Unite response to the 10 Year Health Plan for England

Executive Summary

- Austerity and cuts to the NHS and wider public services, have done enormous damage to our health, most acutely impacting on people from poorer and socially excluded backgrounds.
- The Government needs to rebuild funding for public services and implement restorative pay settlements to solve the recruitment and retention crisis in the NHS and wider public sector.
- The NHS Pay Review Body should be abolished, and NHS pay should be negotiated.
- Change within the NHS should be driven by clinical evidence, as well as consultation and negotiations with staff and their trade unions.
- Our members have mixed feelings towards an expansion of community services. There are obvious benefits but there are also negatives to community care if not delivered properly. There would need to be commitments to have staff at the appropriate level working in the community and there would need to be assurances that the same or better care could be delivered.
- There must be an absolute guarantee that acute services will not be reduced before community-based services are up and running and fully evaluated to demonstrate clear, evidence-based improvements. The key to community-based health provision is fully funded social care to work in partnership with health. The devastating cuts in adult social care and children's services must be reversed with local authorities given the resources and support to deliver needs led budgets. All consequences of such a change should be assessed to prevent detriment to patients and staff.
- The introduction of new technology has major risks as well as benefits. Their introduction must be part of a just transition, negotiated with trade unions to protect the staff affected.
- Public health policy should not be confined to our health services but should be central to government's wider social and economic policy.
- There must be an end to NHS privatisation and privatised services should be insourced. There is no place for profiteering from ill-health and people must be placed before profits. Public ownership of public services should be used to support wider public health policy.
- Unite would welcome the chance to have specific and ongoing conversations about the needs of specific occupations and services within the NHS family.

Introduction

a. This evidence is submitted by Unite the union - the country's largest trade union in Britain and Ireland. Unite's members work in a range of industries including manufacturing, transport, financial services, print, media, construction, not-for-profit sectors and public services.

b. Unite is the third largest trade union in the NHS and represents 100,000 health sector workers. This includes seven professional associations – the Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health Care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, social work, building trades, estates, craft and maintenance, administration, information and communications technology (ICT), support services and ambulance services.

c. Unite also has 80,000 members in local authorities and 50,000 in the voluntary and community sector many of whom work in services directly involved with or linked to public health and social care.

d. Unite is the main union for public health consultants and specialist trainees entering the specialty through the non-medical route, as well as other public health functions such as directors of public health, school nurses, health visitors and sexual health advisors.

e. Unite welcomes the chance to respond to this important consultation. The consultation comes on the back of the 'Independent investigation of the NHS in England', led by Lord Darzi, which highlighted many of the concerns that the NHS trade unions have been repeatedly raising.

f. The damage done to our NHS over the last 14 years cannot be understated and while there is a lot that needs to change it is reassuring that the impacts of this are now being recognised and discussed by government.

g. Unite views this submission as the start of a conversation with the new government and given the broad nature of the question we hope that we can begin detailed conversations with the specific professional and occupational groups that make up Unite's diverse membership.

h. The staff in the NHS are the service. It is important to start this discussion by stating that there are no solutions to the problems that the NHS now faces, without large scale investment in the people delivering the service, restoring our real term pay, investing in our skills and training, and bringing us all back into the public sector. To deliver the world class service we all rightly expect, we must make sure that staff are valued, supported and respected at every level.

<u>Questions</u>

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

1.1 Unite believes that the 10-year health plan must be bold. It must fully restore the NHS as a publicly funded, publicly provided, accountable, universal and comprehensive national health service, with proper funding and resources to meet the public health challenges of the 21st Century. We want to see a renationalisation of the outsourced parts of the NHS. We also demand an immediate stop to planned cuts which will devastate the NHS this year and in years to come. Unite has completed a survey of over 2,000 Unite members and reps in the health service in England. A staggering 92% of respondents have said that patient care is compromised and patient safety at risk. Unite reps report very significant cuts planned in the 2024-25 financial year and beyond – more than 10% of Trust budgets in some instances.

This is not acceptable. Unite members need to be given reassurance that the NHS is safe in the Labour government's hands.

1.2 Over the last 14 years the NHS has faced the worst challenges in its history. Resulting from the huge pressures of the pandemic and following years of wage cuts, overwork and neglect, the NHS is now facing a critical, and wholly avoidable, staffing crisis. The previous government's poor planning and repeated disruptive and short-term decisions have put extreme pressures on the service. Long-term demographic pressures have been compounded by a combination of a global pandemic, wasteful top-down reorganisations and the worst financial settlement in the history of the NHS[1].

1.3 Before the Conservative-led Coalition came to power, the NHS had its highest approval ratings on record (70% in 2011). This rapidly fell following the Coalition taking office (58% in 2012). Unite believes that this collapse is due to significant failures of government policy that made the service more fragmented, bureaucratic and cumbersome, while stripping resources out of the system and forcing staff to attempt to do more for less. From the public sector pay cap, to reorganisations and Brexit, the previous government must take ownership of the mess that the NHS is now in. The impact of the pandemic simply compounded and exposed the previous government's disastrous approach to public services in general and the NHS in particular.

1.4 As stated above, the most important change that Unite wants to see is for the government to invest in NHS staff, rebuild trust and confidence amongst those delivering services and restore pay to the real terms levels it was in 2010, reversing real terms pay cuts of over a third for many workers.

1.5 Whilst Unite has been at the forefront of protecting the lowest paid in the NHS, our members generally have seen a sharp decline in their living standards. This situation is so serious that an interim measure will now be required to stop the staff on the lowest band of the NHS pay spine falling below the national living wage. Band 2 and the entry point of band 3 are now below the Real Living Wage (£12.60 per hour). This has forced members into the use of food banks, resulted in poor morale, a retention and recruitment crisis at all levels, forced ambulance workers and others to take industrial action in 2023 and weakened the NHS that we all rely upon.

1.6 Following 14 years of pay failure, Unite members now strongly believes that the NHS Pay Review Body is not fit for purpose and, following the former UK government's callous austerity agenda, it has been totally discredited as a route to pay restoration. Unite has therefore decided to boycott the Pay Review Body approach and campaign for a move to full collective bargaining in the NHS in Wales, England and Northern Ireland, following the example of Scotland. The government must properly fund pay restoration as a priority.

1.7 Over and above pay, the government must commit to undo the financial damage done by years of misrule under the previous government. It has inherited an NHS funding settlement that was simply not sustainable. According to the Institute of Fiscal Studies (IFS[2]) NHS spending, after adjustment for inflation, in 2022-23 prices, would have represented the largest real terms cut in spending since the 1970s[3].

1.8 Similarly the Health Foundation's REAL centre found that between 2022/23 and 2024/25, when adjusted for population size and ageing, the NHS England budgets the new government inherited would have decreased by an average of 1.6% per year in real terms.[4] To achieve sustained improvement in the

[1] http://nhsfunding.info/underfunded/is-the-nhs-underfunded/

[2] https://www.theguardian.com/uk-news/2024/mar/04/nhs-funding-faces-biggest-real-terms-cuts-since-1970s-warns-ifs

[3] https://lowdownnhs.info/financial-insecurity/nhs-faces-biggest-actual-cut-in-spending-since-1970s-ifs/

[4] https://www.health.org.uk/publications/long-reads/health-care-funding#:~:text=Despite%20an%20extra%20%C2%A32.5,for%20population%20size%20and%20ageing.

service would require average annual real-terms funding growth of 3.8% over the next 10 years, with a higher rate of growth during the first 5 years, and a lower rate in the remaining 5 years. This is broadly in line with the historic average growth rate in total health care funding[5].

1.9 It is of course welcome that more money was found to improve the NHS funding settlement in the Autumn 2024 budget but Unite is adamant that far more is needed to restore the health service to a level that the public deserve and trust. Over this year Unite members continue to report major cuts to jobs and services, for example as NHS England pressurises the 42 Integrated Care Boards (ICBs) to implement "efficiency savings" to the NHS services within their areas. For a second year running ICBs had submitted financial plans for 2024/25 that leave a combined £6 billion deficit according to the HSJ[6] and, while the new budget available will have made some difference, many cuts are still being implemented on the ground. Similar cuts are being reported across the devolved countries too - despite differing health structures, the resources are simply not enough.

1.10 These deficits and cuts are not new and have come on the back of a service that is already struggling from nearly a decade and a half of underfunding, underinvestment and recovery from the pandemic. The simple fact is that the NHS has been chronically underfunded over the last decade with the worst funding settlements in its history.

1.11 NHS waiting lists and backlogs remain extremely high and on many measures are at record levels.[7] There is a widely reported £11.6bn maintenance backlog across English NHS trusts[8]. Hospital bed numbers have plummeted, falling by 53 percent since the late 1980s[9].

1.12 Staffing figures have consistently shown vacancies of well over 100,000 full-time equivalent (FTE) staff[10], as staff have left the service in droves. Between 2018/19 and 2021/22, spending on agency staff increased by £600 million (23%)[11]. Without adequate funding and permanent staff, continuity of care suffers, and money is spent on agency staff that could be spent delivering other services to patients. In the latest NHS staff survey only 26% of the workforce state there are enough staff at their organisation while under a third were satisfied with their level of pay (NHS Staff survey)[12].

1.13 Unite's own survey carried out over the summer confirms this experience, with 94% of members that responded saying that the NHS needed more money to deliver a good service. 81% reported regularly experiencing staff shortages in their workplace, and 44% reported that this had regularly reached a point where in their opinion patient care has been compromised and unsafe. A further 35% said this happened occasionally. A massive 64% had raised concerns about safe staffing levels in their working area or department.

1.14 We know that staffing levels are a clear indicator of the impact of low pay and cuts yet in that same survey, 23% reported being aware of further job losses taking place, 17% were aware of downbanding (fire and rehire by another name), 54% reported vacancies being frozen and another 17% reported service closures. 47% said that they were being directly affected as a result.

1.15 There is little doubt that the NHS needs increased investment, but that alone will not solve all the problems. Unite is adamant that efficiency and clinical decision making can only be significantly improved through the removal of the costly and wasteful market systems within the health and care sectors and a

[5] https://www.health.org.uk/publications/long-reads/how-much-funding-does-the-nhs-need-over-the-next-decade
[6] https://www.hsj.co.uk/finance-and-efficiency/6bn-deficit-warning-sparks-horrible-demands-for-nationwide-cuts/7036817.article
[7] https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/nhs-backlog-data-analysis
[8] https://www.kingsfund.org.uk/insight-and-analysis/blogs/nhs-estate-continues-deteriorate
[9] https://www.kingsfund.org.uk/insight-and-analysis/long-reads/nhs-hospital-bed-numbers#:~:text=Between%201987%2F88%20and%202019,of%20change%20has%20varied%20considerably.
[10] https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey
[11] https://www.england.nhs.uk/long-read/nhs-long-term-workforce-plan-2/
[12] https://www.nhsstaffsurveys.com/results/

return to fully comprehensive systems of care under the full responsibility of the publicly accountable Secretary of State for Health and Social Care.

1.16 For this to happen privatisation of NHS services must end and the social care system needs to be brought under public control. Unite is clear that the use of outsourcing and contracting has done severe damage to NHS services and their ability to deliver integrated and efficient care whilst concurrently increasing their costs.

1.17 Privatisation and the bogus purchaser-provider split in England has resulted in huge levels of waste and unnecessary bureaucracy to manage the markets created. It has resulted in resources extracted from services as profits (staggering profits in some instances) for shareholders and diverted to tax havens rather than used to provide crucial services for patients. It is Unite's experience that due to already tight funding settlements the only way to make profit from most of the NHS is to cut pay, terms and conditions even further.

1.18 The evidence is clear that privatisation of healthcare is wasteful and often delivers worse care. There are numerous case studies of the negative impact of NHS privatisation and scandals involving private companies[13] as well as several academic studies that have shown that the private sector delivers worse care. This includes an Oxford University study in 2022[14] that has shown that this rise in private care is strongly linked to a drop-in patient outcomes. Similarly, the largest study ever undertaken on the effect of private equity ownership evidenced that the takeover of healthcare services by private equity funds is associated with a worse quality of care and higher costs[15]. Research by the Centre for Health and the Public Interest (CHPI) raised concerns about private wings in NHS trusts draining resources from the NHS[16].

1.19 Other reports suggest that just administering the marketisation of the NHS has been estimated to cost between £4.5 billion and £10 billion each year[17]. The NHS continues to spend hundreds of millions of pounds on private consultancy firms[18] a fact that has been confirmed by Unite's own research in recent months. It has also been highlighted that NHS Trusts pay over £2 billion per year paying for PFI contracts including through a large amount of wasteful interest payments and charges. According to that research, this figure would have delivered up to 60,000 additional nurses.[19]

1.20 Nothing demonstrates the failures of market-based solutions to societal needs than our social care services, where privatised, fragmented and deregulated services, run by an unrecognised, highly exploited workforce struggled to cope with the pandemic. The failings of the service are not new, but they were brutally exposed by the pandemic and the government's failure to protect service users and staff alike.

1.21 The government must commit to build a national care service run on the same basis as the NHS. Social care, including residential care, should be publicly run, funded out of general taxation and free at the point of need; there must be an end to the broken market in social care and government must ensure that properly-funded high-quality residential care is available for all who require it, shaped by the involvement of service users and their families and consistent with the principle of supporting independent living. This must also vastly improve the work, pay and conditions of care workers, formally recognising their skills. Unite welcomes the moves to the introduction of a national system of collective bargaining to drive up standards nationwide.

[13] https://www.nhsforsale.info/
[14] https://www.theguardian.com/society/2022/jun/29/nhs-privatisation-drive-linked-to-rise-in-avoidable-deaths-study-suggests
[15] https://www.bmj.com/content/382/bmj-2023-075244
[16] https://lowdownnhs.info/private-providers/private-gravy-train-hits-the-buffers/
[17] https://www.opendemocracy.net/ournhs/caroline-molloy/billions-of-wasted-nhs-cash-noone-wants-to-mention
[18] https://www.hsj.co.uk/finance-and-efficiency/cut-consultancy-spend-barclay-tells-nhse/7033070.article
[19] https://www.theguardian.com/politics/2022/oct/25/nhs-hospital-trusts-paying-hundreds-of-millions-in-interest-to-private-firms

1.22 Unite believes that ending the scandals of privatisation must be a crucial part of the Government's 10-year plan, yet this is an element that was sadly lacking in the analysis contained in the recent Lord Darzi led report. Unite is concerned by some of the statements coming from government ministers on the deepening of private sector involvement which implies the opposite direction of travel, and given the same drive does not exist in Scotland and Wales, Unite is strongly urging the government to rethink.

1.23 Stable and consistent management is required. Lord Darzi's report highlights the damage service reorganisation can do. Time and time again our members raise concerns about local and national changes in management with new posts being created whilst rotas remain unfilled. Management change and the creation of new, very well-paid posts is completely demotivating when nothing changes in terms of the experiences of patients and staff.

1.24 Increasingly Unite members express frustration at not being able to utilise their knowledge, skills & expertise. For example, our health visitor & school nurse members report that they are no longer free to manage their own diary or caseloads/work despite them having these skills. This often leads to inappropriate decisions being made or time wasted which causes concern and frustration among the professions and is a risk to safe and effective care.

1.25 Unite believes that effective regulation is essential to safeguard those using health and care services. Indeed, a large majority of Unite members are regulated by one of the healthcare regulators. They value the fact that they are in a regulated profession as this provides them with tools to enable continuing professional development and assurance around practice standards. They are however disturbed by the reports of regulators failures. Unite has members who have been 'stuck' in the fitness to practise process for many years. This is extremely detrimental to those members and all those involved. Unite therefore calls on government to implement regulatory reform as soon as possible.

1.26 There is ongoing debate about the development of some associate roles, with a new review announced by the Secretary of State for Health and Social Care regarding physician associates and anaesthesia associates[20]. Some of the concerns expressed are in how the public understand who is delivering their care. This should not be a discussion limited to these roles. Members have expressed continuing concerns about either the lack of regulation of some roles (psychotherapists and counsellors) or the potential quasi mandatory/voluntary regulation of roles (clinical associates in psychology**).**

1.27 There must be a reform of bank contracts and payment. Bank contracts are zero hours contracts and are used to plug staffing shortages rather than the contractually agreed overtime agreement that exists as part of the agenda for change handbook. This is a way of getting staff to do overtime without paying the enhanced rates.

1.28 Down-banding, which is fire and rehire by another name, also must stop. In most cases after a staff member is down-banded they continue to work at an identical level providing the same excellent patient care only at a lower salary. The impact on their morale is, however, devasting and many in this situation will leave the NHS thus making the down-banding cost more in the long term than it saves when the costs of filling a vacancy are considered.

1.29 Our members in applied psychology believe there is a pressing need for NHS funding for counselling psychology trainees to ensure that more individuals can access this education route. Without this financial support, fewer people have entered the profession, exacerbating the shortage of qualified applied psychologists. This would be a solution that would help to quickly address this shortfall.

[20] https://www.gov.uk/government/news/new-review-of-physician-and-anaesthesia-associates-launched

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

2.1 Unite believes that the key to all health reforms is to develop better joined up systems that enable continuity of care across all settings, from hospital, community health settings to home. Now the service is far too fragmented and in many cases sections of the system are overwhelmed and under resourced.

2.2 There has been a widespread demand for many years to push more care out of hospitals from a number of quarters and, while much is well motivated, some has been predicated on a desire to reduce costs in hospitals and transfer the costs and burdens onto other services.

2.3 Community services have been particularly hard hit by cuts over the last decade and a half, whilst experiencing major outsourcing and privatisation. Community services have seen some of the most significant attempts to de-professionalise staff and reduce skills and training, and members report that too much work has already been moved from hospitals to general practice (GPs) and community services which are getting overwhelmed without the resources to meet this additional demand.

2.4 Ironically in many ways community services can end up costing more than hospital care if the same level of care is provided. Unite therefore wants to reassert the importance of health reforms being supported by clinical evidence, and the crucial role of staff and their trade unions in developing services that are fit for purpose with the people who deliver them.

2.5 Health visitors, sexual health advisors, school nurses, nursery nurses and other community staff have all suffered from disproportionate cuts over recent years and caseloads are unsustainable.

2.6 Unite would be happy to arrange detailed conversations with Unite reps and members from these occupations and professions in order to help get this strategy right and not fall into the traps of previous governments.

2.7 Due to the knowledge and skills required, if roles in hospitals are replaced by community roles, we would expect that the bands of the roles are at least as high if not higher than the roles that they replace. We could not support changes that meant the service provided in the community was a downgraded version of what was previously provided in the hospital.

2.8 Whilst some people may benefit from care being delivered in the community, where they may be supported by family and friends, a full assessment would be required in terms of the service and whether there were any unintended consequences of a shift towards community care. Years of austerity have impacted the foundations of home life. The end of winter fuel payments will impact many pensioners meaning that their homes will be cold to a degree that would impact their recovery. Cuts to community centres and local groups may mean, in particular, elderly people may suffer depression and other mental health conditions associated with loneliness. In hospitals nutritious food is provided for patients which is essential in terms of recovery; in the community this will be harder to cater for and may lead to worse outcomes. Significant investment is required to make community care viable following the years of disinvestment by the previous government.

2.9 For the laudable aims of moving away from hospital care and towards community care to succeed, significant investment is required in communities (both in health and in terms of all community services) to address the legacy of carnage left by the last government.

2.10 In any transition to community care, it is likely that extra money is required to 'pump-prime' the service in the community whilst running the hospital service in parallel. If this isn't done it is likely that people will

'fall between the cracks'. It is also most likely that the people who will lose out from this transition will be people who have the least resource to cope with this.

2.11 It is important that unintended consequences of reducing hospital services does not occur. One area where we have seen these unintended consequences is in 'out of area placements' (OAP) in mental health services. Whilst the last government set a target of March 2021 to eliminate inappropriate OAPs, this was not achieved and since the pandemic these have increased to levels seen pre-pandemic[21]. OAPs mean that people are not cared for near their support networks and often cost significantly more than if the service was delivered locally by an NHS provider.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

3.1 Many years of under-investment in the NHS has meant that innovations and new technologies have been harder to access than they should. Capital investment has been cut repeatedly throughout the last decade and promised new infrastructure has not materialised.

3.2 Technology is rapidly changing in the health service, particularly around the use of artificial intelligence systems and the processing of large data sets.

3.3 While these technologies have the potential to open the door to improvements to diagnosis, medicine development and greater understanding of health care science, there are also serious risks that need to be considered.

3.4 Crucially these include issues such as digital exclusion for the most vulnerable service users and the elderly, the risks of which cannot be overstated.

3.5 Unite believes that artificial intelligence (AI) alongside other technological advances will only benefit the whole of society if linked to strong protections for both citizens and workers.

3.6 Developing legislation and new regulation to prevent the abuse and the misuse of patient data and AI tools must be accompanied by effective collective bargaining machinery to ensure working people don't pay the price of technological advances but benefit from the opportunities it provides.

3.7 AI and rapidly developing generative AI surrounds us all and is increasingly being used in our interactions with public bodies including health services, welfare systems and the provision of local government services. The creep of AI into these services, as well as into human resources systems removes human contact and is widely open to abuse and discrimination from inaccurate assertions made by data-based algorithms.

3.8 AI is also creeping into work processes and strategies to increase productivity by the gathering and use of workers intellectual property. This often results in a reduction in headcount and deskilling rolls. There are dangers that removing this human element of health services will have a negative impact on patient care.

3.9 Unite believes that any new technology must be negotiated with trade unions and a full impact assessment considered on the impact to NHS jobs and professions. This is a particular concern for professions like those in health care science where the impact on members skills and jobs is potentially profound. There are also concerns for secretarial staff and other administrative functions. There must be a just transition in place to help workers adapt to changes including support to acquire new skills, jobs and training, as well as agreements on any resultant restructuring of work.

[21] https://www.nuffieldtrust.org.uk/resource/out-of-area-placements

3.10 There must also be detailed and rigorous checks in place to tackle the complex legal implications of any such technology particularly on professional standards and to prevent any in-built discrimination. Full consideration is also needed on the impact this may have on how healthcare professionals are regulated.

3.11 Crucially NHS data must remain publicly owned and protected and cannot be allowed to be sold off to private tech firms or allow those firms to become so integrated into the NHS systems that the service is dependent on them. Our health data is a huge resource for good and it must not be plundered for greater profits at the expense of the public and working people.

3.12 In all cases, changes to the NHS must be evidence led, with patients and clinical outcomes central to this. Unite and other trade unions do not oppose change (without justification), but it must be consulted on and negotiated so that change can be implemented justly and well without negative impacts on patients and staff.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

4.1 Unite welcomes the opportunity to discuss the crucial issue of public health provision and preventative health programmes over the next 10 years. Income is the biggest determination of ill-health and the stalling of improvements in life expectancy in some parts of the UK[22] and a reversal of improvements is deeply troubling and an indication of the rising poverty in the UK. Over 4 million children live in poverty and the gap in life expectancy between the richest and poorest areas is a damning indictment of one of the richest countries in the world. The gap in disability/ill health free years between the richest and poorest areas is a failure and people can now sadly expect to live more of their lives in poor health according to Professor Marmot's review in 2020[23], 10 years on from his first report. Income, housing, education, transport, access to green spaces and clean air and community services and cohesion are all determinants of health. All of these areas have been under attack in the past 14 years. The new government must pledge to massive investment with far reaching restoration and improvements.

4.2 The Government must hardwire the principle of prevention back into public services. Such an approach is more effective, and therefore cheaper, than cure, and as the pandemic showed it is possible to achieve many things with the right political will. The government must therefore fund a comprehensive system of integrated preventative public services to address the widening health inequalities across the UK.

4.3 The best way for ensuring effective public health services across the UK is for central government to deliver the resources needed, as well as decent pay and conditions that deal with the recruitment and retention needs of the services. There must be recognition that underfunding the NHS and wider public sector is a false economy and has devastated our services capacity to tackle health crisis.

4.4 Public health policy must involve the whole range of public services and policy, including local authorities, housing, transport, spatial planning, open spaces, cultural and leisure services and the promotion of resilient communities and healthy ageing. It should be central to wider government social policy, including through concrete plans to tackle poverty and inequality that have such damaging effects on our health through poor housing, education, conditions of employment, pensioner poverty and diet.

4.5 It is widely accepted that only about 20% of our health is determined by health services themselves, while 80% is about the wider determinants of health.[24] The government should therefore focus on making sure that all public services, from education, health and social care to transport and policing are properly funded, as well as services such as libraries, leisure, social and community activities.

[22] https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

[23] https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf

[24] https://www.england.nhs.uk/blog/acting-on-the-wider-determinants-of-health-will-be-key-to-reduced-demand/

4.6 Local government, in particular, has a central role, yet it has endured a disproportionate amount of funding cuts, outstripping even the NHS, with many local authorities reporting that they now face bankruptcy. Local authority cuts have not fallen on those with the broadest shoulders, but rather appear to have been targeted at the poorest areas of the country. Urban inner-city areas with the highest rates of poverty and deprivation have tended to face far higher cuts due to higher and growing demand for services, changes to local business rates and council tax. Many of the most deprived councils in the country have seen cuts of far higher than the national average cut[25].

4.7 Local government needs a new fair funding formula that addresses the significant extra demands on authorities in deprived areas and builds a sustainable resource base to deliver the services that our communities rely on. Whereas the previous government has moved to strip funding and redistribute cuts from the wealthiest areas to the poorest, the new Government must seek to use local authorities as the engines of redistribution and progressive social change.

4.8 While Unite members have differing views on whether public health should remain part of local authorities, what is clear is that public health budgets and services must be protected and ring-fenced. It should be recognised that one impact of moving services to local authorities was that many experienced significant cuts to their budgets.

4.9 There must be statutory protection for services such as those that help to prevent mental ill health, sexual health services, child and adolescent mental health services (CAMHS), health visiting and school nursing all of which have faced substantial cuts over the last 14 years. There needs to be properly funded health promotion. Unite would welcome the chance to submit detailed evidence on these crucial services and bring together professional practitioners to co-produce the solutions to rebuild these services. The Darzi report highlighted the particular scourge of chronic under-funding of mental health services, and specifically CAMHS. Darzi highlighted the significant rise in demand, acuity and complexity of referrals into CAMHS and adult mental health services. The Lister report 'Caught in the Vortex' details the current threat of mental health services in London through a programme of devastating planned cuts.

4.10 Unite believes that there needs to be far greater provision of services at times and places that people can access them. For example, there should be audited and guided sex education in schools for all ages and again the importance of school nurses in promoting sexual health in schools should not be underemphasised.

4.11 Similarly, health visiting and school nurse services need substantially more resourcing. Unite believes that the model that should be followed when supporting child health care in schools is to restore the World Health Organisation initiative, 'Health Promoting Schools'. This should include a commitment to deliver at least one school nurse for every secondary school and one for every cluster of primary schools.

4.12 Other preventative and educational services have also faced major cuts including NHS smoking cessation services, drug and alcohol support, children's centres, youth services, leisure, public libraries, community centres and free activities for the elderly. As above, on each of these Unite is keen to provide more detailed submissions and further conversations with our members.

4.13 Public health should recognise and target the structural societal causes of poor health such as poverty, inequality, food insecurity and exploitation at work.

4.14 Creating decent work with a solid floor of employment and trade union rights, including stronger organising rights and sectoral collective bargaining, is a necessary part of moving towards a more equitable society and in tackling poverty. Two-thirds of children in poverty now live in working households. It is therefore clear that in a de-regulated labour market, work is not a route out of poverty.

[25] https://fullfact.org/economy/have-most-deprived-councils-seen-biggest-reductions-funding/

4.15 Insecure work is now endemic and this disproportionately effects women, black and ethnic minority groups, and disabled people further reinforcing discrimination and inequality.

4.16 In addition, many employers continually evade their duties under health and safety legislation, undercutting more responsible employers in the process. Such employers drive illness or long-term chronic health problems that are major contributors to the health problems our society face.

4.17 Many adults of working age have chronic health problems that are the direct result of their previous or ongoing work experience. There needs to be a genuine shift to a more positive health and safety culture, with the use of occupational health services and health assessments to enable early deployment of remedial action such as reasonable adjustments, and to establish causation of ill health with the view of putting in place preventative measures.

4.18 If we want to enable productive working lives and reduce the incidence of job loss because of chronic ill-health the priority must be to do all that is possible to stop making people ill at work in the first place. This needs to be a priority, freeing up the health service to concentrate on other important services.

4.19 Staff and patients must be protected from spread of airborne disease in the workplace, specifically to protect against spread of COVID to prevent acute illness and also the devastations of long COVID. Health care facilities must be safe by providing ventilation and Hepa filters, practicing distancing and mask wearing whenever possible.

4.20 Lastly long-term failures to tackle the social care system and the vindictive policies directed at people with a disability by the previous governments need to be faced head on.

4.21 While there are many other policies that have been shown to impact most acutely on the poorest and most discriminated against communities[26] Unite would like to particularly note the vindictive policy of Universal Credit which is causing so much hardship for those people being forced on to it, including many people with a disability and those suffering from long term health issues[27]. Unite has long argued that Universal Credit should be stopped and scrapped. That policy has had a devastating impact on the health of people, especially on individuals and community's mental health[28].

4.22 The government must commit to rebuild a decent, and accessible social security system with kindness and care at its very centre. Key to this should be to establish a National Independent Living Support Service (NILSS) that gives a new universal right to independent living, enshrined in law, funded through general taxation and free at the point of need. This service must be co-created and delivered locally in co-production with people with a disability.

Q5. Please use this question to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example: • Quick to do, that is in the next year or so • In the middle, that is in the next 2 to 5 years • Long term change, that will take more than 5 years

5.1 The short-term priority for the government should be to agree to direct pay negotiations with the NHS trade unions. The pay review body has lost the confidence of a majority of staff in the NHS (Unison and the Royal College of Nursing (RCN) are also calling for negotiations). This will signal a willingness to engage and work with the representatives of staff in tackling the issues that have led to the recruitment and retention crisis and the decreasing morale.

[26] https://www.independent.co.uk/voices/austerity-budget-2018-chancellor-philip-hammond-universal-credit-nhs-a8607531.html
[27] https://unitetheunion.org/media/2631/8869_universal-credit-report_a4_finaldigital.pdf
[28] https://twitter.com/Unite_MHNA/status/1049589426849017856?s=20

5.2 Unite have submitted a pay claim. This was sent to the Secretary of State for Health and Social Care on 26th November 2024. Unite are asking that these bullet points form the basis of reform to remuneration and terms and conditions. They are:

- A significant above inflation pay increase, which makes progress towards restoring pay to the real terms levels that existed in 2010.
- Band 2 pay must significantly exceed the Real Living Wage.
- Pay differential between the bands must be addressed.
- Progression between bands needs to become a realistic and achievable prospect for staff.
- Terms and conditions in England need to be brought into line with the devolved nations; starting with sick pay.
- Overtime to be used to cover non-contractual hours, not bank.
- A review of retirement age and the practicality of staff approaching retirement carrying out extremely physically demanding roles.

5.3 In addition, we ask that an urgent review is done of all currently outsourced services, with a view to insourcing those services. This is coupled with a commitment that no further outsourcing takes place.

5.4 All budget cut programs initiated by the previous government must be paused immediately.

09/12/2024

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