

Ending the divide



Implications of COVID 19 for the Government's health and social care agenda

Richard Sloggett



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Richard has been named one of the 100 most influential people in healthcare policy by the Health Service Journal and is an award winning health policy professional with fifteen years experience in parliament, public affairs and Government.

Acknowledgements

Frontline NHS and social care staff are completely focused on tackling the virus and saving lives here and now. They are putting their lives on the line for all of us and deserve our utmost gratitude for doing so. This report acknowledges their work to keep us safe and seeks to start the process of looking at how to build a better health and care system following the outbreak.

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Executive summary

COVID 19 is a global healthcare emergency. The UK Government's response has focused on saving lives and taking a science led approach. Every major Government department and agency is working round the clock to tackle the crisis.

A Government returned with a strong majority just over four months ago on a clear platform of investing in the NHS with new hospitals, GPs and nurses now finds its planned health and care agenda in jeopardy.

Whilst the COVID 19 pandemic has already seen amazing acts of bravery, collaboration and joint working across local and national healthcare services, it has also revealed the stark contrast between the NHS and social care. The over 70s and those with underlying health conditions have been most at risk from the virus. Social care staff have been lower down the healthcare priority order for testing and Personal Protective Equipment. Some care staff were not classified as key workers by some schools and shops. Care homes have struggled for supermarket supplies. Overall social care has struggled with yet another burden placed on an already creaking system. Carers in residential settings, in particular, are being pushed to the limit as they struggle to contain outbreaks among a population that is most at risk. Coronavirus has also served to highlight the effect an underfunded social care system has on NHS hospitals, with £1.3 bn of emergency funding being used to free up 15,000 hospital beds in England alone¹.

The Government went into the election promising more short-term funding for social care, a commitment to protect people's homes to pay for care and cross party talks on a long-term solution.

Learning lessons from the 2017 election, such a cautious approach was politically sensible. But COVID 19 has demonstrated that this 'middle lane' approach could and should be made more radical. Emergency funding shows the clear impact that increased spending has on social care and the NHS, and the artificiality of the funding divide between the two systems.

The hole in the public finances after the outbreak has passed will it seems be sizeable. It is likely that we will all need to contribute more to repair it in the years ahead. Some will say this will make social care reform – and increased funding – “unaffordable”.

But the truth is that the economic backdrop, consisting of rock-bottom borrowing rates for the UK Government, means that ministers have a chance to do things differently and take bold, decisive and long-term action.

Seventy years after the founding of the NHS, the Government should

1. <https://www.gov.uk/government/news/2-9-billion-funding-to-strengthen-care-for-the-vulnerable>

use the COVID 19 crisis to remove the barrier between the NHS and social care. Like the NHS it should introduce new measures in the tax system to fund it largely free at the point of use for those older and working age people who require long-term chronic care. This will address a funding divide which no longer makes sense and would generate a positive legacy from this terrible virus.

What comes next for health and social care policy is impossible to fully predict, but to deliver a healthier, wealthier nation post COVID 19 new thinking will be needed. This virus has raised fundamental questions about the resources available for health and social care, how they are divided, how workforce challenges across the NHS and social care can be addressed, the potential of digital health to transform the access and delivery of healthcare services and the resilience of healthcare supply chains.

This paper explores these and other potential impacts of COVID 19 on future health and social care policy.

Summary of recommendations

- Recommendation 1: The Government should use this crisis to undertake long term social care reform that delivers improvements in the care sector and removes the historic funding barrier between health and social care
- Recommendation 2: Temporary NHS hospitals should be used to support managing NHS and social care demand and flow, particularly as use as step down facilities for patients being discharged from hospital
- Recommendation 3: The upcoming NHS People Plan, should deliver a step change in meeting workforce needs and needs to include a full package of retention support for staff to support their health and wellbeing
- Recommendation 4: Digital gains made through COVID 19 should be locked in through a ‘digital lock-in strategy’
- Recommendation 5: The NHS and Government should conduct a rapid review and staff engagement exercise to build the evidence for removing unnecessary processes that should never return to NHS and social care services
- Recommendation 6: The Government should use its response to the Prevention Green Paper to set an ambitious public health and prevention agenda
- Recommendation 7: Government should mobilise the education system and new digital tools to improve healthcare literacy
- Recommendation 8: The Government should ensure it plays a global leadership role in healthcare as part of its foreign policy agenda

Introduction

The 2019 election campaign was not only a Brexit election but also an NHS election. The Conservatives chose to highlight their record levels of NHS investment and future plans in an attempt to neutralise a traditional Labour area of policy strength. Undertaking this during the heights of winter and with NHS performance on core performance targets at record lows was both high risk and bold.

The strategy, pledging more money, doctors, nurses, hospitals paid off. When asked what issues were of most importance to their vote, the NHS featured prominently and in some cases was a greater factor than ‘getting Brexit done².’

In his first press conference the morning after the vote, Johnson set out that his number one priority for the new ‘People’s Government’ was the NHS. The Government moved quickly to capitalise. In one of its first Acts it published an NHS Long Term Plan Funding Bill³. Upon publication the Prime Minister stated:

“I have heard loud and clear that the priority of the British people is the NHS.

Guaranteeing frontline services, the biggest cash boost in history is another huge step towards making sure this treasured institution has everything it needs to deliver world-class care.

There can be no doubting our commitment to the NHS. Putting our record funding commitment into law shows that we will stop at nothing to deliver on the people’s priorities⁴.”

Reports began to circulate that the Government wanted greater powers of control over the NHS and of being frustrated at the lack of directional power available following the 2012 Health and Social Care Act⁵.

NHS performance was back on the table as an issue that needed to be addressed and improved to show to voters that the Government was working for those who voted for it.

Health policies that had been delayed or frustrated such as the long awaited (and still delayed) NHS People Plan were slated for publication.

Social care reform work was being actively discussed and options developed to build consensus between those of different political parties.

The arrival of COVID 19 has not merely paused this work, it has thrown the Government’s entire NHS and social care agenda, political strategy and central purpose into serious jeopardy. It has also highlighted gaps in the approach that will need to be addressed when this crisis has passed.

The COVID 19 outbreak will also present a series of knock-on impacts for health and care services, as set out in the graphic below⁶.

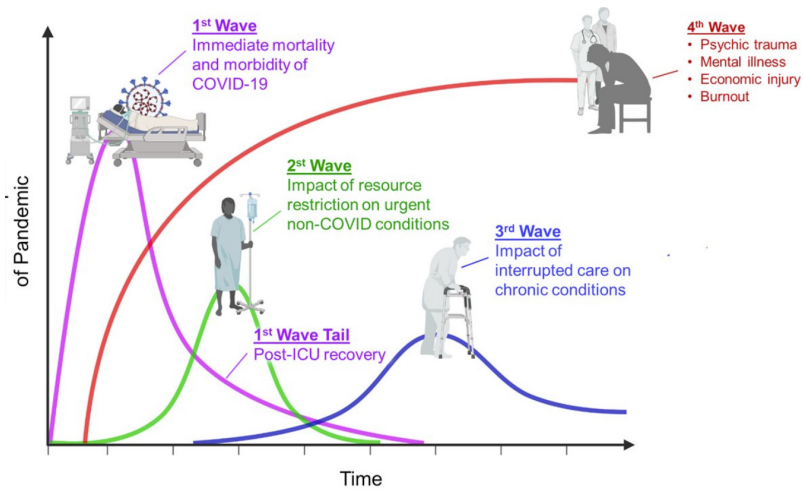
2. <https://www.independent.co.uk/news/uk/politics/nhs-concerns-brexit-general-election-boris-johnson-corbbyn-poll-a9211196.html>

3. <https://www.gov.uk/government/news/nhs-funding-bill-enters-parliament>

4. <https://www.gov.uk/government/news/nhs-funding-bill-enters-parliament>

5. <https://www.thetimes.co.uk/article/no-10-power-grab-for-nhs-sparks-backlash-overturf-war-wfbdn8f3m>

6. <https://twitter.com/VectorSting/status/1244671755781898241/photo/1>



This research paper explores elements of these in more detail and what the possible implications could be of COVID 19 for the Government's NHS and social care agenda.

The Government's health and care agenda

July – October 2019

Upon entering Downing Street in July 2019, the Johnson administration quickly moved to prioritise investment in the NHS.

In his speech on the steps of Downing Street, the Prime Minister committed to act to improve NHS and social care services.

“My job is to make sure you don't have to wait 3 weeks to see your GP and we start work this week with 20 new hospital upgrades, and ensuring that money for the NHS really does get to the front line.

My job is to protect you or your parents or grandparents from the fear of having to sell your home to pay for the costs of care and so I am announcing now – on the steps of Downing Street – that we will fix the crisis in social care once and for all with a clear plan we have prepared to give every older person the dignity and security they deserve⁷.”

Such bold statements were followed by a series of announcements aimed at demonstrating the Government's support for the NHS including a new Health Infrastructure Plan⁸ and a new NHS fund to support the development and deployment of artificial intelligence⁹.

The 2019 general election

Following the calling of the 2019 election, the Conservatives moved quickly to shore up their NHS credentials against a backdrop of worsening winter performance statistics. The only figures published during the campaign in November 2019 showed the worst A&E performance on record and waiting list for planned treatment growing. Labour chose the date to publish their own “NHS Rescue Plan¹⁰.”

Perhaps surprisingly Labour did not return to the plan frequently during the campaign, instead choosing to focus their political attack on the implications of a UK trade deal with the United States on the NHS.

The Conservative manifesto was highly focused on specific NHS commitments that were identified by the service and the public as being particularly important. These included:

- Increasing NHS investment by £33.9 billion over the next Parliament
- Improve NHS performance bringing down operating waiting times, improve A&E performance and increase cancer survival rates
- Building 40 new hospitals
- Recruiting 50,000 more nurses, through the recruitment of 31,000 new nurses and retention of 19,000 who would have left

7. <https://www.gov.uk/government/speeches/boris-johnsons-first-speech-as-prime-minister-24-july-2019>

8. <https://www.gov.uk/government/publications/health-infrastructure-plan>

9. <https://www.england.nhs.uk/aac/what-we-do/how-can-the-aac-help-me/ai-award/>

10. <https://labour.org.uk/page/labours-nhs-rescue-plan/>

the profession

- Recruiting 6,000 more GPs and delivering 50 million more GP appointments
- Rolling our cancer diagnostic machines across 78 hospital trusts
- Ending unfair hospital car parking charges for those in greatest need
- Clamping down on health tourism and increasing the health surcharge¹¹

The pledges were clear and regularly repeated throughout the campaign. Health and Social Care Secretary Matt Hancock, re-appointed following the July 2019 reshuffle, visited 125 constituencies during the campaign announcing new hospitals, upgrades and equipment in marginal constituencies.

Post election

Following the election result, the new Government moved quickly to follow through on these pledges:

- Free hospital car parking for particular groups was introduced
- An NHS Long Term Plan Funding Bill was published and passed
- **£1.5 billion was announced to deliver 50 million more GP appointments**
- A Medicines and Medical Devices Bill was introduced to Parliament
- It was announced that the health surcharge was to increase to £624 in October 2020
- **£40m** was committed to improve staff IT login times in the NHS

On social care the campaign sought to learn lessons from the 2017 election 'dementia tax' row. The manifesto rowed back from the Prime Minister's Downing Street speech of an immediate plan. Instead committing to a 'cross party consensus' and an additional cash boost.

In the months following the election there has been little public update on progress regarding the plans but internal Whitehall discussions on possible options for forging a consensus have started. The Prime Minister himself committed to bringing forward a plan by the end of the year and to getting the reform completed in this Parliament¹².

Upon being returned to Downing Street the number 10 policy unit began to work with Departments and relevant Arms Length Bodies, such as NHS England and Public Health England, to look at the delivery of each commitment within the manifesto. The message from the centre was of delivering on the 'people's priorities'. A poll by Policy Exchange and JL Partners in December 2019 found that the public wanted to prioritise the recruitment of more doctors and nurses, alongside improvements in NHS waiting times¹³.

Delivering on these priorities has been turned dramatically by the arrival of COVID 19 and the need for a full system health and social care response.

11. Conservative manifesto 2019. Available at: https://assets-global.website-files.com/5da42e2cae7ebd3f8bde353c/5dda924905da587992a064ba_Conservative%202019%20Manifesto.pdf

12. <https://www.independent.co.uk/news/uk/politics/boris-johnson-social-care-plan-bbc-breakfast-election-latest-a9282611.html>

13. <https://policyexchange.org.uk/publication/the-peoples-nhs/>

COVID 19: Implications for Government's health and care agenda

The response of health and care services

The COVID 19 outbreak poses huge resource and operational challenges for the Government. With regular COBRA meetings, new cross Government committees, all health ministers and dedicated ministers from each department focused on the response, the Government has evoked war time rhetoric to set out the approach and types of measures being taken.

The NHS has had to adapt quickly to the challenges the virus presents. This has included:

- Expanding critical care capacity through agreements with private hospitals and in opening new Nightingale hospitals
- Launching a recruitment campaign to bring back retired or former doctors and nurses
- Re-assigning staff from different areas of the healthcare system to support the response to COVID 19
- Allowing trainee staff to support the frontline response to coronavirus
- Reassuring staff that they should not fear regulatory reprisals if they go beyond their areas of expertise in response to COVID 19
- Tackling fake news relating to coronavirus online
- Expanding the NHS 111 service
- Increasing the availability and accessibility of COVID testing
- Sourcing a surge in demand for Personal Protective Equipment (PPE)
- Cancelling non essential elective operations
- Moving primary care and outpatient appointments to online and video where possible
- Speeding up the discharge of patients from hospitals, particular those most at risk of the virus
- Reducing and diluting staff ratios in particular settings, such as urgent and emergency care
- Centralising local NHS commissioning powers
- Reducing GP contract work to respond to COVID 19
- Suspending Payment by Results

- Delaying data returns to the centre
- Suspending the Quality and Outcomes Framework for GPs
- Commissioning a COVID 19 home treatment service for self isolating patients
- Pausing junior doctor rotations

In a letter to the NHS on 17 March 2020, the NHS confirmed that all major health policy decisions were on hold given the importance of prioritising efforts to tackle COVID 19¹⁴. The Government also committed to write off £13.4bn of NHS debt to enable the system to focus energies and resources on virus response¹⁵.

Alongside this regulators have reduced activity with the GMC deferring doctor revalidation for a year and the CQC suspending all routine inspections and deploying advisers and staff to support the wider NHS response to the crisis.

Possible implications for health and social care policy

It is only just over four months since the Government won a mandate on a manifesto where the NHS was prioritised. It is only 15 months ago that the NHS published a ten year plan for service transformation and improvement supported by new funding from the previous administration¹⁶.

The rapid response and transformation being undertaken by the NHS and social care services in response to COVID 19 poses a number of questions for the Government and the NHS on their future plans for health and social care policy. Early questions and issues arising include:

- Whether the health and social care system has the resources it needs
- The numbers of people working within the public health, NHS and social care system and how more people can be recruited
- How responsibilities and accountability are discharged in healthcare services
- The rapid mobilisation of digital health to deliver services in response to COVID 19
- Reductions in bureaucracy and administration
- Levels of investment and the prioritisation of public health policy
- Health literacy and the accessibility of public information
- Mental health support for the population and the healthcare workforce
- The resilience and sustainability of healthcare supply chains

More widely for Government a health crisis of this nature has thrown up much wider public policy questions on future international co-operation on health issues and the importance of health to the economy.

14. <https://www.england.nhs.uk/coronavirus/publication/next-steps-on-nhs-response-to-covid-19-letter-from-simon-stevens-and-amanda-pritchard/>

15. <https://www.gov.uk/government/news/nhs-to-benefit-from-13-4-billion-debt-write-off>

16. <https://www.longtermplan.nhs.uk/>

Resources

The Government sought to enshrine the NHS Long Term Plan Funding in legislation as a primarily political move¹⁷. However within a matter of weeks the NHS has been provided with still more resources to respond to the pandemic. This raises fundamental questions for the future. Are we to return to the original funding settlement when COVID 19 has passed? Will there be any lasting or ongoing costs? Will this crisis lead to a clamour for more resources for the NHS? (health finance experts were already questioning whether the level of investment was sufficient to meet demand¹⁸) The Government has increased health spending without raising taxes, but is this approach sustainable? What does this approach mean for the wider public finances?

For a Government who wanted to close off the health funding debate for a Parliament such issues will pose acute challenges.

Similarly performance issues, which were receiving ever greater attention in light of worsening data from last winter will need a new strategy to address. The waiting list backlog will need real energy, finance and creativity to clear.

For social care the Government promise of a short term boost in funding with longer term reform has been welcomed (though it has been noted that the £1 billion additional funding from Government does not reverse a decade of cuts or return the sector to previous funding levels). COVID 19 has seen additional funding injected into the system to support the rapid discharge of patients from hospital into care settings¹⁹. Moving patients into community settings more quickly has been a long running source of frustration for policymakers. If COVID 19 funding can be seen to improve the flow of the system will it be maintained? How will it sit alongside existing policy such as the Better Care Fund, that has had mixed success in supporting joint NHS and social care working²⁰? Could it be introduced seasonally for future winter cycles to improve winter flow? With demand pressures on the NHS putting strong pressures on performance, more work and effort will need to go into improving the co-ordination of health and social care through the emerging Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs)²¹. In addition **temporary NHS hospitals should be used to support managing service demand and flow, particularly as use as step down facilities for patients being discharged from hospital**

Options for long term social care reform were being worked up in Whitehall prior to COVID 19. These were aimed at protecting people's homes. With people over 70 more susceptible to the virus will COVID 19 focus minds in Whitehall on finally bringing forward a package of social care funding reform? How can most people's primary asset, their house, be kept sacrosanct when the public finances will be in financial difficulty? Does this crisis mean we are set for further delays in social care reform, with a timetable for action before the end of the Parliament tightening? Will reform now have to come with tax rises?

Some will argue that the level of economic rebuilding that is needed

17. <https://www.gov.uk/government/news/nhs-funding-bill-enters-parliament>

18. <https://www.independent.co.uk/news/health/nhs-funding-health-foundation-government-bill-a9318966.html>

19. <https://www.gov.uk/government/news/2-9-billion-funding-to-strengthen-care-for-the-vulnerable>

20. <https://www.kingsfund.org.uk/blog/2018/10/reviewing-better-care-fund-time-be-bold>

21. <https://www.england.nhs.uk/integrated-care/stps/view-stps/>

post the outbreak makes social care reform 'unaffordable.' **But against a backdrop of hundreds of billions of pounds of extra debt, the Government should use this crisis to undertake long term reform that delivers improvements in the care sector and remove a historic barrier between health and social care which no longer makes sense.**

Staff

The NHS as with a great many healthcare systems around the world is short of staff²². Whilst new recruits are entering the system, the challenge is increasing numbers of retirees or those leaving the service. The response from thousands of retired staff to return to respond to the crisis has been both heart warming and needed; but has demonstrated the acute challenges the service faces day to day.

One of the main avenues sought to fill the gap particularly in the short term has been international recruitment, but there is likely to be a slow down in this pipeline in the months ahead, particularly if COVID 19 movement restrictions are in place for a while. Asking students in training to step up to respond to the outbreak has also filled some gaps but is clearly not sustainable. There may well be a welcome uptick in people seeking to work in the NHS and social care following the outbreak (this is by no means a given), through an increased focus on the vital work of staff and strong levels of public support and recognition.

However such developments come against a backdrop of significant pressures on staff health and wellbeing. The NHS has a sickness rate of double that of the private sector and the recent NHS staff survey found high numbers thinking of leaving altogether²³.

The Government's NHS funding bill did not include funding for training, which is allocated separately through the budget to Health Education England. **The upcoming NHS People Plan²⁴, will need to deliver a step change in meeting workforce needs and needs to include a full package of retention support for staff to support their health and wellbeing.** The Interim People Plan published last year included positive developments on culture change and re-prioritising training but was shorn of impact through a lack of funding²⁵.

Responsibilities and accountability

In responding to this crisis the NHS has centralised a number of commissioning functions and powers nationally to be more directive²⁶. This is also designed to enable more operational efficiency in processes and decisions particularly around the procurement and distribution of key materials and services.

The fragmentation of the NHS that followed the 2012 Health and Social Care Act has been gradually dismantled in recent years. The merger of NHS England and NHS Improvement²⁷, the creation of regional outposts for the new national body along with the creation of ICSs all aimed at streamlining the way services are managed and delivered.

The COVID 19 response to date has been one of a collective effort

22. <https://www.amazon.co.uk/Human-Solving-global-workforce-healthcare/dp/019883652X>

23. <https://www.nhsstaffsurveyresults.com/>

24. <https://www.hsj.co.uk/workforce/exclusive-hancock-told-people-plan-falls-short-on-staff-numbers/7026977.article>

25. https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf

26. <https://www.hsj.co.uk/coronavirus/nhs-england-takes-over-ccg-powers/7027203.article>

27. NHS England with responsibility for commissioning and NHS Improvement with oversight of providers

across the health and care system. This includes actors beyond the NHS including local authorities, charities, hospices, care providers, public health professionals and the private sector.

This collaboration and joint working presents a platform for moving ahead more quickly with reforms that were originally planned pre COVID 19. The NHS had made a series of legislative proposals in the Long Term Plan for how it felt the new system should be structured to deliver on the commitments within the document²⁸. The Government was exploring an extension of powers to have more direct control over NHS England/ NHS Improvement. Will these plans be re-worked in light of what has/ has not worked in response to COVID 19? Will the Government still feel it needs more directional oversight of the NHS after this crisis in which the Department of Health and Social Care and the NHS have had to work so closely? Politically how straightforward will such legislation be to enact now? Operationally can the NHS continue on the original path set, for which there was broad agreement? How can the collaborative working between different groups be maintained?

Such questions will be the subject of intense debate across Whitehall and Parliament when some degree of normal business resumes. The Government's most recent 'Mandate' to the NHS on priorities was understandably focused on COVID 19²⁹.

What else can be expected of the NHS later in the year and how it can prioritise commitments in the Long Term Plan is a looming challenge to tackle. But one that will need to be undertaken with high degrees of transparency with regards to the trade offs that will be needed.

Digital health

The use of digital health to transform the way services are delivered has happened at pace in response to COVID 19. Some, but by no means all examples include:

- Delivering outpatient appointments digitally
- Expanding the use of online and video consultations
- Utilising software that can support the management and deployment of staff for duties
- Ensuring NHS teams have digital technologies (eg Microsoft teams) to communicate effectively with one another
- Supporting people to manage their physical and mental health needs in the community
- Tackling loneliness and isolation

The Secretary of State for Health and Social Care has been a long term enthusiast for the rapid expansion of the use of digital technologies to deliver a more patient centred NHS. The creation of NHSX, a new unit between the Department of Health and Social Care and NHS England was designed to address the fragmentation of responsibilities for IT across the system³⁰.

28. <https://www.england.nhs.uk/wp-content/uploads/2019/09/BM1917-NHS-recommendations-Government-Parliament-for-an-NHS-Bill.pdf>

29. <https://www.gov.uk/government/publications/nhs-mandate-2020-to-2021>

30. <https://www.nhsx.nhs.uk/>

Suppliers of new technology who have voiced regular frustration at the fragmented nature of the NHS landscape and procurement approaches have found the system more engaged and responsive in response to COVID 19. Will this continue and how can this more nimble and agile way of working be maintained?

There may also be a step change in how the public feels it can access healthcare services, with many more people having experienced the opportunity to access health advice through digital channels.

Locking in the digital gains made through COVID 19 through a 'digital lock-in strategy' should be a high priority for policymakers as a positive to emerge from this crisis.

Bureaucracy

COVID 19 has seen a range of health and care bureaucracy and regulation abandoned, scaled back and reduced in order to ensure all resources are focused on tackling COVID 19. Examples include:

- Delays to doctor re-validation
- The abandonment of routine Care Quality Commission inspections
- The relaxation of requirements to submit particular data sets to central bodies

Perhaps one of the most striking findings from the public poll after the General Election was that 23% of the public still felt that there was too much waste within the NHS³¹.

COVID 19 has forced a 'stop' exercise on many parts of the health and care system, with only core activities continuing. What can be learnt from this? What processes should never return? What can be maintained but can be done quicker through a reduced process, or the use of new technology such as automation?

The NHS and Government should conduct a rapid review and staff engagement exercise to build the evidence for removing un-necessary processes that should never return.

Prevention

The Government's prevention agenda to date has not been a continuation of the previous administration. A green paper published at the end of the May government was aimed at locking in future action on childhood obesity and the ambition to deliver five healthier life years by 2035³².

The latter commitment remains and was re-iterated in the manifesto along with plans to:

“Invest in preventing disease as well as curing it. We will tackle the underlying causes of increases in NHS demand, for example via a long-term strategy for empowering people with lifestyle-related conditions such as obesity to live healthier lives, as well as tackling childhood obesity, heart disease and diabetes³³.”

Matt Hancock re-iterated his personal commitment to prioritise

31. Policy Exchange. People's NHS. December 2019

32. <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>

33. Conservative manifesto. 2019: https://assets-global.website-files.com/5da42e-2cae7ebd3f8bde353c/5dda924905da-587992a064ba_Conservative%202019%20Manifesto.pdf

prevention upon returning as Health and Social Care Secretary in December. Access to the HIV drug Prep has expanded and a women's health strategy is planned, along with a vaccination strategy which will need to be reworked in light of COVID 19. Public health grant allocations setting out an uplift in funding were finally published, but like social care do not return funding levels to previous levels³⁴.

COVID 19 has shown the importance of testing for conditions earlier to deliver improvements in diagnosis rates and effective treatment. The new administration is attracted to a prevention agenda that is data led, whether it be through the greater sharing of personal health information or through greater genomic testing (both with clear consent). Will the experience of COVID 19 expedite policy work to expand population testing and screening for particular conditions? Will the demand and pathways be in place to support patients to do so? Will the Government respond to this health crisis with a great focus on wider public health and efforts to reduce the overall health needs of the nation, thereby supporting the NHS?

The high level commitment in the manifesto on public health will need substantial fleshing out in the months ahead. **The Government should use its response to the Prevention Green Paper to set an ambitious public health and prevention agenda.**

Health literacy and public engagement

Academics Okan, Sorensen and Messer have noted that: “a health literate society is one with a population that will be aware of the severity of the situation and is able to understand how to protect themselves, and others, through basic actions. In the case of this new virus, this includes physical distancing and washing hands. It's also a society in which the systems and services in place can ensure clear, timely and appropriate communication³⁵.”

The COVID 19 outbreak has highlighted the challenges Government and the public health community faces when engaging with the population on health issues and gaps in health literacy. The UK is not alone on this. A 2015 study of health literacy across eight countries in Europe found that “at least 1 in 10 (12%) respondents showed insufficient health literacy and almost 1 in 2 (47%) had limited (insufficient or problematic) health literacy³⁶.” The study adds that “particular subgroups within the population, defined by financial deprivation, low social status, low education or old age, had higher proportions of people with limited health literacy³⁷.”

A Government response to COVID 19 should consider ways to improve health literacy within the population. This should include ways to mobilise the education system and new digital tools to support people with their health and care needs.

Mental health

The impact of self-isolation for individuals and families along with economic worries will have a mental health impact on the population. Early evidence from China has shown “a heightened public mental health

34. <https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2020-to-2021>

35. <http://theconversation.com/covid-19-a-guide-to-good-practice-on-keeping-people-well-informed-134046>

36. <https://academic.oup.com/eurpub/article/25/6/1053/2467145>

37. <https://academic.oup.com/eurpub/article/25/6/1053/2467145>

crisis³⁸.”

In addition the pressures faced by NHS, public health and social care staff may well lead to a rise in mental health cases amongst these workers, creating additional pressures on staffing levels and already stretched mental health services.

The Government had re-stated support for placing mental health on a par with physical health; but without a clear investment and upscaling programme will struggle to follow through on it, particularly with population need likely to increase significantly.

The Government should ensure increased and targeted mental health support is available to NHS and social care staff following COVID 19, alongside more support for vulnerable groups affected by the outbreak, particularly if ‘shielding’ policies continue for many months to come.

Supply chains

The closure of borders, steep rises in demand for particular items and reductions in capacity have placed acute pressure on global healthcare supply chains.

With the Government committed to the UK leaving the European Union by the end of December, what learnings will be taken to strengthen supply chain resilience? Will there need to be an increase in onshoring of some core healthcare supplies, items and equipment? What implication, if any will this have for UK trade and economic policy?

For Government an urgent review of healthcare supply chains should be undertaken. This should also feed into future pandemic preparedness planning.

Healthcare and Global Britain

The Government has been clear on its determination for Britain to embark on a new era of prosperity with new potential to be unleashed post Brexit. This crisis has proven that the UK is home to some of the world's best thinkers, innovators and a national asset in the National Health Service.

As it embarks on new trade talks and diplomatic relations with countries it should ensure that the UK's health expertise is used to build new alliances and opportunities around the globe to support future responses to global health security issues. One example is the area of vaccination. The UK was due to hold the Global Vaccine Summit in June to raise billions for the global development of new vaccines³⁹. **Such leadership opportunities should be embraced and prioritised as part of the Government's future health and foreign policy agenda.**

38. <https://www.telegraph.co.uk/global-health/science-and-disease/covid-19-mental-health-crisis-expect-depression-anxiety-stress/>

39. <https://www.gavi.org/investing-gavi/resource-mobilisation-process/gavis-3rd-donor-pledging-conference-june-2020>



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