NHS Funding Bill Second Reading House of Lords Wednesday 26 February 2020

Key messages:

- It is positive that the Government has made an explicit commitment to invest in the NHS to transform care and protect frontline NHS funding.
- The NHS does not operate in isolation. The commitment for increased funding for the NHS will only be maximised if there is an equivalent scale of investment in social care, public health and prevention services that both improve people's health, wellbeing and independence and relieve pressure on frontline NHS services.
- Local authorities' public health grant funding has reduced by over £700 million in real terms between 2015/16 and 2019/20. To match the growth in overall NHS funding as part of the Long Term Plan, the public health grant should increase to at least £3.9 billion by 2024/25. We are continuing our calls for the public health grant to be restored and placed on a long-term sustainable footing for the future, with the additional money used by local authorities to help avert the onset of disease and reduce the burden on NHS and social care.
- At the time of writing, the Government is yet to publish the Public Health Grant for 2020/21. This delay is making it extremely difficult for councils to plan effectively, and the LGA is calling on Government to provide urgent clarity on this.
- In recent years, adult social care has been propped up by one-off, piecemeal injections of funding. This hampers councils' ability to plan for anything beyond a short-term horizon. Social care and public health funding should therefore be given the same long-term certainty as NHS funding. This means providing a commitment in legislation to fund these services and taking an approach comparable to that being taken to the NHS in this Bill. By doing this, the Government can provide long term certainty to social care and public health services, whilst helping to further stabilise care and support.

Briefing



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Further information

Adult social care

Adult social care matters in its own right. To enable people of all ages to live the lives they want to lead, but to also support the NHS Long Term Plan, adult social care also needs significant additional investment. The Government's commitment to continue the £1 billion announced in the Spending Round in each year of the Parliament is therefore a positive first step, though it is not enough to meet all demand pressures and is for both children and adult services.

We would like to see social care receive a comparable approach to the NHS Funding Bill, in terms of funds and enshrining that commitment in legislation. The Budget will provide a vital opportunity to further stabilise care and support and build towards the longer-term reforms that are desperately needed.

Securing the sustainable, long-term future of adult social care and support is one of the major issues facing society. Our work over the last year and a half has sought to keep the debate in the public and political spotlight, and we are committed to working with the Government to bring about meaningful change.

We look forward to the Government setting out its thinking at the earliest opportunity. Proposals will need to be practical and workable so that adults of all ages are supported to live the lives they want to lead. This means ensuring that the current system is adequately funded, as well as introducing reforms which improve access to care and pool the financial risk so individuals do not face catastrophic costs.¹

Public health

We are pleased that the Government have committed the 2020s to be the 'decade of prevention of ill health'. The NHS Long-term Plan and the recent Prevention Green Paper allow us to explore the benefits of prevention from a system-wide perspective, which includes the prevention and early intervention services delivered and commissioned by local councils.

It is important to acknowledge that the NHS does not operate in isolation. Hospitals and community health services work hand in hand with adult social care, public health and other key services such as housing and the voluntary and community sector to provide care and support for people in their homes and neighbourhoods, reducing pressure on health services. The commitment for increased funding for the NHS will only be maximised if there is an equivalent investment in social care, public health and prevention services that improve people's health, wellbeing and independence.

Local authorities' public health grant funding has reduced by over £700 million in real terms between 2015/16 and 2019/20. To match the growth in overall NHS funding as part of the Long-Term Plan, the public health grant should increase to at least £3.9 billion by 2024/25. We continue to call for the public health grant to be restored and placed on a long-term sustainable footing for the future, with the additional money used by local authorities to help avert the onset of disease and reduce the burden on NHS and social care.

This limited funding can make it more difficult to roll out new services. We have recently called on Government to fully fund the costs that councils will incur when rolling out the anti-HIV drug PrEP in April.² Councils' already overstretched public health budgets will struggle to

¹ For further information on adult social care funding, please see <u>here</u>

² LGA (2020) <u>'PrEP: Fully fund councils to avoid stalled roll out of anti-HIV drug'</u>

meet this commitment unless Government provides a funding guarantee. This call has been backed by the National Aids ${\sf Trust.}^3$

At the time of writing, the Government is yet to publish the Public Health Grant for 2020/21. This delay is making it extremely difficult for councils to plan effectively, and the LGA is calling on Government to provide urgent clarity on this.⁴

³ National Aids Trust (2020) 'NAT statement supporting the Local Government Authorities' call for fully funded PrEP' <u>https://www.nat.org.uk/press-release/nat-statement-supporting-local-government-authorities-call-fully-funded-prep</u>

⁴ For further information on public health funding, please <u>see here</u>.