Mission Critical

Policy Exchange

The New Secretary of State for Health and Social Care's First Hundred Days

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- Not Fit for Purpose – Calls for reform of the 'fit note' by creating two new categories 'Further' and 'Ongoing Assessment' to enhance work and health support and improve return to work rates.
- Disconnect – Makes the case for a smartphone ban in schools, based upon Freedom of Information requests which found secondary schools with an 'effective ban' were twice as likely to be rated 'Outstanding' by Ofsted as schools without.
- What Do We Want from the King's Speech? – Penned in October 2023, set out proposals for a 'Future Clinical Trials Bill' and a 'Digital Health and Care Bill'.
- Medical Evolution – Sets out fifteen recommendations for improving the 'interface' between primary and secondary care.
- Double Vision – Establishes a detailed roadmap to enable 15,000 medical students a year to enrol on courses in England by 2029.
- A Fresh Shot – Considers the future for vaccines policy, setting out fifteen recommendations to ensure the UK remains a world-leader in vaccine development and delivery.
- Devolve to Evolve? – Considers reform to specialised services, with more logical service groupings, an expanded role for patient and carer input, and stronger ministerial and financial oversight.
- At Your Service – Sets out proposals to reform general practice in England, with the introduction of a new unified front door for users called 'NHS Gateway'.
- A Wait on Your Mind – Assesses policies required to address the waiting list for elective care to introduce greater 'operational transparency' to support patients waiting for diagnosis and treatment.

About the Author

Dr Sean Phillips is Head of Health and Social Care at Policy Exchange. His published output includes co-authored reports on tackling the 'waiting list' in elective care, reforms to general practice, the future for vaccines policy and expanding medical school places. More recently, he has written reports on expanding occupational health provision and approaches to reforming the 'fit note'. In his time at Policy Exchange, the work of the Health and Social Care Unit has been awarded 'Health, science and medicine' think-tank of the year by Prospect Magazine. Prior to joining Policy Exchange, he completed a doctorate in History at the University of Oxford

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Overview

The role of Secretary of State for Health and Social Care (shortened to 'Health Secretary' throughout) has been described as "the toughest gig in politics" – a phrase accurately describing the task before the new incumbent, the Rt Hon Wes Streeting MP.[1] Whilst health and care has represented a growing proportion of governmental spending in recent years (the Department of Health and Social Care's budget had risen from 26% of Government spending in 1998–99 to 43% by 2022–23), performance has declined.[2] The NHS in England is currently failing to meet nine of the eleven waiting time targets set out in the NHS Constitution.[3] NHS productivity (outside GP care) has tumbled in the wake of the pandemic. In the authoritative British Social Attitudes survey, public satisfaction with health and care services stands at 24%, the lowest ever recorded.[4] The NHS may remain the closest thing to the 'national religion', but its failings present a fundamental problem: not just for a dissatisfied public and those waiting in pain, but also because of the considerable knock-on impacts, including a rise in long-term absence from the labour market, owing to ill-health, impeding economic growth.[5]

The new Health Secretary – the 35th holder of the office since the foundation of the NHS – has made a good start, demanding the same 'radical candour' of the health and care system as he encouraged in Opposition.[6] He has demonstrated a willingness to level with the public that current performance means "the NHS is not the envy of the world" and made clear that the NHS must be regarded as a "service not a shrine" – a quip as memorable as that attributed to 'Nye' Bevan that "if a hospital bedpan is dropped in a hospital corridor in Tredegar, the reverberations should echo around Whitehall".[7] Just before the election, he attacked the "complacency and groupthink…amongst the health establishment who think that the first answer is always more money, without first questioning how almost £170 billion of taxpayers' money has already been spent."[8] In his first fortnight in the job, he has stated that the 'NHS is broken', appointed Lord Darzi to divulge 'hard truths' about NHS performance and called for the Department of Health and Social Care to 'end the begging bowl culture' and focus on 'boosting economic growth'.[9]

This is the easy part though. Streeting has flair and charisma. But does the policy detail lie behind this effective positioning of his principles and priorities? Is the public ready for a serious conversation about the NHS and why it isn't meeting their expectations? Is the Labour Party prepared to take decisions which will challenge – even offend – some of its members' and producer interests? Will it finally break the political deadlock which has held previous administrations back from reforming social care and dentistry? It is often said that, just as it took a Republican president to open relations with China, only a Labour government can truly reform the NHS. But it is less often remembered that Richard Nixon's visit to Beijing deeply upset many in his own party, and played a part in their reluctance to defend him when faced with other challenges down the line.

Streeting and Labour will never be in a more powerful position than they are now. This paper considers how the new ministerial team at DHSC can approach the remainder of the 'first hundred days' in office to make the most of that political capital – to establish momentum, boost confidence, convince that health and care services are 'under new management' and ultimately, to ensure the conditions are set to deliver upon their reform agenda.

This paper identifies five areas which should be deemed mission critical and where tangible progress over the first hundred days will be required.

1. The new Health Secretary's top priority must be reducing waiting times for patients.

Recent analysis from the Nuffield Trust shows that nine of the eleven waiting time targets set out in the NHS Constitution for England are not currently being met, including A&E waiting times.[10] Waiting times for elective care (so-called referral-to-treatment times, RTT) – are regarded as the most salient measure by which the public and media judge NHS performance. They must, therefore, be a top priority. As of today, there are 6.38 million patients waiting across 7.6 million 'pathways' (to use the jargon), slightly down from September 2023 when the 'waiting list' peaked. The previous Government's approach was to target the longest waiters (such as those waiting over 18 months). The new administration should ensure that NHS organisations continue to focus on reducing the longest waiters – and that current targets set for this October (at the end of the first hundred days) are met.[11] However, the Government should look to pivot the overall strategy to reducing the overall size of the waiting list over the next twelve months so they can begin to demonstrate the average time a patient waits will reduce (this is currently 44.95 weeks).[12]

Labour has promised £171m each year of the parliament to purchase more diagnostic equipment such as CT and MRI scanners. The total figure required across the Parliament (£855m) should be confirmed at the next fiscal event. Overall, must be a greater focus on ensuring speedy diagnosis or reaching a decision upon a patient's treatment. Policy Exchange has previously suggested splitting the 18-week target into two, to incentivise a 'decision' being made within two months (whilst maintaining the overall 18-week target).[13] A commitment to improving the patient 'journey' and boosting transparency over waiting times must be championed by the Health Secretary. Publication of waiting times for community services should be re-introduced, whilst statistics should be broken down to the individual hospital level, not just at 'Trust-level'. The target of delivering an extra 40,000 appointments per year can be achieved by effectively

1. Citation from: https://www.theguardian.com/politics/2020/may/17/whod-be-a-health-secretary-five-former-incumbents-on-the-toughest-gig-in-politics
2. https://ifs.org.uk/publications/past-and-future-uk-health-spending#:~:text=Over%20the%20same%20period%2C%20UK,42.9%25%20in%202024%E2%80%9325.
3. https://www.nuffieldtrust.org.uk/news-item/a-decade-of-failure-to-uphold-nhs-patients-rights-to-timely-care
4. https://www.nuffieldtrust.org.uk/news-item/public-satisfaction-with-the-nhs-what-do-the-findings-from-the-2023-british-social-attitudes-survey-tell-us
5. https://policyexchange.org.uk/publication/none-of-our-business/
6. https://www.thetimes.com/uk/politics/article/wes-streeting-cultural-rot-in-nhs-has-put-the-brand-before-the-public-25wsdzvsz
7. https://www.hsj.co.uk/comment/the-best-of-the-bedpan-2018/7024086.article#:~:text=The%20column's%20title%20derives%2C%20of,reverberations%20should%20echo%20around%20Whitehall.%E2%80%9D. For Streeting's quote, see: https://www.telegraph.co.uk/politics/2024/04/08/streeting-middle-class-lefties-opposed-to-labour-nhs-plans/
8. Cited in: https://www.telegraph.co.uk/politics/2024/06/25/gp-system-brink-collapse-warns-wes-streeting-nhs-election/
9. See: https://www.bbc.co.uk/news/articles/ckdgjjd12qgo. Curiously, 'Hard Truths' was the title of Volume Two of the Government Response to the Mid Staffordshire NHS Foundation Trust Public Inquiry: Response to the Inquiry's Recommendations https://assets.publishing.service.gov.uk/media/5a7c8c4e40f0b62aff6c270f/35810_Cm_8777_Vol_2_accessible_v0.2.pdf
10. https://www.nuffieldtrust.org.uk/news-item/a-decade-of-failure-to-uphold-nhs-patients-rights-to-timely-care
11. https://www.hsj.co.uk/quality-and-performance/long-waiters-fall-by-a-third-despite-stubbornly-high-elective-list/7037098.article#:~:text=Trusts%20cut%20the%20number%2065,to%20NHS%20England's%20monthly%20data.
12. https://blog.gooroo.co.uk/2024/07/wait-list-and-wait-times-worsened-again-in-may/
13. https://policyexchange.org.uk/publication/a-wait-on-your-mind/ (p. 15)

coordinating existing capacity: sharing list between hospitals at Place level or across an integrated care system footprint (improving 'mutual aid'), delivering a greater proportion of outpatient appointments remotely and/or giving patients greater choice over when (even if) they should take place. Improving communication with and navigation for the patient by instilling the principle of 'shared referral pathways' and ensuring a dedicated contact is provided for every patient to they can 'track' their treatment journey should become the norm.[14]

2. The new Government has a significant opportunity to transform how care is delivered across primary and community care, by delivering a Neighbourhood Health Service – but reforms carry political risks.

There is a consensus on the merits of boosting capacity and resources across primary and community health services – indeed it has been the stated aim of a number of recent Governments. There are significant opportunities to enhance the way that the four independently-contracted primary care services (general practice, dentistry, optometry and community pharmacy) work together to deliver care – and in seeking to address imbalances in the coverage and quality of services available to patients. Ministers should seek reform to these services in tandem, given that many of their most salient issues are common, namely contract reform, developing a sustainable workforce pipeline, enhancing estates and improving the integration of services (via improving IT provision and data sharing).

Politically, the greatest challenges will lie in reforms to general practice. The '8am scramble' for GP appointments has had great salience in the public perception of NHS performance in recent years, but like all things in general practice, it can be difficult to generalise about performance. Access and workforce challenges are not uniformly felt across the country. Nor is there a settled consensus among GPs on how their role and relationship within the wider NHS system ought to evolve in the years ahead. There are short-term measures which could encourage positive transformation to the 'front door'. In the first hundred days, the Government should monitor progress in delivering Modern General Practice Access and announce a target that within twelve months, all GP practices must offer their patients a full range of options to book and manage appointments (i.e. via NHS App, telephone, walk-in) to improve convenience and choice. All GP websites meanwhile should be enhanced to conform to improved accessibility and navigation standards.

But Ministers face a more fundamental question. Ultimately, they must decide whether their priority will be to focus on supporting a 'traditional' model of general practice by "bringing back the family doctor", effectively delivering a refreshed 'GP Charter' (regarded as rejuvenating general practice in the mid 1960s), prioritising inter-personal continuity of care (i.e. encouraging a model where patients see the same GP each time) and channelling a greater proportion of funding into the core GP contract or whether they wish to prioritise developing a system whereby a greater variety of healthcare professionals work across primary care (including general practice settings themselves), often at greater scale and increasingly 'co-located'. In pursuing this aim, there is likely to be resistance amongst some in the GP community who will regard it as 'fragmenting' patient care and diminishing the autonomy (and authority) of GP partners. Attempts to introduce 'polyclinics', based upon proposals set out by Lord Darzi under the last Labour Government were met by a campaign coordinated by the BMA (under the slogan "Save Our Surgeries"). Given the BMA GP committee is currently balloting members regarding prospective 'collective action', disruption cannot be ruled out.

It may be possible to progress both approaches (and indeed, some will say the two approaches are not incommensurable) – on the basis that a 'one size fits all' approach is unlikely to work across the country as a whole – but placing emphasis on one of these approaches is likely to limit progress in delivering the other.[15] The latest GP patient survey reveals that around one third (32.8%) of patients responding state there is a particular healthcare professional at their GP practice who they prefer to see or speak to.[16] Over two thirds (67.2%) said they do not have a preferred healthcare professional. This is reflective of a trend over recent years in which interpersonal continuity has declined. The pragmatic choice in the short term, therefore, is to commit to developing a sustainable pipeline of future GPs (see Priority Three, below), but to focus on creating a 'Neighbourhood Health Service'. The new Government should begin laying the groundwork by publishing a white paper in the next hundred days, which sets out the rationale for change and a timeline for implementation.

3. The Government should commit to training more healthcare professionals with a focus on doubling medical school places

A funding crunch looms which poses challenges to delivering the NHS Long Term Workforce Plan in the coming years. The plan is due to be reviewed next Summer (2025). As such, the new Government will have to prioritise the elements of the current Plan they wish to deliver – and those elements where progress may have to be decelerated. The commitment to train more doctors (and to double medical school places) should be top of their list, given rising levels of demand and global pressures upon the talent pool boost the case for expanding the domestic talent pool. Ministers should announce that medical school places will be expanded for the beginning of the academic year 2025/26.

4. The Government's approach to preventative healthcare should focus on children and young people

A number of recent Governments have committed to 'pivoting' to create a preventative healthcare system. Building on the two Bills outlined in the recent King's Speech – both of which aim at enhancing a preventative approach – the new Government should seek to further their credentials by publishing a white paper in the next hundred days, focused on the delivery of their proposals for child health. This should set out commitments

14. On shared referral pathways and improved working across the primary-secondary interface, see the recommendations contained in: https://policyexchange.org.uk/publication/medical-evolution/

15. https://policyexchange.org.uk/publication/at-your-service/

16. Latest report accessible via: https://www.gp-patient.co.uk/surveysandreports

contained in the manifesto, such as enabling health visitors to vaccinate children and digitising the 'red book'. But other measures should be included also, such as ensuring every primary school is partnered with a dental practice – to which children can be 'referred' as and when proactive intervention to support dental health.

5. Effective preparations must be made for the Winter

A bad winter crisis in the NHS can both damage a government's credibility and their ability to deliver on key priorities (e.g. tackling the waiting list in elective care). Ministers should place an emphasis on preparations from July, by focusing on measures to ensure the highest possible uptake of key vaccination programmes, such as influenza. They should also champion the rollout of new Respiratory syncytial virus (RSV) vaccines (for which a national programme has just been introduced). In addition, Ministers should focus on developing combined adult and paediatric 'Acute Respiratory Infection Hubs' (where patients can get urgent same-day face-to-face assessment for winter illnesses) across the country – building on work begun to develop these services in the past year. 'Integrated discharge services' should be developed at every hospital – drawing on examples of best practice to enhance joint working between social care providers and NHS trusts to enhance the speed and efficiency of patient discharge.[17]

A settlement is required with junior doctors – but this must address working conditions as well as pay. The BMA Junior Doctors' Committee in England (JDC) have been in dispute with the Government for almost two years, in pursuit of a 35 per cent pay increase. Devolved committees have accepted offers of a 12.4 per cent increase in Scotland and Wales, but the English JDC rejected an offer of 11.8 per cent earlier in the year. If, as this suggests, their rejection of the English pay offer was partly party-political, the departure of the Conservatives may now mean a similar offer can be accepted. At the very least, the arrival of a new Government has allowed for relationships to be reset. With a new timetable for negotiations set for the coming weeks, some kind of fig-leaf will be required to allow the BMA to claim they have improved on the original offer– a little more money, and perhaps some warmer, if still noncommittal words (as in the Scottish and Welsh deals) about aspirations to improve pay over multiple years. But as Labour have been clear both prior to and following the election, any firmer commitment to a 35% pay rise will not be possible – particularly since it would trigger similar demands from many other NHS and public sector workers.

There is significant evidence, as described in Policy Exchange's January 2023 pamphlet about the BMA, that present dissatisfaction amongst junior doctors relates as much, if not more, to their working conditions as to their pay. As such, the new Government should make announcement in the first hundred days that improving the working conditions for NHS staff overall will represent a key feature of the Ten-Year Plan and an announcement should be made to begin consulting on a range of reforms. For instance, consulting on amendments to mandatory training, improving the Electronic Staff Record, delivering an NHS Staff Passport (building on a commitment made in the Spring Budget), seeking solutions to improve the flexibility of rostering. These could be summarised and set out in an NHS Staff Charter, as previously proposed by Policy Exchange.[18]

There are a range of measures where there will be advantages in delivering policy continuity from the previous administration, particularly upon measures which focus on boosting NHS productivity and in tackling labour market 'inactivity' due to poor health. Improved pay settlements offered to NHS staff in the coming months should also be made with refreshed expectations of productivity improvements. The new Government should proceed with reforms to the 'fit note', the recommendations of the Taskforce on Occupational Health should be published and tax incentives should be introduced at the Autumn Statement to incentivise businesses to invest in physiotherapy, counselling and occupational health.[19]

Lastly, Ministers should continue to communicate that health and care services are "under new management" and announce 'listening exercises' in the first hundred days by encouraging further consultation on amendments to the NHS Constitution for England and expanding the 'Red Tape Challenge'.[20] The current consultation for the NHS Constitution for England should be re-opened and extended over the first hundred days of the new Government, so it becomes a more open process to build interest and engagement. In early public announcements, ministers should explain how ideas already submitted to the 'Get Rid of Stupid Stuff' portal will begin to feature in the Government's thinking on the reduction of waste and bureaucracy.[21]

17. https://www.england.nhs.uk/long-read/combined-adult-and-paediatric-acute-respiratory-infection-ari-hubs/

18. See: https://policyexchange.org.uk/publication/professionalism-is-not-relevant/
19. https://policyexchange.org.uk/publication/none-of-our-business/
20. For reference to a 'Red Tape Challenge', see: https://labour.org.uk/updates/members-updates/labour-is-the-party-of-the-nhs/
21. The 'Get Rid of Stupid Stuff' portal available here: http://labour.org.uk/improve-our-NHS (as of 1 July 2024)

Summary of Recommendations

1. Improving NHS waiting times for patients:

a. By securing a commitment of £171m in each year of the Parliament for a 'Fit for the Future' fund at the Autumn Statement to deliver an expansion in diagnostic equipment (e.g. CT & MRI scanners);
b. For NHS England to begin releasing hospital-level reporting of performance statistics (given this currently takes place at Trust-level only) and to recommence release of community health service waits;
c. For Ministers to track progress by NHS trusts in eliminating 'long waits', e.g. 65-week waits in the 'first hundred days' (as set out in NHS operational planning guidance for this year).[22]
d. For Ministers to encourage greater coordination of elective caseloads across integrated care system (ICS) footprints, i.e. boosting the use of mutual aid;
e. For Ministers to set plans to orientate NHS focus on measures to reduce the overall size of the elective waiting list (i.e. rather than to focus upon long waiters as was set out in the Elective Recovery Plan in 2022).[23] This should be set out in the Mandate and in forthcoming NHS operational planning guidance.

2. Making progress in the delivery of a 'neighbourhood health system' (and improving access to primary care)

a. A white paper should be published, establishing the measures and milestones required to reform primary care, entitled: "Delivering a Neighbourhood Health Service."
b. The Health Secretary should announce a new target that by the end of 2024, all GP practices must offer their patients a full range of options to book and manage appointments (i.e. via NHS App, telephone, walk-in) to improve convenience and choice.

22. https://www.england.nhs.uk/wp-content/uploads/2024/03/2024-25-priorities-and-operational-planning-guidance-v1.1.pdf (. 19)
23. https://www.england.nhs.uk/2022/02/nhs-publishes-electives-recovery-plan-to-boost-capacity-and-give-power-to-patients/

3. Boosting the workforce (including doubling medical school places)

a. Ministers should announce that medical school places will be expanded for the beginning of the academic year 2025/26).
b. A Task and finish group should be set up to set out proposals to improve working conditions for NHS staff (and particularly junior doctors), such as improvements to rostering, reform of mandatory training and enhancing the Electronic Staff Record.

4. Improving the provision of preventative health services for children

a. A white paper should be published in the next hundred days called "The Healthiest Start to Life: Improving Children and Young People's Health over the next decade" which sets out Government's long-term plans and staging posts required to deliver on its pledges to improve child health. This should include manifesto commitments, such as enabling health visitors to deliver childhood vaccinations but should also include measures such as partnering each primary school with a dental practice to increase access and ability for urgent referrals.

5. Ensuring that effective preparations are made for Winter

a. By focusing on boosting uptake of key vaccination programmes, including for influenza and new Respiratory syncytial virus (RSV) vaccines across primary care;
b. Developing combined adult and paediatric 'Acute Respiratory Infection Hubs' (where patients can get urgent same-day face-to-face assessment for winter illnesses) across the country.[24]
c. Extending Discharge-to Assess and increasing the capacity of intermediate (or 'step-down') services; extending seven-day integrated discharge hubs.
d. Enhancing the provision of protected site(s) for elective activity
e. The Health Secretary should chair weekly meetings with key Officials from late July to monitor progress with preparations.

24. https://www.england.nhs.uk/long-read/combined-adult-and-paediatric-acute-respiratory-infection-ari-hubs/

In addition to these five 'mission critical' policy areas, Policy Exchange also recommend the following measures:

6. **The Health Secretary should seek to reset relations between the British Medical Association's Junior Doctor's Committee, but also set clear red lines, reiterating there will be 'no blank cheque'.**

    a. With the Junior Doctor's Committee in England, a revised pay offer (based upon the findings of the pay review body) should be put to union representatives but must not be greater than that agreed across the devolved nations; discussion of measures to enhance working conditions should progress in tandem.

7. **There should be policy continuity (from the previous administration) in a number of key areas, including in boosting NHS productivity and in tackling labour market 'inactivity'. The Government should proceed with reforms to the 'fit note', the recommendations of the Taskforce on Occupational Health should be published and tax incentives should be introduced at the Autumn Statement for businesses to invest in physiotherapy, counselling and occupational health, based upon recommendations made from last year's consultation on Tax Incentives for Occupational Health.**[25]

8. **An 'Extended Ministerial Office' should be appointed to enhance the availability of technical expertise (via hiring of talent from private sector) within DHSC to appraise current capital investment schemes, such as the 'New Hospital Programme'.**[26]

9. **The Government's early legislative agenda should include the introduction of a statutory instrument to update and reform clinical trials legislation (which the previous Government had originally committed in March 2023). Its provisions should be based upon those contained in a 'Future Clinical Trials Bill', set out in a recent Policy Exchange report.**[27]

10. **Ministers should communicate that health and care services are "under new management" and should announce 'listening exercises' in the first hundred days by encouraging further consultation on amendments to the NHS Constitution for England and expanding the 'Red Tape Challenge'.**[28]

    a. The current consultation for the NHS Constitution for England should be re-opened and extended over the first hundred days of the new Government, so it becomes a more open process to build interest and engagement.
    b. In early public announcements, ministers should explain how ideas already submitted to the 'Get Rid of Stupid Stuff' portal will begin to feature in the Government's thinking on the reduction of waste and bureaucracy.[29]

25. https://www.gov.uk/government/consultations/joint-hmt-hmrc-consultation-on-tax-incentives-for-occupational-health/tax-incentives-for-occupational-health-consultation
26. Policy Exchange has previously made the case for Extended Ministerial Offices. See: https://policyexchange.org.uk/publication/government-reimagined/
27. https://policyexchange.org.uk/publication/what-do-we-want-from-the-kings-speech/
28. For reference to a 'Red Tape Challenge', see: https://labour.org.uk/updates/members-updates/labour-is-the-party-of-the-nhs/
29. The 'Get Rid of Stupid Stuff' portal available here: http://labour.org.uk/improve-our-NHS (as of 1 July 2024)

Chapter 1 – The Significance of the First Hundred Days

This paper considers how the new Secretary of State for Health and Social Care and his ministerial team should approach the remainder of his 'first hundred' days in office.

The 'first hundred days' is not just an important paradigm in academic political analysis, but vital in practice. Associated with the whirlwind of activity which followed the first hundred days of Franklin Delano Roosevelt's presidency, it retains an important place in our judgment of the early phases of political administrations. Described once by President Obama's advisor, David Axelrod, as a "hallmark holiday", this is no mere journalistic conceit, however. First impressions count and the period presents an opportunity to provide clarity and confidence in a new administration's motivations and abilities.[30]

The Health Secretary has brought a constructive, 'radical candour' to the health policy debate and has demonstrated a willingness to level with the public that current performance means "the NHS is not the envy of the world" and made clear that the NHS must be regarded as a "service not a shrine" – a quip as memorable as that attributed to 'Nye' Bevan that "if a hospital bedpan is dropped in a hospital corridor in Tredegar, the reverberations should echo around Whitehall".[31]

This has been reflected in his earliest public statement(s) as Health Secretary. Just hours after his appointment, he reflected: "from today, the policy of this department is that the NHS is broken. That is the experience of patients who are not receiving the care they deserve, and of the staff working in the NHS who can see that – despite giving their best – this is not good enough."[32] This is an important observation, but now requires an effective policy response to rectify the situation.

He has vowed to be a "shop steward for patients", to put "patients in control" and to challenge producer interests where they may outflank patient priorities. On the eve of the General Election, he expressed frustration at the "complacency and groupthink…amongst the health establishment who think that the first answer is always more money, without first questioning how almost £170 billion of taxpayers' money has already been spent".[33] This is a necessary challenge. DHSC's day-to-day budget had risen from 26% of the all-departmental total in 1998–99 to 43% by 2022–23.[34] The reality is that any increases in spending in health and care are increasingly forcing challenging – and arguably, counter-productive – trade-offs elsewhere. As such, the Health Secretary's rhetorical approach has placed a greater emphasis upon reform: "pouring more money in without reform would be like pouring water into a leaky bucket".[35] The task now is to translate this rhetorical approach and underlying political philosophy into an effective governing agenda.

The volume and scale of the issues facing the new Ministerial team at the Department of Health and Social Care are significant.[36] Consider headline markers of performance. Nine of the eleven national waiting time targets set out in the NHS Constitution for England are not currently being met.[37] This includes the 'waiting time' target for consultant-led treatment to begin within eighteen weeks from referral for non-urgent conditions. A revised 'four hour' A&E target for 78% of patients to be admitted, transferred or discharged by March 2025 has been revised down in recent years from an initial target of 95%.[38] There are real questions as to whether this target in particular ought to be reinstated given to changes to the model of care in recent years.[39] There are significant capacity constraints in mental health inpatient care.[40] The NHS meanwhile has seen anaemic productivity growth since 2020 (with the exception of general practice). Sustainable, long-term reforms to social care and dentistry have evaded a number of recent Governments. The capital requirements to enhance the NHS estate and its infrastructure are significant. The cumulative effect is a workforce harbouring frustrations with its present working conditions and weakened public confidence, with the latest British Social Attitudes Survey showing that just 24% of people in England, Scotland and Wales are presently satisfied with health and care services.[41]

The Health Secretary is accountable for an immensely complex institutional ecosystem. Rather than a slow-moving 'super-tanker' (as it is sometimes described), the NHS ought to be regarded as a large, unwieldy flotilla – often proving challenging for ministers to 'grip'. The governance of the NHS itself faces significant challenges. Accountabilities between new integrated care boards (ICBs) and Foundation Trusts remain unclear and unsettled two years after the passage of the Health and Care Act (and eighteen months on from the Hewitt Review).[42] 'Integrated care' still feels rhetorical, rather than the reality for many patients. There is meanwhile disquiet about the patient safety landscape, with a "widespread loss of faith by the NHS leadership community" of the Care Quality Commission (CQC) into which the Government recently commissioned a review which is being led by Dr Penny Dash.[43]

The new Health Secretary will be required to demonstrate political leadership in getting the balance right in deciding which pieces of the architecture need to be overseen and held more tightly by ministers and those held more loosely, where greater autonomy for managers and clinicians would be beneficial. This is evident in the relationship between NHS England the Department of Health and Social Care too, where the Health Secretary has called for "competing views and interest to be aired" and to work as "one team", suggesting significant levels of dysfunction and duplication at present.[44] Clear Ministerial direction will be required in many these cases to improve upon the status quo.

30. https://www.brookings.edu/articles/the-first-100-days-when-did-we-start-caring-about-them-and-why-do-they-matter/
31. https://www.hsj.co.uk/comment/the-best-of-the-bedpan-2018/7024086.article#:~:text=The%20column's%20title%20derives%2C%20of,reverberations%20should%20echo%20around%20Whitehall.%E2%80%9D
32. https://www.gov.uk/government/speeches/statement-from-the-secretary-of-state-for-health-and-social-care
33. https://www.telegraph.co.uk/politics/2024/06/25/gp-system-brink-collapse-warns-wes-streeting-nhs-election/
34. https://ifs.org.uk/publications/past-and-future-uk-health-spending#:~:text=As%20well%20as%20growing%20in,43%25%20in%202022%E2%80%9323.
35. https://www.independent.co.uk/news/uk/politics/wes-streeting-labour-nhs-doctors-general-election-b2551205.html. 'Patients in control' one of three principles set out in a speech delivered at the King's Fund in April 2023: https://www.bmj.com/content/381/bmj.p943
36. https://www.theguardian.com/politics/2020/may/17/whod-be-a-health-secretary-five-former-incumbents-on-the-toughest-gig-in-politics
37. https://www.nuffieldtrust.org.uk/resource/what-health-and-care-need-from-the-next-government-4-improving-access-to-treatment
38. https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england
39. Some now question whether the 95% target is achievable given innovations to service delivery model in recent years, such as the introduction of Same Day Emergency Care has reduced the number of lower acuity patients at Accident and Emergency. A helpful review of the debate and evidence is: https://thepsc.co.uk/news-insights/entry/reaffirming-the-nhs-4-hour-ae-target-why-it-matters/
40. https://www.gov.uk/government/publications/rapid-review-into-data-on-mental-health-inpatient-settings-final-report-and-recommendations/rapid-review-into-data-on-mental-health-inpatient-settings-final-report-and-recommendations
41. https://www.kingsfund.org.uk/insight-and-analysis/reports/public-satisfaction-nhs-social-care-2023
42. https://assets.publishing.service.gov.uk/media/642b07d87de82b00123134fa/the-hewitt-review.pdf
43. https://www.hsj.co.uk/policy-and-regulation/the-nhs-needs-a-strong-cqc/7037386.article
44. https://www.hsj.co.uk/policy-and-regulation/streeting-tells-nhse-and-dhsc-to-work-as-one-team-and-air-competing-views/7037449.article#:~:text=Policy%20and%20regulation-,Streeting%20tells%20NHSE%20and%20DHSC%20to%20'work%20as%20one,'%20and%20air%20'competing%20views'&text=Wes%20Streeting%20has%20told%20his,views%20and%20interests%E2%80%9D%20to%20him.

There are powerful vested interests across the health and care sector – particularly in the form of its largest and most influential unions, including the British Medical Association (BMA). The new Health Secretary will need to coordinate the Government's approach across a number of areas where the BMA is currently in dispute with either NHS England or the Government. This includes the ongoing dispute with junior doctor's committee (JDC) and proposed 'collective action' by the GP committee (GPC). Whilst the Health Secretary should seek areas of common interest, he must be willing to draw clear red lines; be clear there is no blank cheque to meet their demands and be prepared to take whatever action is necessary to limit disruption to patient care. For whilst creating the fiscal room to reach some of the demands that unions make may achieve the political aim of quelling industrial action in the short-term, it will limit headroom and stymie the Government's ability to make the more far-reaching reforms. Moreover, to be seen to treat any professional group as a special case will merely amplify demands which will be made by other groups.[45]

This paper sets out the key priorities for the remainder of the 'first hundred days' – in order to demonstrate progress in delivering upon manifesto and 'mission' commitments. It does so by drawing upon historical precedent, analysing approaches taken by previous Health Secretaries during their first hundred days; assessing the known and inherited commitments which will impact the work of new Department of Health and Social Care (DHSC) ministers and by appraising pledges made by the Labour Party in the past two years.

The Labour Party has made sixty policy commitments for which ministers in the DHSC will have dedicated or shared responsibility (with other Government departments). This includes policies in the General Election manifesto as well as commitments made in the May 2023 'mission' document, 'Build an NHS fit for the future'.[46] It however excludes most of the thirty-five 'headline actions' set out in Prescription for Growth, Labour's plan for the life sciences sector, except for the commitment for an 'NHS innovation and adoption strategy'.[47]

At least eight of these policies will either explicitly (or will likely) require primary legislation or secondary legislation to deliver. A full break down of these commitments is set out in Part 1 of the Appendix.

45. https://policyexchange.org.uk/publication/professionalism-is-not-relevant/
46. For the manifesto, see: https://labour.org.uk/change/
47. https://www.bioindustry.org/static/6d6bb7a2-d7e5-4abc-bad4ee8fc02c1c17/Labours-plan-for-the-life-science-sector.pdf

Given the scale of the challenges facing health and care services a "ruthlessly pragmatic" agenda which clarifies which policies, targets and expenditure are deemed mission critical is needed.[48] **Ministers should look to 'hit the ground running' by clarifying their focus on the following priorities:**

1. Cutting NHS waiting times
2. Delivering a neighbourhood health service to improve access to primary care, including GPs and dentists.
3. Delivering upon commitments to grow the workforce, such as doubling medical school places.
4. Progressing commitments to improve children's health and wellbeing.
5. An overarching priority (and lens through which all the above priorities must also be viewed) is to prepare effectively for Winter.

Rhetorically, the new Health Secretary should take the opportunity to reset the relationship between the public and the health service and between NHS staff and the Government by relaying the message: that the NHS is "under new management". To that end, ministers should also announce 'listening exercises' in the first hundred days by encouraging further time to consult on amendments to the NHS Constitution for England and by expanding the 'Red Tape Challenge'.[49]

48. https://www.telegraph.co.uk/news/2023/12/03/ai-hospital-scan-nhs-labour-health-plans-australia/#:~:text=Every%20major%20hospital%20would%20analyse,health%20secretary%20pledged%20on%20Sunday.
49. For reference to a 'Red Tape Challenge', see: https://labour.org.uk/updates/members-updates/labour-is-the-party-of-the-nhs/

Chapter 2 – Mapping Out The First Hundred Days

Four profiles set out in Part 2 of the Appendix provide an overview of activities undertaken during the first hundred days by previous Health Ministers (and later, Secretaries of State), focusing upon those who entered government after their party had been in Opposition for a number of years, including Kenneth Robinson (Labour, 1964), Patrick Jenkin (Conservatives, 1979) Frank Dobson (Labour, 1997) and Andrew Lansley (Conservatives/Coalition, 2010).

These profiles reveal two types of 'playbook'. The first consciously seeks to 'buy time' once appointed to determine their agenda. This approach was emphasised (and advocated) by the late Frank Dobson, whose early tenure was characterised by Professor Rudolf Klein as more "tease" than "strip".[50] Alan Milburn meanwhile described the announcement of a ten-year plan when he became Health Secretary as his "best political trick".[51] This approach may reflect the fact that few Health Secretaries have in fact served as Shadow Health Secretary prior to entering Government. Andrew Lansley was one exception, serving in Opposition for a number of years. His tenure is also the best (recent) example of a different type of 'playbook', in which the first hundred days constituted a hive of activity with a significant number of keynote speeches and the publication of a major white paper, which set out wide-ranging reforms, including – for instance – the development of an arms-length commissioning board (NHS England).

Recent analysis from Nicholas Timmins has noted that, historically, more significant changes have occurred with "changes of minister, external events, or intermediate elections" rather than in the immediate aftermath of a change in governing party.[52] 'New Labour's NHS reform agenda is largely associated with proposals set out in the NHS Plan (2000), rather than those undertaken shortly after winning the general election in 1997 – indeed, some of the more innovative policy ideas which were introduced shortly after the election, such as Health Action Zones did not prove to be policy successes (in that case, being disbanded by the end of 2003.)[53]

Will it be possible for the incoming Government to follow some of their predecessors in taking a step back and carving out space to think during the first hundred days?

The scale of the challenge and current political climate suggests – where the public expect demonstrable improvements to be made within twelve months. The new Health Secretary will therefore need to define a 'third way', creating the political space to assess the in-tray in full, but also 'hitting the ground running'. In short, a balance needs to be struck: "making a good start without creating hostages to fortune."[54]

On the evidence of his first days in office, the new Health Secretary is actively seeking this blend. After announcing the "policy of this department is that the NHS is broken" on his first day in office, on 11 July, he announced an independent investigation into NHS performance would be led by Lord Darzi – with findings to be delivered in September 2024.[55] The review is likely to buy political time whilst also providing some of the evidence base that will inform a pledge to deliver a ten-year plan for NHS and care services. A further example concerns reports that the new Government will look to establish a Royal Commission to determine future reforms to social care. The move – depending on its terms of reference – would echo previous Royal Commissions established on the topic, such as in 1999 and may help to break the political deadlock and push for a new political consensus. Some have been more disparaging about the move however, suggesting that a further review will just defer necessary political decision-making on the subject.[56]

Previous Health Secretaries have described a sense of "constant bombardment, unrelenting demands to do what others say, ceaseless criticism in the press, from Opposition and interest groups and repeated declarations of a crisis".[57] The issues are sure to continue to come thick and fast. Indeed, the Health Secretary's diary for his first week in office was swiftly filled, with a call to the British Medical Association (BMA) "on day one", a second meeting scheduled for his first week in and a meeting with the British Dental Association "the first Monday after [the] election".[58]

A timeline which sets out other key milestones over the first hundred days is set out in Table 1.

Other 'known unknowns' in the first hundred days will include:

- Determining next steps to handle the findings of a recent independent review into the culture of the Nursing and Midwifery Council.[59]
- Handling the Judgment of High Court hearing(s) in mid-July which have been brought by TransActual (in partnership with the Good Law Project) which are challenging the introduction of emergency legislation by DHSC to ban the prescription of puberty blockers to under-18s by NHS organisations (as well as private clinics).[60] Were the judgment to be in favour of the Applicants, Ministers are likely to have the first, major test of the new Government's manifesto commitment to delivering upon the findings of the Cass Review.[61]
- Deliberation over the establishment of the Infected Blood Compensation Authority, an arm's length body to administer compensation for victims (and their families) of the infected blood scandal was announced by the previous Government in May 2024.[62]

50. https://www.proquest.com/docview/1777579397?sourcetype=Scholarly%20Journals
51. https://www.health.org.uk/publications/reports/glaziers-and-window-breakers, p. 141
52. https://www.kingsfund.org.uk/insight-and-analysis/long-reads/how-likely-general-election-transform-health-social-care
53. https://academic.oup.com/eurpub/article/16/4/341/644408
54. https://www.instituteforgovernment.org.uk/sites/default/files/publications/First%20100%20days%20final%20web.pdf (p. 8)
55. https://www.hsj.co.uk/quality-and-performance/streeting-orders-independent-investigation-into-nhs-performance/7037461.article
56. https://www.thetimes.com/uk/politics/article/labour-royal-commission-social-care-n5pzr8gm5. For an example of criticism of the suggested approach, see: https://x.com/NatashaCurry123/status/1812737386909962408
57. https://www.theguardian.com/politics/2020/may/17/whod-be-a-health-secretary-five-former-incumbents-on-the-toughest-gig-in-politics
58. See: https://www.mirror.co.uk/news/politics/wes-streeting-tells-junior-doctors-33040673 and https://x.com/TheBDA/status/1795796795743682621
59. https://www.nursinginpractice.com/latest-news/ministers-to-meet-with-nmc-following-scathing-review/?utm_content=bufferb322&utm_medium=social&utm_source=twitter.com&utm_campaign=nipsocial
60. https://www.pulsetoday.co.uk/news/clinical-areas/sexual-health-and-gynaecology/government-puts-emergency-ban-on-private-prescribing-of-puberty-blockers/; https://transactual.org.uk/blog/2024/06/18/press-release-transactual-issue-urgent-court-proceedings/
61. For the Cass Review, see: https://cass.independent-review.uk/home/publications/final-report/
62. https://www.gov.uk/government/speeches/infected-blood-compensation-scheme

There are also matters for which the new Government are yet to detail their plans in mission document(s) or their manifesto. For instance, Ministers will have to swiftly determine their approach to provide greater confidence in the organisations responsible for overseeing patient safety. A review into the Care Quality Commission (CQC) is currently being led by Dr Penny Dash and is likely to report in the first hundred days. A recent Freedom of Information request meanwhile reveals that DHSC Ministers are yet to act upon eight separate service reconfiguration proposals (greater powers to scrutinise and intervene were introduced in the Health and Care Act 2022).[63]

There is also the likelihood that a significant, disruptive event with the potential to derail a neat 'grid' will occur, such as a cyberattack. Since early June 2024, 4,913 acute outpatient appointments and 1,391 elective procedures have been postponed to date across Kings College Hospital NHS Foundation Trust and Guys' and St Thomas' NHS Foundation Trust as a result of an attack by Russian hackers, leaving three major London hospital trusts struggling to process blood, urine and tissue tests.[64] Partially in response to this recent incident, the new Government included a Cyber Security and Resilience Bill in the King's Speech on 17 July.[65]

Table 1 – Key Milestones Across the Secretary of State for Health & Social Care's First Hundred Days

Date	Event	Comment(s)
4 July	Polling Day	Public cast votes in General Election
5 July	General Election Result Announced; Prime Minister Enters Number 10; Appointment of Cabinet Begins	First meetings held. New Health Secretary to 'speak to the BMA'.[66]
6-9 July	Appointment of Ministers (and Special Advisors etc.)	Other Ministerial positions and portfolios confirmed
9 July	Parliament Sits; Speaker Elected / Re-elected	Parliamentary business can begin (i.e. introduction of Bills, Oral Questions etc.)
12 July	High Court Hearing relating to Judicial Review of The Medicines (Gonadotrophin-Releasing Hormone Analogues) (Emergency Prohibition) (England, Wales and Scotland) Order 2024	TransActual CIC (working in partnership with the Good Law Project), has instructed solicitors and barristers to advise on a legal challenge to the emergency regulations introduced by DHSC, effective from June 2024.[67]
(Likely) Mid July	Publication of the Review Body on Doctors' and Dentists' Remuneration, 52nd Report: 2024	Recommendations and observations from the Review Body on Doctors' and Dentists' Remuneration (DDRB) on doctors' and dentists' pay in England, Scotland, Wales, and Northern Ireland.
17 July	State Opening of Parliament & King's Speech	Bills referenced: Mental Health Bill Tobacco and Vapes Bill
17 July	British Medical Association (BMA) to host 'GP Roadshow'	"The General Practitioner's Committee's asks of Government will be summarised in a 'vision document' being launched at BMA House."[68]
By 19 July	NHS Confederation to deliver proposals on regulation of NHS managers	Shadow Health Secretary has requested proposals for stronger statutory protections for whistleblowers "within a fortnight" if they were to win the general election.[69]
23 July	Formal Negotiations between the BMA JDC and the Government to Resume	Reported on 18 July that negotiations will resume on this date.[70]
By Recess	'Assessment of Spending Inheritance' to be delivered by HM Treasury	On 8 July, Chancellor requests "urgent assessment of spending inheritance" by Summer Recess.[71]
29 July	BMA General Practitioners Committee Ballot on "GP collective action" closes	GP partners being asked if they are 'prepared to undertake one or more examples of collective action' in the BMA campaign document Protect Your Patients, Protect Your Practice.[72] Examples cited (as of 1 July 2024) included: "refusing to engage in advice and guidance (A&G)" and "switching off the GP connect functionality which permits remote NHS 111 appointment booking".[73]
1 August	Potential "GP collective action" to commence (Dependent upon result of ballot closing on Monday 29 July.)	"The outcome of the ballot will inform the 'collective next steps'. If majority of members vote in favour of collective action, BMA will 'direct practices' to choose one or more suggested actions from… [a] menu."

63. hsj.co.uk LINK
64. https://htn.co.uk/2024/07/08/nhs-england-shares-impact-on-appointments-and-procedures-for-south-east-london-cyber-attack/
65. https://assets.publishing.service.gov.uk/media/6697ac9cab418ab05559271d/King_s_Speech_2024_background_briefing_GOV.uk.pdf (pp. 95-98)
66. https://www.independent.co.uk/news/uk/politics/streeting-labour-nhs-plans-doctors-strike-b2563540.html
67. https://goodlawproject.org/crowdfunder/trans-pubertyblockers-cf/
68. https://www.pulsetoday.co.uk/news/workforce/gps-urged-to-vote-yes-to-collective-action-as-bma-ballot-opens/
69. https://www.thetimes.com/uk/politics/article/wes-streeting-nhs-toxic-culture-interview-ssl3d2h35
70. https://x.com/wesstreeting/status/1813913999244918955
71. https://www.theguardian.com/politics/article/2024/jul/08/rachel-reeves-spending-conservatives
72. https://www.bma.org.uk/gpcontract#vote
73. https://www.pulsetoday.co.uk/news/workforce/gps-urged-to-vote-yes-to-collective-action-as-bma-ballot-opens/

Date	Event	Comment(s)
16 August	BMA JDC Executive Meeting	BMA JDC "set an expectation" that talks will conclude by this date.[74]
10 September	Substantive Hearings of the Thirlwall Inquiry Begin	The Thirlwall Inquiry has been set up to examine events at the Countess of Chester Hospital and their implications following the trial, and subsequent convictions, of former neonatal nurse Lucy Letby.[75]
September	Delivery of findings of independent investigation by Lord Darzi	On 11 July, Health Secretary announces independent investigation into NHS performance will be led by Lord Darzi of Denham – with findings to be delivered in September 2024.[76]
(Possibly) September	First Budget could be delivered by Chancellor of the Exchequer.[77]	The Office for Budget Responsibility requires 10 weeks' notice to provide an independent forecast ahead of a Budget. September is the earliest this could be produced.
19 September	Current Mandate for Junior Doctor Strike Action in both England and Wales Ends	The Junior Doctor's committee would be required to re-ballot members for further industrial action at this point.[78] We should note that the HCSA – the Hospital Doctor's Union – has a mandate lasting until December 2024.[79]
22-25 September	Labour Party Conference	Secretary of State for Health and Social Care to deliver keynote speech in Liverpool
26 September	UN General Assembly High-Level Meeting on antimicrobial resistance (AMR), New York	"The hearing is a key moment for stakeholders from across different sectors to contribute, ahead of intergovernmental negotiations on the political declaration."[80]
October	G20 Health Ministers' Meeting in Rio de Janeiro, Brazil. 'Pandemic Prevention, Preparedness and Response, Digital Health, Equity in Health and Climate Change'.[81]	
"Autumn"	Dame June Raine, Chief Executive of the MHRA to stand down[82]	
13 October	End of the First Hundred Days	

74. https://x.com/BMA_JuniorDocs/status/1813925560156033031
75. https://thirlwall.public-inquiry.uk/2024/05/16/inquiry-gives-update-at-the-preliminary-hearing/
76. https://www.hsj.co.uk/quality-and-performance/streeting-orders-independent-investigation-into-nhs-performance/7037461.article
77. https://www.theguardian.com/politics/article/2024/may/28/labour-has-no-tax-surprises-in-election-campaign-rachel-reeves-says
78. https://www.bma.org.uk/our-campaigns/junior-doctor-campaigns/pay/junior-doctors-guide-to-industrial-action-in-england-2024/ballot-for-junior-doctor-strike-action
79. https://www.hcsa.com/news-views/news/2024/04/hcsa-launches-fresh-reballot-of-junior-doctors-in-england.aspx
80. https://www.who.int/news-room/events/detail/2024/09/26/default-calendar/un-general-assembly-high-level-meeting-on-antimicrobial-resistance-2024
81. https://www.g20.org/en/tracks/sherpa-track/health
82. https://www.gov.uk/government/news/mhra-chief-executive-dame-june-raine-to-step-down-later-this-year

Chapter 3 – 'Ruthless Pragmatism' in Action: A Plan for the New Ministerial Team in the Department of Health and Social Care

So how should Ministers approach the first hundred days? This chapter uses statements made by the new Health Secretary (made as Shadow Secretary of State) as a framing device to guide activity during the remainder of the 'first hundred days', namely: to make "every pound work for the taxpayer" and to create a "service more for patients than doctors or politicians". These two statements articulate two clear strands to the Health Secretary's political philosophy: to prioritise fiscal credibility and discipline and to ensure that the balance is tipped toward the needs and interests of the consumer over producers.

6. Making "Every Pound Work for the Taxpayer"

In 1997, an incoming Labour government faced public services under strain, but inherited an economy that had grown between 2.5 and 4 per cent each year since 1993.[83] In 2022/23, total health spending in England was £182bn (having increased by 5.5% on average each year in real terms since 2019/20). The planned budget for 2024/25 is £192bn.[84] At the Spring Budget 2024, the government announced an increase of £2.5bn to NHS England's planned budget as well as £3.4bn in additional capital funding between 2025/26 and 2027/28.[85]

The new Government have committed to the delivery of the NHS Long Term Workforce Plan which the Office for Budget Responsibility notes "implies real growth of 3.6 per cent each year".[86] The Labour manifesto sets out £1.8 billion of additional NHS spending (in cash terms) to 2028–29 – a fairly modest increase – with the then Shadow Health Secretary stating that a Labour Government would not make any funding commitments they could not be sure to keep.[87] Assessing the manifesto commitments as a whole, the Institute of Fiscal Studies has suggested that delivery of pledges will require real-terms funding growth upwards of 3% per year.[88]

The reality is that whilst DHSC has been a protected department in recent fiscal events, it will face a considerable squeeze given demand pressures. To meet forecast healthcare demand, The Health Foundation

83. https://www.prospectmagazine.co.uk/politics/66577/is-labour-ready-for-government-sam-freedman
84. https://www.health.org.uk/publications/long-reads/health-care-funding
85. https://www.gov.uk/government/topical-events/spring-budget-2024
86. https://obr.uk/docs/dlm_uploads/E03057758_OBR_EFO-March-2024_Web-AccessibleFinal.pdf (p. 16)
87. https://ifs.org.uk/articles/how-should-we-interpret-parties-public-spending-pledges-election#an-example:-labour-and-conservative-health-spending-commitments-
88. https://ifs.org.uk/articles/labour-party-manifesto-initial-response

have calculated that the NHS budget (alone) would need to grow at 4.5 per cent above inflation each year over the next five years, falling to 3.8 per cent for the following five years.[89] There is concern meanwhile from some quarters at a growing DHSC budget which constrains the ability of other departments such as housing or local government to deliver effective 'preventative' policies.

Key decisions for the new Health Secretary will emerge immediately in how to handle proposals from the pay review bodies. The doctors' and dentists' remuneration body (DDRB) is due to report in mid-July, with its recommendations likely to have been among the submissions in the new Chancellor's first ministerial box. The impact of 2023/24 pay awards has already affected budget capacity across the NHS and has meant that planned affordability set out at the 2021 Spending Review has been "extremely constrained". The impact of inflation and industrial action has placed further, significant pressures upon budgets.[90] These pressures have already necessitated reprioritisation over the past year, including scaling back capital investment and reducing staff headcount within providers, even prior to deliberations regarding the 2024-2025 pay award.

A difficult question for the new administration to answer will be whether the Treasury foots the bill for any uplift in pay recommended by the pay review bodies, or whether the DHSC is expected to contribute. If they were to opt for the latter approach, the leadership of NHS organisations will be forced to make tough choices over where savings can be made.

This is before we consider plans to deliver pay increases in the social care sector. Labour have pledged to introduce "sectoral collective bargaining" or "Fair Pay Agreements" across the sector, but as Policy Exchange have recently calculated, based upon the model which had – until recently – been in place in New Zealand, the wage bill would increase by approximately £10bn per year of which almost half (£4.2bn) of the cost would fall on the taxpayer, funded via local authorities.[91]

Moreover, under current social care funding plans, a 'cap' of £86,000 will be introduced in England from October 2025, and the 'floor' for means-tested support will increase to £100,000 for both residential and domiciliary care. The Health Foundation have estimated that introducing this version of the cap and floor in England as currently promised could cost around £0.5bn in 2026/27, rising to around £3.5bn by 2035/36.[92] In January, at a select committee hearing, the Permanent Secretary at the DHSC suggested that the Government could be forced into further delays to its social care charging reforms, if – ultimately – it formed the view that councils would be unable to cope with the "big new chunk" of "complicated work".[93]

Notwithstanding the challenge of the funding implications of the existing commitment, the new government will have to decide whether it wishes to proceed with the aforementioned version of the 'capped cost model' or shift to an alternative. As set out in the Care Act 2014 all personal care costs would count towards the cap limit, but more recent amendments now mean that means-tested social care support will not count toward the cap, reducing protections against high costs.[94] The most pragmatic approach in the medium-term, would be to commit to implementing the current capped-model, but to set out ways in which it could become more generous and offer greater protections where the fiscal circumstances allow.

The reality is that Health Ministers will have limited headroom to handle inherited challenges, such as the pay dispute with junior doctors – whilst also pushing forward with the significant range of reforms they seek to achieve whilst in office.

Recommendations

Ministers should announce measures which prioritise policies in five mission critical areas.

1. Improving NHS waiting times for patients:

- By securing £171m for a 'Fit for the Future' fund at the Autumn Statement to deliver an expansion in diagnostic equipment (e.g. CT & MRI scanners);
- For NHS England to begin releasing hospital-level reporting of performance statistics (given this currently takes place at Trust-level only);
- For Ministers to ensure NHS trusts eliminate 'long waits', e.g. 65-week waits in the 'first hundred days' (as set out in NHS operational planning guidance for this year).[95]
- For Ministers to encourage greater coordination of elective caseloads across integrated care system (ICS) footprints, i.e. boosting the use of mutual aid;
- For Ministers to set out plans to orientate NHS focus on measures to reduce the overall size of the elective waiting list (i.e. rather than to focus upon long waiters as was set out in the Elective Recovery Plan in 2022).[96] This should be set out in the Mandate and in forthcoming NHS operational planning guidance.

2. Delivering a 'neighbourhood health system' (and improving access to primary care)

- A white paper should be published, establishing the measures and milestones required to reform primary care, entitled: "Delivering a Neighbourhood Health Service."
- The Health Secretary should announce a new target that by the end of 2024, all GP practices must offer their patients a full range of options to book and manage appointments (i.e. via NHS App, telephone, walk-in) to improve convenience and choice.

89. https://www.health.org.uk/publications/long-reads/how-much-funding-does-the-nhs-need-over-the-next-decade
90. https://assets.publishing.service.gov.uk/media/65e0ac967bc3290011b8c1f1/DHSC-written-evidence-SSRB-2024-2025-pay-round.pdf
91. https://policyexchange.org.uk/wp-content/uploads/One-size-fits-all.pdf
92. https://www.health.org.uk/publications/long-reads/social-care-funding-reform-in-england
93. https://www.disabilitynewsservice.com/government-could-be-forced-into-further-delays-to-social-care-charging-reforms-senior-civil-servant-suggests/
94. https://www.health.org.uk/publications/long-reads/social-care-funding-reform-in-england
95. https://www.england.nhs.uk/wp-content/uploads/2024/03/2024-25-priorities-and-operational-planning-guidance-v1.1.pdf (. 19)
96. https://www.england.nhs.uk/2022/02/nhs-publishes-electives-recovery-plan-to-boost-capacity-and-give-power-to-patients/

3. Boosting the workforce (including doubling medical school places)

- Ministers should announce that medical school places will be expanded for the beginning of the academic year 2025/26).
- An announcement should also be made which sets out proposals to improve working conditions for NHS, such as improvements to rostering, reform of mandatory training and enhancing the Electronic Staff Record.

4. Improving the provision of preventative health services for children

- A white paper should be published in the next hundred days called "The Healthiest Start to Life: Improving Children and Young People's Health over the next decade" which sets out Government's long-term plans and staging posts required to deliver on its pledges to improve child health.

5. Ensuring that effective preparations are made for Winter

- By focusing on boosting uptake of key vaccination programmes, including for influenza and new Respiratory syncytial virus (RSV) vaccines across primary care;
- Developing 'Acute Respiratory Infection Hubs' (where patients can get urgent same-day face-to-face assessment for winter illnesses) across the country
- Extending Discharge-to Assess and increasing the capacity of intermediate (or 'step-down') services; extending seven-day integrated discharge hubs
- Enhancing the provision of protected site(s) for elective activity
- The Health Secretary should chair weekly meetings with key Officials from late July to monitor progress with preparations.

Labour's most significant commitment regarding waiting times is to return to the constitutional target of treating 92% of patients within 18 weeks (the so-called referral-to-treatment target or RTT which has not been achieved since February 2016). Waiting times have great political salience, but are also an important marker of service quality. In the NHS Constitution for England a range of waiting times targets are set out, ranging from waiting times to be seen by an ambulance; to be seen by an accident and emergency (A&E) clinician; to access a diagnostic service; to have an elective procedure; or to access a cancer treatment. There is significant inter-dependence between them.[97]

The waiting list for elective care – currently stands at 7.6m (July 2024 figures). Of this total, 6.4 million individuals are on a 'waiting list' (the total figure indicates some people are waiting for multiple procedures). In 59.1% of cases the patient has been waiting up to 18 weeks, (thereby not meeting the 92% standard set out in the NHS Constitution). In 307,500 cases the patient has been waiting more than 52 weeks, whilst there are 259 cases where a patient has been waiting more than 104 weeks.[98] The total, reported figure (currently 7.6m) has particular salience in the national conversation regarding NHS performance.

This total – some experts have suggested – would need to be halved to reach the constitutional standard over the course of the parliament.[99] The previous Government – through its Elective Recovery Plan – focused attention upon the longest waiters. The latest operational and planning guidance seeks to balance 'clearing' those long waits, whilst also tackling the overall size of the waiting list.[100] The new Government faces a strategic choice: target activity to those who have been waiting the longest, focus on improving median wait times or try to reduce the overall list size.

Focus should – I believe – be oriented toward the latter: to tackling the overall size of the waiting list. To achieve this, greater coordination of caseload across integrated care system (ICS) footprints, i.e. boosting the use of mutual aid would be advantageous – and there is evidence of the benefits this approach is having, such as across Sussex.[101] There must be a resolute focus on diagnostic and outpatient waiting times (where the vast majority of the RTT waiting list is concentrated). Boosting the number of surgical 'hubs' to maximise the productivity of theatre space will also be advantageous and can be an important part of any strategy to protect activity amidst Winter pressures.[102] Lastly, these developments should be coupled with a focus on enhancing 'operational transparency'. NHS England should publish waiting times at the hospital level – rather than the Trust-level alone to continue building up a more granular picture of where differentiation in performance lies.

The Health Secretary has noted "we will go further than New Labour ever did. I want the NHS to form partnerships with the private sector that goes beyond just hospitals."[103] Indeed, some of this work has already begun. In May 2024, it was announced that NHS staff would be provided access to joint pain services via the independent sector – a means of addressing significant levels of ill-health amongst NHS staff themselves and to enhance the occupational health offer available via employers.

Policy Exchange has called for a significant expansion in the provision of occupational health and vocational rehabilitation services a means of tackling the growth in sickness absence, which the new Prime Minister has stated "is choking off growth".[104] In pursuing this approach, the Health Secretary is on the side of the patient. Almost half (46%) of Britons support the NHS using independent sector to expand access to services. 17% oppose, while 30% say they neither support nor oppose it.[105] Considering the possibilities "beyond just hospitals", improved use of voluntary and independent sector should be considered a means to progress other policy objectives too from enabling the delivery of more clinical placements to students (e.g. via occupational health providers).[106]

97. https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/patient-waiting-times

98. https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2024/07/RTT-statistical-press-notice-May24-PDF-only-392K.pdf

99. https://www.insource.co.uk/wait-list-and-longest-waits-all-worsen-in-last-figures-before-election/

100. https://www.hsj.co.uk/quality-and-performance/long-waiters-fall-by-a-third-despite-stubbornly-high-elective-list/7037098.article#:~:text=Trusts%20cut%20the%20number%2065,to%20NHS%20England's%20monthly%20data.

101. https://www.hsj.co.uk/sussex-ics/troubled-ics-diverting-400-electives-each-week-under-new-model/7037448.article?mkt_tok=OTM2LUZSWi03MTkAAAGUNnJJBx_yv0-Bad2fGnwH8a7HtvwV4Dmn4KUGH4bSwRq3-jt4ev7kycgQfRWqtLZ1zfuRi-8HbcdHQp-YtWAgjI0nB72QMZq2-DP24inxu0z79UI0

102. https://www.thetimes.com/article/ba3099ab-a3c3-49db-aff4-8cffd06b4eb4?shareToken=f123275ed1d92925569a6806e7ec00cf

103. https://www.telegraph.co.uk/politics/2024/05/28/wes-streeting-labour-outdo-blair-to-clear-nhs-backlog/

104. https://www.dailymail.co.uk/news/article-13435527/NHS-staff-private-care-joint-pain-working-Labour-cut-waiting-lists.html. For Policy Exchange's recent work, see: https://policyexchange.org.uk/publication/none-of-our-business/

105. https://www.ipsos.com/en-uk/89-percent-of-britons-concerned-about-nhs-strain-46-percent-support-nhs-paying-private-treatment-where-necessary

106. As recommended in: https://policyexchange.org.uk/publication/none-of-our-business/

To demonstrate a commitment to advancing the reform agenda at pace across two other priority areas in the first hundred days, two white papers should be developed:

- A first should set out how a 'neighbourhood health service' can be delivered: "Delivering a Neighbourhood Health Service."
- A second build on proposals included in Labour's recently-published Child Health Action Plan – in addition to wider commitments set out in the 'mission' and manifesto – called "The Healthiest Start to Life: Improving Children and Young People's Health over the next decade".[107]

The contents of these white papers should include the following policy measures (as set out in the manifesto or in mission for health and care:

"Delivering a Neighbourhood Health Service"	"The Healthiest Start to Life"
Manifesto – "Return of the family doctor" • We will guarantee a face-to-face appointment for all those who want one • Deliver a modern appointment booking system to end the 8am scramble.	**Manifesto –** "Digitise the Red Book record of children's health"
Manifesto – "We will trial Neighbourhood Health Centres, by bringing together existing services such as family doctors, district nurses, care workers, physiotherapists, palliative care, and mental health specialists under one roof."	**Manifesto –** "Enable vaccinations for babies and children as part of health visits."
Mission – "Create a Neighbourhood NHS Workforce" • Double the number of district nurses and train 5,000 more health visitors. • Integrated Care Systems (ICSs) to identify opportunities to join up services, including by co-location • Provide everyone with a named care coordinator	**Manifesto –** "Implement the expert recommendations of the Cass Review to ensure that young people presenting to the NHS with gender dysphoria are receiving appropriate and high-quality care."
Mission – "Join up community health and social care services: open new referral routes by instructing the National Institute for Health and Care Excellence (NICE) to make recommendations for further self-referral routes."	**Manifesto –** "Banning advertising junk food to children along with the sale of high-caffeine energy drinks to under-16s."

107. https://labour.org.uk/updates/stories/labours-child-health-action-plan-will-create-the-healthiest-generation-of-children-ever/

"Delivering a Neighbourhood Health Service"	"The Healthiest Start to Life"
Mission – "Further expand the role of community pharmacy" • Accelerate the roll out of independent prescribing	**Mission –** "Establish professional mental health support in every secondary school"
Mission – "Cut red tape to allow pharmacy technicians to do more"	**Manifesto –** "Establish 'Young Futures Hubs' with open access mental health services for children and young people in every community."
Mission – "Join up trained social care staff with community health workers in multidisciplinary teams who support people better at home."	**Manifesto –** "Introduce a supervised tooth-brushing scheme for 3- to 5-year-olds, targeting the areas of highest need."

In a number of areas, significant progress can be made in-year. Consider the proposal to expand mental health professionals by 8,500. The previous Government achieved an increase in the total mental health workforce of 10,342 between 2022 and 2023. (Total workforce in 2023: 146,022 up from 135,680 in 2022).[108] We should note, however, that sections of the mental health workforce have expanded at different rates. Whilst there has been considerable growth in those specialising in general psychiatry, the same cannot be said for those specialising (for instance) in learning disabilities.

Given the political salience of an NHS 'winter crisis' – the Health Secretary should advance preparations throughout the first hundred days. From late July, there should be a focus upon preparations for boosting uptake across key vaccination programmes, including for influenza and new Respiratory syncytial virus (RSV) vaccines; developments to enhance flow in accident and emergency (A&E) departments and to reduce bed occupancy; opportunities to scale-up Discharge-to Assess and to increase the capacity of intermediate (or 'step-down') services; extension of seven-day integrated discharge hubs – particularly at trusts with the greatest delays – and enhancing the provision of protected site(s) for elective activity.[109] In recent years, the NHS has begun to develop combined adult and paediatric 'Acute Respiratory Infection Hubs' where patients can get urgent same-day face-to-face assessment for winter illnesses. There is scope to expand the provision of these services further from this Winter, however.[110]

As mentioned above, the effective introduction of new Respiratory syncytial virus (RSV) vaccines as part of the immunisation schedule represents a useful initial test of their overarching plan –to demonstrate effective planning for Winter, to enhance preventative health and to boost the provision of services 'in the community'. RSV is a common seasonal virus which causes up to 15,000 babies under six months to be hospitalised in England every year.[111] The full-term cost of these admissions costs is roughly £56m per year.[112] For older adults in the UK, it is estimated that RSV leads to 175,000 GP visits and 14,000 hospital admissions each

108. https://www.kingsfund.org.uk/insight-and-analysis/long-reads/mental-health-360-workforce#:~:text=The%20mental%20health%20workforce%20is%20expanding.-A%20large%20number&text=Between%202010%20and%202023%2C%20the,support%20staff%20increased%20by%2045%25.

109. hsj.co.uk LINK

110. https://www.england.nhs.uk/long-read/combined-adult-and-paediatric-acute-respiratory-infection-ari-hubs/

111. https://www.pulsetoday.co.uk/news/clinical-areas/respiratory/gps-to-deliver-first-rsv-vaccination-programme-from-1-september/

112. The average cost per paediatric RSV hospital admission was estimated at £3,735.50 according to a recent study: https://erj.ersjournals.com/content/62/suppl_67/PA520#:~:text=Based%20on%20published%20literature%2C%207.3,and%20%C2%A36%2C618.94%20for%20preterm.

year.[113] The total costs therefore of RSV – just to NHS providers – is likely to be over £100m (that is before you also calculate the costs to the wider economy in absence if parents have to take time off work etc.) RSV has, therefore, proven a significant challenge for the healthcare system over previous winters, so the development of a vaccine – for both children and adults – represents a vital, new tool to prevent hospital admissions.

But in addition to an effective rollout, Ministers should explore how savings which derive from reduced attendances in acute settings could be re-deployed to boost primary and community care services. In the near-term, this should unlock additional resource to tackle priorities, such as funding evening and weekend shifts to optimise elective activity. Ministers should consider ways in which system-wide funding flows could enable a 'prevention rebate' where activity which saves resources elsewhere is (re) allocated to primary and community care services.

Creating a "Service More for the Patient than Doctors or Politicians"

Where in September 1997, the British Medical Association (BMA) were calling for a 10% increase in pay ("as a first step in reducing the gap between the pay of doctors and that in comparable professions, such as lawyers, accountants, and actuaries"), both the scale of the ask by its junior doctors committee and the nature of the relationship between the Government and union is more polarised as they have sought to portray themselves as a 'fighting union', now pushing for "full professional restoration" – an addition to their earlier calls for "full pay restoration".[114]

There are three fronts – all of which are interconnected – that ministers will need to carefully manage with the BMA in the first hundred days:

- Junior Doctors: The Junior Doctor's Committee (JDC) of the British Medical Association have been in dispute with the Government for almost two years. The current mandate for industrial action extends throughout the first 'hundred days' to 19 September.[115] Whilst some in the junior doctor's committee have suggested a change of tack with a different administration and have welcomed recent comments from Mr Streeting during his tenure as Shadow Health Secretary ("I think he's listening…I think shows signs of a potential partner who wants to work with us in good faith"), the reality is that a swift improvement in relations and swift closure to the dispute is no guarantee.[116] Having staged eleven walk-outs in the past two years, a "full walkout" also took place in the immediate run-up to the General Election.[117] The Patient's Association warned that the "only thing" this action would achieve is "disruption to patient care" that will "compromise their health".[118] The JDC have threatened further action unless a "credible offer" is put to its membership.[119]

  In the last financial year, a pay rise averaging almost 9 per cent was put to the JDC, with its leadership allegedly walking out of talks where an additional 3 per cent was discussed. A communication from the JDC with the former Prime Minister (dated 19th June 2024) suggests their ask has increased to a 39 per cent pay rise (citing an ask for current Foundation Year 1 doctor pay at £15.52 per hour to be "restored" to £21.58).[120] Junior doctors in Wales have recently voted to accept a pay offer at 12.4% (backdated to April 2023).[121]

  Ministers should seek to reset relations with the JDC and commit to a timetable of talks over the Summer. A review of the recommendations of the pay review body will ultimately, however, determine the headroom the Government has to increase the current offer. The Health Secretary should set strict red lines for negotiations and reiterate that "the public finances are in a mess. I'm sorry that we will not be able to give junior doctors a 35 per cent pay increase. The money simply isn't there."[122]

  There is a need to ensure that junior doctors are not treated as an exceptional case because any settlement is likely to be regarded as a benchmark. There can, therefore, be no blank cheque.[123] The scope for industrial action to re-emerge on a wider scale remains a risk – indeed we should not forget that disputes at a local level have persisted. The Royal College of Nursing remains in formal dispute with the Government over the 2023-24 pay deal after its members rejected the offer last year, but its members do not currently have a mandate for industrial action.[124]

- General Practitioners (GPs): As of April 2024, the general practitioner's committee (GPC) of the BMA has been in 'dispute' with NHS England.[125] The GPC is currently planning for potential 'collective action' (which would commence from 1 August depending on the result of a ballot closing on Monday 29 July). In the ballot, GP partners are being asked if they are "prepared to undertake one or more examples of collective action" as outlined in the BMA campaign to 'Protect Your Patients, Protect Your Practice'.[126] The "menu" of options put before GP partners by the GPC includes "limiting daily patient contacts per clinician", stopping engagement "with the e-Referral Advice & Guidance pathway", withdrawing "permission for data sharing agreements which exclusively use data for secondary purposes (i.e. not direct care)" and switching off "Medicines Optimisation Software embedded by the local ICB [Integrated Care Board]".[127]

  The GPC has indicated that taking action on one (or some) of this 'menu' of options would represent "a 'first phase' of action, and that 'further escalation' beyond a non-statutory ballot can be stopped if the Government agrees to make 'contractual improvements' in 2024/25 and restore GP funding to 2018/19 levels." Indeed, the GPC are describing industrial action as a "marathon, not a sprint". Free membership of the BMA is being offered to encourage partners to join and to vote in a non-statutory

113. A study of the costs to the Irish healthcare system, where the annual inpatient cost is 3,579EUR per admission, see: https://www.ispor.org/docs/default-source/euro2023/isporeurope23pattersonee404poster133491-pdf.pdf?sfvrsn=16efdaf3_0. Similar costs in England per patient would mean these admissions cost £50.1m per year.
114. https://www.bmj.com/content/315/7110/697.4
115. https://www.bma.org.uk/our-campaigns/junior-doctor-campaigns/pay/junior-doctors-guide-to-industrial-action-in-england-2024/ballot-for-junior-doctor-strike-action
116. https://tribunemag.co.uk/2023/12/low-pay-keeps-the-doctors-away-junior-doctors-strike
117. https://www.telegraph.co.uk/news/2024/05/29/doctors-strikes-week-of-general-election/
118. https://www.patients-association.org.uk/news/patients-association-statement-on-latest-junior-doctors-strikes
119. https://www.thetimes.com/uk/politics/article/junior-doctors-vow-winter-strikes-if-labour-rejects-35-percent-pay-rise-cwmlkq2fz
120. https://www.bma.org.uk/media/1q1fmtex/bma-letter-to-prime-minister-190624.pdf
121. https://x.com/ShaunLintern/status/1806630416050233511
122. https://www.ft.com/content/d6cbf397-e613-4868-b3d2-0fe74c066ca3
123. https://www.ft.com/content/2206974b-7315-4ff9-b50d-97edc9811a0e?accessToken=zwAAAZBfeQZukc8iBpdLcxVP-dO1DZftyYEaDg.MEUCICZ0PXPC-Fi7vHTROyGq-EUR8bAisdKLxP2t8sbfW120AiEAuBkzDH1T4QqizkWlwWDbE0Y9Z56u4r4Mhri6jk890LU&segmentId=e95a9ae7-622c-6235-5f87-51e412b47
124. https://www.rcn.org.uk/news-and-events/news/uk-nhs-england-strike-ballot-results-2023-announced-270623
125. https://www.pulsetoday.co.uk/news/contract/bma-gp-committee-is-now-in-dispute-with-nhs-england/
126. https://www.bma.org.uk/gpcontract#vote
127. These options were all included in the 'menu' as of 3 July 2024: https://www.pulsetoday.co.uk/news/workforce/bma-drops-face-to-face-consultations-only-from-collective-action-options/

ballot which closes on 29 July.[128]

The Additional Roles Reimbursement Scheme (ARRS) has proven a point of contention for some GPs – and discussion concerning it has increased in recent months. A recent evaluation has found "small increases in patient satisfaction and perceptions of access, but not with achievement against QOF" indicators for the scheme and also finds that roles tend to emerge in areas with more GPs "rather than compensating for a shortage of doctors".[129] The Chair of the British Medical Association's Council has gone further, describing ARRS as "a Trojan horse sent into the heart of general practice to replace and substitute doctors."[130] Creating a multi-disciplinary team is a key feature of the 'Neighbourhood Health System' that the new Government are committing to develop. It is of course right, however, that the scheme is modified where necessaru, driven by an appraisal of the evidence to ensure that it does achieve the aim of enhancing capacity across general practice and improving the quality of care provided.[131]

The new Health Secretary should hold firm and level with the GPC that the electoral mandate is such that reforms to the primary care system with an improved 'front door' and key elements delivered 'at scale' by a multi-disciplinary workforce (which ARRS can help to develop) should proceed, whilst solutions ought to be sought in tandem which look to ensure that newly qualified GPs can be recruited and retained by practices. The opportunity should be taken to more effectively link recruitment to areas of greater need given this has been a long-standing issue. A recent analysis from Pulse has found that GP practices in the bottom 10% of funding per patient have around 1,200 patients per clinical staff member, compared with around 600 in the top-funded practices.[132] The previous Government stated that it would reconsider its GP funding uplift offer once the independent pay review body makes a recommendation.[133]

An area which will have significant benefits in seeking to address Ministerial priorities, but also represents an important 'common cause' (and source of substantial grievance) with GPs is in addressing 'interface issues', namely what is often described as 'workload transfer' been primary and secondary care. This should be an area of focus in the coming months. Policy Exchange has described many of the issues at hand and has set out a range of policy proposals to address these issues, in a report entitled Medical Evolution.[134]

- Medical associate professions (MAPs): Following the passage of recent legislation, the General Medical Council (GMC) is – at the time of writing – to become the regulator of MAPs, including physician associates (PAs) and anaesthesia associates (AAs) by December 2024 with a view to moving away from MAPs becoming 'dependent professions'. The BMA has stated that this represents a "dangerous blurring of lines for patients between highly-skilled and experienced doctors, and assistant roles" and has launched a judicial review against the regulator.[135] As one piece in the BMJ has recently put it, "in the wake of growing unrest, plummeting morale, and industrial action, doctors have created an increasingly hostile narrative towards physician associates (PAs) on social media and raised repeated concerns about their impact on patient safety and training opportunities."[136]

  There will be a need for the new Health Secretary to play a critical mediating role to take the heat out of the present debate, but political leadership will also be required: the debate concerning MAPs will likely become one of the sternest immediate tests to a reform agenda. The Royal College of General Practitioner's and Royal College of Physicians are now both recommending amendments to the NHS Loong-Term Workforce Plan to downgrade and reduce commitments to expand the MAP workforce.[137] The Health Secretary should reaffirm a commitment to supporting professional regulation and career development for MAPs. All options – including for alternative regulatory bodies to assume responsibilities for the regulation of MAPs (such as the Health and Care Professions Council (HCPC)) going forward – should be considered.[138]

Recommendation
The Health Secretary should seek to reset relations between the British Medical Association's Junior Doctor's Committee, but should set clear red lines
- A revised pay offer (based upon the findings of the pay review body) should be put to union representatives, whilst a discussion of measures to enhance working conditions should progress in tandem. The Trade Union Act 2016 and Strikes (Minimum Service Levels) Act 2023 should be retained.

Other Actions for the First Hundred Days: The Case for Policy Continuity

There are a range of matters where the new Government has committing to delivering upon commitments made by the previous Government. Two salient examples include the NHS Long-Term Workforce Plan and 'New Hospital Programme' (NHP).

- Ministers should affirm their commitment to these schemes the first hundred days, but they should take time over and beyond the first hundred days to determine their own approach to delivering them. Prior to entering Government, it was suggested that Labour would review all capital schemes – and these is a strong case to do so in their first months in office. Given the scale of the challenge in upgrading the NHS estate, serious questions need to be asked about how this can be financed. To enhance expertise within DHSC, Extended Ministerial Offices should be created – something Policy Exchange has previously recommended.[139] This approach

128. See 0:27-0:29mins LINK
129. https://bjgp.org/content/early/2024/06/25/BJGP.2024.0083
130. https://www.bma.org.uk/what-we-do/annual-representative-meeting/chair-of-council-speech-to-arm-2024
131. https://www.gponline.com/podcast-wes-streeting-labours-plans-general-practice/article/1878824
132. https://www.pulsetoday.co.uk/news/workforce/lowest-funded-gp-practices-have-twice-as-many-patients-per-staff-as-highest-funded/
133. https://www.pulsetoday.co.uk/news/breaking-news/minister-says-gp-funding-uplift-could-increase-after-ddrb-makes-recommendation/
134. https://policyexchange.org.uk/publication/medical-evolution/
135. https://www.bma.org.uk/bma-media-centre/bma-launches-legal-action-against-gmc-over-dangerous-blurring-of-lines-between-doctors-and-physician-associates
136. https://www.bmj.com/content/383/bmj.p2449
137. https://www.pulsetoday.co.uk/news/workforce/royal-colleges-urge-government-to-review-gp-and-pa-workforce-goals/?utm_content=buffer800a9&utm_medium=social&utm_source=twitter.com&utm_campaign=pulsesocial
138. https://www.hcpc-uk.org/globalassets/resources/external-consultations/2017/hcpc-response-to-department-of-health-consultation-on-the-regulation-of-medical-associates.pdf?v=636803114310000000
139. https://policyexchange.org.uk/publication/nhs-capital-and-infrastructure/#:~:text=The%20Department%20of%20Health%20and,48%20new%20hospitals%20manifesto%20pledge.

would also build upon the approach that the Government have already begun to take, via the appointment of ministers with significant sectoral (and Governmental) experience. Perhaps the best example is that of Sir Patrick Vallance, instrumental in setting up the Vaccines Taskforce under the previous administration, and now science minister.[140]

- There are a range of other areas where continuity with the existing policy approach would be beneficial in helping to deliver one of the key aims of DHSC, recently set out by the new Health Secretary to: "get people back to work" and can play an important complimentary role being undertaken by the new work and pensions secretary.[141] As Policy Exchange have recently argued, there is a strong rationale for 'fit note' reform and to continue supporting the 'WorkWell' pilots which seek to develop place-based health and employment services.[142] The findings of the Taskforce on Occupational Health, which has been chaired by Professor Dame Carol Black should be published in the first hundred days, as should the Government's response to last year's consultation on tax incentives in occupational health.[143] Measures which can enhance workforce productivity – and can contribute to the development of a preventative health service should be prioritised in the forthcoming Budget, including introducing tax incentives for businesses who invest in offering greater access to physiotherapy, counselling, occupational health and vocational rehabilitation services.[144] Another recent announcement which went (largely) under the radar was the publication of the Government's vision for "a modern, personalised prevention service that could address all the major conditions and prove transformational for health and the economy".[145] The new Government should also seek to progress this agenda, such as the development of a digitised NHS Health Check (for which funding, already committed, should be maintained).

140. https://www.telegraph.co.uk/politics/2024/07/06/key-blairite-called-in-to-drive-through-nhs-reform/
141. https://www.gov.uk/government/news/secretary-of-state-makes-economic-growth-a-priority; https://www.gov.uk/government/news/back-to-work-plan-will-help-drive-economic-growth-in-every-region
142. For proposals on reform and an analysis of the current use of the 'fit note', see: https://policyexchange.org.uk/publication/not-fit-for-purpose/
143. https://www.gov.uk/government/news/new-occupational-health-taskforce-to-tackle-in-work-sickness-and-drive-down-inactivity
144. These recommendations, and a range of other measures have been set out in a recent Policy Exchange report: https://policyexchange.org.uk/publication/none-of-our-business/
145. https://www.gov.uk/government/publications/making-prevention-everyones-business/making-prevention-everyones-business-a-transformational-approach-to-personalised-prevention-in-england

Recommendations

- Ministers should provide policy continuity from the previous administration. This should include proposals to enhance NHS Productivity, set out in this year's Spring Budget alongside measures to measures to enhance labour market 'inactivity'. Proposed reforms to the 'fit note' should proceed, the recommendations of the Taskforce on Occupational Health should be published and the Government should publish its response to the consultation on Tax Incentives for Occupational Health with its proposed measures introduced at the next fiscal event.
- The Health Secretary should appoint an Extended Ministerial Office to enhance technical expertise and delivery capability within DHSC for key capital investment programmes, such as the 'New Hospital Programme' and to deliver upon proposals for 'digital transformation' of the health and care sector.[146]
- The Government's early legislative agenda – beyond Bills referenced in the King's Speech – should include introducing a statutory instrument to update and reform clinical trials legislation (which the Government committed to in March 2023). Its provisions should be based upon those contained in a 'Future Clinical Trials Bill', set out in a recent Policy Exchange report.[147]

Beyond the First Hundred Days

Included in Labour's manifesto and mission document for health and care are a number of proposals which Policy Exchange is supportive of, but where additional time to consider contents and scope (or the need for legislative change) may be advantageous before they are progressed. Some key examples include:

- A Ten-Year Plan for Health and Care, or 'NHS Plan' 2.0: The new Government have committed to developing a ten-year plan over the coming year to make the health and care services more sustainable "in the face of an ageing society, chronic disease and rising healthcare costs".[148] To inform its development, the Health Secretary has commissioned Lord Darzi to deliver a 'warts and all' assessment of the current performance of the NHS and to deliver his findings by the end of September.[149] The Plan represents an important opportunity to set out how reforms to NHS and social care system can proceed in tandem – and provides an opportunity to link to existing commitments, such as the NHS Long-Term Workforce Plan. In recent weeks, it has been suggested that the Government will launch a Royal Commission into the future of social care provision. Were this to be launched, it should report at pace (given that many of the key challenges and political trade-offs have been discussed at length in recent years) so that its conclusions relating to workforce, unmet need and options for funding reform are included in the Ten-Year Plan, which should constitute a roadmap for reform.[150]

The review also presents an opportunity to build on the work which begun under the previous administration towards a Major Conditions Strategy, but to ensure that multiple and long-term conditions are effectively incorporated.[151] The plan should be

148. https://www.thetimes.com/article/ba3099ab-a3c3-49db-aff4-8cffd06b4eb4?shareToken=f123275ed1d92925569a6806e7ec00cf
149. https://www.gov.uk/government/news/independent-investigation-ordered-into-state-of-nhs
150. See, for instance: https://www.nuffieldtrust.org.uk/research/national-policy-options-to-improve-care-worker-pay-in-england
151. https://www.gov.uk/government/publications/major-conditions-strategy-case-for-change-and-our-strategic-framework/major-conditions-strategy-case-for-change-and-our-strategic-framework--2
146. Policy Exchange has previously made the case for Extended Ministerial Offices. See: https://policyexchange.org.uk/publication/government-reimagined/
147. https://policyexchange.org.uk/publication/what-do-we-want-from-the-kings-speech/

regarded as a means to kick-start a wider policy discussion over how – bearing the trends in the burden of ill-health in mind – years of healthy life can be maximised and how resources can be effectively distributed to those parts of the country where the resource implications (i.e. staff skill-mix and estates provision) will need to shift over the next decade and beyond.[152]

- "Making the NHS App a one-stop shop for health information" – The opportunities presented by the NHS App have been widely discussed and are significant. Indeed, Policy Exchange have in recent reports recommended that the app becomes a 'front door' to primary care ('NHS Gateway'); that the 'red book' is incorporated; that users are able to 'track' their care across providers if they are referred between services and for patients to be able to access high-quality information and to manage appointments with ease.[153] Ministers should instruct the officials in DHSC to examine the legal implications of making health data "owned by the patient" given current data controller arrangements across the NHS. A change in the law may be required, along the lines of a 'Digital Health and Care Bill', which has been previously proposed by Policy Exchange.[154] Work should commence on options to reduce liabilities for information governance upon individual GP practices who remain the 'data controller'.
- "Cut red tape to allow pharmacy technicians to do more" – As Policy Exchange has previously argued, pharmacy technicians should play a greater role in the delivery of adult vaccinations.[155] It is pleasing to see that from September 2024 pharmacy technicians will be able to administer flu vaccinations with a patient group direction.[156] A recent DHSC consultation (which ended February 2024) should be reviewed in order to ensure that pharmacy technicians are able to do more at the earliest opportunity. Proposals may encompass amendments to the Medicines Act (1968) and The Human Medicines Regulations (2012).[157]

There are further policy recommendations where we suggest the Government pause and reconsider the current framing of its commitment(s), or jettison them entirely. For instance:

- "Establish a Royal College of Clinical Leadership to champion the voice of clinicians" – The new Government is right to explore how a more consistent approach can be taken to encourage clinicians to develop leadership skills (and to move into leadership roles) across the NHS. However, based on the present framing of the policy and information available, it is not clear how this proposal differs from initiatives and oversight provided by existing Royal Colleges, nor is there clarity on how this organisation's role would differ from the existing Faculty of Medical Leadership. Therefore, greater scrutiny of this proposal should take place before it is pursued. In its current form, the proposal should not be taken forward.

  More widely, as Steve Black has (rightly) put it, the current framing and focus upon NHS manager regulation "could impose retrospective punishment for managers making bad decisions. But it would most likely have no effect at all on the systems, culture and processes that led to those bad decisions being acceptable."[158] Focus upon the underlying causes would be more valuable. Policy Exchange will shortly set out further thoughts on the future for the management and leadership of NHS services in a forthcoming report.

- "We will establish a mission delivery board at the heart of Government to bring together all departments with an influence over the social determinants of health" There are a great deal of unknowns in how this policy is currently framed, such as whether the proposed board would function like the Life Sciences Council, or if it is to become a new statutory body. The composition of its membership and terms of reference are yet to be clarified, although the Prime Minister has committed to chair each of the 'mission boards' described in Labour' manifesto.

  Based on the present framing, it will be important to ensure the board does not focus upon commitments relating to NHS performance. The Health Secretary and his ministerial team should 'own' the areas defined as mission critical in this report, given it is he who is ultimately accountable to Parliament for the provision and the delivery of health services as set out in statute.

  We also ought to bear in mind that – based upon a recent analysis by the Health Foundation – fourteen separate Government departments have an interest or whose work will in some respects influence the 'social determinants of health'.[159] Would each have a seat at the table? What then of the arms-length bodies (ALBs) and the wide range of private and voluntary sector organisations who would seek to contribute? Unless membership is drawn tightly, objectives defined clearly and mechanisms put in place to ensure deliberations can be delivered, there is a risk that it simply becomes a 'talking shop'.

  A more tightly drawn approach would be more advantageous. Policy Exchange has previously suggested that a 'Health in Work Council' (modelled on the Life Sciences Council) should be developed, including representatives from the Treasury, Cabinet Office, DHSC and Department of Work and Pensions to boost the visibility and leadership of the workplace health agenda across Government. It should include occupational health providers, business representatives (particularly from SMEs) and key clinical

152. The Chief Medical Officer has provided the clearest articulation of the rationale and evidence base to support this in a recent keynote at the Nuffield Trust Summit 2024, https://www.youtube.com/watch?v=lCUY7oSDYBc
153. See: https://policyexchange.org.uk/publication/at-your-service/; https://policyexchange.org.uk/publication/a-fresh-shot/ and https://policyexchange.org.uk/publication/medical-evolution/ for instance.
154. https://policyexchange.org.uk/publication/what-do-we-want-from-the-kings-speech/
155. https://policyexchange.org.uk/publication/a-fresh-shot/
156. https://www.pharmacymagazine.co.uk/nhs-and-health-news/flu-pgd-updated-to-allow-pharm-techs-to-administer-vaccine#:~:text=In%20NHS%20%26%20health%20news&text=Following%20last%20month's%20change%20in,flu%20PGD%20this%20coming%20season.
157. https://www.gov.uk/government/consultations/proposal-for-the-use-of-patient-group-directions-by-pharmacy-technicians/proposal-for-the-use-of-patient-group-directions-by-pharmacy-technicians
158. https://www.hsj.co.uk/daily-insight/the-mythbuster-why-the-nhs-is-beset-with-bad-decision-making/7037422.article?mkt_tok=OTM2LUZSWi03MTkAAAGUMB6vhhHmYnuMSy9Ys-OlxiCVLzh8wQGsg3rzrS4NxYI5xMXQZjJUnEXU5bLKP-pLHZP3SZA2uQ82YP93cYuWjdbir0TiAAUjQPDCJG9ikLjEIC7O
159. https://www.health.org.uk/publications/long-reads/how-can-the-next-government-take-prevention-from-rhetoric-to-reality

representative groups (including from across the NHS also).

Conclusion

This paper has considered how the new Health Secretary and his Ministerial team should approach the remainder of the 'first hundred days', making the case that this initial phase presents an important juncture to provide clarity and confidence in a new administration's motivations and abilities.

It has appraised approaches taken by previous health secretaries and considered the demands likely to confront the new Health Secretary until mid-October – both known commitments (such as a party conference speech) as well as the 'known unknowns', (such as high court hearings and the delivery of external reviews).

Given the volume of challenges which will face Ministers, it has made the case for the necessity to effectively prioritise ministerial time and energy. There is a need to determine the measures which are mission critical and those which are of importance, but where they ought to consult and consider options further – either later in the year, or across the remainder of the parliament.

The paper has made the case for ensuring that focus remains firmly on the policies which matter most to patients, namely: improving waiting times, delivering a neighbourhood health system, boosting the medical workforce and improving the provision of preventative health services for children. Ensuring that effective preparations for Winter proceed in tandem will also be critical. It has sought to determine policy areas where further consultation is required before matters are progressed – or where there are significant issues in the current framing of the policy.

In pursuing these aims, the Health Secretary should continue to advance the rhetorical approach he has brought thus far to health policy reform, emphasising a need for fiscal restraint (and, therefore, credibility) and in championing the needs of the service user. These should remain the two guiding principles which should determine how each and every policy matter is approached.

In doing so, the Health Secretary should continue to emphasise that health and care services are 'under new management' and that their commitment to prioritising improvement against constitutional standards will be the key to improving patient outcomes and staff satisfaction over the course of the parliament.

This will be no mean feat, but the groundwork to deliver upon this mission has been effectively set in Opposition. Now is the time to deliver.

Appendix

Part 1 – Summary of Mission and Manifesto Commitments made by the Labour Party (as of 4 July 2024)

Commitments in shaded orange colour are headline manifesto commitments. Mission 'Streams'[160] are as follows:

- "Change so that more people get care at home in their community"
- "Change so that we have the workforce of the future, with the technology they need".
- "Change so we focus on prevention"

'Mission' Stream(s)	Commitment
1 & 2	**Manifesto** – Cut NHS waiting times with 40,000 more appointments every week (incl. evenings and weekends)
2	**Manifesto** – Double the number of cancer scanners Introduce a new 'Fit for the Future' fund to double the number of CT and MRI scanners.
1	**Manifesto** – Publish a Dentistry Rescue Plan
1 & 3	**Manifesto** – Introduce a supervised tooth-brushing scheme for 3- to 5-year-olds, targeting the areas of highest need.
1	**Manifesto** – Return of the family doctor • We will guarantee a face-to-face appointment for all those who want one • Deliver a modern appointment booking system to end the 8am scramble. • We will bring back the family doctor by incentivising GPs to see the same patient, so ongoing or complex conditions are dealt with effectively.
1 & 2	**Manifesto** – We will trial Neighbourhood Health Centres, by bringing together existing services such as family doctors, district nurses, care workers, physiotherapists, palliative care, and mental health specialists under one roof.
2	**Manifesto** – 8,500 additional mental health staff
2 & 3	**Mission** – Establish professional mental health support in every secondary school
1 & 3	**Manifesto** – Establish 'Young Futures Hubs' with open access mental health services for children and young people in every community.
1 & 2	**Manifesto** – Commit to delivering the New Hospitals Programme
1 & 3	**Mission** - Long-term, whole-Government plan to improve outcomes for people with mental health needs
2	**Mission** – Create a Neighbourhood NHS Workforce • Double the number of district nurses and train 5,000 more health visitors. • Integrated Care Systems (ICSs) to identify opportunities to join up services, including by co-location • Provide everyone with a named care coordinator
1 & 2	**Mission** – Join up community health and social care services: open new referral routes by instructing the National Institute for Health and Care Excellence (NICE) to make recommendations for further self-referral routes.
1	**Mission** – Further expand the role of community pharmacy • Accelerate the roll out of independent prescribing • Cut red tape to allow pharmacy technicians to do more
1	**Mission** – End the workforce crisis in social care. • Introduce better rights at work, decent standards, fair pay and proper training that offers opportunities for progression. • Adult social care subject to fair pay agreement collectively negotiated across the sector. • Join up trained social care staff with community health workers in multidisciplinary teams who support people better at home. • Task regulators with considering allowing social care workers to carry out simple health checks
1	**Manifesto** – Build consensus on the longer-term reform needed to create a sustainable National Care Service. **Mission** – Develop a ten-year plan for social care reform. • Set of national standards based on existing minimum entitlements and legal rights, which national and local government would be required to apply. • A clear point of contact for people who receive care and their families. • Require care providers to demonstrate financial sustainability and responsible tax practices, to value their staff, and to deliver high quality care for service users before they are allowed to receive contracts from local authorities (and before registration from the Care Quality Commission.) • Develop local partnership working between the NHS and social care on hospital discharge, (w/ intermediate care and rehabilitation) • Giving carers paid leave
2	**Mission** – Create 7,500 more medical school places
2	**Mission** – 10,000 more nursing and midwifery clinical placements per year

160. The streams are: (1) "Change so that more people get care at home in their community"; (2) "Change so that we have the workforce of the future, with the technology they need" and (3) "Change so we focus on prevention".

'Mission' Stream(s)	Commitment
2	**Mission** – Ensure comprehensive independent workforce assessments with planning also covering training quality, entrance routes, ongoing professional development roles and the skill mix.
2	**Manifesto** – Implement professional standards and regulate NHS managers, ensuring those who commit serious misconduct can never do so again.
2	**Manifesto** – Establish a Royal College of Clinical Leadership to champion the voice of clinicians
2	**Manifesto** – Introduce an NHS innovation and adoption strategy **Mission** – A plan for procurement, adoption and spread of new technologies • A better mechanism for accountability of commissioners • An approach to identify unnecessary bureaucracy so NHS Trust Drugs and Therapeutic Committees do not unnecessarily re-evaluate products that have already been shown to be clinically and cost effective by NICE. • Reform to the incentives structure for adoption of technology • Work with the CQC to ensure regulation involves speedy adoption of new technology: so that regulatory assessments of healthcare providers involve adoption of new technology to deliver improved care. • Better horizon scanning • Set clearer, centralised direction for future procurement of data systems: so they are genuinely interoperable between providers and, ideally, with wider public services.
1& 2	**Mission** – making the NHS App a one-stop shop for health information. • "All health (and care) providers should publish into it, but all the data would be owned by the patient, who could see it in one place."
1, 2 & 3	**Mission** – Speed up clinical trials recruitment: by making sure that patients who are interested in participating in research can be reached quickly and easily. • Give more people the chance to participate: wherever they live in Britain, rather than having research opportunities concentrated on where the big centres are, by identifying patients who would benefit through NHS data and working with devolved nations so patients can access clinical trials regardless of which NHS they reside in. • Improve the diversity of people who participate: so we test treatments on populations that better reflect the people who need them.
2	**Policy Document**[161] – Ensure that there is a senior official accountable for delivery across organisations within DHSC, who will report to the Life Sciences Council on progress each time it meets.
3	**Mission** – Create a 'health in all policies' national framework. "We will establish a mission delivery board at the heart of Government to bring together all departments with an influence over the social determinants of health, a mission accountability body akin to the Climate Change Committee."

161. https://www.bioindustry.org/static/6d6bb7a2-d7e5-4abc-bad4ee8fc02c1c17/Labours-plan-for-the-life-science-sector.pdf

'Mission' Stream(s)	Commitment
1 & 3	**Mission** – Develop a Children's Health Plan
3	**Mission** – Fully-funded breakfast clubs in every primary school in England
3	**Mission** – Introduce a legally-binding 'Decent Homes Standard 2'
3	**Mission** – Pass a Clean Air Act with stricter statutory targets on air pollution that match World Health Organisation recommendations
3	**Mission** – Set an explicit target to end the Black maternal mortality gap, which sees Black women in the UK four times more likely to die whilst pregnant
1 & 3	**Manifesto** – "Labour will prioritise women's health as we reform the NHS"
1	**Manifesto** – Implement the expert recommendations of the Cass Review to ensure that young people presenting to the NHS with gender dysphoria are receiving appropriate and high-quality care.
3	**Manifesto** – Commission a new HIV action plan in England, in pursuit of ending HIV cases by 2030.
3	**Manifesto** – Labour will reform gambling regulation, strengthening protections. We will continue to work with the industry on how to ensure responsible gambling.
3	**Manifesto** – Banning advertising junk food to children along with the sale of high-caffeine energy drinks to under-16s.
2 & 3	**Manifesto** – Digitise the Red Book record of children's health
3	**Manifesto** – Enable vaccinations for babies and children as part of health visits.
3	**Manifesto** – Introduce legislation to ensure the next generation can never legally buy cigarettes; ban vapes from being branded and advertised to appeal to children to stop the next generation from becoming hooked on nicotine.
3	**Manifesto** – Build on the Online Safety Act, bringing forward provisions as quickly as possible; explore measures to keep everyone safe online, particularly when using social media. We will also give coroners more powers to access information held by technology companies after a child's death.
1 & 3	**Manifesto** – Introduce reforms to the Mental Health Act (1983)

Part 2 – Precedents: Approaches to First Hundred Days by Previous Health Secretaries

This section profiles of the first hundred days of previous health secretaries, focusing upon the early tenure of those who entered government after their party had been in Opposition for a number of years, namely Kenneth Robinson (Labour, 1964), Patrick Jenkin (1979) Frank Dobson (Labour, 1997) and Andrew Lansley (Conservatives/Coalition, 2010).

Kenneth Robinson (Labour, PM Harold Wilson) First Hundred Days: 18 October 1964- 26 January 1965	
Served as Shadow Minister? Yes – Served as opposition health spokesman. Also served as Opposition Whip (1951-1954). We should note that the Health Secretary was not a cabinet position until 1968.[162]	
Overview	• Much of his first year negotiating what became the 1966 GP Charter which 'revolutionised primary care'.[163]
Announcements	• No major announcements made during the first hundred days.
Legislation	• **3rd November 1964 (Day 16) – Queen's Speech:** "My Government… believe that radical changes in the national schemes of social security are essential to bring them into line with modern needs. They will therefore embark at once upon a major review of these schemes. Meanwhile, they will immediately introduce legislation to increase existing rates of National Insurance and associated benefits… Action will be proposed to modernise and develop the health and welfare services. Steps will be taken to increase the number of doctors and other trained staff in the National Health Service. Prescription charges for medicines will be abolished."[164]

Patrick Jenkin (Conservative, PM Margaret Thatcher) First Hundred Days: 4 May 1979 - 12 August 1979	
Served as Shadow Minister? No, before becoming Secretary of State for Health and Social Security, served as Financial Secretary to HM Treasury (1970-1972), Chief Secretary to the Treasury (1972-1974) and as Minister of State for the Department of Energy (1974-1974).	
Overview	• In May 1979, disbanding the Lambeth Health Authority for refusing to implement cuts – a decision later ruled illegal.[165]
Announcements	• **18th July 1979 – Findings of the Royal Commission on the NHS (The Merrison report) were published** having been commissioned by the previous Government. It made a total of 117 recommendations for change in the NHS. Many of the recommendations were not ultimately adopted by the Thatcher Government.[166]

Patrick Jenkin (Conservative, PM Margaret Thatcher) First Hundred Days: 4 May 1979 - 12 August 1979	
Legislation	**15th May 1979:** 'My Ministers will work to improve the use of resources in the National Health Service and to simplify its administration. A Bill will be introduced to facilitate the wider use of private medical care'[167] **The Health Services Bill was introduced in the Autumn of 1979.**[168]

Frank Dobson (Labour, PM Tony Blair) First Hundred Days: 2 May 1997- 10 August 1997	
Served as Shadow Minister? No – had previously held roles as Shadow Secretary of State for Environment, Energy and Transport.	
Overview	• As Professor Rudolf Klein wrote in October 1997 – just beyond the first hundred days – the Health Secretary was engaged "in a curious policy striptease, with more tease than strip"…"We are still left waiting for the promised series of green and white papers translating the government's general aspirations into specific proposals for the NHS and public health".[169] Indeed the new Government's white paper, The New NHS, which set out its first proposals for reforms over a ten-year period were not published until December 1997.[170]
Announcements	• **Health Action Zones (HAZs) were announced (June 1997).**[171] They sought to stimulate collaboration and partnership between public and private agencies in the most deprived communities to tackle health inequalities. They were not successful. One review has stated that "a sense of disillusionment began to set in relatively early in their lifespan, and HAZs soon lost their high profile as the policy agenda filled with an ever-expanding list of new initiatives to transform public services and promote social justice. By the beginning of 2003, much earlier than expected, they were to all intents and purposes wound up".[172]
Legislation	• **14 May 1997 (Day 12) - Queen's Speech:** "My Government will improve the National Health Service, as a service providing care on the basis of need to the whole population. They will bring forward new arrangements for decentralisation and cooperation within the service and for ending the internal market. Legislation will be introduced to clarify the existing powers of NHS Trusts to enter into partnerships with the private sector. A White Paper will be published on measures to reduce tobacco consumption, including legislation to ban tobacco advertising."[173]

162. https://www.hsj.co.uk/home/nhs-politics-just-a-pawn-in-the-game/1330433.article
163. https://www.heraldscotland.com/news/12041308.kenneth-robinson/
164. 'The Queen's Speech, Volume 261', Hansard, 3rd November 1964 [link]
165. https://www.telegraph.co.uk/obituaries/2016/12/21/lord-jenkin-roding-minister-margaret-thatcher-obituary/
166. https://www.nuffieldtrust.org.uk/features/nhs-reform-timeline#1970
167. https://hansard.parliament.uk/lords/1979-05-15/debates/a9317287-bdeb-465b-8a37-45e2126a5c69/TheQueenSSpeech
168. https://www.legislation.gov.uk/ukpga/1980/53#:~:text=An%20Act%20to%20make%20further,with%20or%20with%20persons%20providing
169. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2127674/pdf/9365288.pdf, p. 6
170. https://assets.publishing.service.gov.uk/media/5a7c853740f0b62aff6c2405/newnhs.pdf
171. https://www.bbc.co.uk/news/special/politics97/news/06/0625/dobson.shtml
172. https://academic.oup.com/eurpub/article/16/4/341/644408?login=false
173. https://api.parliament.uk/historic-hansard/commons/1997/may/14/queens-speech

Andrew Lansley (Conservative, Coalition, PM David Cameron) First Hundred Days: 13 May 2010 - 21 August 2010	
Served as Shadow Minister? Yes (was Shadow Secretary of State for 6.5 years from 2004-2010)	
Overview	In contrast to Frank Dobson, a flurry of activity followed Lansley's arrival at the Department of Health, with a number of keynote speeches delivered within the first hundred days in addition to a major white paper. Yet for all this activity, The British Medical Association, Unison and Royal College of Nursing questioned the pace and scale of the proposed reforms which were set out by Lansley.[174]
Announcements	• **8 June 2010 (Day 26):** Speech delivered at event hosted by National Voices and Patients Association at Bromley-by-Bow Centre - Details priorities are: for patients to be "at the heart of everything we do"; to focus on outcomes rather than "politically-motivated process targets, measuring inputs or constant changes to structures"; to empower professionals; to improve public health "as a society"; and to reform social care and better integrate it with healthcare.[175] - States intention to rename local involvement networks to Health Watch, give them greater powers, and create a national Health Watch. But he said he wanted continuity from the existing networks, which were created in 2008 to replace public and patient involvement forums. • **24 June 2010 (Day 42):** Keynote speech to the NHS Confederation conference[176] • 1 July 2010 (Day 50): Keynote address to the British Medical Association Annual Representatives Meeting. • **7 July 2010 (Day 56):** Speech Delivered to Faculty of Public Health, "A new vision for public health" - Calls for a national strategy, ring-fenced public health budget - Cabinet Sub-Committee on Public Health announced (chaired by Lansley) - Health Premium (targeting public health resources towards the areas with the poorest health) announced • **12 July 2010 (Day 61):** Publication of the White Paper, publishing, Equity and Excellence: Liberating the NHS.[177]

174. https://www.bbc.co.uk/news/health-11485982
175. https://www.hsj.co.uk/policy-and-regulation/lansley-outlines-nhs-plans-in-first-public-speech/5015690.article
176. https://mail.healthpolicyinsight.com/?q=node/583
177. https://www.gov.uk/government/publications/liberating-the-nhs-white-paper. For a detailed history of the Lansley reforms, see: https://www.instituteforgovernment.org.uk/sites/default/files/publications/Never%20again_0.pdf

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