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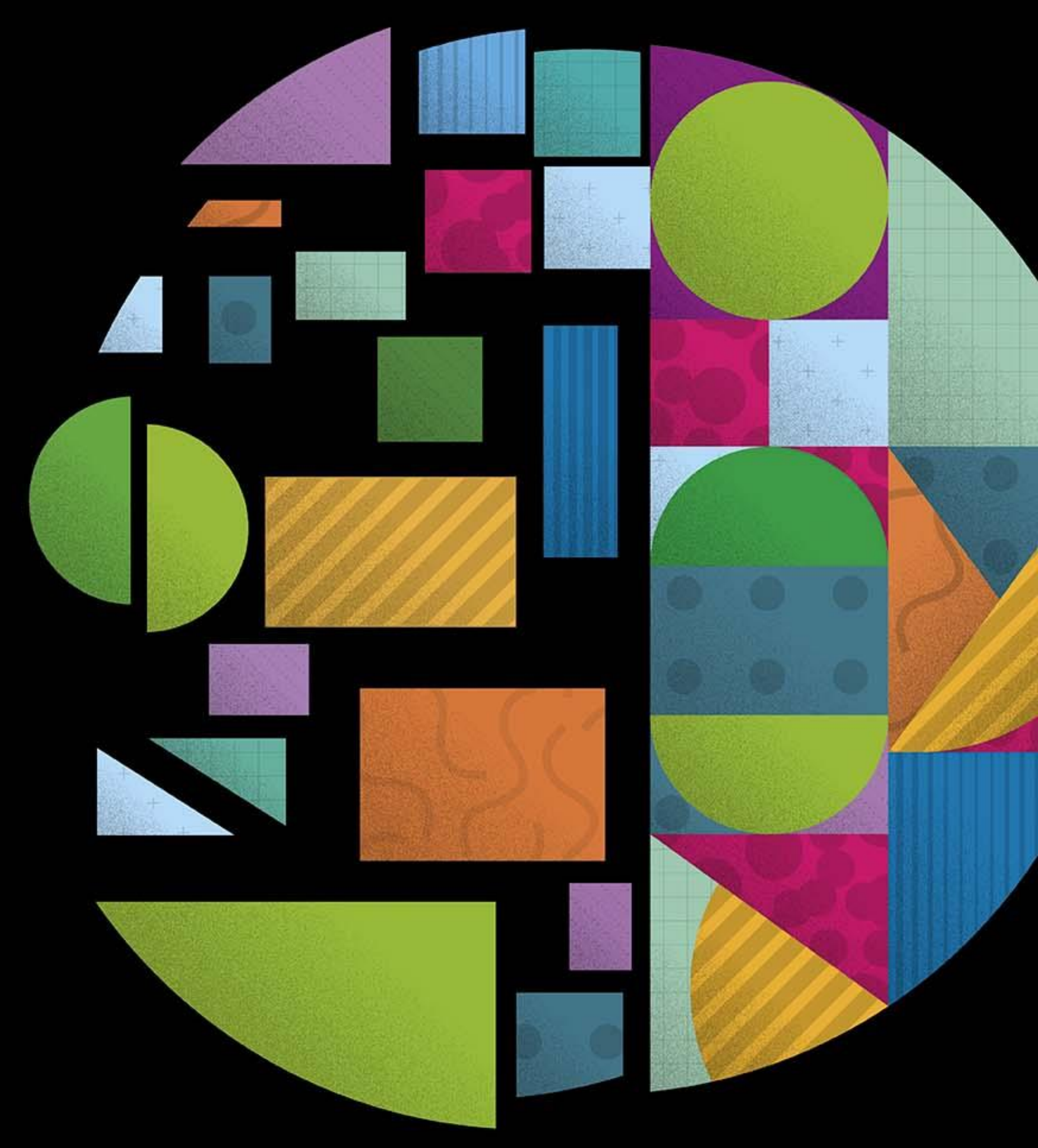
Healthcare, inequalities, public health the health integration agenda and the future of health

Building a fairer and sustainable system for the UK

October 2022

Deloitte Centre *for* Health Solutions



Karen Taylor, Director, Deloitte UK Centre for Health Solutions

The NHS Yesterday Today and Tomorrow

In 1948, when a Labour Government, founded the National Health Service it **became the first health system, in any Western society to offer free medical care to the entire population.**

So much of what the NHS does depends on science and the impact of science, on the NHS, has been overwhelming; screening, surgery, pharmacology, diagnostics monitoring, and now AI and digital transformation

But Only 20% of NHS organisations are 'digitally mature'. Just 86% of hospitals have a form of Electronic Patient Record in place and less than 40% of social care providers.

As good as technology is, at the end of the day, it's the people who make the difference. And today the NHS is facing serious workforce challenges – these challenges existed pre-pandemic but the pandemic has exacerbated them, it also resulted in a huge backlog in elective care and diagnostics. New issues like equality and diversity and climate change are increasing in importance

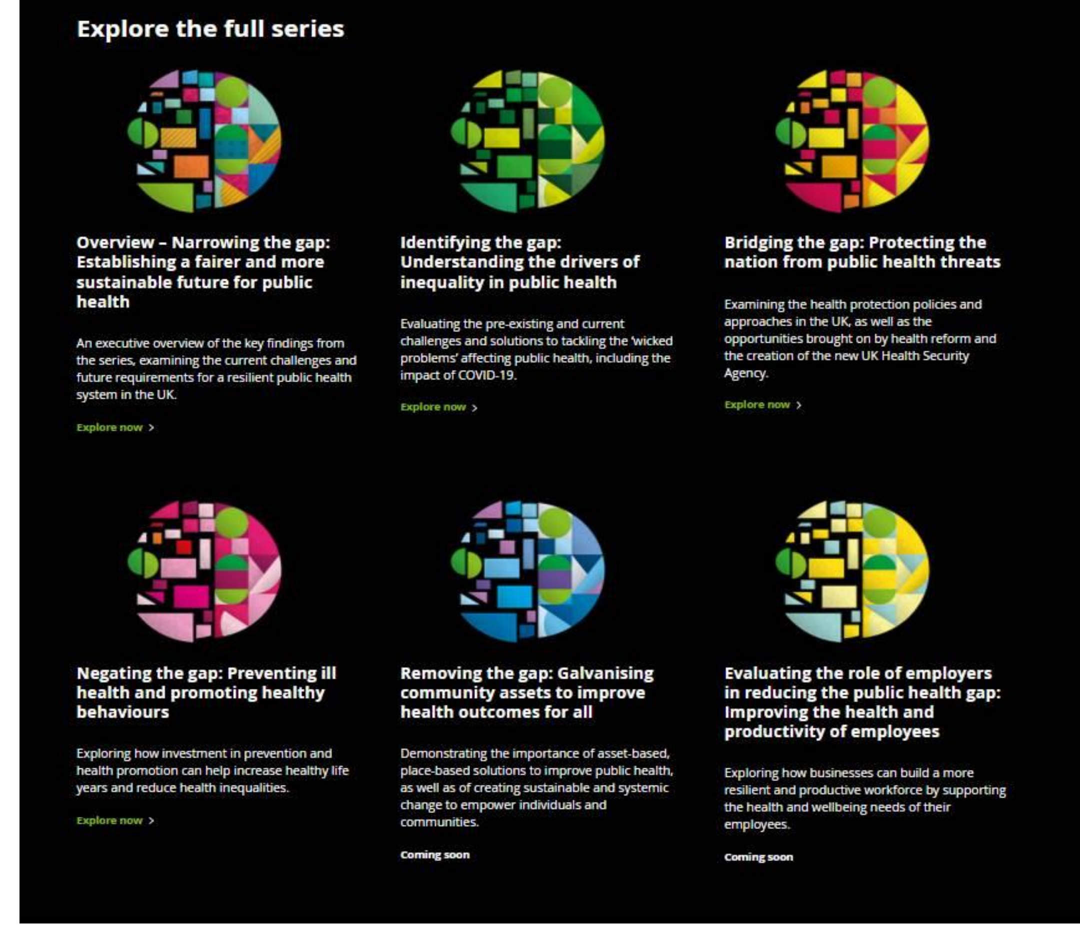
Since July The Health and Social Care Act 2022 has held sway creating an infrastructure of Integrated care systems

So how has the pandemic affected the public health system?

The focus of todays presentation is on understanding the findings from our report series:

The future of public health report series. Building a fairer and sustainable system for the UK

- an extensive literature review conducted between March and October 2021, analysis of published literature and datasets across the UK (including the work of the Kings Fund, Health Foundation, Sir Michael Marmot and other) to improve our understanding of key public health issues
- A survey of 1500 front line health and care staff and interviews with 85 senior stakeholders across the health and care ecosystem, including directors of public health (DsPH), policy makers academic etc conducted between April and the end of July
- conducted against the backdrop of the ongoing COVID-19 pandemic and wide-reaching statutory reforms of the NHS, social care and public health. Our findings are intended to provide insights into the challenges facing public health before the pandemic, the impact of the pandemic, and what is needed for an effective and sustainable future. And as Maggie Rae says, it is possible to make changes and there are many evidence based examples out there some of which we feature as case studiess in our reports

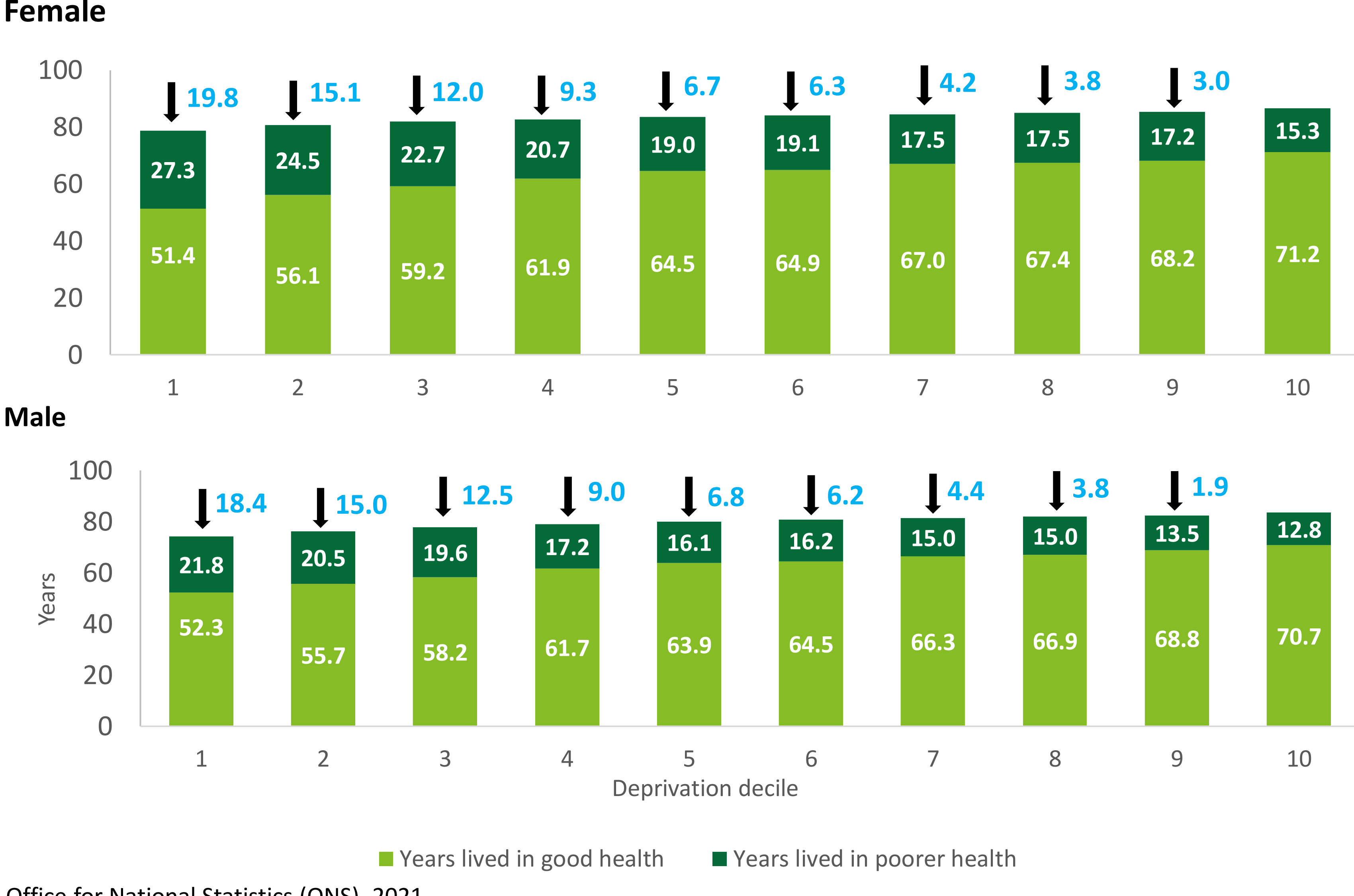


The future of public health report series features six reports on the crucial role of public health and the actions needed to optimise the link between health and productivity to drive economic recovery and positive societal impact.

Download the reports at:

The future of public health | Deloitte UK

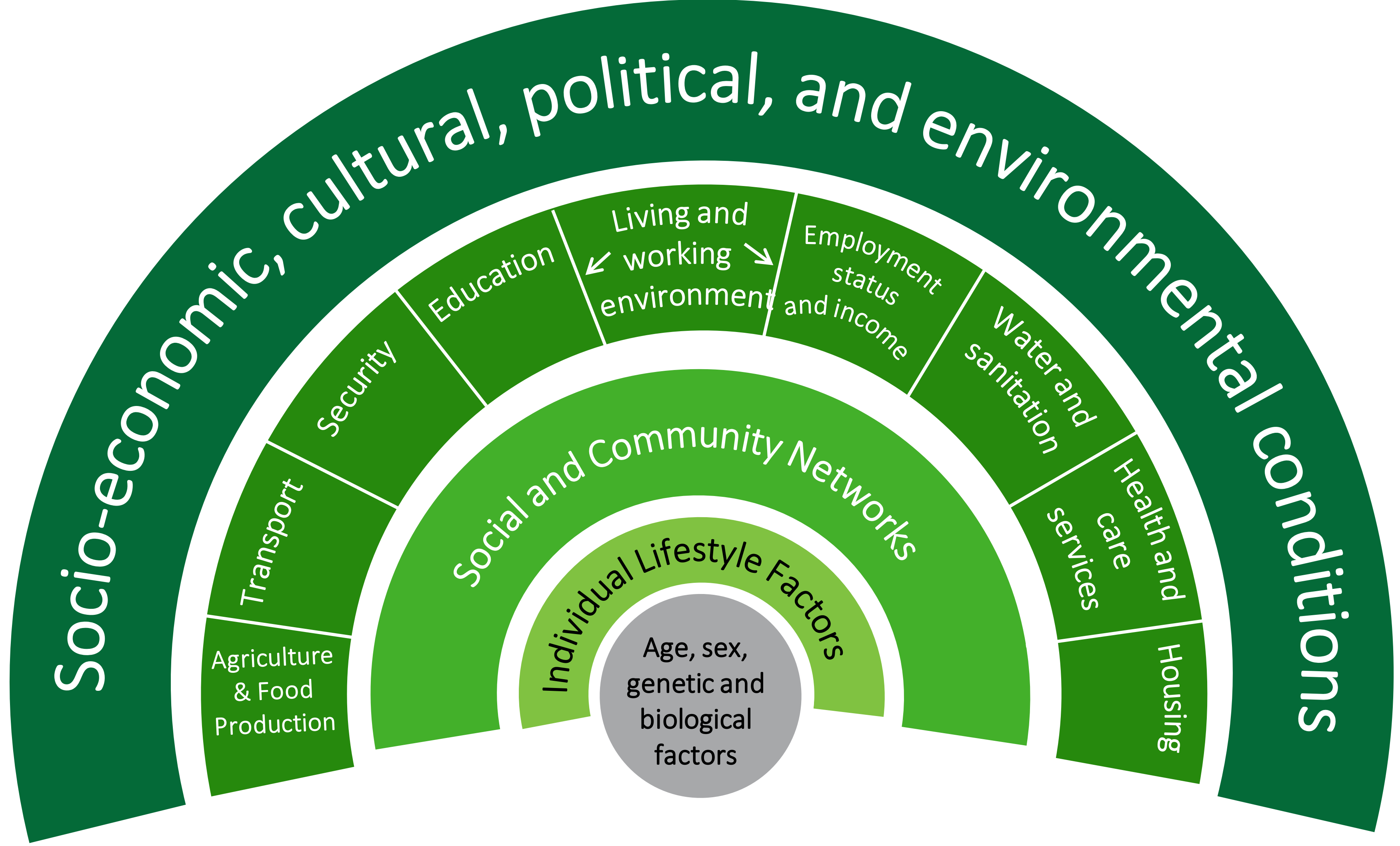
Healthy life expectancy at birth, by decile of deprivation, in England, in 2017 to 2019



Source: Office for National Statistics (ONS), 2021

Note: Deprivation decile: 1- most deprived and 10 - least deprived; arrow indicates 'years lived in good health' difference from least deprived decile

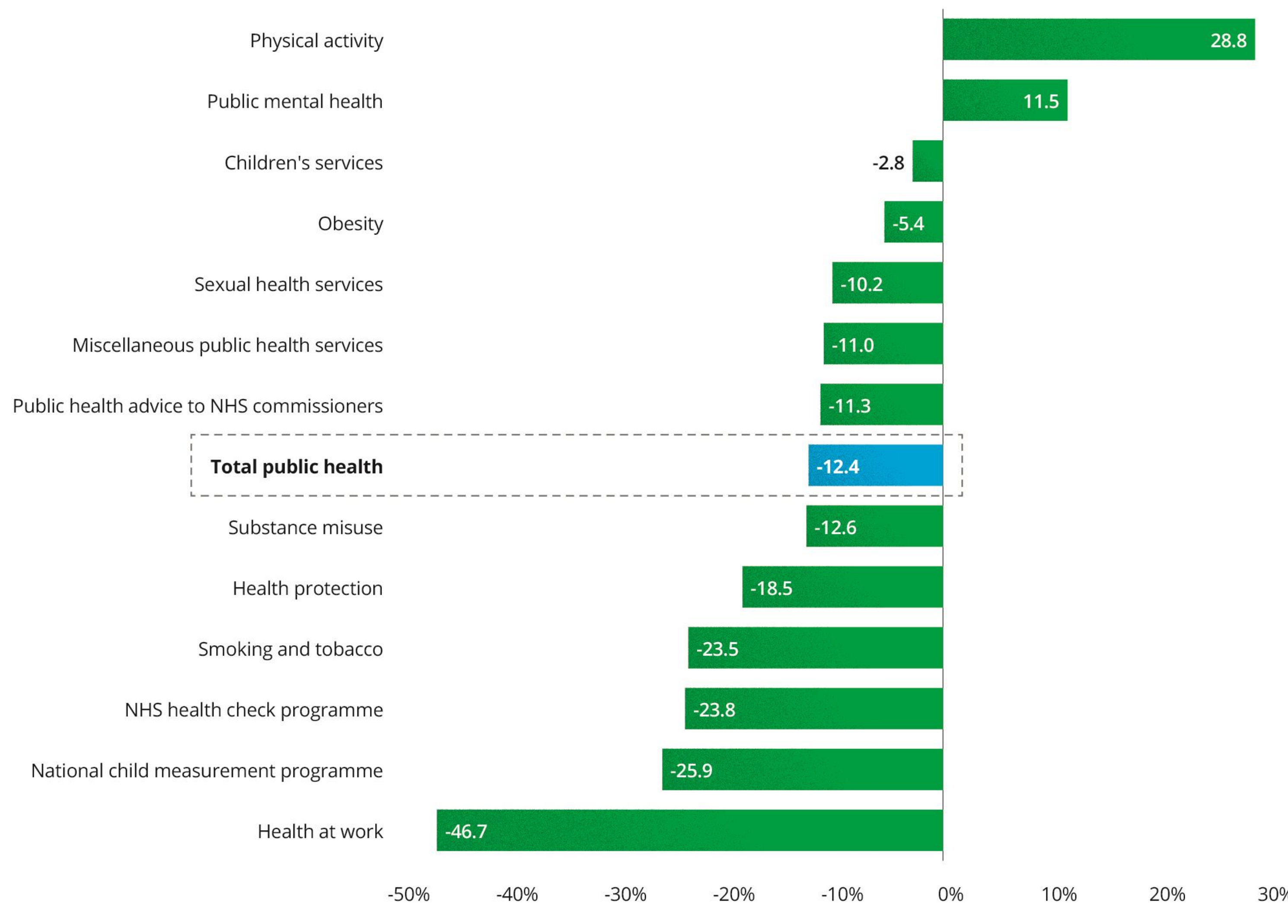
The broad social and economic circumstances that together determine the quality of the health of the population are known as the 'social determinants of health'



Note. Social determinants are known as 'the causes of the causes' of ill health, and encompass the range of social, environmental, political and cultural differences that directly or indirectly impact the health of individuals and populations; and are recognised globally as a core dimension of public health policy and practice and are central to action on health inequalities.

Source: adapted from the social determinants of health - GOV.UK (www.gov.uk)

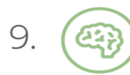
Percentage change in public health spending 2016-17 to 2020-21, cash terms



Source: The King's Fund, from its report Spending on public health (January 2021).

Our survey and interviews identified the following top three challenges facing the UK in creating an effective public health system prior to the pandemic

Survey respondents

1. Meeting an increasing healthcare demand from expanding ageing populations (42.8%)
2. Tackling health inequalities (39.7%)
3. Keeping pace with rising complexity of need in ageing populations (32.4%)
4. Meeting an increasing social care demand from expanding ageing populations (32.3%)
5. Addressing variations in standard of care provided by the NHS (32.2%)
6. Improving integration and coordination of the health and care system (27.1%)
7. Accessing social care support (23.5%)
8. Addressing the backlog of elective procedures (20.7%)
9.  Achieving parity of esteem between physical and mental health (19.9%)
10. Aligning funding incentives to deliver priorities (11.9%)

Note: Multiple choice question; percentage represents proportion of total respondents selecting a particular option.

Interviewees

1. **Funding (58%)** – Lack of funding, budget cuts, and variation in prioritisation of investment in public health.
2. **Health inequalities (40%)** – Deep seated intractable health inequalities with public health leaders having variable influence over the social determinants of health and limited agreement among national and local politicians on how to tackle them.
3. **Fragmentation and silos within and between local authorities and the NHS and other stakeholders (38%)** – Fragmentation between public health and the NHS, as well as fragmentation and siloes between and across the health ecosystem, and a lack of integration with other stakeholders, such as academia.
4. **Data (cultural and systematic issues) (21%)** – Cultural and structural issues around data sharing- including lack of or restricted access, interoperability problems and gaps in surveillance and data gathering.
5. **Strategy/approach (21%)** – Lack of data-driven strategies and outcomes-based approaches, short termism due to lack of leadership strategic long-term and enduring approaches to address health inequalities.

Note: 74% of our 67 public health interviewees answered this question.

Interviewees views on how well prevention and promotion were being tackled pre-pandemic

	Not at all well	Not very well	Neutral	Reasonably well	Very well
Promotion	0%	40%	40%	20%	0%
Prolonging healthy life years	13%	50%	25%	13%	0%
Prevention	20%	30%	50%	0%	0%

59% of interviewees answered this question for at least one of these areas.

Source: Deloitte analysis of interviews of public health stakeholders conducted between 5 April-19 July 2021.

A concerted and enduring focus on prevention and health portion are needed if we are to increase healthy life years and reduce health inequalities. However prior to pandemic few if any countries spent more that five per cent of their health budget on public health.

What three words come to mind when you think of the impact of the pandemic on public health?

Response from Survey participants

Top 60 word view

Question: What three words come to mind when you think of the impact of the pandemic on public health?

Source: Deloitte analysis of survey of 1,504 health care professionals conducted by M3 between 21-28 April 2021.

COVID-19: Our interviewees identified the following strengths and weaknesses of the public health system exposed by pandemic

Top 3 strengths

1. Workforce agility, skills and talent (59%)
2. The COVID-19 vaccination programme (37%)
3. Local knowledge, approach and relationships (17%)

Top 3 weaknesses

1. Health inequalities (28%)
2. Data sharing/access/interoperability (26%)
3. Lack of, or fragmentation in the Public Health infrastructure (22%)

   Test, track and trace – capacity and training (22%)

Interview question: a. What were the strengths of the public health system that helped the response to the COVID-19 pandemic? (63% of interviewees answered this question). b. What weaknesses has the COVID-19 pandemic exposed in the public health system? (71% of interviewees answered this question)

Source: Deloitte analysis of interviews of public health stakeholders conducted between 6 April-19 July 2021.

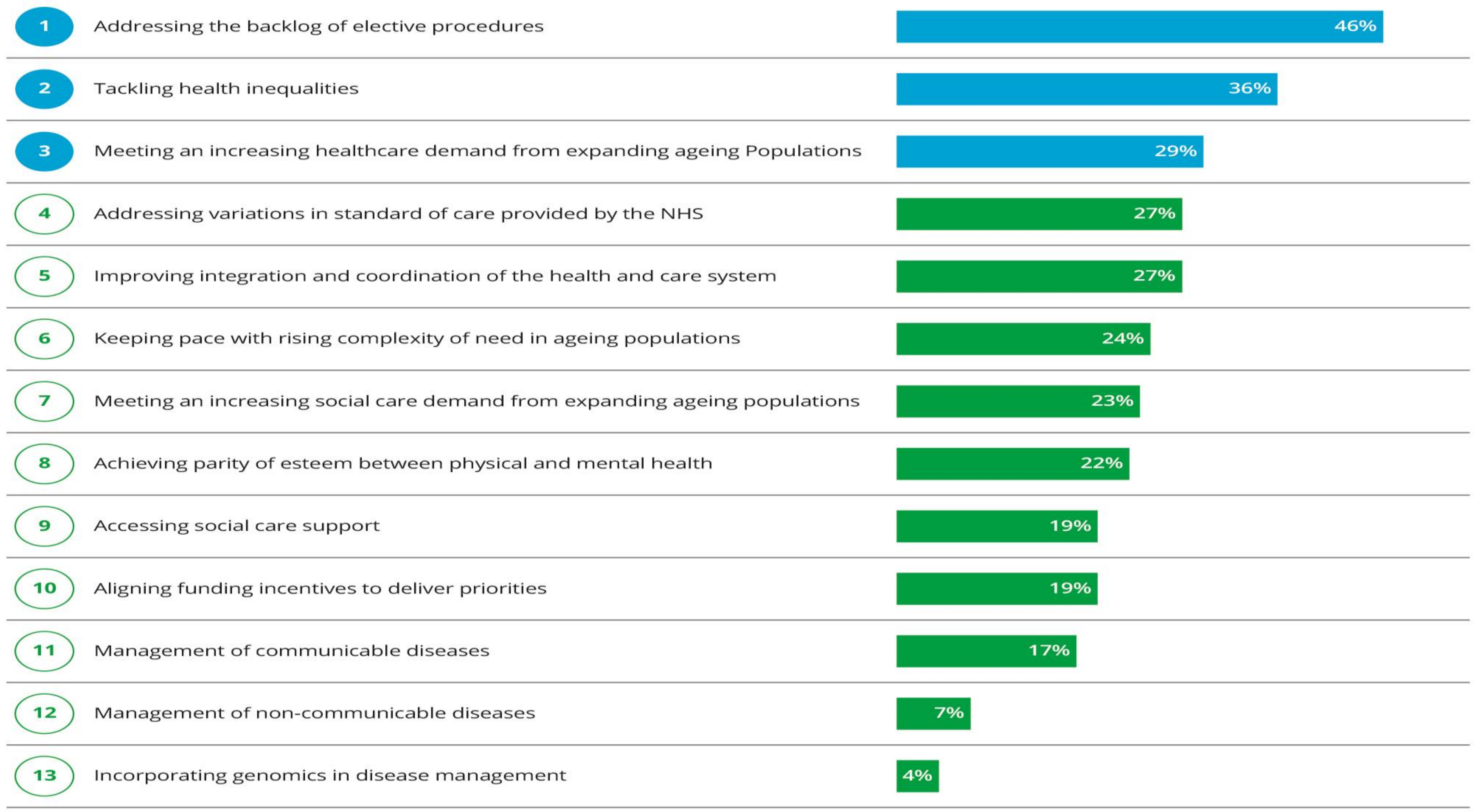
Vaccinations have been phenomenal. That kind of decentralised approach has been quite successful - they activated local community systems - churches, mosques, Hindu temples, hospitals and car parks have been used – they really leveraged touchpoints, where the public want to come and see them and delivered health care; whereas track and trace was centralised".

Director of Public Health

There was a lot of advice to say we mustn't just test, we must test, trace, isolate and then support people with their needs" –
Chief Information Officer

"Test and trace was an underestimation of the infrastructure that was already there in public health"
Public health leader

Survey respondents views on the top three challenges the UK faces over the next three years in creating an effective public health system



Survey question: As we emerge from the pandemic, what are the top three challenges the UK faces over the next three years, in creating an effective public health system?

Source: Deloitte analysis of survey of 1,504 health care professionals conducted by M3 between 21-28 April 2021.

Which three things would you prioritise to help you tackle public health challenges?

#	%	Response
1	33%	Funding/ resourcing: more imaginative use of resources is needed to obtain value for money *"I'd prioritise funding so the right level of funding is targeted at the right groups of people at the right levels and the right initiatives."*
2	29%	Workforce, skills and talent: need urgent attention to improve recruitment and retention *"There's an urgent and compelling need to make the clinical route into public health more attractive."*
3	20%	Inequalities and social determinants of health *"Public health needs to be given the authority to influence the underlying social determinants including housing, employment, education, sport and leisure and environmental policies."*
4	13%	Biosecurity and infection control – *"Preparing for future pandemics requires a robust and transparent pandemic response framework that shows how the lessons from COVID-19 have been applied."*
5	11%	Prevention "There is an indisputable need to fund up-stream prevention, including 'behaviour coaches to provide nudges' and 'prevention at the point of birth and in first five yeas of life."

Source: Deloitte analysis of interviews of public health stakeholders conducted between 6th April – 19th July 2021.
Question: Which three things would you prioritise to help you tackle public health challenges?
69% of interviewees answered this question.

Future of Public Health: requires a community level asset based approach to public health is essential: Public health teams need to optimise the use of community assets to empower individuals and create resilient, fairer communities

Source: Deloitte analysis.

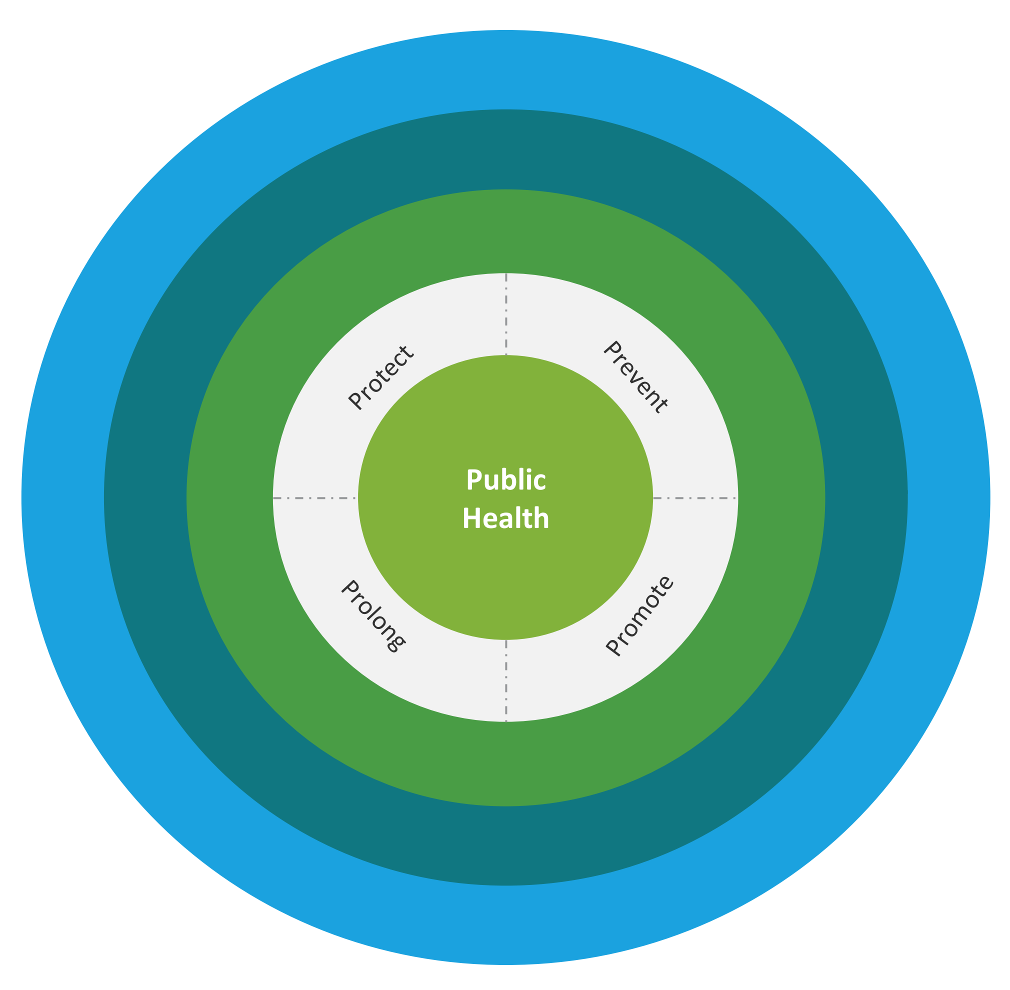
Expert opinion on how best to improve public health emphasises the importance of empowering communities to drive and shape health in both direct and indirect ways :

- directly through the services they provide and resources they offer
- indirectly by supporting the development of social capital and cohesions

Both require a new deal with the public is we are to ensure a sustainable and equal future for public health

Both require partnership and collaboration with businesses and employers

Realising a fairer and sustainable tomorrow: What good public health might look like in five years time



What you need

1. *A National Accountable Authority*
2. *System Leadership*
3. *Expert Public Health Workforce*
4. *Appropriate Funding*
5. *RWD and IT infrastructure*
6. *Local and National Level*
7. *Partnerships*

Where to focus

1. *Behavioural Science*
2. *Effective Surveillance*
3. *Digital Inclusion*
4. *Public Health Campaigns*
5. *Health Screening Programmes*
6. *Vaccination Programmes*

What you get

1. *Smart Health Communities*
2. *Ill Health Prevention*
3. *Productive Employees*
4. *Efficient Response to Major Incidents*
5. *Reduced Public Health Risks*
6. *Reductions in Smoking and Obesity*
7. *Better Sexual Health*
8. *Longer Healthy Life Years*
9. *Good Mental Health*
10. *Appropriate Antibioticusage*
11. *Safe Environments*

Overall Conclusions

- Public health challenges are complex requiring cross functional targeted, approaches to tackle them.

- Despite unequivocal evidence that prevention is more cost effective than treatment, funding cuts and a lack of focus on primary prevention have hindered progress in increasing HLE and undermined attempts to reduce the impact of the SDoH on the physical and mental health of the population.

- COVID-19 has shown the UK to be an unequal society, and exposed the impact of the social gradient on the widening health inequalities gap; it has also highlighted a decade of inadequate public health funding, variations in workforce capacity, training and development and the need for more clarity over roles responsibilities and accountabilities.

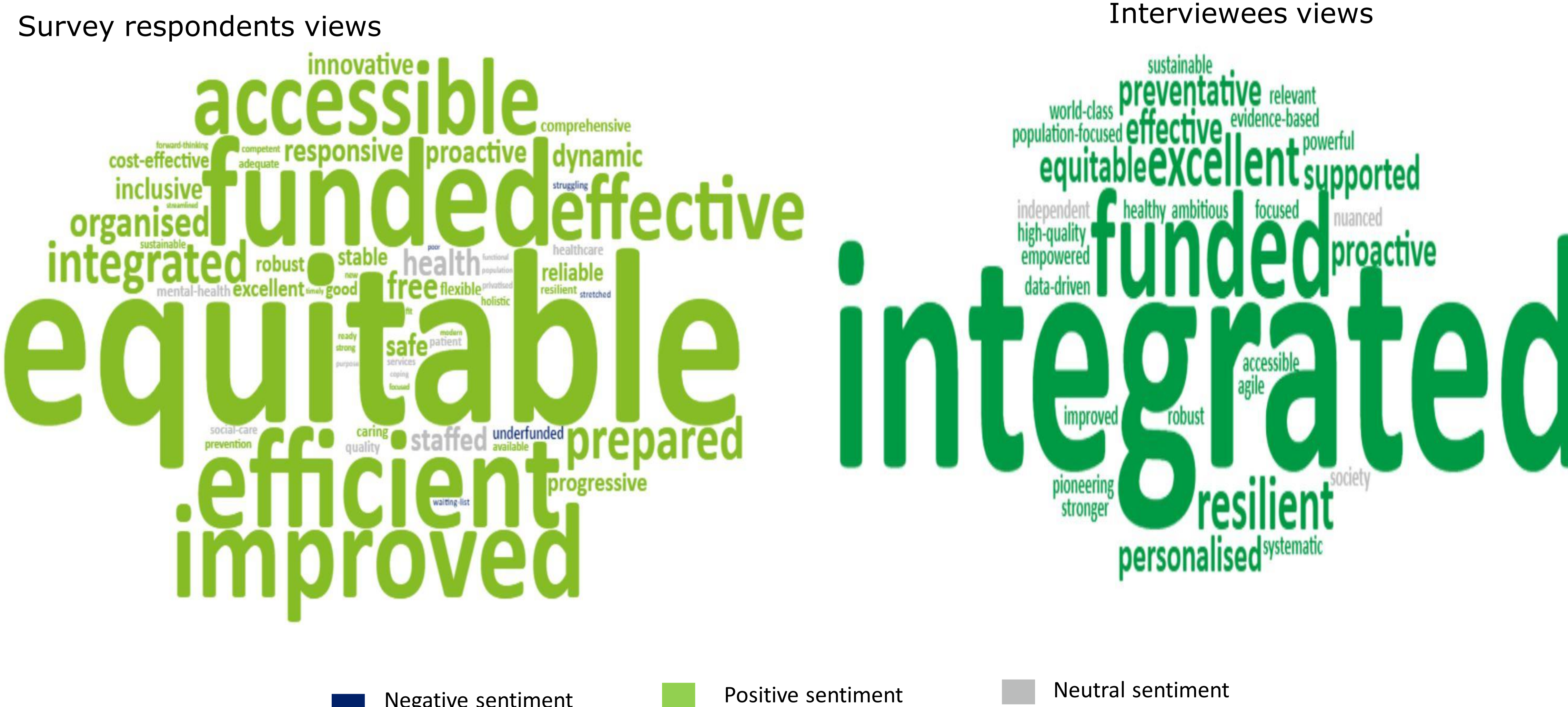
- The adoption of new ways of working, partnerships and collaborations based on a shared intent and a common purpose have shown it is possible to deliver a resilient and effective response.

- The role of public health needs to be fully recognised and valued as an integral component of the new ICS, and for DPHs to use their expertise in PHM to work with emergent ICSs and also help the OHID influence the levelling up agenda.

- Need to galvanise the adoption of a community–asset based approach and especially the role of businesses as employers in tackling health and wellbeing of employees their families and the communities they operate in.

- Importantly, the future funding allocation will need to take into account the gaps exposed by the pandemic and the scale of the challenges that will need to be addressed if public health is to be on a more sustainable footing.

Thinking ahead five years, what three words would you hope will be used to describe the state of the public health system?



Source: Deloitte analysis of response from survey and interviewee responses

Top 60 word view

So what is the biggest challenge facing the NHS?

What do we know about the healthcare workforce

- We know there's a global shortage of care workers – some estimates suggest its around 18 million. In the US there may be a shortage of between 200,000 to 450,000 nurses by 2025. No one is quite sure as they don't have very good data… in UK its 46,000 nursing and a 100,000 vacancies overall.

- The prolonged funding squeeze between 2008 and 2018 combined with years of poor workforce planning, weak policy and fragmented responsibilities mean that staff shortages have become endemic. As such, the workforce crisis will be the key limiting factor on efforts to boost NHS activity and tackle the rising backlog of care.

- The NHS faces a shortfall of over 1 in 4 GP and GP nurse posts by 2030/31. In our pessimistic scenario this increases to around 1 in 2 GP and nurse posts.
- **The proportion** of managers in the UK workforce, as a whole, is 15.4%. In the NHS it's 5%. The NHS is under-managed.

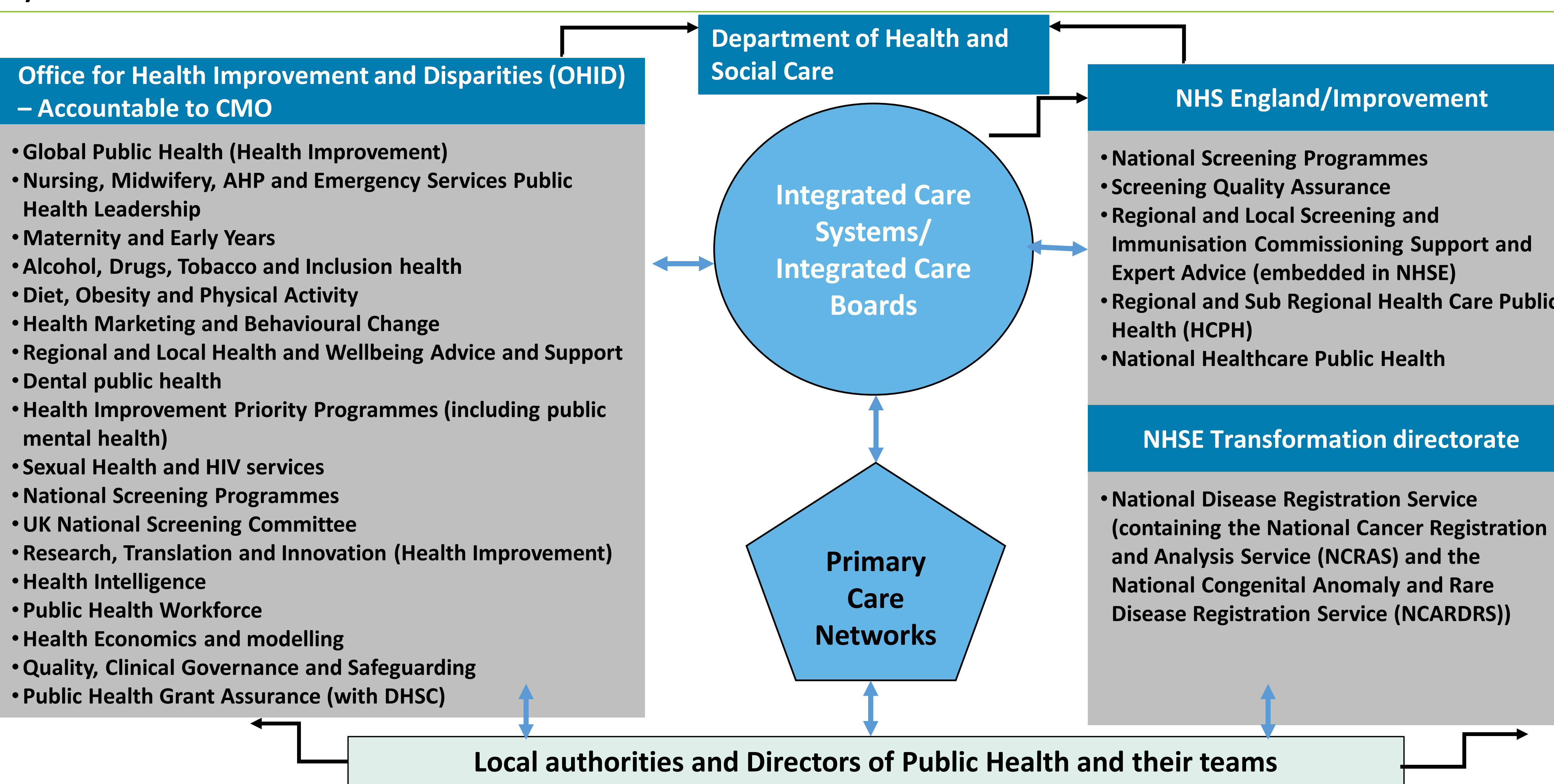
The NHS spends 1% on management, the OECD average in healthcare is 2.4%.

There **has been a large increase in nurses leaving the NHS, and that this trend is being driven by younger workers.**

Data (June 2021 - June 2022) saw a 25 per cent increase in the number of NHS nurses leaving their role, the largest increase was seen among the younger nurses, two thirds of leavers were under 45 years of age.

There are some encouraging signs of increased numbers in training, with record numbers of medical and nursing students in 2021, and some albeit limited progress towards the manifesto commitment to 50,000 more nurses working in the NHS by 2024/25. Nevertheless, there remain concerns about the retention of newly qualified staff. Moreover, these measures alone will not suffice: given the time lag before new staff can be trained, the NHS also needs to recruit staff from overseas. This is recognised in the elective recovery plan, which pledges to recruit 10,000 international nurses by April 2022.

The new integrated care system



Source: Deloitte analysis

The key organisational components of Integrated Care Systems from July 2022

Integrated care systems (ICSs)

Key planning and partnership bodies from July 2022

NHS England
Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission
Independently reviews and rates the ICS

Statutory ICS

Integrated care board (ICB)

Membership: independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trusts, local authorities, general practice; an individual with expertise and knowledge of mental illness

Role: allocates NHS budget and commissions services; produces five-year system plan for health services

Cross-body membership, influence and alignment

Integrated care partnership (ICP)

Membership: representatives from local authorities, ICB, Healthwatch and other partners

Role: planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services

Influence

Influence

Partnership and delivery structures

Geographical footprint	Name	Participating organisations
System Usually covers a population of 1–2 million	**Provider collaboratives**	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
Place Usually covers a population of 250–500,000	**Health and wellbeing boards**	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level
	Place-based partnerships	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Neighbourhood Usually covers a population of 30–50,000	**Primary care networks**	General practice, community pharmacy, dentistry, opticians

Source: The King's Fund

Definition for PHM how it supports the quadruple aim of healthcare

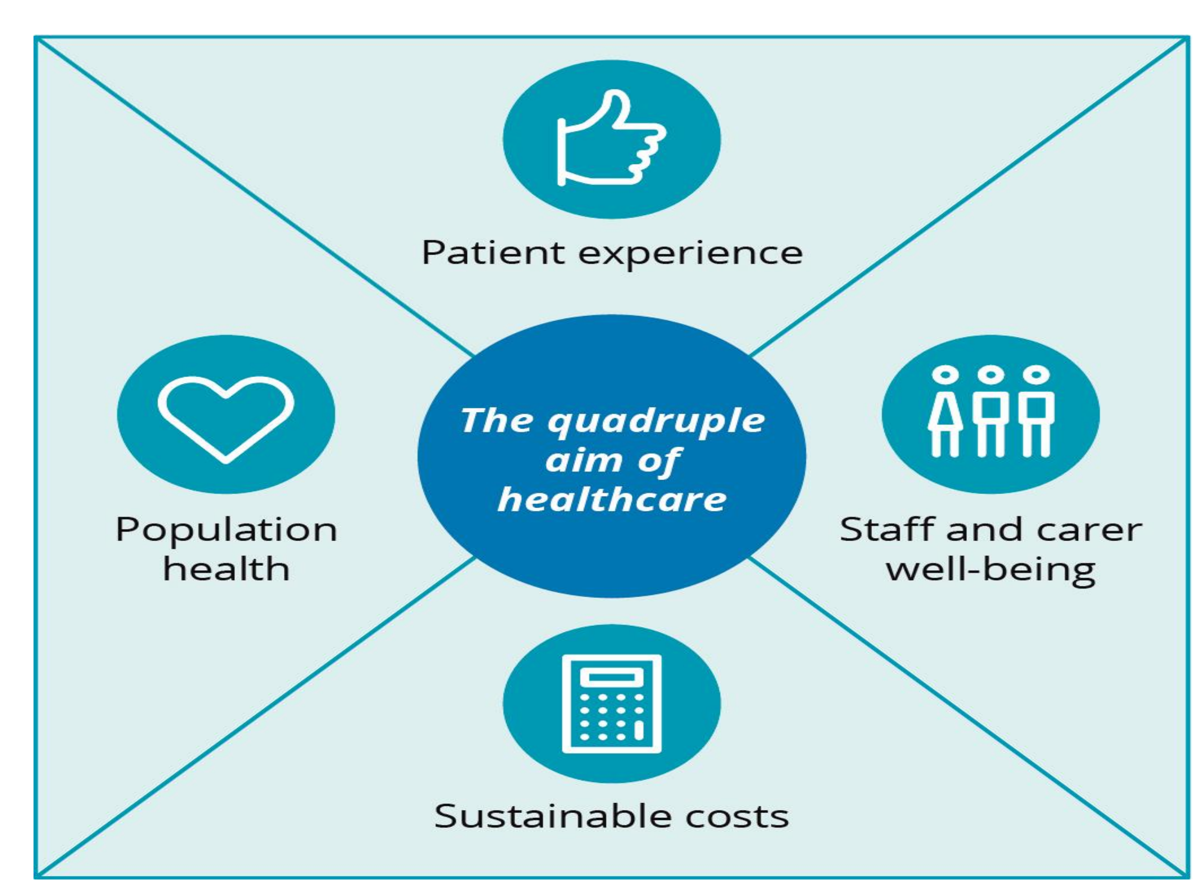
The **triple aim**—improving population health, enhancing experience, and reducing costs—was first described in 2008 as a "North Star" for health care improvement. In 2014, these goals were expanded to the **quadruple aim** in recognition of the growing challenge of burnout among physicians and other members of the health care workforce.

Population health brings together an understanding of population need (public health) through big data, patient engagement and health and care delivery. Population health management (PHM) **embraces the quadruple aims** of health care to:

- improve the health of the population
- improve each patient's experience of care
- address the health and wellbeing of the workforce
- reduce the overall costs of care.

While population health is not a new concept, tackling it has been fragmented, and health policy is still largely focused on treatment. Moreover, while there have been improvements in health outcomes – as we've seen to our cost during the COVID-19, pandemic these have been realised inequitably.

Today we have a new concept of the **Quintuple aim s**potlighting the need for action to tackle health equity; or 'the state in which everyone can attain their full health potential, and no one is disadvantaged from achieving their potential because of social position or other socially determined circumstances'.



Source: From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider, Annals of Family Medicine, 2014.

The opportunity lies within Integrated Care Systems to recover to a new norm using their data to lock in recovery differently for populations

Data shows us where to focus - health inequality post Covid, life expectancy gaps, Covid vaccination uptake, Prevention of disease e.g. CVD Prevent, long term condition management variation (clinical networks) community diagnostic hubs

Insights allow clinical and transformation teams to develop new care models, new workforce models, combined resources, MDT solutions, integration across health and care

Decisions need to be made locally and at place as part of learning systems working in partnership

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