

Questions about health spending

I am asking the Health Secretary to share more of the detail of how extra money could be used to reduce waiting lists. I am also asking why some senior NHS managers think there is going to be a further bulge in waiting times, given the much lower level of covid cases in hospital now, the progress of vaccinations, and the extra cash allocated to health budgets.

He needs to know how many senior managers and Chief Executives there are now across the public health sector. How is their remuneration aligned with the public interest in high quality care and low waiting lists? Is there a continuing danger of overlap and blurred responsibilities within what is a complex structure?

As the state embarks on recruiting a large number of new Chief Executives for the Integrated Care Boards and for the Integrated Care Partnerships, what reductions if any will there be in the old management architecture this replaces? What arrangements are there to transfer appropriate staff to these new bodies to cut the costs of recruitment and to avoid redundancy costs and disruption to staff?

How will these new Care bodies arrange their purchasing of medical and care services from the NHS Trusts and other health providers? Are the current procurement organisations now withdrawing from contracts with private hospitals, or will they be needing and using more private sector capacity to help reduce waiting lists?

Presumably much of the answer to workload, stress on staff and high waiting lists lies in recruiting additional nurses and doctors to undertake the necessary procedures and treatments. What is the latest view on how many people can pass successfully through training? What action is being taken to encourage the return of already qualified people? How can new technology assist in raising quality and productivity?

The use of temporary and contract staff is expensive and too common. the NHS needs to have more permanent staff members.

Growth slows badly

The Treasury needs to concentrate on the recovery. Its wish to raise taxes and cut spending is damaging confidence and helping slow down what was a strong recovery.

There is now an urgent need to rescue the recovery. This needs a complete change of attitude and approach, and a new forecasting model to stop the

crazily pessimistic forecasts of the OBR.
The Treasury should

1. Set out a new framework for policy based on the current 2% inflation target and debt interest as a percentage of revenue target, dropping the EU state debt targets. The government should add a growth target.
2. Cancel the National Insurance tax hike. We need more jobs not a further tax on jobs.
3. Cut Stamp duty on homes again to add stimulus to a slowing homes market.
4. Stop the further attack on self employment through IR 35
5. Buy more UK goods and services into the public sector instead of so many imports by tweaking procurement rules
6. Commission substantial extra electricity capacity to cut out imports and allow extra power for the electric revolution
7. Speed haulage drivers tests and training
8. Use farming subsidies and rules to promote more food growing – too much is being directed to wilding
- 9 Do more to make it easy for people to work for themselves, to set up and expand small businesses.
- 10 State sector to make contract opportunities available to smaller companies.

[What does healthcare and social care cost?](#)

The danger of associating one tax with one item of spending is people might believe that item of tax paid for that item of spending. This will not be true with the NHS or with social care and the new levy by a very large margin.

According to the Treasury Budget document issued in March they plan to spend £230 billion on health this year, and another £40 bn on social care. The new proposed levy is a bit over 4% of those totals. People ask me if the Council Tax precept for social care will go when the Care Levy comes in. Of course it will not as the Care Levy is only 23% of current social care spending plus the extra from the levy. This assumes they will remove all the Care Levy money from the NHS as currently proposed. The Levy otherwise will pay a smaller percentage of the care budget if some is still needed for waiting

lists.

If we wished to have hypothecated taxes to cover the cost of health then it would take all of Income Tax (£198 bn), all of Capital Gains Tax ,all Inheritance Tax, all Stamp Duty and all the Property transaction tax to reach the £230bn figure. Maybe we should rename all these taxes as the Health taxes to show people how income and wealth is currently taxed extensively to pay for healthcare.

If we wanted a tax to hypothecate for social care why not choose the Council Tax which this year is forecast to be that same £40bn figure as the costs of social care.

The debate about waiting lists and about social care needs to start with the current budget figures. The health budget has risen from £166bn for 2019-20 (Treasury forecast in Budget 2018) to £230bn (Budget forecast 2021). It is true the pandemic imposed additional costs and needs on the system, but as these decline we still have much larger budgets than before the pandemic struck. I will look in a future blog at the management issues posed with such large sums of money. I will also return to the issues around social care which I have discussed before.

[The vote on a tax rise](#)

I voted against for a variety of reasons which I will set out in future blogs. It has been a busy few days trying to expose the spending issues over the NHS, the underlying problems with social care and the true state of the national finances. The media once again did not want to talk about the actual numbers. I was the only MP to start by reminding people how large the current NHS budget is and how big recent increases have been relative to the proposed tax rise.

[Elections](#)

The government this week moved to honour its Manifesto promise to tighten up on fraud at elections. There have been cases of impersonation, harvesting postal votes by individuals who wish to dictate the voting intention, influencing people to vote in a particular way through undue pressure or power over them, and voting more than once in the same general election by those with more than one residence.

Central to the government's response is to introduce the need for voter ID at

polling stations, to cut out impersonation and vote theft. Controlling postal vote abuse is more difficult, though modern postal votes are addressed directly to the named voter and do include the double envelope system to encourage proper checks on the eligibility to vote and to give people the chance of privacy of their ballot. These precautions do not prevent a residential home manager or a dominant parent or guardian intercepting or influencing someone's vote in their care.

The government has allowed EU citizens exercising their right to stay here to continue to have a vote in local elections. New arrivals from EU countries will only gain such a right if their country offers a similar right to UK citizens living in their country.

Some express concern about the requirement to show ID to vote. As most other things we do today requires us to prove identity or enter through password controlled systems it is difficult to claim people will find this difficult. As someone who does not welcome more controls and use of passes, I do think voting integrity is crucial. I accept the need to have strong security on work computers for example requiring my ID to enter and would regard the integrity of the vote as very important. There have been enough cases of voter fraud to warrant some action to tighten up. Is this enough?