implemented nationally before the results of pilot studies were available.*
 - *The government has failed to take full account of the impact of new policies on the system as a whole and to understand how the various elements fit together with each other and with the various resources. These failures were key to the system-wide deficits that emerged from 2004/5 onwards. The full implications of a shift from hospital to community care, and its impact on acute hospitals, was not thought through.*
8. *The review acknowledges a number of major successes, including:*
 - *identifying more local ways to manage health policy while retaining central direction in key areas*
 - *establishing an improved performance assessment regime with a new regulatory structure, comprising of the Healthcare Commission, Monitor and the Audit Commission, looking stronger than its predecessor*
 - *offering sustained support for self-care and beginning to address the needs of people with long-term conditions*
 - *consistently promoting the need for service redesign and supporting the creation of flexibility in professional roles*
 - *promoting a wide range of measures aimed at improving the quality and cost effectiveness of clinical care.*
9. *The review concludes that NHS is now in better shape than in 2002 to deliver improved quality and increased productivity, although huge challenges remain around commissioning and choice, competition between providers, the balance between targets, standards and incentives and between central direction and local discretion, and the shift towards local provision of care.*

The need for a framework for public health

10. *The 2004 Wanless review recommended a conceptual framework to take forward public health in England in a systematic way. This framework was not taken forward and public health policy has remained focused on short-term imperatives, public health practitioners feel undervalued and significant opportunities have been lost.*

Conclusions of “Our future health secured?”

11. *The funding increase to the NHS has helped to deliver some clear and notable improvements – more staff and equipment; improved infrastructure; significantly reduced waiting times and better access to care; and improved care in coronary heart disease, cancer, stroke and mental health. Although difficult to attribute directly to the NHS, life expectancy has also continued to improve. Our Future Health Secured? concludes that the direction of health care policy now being pursued by the government should be correct to address the key challenges identified in the 2002 review.*
12. *However, what is clear is that thus far the additional funding has not produced the improvements in productivity assumed in the 2002 review – costs of providing health services have increased and there is patchy and conflicting evidence on the impact on productivity overall, including little information about community-based care. Hospital activity has increased, but the biggest increase has been in emergency, rather than planned, admissions. In addition, some key measures of the determinants of ill health are below the assumptions of the 2002 review, particularly the unforeseen rise in adult and childhood obesity.*
13. *Even with higher productivity and greater engagement by individuals in their own health, funding for health services will need to increase substantially. However, without significant improvements in NHS productivity, and efforts to tackle key determinants of ill health, such as obesity, even higher levels of funding will be needed over the next two decades to deliver the high-quality services envisaged by the 2002 Wanless review. Such an expensive service could undermine the current widespread political support for the NHS and raise questions about its long-term future*

Board discussion and conclusions

14. *Local government has a key leadership role in public health:*

- *It has a responsibility for the well-being of its citizens and for many of the wider determinants of health and recognises its crucial role described in Our future health secured?*
- *Working in partnership with the NHS it can deliver increased well-being and a decrease in health inequalities*
- *Using the requirement in the Local Government and Public Involvement in Health Act 2007 for councils and PCTs to undertake a joint strategic needs assessment it can ensure that the sustainable community strategy and LAA address local health issues.*
- *The Board will focus on the action local government can take in partnership with the NHS to reduce obesity (subject of a separate Board discussion) and support dissemination of this good practice through the Healthy Communities programme.*

Do members agree with these conclusions? Are there others to add?

Implications for Wales

15. The Kings Fund report applies to England only, but the overall conclusions on public health are likely to also apply in general to Wales.

Financial/Resource Implications

16. The Kings Fund report calls for well-targeted spending on well-being and prevention, with the implication that this should come from NHS budgets.

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