

Departmental Spending

Department of Health and Social Care



Day-to-day Spending (Resource DEL)

DHSC spends 38% of total Resource DEL

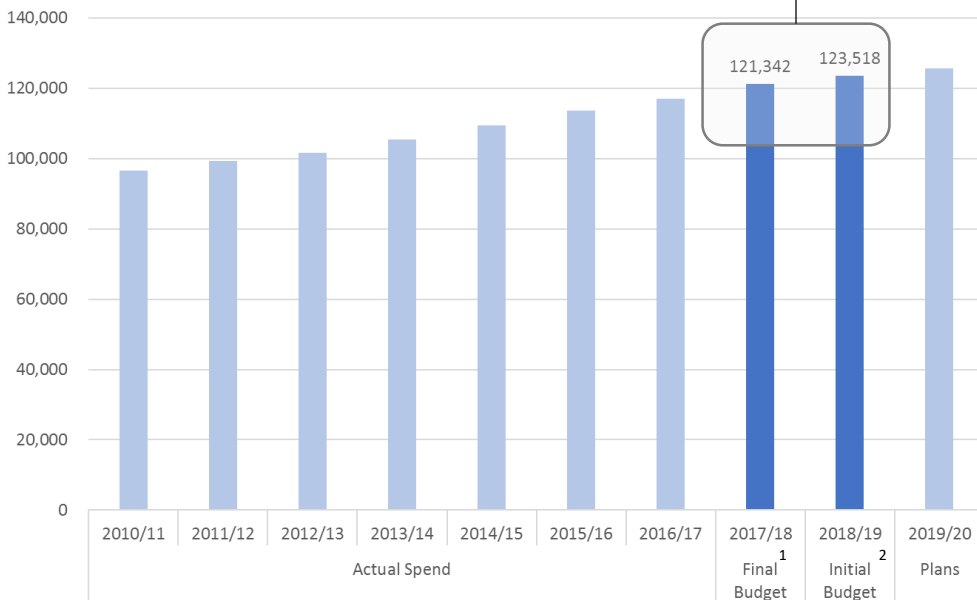
Spending Review 2015

- The SR planned year-on-year increases to the Resource DEL Health Budget with an overall increase of 3.3% in real terms over the period 2015-16 to 2020-21.
- The Autumn 2017 budget revised up future spending totals – including an additional £1.6bn for 2018-19 RDEL.

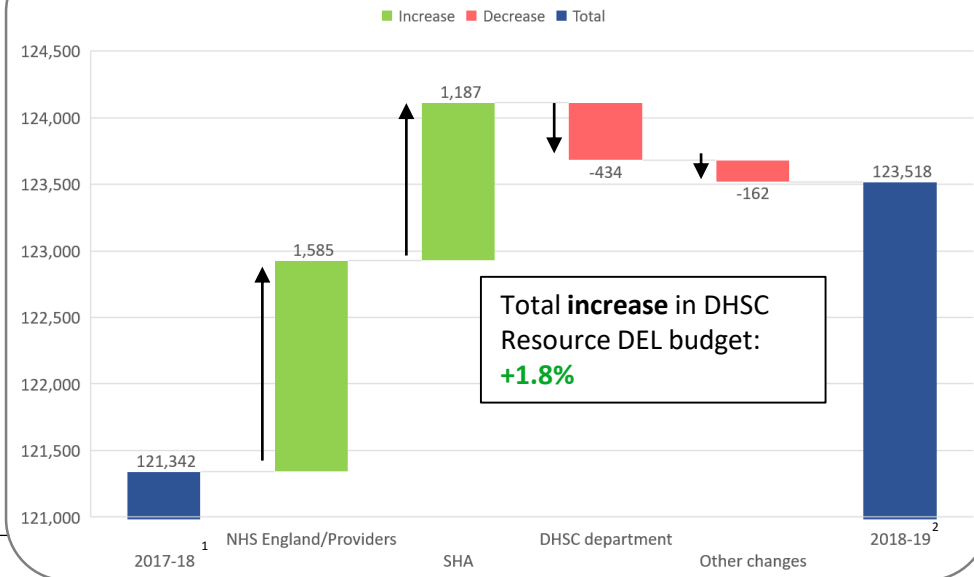
Trends

- Health has seen year-on-year increases in its budget since 2010-11. The initial RDEL budget for 2018-19 is £123.5bn – this represents a 3.1% increase compared to 2010-11.

Long-term spending trends (£m, nominal)



Breakdown of changes in budget from 2017-18 to 2018-19, £m



Changes from last year

- The total Resource DEL budget compared to the prior year has increased by £2.2bn (+1.8%) to £123.5bn.
- The Estimate indicates increases for NHS England/Providers and SHAs, and decreases for the core Department.
- The Estimates are likely to change during the year – the overall figure in the Estimates for NHS England does not reconcile to the figure included in the Financial Directions to the NHS.
- The budget for RDEL spending also may increase if, as has been the case over the last few years, funding is switched from CDEL at the Supplementary Estimate.

¹ Final budget at Supplementary Estimates 2017-18 (Feb 2018)

² Initial budget as at Main Estimates 2018-19 (April 2018)



Investment Spending (Capital DEL)

DHSC spends 10% of total Capital DEL

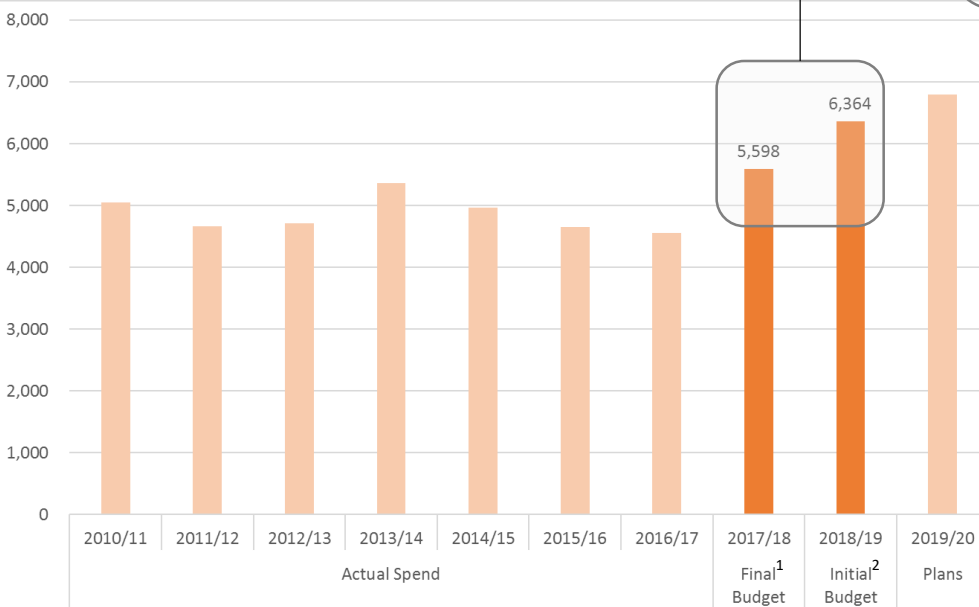
Spending Review 2015

The SR forecast CDEL to stay the same in cash terms over the period - at the Budget in Autumn 2017 budgets were increased.

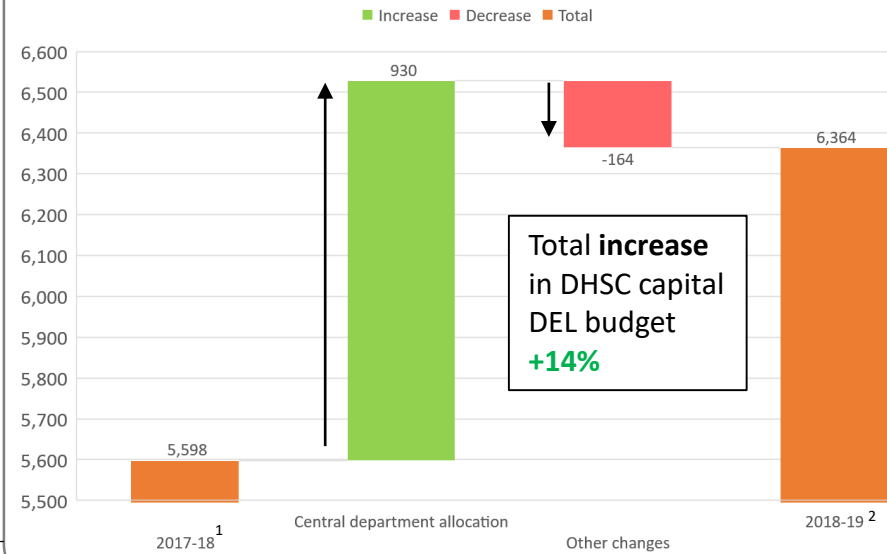
Trends

- The 2018-19 budget is 11% higher in real terms than it was in 2010-11.
- The most recent data shows a significant amount of backlog maintenance on the health estate.
- As well as investment in buildings CDEL includes items such as IT, R&D and equipment.

Long-term spending trends (£m, nominal)



Breakdown of changes in budget from 2017-18 to 2018-19, £m



Changes from last year

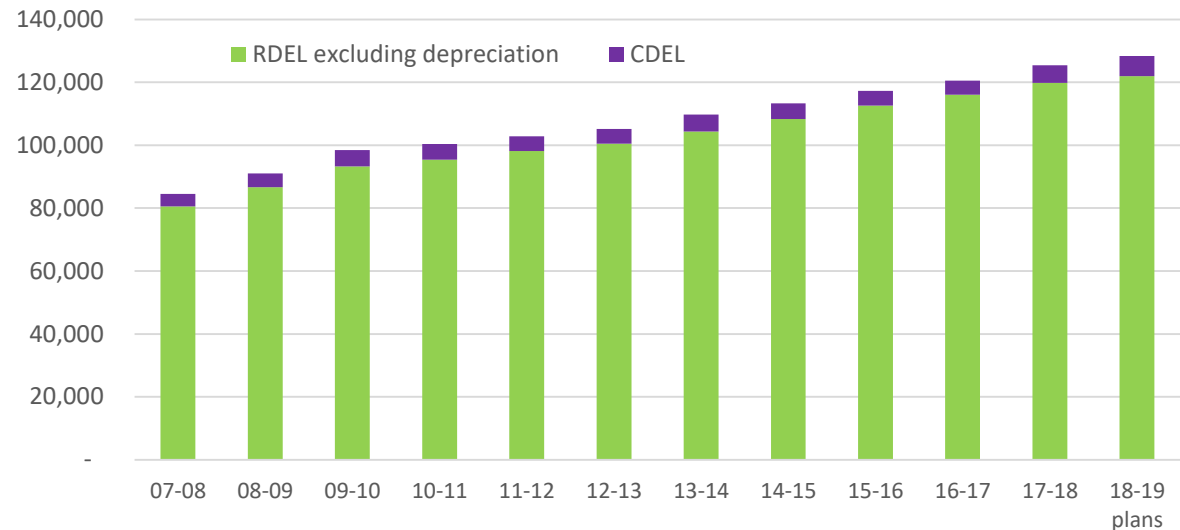
- CDEL is currently forecast to increase from £5.6bn to £6.4bn, a 14% year-on-year increase.
- This increase has been allocated to the central department – these budgets may well be allocated to different parts of the health system during 2018-19.
- The final budget for CDEL may well reduce during the year. Over the past few years significant sums which were initially earmarked for capital investment have been transferred to RDEL at the Supplementary Estimate.

¹ Final budget at Supplementary Estimates 2017-18 (Feb 2018)

² Initial budget as at Main Estimates 2018-19 (April 2018)



Total DEL funding, nominal (£ million)



Source: [DHSC 2016-17 accounts, Annex A – Core Tables](#) with updated data for 17-18 and 18-19 from Estimates

Health spending has increased year-on-year

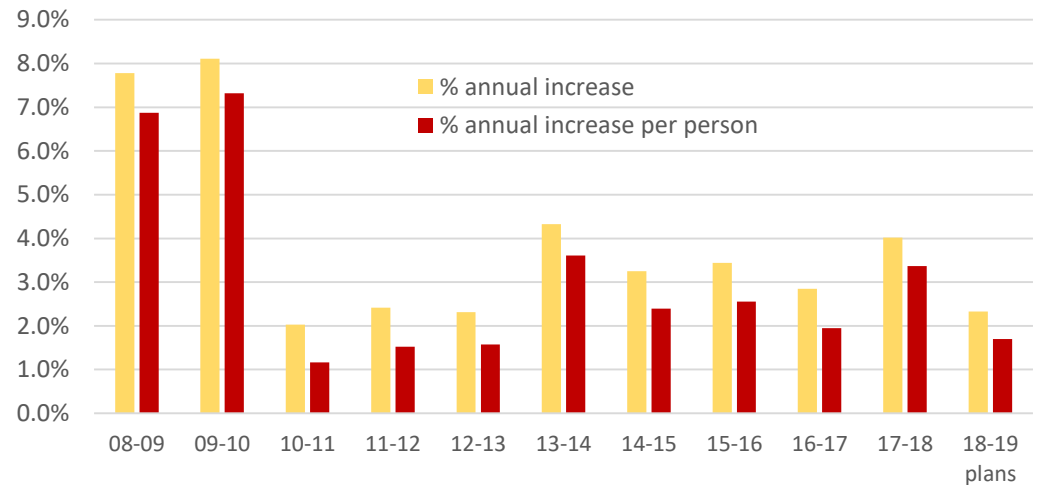
- The Department of Health and Social Care is one of the few Departments which has seen year-on-year increases in its budget since 2010-11 (see [slide 8](#)).
- Provisional figures show that Total DEL funding (which is a measure of cash spending as it excludes non-cash depreciation) stood at £125.4bn in 2017-18 - this represents an average increase of around 3% a year compared with spending in 2010-11.

Annual spending increases since 2010-11 are lower than previous years and also lower when population growth is taken into account

- Annual spending increases in Total DEL (TDEL), compared to the prior year, were over 7% in both 2008-09 and 2009-10. Since 2010-11 annual increases have rarely been above 4%.
- Given that the population is rising, annual increases per person (England) are lower and have been below 2% on a number of occasions.

Note – The calculated increase for 2018-19 is based on the Main Estimate which may be revised at the Supplementary Estimate. Population figures used are on a calendar year basis and for the last two years are extrapolated from ONS projections.

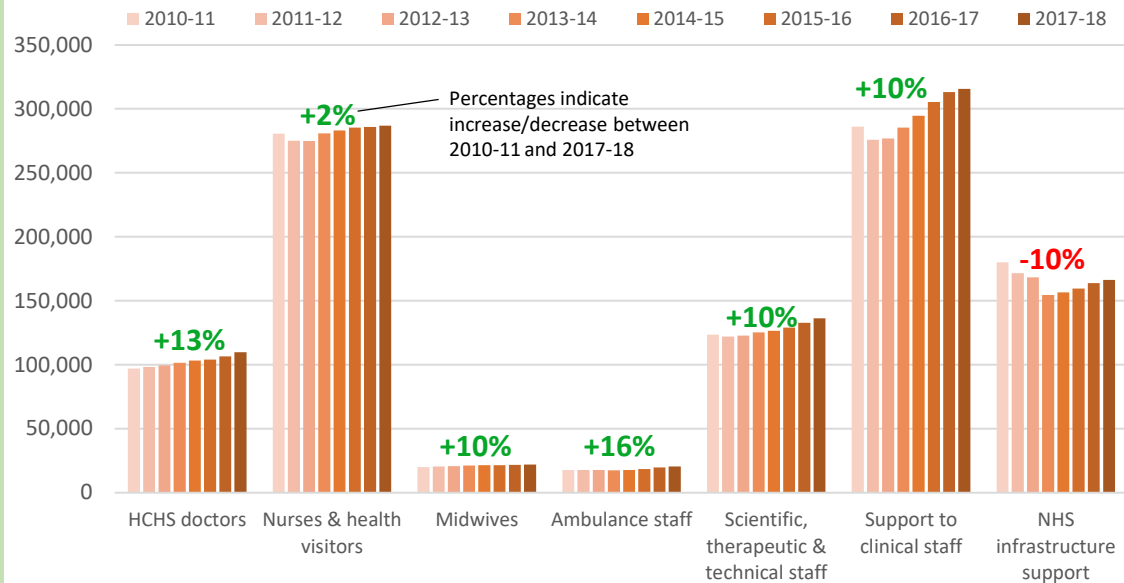
Total DEL funding annual increase – overall and per person (England)



Source: Spending data from [DHSC 2016-17 accounts, Annex A – Core Tables](#) with updated data for 17-18 and 18-19 from Estimates, Population data from ONS - [England population estimates to 2016](#), & [Population projections](#)



NHS workforce FTE (excluding GPs) – 2010-11 to 2017-18



Data source: NHS England, [A&E Attendances and Emergency Admissions 2018-19 - timeseries](#)
 Figures are taken from last month of financial year – i.e. workforce numbers for 2010-11 are taken from March 2011

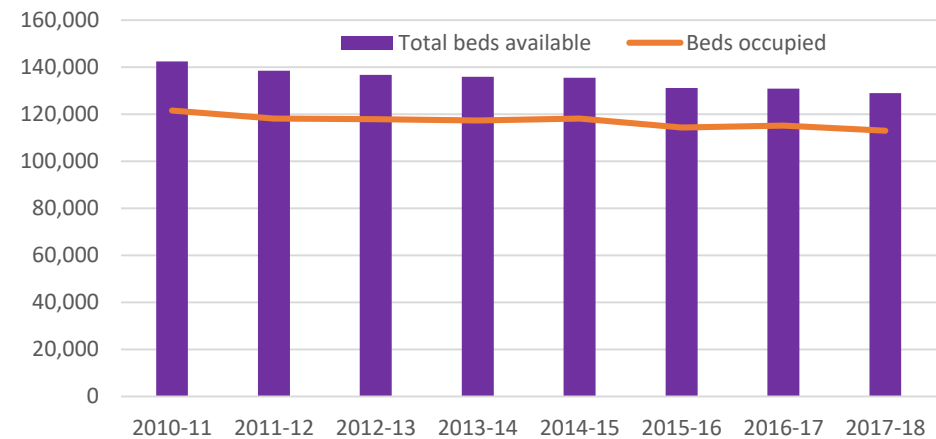
Staff working in Trusts and CCGs have increased since 2010-11, but in recent years GP numbers have fallen

- Total FTE (Full Time Equivalent) staff numbers in Trusts and CCGs has increased by 5% between 2010-11 and 2017-18.
- At the end of 2017-18 staff numbers were higher in all areas with the exception of infrastructure support which includes estate staff and managers
- Nurse and health visitor numbers initially declined but since 2012-13 has increased. However the overall increase of 2% is lower than the other categories.
- GPs numbers are not included in this chart. However the most recent data shows that the GP FTE numbers were 34,091 in 2017-18, a 2.2% fall compared to 2016-17 and 2.8% lower than 2015-16.

Average total number of beds available and occupied has declined since 2010-11

- Average daily number of beds available across the NHS in England has declined by 9% since 2010-11.
- The number of beds occupied has also declined but at a slower rate (7% lower since 2010-11). The occupation rate has therefore slightly increased over the period.
- “Most other advanced health care systems have also reduced bed numbers in recent years. However, the UK currently has fewer acute beds relative to its population than almost any other comparable health system.” ([Kings Fund](#), 2017)

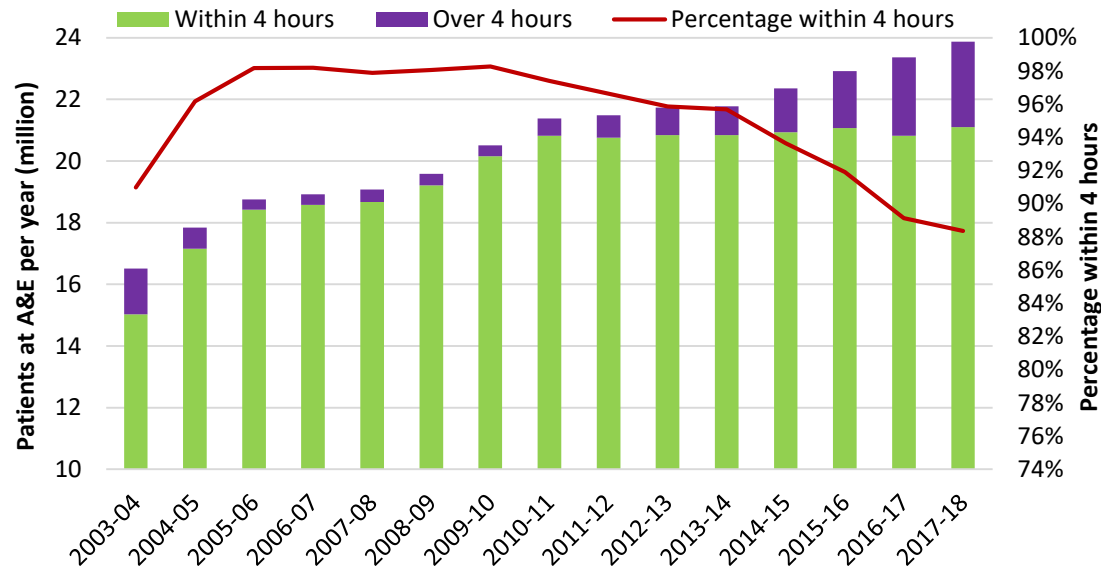
Average daily number of beds and available and occupied (England)



Data source: NHS England, [Bed Availability and Occupancy Data](#)
 Monthly figures have been averaged to give an average for the year



A&E attendances and performance within 4 hours (England)



Data source: NHS England, [A&E Attendances and Emergency Admissions 2018-19 - timeseries](#)

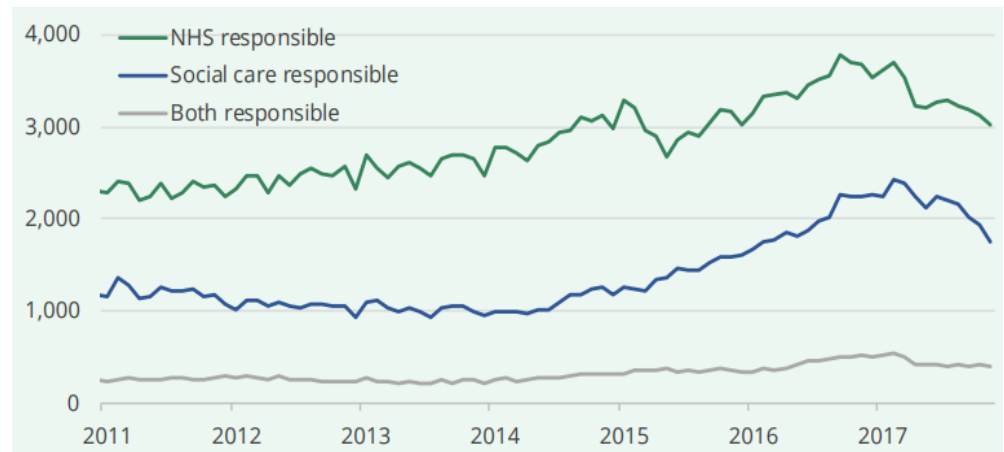
A&E activity performance measures are deteriorating as demand increases

- The proportion of patients attending A&E that were admitted, transferred or discharged within 4 hours has fallen below 90% since 2016-17.
- The actual number of patients admitted, transferred or discharged within 4 hours has not decreased between 2010-11 and 2017-18. The performance seems to have deteriorated due to the NHS being unable to keep up with higher demand.
- Between 2010-11 and 2017-18 total A&E admissions increased by around 12% (on average 1.6% a year). This is higher than the growth in population during the period which was around 6% (on average 0.8% a year).

Delayed transfers rose substantially between 2013 and late 2016, but fell in 2017

- In the first eleven months of 2017 there were 1.97 million 'delayed days' due to delayed transfers of care – an average of 5,904 each day. This is over 50% higher than the average in 2011.
- The increase in delays over the past five years has been due to both NHS-related and social care-related delays - delays due to social care doubled over this period, while delays due to the NHS rose by 35%.
- Over 2017, social care delays fell faster than NHS delays.

Average daily 'delayed transfer of care' by responsible organisation



Data source: Houses of Commons Library, [NHS Key Statistics: England, January 2018](#)

