The lowdown

Health news and analysis to inform and empower NHS staff and campaigners

Winter crisis starts early, as Trust chiefs urged to lobby Tory MPs

It's not even winter yet, but the NHS is already in a major beds crisis and bracing for the worst as Chancellor and new PM mull over the extent to more public spending cuts.

Far from growing to meet demand, the most recent inflation forecasts show that England's NHS budget in 2025 will be over £4 billion SMALLER in real terms than it was last year, and £12 billion smaller than promised by Rishi Sunak as Chancellor a year ago – and as The Lowdown has warned, local health services across England, now carved up into just 42 "Integrated Care Systems" have to generate unprecedented 'savings' (i.e. cuts) this year and next.

The result is a funding squeeze as bad as the Thatcher years in the 1980s. NHS England's normally docile Chief executive Amanda Pritchard has gone on record to warn that before any further cuts "the money is a f**king nightmare."

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Ben Zaranko of the Institute for Fiscal Studies told the Health Service Journal the financial squeeze is the tightest-ever: "only seven times in the entire history of the NHS has real-terms budget growth dipped below zero, and not since the early 1950s has it done so in two consecutive years."

NHS Providers interim chief executive Saffron Cordery says: "There is absolutely no financial wriggle room to stretch the budget even further without this having knock-on effects for health and care."

It's so bad even the NHS Confederation is warning that any further erosion of an already inadequate NHS budget will endanger patients:

"Exceptional inflationary pressures in recent months and other unexpected cost pressures have already left the NHS facing a £7bn gap in the budget next year compared to that set out in the 2021 spending review. This funding gap will already have to be made up by some key areas of planned expenditure being delayed.

"With 132,000 staff vacancies, a waiting list of over 7 million and other areas of care under huge pressure, … the NHS will be plunged into an unsustainable crisis if local services are asked to go any further in finding efficiency savings."

The Confed's CEO Matthew Taylor added: "There is now a real and present danger to the NHS. Anyone who thinks that further public sector funding cuts won't have a direct impact on patient care and safety is living in fantasy land."

Stopping the cuts isn't enough

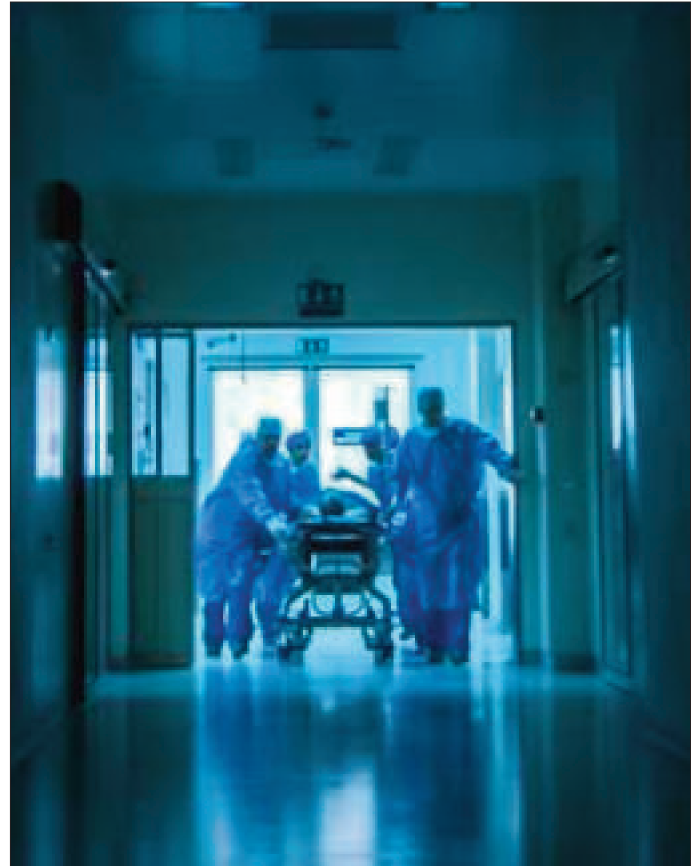
So desperate are the times that the editor of the Health Service Journal, Alastair McLellan, issued an unprecedented call for local NHS trust chief executives and Integrated Health Board chairs to lobby local Tory MPs in advance of the expected Halloween budget statement.

But even the HSJ call to action falls short of what's needed to defend the NHS. The situation is so bad that just stopping any further funding cuts is nowhere near enough: front line capacity is already inadequate, with services under massive strain on all fronts.

The latest annual report from the Care Quality Commission sums up the state of "gridlock" created by over a decade of austerity and real terms cuts in NHS funding:

"Our health and care system is in gridlock.

"People in need of urgent care are at increased risk of harm due to long delays in ambulance response times, waiting in ambulances outside hospitals and long waiting times for triage in emergency departments… "People's inability to access primary care services is exacerbating the high pressure on urgent and emergency care services… "Public satisfaction with NHS health care and with social care has plummeted in 2021/22."



With over 9,000 acute beds (almost one bed in ten) occupied by Covid patients on October 26, NHS England has warned that up to half of all hospitals beds in England could be occupied by patients with respiratory infections, including Covid and flu. 12,000 more beds each day on average are filled with patients who cannot be discharged for lack of social care – putting one in five front-line beds out of use for emergencies or elective care.

NHS England, who appear to have given up on pressing for funding to match demand, and saying nothing about grossly inadequate numbers of beds and staff, have announced they will be setting up regional "war rooms" to keep track on the hospitals under most pressure. They hope to divert some patients away from the hottest spots – but at risk of leaving patients stranded many miles from their homes, with much more complex problems discharging them later.

Heart specialists are warning that response times have been increased and services for heart attack victims are a shambles because of bed shortages, ambulance delays and logjams in A&E departments.

Frustrated ambulance chiefs warn that in September alone 38,000 people may have been harmed by long delays in handing patients over to A&E staff, and 4,100 potentially suffering “severe harm”.

Reports from Cornwall, Salisbury and Portsmouth in the south to Hereford in the midlands, Greater Manchester in the north west, Hull in Yorkshire and Blyth in the north east tell the same story of overwhelmed hospitals and swamped emergency departments, with management increasingly expressing their fears for the consequences to patients.

In Aintree Hospital in Liverpool the hospital’s main corridor has been converted into a makeshift ward, after the corridors of its emergency department had already been filled with patients waiting to be admitted to a ward.

Ambulance care vs corridor care

Meanwhile hospital bosses in Worcester say that despite previous criticism of delivering care in corridors they again feel forced to choose between treating patients in corridors or in the back of ambulances. The Trust says it is short of 45 beds, leaving 20 people a night waiting in A&E.

In a meagre response to the unprecedented crisis Rishi Sunak toured Croydon hospital wards, only to be chastised by one female patient for not doing more on NHS staff pay. He was also forced to abandon his ‘big idea’ – to fine patients £10 for missing doctors appointments, which the BMA condemned as unworkable and counter-productive.

Sunak’s spring budget only a few monhs ago effectively doubled NHS efficiency targets from 1.1% to 2.2% a year, without any regard for how achievable this might be. And it’s now clear that far from freeing up any extra resources to fund priority areas of the health service, any savings will be swallowed up at once by inflation as NHS chiefs debate which services to cut back.

In January the SOSNHS campaign, linking health campaigners with trade unions and political organisations committed to defend the NHS, took up the call for an emergency cash injection of £20bn to help put England’s crisis-ridden NHS back on its feet.

It was seen as a down payment, beginning the process of unrolling a decade of austerity and returning to the performance levels of 2010, when David Cameron’s coalition government first slammed the brakes on spending and began the long painful decline.

£20bn now seems an even more modest amount – barely enough to compensate for inflation and the real terms cutbacks already under way: but it’s vital that campaigners start to bang the drum loudly for a big, immediate increase in NHS funding as Jeremy Hunt prepares his autumn budget.

SOSNHS is holding an important conference in person and online on November 12.

John Lister

Will Hunt steer the NHS towards more austerity?

With the current occupant of Number 11 Downing Street set to unveil a 'fiscal event' at the end of this month is there much hope that the already battered finances of the NHS could emerge relatively unscathed?

As a former chair of the Commons health and social care committee, praised for pushing the government on NHS workforce planning issues, chancellor Jeremy Hunt should be sensitive to the impact of any new 'efficiency savings' imposed on the health service.

But Hunt assumed his latest role on the assumption that he's prepared to take some "very difficult decisions" to lower government debt to below September's record figure of £20bn. That hints at a return to the last decade's austerity cuts to social care and the NHS which – according to research from York University – were linked to more than 57,000 extra deaths between 2010 and 2014. More recent statistics, from Glasgow University, suggest a much higher figure (almost 335,000 additional deaths between 2012 and 2019) is directly attributable to those Tory spending decisions.

The chancellor's words have understandably triggered widespread alarm across the health sector, with leading figures such as NHS Confederation chief executive Matthew Taylor describing the prospect of further cuts as "incredibly grim".

What might be on the cards?

So what do we know so far about the approach Hunt might take later this week? Given the current nervousness of the money markets, it's unlikely any details will be leaked before the 'mini Budget' is formally announced, but it's widely accepted that he won't reverse his predecessor Kwasi Kwarteng's decision to scrap the £7bn health and social care levy which was destined to boost the NHS' coffers.

One leading economist has suggested that the government will need to impose £30-40bn of spending cuts or tax rises, while another put the figure higher, at £50bn. The Telegraph has claimed that Hunt is considering up to £20bn of tax rises to fill the hole in the nation's finances, and contributors to last week's hsj podcast on the 'mini Budget' said that Hunt recognised the NHS clearly needs more cash and that people therefore needed to pay for that – with tax rises the most obvious option.

The HSJ team noted that the chancellor had recently rubbished the social insurance model, long-favoured by Tufton Street thinktanks, as a way of financing a public health service in the UK. That observation, though, jars with a call – promoted in a book co-written by the then-shadow minister Hunt back in 2005 – to replace the NHS with a system under which patients would pay into personal health accounts, allowing them to shop around for care from private as well as public providers.

They also suggested that Hunt could be set to drop the idea of a cap on social care costs completely, and may also float the reintroduction of PFI schemes to help deliver the long-promised 40 'new' hospitals. Unsurprisingly, the HSJ podcast predicted that the chancellor would probably seek to inflict 12 months of financial pain in the short term, in order to facilitate 12 months of po-

litically advantageous investment in public services in the run-up to the 2024 general election.

Hunt's track record

But does Hunt's record in his earlier role of health secretary, from 2012-18, offer any hints that he'll do right by the NHS financially, rather than just cut it to the bone?

Not really. Despite his recent stance on workforce planning while chairing the Commons health and care select committee, Hunt has previously been criticised for failing to take sufficient action on recruitment issues in the NHS while he was in charge of it. His tenure in the post saw the total number of GPs go down, a poor reflection on his pledge in 2015 to hire 5,000 more within five years.

In an interview with the BMJ 18 months ago, Hunt acknowledged that his inaction on recruitment affected the NHS' ability to respond to the pandemic, and went on to say, "We've really been on the back foot from the start on test and trace, and in some ways it dates back to when I was health secretary."

And in 2016 he was called out by his predecessors on the Commons health and care committee for breaking his pledges on NHS funding and misleading the public about health service reforms. The committee had found that a promised top-up of £8.4bn for the NHS was actually closer to £4.5bn.

According to an analysis from OpenDemocracy, behind Hunt's 'nice guy' disposition lurks a very different persona, whose story as health secretary is "one of missed targets, lengthening waits, crumbling hospitals, missed opportunities, false solutions, funding boosts that vanished under scrutiny, and blaming everyone but himself".

Over the period Hunt was in charge at the DHSC, the performance figure for four-hour maximum waits in A&E dropped by 10 per cent, more than 8,000 hospital beds were lost, and access to treatments including hernia, hip and knee operations were delayed, restricted or in some cases scrapped, nudging some hospitals to instead offer 'self pay' options to private patients.

During Hunt's watch funding increases dropped to around one per cent (from an average of six per cent pre-2010), while extra funding sometimes arrived in the form of loans, adding to individual hospitals' debt burden. Hospitals also started to receive significantly less funding per procedure – payments which once made up 75 per cent of their income.

An apparent predisposition in favour of privatisation soon emerged during Hunt's time in office too (Virgin Care, Circle and Carillion all seemed to do well on his watch, and he was instrumental in bolstering those elements of the 2012 Health and Social Care Act which required commissioners to put contracts out to tender) alongside a tendency to dodge public scrutiny – prompting frustrated hospital campaigners to launch a "Hunt the Hunt" campaign to get him to engage in public debate.

The Hunt-era DHSC was also reluctant to respond to FoI requests and parliamentary questions, and Hunt was personally pulled up by the UK Statistics Authority for making misleading claims about NHS funding.

Can the NHS withstand more austerity?

The NHS will surely struggle to survive more cuts. Just consider the following news items, all appearing over the last month, and all relating to historic funding issues:

– The number of patients waiting for hospital treatment in England has topped seven million for the first time… just 56.9 per cent of patients attending major A&Es are seen within four hours (a record low)… and the number waiting more than a year for treatment rose to almost 390,000 (up almost 10,000 on the previous month)

– The cost of clearing the backlog of repairs to NHS hospitals and equipment has exceeded £10bn for the first time (up 11 per cent year on year)… about £1.8bn of this backlog are now considered "high risk" repairs… roofs of 30 hospital buildings at 18 NHS trusts are in danger of collapsing

– British Dental Association head Martin Woodrow has told Hunt, "In blunt terms, NHS dentistry is approaching the end of the road. There is simply no more fat to trim, short of denying access to an even greater proportion of the population. It would take an extra £880m a year simply to restore levels of resource to those we saw in 2010"… the number of 'dental deserts' is growing across the UK, according to the Local Government Association… no local authority area in the country had more than one dentist providing NHS treatment per 1,000 patients… and one report suggests there are no NHS dentists left in the whole of Suffolk

Analysis backs investment

The case for investing in the NHS was eloquently presented by the NHS Confederation earlier this month, in research commissioned from independent consultancy Carnall Farrar. Their analysis showed that investing in the primary care workforce, for example, shows links to reduced A&E attendances and non-elective admissions, and so leads to improved workforce participation. The consultancy was able to quantify the benefits of treating the NHS as a sensible investment rather than as a cost: for each £1 spent per head on the NHS, Carnall Farrar identified a corresponding return on investment of £4.

One can only hope Jeremy Hunt gets a chance to read this excellent research, and acts on its recommendations, before delivering his fiscal event..

Martin Shelley

What happens if nurses strike?

As the ballot for nurses to take strike action nears to a close on 2 November, a poll of over 7,000 NHS nurses across the UK by NursingNotes finds the vast majority are in favour of taking strike action.

There are huge regional variations, however, with Scotland at 76% support, the North of England 67%, London 56%, Wales 55%, and Northern Ireland 53%, whereas support in the South West is the lowest at 33%.

This is the first time in their history that the entire UK nurse workforce could go on strike.

Commenting on the strike ballot, UNISON general secretary Christina McAnea said: "Striking is the last thing dedicated health workers want to do. But with services in such a dire state, and staff struggling to deliver for patients with fewer colleagues than ever, many feel like the end of the road has been reached.

"The NHS is losing experienced staff at alarming rates. Health workers are leaving for work that pays better and doesn't take such a toll on them and their families. If this continues, the health service will never conquer the backlog and treat the millions desperately awaiting care.

Patient safety

Many people are concerned about what a strike by nurses would look like and how patient safety is maintained. In reality, a strike by nurses will never be an all out strike, so that patient safety is protected, but it would lead to staffing levels more akin to a bank holiday or Christmas day.

As a letter from a nurse published in The Guardian noted, "On strike days they'd ensure that there is cover for essential services and all critical care would go ahead as normal. And in actual fact, we're working with unsafe numbers every single day. Striking is a means to end unsafe staffing practices."

The number of staff and working patterns is negotiated with their employers before the strike begins.

Although a UK-wide strike of nurses has never taken place, there was a strike by nursing staff in Northern Ireland in December 2019. Here there were three models of derogations (an exemption provided to a member or service from taking part in industrial action):

– Complete derogation, with an entire service being exempt (for example, intensive care units)

– A Sunday service or Christmas Day service

– A night duty model, where the night duty numbers were agreed to cover the day duties (with requests for further staffing considered on a case-by-case basis).

In general terms the RCN state that industrial action must follow the life-preserving care model. This exempts:

– emergency intervention for the preservation of life or the prevention of permanent disability

– care required for therapeutic services without which life would be jeopardised or permanent disability would occur

– urgent diagnostic procedures and assessment required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.

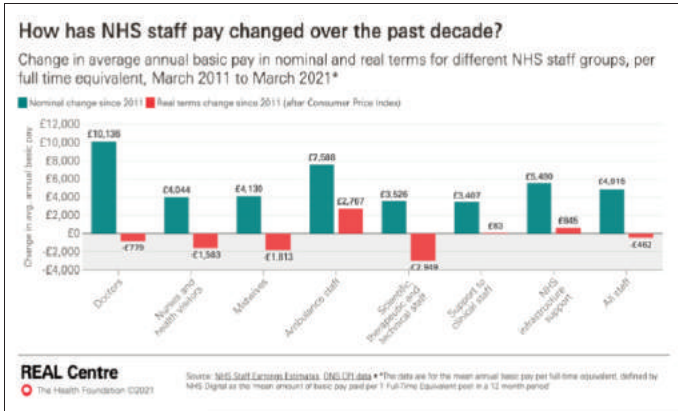
The Nursing and Midwifery council – the independent regulator confirm that nurses have the right to take industrial action and that the employer should seek to take steps to minimise disruption to the care of patients and people using services, but the individual professional duties on nurses remain the same.

How is the government reacting to the threat?

After years of inaction on the workforce pressures within the NHS, the recent post holders of Secretary of State for Health and Care appear to have done little to address the crisis. In an October interview with the Evening Standard the then Health & Care Secretary, Thérèse Coffey, said that nursing staff can leave the UK "if they want to" amid complaints over poor pay and short staffing.

She also said that the government could turn to overseas nurses to fill these gaps but refused to further improve pay.

Overseas recruitment, although a component of NHS recruitment for decades, is not an easy or cheap option. A case study for Hillingdon Hospitals' NHS Foundation Trust found that it cost £8,477.80 to recruit 21 UK nurses, and £6,371.41 to hire just one nurse from overseas. If you multiply this by the number needed to fill the gaps, the scale of the cost of



recruiting overseas to fill vacancies is phenomenal.

The comment by Coffey also implied that nurses from overseas would be content with poor pay and working conditions. Nurses recruited overseas are trained professionals, not cheap labour, as Patience Bamisaye, a nurse recruited from overseas, noted eloquently in an article in NursingNotes:

"It is incomprehensible to imagine that foreign-educated nurses would be content to put up with poor working conditions and unfair pay simply because they are coming from another country."

With Stephen Barclay back at the DHSC, as of 26 October, it's unclear what approach will be taken to the strike. HSJ reports that when he was briefly at the DHSC in July/August, health leaders reacted with dismay to his appointment, saying he viewed the NHS as a "bottomless pit, resistant to change and unaccountable".

How successful can the strikes be?

Strikes by nurses are rare but in December 2019 NHS nurses in Northern Ireland went on strike led by the now RCN president Pat Cullen.

Nurses in Northern Ireland were paid less than in the rest of the UK, but due to a long-term dispute between Sinn Fein and the DUP over the Cash for Ash scandal the Stormont administration was not working and there was no administration to negotiate a pay increase.

Nurses in Northern Ireland voted to strike. It began in December 2019 and by mid-January, Sinn Fein and the DUP had entered talks with the RCN, and by the end of the month, nurses had been given a £109m pay deal.

Why are nurses planning to strike?

The decision to call a strike is never an easy one, but the general secretary of the RCN, the UK's largest nursing union, Pat Cullen, told the Observer in September that there is real anger among nurses. The pay rise earlier in the year of £1,400, leaves nurses £1,000 a year worse off in real terms, and pay has not kept up with inflation over the past decade for many staff.

Cullen noted: "We need to step up and look after these nurses. If we don't, it's scary to think about what will happen. The health service is not just staring over the precipice. It has gone over. And the very people who are trying to bring it back up are being paid the lowest wage we can possibly pay them. If we deplete it any further, there will not be a health service there."

Although on the face of it the strike is over pay, the low levels of pay are linked to the escalating workforce crisis in the NHS and this ultimately impacts on patient safety.

Both the RCN and the union UNISON, which represents nurses and many of the lower-paid workers in the NHS, believe that not only is a proper pay rise needed to enable staff to survive the cost of living crisis, but without it the crisis in workforce numbers will escalate. The RCN wants a rise of 5% above inflation to avoid a flood of nurses leaving the profession.

UNISON head of health Sara Gorton said: "The backlog won't reduce, nor will waiting times and delays lessen unless the NHS can keep hold of its experienced employees and attract new people.

"A proper pay rise would help the NHS start tackling the growing staffing shortages hampering its ability to cut waiting lists and reduce ambulance delays.

"But disruption isn't inevitable. Ministers could come up with a decent wage increase and a proper workforce plan. The ball is sitting in the government's court."

The NHS desperately needs more staff and for its current staff to stay. But staff are leaving the NHS at record levels, with 400 a week leaving according to a survey in February 2022. Nurses often move to work for nursing agencies, where pay is better. Lower paid staff move to work in different industries, where pay is better.

The latest statistics on vacancy rates from NHS Digital show a vacancy rate for registered nursing staff of 11.8% as at 30 June 2022 or 46,828 vacancies.

A lack of staff is having a major impact on patient safety. In July 2022, the health and select committee within Parliament, which heard evidence from over 150 organisations, concluded that: "The persistent understaffing of the NHS now poses a serious risk to staff and patient safety both for routine and emergency care. It also costs more as patients present later with more serious illness."

The current situation was succinctly summed up in a letter from a nurse published in The Guardian:

"Although strikes would necessarily cause some disruption, this would be small beer compared with the ongoing day-to-day chiselling away at NHS services caused by austerity over the past 12 years. The 5% pay rise is completely inadequate. Real-term pay has dropped like a stone in the past decade. We cannot recruit. We cannot retain staff. And given the stratospheric rise in living costs, these problems will just be compounded over time."

Can we really afford cuts to health spending?

As Rishi Sunak considers a tightening of public sector spending, evidence of the cost of ill health to the nation's economy is showing that a squeeze on NHS funding would be a false economy.

In her seven weeks in the job the noted smoker Thérèse Coffey had already signaled her intention to ditch a tobacco control plan, and it remains to be seen whether this lurch toward libertarianism will be continued by her successor Steve Barclay, as he returns to the health and social care brief – that he only left in September.

In his time away Barclay may have missed research published earlier this month quantifying how investment in health boosts labour productivity and therefore economic activity. Analysis commissioned by the NHS Confederation and conducted by consultancy Carnall Farrar showed that for every taxpayer pound invested in the health service, four times that amount is recouped through gains in productivity stemming from increased participation in the labour market.

Two reports published earlier in the year, both relating to mental health, drew similar conclusions, after calculating the negative costs to the UK economy of the failure to invest adequately in the provision of support services.

In March the Mental Health Foundation and the LSE jointly released a report outlining how mental health problems were costing the economy around £118bn annually – approximately five per cent of the UK's GDP. This research revealed that almost three quarters of that figure relates to the lost productivity of people living with mental health conditions, and the costs incurred by unpaid informal carers.

And the figure of £118bn may not even reflect the true cost. The LSE's David McDaid, the lead author of the report, said, "Our estimate of the economic impacts of mental health conditions, much of which is felt well beyond the health and social care sector, is a conservative estimate."

The report went on to explain, "Health service costs are based on the number of people receiving treatment and do not consider the many people who would benefit from treatment but either do

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PFI keeps coming back for more

In June the New Statesman magazine published a study of hospitals funded through Private Finance Initiative between 1997 and 2018, and headlined the fact that some have been spending more on PFI annual payments than they spend on clinical supplies.

Tucked away in a table at the end was a list of Trusts with PFI contracts, beginning with those paying 10% and more of their income on their PFI "unitary charge" covering the cost of the building, support services, and interest in 2019.

Top of the list was Sherwood Forest Hospitals FT, forking out a painful 13% of income, followed by St Helens and Knowsley Teaching Hospitals and University Hospitals Coventry and Warwickshire. North West Anglia (Peterborough and Hinchingbrooke hospitals) and Great Western Hospitals (Swindon) are each on 11%, with Dartford and Gravesham, Portsmouth, Barking Havering and Redbridge and Dudley Group on 10%.

Also on 10% was the Norfolk and Norwich Hospital, built in 2001, which will not make its final payment until 2037. The trust paid £66m unitary charge in 2019 – equivalent to 10 percent of the Trust's income.

Confusion over contract payments

Mid Yorkshire Hospitals Dewsbury, Wakefield and Pontefract) were recorded as paying £53m in 2019, which the researchers calculate as 9 percent of Trust income. However £53m is considerably (25%) more than the most Treasury figures expected the Trust to be paying in 2019.

According to the Treasury, the total cost of the PFI contract covering Pinderfields and Pontefract hospitals, which cost £311m to build, should have been £1.6 billion by the time of the last payment … in 2043, and the Trust has still got most of that (£1.2 billion) to pay, with annual payments set to rise to £73m in 2041.

But the New Statesman figures for actual payments suggest this total cost will be much higher.

Even more worrying, these payments were always set to increase each year – by 2.5% or inflation, whichever is the higher. So the soaring rate of inflation is driving up the unitary charge payments in every trust with large PFI contract.

If the calculations are right, and the Mid Yorkshire charge was £53 million in 2019, it will be at least £57m this year: so another 10 percent increase would see it leap by £5.7 million this year into 2023, £4.3 million more than expected. This is another hefty extra burden on the Trust going forward, as finances get tighter than ever.

That inflated figure then becomes the basis for the following year's calculation, and so on, so the impact will be considerable and long-lasting.

With unitary charges for NHS projects adding up to at least £2.3bn per year, the total extra headache for 100 or so trust finance chiefs will add up to an extra cost of upwards of £170 million, at a time when budgets are already squeezed till the pips squeak.

Far from PFI being a device to stabilise costs and transfer risks to the private sector, all of the costs and risks remain firmly in the public sector, while the profits flow not just out of the NHS but all too often out of the country, to shareholders in tax havens.

Now a new article in the Guardian (October 25) has revealed that nearly half a billion pounds a year (almost £1 in every £5 spent on hospital PFI charges) is creamed off in interest payments. In four trusts almost half of their payments were interest paid to private companies and shareholders.

So PFI is the rip-off that just keeps on taking: as the NHS faces a tightening financial regime the private sector just keeps laughing all the way to the bank.

Cap on care costs could be delayed

The introduction of the cap on care costs, part of a reform of adult social care promised by both Liz Truss and Boris Johnson, is to be delayed until October 2024, according to a report in The Times, as part of measures by the chancellor Jeremy Hunt to reduce spending.

According to The Times report, Hunt told his MPs on Monday that decisions on social care "will be taken through the prism of what matters most to the people who need help the most" and refused to guarantee existing policies.

The report adds that Hunt is said to want a year delay until October 2024. However, back in 2015 when Health Secretary he killed off a similar policy.

The care cap reforms, announced back in 2021 by Boris Johnson, would limit the lifetime sum people have to pay at £86,000 and introduce a more generous means test so those with assets of less than £100,000 receive help sooner. The reforms mean considerably more means-testing would have to take place which would require more staff.

Councils want a say in implementation

The delay has been welcomed by Council leaders, however they warned that the funding allocated to the reform should be retained by authorities to plough into adult services. The funding allocated to implementation of the reforms by the Department of Health and Social Care (DHSC) was £771m in 2023-24.

In August 2022, The Local Government Association called for a six-month delay, then in October 2022 the County Councils Network (CCN) urged a 12-month delay to implementation. Council leaders are concerned about lack of adequate funding for the reforms and significant recruitment issues, in particular

of social workers. They consider that the implementation in October 2023, as planned, would damage services at a time of already significant pressures.

Cllr Martin Tett, Adult Social Care Spokesperson for the CCN told Community Care: "With local authorities facing severe workforce and inflation-fuelled financial pressures, they [the reforms] would be impossible to implement in the timescales without making services worse and leading to longer waits for a care package for people on day one of their introduction."

"But while the implementation of the reforms should be delayed, the funding committed next year must be retained by councils and reprioritised, not used as a saving as part of the government medium-term fiscal plan."

On the other hand, Sally Warren, director of policy at the King's Fund think tank, told The Times that: "Previous plans to reform social care were dropped in 2015, when Jeremy Hunt was health secretary, when reform was delayed and then never happened. For the sake of all of us and our families who may need social care, he must not back away again from vital reform now, and should press ahead without delay."

Concerns that the cap could be binned

Other commentators noted that the delay could signal that the care cap was being binned. King's Fund senior fellow, social care, Simon Bottery warned on Twitter that delaying the reforms could mean their eventual abandonment: "Delay may not sound too bad but is in reality just a step away from abandonment. A saving grace may yet be that a) cap costs don't really kick in for a few years and b) surely the govt wants SOME achievements to point to at the next election?"

Hunt is due to unveil the plan on 31 October, when any decision about the charging reforms are likely to be announced.

It is unclear what any delay would mean for the six authorities – Blackpool, Cheshire East, Newham, North Yorkshire, Oxfordshire and Wolverhampton – due to implement the reforms in April 2023, six months earlier than the rest of the country.

This would not be the first time that a delay to reforms of social care preludes a decision to scrap them. Reforms had been due to come into force in 2016, before being delayed until 2020. Theresa May's government then scrapped them altogether in 2017.

Reform to social care is vital, the system is in crisis. A recent report from Skills for Care shows that the number of vacant posts in adult social care have increased by 52% in one year – the highest rate on record – with 165,000 vacant posts. But the latest government white paper in December 2021 contained nothing to address this issue. Even if the care cap is addressed, who will then provide the care?

NHS Digital data released 20 October shows that compared to 2020/21, requests for support from both working age adults and older people went up, with local authorities receiving on average 5,420 requests for support every day of 2021/22 (up 170 requests per day on last year). Simon Bottery of the King's Fund noted on Twitter that the data "suggests we may be returning to the depressing trend of more people asking for help but fewer people getting it."

Labour plans national care service

In contrast to the current government, the Labour Party has taken a more holistic and radical approach to reform of social care and is committed to the setting up of a National Care Service. Back in July 2022, Shadow Health & Social Care Secretary Wes Streeting said that he had asked the Fabian Society to look at how such a service would be funded and structured. The immediate priority, noted Streeting being providing better pay, training and full rights at work for carers, and stronger national standards.

A national care service is not a new concept, appearing in the 2010 Labour manifesto and again in 2017. In July 2022 the idea was explored by Unison in its report Care after Covid. It makes the case that the Covid-19 pandemic has cruelly exposed the vulnerabilities in our care system that grew from a decade of austerity and from privatisations that started in the 1980s.

Unison's strategy seeks to bring care sector staff and facilities back inhouse, eventually "fully integrating" with the NHS and delivering the vast majority of social care through public funding; but the union acknowledges the current reality that 97% of care is delivered by private or voluntary organisations, which means the transition to national care service will take time.

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Concrete issues put hospital safety at risk

Airedale General Hospital's perhaps surprisingly high position in the league table of backlog maintenance bills, at a massive £414m, is down to the building's construction in the late 1960s using reinforced autoclaved aerated concrete planks (RAAC) in roofs, floors and walls, with a life expectancy of 30 years.

The planks are now likened to "a chocolate Aero bar," riddled with bubbles that can break and allow water to seep through. 52 years after it opened there are real concerns over the safety of Airedale and fifteen other trusts, which between them have 34 buildings built using RAAC, and increasingly now at risk.

Ministers have now admitted to the scale of the problem, but avoided listing the trusts at risk, and offered only pitiful token funding to address the problems, which have in one case, Queen Elizabeth Hospital in Kings Lynn, led to the use of ever-increasing numbers of metal props to hold up the roof, and nurses deploying hundreds of buckets to catch rainwater.

In March 2021 Critical Care Unit patients at the QEH had to be evacuated so that emergency repairs could be carried out to avert dangers of a roof collapse. But its Chief Executive was branded as "sensationalist" by NHS England's comms chiefs when she dared to speak out publicly on the threats posed to patient safety in the building.

Then 131 props were in use, but this has increased rapidly: the most recent figure is almost 2,500, more than ten times the number used a year ago. The Trust has warned that stopgap repairs and props could cost the trust a staggering £500m over the next ten years.

Implausible promise

In her leadership campaign this summer Liz Truss promised to "put more money into the physical fabric" of the NHS, mentioning the QEH as an example that needed funding, and implying a commitment to ensure the hospital, bordering her constituency, would one of the eight new hospital schemes to be added to the 'fake forty'. The pledge was implausible even while she was Prime Minister. But it is no more than a pipe dream now she is out and Sunak and Hunt are working together to reimpose austerity. The projected total cost of a new QEH has risen to £862m from an initial estimate of £679m.

Other hospitals facing problems with RAACs include Crewe's Leighton Hospital (Mid Cheshire); Hinchingbrooke (North West Anglia FT); Wexham Park (Frimley Health FT); James Paget Hospital, Lowestoft; and West Suffolk Hospital (Bury St Edmunds).

West Suffolk Hospital chiefs have been so concerned over the threat that they hired a law firm to assess the risk of being charged with corporate manslaughter should any part of the hospital collapse and kill patients, staff, or visitors. Plans to evacuate patients from potentially collapsing buildings have been drawn up.

In 2019/20 the West Suffolk Trust reported a literally incredible leap in backlog maintenance costs to £741m, including £81m "high risk" and £544m "significant risk" issues at West Suffolk Hospital in Bury St Edmonds. This appeared to be at least the cost of building a new 450-bed hospital.

However the latest figures published in October 2022 show a total backlog miraculously cut back to £103m, of which just £61m is "high risk" issues in Bury. It's possible this sharp re-

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duction is the result of West Suffolk being included in the "Fake Forty" list of new hospital projects.

Similar unexplained changes have taken place in the reported figures from Mid Cheshire Hospitals, where the most recent data shows problems have worsened again, especially the major structural problems at Leighton Hospital. In 2019/20 this was rated as a 'significant risk', with an estimated cost of £311m to remedy: but this figure has subsequently been reduced – possibly also as a result of the Trust separately seeking funding for a new hospital.

However the chances of even the worst-hit hospitals getting the funding they need for new buildings are remote to say the least. While West Suffolk hospital bosses have remained tight-lipped on the likely cost of the plans they have submitted, it seems likely to involve a similar cost to the £679m QEH rebuild. Plans for a new Leighton Hospital are also in the same ballpark, at an estimated £663m.

Going for broke

Meanwhile both Frimley and the 'Act as One' health and care partnership that covers Bradford District and Craven (and thus Airedale) have gone for broke, proposing plans for new hospitals to replace the collapsing ones – but only as part of much bigger schemes, adding up to £1.26 billion in Frimley and a staggering £1.7 billion in Airedale. The total for these five schemes alone was close to £5 billion even before the latest spike in cost inflation.

Much more limited sums have been offered by a cagey Department of Health and Social Care, which has been allocated just £4 billion to cover the whole of the 'fake forty' list, and as yet given no more to cover the additional eight schemes, for which the winning bids have not so far even been selected.

The HSJ revealed there were no less than 128 bids submitted to be one of the additional eight new hospitals: whether any of them get anything like the cash they have requested to implement the plans they have spent time and money drawing up is anyone's guess, as the purse strings are tightened across the public sector and a new government team feels even less committed to implementing Johnson's empty 2019 promises.

In 2020 DHSC spokesperson insisted "We have … set aside over £685 million to directly address issues relating to the use of RAAC in the NHS estate." That's not even enough to build one of the replacement hospitals that are needed, but the way things are going that's all they will get between them over four years. It won't even be enough to keep the QEH supplied with props.

John Lister

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not receive it because of pressure on services, or do not seek help. Additionally, no costs are included for reduced performance at work due to mental health problems, costs to criminal justice and housing systems linked to poor mental health, costs associated with addiction issues, or the costs associated with self-harm and suicide."

Other studies quoted in the report noted the return on investment in parenting programmes (up to £15.80 in long-term savings for every £1 spent on one particular programme, for example) and in workplace interventions (savings of £5 for every £1 invested in supporting mental health).

A month later, in April, came another report, this time from Deloitte. The accounting firm estimated that the overall costs of poor mental health to employers – based on the combined costs of absenteeism, presenteeism (attending work despite illness and so not performing at full capacity) and labour turnover – had increased by 25 per cent since 2019, and now totalled between £53-56bn.

Deloitte's research also mirrored the return on investment estimate contained in the other reports, claiming that employers who invest in measures and initiatives to tackle mental health problems can expect to see an average of £5.30 for every £1 invested – leading it to conclude that, "Investing in workforce mental health and wellbeing not only benefits employees, it can also yield positive financial returns for employers."

Issues already documented

Ministers should already understand these issues from work done within government. Three years ago Public Health England (PHE) noted that mental health conditions such as stress, depression and anxiety accounted for 14.3m working days lost per year (almost eight per cent of sickness absence), and the estimated cost of these absences to UK employers was £7.9bn.

Research published by the DWP in 2016, estimated the cost of ill health to the government – in benefit payments, additional health costs, and forgone taxes and National Insurance – to be around £50bn a year. The total economic cost of sickness absence, lost productivity through worklessness, informal care giving and health-related productivity losses, was estimated to be more than £100bn annually.

The economic, as well as the health and societal benefits of investing in the NHS have surely never been any clearer.

And the next time the ex-health secretary lights up a cigar, she may also want to consider an estimate in 2019 from the charity Action on Smoking and Health, which put the cost of smoking to employers in England, through increased sickness absence and smoking breaks, at £4.6bn a year. Continued investment in both ill health and its causes is sorely needed.

Martin Shelley

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To help secure the future of our NHS through campaigning journalism, please support us

Dear Reader

Thank you for your support, we really appreciate it at such a difficult time. Before covid-19 the NHS was already under huge pressure, and after it's all over there will be a backlog of patients, queues of people affected by the crisis, and a hugely tired workforce.

From that moment we will need a much more credible plan to fund, support and protect our brilliant NHS. Our goal is to help make this happen and we need your help. We are researchers, journalists and campaigners and we launched The Lowdown to investigate policy decisions, challenge politicians and alert the public to what's happening to their NHS.

It is clear from the failures of recent years that we can't always rely on our leaders to take the right action or to be honest with us, so it is crucial to get to the truth and to get the public involved. If you can, please help us to investigate, publicise and campaign around the crucial issues that will decide the future of our NHS, by making a donation today. Our supporters have already helped us to research and expose:

- unsafe staffing levels across the country, the closure of NHS units and cuts in beds
- shocking disrepair in many hospitals and a social care system that needs urgent action, not yet more delays
- privatisation – we track contracts and collect evidence about failures of private companies running NHS services

First we must escape the covid-19 crisis and help our incredible NHS staff. We are helping by reporting the facts around the lack of protective equipment for hospital staff but also for thousands of carers. We are publishing evidence about more community testing and the shortcomings in our strategy to beat the virus. Even though they have a tough job, there have been crucial failings: on testing, PPE and strategy, and we must hold our politicians to account and challenge them to do better. We rely on your support to carry out our investigations and get to the evidence.

If you can, please make a regular donation, just a few pounds a month will help us keep working on behalf of the public and NHS staff - thank you. We all feel such huge gratitude and respect for the commitment of NHS staff and it's so impressive to see such strong public support. Let's hope that we can give the NHS the thanks it deserves and crucially, secure its future.

With thanks and best wishes from the team at The Lowdown

EVERY DONATION COUNTS!

We know many readers are willing to make a contribution, but have not yet done so. With many of the committees and meetings that might have voted us a donation now suspended because of the virus, we are now asking those who can to give as much as you can afford.

We suggest £5 per month or £50 per year for individuals, and hopefully at least £20 per month or £200 per year for organisations. If you can give us more, please do.

Supporters can choose how, and how often to receive information, and are welcome to share it far and wide.

Please send your donation by BACS (54006610 / 60-83-01), or by cheque made out to NHS Support Federation and posted to us at Community Base, 113 Queens Road, Brighton BN1 3XG

If you have any other queries, or suggestions for stories we should be covering, please email us at contactus@lowdownnhs.info