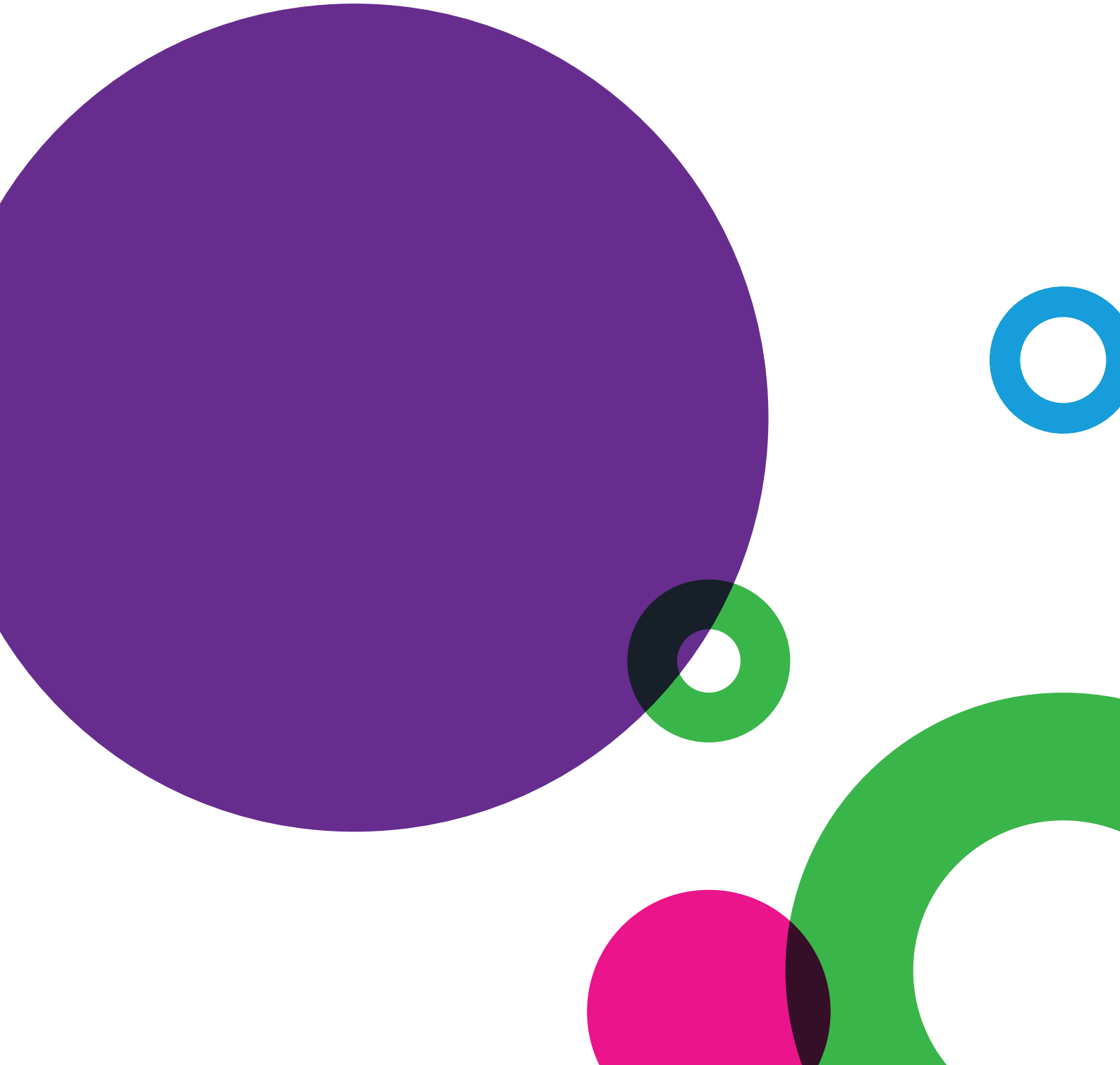
NHS CONFEDERATION

Unfinished business

The need to invest in the whole health and care system

June 2019



The NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of all organisations that plan, commission and provide NHS services.
We support our members by:

- being an influential system leader
- representing them with politicians, national bodies, the unions and in Europe
- providing a strong national voice on their behalf
- supporting them to continually improve care for patients and the public.

Foreword

The Long Term Plan in January 2019 set the future direction for the NHS in England. Backed by £20 billion of additional funding, the health service is now set to deliver changes that should help to keep millions of people independent and in their own homes over the next ten years. This can and should be an exciting time of renewal.

The NHS Confederation is working closely with its members to gauge their views on the plan and to assess what they see as the barriers and enablers on this journey.

This report, published alongside analysis from The Health Foundation, is the first output in that process. It reveals a strong commitment and real enthusiasm for the key planks of reform articulated in the plan. It shows that leaders across the NHS in England, spanning trusts, clinical commissioning groups and integrated care systems, are optimistic and keen to deliver the plan's vision: more services in the community, backed by technology and new models of care.

Indeed, it is clear that there is near universal support for creating a system of integrated health and care, which will be focused on population health, with greater investment and focus on community, primary care and mental health services. It is seen as the only way of creating a sustainable future for the health and the care system in the face of rising demand.

At the same time though NHS leaders have serious concerns. This is a service which already has 100,000 vacancies, is struggling to cope with ever rising demand, and is faced with a chronic lack of investment in buildings, equipment and other critical infrastructure. Combined with the drastic cuts to social care and public health, these factors continue to mean we have a service struggling to cope, with extra demand on A&E and other front-line NHS services.

Many of these underlying challenges sit outside the NHS England budget and are the responsibility of government and they must be addressed in the forthcoming spending review. Failure to do so will put the ambitions of the NHS plan in jeopardy.

This report is a temperature check six months on from the publication of the plan. It is justifiably optimistic – there is too much doom and gloom around the NHS, but we also need to be realistic about what is still needed to make the plan work and we need a honest debate about what is feasible. It is now time for politicians to be straight with the public about what can and cannot be delivered over the next decade.

Niall Dickson
Chief Executive, NHS Confederation

Key points

The launch of the NHS Long Term Plan for England in January 2019 marked a significant change in the future direction of the health service. The plan provided welcome extra funding for the NHS and marked the dawn of a new era – one in which we will need to transform the way services are delivered to patients, service users and the public. At its heart was a vision for integrated health and care focused on population health, with greater investment and focus on community, primary care and mental health services, as well as an emphasis on prevention and health inequalities. These measures are considered crucial in improving care for patients, reducing pressure on hospitals and other services, and in helping put the NHS on a sustainable path in the face of rapidly rising demand.

When the plan was published, the NHS Confederation committed to working with our members to understand how they were responding to the plan as we move towards making the vision a reality. This report[1] is the first output in that process and sets out views from health service leaders about their experiences of implementing the plan so far. These views were gathered in a survey of NHS chairs, chief executives and system leaders spanning NHS trusts, clinical commissioning groups (CCGs) and integrated care systems (ICSs). It is published alongside new analysis from independent charity The Health Foundation.[2]

1. Health service leaders support the direction of travel in the long-term plan

Health leaders told us that overall the plan was permissive and created the right environment for partnership working and that the vast majority of organisations were on board with the vision.

2. Leaders are concerned about their ability to meet workforce challenges

Workforce continues to be the most serious challenge facing the NHS. Sixty-five per cent of respondents told us they were either not very or not at all confident that their local health systems would be able to meet their staffing needs. With a shortage of more than 100,000 staff, the case for greater investment in education and training for both our existing health and care workforce, and new entrants could not be more compelling.

3. Reducing the pressure on hospitals will be challenging

Central to the long-term plan is an expectation that the NHS will reduce demand for acute care through better integration and prevention. However, only one in four respondents (25%) believed their local health systems would reduce significantly the rate of growth in acute activity as a result of the reforms in the plan. Many areas of the country have already been pioneering service changes designed to keep people well and living independently in the community but funding cuts to social care and public health are undermining this work. We also need to get better at sharing the learning about what works between local areas.

1 All figures in this report are rounded to the nearest whole number, therefore some bar charts may not total 100 per cent.
2 The Health Foundation (2019), *Investing in the NHS Long Term Plan: Job done?*

4. Constrained capital spending is having a significant impact on local health systems

Recent years have seen significant reductions in capital expenditure. More than eight in ten respondents (85%) said that a lack of NHS capital investment has inhibited the ability of local health systems to deliver the goals of the long-term plan. The future development of health and care services is reliant on adequate investment in buildings, equipment and digital technology. Historically low levels of capital investment are a significant problem for local leaders seeking to modernise services and improve their efficiency.

5. Leaders are extremely doubtful about their ability to deliver on the long-term plan without increased social care funding

Nine in ten health leaders (90%) responding to our survey were not confident that the NHS would be able to deliver the package of health reforms set out in the long-term plan without a long-term financial settlement for adult social care. Social care is in crisis and the day to day impact on the health service is of serious concern. The impact on some of the most vulnerable people in our society is hard to overstate and it will continue to have significant knock-on effects on primary, community and hospital services until better funding and a more sustainable social care system is developed.

6. An increased emphasis on prevention is welcome, but funding cuts are getting in the way of delivery

Four in five survey respondents (80%) said reductions in public health funding have already restricted the ability of their local health system to deliver NHS services either somewhat or to a great extent.

The cuts to public health services such as smoking cessation, sexual health and drug and alcohol services will inevitably create health problems that could have been avoided. The reductions in public health funding are simply storing up problems for the future which could be avoided with action now. This is a false economy that needs to be addressed.

Call to action

There is much to do to implement the long-term plan and local leaders are now very engaged in turning the vision into reality. Their commitment to delivering the plan is not in doubt despite the challenging nature of the ask.

But the message from this survey is clear. If the government wants the laudable ambitions of the plan to be met then it must complete the 'unfinished business' of the funding settlement for the health and care system. This will require government to provide the additional investment needed for social care, capital investment, education and training and public health in the forthcoming spending review. These crucial areas of funding were excluded from the five-year NHS funding settlement that kicked in from 1 April 2019. Failure to address this will put the ambitions of the NHS plan in jeopardy, and patients will not feel the full benefits of the extra £20 billion of NHS funding.

Introduction

The launch of the NHS Long Term Plan in January 2019 marked a significant change in the future direction of the health service, backed up by £20 billion of extra funding and a vision for integrated health and care focused on population health. It also promised that communities would get a greater say in how services were planned and delivered.

This was to be achieved through sustainability and transformation partnerships (STPs) and ultimately ICSs, with all parts of the country set to be part of an ICS by April 2021. ICSs are sub-regional vehicles for planning care, which are tasked with ensuring there is greater collaboration and partnership working across trusts, CCGs and other parts of the local health and care system and local government. In return for the investment, health systems were told they would be expected to deliver significant efficiency improvements, driven in large part by putting in place the proposed reforms.

When the plan was published, the NHS Confederation welcomed the ambition but warned that it was weakest in its articulation of how local leaders would be supported to improve health systems from the bottom up. We called for clarity about how the plan would be implemented and promised to work with, and to support, our members to understand how they were experiencing this change in direction as they worked to make the vision a reality.

This report is the first output in that process and sets out views from health service leaders about their experiences of implementing the long-term plan to date. These views were gathered in a survey of NHS chairs, chief executives and system leaders spanning NHS trusts, CCGs and ICSs. We received 64 responses from leaders representing all English regions and the commissioner, acute, mental health, community, primary care, independent and voluntary sectors, as well as those leading ICSs and STPs.

The responses highlight front-line leaders' support for the vision of the long-term plan, but also their concerns about the impact of financial and workforce pressures on their ability to implement the plan's reforms. This report is published alongside a Health Foundation briefing,[3] which analyses the challenges for health and care following the publication of the plan. Their analysis highlights the need for a plan for how we will moderate acute and specialist activity. It also calls on the government to match its investment in the elements of the NHS budget for which NHS England has responsibility with additional funding for capital, social care, workforce and public health in the forthcoming spending review. The views of senior leaders captured in our survey echo this analysis.

3 The Health Foundation (2019), *Investing in the NHS Long Term Plan: Job done?*

Survey findings

The findings of our survey reveal that NHS leaders support the vision of the NHS Long Term Plan, but that they recognise the scale of the challenge ahead and identify several key barriers that will impede progress. Here we outline the main findings:

1 Health service leaders support the direction of travel in the long-term plan

Publication of the plan marked an attempt to shift emphasis away from top-down, centrally directed approaches to planning healthcare to a model that is much more locally-led. We strongly welcomed this, and in our report *Letting local systems lead*, published ahead of the plan, we said that close partnership working at a local level was the only way of addressing the serious, systemic problems facing the service.

In this, our first major member survey since the launch of the plan, health leaders told us that on the whole the plan was permissive and created the right environment for partnership working. The vast majority of organisations are on board with the vision, according to this survey.

When we asked whether respondents felt the long-term plan was sufficiently permissive to allow local health systems to focus on what matters most to their communities, six in ten (62%) agreed that this was the case. Equally encouragingly, three quarters of respondents (75%) agreed that their own organisation was fully engaged in the work of their local STP/ICS and supported its priorities, and 56 per cent agreed that local health systems represented the right approach for partnership working between the NHS and local government.

More than six in ten (62%) agreed that primary care networks were the right approach to driving more integrated, community-based health and social care. There was also a high degree of confidence that local health systems were on course to achieve ICS status by the April 2021 deadline, with 61 per cent answering that this was the case.

These answers indicate that there is significant support within the health service for the principles of local leadership set out in the plan. One respondent described it as "an incredibly powerful document", adding: "Its realisation is dependent on the development of capability and capacity at place in terms of ongoing service improvement, but also transformation through reimagining our services for the future needs of our populations." Another said clinical leadership and involvement across pathways had "never been better locally", adding: "We need to ensure this is focused on."

Perhaps the most well-received element of the long-term plan has been its emphasis on allowing the knowledge and expertise that exists in health and care systems to inform service improvement through meaningful local partnership. In comments provided alongside survey answers, some health leaders reiterated their support for local partnership working but raised concerns that emerging partnerships should be given sufficient space to achieve their full potential.

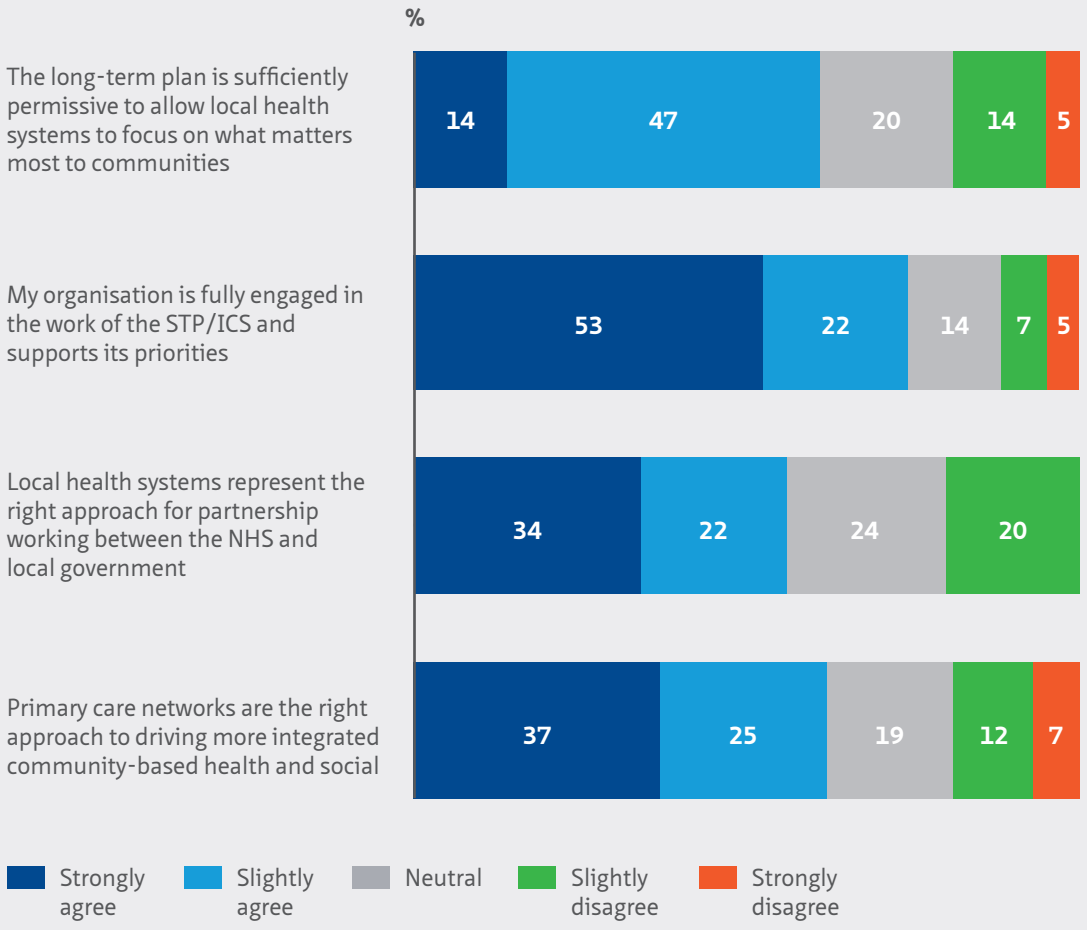
One respondent said: "Primary care networks are a good approach, but please give them time to mature." Another warned that measures such as provider control totals "stand

in the way of" greater collaboration. A third urged that greater emphasis should be given to supporting and developing the work of integrated care partnerships, as "ICSs don't necessary suit clinically sensible geographies to support improvements in clinical pathways and flow".

When we asked respondents to identify the three most important enablers that would help them to implement the plan, the answers given were wide ranging, but often related to permitting more local determination. Themes mentioned multiple times as the most important enabler included better funding/resourcing (19%), better planning and data (15%), improved workforce capacity/planning (15%), integration (12%) better relationships and partnership working (9%), and leadership (9%) .

Of the group of people who identified a finance/resourcing enabler as being most important, several highlighted the potential for more locally controlled financial decision-making, for instance through capitated budgets and system control totals, and through devolving all the money and "not bidding for short term pilots". One respondent noted that competition between providers not only exists for patients, but also for a finite pool of skilled staff.

Figure 1: Support for the NHS Long Term Plan



2 The challenges to implementation remain the same

Health leaders told us that the challenges they face when trying to implement change remain largely the same as last year. In our *Letting local systems lead* report, when we asked respondents to prioritise the three most significant pressures facing the NHS from a list of eight, recruitment and retention was first, followed by increasing demand and then deficits.

This time when asked to describe the most significant barrier facing their local health system, workforce shortfalls (33%) and finance (21%) were again most commonly cited. Specific issues mentioned relating to finance included social care funding cuts, local authority funding cuts, rising demand, perverse incentives relating to the payment by results system, provider and structural deficits and a lack of funding for capital investment.

We explore these issues further below but what is interesting is that many of the issues raised related to the wider funding of the health and care system (i.e. social care and public health) and the unfinished elements of the NHS settlement.

3 Leaders are concerned about their ability to meet workforce challenges

With workforce dominating as the most serious challenge facing respondents, it is unsurprising that health leaders are pessimistic about the impact this issue is having on health systems.

Sixty five per cent of respondents told us they were either not very or not at all confident that their local health systems would be able to meet increased demand for staff as a result of the plan. When asked to identify particular roles or sectors where their local health system was experiencing particularly severe workforce shortages, mental health staff (both nursing and psychiatrists and psychologists) were frequently highlighted, as were GPs, community and primary care nurses and general nursing roles.

Reasons given for these problems included a view that more time and resources were needed to train and build the teams needed; a lack of practical workforce measures; and new roles that are "too prescribed". One respondent said: "The scale of plans, infrastructure and finances [is] woefully inadequate to meet the size of the task". Another said: "Hope is not a plan".

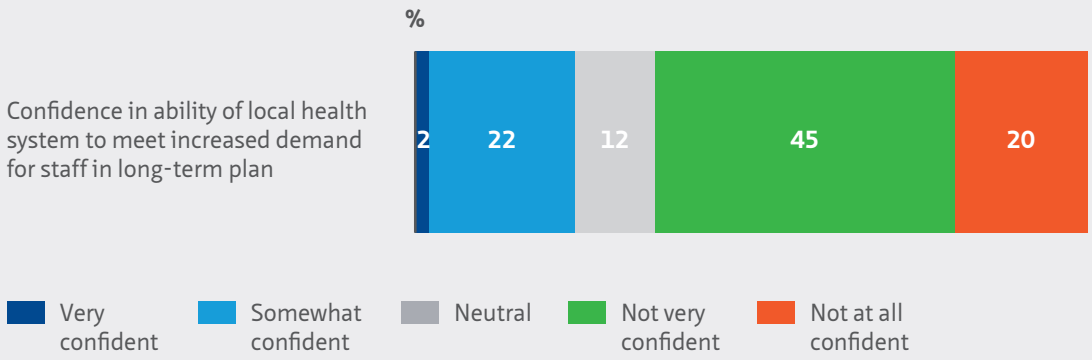
However, there were some positive comments, including that the labour market was providing greater choices for new entrants, that the apprenticeship scheme, along with initiatives to support people with disabilities and ex-offenders to return to work, was improving the workforce pipeline and that a growth in new roles such as practitioner assistants and clinical pharmacists was welcome. One respondent stressed the need to work with local authority colleagues to ensure that training programmes for local people were in place.

With a significant shortage of more than 100,000 staff, the case for greater investment in education and training, both of our existing health and care workforce, and the new entrants that will be needed to plug the gap, could not be more compelling. The survey

results reveal that the level of concern about this issue among system leaders remains very high.

Without enough people we cannot deliver the services that people expect. Additional investment in education and training is needed urgently.

Figure 2: Workforce challenges



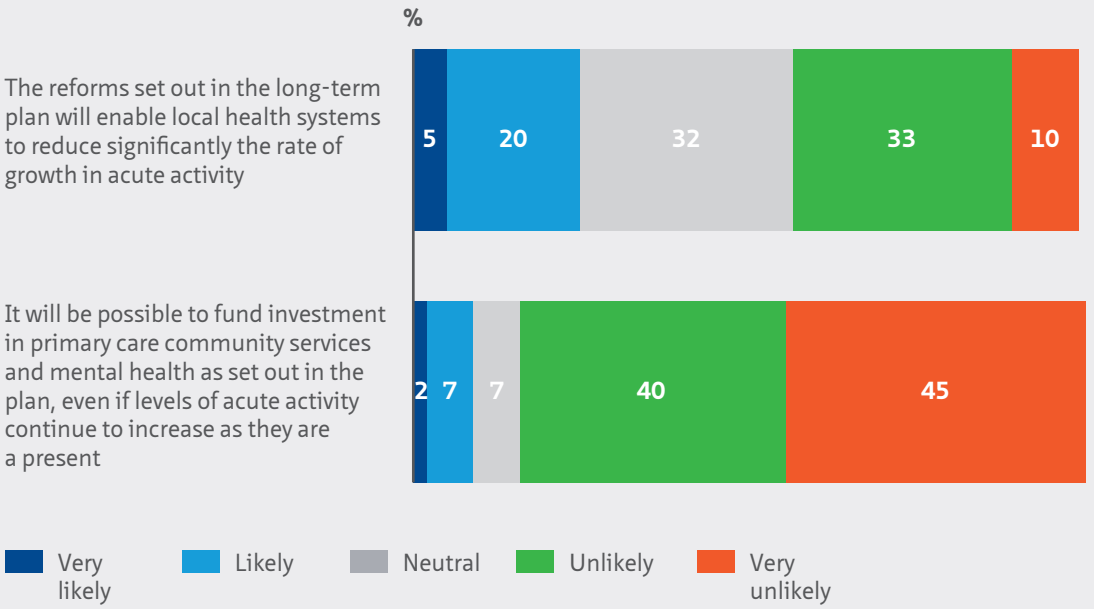
4 Reducing the pressure on hospitals will be challenging

In 2018, the government committed to increasing the funding available to the NHS by an average of 3.4 per cent annually for the five years starting from April 2019.

Outlining the overarching approach to spending this extra money, the long-term plan set out an expectation that in order to repay this funding boost, which has outstripped investment in other public services, the NHS will be expected to deliver better productivity. Central to this is an expectation that the NHS will reduce demand for acute care through better integration and prevention. The blueprint for achieving this better integration and prevention is the changes to care delivery models set out in the plan.

At present senior leaders are not confident in their ability to deliver this as only one in four respondents (25%) believed the reforms set out in the long-term plan would enable local health systems to reduce significantly the rate of growth in acute activity. This is important, as acute care comprises a large proportion of the NHS budget, and the acute sector is projected to receive below average funding increases in the coming years. Even more significantly, only 8 per cent agreed that it would be possible to fund investment in primary care, community services and mental health as set out in the plan, if levels of acute activity continue to increase as they are at present.

Figure 3: The challenge of reducing acute activity growth



At the centre of the plan is a clear focus on population health and a new service model rooted in primary care and community services. Many areas of the country have already been pioneering service changes designed to keep people well and living independently in the community and in turn relieve the pressure on hospitals and urgent care services. The changes to service models proposed in the plan are likely to increase the ability to make progress with this issue locally.

But this is a complex and challenging task and gathering evidence to demonstrate the extent to which different initiatives are able to have a direct impact on acute activity is difficult. Moreover, the picture has been confused for as the NHS has embarked on this work, investment in prevention and social care has been subject to significant cuts. Hence it is not clear to what degree and over what timescale it will be possible to slow growth in acute activity. The survey findings are unsurprising in view of this.

There are no easy answers to this dilemma but as organisations across the country step up their work to slow the rate of acute activity growth, it will be important to have a means of assessing at scale what works and in what circumstances. In order to achieve this, a methodical approach to understanding the relationship between different interventions and changes in the rate of activity will be necessary. A means of sharing findings between geographies could enable health systems to move faster than might have otherwise been possible is also needed.

Related to this, we consider that it will be important to ensure that local systems have the freedom to focus their efforts on the areas likely to have the greatest impact dependent on their local circumstances. We would therefore encourage the arm's length bodies to ensure that in implementing the plan, there is sufficient flexibility for local health systems to focus in the short to medium term on the areas that are likely to yield the most

significant results. We believe that adopting a phased approach, rather than one that includes expectations about wholesale adherence to centrally mandated targets, is likely to achieve the greatest impact in the long term.

Examples of work undertaken to reduce pressure on hospitals

Enhanced support for care homes in Nottinghamshire

The Principia vanguard in Rushcliffe, Nottinghamshire, set up an enhanced support service for care homes. This involved regular visits to care homes from a named GP providing proactive health checks and medicines reviews, with advocacy and independent support provided to residents and their families by Age UK and improved training and support for care home staff. Analysis by the NHS England Improvement Analytics Unit found the intervention group had A&E attendances and emergency hospital admissions 29 per cent and 23 per cent respectively lower than matched controls. Local leaders are now looking to replicate the service across the Nottingham and Nottinghamshire ICS patch. East Leake GP and Rushcliffe CCG clinical lead, Dr Stephen Shortt said: "Building strong relationships with the care home managers is the key to the success of this project. It's about creating better functioning teams of clinicians and care givers who, although they might work in different organisations, come together around the needs of the individual and take responsibility for improving patients' outcomes as efficiently as possible."

Safe Havens in Hampshire and Surrey

Surrey and Borders Partnership Mental Health Foundation Trust set up a mental health drop-in in Aldershot, Hampshire – Safe Haven, operating as an evening service for people in need of mental health support out-of-hours. A plateau in A&E attendances with a diagnosis in a psychiatric category appeared to coincide with a rapid increase in attendances at the service, suggesting the service had slowed growing demand on the A&E department. Four further Safe Havens have subsequently been commissioned across Surrey (Epsom, Redhill, Woking, Guildford) as well as a North East Hampshire service in Aldershot. All these are commissioned on a recurring basis by the local CCG collaborative, and in 2017/18 the concept was expanded to open four Children and Young People's (CYP) Haven drop in services across Surrey in partnership with Surrey County Council. These have been designed to meet a similar need in ten to 18 year olds. The trust has limited the hours where people can drop in for wellbeing and peer support to one or two-hour sessions per venue. This enables the service to focus on people experiencing a mental health crisis who are attending as an alternative to A&E.

5 Constrained capital spending is having a significant impact on local health systems

Recent years have seen significant reductions in available capital funds for NHS organisations, as well as constrained public health spending. The government spending review, expected this Autumn, presents an opportunity to address this, as public health, social care and capital spending fall under the terms of the spending review rather than the NHS England budget.

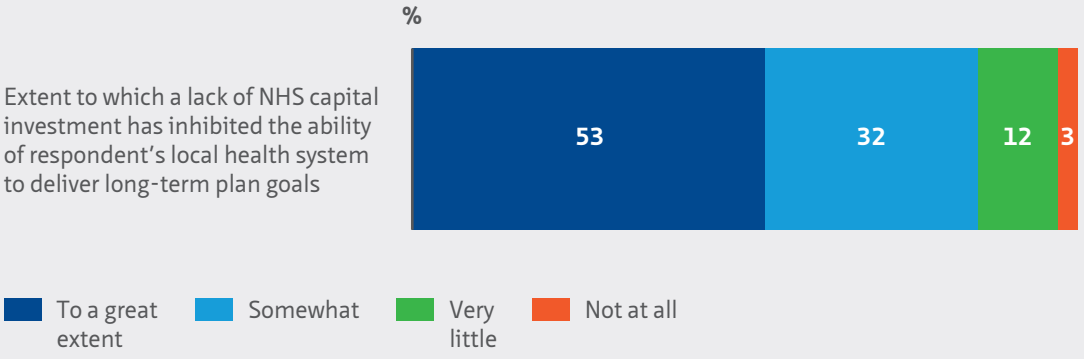
Leaders told us they were feeling the brunt of restricted capital spending. More than eight in ten respondents (85%) said that a lack of NHS capital investment has inhibited the ability of local health systems to deliver long-term plan goals either somewhat or to a great extent, with a majority (53%) indicating that a lack of capital investment had inhibited them to a great extent.

Viewpoints on capital funding from health leaders included that "capital will soon be the limiting factor as the ways we deliver urgent care change [...] and we cannot invest to change infrastructure" and "lack of capital precludes my trust from making necessary environmental improvements for safe care, efficient deployment of staff and improved staff wellbeing".

One respondent pointed out that they had not had a major capital health build for 40 years. Another described a "huge backlog" of investment required in community facilities, and a third said: "Our system has many old buildings in the wrong place that cannot be adapted to support modern pathways." Yet another respondent said: "Lack of capital is a complete block."

The future development of health and care services is reliant on adequate investment in buildings, equipment and digital technology. Historically low levels of capital investment are a significant problem for local leaders seeking to modernise services and improve their efficiency.

Figure 4: Capital challenges



6 Leaders are extremely doubtful about their ability to deliver long-term plan goals without increased social care funding

Research commissioned last year by the NHS Confederation[4] found that funding for adult social care would need to increase by 3.9 per cent a year to meet the needs of an ageing population and an increasing number of younger adults living with disabilities.

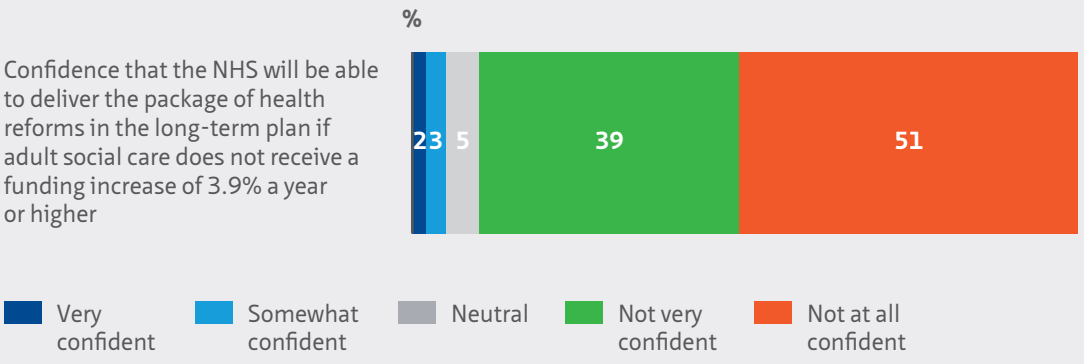
Nine in ten (90%) of health leaders responding to our survey were not confident that the NHS would be able to deliver the package of health reforms set out in the plan without a funding increase at this level for adult social care.

In an indication of the strength of feeling over this issue within the NHS leadership community, more than half of people answering the question (51%) said they were "not at all" confident. This was the strongest expression of a lack of confidence possible in response to the question. Comments made by survey participants included: "Social interventions are more important than medical in the elderly, our biggest consumers of hospital activity", and "adult care is already under severe strain – I'm not sure that 3.9 per cent goes far enough".

Respondents pointed out that while a vibrant social care system and market is critical, the current provider-led model is not working, requiring top-ups to make the business viable. But there was a suggestion that by changing how services operate, it might be possible to lessen the impact of social care funding cuts. One respondent said: "In our local area, system transformation has reduced care home placements and delivered real savings".

Social care is in crisis and the day to day impact on the health service is of serious concern. The impact on some of the most vulnerable people in our society is hard to overstate and it will continue to have significant knock-on effects on primary, community and hospital services until better funding and a more sustainable social care system is developed.

Figure 5: Impact of insufficient social care funding



4 Institute of Fiscal Studies and The Health Foundation (2018), *Securing the future: Funding health and social care to the 2030s*

7 Increased emphasis on prevention is welcome, but funding cuts are getting in the way of delivery

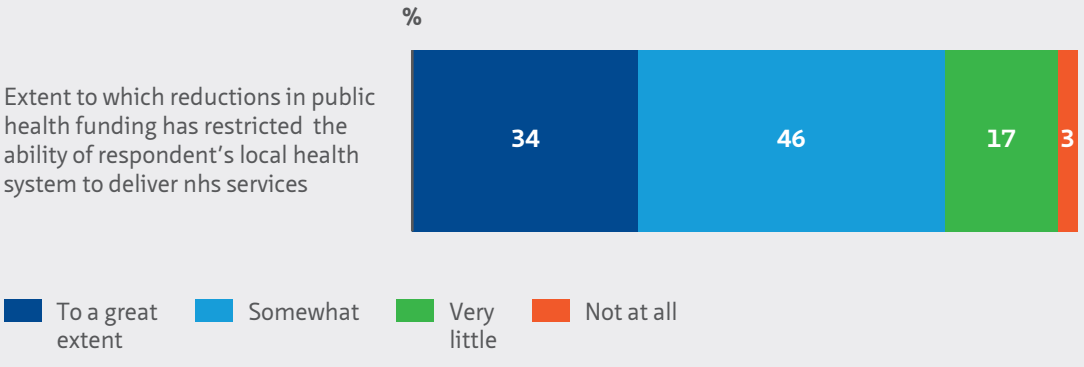
The long-term plan envisages improved public health and prevention services as a key component of a drive to reduce pressure on healthcare by reducing demand. Respondents were supportive of the increased emphasis on prevention in the plan and keen to emphasise the importance of a planned approach to prevention, with 45 per cent thinking it likely or very likely that implementing the prevention measures set out in the long-term plan would lead to a significant reduction in demand for health services. Some warned that prevention measures must be started now to prevent demand in ten years' time, and that investment in prevention would only lead to a significant reduction in demand in the long-run if it was consistently resourced. This time lag must be noted in national calculations about impact, they warned.

But four fifths of survey respondents (80%) considered that reductions in public health funding have already restricted the ability of their local health system to deliver NHS services either somewhat or to a great extent.

One respondent noted that "the level of public health funding was low to begin with, but the reduction by local authorities is problematic. There is a danger that the NHS now starts investing in public health initiatives that are not co-ordinated with local authorities, leading to inefficiency". Another added that a number of screening programmes had "gone backwards".

The cuts to public health services such as smoking cessation, sexual health and drug and alcohol services are inevitably likely to lead to greater costs to the NHS and the creation of health problems for patients that could have been avoided. The reductions in public health funding are simply storing up problems for the future.

Figure 6: Impact of reductions in public health funding



8 A need to ensure that behaviour and ways of working are consistent with the vision

We surveyed leaders prior to the publication of implementation guidance for the long-term plan and, at this point, opinion was fairly split over the coherence of roles and responsibilities across the service and the arm's length bodies. When asked whether the plan provides a coherent picture of the roles and responsibilities of STPs and ICSs, 36 per cent agreed that it does and 46 per cent disagreed.

However, only just under a quarter (24%) agreed that there was no conflict between the messages about local leadership in the plan and the approach to implementation being taken by the arm's length bodies in practice. This suggests that NHS England and Improvement need to do more to ensure that the change in approach is embedded in their ways of working.

One respondent warned: "The plan could be permissive, but it could also be used by regulators in a traditional fashion." This leader suggested that change should be locally led, and for this reason the information provided to date had achieved the right level of detail. They added: "The only things that arguably need to be stronger [are] demonstration of partnership with local authorities in terms of care solutions, the essential role of place in terms of delivery [and] that with [the] agreement [of] regional teams, asks of systems need to be managed at timescales that are appropriate for the maturity of the system."

These comments illustrate the delicate balance that NHS England and NHS Improvement will need to maintain in issuing implementation guidance that is clear, whilst maintaining an enabling approach that supports local decision making.

Conclusion

Health leaders welcome and support the long-term plan's aims, and in particular its emphasis on local leadership and population health. Engagement in the approach and support for partnership working is strong. However, they are also aware of the challenges ahead and the scale of the task should not be underestimated.

Workforce and activity growth pressures remain enduring challenges for health systems and respondents to our survey are uncertain that the plan's proposals are sufficient enough to resolve some of these deep-seated issues.

Additional investment in education and training to train and build the workforce needed is urgent and we urge the government to ensure that this is delivered in the next spending review.

Work is already underway – and has been for some time – to test new service models that may offer at least a partial route to mitigating some of the challenges of acute activity growth. But this is a difficult task and we would suggest that steps are taken to ensure learning is shared systematically so that all systems can learn from how best to tackle this issue.

We would also encourage the arm's length bodies to ensure that in implementing the NHS Long Term Plan, there is sufficient flexibility for local health systems to focus in the short to medium term on the areas that are likely to yield the most significant results. We believe that adopting a phased approach, rather than one that includes expectations about wholesale adherence to centrally mandated targets, is likely to achieve the greatest impact in the long term.

Above all, though, we would urge government to complete the funding settlement for the health and care system and provide the additional investment needed for social care, capital investment, education and training and public health in the forthcoming spending review. The level of concern about the impact of the cuts in recent years among senior leaders in the NHS is very worrying and reflects their daily experience of the significant knock-on effects on health and care services.

The ability of local systems to deliver the long-term plan must be in doubt without this additional investment.

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