

General Debate on the future of the NHS, its funding and staffing

23 February 2023

Ahead of the General Debate on the future of the NHS, its funding and staffing, the [NHS Confederation](#) have identified the following issues as priorities of our members who lead services across the NHS.

Investing in the NHS

Spending money on the NHS isn't just about plugging gaps. Health spending drives innovation and growth in communities across the UK. Recent [analysis](#) by Carnall Farrar, undertaken on behalf of the NHS Confederation, found that growth in healthcare investment has a clear positive relationship with economic growth, with each £1 spent per head on the NHS, corresponding to a return on investment of £4.

In addition, the NHS has a powerful role as an employer and is the largest employer in England, which is especially important in parts of the country with higher levels of deprivation.

Key ask: government should work cross-departmentally to recognise the NHS as an investment and realise the value of returns on investment for the wider economy.

Suggested intervention: Recent analysis by the NHS Confederation and Carnall Farrar found that growth in healthcare investment has a positive relationship with economic growth, with each £1 spent per head on the NHS, corresponding to a return on investment of £4. Does the honourable member agree that the government must recognise the impact of NHS investment on wider economic growth?

Capital funding

UK capital funding for the NHS has lagged behind other European countries for the past 12 years. Nine in ten members recently [told](#) us that the lack of capital investment is undermining their efforts to reduce waiting lists and is putting patient safety at risk. It is also impacting efficient working.

In primary care, more than one in five of the near 9,000 general practice and primary care premises in England are [not fit for purpose](#), primary care leaders are calling on the government to set aside additional investment to support the building and modernisation of

new and expanded clinics to treat patients in the community, as well as for improved IT and management support for staff.

To ensure the safety of the NHS estate the Department of Health and Social Care (DHSC) capital departmental expenditure limit (CDEL) budget should increase to eliminate the maintenance backlog and make up for a decade of poor capital investment. Funding will also help drive the NHS towards the UK's net zero target through potential measures such as further digitisation to reduce printing and making buildings more energy efficient.

Members continue to describe the capital allocation process as opaque and too slow for them to plan.

Key ask: The Treasury must invest enough money in the NHS to eliminate the maintenance backlog at the Spring Budget as well as amending the allocation process to provide multi-year capital settlements.

Suggested intervention: Nine in ten NHS Confederation members recently said that the lack of capital investment is undermining their efforts to reduce waiting lists and is putting patient safety at risk Will the Minister acknowledge the impact that underinvestment in NHS capital is having on efficiency and patient safety?

Workforce

The number of vacant posts across the NHS in England has reached a record high of 132,139 – almost 10% of its planned workforce (as of 1 September 2022) – due to both limited supply of qualified staff and a high-turnover of existing staff. This excludes further vacancies in primary care and an ever-decreasing GP workforce.

The Health Foundation has said there is currently a shortage of around 4,200 full-time equivalent GPs, which is projected to rise to around 8,900 FTE GPs in 2030/31. This means close to 1 in 4 of the 37,800 general practitioner posts needed to deliver pre-pandemic standards of care would be vacant. Despite there being fewer fully qualified FTE GPs, each practice has on average 2,057 more patients than in 2015.

While the promise of a workforce plan is very welcome, it requires funding to support workforce growth and employers need to see investment in areas which will have a significant impact on reducing service demand.

The government also still needs to address existing workforce policy and funding issues such as the lack of a multiyear funding settlement, an unfunded pay uplift and unclear future commissioning arrangements – to reduce the elective backlog and meet increasing demand, the workforce must increase by around a fifth by 2024/25.

With the service under extraordinary pressure, the government must work with unions to negotiate an acceptable pay deal for 2022-23 and look to the cycle from April 2023. Ongoing industrial action is putting patients at risk and preventing greater progress on the backlogs. The public's support has been invaluable to allowing health services to continue to ensure that urgent and life-saving care could be prioritised, but this is not sustainable, particularly as strikes escalate. The NHS Confederation last week wrote to the Prime Minister to warn him that if the government refuse to negotiate with health unions on pay, the progress the NHS has made on tackling the elective backlog will be undermined.

We also need ongoing investment in NHS apprenticeships beyond 2024. They provide a strategic supply pipeline for the sector and offer the ability for new and existing staff to develop and increase their earning potential through the acquisition of higher-level skills. Importantly, the evidence shows that the retention rate for apprentices is high.

NHS Employers, which is part of the NHS Confederation, wrote to the government calling for urgent changes to how NHS pension taxes are calculated, which is impacting retention. There was an indication that this issue would be addressed in the September 2022 fiscal event but detail has yet to materialise, and it was not included in October's Autumn Statement. Furthermore, not all providers of services outside of standard hours have access to the pension scheme.

Key ask: The Government should fully fund the promised workforce plan.

Key ask: The Government must come to the table for meaningful talks over pay and conditions so that the NHS can combat the backlog and deliver high quality care.

Suggested intervention: While the NHS Confederation, who represents NHS leaders, welcomed the promise of an NHS workforce plan announced in the Autumn Statement, they say it must also be fully funded to ensure the NHS can build a workforce that can meet population need. Would the honourable member agree with this assertion?

Suggested intervention: Industrial action is escalating, and the NHS Confederation wrote to the Prime Minister last week urging the government to meaningfully negotiate with the unions on pay or risk a the Prime Minister's pledge to reduce NHS waiting times. Does the Minister recognise that without concerted effort and compromise from government, this pressurised environment of repeated industrial action will become business as usual for the NHS?

Social care

The social care workforce is continuing to deplete as staff leave the sector in favour of other, better paid jobs with better conditions such as in retail and hospitality. Social care workers do not feel fairly remunerated for the valuable and skilled work that they do. The government should therefore take action to make care work feel like the valued profession it is.

The dedicated, additional funding to support the discharge to assess model during the COVID-19 pandemic delivered value swiftly as 30,000 acute beds were freed up in spring 2020 to support flow through the system. Making discharge-to-assess funding permanent would mean community providers can help reduce inequalities and address long COVID.

DHSC made the Social Care Discharge Fund available to Integrated Care Boards (ICBs) at short notice on 21 November 2022 with ICBs required to submit plans by 16 December 2022. This was topped up by a further up to £200m at the start of this year.

Funding was dependent on being spent against 11 criteria, assessed by six metrics, with repeated fortnightly reporting on spending. This funding is worth about 0.3% of the total NHS budget – proportionally the specificity of the criteria and volume of reporting significantly constrains ICSs flexibility and adds bureaucratic pressure. Many ICSs received the funds too late for maximum possible benefit and efficacy from the funds.

The last-minute and short-term nature of the funding does not match the more fundamental challenges the health and care sector faces- the widening gap between capacity, resource and need. In addition, short term, prescriptive funding pots limit the ability of the sector to innovate, creating more risk that we invest into extending existing services rather than reimagining more joined-up care that makes best use of staff available.

Discharging more patients from hospital into care homes will help flow and is a better alternative than medically fit patients being prevented from leaving hospital. However, it also runs the risk of people being inappropriately placed and remaining in residential provision indefinitely. The risk of this is heightened by needing to make rapid decisions around care. It is therefore important that the government also invests in other social care solutions that will allow people to live well more independently for as long as is appropriate.

Social care also has important preventative roles such as stopping conditions from deteriorating and helping people remain independent for as long as possible.

Key ask: The government must set out its plan for next winter well in advance so that systems can design and deliver solutions that are appropriate to local challenges.

Suggested intervention: The NHS Confederation has heard from its members that the delay in releasing discharge funding this winter prevented planning and meant it could not be used as effectively as possible. Will the Minister commit today, to planning for winter and announcing allocations a minimum of four-six months in advance of winter.

Suggested intervention: The NHS Confederation recommends introducing a national minimum care workers wage to support recruitment and retention in social care, in turn reducing burden on the NHS. Does the honourable member support this recommendation?

Public health

The rising cost of living is likely to worsen public health and increase demand for healthcare services. Even taking into account the measures such as the £400 cost-of-living rebate from the government, this will push over two thirds of UK households into fuel poverty and exacerbate health inequalities that were already widened during the pandemic. Children growing up in cold, damp homes are more than twice as likely to suffer from respiratory conditions than their classmates in warm homes.

In September, one in four households with children experienced food insecurity. With malnutrition costing the NHS an estimated £19.6bn each year, investment in greater support, particularly targeted at the most vulnerable, would lead to returns in reduced NHS demand.

Increased funding for local authority social care and public health is important as up to 80% of what affects health – both physical and mental – and therefore demand for services is from outside of the health system. Managing demand is therefore key to making healthcare services more financially sustainable.

Key ask: The government needs to provide more support, particularly to those most vulnerable to the cost of living crisis.

Suggested intervention: The NHS Confederation has warned that the cost of living is a public health emergency. Does the honourable member agree that cross-departmental work is needed to further support those at greatest risk of the impacts of the cost of living?

Mental health

Currently, 1 in 6 adults are experiencing moderate to severe depression and 1 in 6 children and young people aged 7-16 have a probable mental disorder. Figures rose during the height of the pandemic, and we now face a cost-of-living crisis which is causing and exacerbating mental health issues.

Mental health services have their own backlog, with about 1.2 million people referred to mental health and learning disability services, still waiting for their second appointment. The length of stay in mental health inpatient care has increased, with some staying for more than 60 days, due to an increase in the severity of mental health problems and problems discharging people. This has resulted in current bed capacity of around 95%, which is significantly above what is considered safe at 85%.

Recent data showed that almost four times as many people are waiting more than 12 hours in A&E before they can access mental health care, compared to two years ago. The pressures are also causing more people to be placed in inappropriate settings. Eliminating inappropriate out-of-area placements in acute adult mental health inpatient services by April 2021 was a target in the NHS Long Term Plan, but the current pressures mean that in September 2022, there were still around 600.

The government must introduce real terms increase to the public health grant as it was in 2015/16 to fund services and public mental health programmes. Funding must be made available to continue the roll out of the Mental Health Support Teams (MHSTs). A recent Barnardo's report found that for every £1 invested in MHSTs, £1.90 is returned to the state. The estimated cost of not rolling out the MHSTs will cost the state £1.8 billion.

Key ask: The government must introduce real terms increase to the public health grant and restore it to the levels last seen in 2015/16.

Suggested intervention: The NHS Long Term Plan included a target of eliminating inappropriate out-of-area placements for acute adult mental health inpatient services by April 2021, yet the NHS Confederation reports that this target has still not been achieved. Will the Minister confirm how many inappropriate out-of-area placements are still occurring?

*If you would like to discuss the issues raised in this briefing, or would like any alternative questions, please don't hesitate to be in touch via **Eleanor Goldberg, Senior External Affairs Officer** – eleanor.goldberg@nhsconfed.org .*

About the NHS Confederation

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.