Solace response to major conditions strategy

Solace is the representative body for more than 1,600 chief executives and senior managers working in the public sector in the UK, committed to promoting public sector excellence. Our members offer a unique perspective on how policies interact in place and operate on the ground.

Key messages

Partnerships make progress

- Solace is committed to strengthening the ways in which local authorities, the NHS, and third sector partners work together. **It is only through genuine partnership working that we will be able to prevent, diagnose, treat and manage health conditions** while at the same time improving the nation's resilience and wellbeing.
- While the work of the NHS is critical to dealing with problems when the present themselves **local authorities, as key collaborators and conveners in a place, have a unique role to play in preventing and managing major conditions** as well as addressing inequalities and driving positive social and economic improvements in each locality.

Address the wider determinants of health

- **A small proportion – just 10% – of the health and wellbeing of the nation is determined by access to traditional health services**, principally the NHS, according to The Health Foundation. The remainder is shaped by social, economic, and environmental factors such as income, education, housing, transport, and the quality of the air people breathe.
- On all of these fronts, **local government has a key role to play and yet council budgets continue to be squeezed** – the sector faces a £5.2bn funding gap next year, according to the Local Government Association – while the 5% increase in the public health grant for 2023-24 is insufficient to cover the cost of additional burdens including having to offset the pay pressures resulting from NHS pay awards; an additional £0.9bn is required this year alone to restore the public health grant to its historical real-terms per person value, says the Association of Directors of Public Health (ADPH).
- Similarly, **the community and voluntary sector, who public health teams work so closely with on a local level, need more – and more stable – funding and resources** or we will find ourselves without their vital support.

Fail to fund, expect to fail

- While we recognise the constraints on public finances, the cost of inaction is higher. **It costs around £3,800 in public health measures to give an additional year of good health to someone's life; three to four times lower than the cost resulting from NHS interventions** for that same additional year, says the ADPH.

The Society of Local Authority Chief Executives and Senior Managers (Solace Group) Ltd; a company registered in England & Wales, number 04053417
Registered charity number: 1084419
Registered Office: 33 George Street, Wakefield, West Yorkshire WF1 1LX,
Correspondence address: PO Box 289, Pontefract, West Yorkshire WF8 9EL
Telephone: 0207 233 0081
Email: info@solace.org.uk
Website: www.solace.org.uk

Integrate intelligently

- **The creation of Integrated Care Systems (ICSs) has presented a golden opportunity to build on the partnerships already in place**, and those created during the course of the Covid-19 pandemic, to help address the broader socio-economic factors that influence the health of the nation.
- While it is in everyone's interests to drive improvements across the country we must avoid attempting to apply a 'one size fits all' approach to effective integration – **local systems should be empowered and trusted to do what is in the best interests of the people and places they serve.**
- Even though ICSs are relatively new and are still finding out what works best in each local area, **already there are outstanding examples of partnership working across England which are making a positive impact on the health and wellbeing of so many people** – see Solace's 2021 report 'Delivering together for residents – How collaborative working in places and communities can make a difference' for a number of excellent examples.

Resolve the workforce crisis

- But **further, more widespread progress depends on having enough skilled staff to turn rhetoric in to meaningful action**.
- So if we are to collectively address and influence the wider determinants of health and address inequalities, national, regional, and local partners **must work together to create a broader workforce strategy that works sustainably for the whole system**.

Recognise the link between good housing and good health

- Any conversation about providing better treatment and support after diagnosis must also be about housing. **Well designed and suitable housing can help people to successfully live independently and manage their health**, as well as reducing the risk of accidents and major respiratory and cardiovascular conditions.
- Conversely, poor, unsuitable and precarious housing has a negative effect on the local and national economy as well as our physical and mental health, particularly for older people, children and individuals with disabilities and long-term illnesses. A study by the Building Research Establishment in 2021 found **the cost of poor housing to the NHS is roughly £1.4bn per year**.

See the big picture

- **Focusing primarily on delayed discharges each winter** and seeking to address backlogs with one-off, time-limited funding pots fails to deliver meaningful reform.
- As a result, **Government must invest more in prevention and recovery services** and **ensure care worker pay is comparable to similar roles in the NHS**.

While we welcome the opportunity to respond to the Major Conditions Strategy consultation, it is disappointing the Government has decided against publishing the Health Disparities White Paper. We hope focusing on just six major health conditions will lead to improvements in relation to each of these but the country also desperately needs a plan to stop people getting ill in the first place. Given the condition-specific focus of the Major Conditions Strategy consultation Solace has only responded to questions where our members felt we could add most value. The answers to the Government's online survey have been presented below in an order which makes the most sense to someone reading this document in isolation.

Tackling the risk factors for ill health

Q: The condition groups we are focusing on are often driven by preventable risk factors, with nearly half (42%) of ill health and early death being due to them. This includes tobacco, alcohol, physical activity, and diet-related risk factors. Action on preventable risk factors is also central to our work on tackling health disparities, since people living in more deprived areas are more likely to partake in these behaviours. Do you have any suggestions on how we can support people to tackle these risk factors?

- **A small proportion – just 10% – of the health and wellbeing of the nation is determined by access to traditional health services**, principally the NHS, according to The Health Foundation. The remainder is shaped by social, economic, and environmental factors such as income, education, housing, transport, and the quality of the air people breathe.
- On all of these fronts, **local government has a key role to play and yet council budgets continue to be squeezed** – the sector faces a £5.2bn funding gap next year, according to the Local Government Association – while the 5% increase in the public health grant for 2023-24 is insufficient to cover the cost of additional burdens including having to offset the pay pressures resulting from NHS pay awards; an additional £0.9bn is required this year alone to restore the public health grant to its historical real-terms per person value, says the Association of Directors of Public Health (ADPH).
- **Funding cuts have been felt disproportionately in more deprived areas** – the very places Government acknowledges have the biggest public health challenges.
- While we recognise the constraints on public finances, the cost of inaction is higher. **It costs around £3,800 in public health measures to give an additional year of good health to someone's life; three to four times lower than the cost resulting from NHS interventions** for that same additional year, says the ADPH.
- Meanwhile, **the community and voluntary sector, who public health teams work so closely with on a local level, also need more – and more stable – funding and resources** or we will find ourselves without their vital support.

The Society of Local Authority Chief Executives and Senior Managers (Solace Group) Ltd; a company registered in England & Wales, number 04053417
Registered charity number: 1084419
Registered Office: 33 George Street, Wakefield, West Yorkshire WF1 1LX,
Correspondence address: PO Box 289, Pontefract, West Yorkshire WF8 9EL
Telephone: 0207 233 0081
Email: info@solace.org.uk
Website: www.solace.org.uk

- **The creation of Integrated Care Systems (ICSs) has presented a golden opportunity to build on the partnerships already in place**, and those created during the course of the Covid-19 pandemic, to help address the broader socio-economic factors that influence the health of the nation.
- As such, Solace is strongly supportive of the reforms and their de-regulatory direction but **it is important that ICSs devolve power, decision-making, and resources to the most appropriate local level**.
- While we understand the need to ensure efficiency, tasking Integrated Care Boards with reducing running costs by 30% and ICSs by 6% this year alone, **cuts risk systems focusing an even greater proportion of their activity on addressing acute conditions at the expense of preventative measures** which deliver greater outcomes and save money in the long run.
- For it is through **investing in broader public health, mental health, and community services that local partners will be able to better prevent, diagnose, treat and manage the major conditions** this strategy seeks to address.

Supporting those with conditions

Q: How can we better enable health and social care teams to deliver person-centred and joined-up services? You might consider suggestions to improve the skill mix and training of the health and social care workforce.

- The creation of Integrated Care Systems (ICSs) has the **potential to turbocharge improvements** to the way health and social care teams not only deliver services but improve outcomes for communities.
- While relationships between local areas and ICSs inevitably vary across the country, **enabling work to happen at a place level is crucial if ICSs are to be successful** at supporting partners to diagnose more people with major conditions at an earlier stage and, in turn, improve health and wellbeing outcomes in the communities they serve.
- Some culture change is still required, though, with some areas reporting too much central control at ICB level. Our members also report a widespread view that the agenda in many areas remains heavily NHS-focused, especially on acute services, with **little attention paid to wider community and/or discretionary schemes which could help to prevent and/or offer earlier intervention to major health conditions**, especially in relation mental health services.
- What ICSs and ICBs do should be driven by a focus on population health and be democratically accountable to local politicians as this is what will ensure they concentrate on the agreed issues and improve outcomes. As such, **ICSs need to work more closely with**

councils and their elected members to ensure that their priorities and plans for services reflect local needs, concerns, and aspirations.

- While it is far too early to provide examples of where ICSs have transformed services, where there is emerging evidence of progress (e.g. Greater Manchester and Calderdale in West Yorkshire) **it is important to recognise such areas have had significant financial and support investment which have helped to drive change and foster a greater level of maturity of partnership working**.
- Systems, however, are nothing without their people so if we are to collectively address the six major conditions then **national, regional, and local partners must work together to create a broader workforce strategy that is sustainable for the whole health and care system**.
- **A two-tier workforce is developing in systems across the country** with many staff working in the NHS and social care fulfilling similar roles, yet the pay differentials are different - average care worker pay is £1 per hour less than healthcare assistants in the NHS that are new to their roles, and £1.80 below those with more than two years of experience, according to Skills for Care.
- In addition, career structures for staff working in social care are very limited in comparison to the NHS. **Solace has been calling on the Government to co-produce career frameworks for key professional disciplines** in local government, including social care, which has been experiencing recruitment/retention issues for several years.
- **There is a particular problem developing among senior leadership roles** – vacancy rates doubled to 4.2% in the year to 2021-22 – but a more co-ordinated approach should help with the development of a thriving pipeline of future leadership candidates.

Q: How can we better support and provide treatment for people after a diagnosis? You might consider suggestions that help people to manage and live well with their conditions, with support from both medical and non-medical settings.

- Any conversation about providing better treatment and support after diagnosis must also be about housing. **Affordable homes that are safe, well designed and connected both digitally and physically are critical to the health of the nation** and a prerequisite for a growing UK economy.
- **Well designed and suitable housing can help people to successfully live independently and manage their health**, as well as reducing the risk of accidents and major respiratory and cardiovascular conditions.
- Conversely, poor, unsuitable and precarious housing has a negative effect on the local and national economy as well as our physical and mental health, particularly for older people, children and individuals with disabilities and long-term illnesses. A study by the Building

Research Establishment in 2021 found **the cost of poor housing to the NHS is roughly £1.4bn per year**.

- **We need a housing strategy** that not only reflects the fact we have an aging population - one in four people in the UK will be 65 by 2050 – but allows diverse communities to sit together and delivers urgently needed suitable housing options for all ages and abilities. Providing adaptations and support in people's existing homes will become increasingly important.
- **Local government is a willing and committed partner in helping people out of hospital and back into their homes** but the fixation on delayed discharges, especially during winter pressures, does little to address the bigger issue about preventing people from requiring acute care in the first place.
- If we are to better support people in the community and reduce NHS pressures then Government should in the shorter term:

    1. **Invest in voluntary sector support**, which can mobilise quickly and provide access to an additional workforce. Services such as 'sitting services' (which provides reassurance for people who may not need care but are concerned at being alone after discharge), unpaid carer support, handyperson services, and home from hospital services can all play a key role in meeting low-level needs after discharge, as well contributing to preventing possible readmission.
    2. **Invest in therapeutic-led reablement** – intensive short-term interventions with follow-up support – which support recovery after time spent in hospital.
    3. **Increase care worker pay** – including one-off increases and/or retention bonuses – to help tackle the serious recruitment and retention issues facing the sector.
    4. **Develop robust commissioning arrangements** between councils, the NHS and the care sector.
    5. **Focus on delivering effective transfers of care** by ensuring hospital discharge teams provide accurate discharge information including therapy plans and sufficient supplies of medication at the point of discharge.
    6. **Invest in support for unpaid carers**.

- In the medium-term Government should:

    1. **Focus on prevention and recovery services**, including steps to support the voluntary sector to provide fast, low-level support as outlined above.
    2. Build on the good work being done in some areas to **identify and target the people most at risk of admission**.
    3. **Invest properly in primary and community services** and intermediate care that is multidisciplinary.
    4. **Tackle the long-standing issue of care worker pay**.

The Society of Local Authority Chief Executives and Senior Managers (Solace Group) Ltd; a company registered in England & Wales, number 04053417
Registered charity number: 1084419
Registered Office: 33 George Street, Wakefield, West Yorkshire WF1 1LX,
Correspondence address: PO Box 289, Pontefract, West Yorkshire WF8 9EL
Telephone: 0207 233 0081
Email: info@solace.org.uk
Website: www.solace.org.uk

Q: How can we make better use of research, data and digital technologies to improve outcomes for people with, or at risk of developing, the major conditions?

- **We are not currently maximising the potential from existing digital systems** and, as things stand, it is a very one-sided approach with lots of data and information shared with health systems but very little coming back the other way.
- Councils have an excellent array of ward-based data which isn't used effectively in overall system terms. However, for this to be effective **we need to get the buy-in that this data can be used to change population outcomes**, but we are a long way off that at the moment.
- **Quality, relevant data shared in a timely manner between all partners will help** with that and better enable issues to be identified and addressed.
- As such **we should aspire to move to continuous data sharing system** rather than event/initiative driven performance management e.g. winter, responding to inspection, etc.
- However, **we do not need to collect more data** – we should simply seek to make better use of what all partners currently have.
- **A stronger focus on outcomes, experience, and equality – and less on process and outputs – aligned to relevant priorities** will also help to drive positive change.

June 2023

The Society of Local Authority Chief Executives and Senior Managers (Solace Group) Ltd; a company registered in England & Wales, number 04053417
Registered charity number: 1084419
Registered Office: 33 George Street, Wakefield, West Yorkshire WF1 1LX,
Correspondence address: PO Box 289, Pontefract, West Yorkshire WF8 9EL

Telephone: 0207 233 0081
Email: info@solace.org.uk
Website: www.solace.org.uk