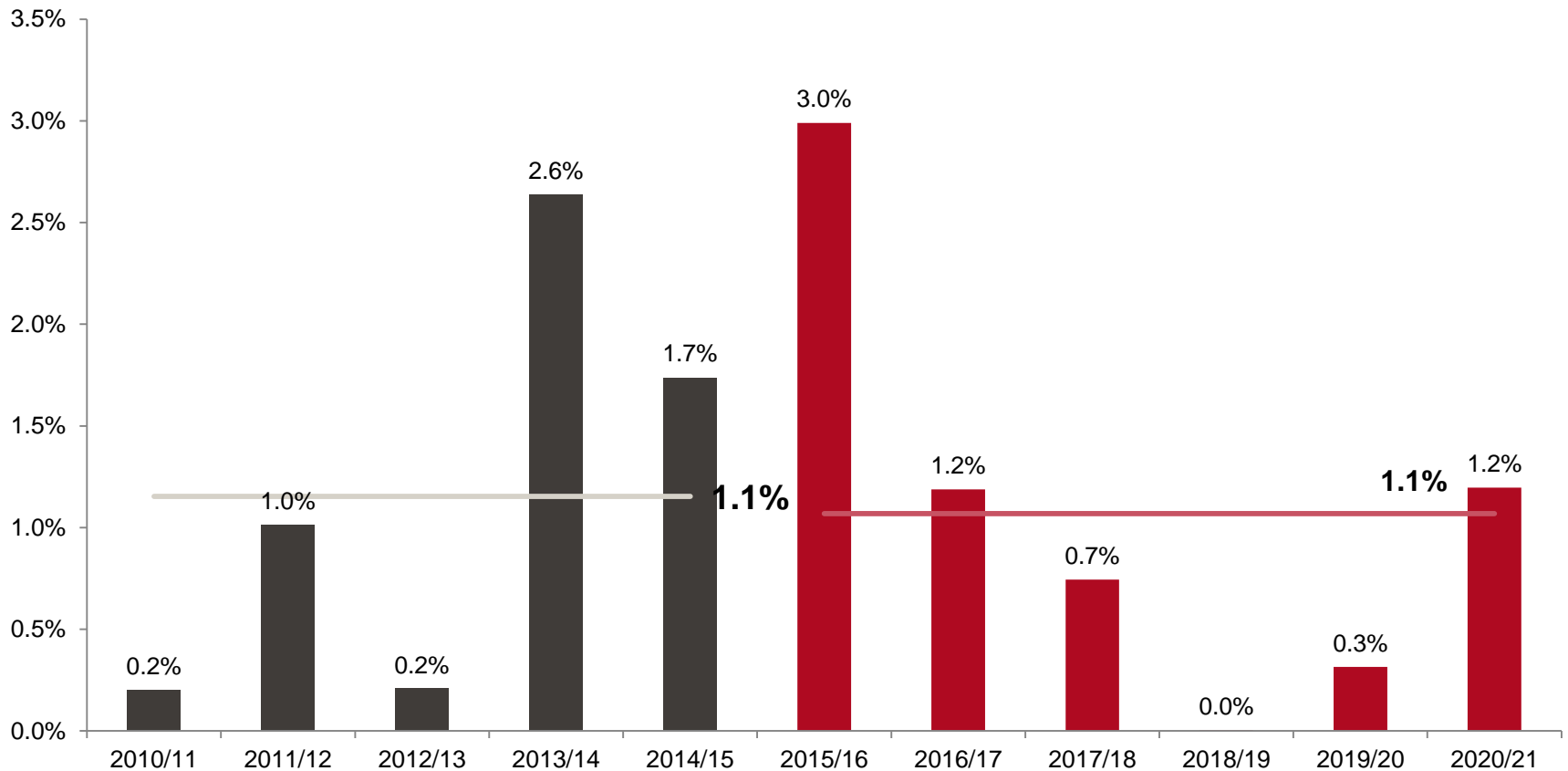


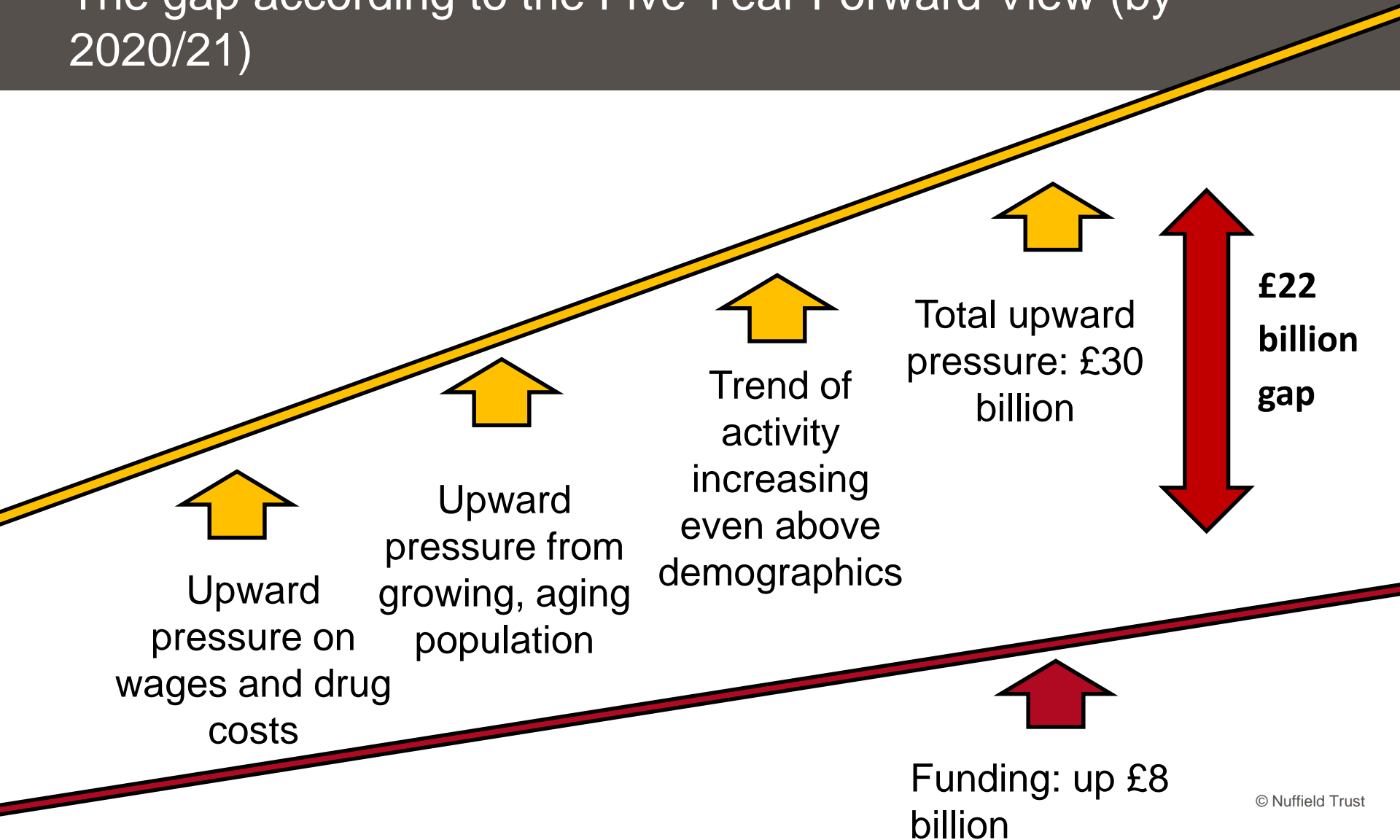
# National picture and local challenges

**Nigel Edwards, Nuffield Trust**

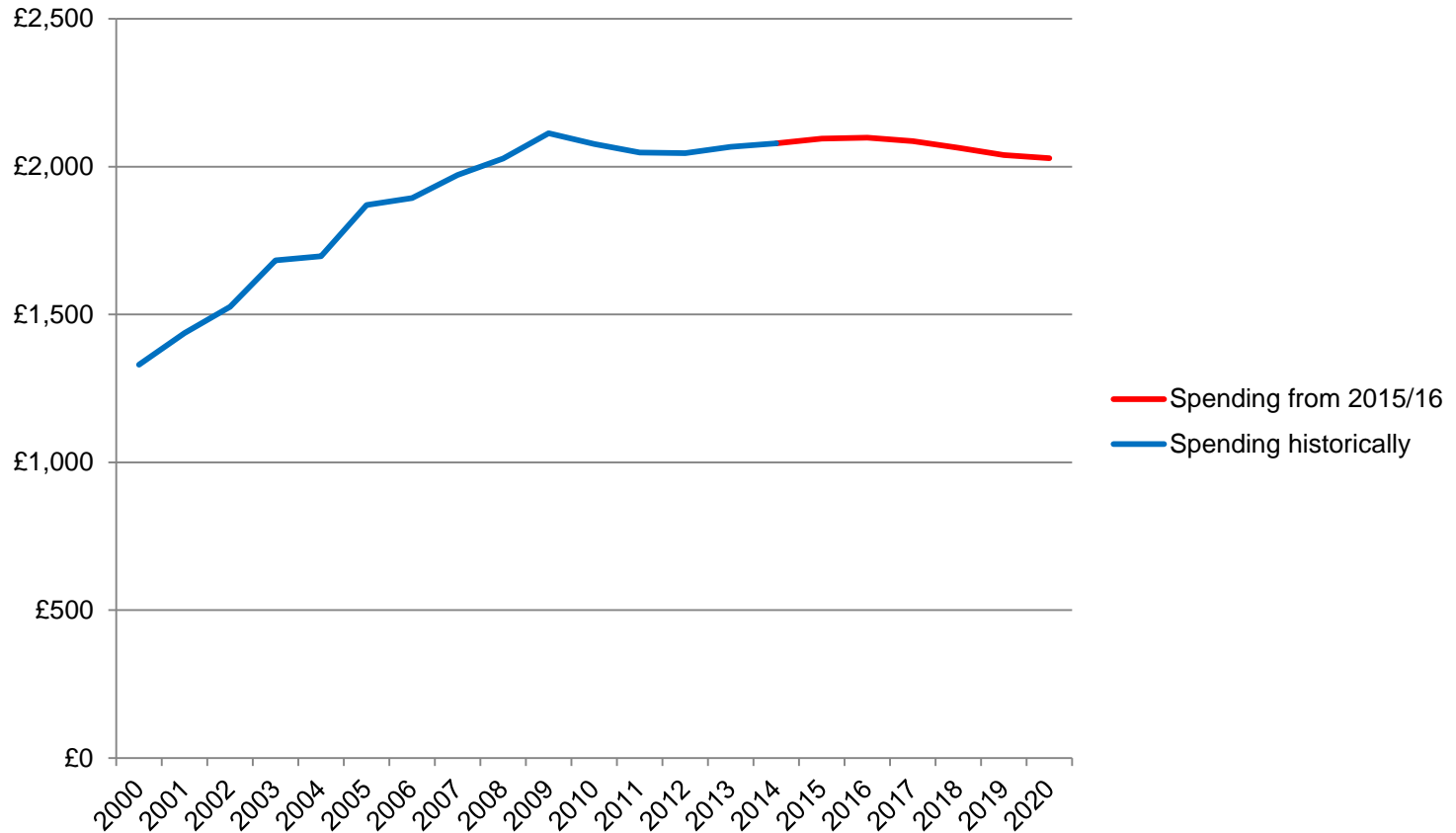
# Ten tight years for the NHS



# The gap according to the Five Year Forward View (by 2020/21)



## Age adjusted NHS spending per person



## Has the NHS asked for £8b & been given £10b?

No:

£10b is £8b with one more year added

£3b comes from other health & public health budgets

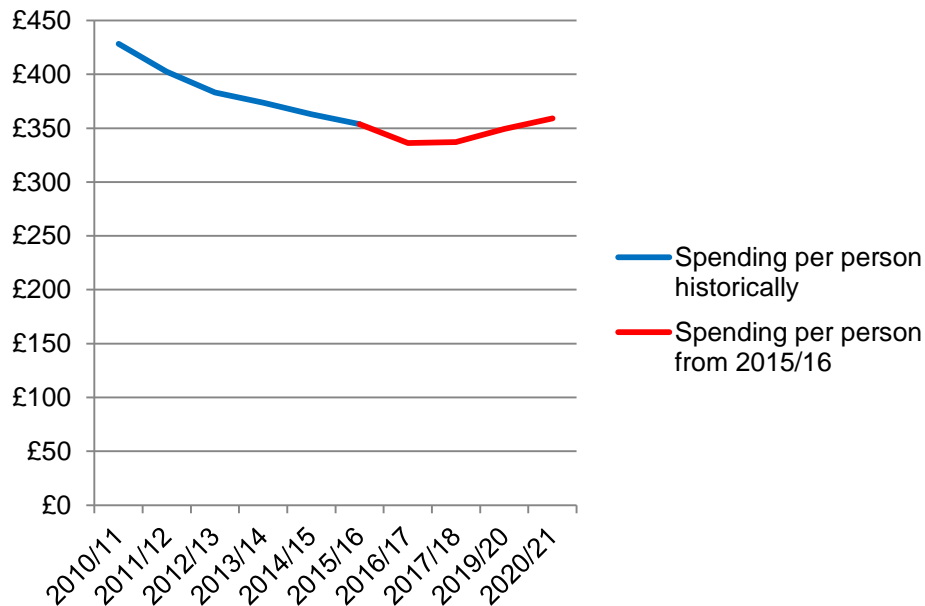
The NHS was at least £1.2b worse off than was thought

The £8b ask was premised on proper funding for social care

Much of the front loaded money is dealing with historic deficits

## Social care also in trouble

**Net social care expenditure per weighted adult from 2010**



Concerns about the viability of the provider sector

Impact of Brexit & the living wage

## Some important points

The NHS does not have the option not to provide services to those that need it

Health and social care spending are low-average by international standards

There is scope to improve efficiency but difficult to do it in the time available

## Sustainability and transformation plans (STPs)

The plans to implement the NHS England Five Year forward view & achieve financial balance

Large number of 'business as usual efficiency improvements'

Quite a lot of more radical change

Very large numbers of ideas across a wide range of areas



## Key areas include

Demand management & prevention

Various models of integrated care – more to do to think about the social care component of this

Redesign and strengthen primary care

Reduction in beds, A&E, maternity and community hospitals

Estates rationalisation

Mental health inpatient unit rationalisation

▪

## Lots of other ideas

Using technology – patients and staff

Pushing improvements in mental health

Staffing

- Joint banks and recruitment
- Addressing housing issues
- New roles

Community development & working with voluntary groups in new ways

## Issues about radical solutions

Some are based on hope rather than evidence and there is significant optimism bias

Where they are evidence based they are difficult to execute

The economics of the change are problematic

Complexity of the changes is enormous

Capital may be required which extends the time & reduces the savings – there is no capital

Some will take time & it's not easy to shorten the process

## Some questions to ask

How good is the evidence for what is being proposed?

If activity is reduced how will savings be achieved?

How will staff, the public and politicians be involved?

What is the process for managing change and holding these fragile coalitions together

How will double running & transformation be funded?

How can the skills and insights of local government help? The process seems quite NHS centric