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The Independent Scientific Advisory Group for Emergencies (SAGE)

The Independent SAGE

Building a consensus for health, care and support services fit for the pandemic era

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Submitted to The UK Government and the People of Great Britain
& Northern Ireland by Sir David King, former Chief Scientific Adviser,
UK Government, Chair of Independent SAGE

Building a consensus for health, care and support services fit for the pandemic era Independent SAGE and Keep Our NHS Public

This report was the brainchild of Prof Val Curtis who was a member of Indie SAGE and sadly died in 2020 following delayed treatment for cancer.

Covid-19 has exposed and exacerbated profound problems with the UK's health, care and support provision. Several expert bodies, including a Lancet Commission and a pan European Commission reporting to WHO have put forward proposals for health, care and support services aimed at addressing such problems. These point strongly to the need for an evidence-based analysis of what service configuration and funding mechanisms will maximise effectiveness and equity, and be resilient to the challenges posed by this pandemic as well as future shocks. It is vital to involve the public, professionals and politicians in building a consensus around a new vision for health, care and support fit for the pandemic era.

Even before the Covid-19 pandemic, health, care and support services in the UK had been undermined by 1) a decade of underfunding relative to need, 2) increasing fragmentation and waste resulting from outsourcing of provision and reduced accountability, and 3) staffing problems caused by worsening pay and working conditions.(1-3) This compounded the problems caused by widening social and economic inequalities, and chronic underfunding of public health, preventive healthcare and mental health services, leading to stagnating and, for some groups, declining life expectancy.(4)

Covid-19 has exposed and exacerbated these failings and shone a light on the role that inequalities play in health.(5) It has also shown that our health, care and support services cannot cope with shocks.(6, 7) But Covid-19 has also demonstrated that the country *can* find additional funds to spend on health if there is the political will. It has shown that the level of funding allocated to health, care and support is a matter of political choice. This means that it should be a matter of *public* choice, and that choice should be informed by evidence.

The Westminster government has published proposals for the future of health services. But these do not address the needs highlighted by the Covid19 pandemic, and there are concerns that they represent a move to *de facto* private monopoly control over health and social care provision with no real public accountability.(8) The plan also fails to address integration of public health, health services and longer-term care and support.(9)

The NHS's founding principles were that it should be universal, equitable, comprehensive, high quality, free at the point of use and publicly funded.(10) The UK needs health, care and support services true to that vision and fit for the pandemic era.

Major international expert bodies, including the pan European Commission reporting to WHO and a Lancet Commission have put forward evidence-based proposals to achieve this. (9, 11) Three attributes stand out as essential:

1. *Effectiveness*: Health, care and support services must minimise unnecessary red tape and put resources where they can do the most good. They should address chronic problems of poor communication and resource management in the health and social care sector, exacerbated by outsourcing that creates waste and fragmentation. There is a need to invest much more in services such as disease prevention, mental health, support for independent living for people with disabilities and social care that contribute to a healthy population and economic prosperity.
2. *Equity*: Whoever they are, if they are sick or in need of care, people must get the help they need efficiently, with dignity, and with ease. Health, long-term care and independent-living support services must be fair to the people who need them, whatever their circumstances and fair to the people providing those services, whatever their role. And they must be fair to the public who are paying for those services through their taxes.
3. *Resilience*: Health, care and support services must be able to absorb surges in demand. We need reserve capacity and flexible strategic planning to put extra resources where required.

To achieve effectiveness, equity and resilience, we need to build a consensus involving the public and all key stakeholders based on:

1. *Core values* of decency, security, justice and compassion.
2. *Understanding of evidence* about the level and nature of health needs and how to achieve the three goals of effectiveness, equity and resilience.
3. *Myth-busting*: exposing the myths that hold health, care and support services back: for example, that it represents a cost rather than an asset,(12) that it is unaffordable, that privatisation brings efficiency,(13) and that public health is solely about personal choice.(14)

Towards a new charter for health, care and support services

Drawing on reports from expert bodies, a new charter for health, care and support services in the UK should call for:

Benefit to well-being and the economy

1. Identifying health, care and support for independent living as tangible benefits fundamental to human well-being and a productive economy, maximising the ability of people to participate in society, not as a cost that is grudgingly accepted.

Investment

2. Much higher levels of funding than currently proposed and with the greatest contributions from those who can most afford to pay through progressive taxation.
3. A higher proportion of national funding to public health including disease prevention, mental health and care and support services, accompanied by greater recognition of costs placed on NHS by failures of policies in other sectors.
4. A long-term agreement with staff representatives on appropriate pay and conditions ensuring that incomes are restored to pre-2010 levels and then at least keep pace with inflation.

Capacity

5. Greatly increased capacity in the system and provision for flexible deployment to address rapidly changing need.
6. Effective short-, medium- and long-term planning to ensure that material resources, staffing and infrastructure can meet projected demand.

Integration

7. Radical improvement in co-ordination and integration of services and communication within and between parts of the services, in partnership with users and staff.

Quality

8. Much greater priority to using evidence-based approaches to reducing inequalities in all services, including public health, mental health, acute care, and long-term care, with accompanying investment in data and evaluation of the impact of policies in other sectors.

Accountability

9. Service provision to be under direct control of Government rather than being outsourced, to be designed with service users and to have inbuilt democratic accountability mechanisms.
10. Much greater transparency and accountability of services to users, staff and the public.

About Val Curtis

Professor Val Curtis was Director of the environmental health group at the London School of Hygiene and Tropical Medicine and a member of the Behavioural Group of Independent SAGE. In a Guardian article, the year before her untimely death, she wrote in a poignant article:

"I'm one of the thousands of extra cancer deaths we'll see this year ... Before Covid-19, the NHS was already on its knees. Now is the time for a visionary plan for health"

<https://www.theguardian.com/commentisfree/2020/jul/16/extra-cancer-deaths-this-year-covid19-nhs-health>.

Val was passionate about health for all and about a just and equitable society. Her many achievements are summarised in this obituary, written by a colleague who she worked with during both the 2009 H1N1 and Covid19 pandemics <https://www.theguardian.com/society/2020/nov/11/valerie-curtis-obituary>.

Independent SAGE was the last group she worked with, and this report was her idea and the result of her initial thoughts and words.

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