

## Under funded and understaffed services

The TUC tells the Inquiry that the transfer of public health to local government had not gone well.

There had been staff cuts and reductions in staff training and de-professionalisation.

Many medics had transferred to Public Health England leaving non medics unsupported in local government.

Fragmentation became inevitable. Austerity policies had damaged the NHS which used too many temporary staff.

The TUC had talked about a crisis in social care well before the pandemic.

The sector had been underfunded and understaffed for years.

The TUC would like more structured consultation forums with the government for the health and social care sector.

Chair of the BMA takes much the same line. They

had not been involved in pandemic planning but could have added substance to the planning process.

They had told all UK governments before the pandemic that there was a problem with hospital bed and intensive care capacity.

The transfer of public health to local government had generated problems.

During the planning for a pandemic there had been a disconnect between those at the front line and planners. The lives and welfare of clinical staff had been put at risk during the pandemic. Future plans would need to ensure full adherence to health and safety rules and a proper supply of PPE.

**Jennifer Dixon**, Health Foundation, gave a useful background briefing on NHS investment. In the decade leading up to the pandemic. Public services, per person, had reduced by 13% in the UK.

The NHS had grown by 1.4% each year on average over the same decade which fell far short of the demand for its services.

If we had spent, per capita in 2019, the same as France the NHS would



have received an extra £40 billion.

Compared with Germany £70 billion. This surprisingly wide gap is much wider than the usual comparison which is related to % GDP.

Staff numbers had increased over the decade but from a very low base.

The number of GPs had fallen.

Social care funding had reduced by 12% over the same decade.

*“If you had a constant reform agenda that can disrupt quite a lot of relationships that you need to have built and stable in order to be resilient in the face of a shock.”*

**The British Red Cross** press for a Voluntary and Community Sector Emergency partnership.

At a local level individuals needed help and support. Plans for the development of a national resilience framework was positive but

needed a detailed  
implementation road map.

The Module ends with  
evidence from people who  
suffered a bereavement  
during the pandemic and a  
summary from core  
participants.

One reveals that the Deputy  
Prime Minister is now in  
charge of resilience and  
preparedness planning.

Module 2 is focused on  
core decision making and  
political governance. How  
well did the politicians and  
the civil service perform?  
Work is in progress  
obtaining statements with  
public hearings to follow in  
October.

