

Dear Sir David,

Your letter inviting comments on the terms of reference for your review has only recently been drawn to my attention. I am sorry that this email is therefore being sent after your final date for comments but hope that nevertheless you will take into account the issues which it raises.

My colleague, David Behan, will be joining the department at the beginning of September as the new director General for Social Care and will, I am sure, wish to comment on the challenges currently faced by social care research and the importance of addressing these within your work, but in the meantime I would like to raise two specific questions for your consideration;

1) The evidence needs of the DH

The proposal is to establish a single ring fenced budget to support health research funded by the MRC and the NHS R&D Programme. A central question posed in the 'Invitation to Comment' on this proposal is whether there is a case for retaining some element of that budget within the control of individual Departments. This is an important question, perhaps especially in respect of its converse: What would be the risks of not doing so? It will be useful for the Review to consider the implications for the Government's wider health objectives if policy making is effectively to be one step removed from a responsive science base.

Currently the only dedicated science capacity underpinning DH policy is its central Policy Research Programme. This relatively small resource Against a total R&D budget of £640m in 2004/5, the PRP, which comprises just 5% (£32m). has to span the full range of a diverse policy agenda, from counter terrorism to sexual health. It manages to do so in part because it is able to draw on the resources of the wider NHS R&D activity and, in particular, the other National Programmes. Locating these resources externally could adversely affect the Department's ability to secure timely policy-related evidence, and increase the pressure on an already limited internal resource. A central question for the Review is thus how far the wider priorities and needs of the DH, rather than those of the NHS more narrowly, will be taken into account in determining the best institutional arrangements for a new single health fund and how far the separate but related issue of the social care research needs of the department is met.

2) A second more specific question concerns the role of social care

research within the Review. Social care is core DH business and there is a strong organisational commitment to raising its profile within the Department. It is also central to the nation's health, with social care services contributing across the full span of the patient journey. Increasingly, indeed, the direction of government policy (cf. Our Health, Our Care, Our Say) is towards person-centred, whole system approaches that work across PSS and NHS organisational sectors. Research 'in and with' social care organisations is demonstrably in the interest of 'health and well-being' generally and the organisational interest of the NHS more specifically.

As such, it would be useful to clarify if social care research is to be covered by the Review. The Invitation and Terms of Reference are ambiguous on this account, referring at times to 'medical research', at others to the 'full spectrum of health research, from clinical to public health' and – at one point only - to 'applied research ?including social care research'. A key issue is whether social care research will have access to the resources harnessed by the ring-fenced budget, in particular for much-needed support for capacity building and infrastructure support. The Science and Innovation Investment Framework 2004-2014 sets out the aim of investing 2.5% of GDP in R&D by 2014. Whilst already met for health research, achieving this target in social care would require an eightfold increase in investment in social care research, from its current base of 0.31%. . It would be useful for the Review to consider the extent to which a focus on the priorities and needs of the NHS, rather than on the needs of patients and their carers (however served), would serve to constrain the potential contribution that social care and other non-clinical research could make to improved health outcomes.

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