



National Audit Office

An Overview of the
**Department of Health
& Social Care**

for the new Parliament 2023-24

February 2025

[OVERVIEW](#)

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1 Introduction to the National Audit Office

Welcome to our Overview of the Department of Health & Social Care, part of our series of Overviews for the new Parliament, covering government departments and cross-cutting issues.

The National Audit Office (NAO) is the UK's independent public spending watchdog and is responsible for scrutinising public spending for Parliament. We audit the financial accounts of all departments, executive agencies, arm's-length bodies, some companies and charities, and other public bodies. We also examine and report on the value for money of how public money has been spent.

The NAO is independent of government and the civil service. The NAO's wide remit and unique access rights enables us to investigate whether taxpayers' money is being spent in line with Parliament's intention and to respond to concerns where value for money may be at risk.

We support all Members of Parliament to hold government to account and we use our insights to help those who manage and govern public bodies to improve public services. In 2023, the NAO's work led to a positive financial impact through reduced costs, improved service delivery, or other benefits to citizens, of £1.59 billion.

We are funded by, and accountable to, Parliament. As an Officer of the House of Commons, I am committed to ensuring that we support you and your staff in your work as a Member of Parliament, and your scrutiny of public spending and performance.

Our dedicated Parliamentary team can offer you support and put you in touch with our experts on subjects of interest to you and your constituents. If you would like more information about our work, or to arrange a briefing with me or one of my teams, please contact our Parliamentary Relations team at parliament@nao.org.uk.



Gareth Davies

COMPTROLLER & AUDITOR GENERAL
NATIONAL AUDIT OFFICE

Gareth Davies was appointed Comptroller & Auditor General (C&AG) in June 2019. He was appointed by the Monarch, following the approval of the House of Commons.

The C&AG has statutory authority to examine and to report directly to Parliament on whether government departments and other public sector bodies have spent taxpayers' money in the way Parliament intended. The C&AG and his staff are totally independent of government.

Gareth is a Fellow of the Chartered Institute of Public Finance and Accountancy and a Fellow of the Institute of Chartered Accountants in England and Wales. He is a non-executive Board member of the INTOSAI Development Initiative (IDI), which supports Supreme Audit Institutions (SAIs) in developing countries to sustainably enhance their performance and capacity.

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2 How the NAO can help you as a Member of Parliament

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How we support Parliament

We produce reports:

- on the annual accounts of government departments and their agencies;
- on the economy, efficiency and effectiveness with which government has spent public money; and
- to establish the facts where there are concerns about public spending issues.

We do not question government policy objectives. We look at how government has spent money delivering those policies and if that money has been used in the best way to achieve the intended outcome.

What we can offer

Through our website or our Parliamentary Relations team, MPs, peers and staff can:

- request a personal briefing on areas of our work that are of interest to them;
- sign up to receive embargoed copies of our reports on subjects of interest;
- make general queries about public spending, or raise concerns with us about value for money; and
- request advice on understanding and scrutinising departments' annual reports and accounts.

Resources available on our website

- **Reports:** Reviews of public spending and how well government is delivering.
- **Insights:** Learning and best practice to help people across government and the wider public sector.
- **Overviews:** Factual overviews of government departments, sectors and services.
- **Work in progress:** Our schedule of future publications.
- **Briefings:** Background information and factual analysis to support Select Committees.

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How to get in touch

- Via our Parliamentary email inbox: parliament@nao.org.uk.



Auditing the accounts of all government departments and public organisations, helping assure money is being spent the way Parliament intended



Reporting to Parliament on the value for money of how public money has been spent and what has been achieved



Sending you embargoed copies of our reports before they are available to the public



Providing briefings to you or a member of your team on our work



Providing advice and training on examining government departments' annual reports and accounts



Giving evidence to Select Committees



Our fortnightly newsletter with our latest reports and new work



You can write to us with any queries or concerns about the misuse of public money or behaviour in public bodies we audit

3 About this Overview

This report has been produced to provide an introduction to the Department of Health & Social Care (DHSC) and the NAO's examination of its spending and performance. **It is intended to support the Committee of Health & Social Care and Members across the House in their examination of DHSC.**

It summarises the key information and insights that can be gained from our examinations of DHSC and related bodies in the sector in England, and of DHSC's annual report and accounts. DHSC spent **£191.3 billion in 2023-24.**

The report includes:

- DHSC's priority outcomes and main activities supporting those outcomes;
- how DHSC is structured;
- how DHSC spent its money in 2023-24;
- finance and resources;
- infrastructure;
- improving people's health;
- things to look out for; and
- where to find more information about DHSC.

This report updates our previous report [Department of Health & Social Care: Departmental Overview 2020-21](#), published in August 2022.

How we have prepared this report

The information in this report draws on the findings and recommendations from our financial audit and value-for-money work, and from publicly available sources, including the annual report and accounts of DHSC and its bodies.

We have cited these sources throughout the guide to enable readers to seek further information if required. Where analysis has been taken directly from our value-for-money or other reports, details of our

audit approach can be found in the Appendix of each report, including any evaluative criteria and the evidence base used.

Other analysis in the guide has been directly drawn from publicly available data and includes the relevant source as well as any appropriate notes to help the reader understand our analysis.

Other relevant publications

More information about our work on DHSC, as well as information about our other recent and upcoming reports can be found on the [NAO website](#).



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The Department of Health & Social Care (DHSC) supports its ministers in leading the nation's health and care system. Its objectives are to help people live more independent and healthier lives, for longer, creating a safe and high-quality health and care system. It delivers these objectives in conjunction with its arm's-length bodies, which include NHS England (NHSE), National Institute for Health and Care Excellence (NICE), UK Health Security Agency (UKHSA), the Care Quality Commission (CQC) and the Medicines and Healthcare products Regulatory Agency (MHRA).

Priority outcome	Department's description of achievements in 2023-24	Related sections of this Overview
1 Protect the public's health through the health and social care system's response to COVID-19	<ul style="list-style-type: none"> The spring 2023 COVID-19 vaccination programme ran in England from April 2023 to June 2023, for everyone living in care homes for older people; all those aged 75 or over; and all those with immunosuppression aged 5 or over. The autumn COVID-19 vaccination and seasonal flu vaccination programmes both started in September 2023 in England with the aim of allowing both vaccines to be given at the same time for eligible people where practical. 	COVID-19 Inquiry, pages 11 and 23
2 Improve healthcare outcomes by providing high-quality and sustainable care at the right time in the right place and by improving infrastructure and transforming technology	<ul style="list-style-type: none"> During 2023-24, DHSC focused on recovering emergency, elective and primary care performance in the NHS. DHSC noted that amid 'widespread industrial action' the NHS made progress on delivering many of the actions in the <i>Delivery plan for tackling the COVID-19 backlog of elective care</i>. DHSC noted that work was also undertaken in collaboration with NHSE to progress the <i>Data saves lives: reshaping health and social care with data</i> strategy, aimed at reshaping health and social care through improved data use. 	<p>NHS financial management and sustainability, pages 12, 18, 19 and 24</p> <p>Progress with the New Hospital Programme, page 16</p> <p>Access to elective and dental care, pages 18, 23 and 25</p> <p>Access to unplanned or urgent care, page 19</p> <p>Mental health, pages 11 and 20</p>
3 Improve healthcare outcomes through a well-supported workforce	<ul style="list-style-type: none"> In June 2023, NHSE published the <i>NHS Long Term Workforce Plan</i>, setting out steps to train, retain and reform the NHS workforce. Industrial action continued throughout 2023-24, affecting the scheduling of appointments and operations across acute NHS trusts. Negotiations progressed throughout the year and, during 2024-25, agreements were reached with the NHS Staff Council (representing the collective of Agenda for Change), unions representing consultants and speciality and specialist doctors, and the British Medical Association junior doctors committee. 	<p>NHS Long Term Workforce Plan, pages 11, 15 and 24</p> <p>Staff views DHSC, page 14</p>

Section 4:

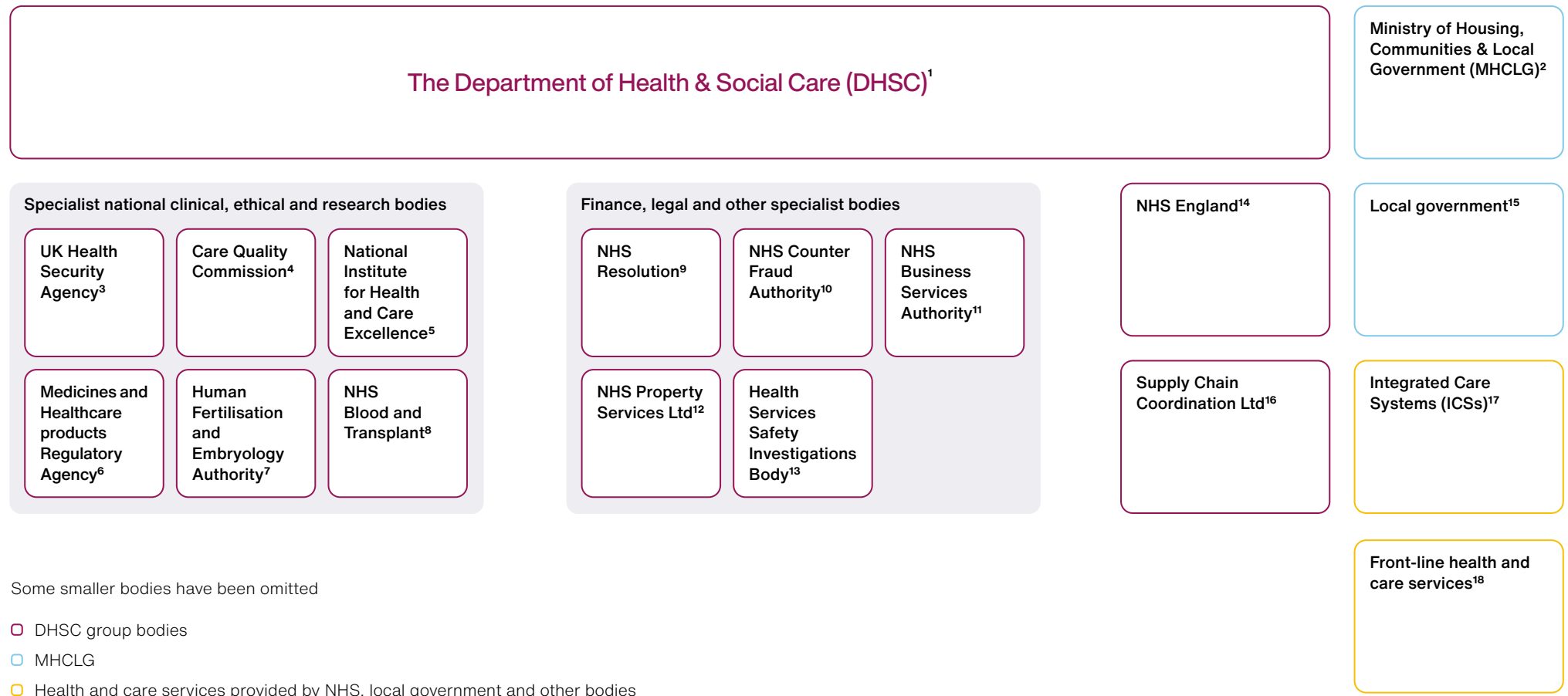
The Department of Health & Social Care *continued*

Priority outcome	Department's description of achievements in 2023-24	Related sections of this Overview
4 Improve, protect and level up the nation's health, including reducing health inequalities	<ul style="list-style-type: none"> The <i>Major conditions strategy: case for change and our strategic framework</i> (published August 2023) set out the approach to health and care delivery to improve outcomes and better meet the needs of the population. In February 2023, the then government published <i>The Best Start for Life: A progress report on delivering the Vision</i>, which set out the progress made on delivering the best start for life. 	Progress in preventing cardiovascular disease, pages 21 and 25
5 Improve social care outcomes through an affordable, high-quality, and sustainable adult social care system	<ul style="list-style-type: none"> DHSC set out its priorities for reform for 2023-24 and 2024-25 in the <i>Next Steps to put People at the Heart of Care</i> policy paper in April 2023. It noted that progress against these priorities in 2023-24 included a national career pathway for adult social care, a new assessment framework for local authority assurance, and funding for scaling of innovations in technology and beyond. <i>Care data matters: a roadmap for better adult social care data</i> (published in December 2023), set out the changes needed for how adult social care data are collected, shared and used. CQC was given new powers to assess local authorities in the Health and Care Act 2022. The adult social care outcomes framework was updated in December 2023 to help ensure that the framework aligned with the Care Act 2014. In December 2023, CQC started assessing how well local authorities deliver their duties under Part 1 of the Care Act 2014. 	Adult social care, page 22

Source: Department of Health & Social Care, *Annual Report and Accounts 2023-24*, December 2024

5 The structure of the health and care system

The structure of the health and care system



Section 5:

The structure of the health and care system *continued*

The structure of the health and care system *continued*

Notes

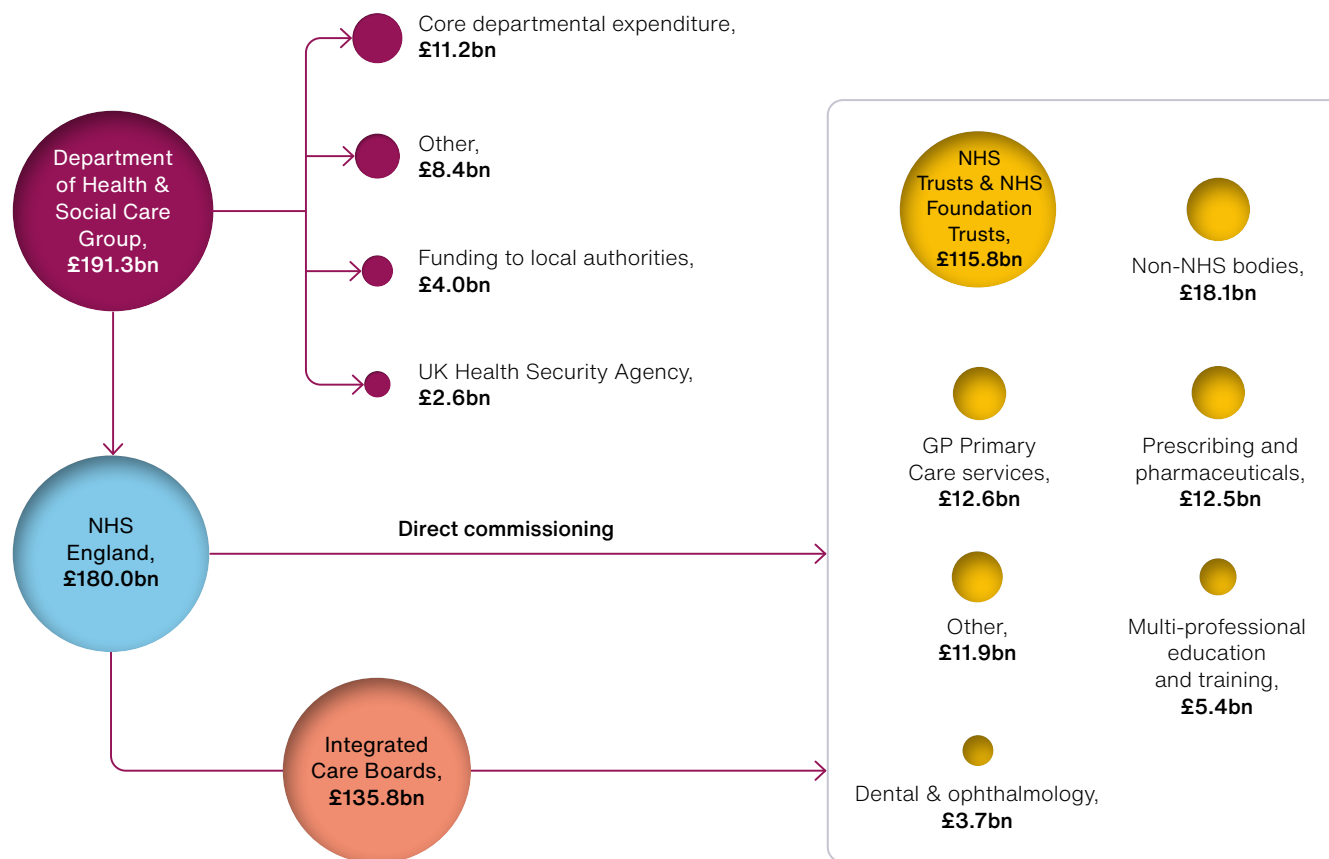
- 1 The Department of Health & Social Care (DHSC): Provides support and administration across the group. Provides advice to ministers.
- 2 Ministry of Housing, Communities & Local Government (MHCLG): Provides funding to and has overall oversight of local government.
- 3 UK Health Security Agency: Prevents, prepares for and responds to infectious diseases and environmental hazards and works to build health security capacity.
- 4 Care Quality Commission: The independent regulator of health and adult social care in England.
- 5 National Institute for Health and Care Excellence: Produces guidance for health and care practitioners and assessments of evidence for new health technologies.
- 6 Medicines and Healthcare products Regulatory Agency: Regulates medicines, medical devices and blood components for transfusion in the UK.
- 7 Human Fertilisation and Embryology Authority: The regulator of fertility treatment and human embryo research in the UK.
- 8 NHS Blood and Transplant: Provides a blood and transplantation service to the NHS.
- 9 NHS Resolution: Manages clinical negligence costs.
- 10 NHS Counter Fraud Authority: Identifies and investigates fraud, bribery, and other economic crime in the NHS.
- 11 NHS Business Services Authority: Delivers business services to the NHS.
- 12 NHS Property Services Ltd: Manages part of the NHS estate.
- 13 Health Services Safety Investigations Body: Independent body with the powers to conduct investigations into incidents which occur during the provision of healthcare.
- 14 NHS England:
 - Leads the NHS in England.
 - Sets the national direction for the NHS, allocates resources and ensures accountability.
 - Allocates funding to and oversees **Integrated Care Boards**, which commission most services.
 - Runs national IT systems and the collection, analysis, publication, and dissemination of health data.
 - Responsible for the education and training of the health workforce, having merged with Health Education England in April 2023.
- 15 Local government:
 - Commissions public health services which are mainly funded through a ring-fenced Public Health Grant.
 - Responsible for ensuring the care needs of the local population are met. Oversees and funds some adult and children's social care services.
 - Participates in new **Integrated Care Partnerships**.
- 16 Supply Chain Coordination Ltd: The management function of NHS Supply Chain and the legal entity through which NHS Supply Chain undertakes its procurement services and transacts with customers and supplier.
- 17 Integrated Care Systems (ICSs): There are 42 ICSs in England which are local partnerships that bring health and care organisations together to develop shared plans and joined-up services. Within each system:
 - The **Integrated Care Board (ICB)** is overseen by NHS England and leads its local ICS. ICBs are responsible for planning most NHS services in their area including commissioning healthcare services.
 - The **Integrated Care Partnership (ICP)** is a broad alliance of NHS organisations, local authorities and wider stakeholders. Each ICP must develop a long-term strategy to improve health and social care services in the area.
- 18 Front-line health and care services:
 - **NHS trusts:** Hospitals, mental health services and ambulance services.
 - **Community health:** GPs, dentists, pharmacists and optometrists.
 - **Public health:** Childhood immunisations, health visitors, sexual health services, drug and alcohol treatment and other services.
 - **Social care:** Funded by a mix of local government and private fees, delivered by a range of public, private and third sector provider models.

Source: Department of Health & Social Care, *Annual Report and Accounts 2023-24*, December 2024

6 Spending by DHSC and its bodies 2023-24

- During 2023-24, DHSC spent £191.3 billion, the vast majority of which through its arm's-length bodies and other parts of the health sector.
- NHSE was the largest recipient of DHSC funding and, through it, NHS providers including hospital trusts. NHSE funded hospital services, primary care and medicine costs both directly and through Integrated Care Boards.
- DHSC also provided funding worth £4.0 billion to local authorities directly. Not visible in the diagram is the capital spending of DHSC and its bodies, which amounted to an additional £8.2 billion during 2023-24, mainly spent on projects such as new equipment and the construction of new hospitals.

Revenue spending by the Department of Health & Social Care (DHSC) and its bodies, 2023-24

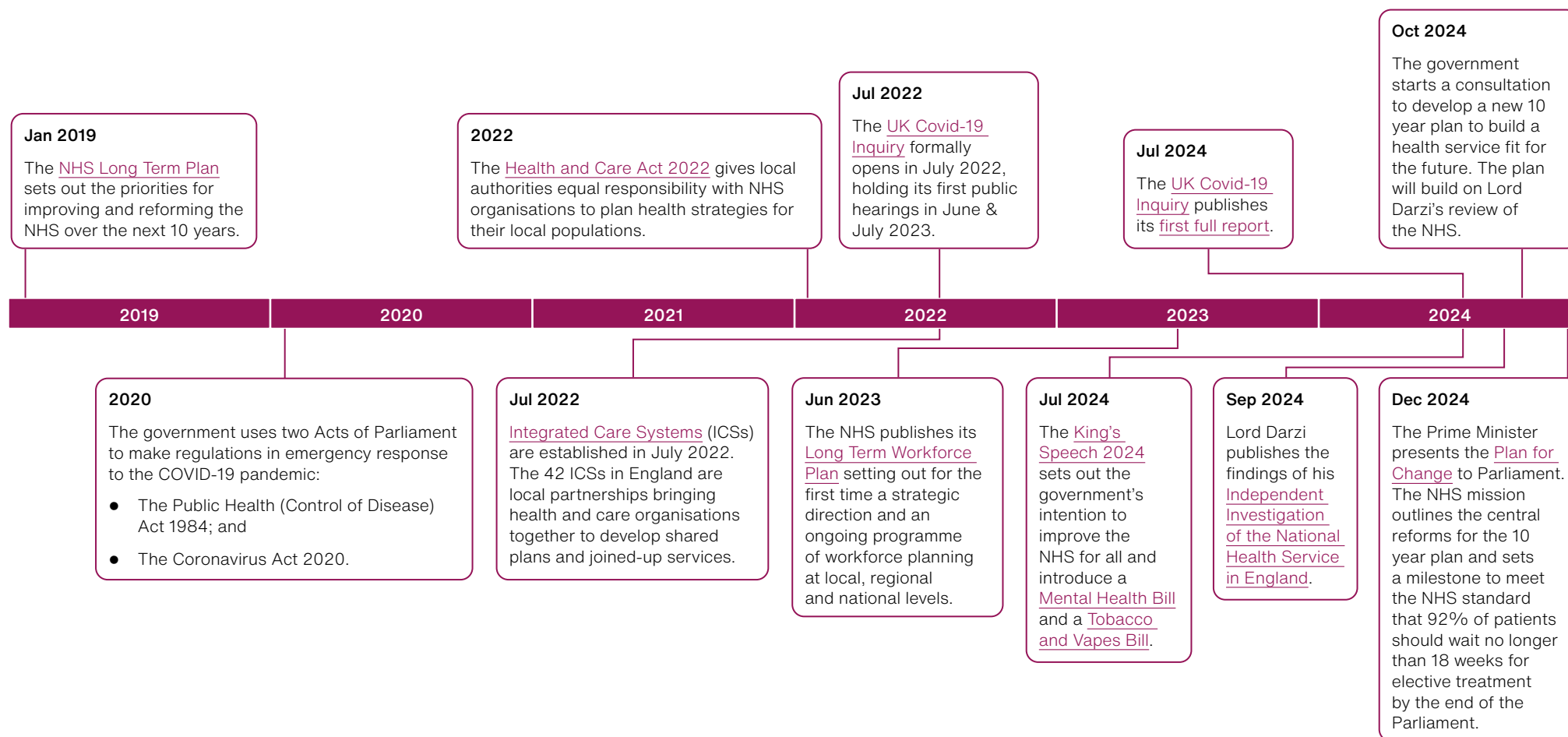


Note

1 The Department of Health & Social Care Group's total expenditure of £191.3 billion includes a non-cash reduction in expenditure of £14.9 billion due to a central change in the discount rate by HM Treasury in 2023-24. This data provision has not been carried through to other values in this figure.

7 Strategic direction

A timeline of strategic reviews, key documents and initiatives since the NHS published the Long-Term Plan in 2019



8 Finance and resources

Financial sustainability

NHS financial management and sustainability

Our July 2024 report on [NHS Financial Management and Sustainability](#) found that, from 2014-15 to 2023-24, spending by the NHS grew on average by 3.2% a year in real terms, which was less than the long-term average between 1950-51 and 2013-14. Planned spending for 2024-25 was £153.5 billion.¹

At the time of the report, the NAO found that many NHS bodies overspent in 2022-23 and 2023-24. In 2023-24, NHS Integrated Care Boards and Trusts intended to have a £720 million deficit, but the final deficit was £1.4 billion. The NHS's financial position is worsening due to long-standing and recent issues, including failure to invest in the estate, inflationary pressures, and the cost of post-pandemic recovery.

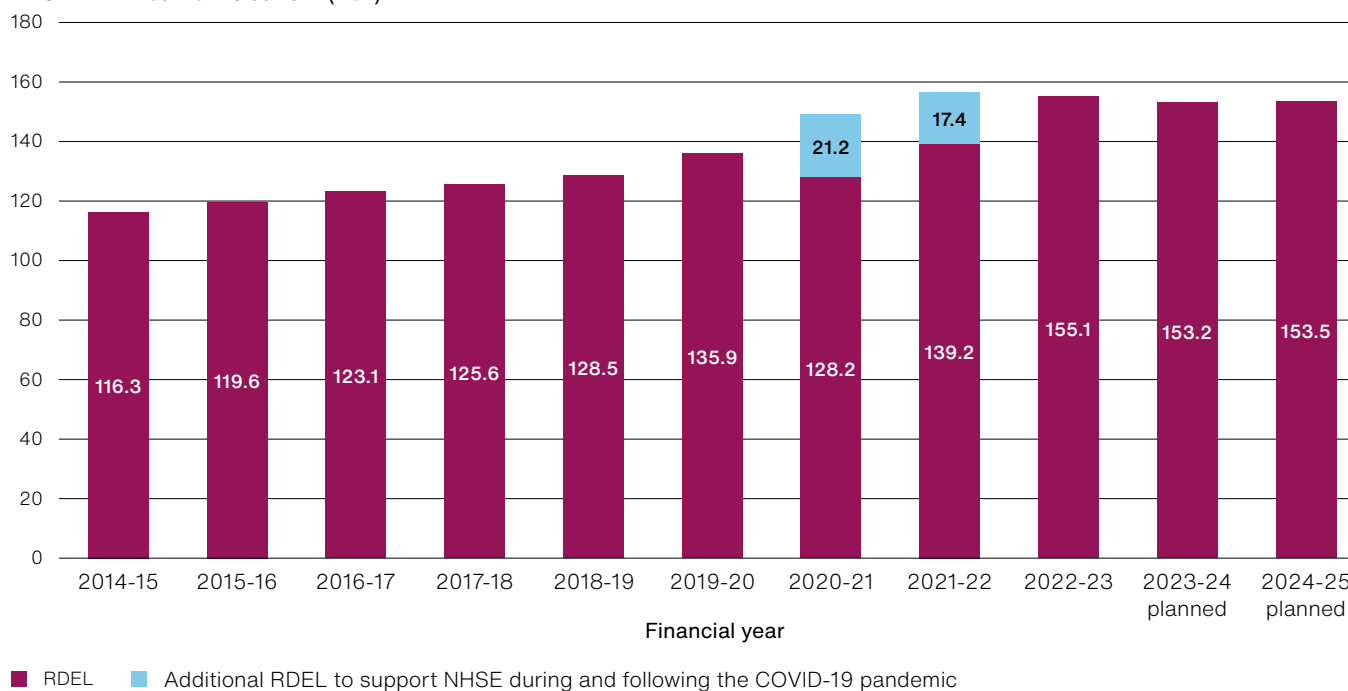
The NHS delivered record levels of activity in many key areas in 2023-24. However, performance was below what patients have been told to expect, and the timeliness of NHS treatment is generally poor. NHSE last met its official target of 95% of A&E patients to be admitted, transferred, or discharged within four hours in July 2015. The productivity of public service healthcare in England, as measured by the Office for National Statistics, was falling before the pandemic. It dropped sharply during the pandemic and has only partially recovered since.

¹ For the planned expenditure analysis, the NAO team applied a deflator to the 2023-24 RDEL figure, and for consistency with the 2024 spring budget figures chose not to include financial adjustments e.g. on pensions and other transfers of funding. These were included afterwards in the actual expenditure calculations in the published accounts.

NHS England (NHSE) real-terms outturn and planned expenditure from 2014-15 to 2024-25, based on 2022-23 prices

The NHSE resource department expenditure limit (RDEL) outturn has generally increased year-on-year in real terms, with greater increases during the COVID-19 pandemic, but has fallen slightly since 2021-22

NHSE RDEL real-terms outturn (£bn)



Notes

- 1 Data shown in real terms based on 2022-23 prices.
- 2 'RDEL' refers to amount of government budget allocated to NHSE's spending on day-to-day operational spending, known as revenue spending. It does not include funding for capital projects such as buildings.

Source: National Audit Office analysis of the Department of Health & Social Care and HM Treasury data

Section 8:

Finance and resources *continued*

Spending on procurement

Our 2024 report on [NHS Supply Chain and efficiencies in procurement](#) looked at NHS Supply Chain, set up by DHSC in 2017-18, which is responsible for buying products, warehousing and delivering goods on behalf of the NHS. DHSC did not make it mandatory for NHS bodies to use Supply Chain for NHS procurement and can use other sourcing organisations outside of Supply Chain.

Supply Chain estimates that, as at September 2023, trusts spent £4.5 billion each year through Supply Chain and £3.4 billion outside of it.

Customers' levels of overall net satisfaction with Supply Chain were below target and in long-term decline.

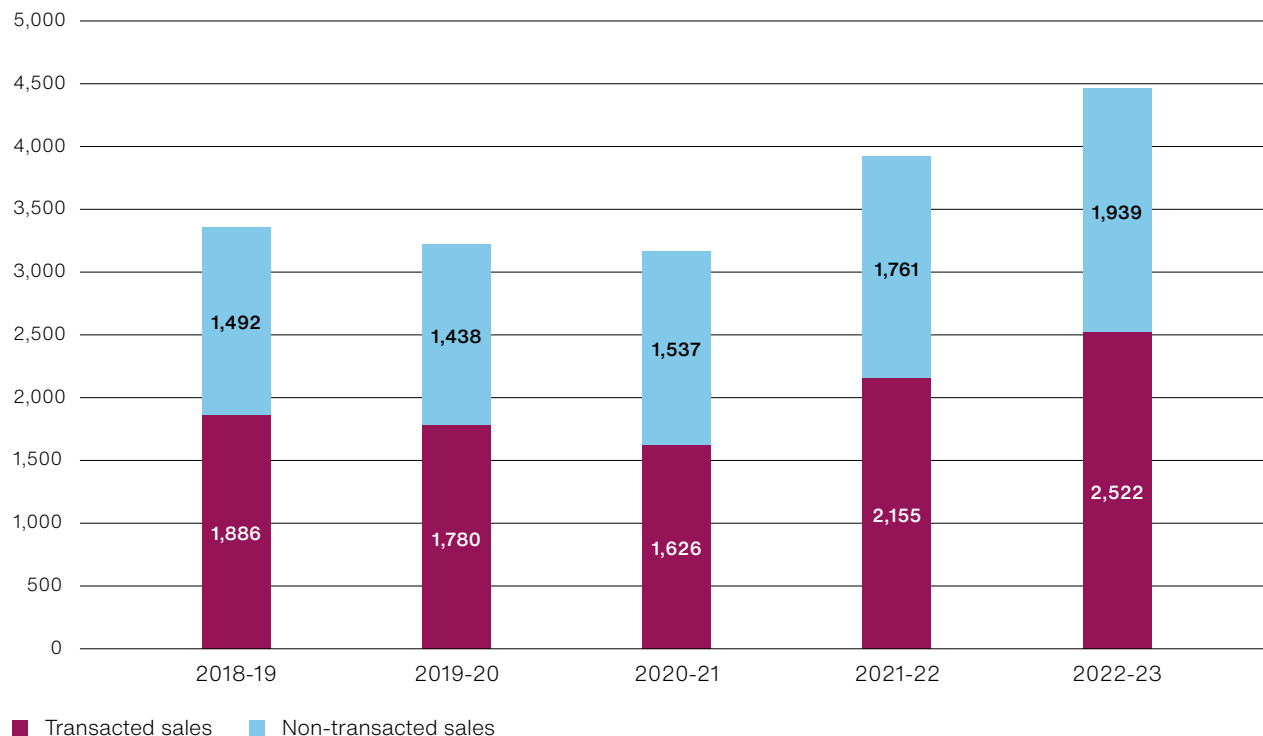
Supply Chain developed a new strategy in 2021 to be delivered through a transformation programme. The programme aims to overcome the barriers to effective procurement by changing the way it works with suppliers and replacing and upgrading key legacy IT systems.

Supply Chain estimated that transformation could provide £1 billion of savings to the NHS from January 2022 to 2030. In December 2022, Supply Chain set out what actions or 'asks' it considered it needed from NHSE for transformation to succeed and to achieve £1 billion savings. NHSE is making progress towards some of these 'asks', for example in reducing the number of commercial frameworks outside the Supply Chain route. To meet all of Supply Chain's 'asks', NHSE would need to encourage more strongly the whole of the NHS to make more use of Supply Chain.

Trusts' spend through NHS Supply Chain (Supply Chain) from 2018-19 to 2022-23

The amount of money that Supply Chain estimated trusts had spent when buying products through Supply Chain, or using its commercial terms, increased from £3.4 billion in 2018-19 to £4.5 billion in 2022-23 (in cash terms)

Total sales (£mn)



Notes

- 1 Transacted sales are sales where the trust buys a product from Supply Chain which it, in turn, has bought from a supplier. The data for transacted sales come directly from Supply Chain's reporting systems. Non-transacted sales are sales where a trust uses Supply Chain's commercial terms but purchases directly from the supplier. Supply Chain collates the data for non-transacted sales from its commercial teams and from suppliers.
- 2 These figures have been reported to us by Supply Chain and have not been validated or audited by the National Audit Office.
- 3 The spend data for this graph are presented in cash terms, and therefore do not reflect the impact of inflation.

Source: National Audit Office analysis of NHS Supply Chain data

Section 8:

Finance and resources *continued*

Staff

The annual Civil Service people survey looks at civil servants' attitudes to, and experience of, working in government departments. The results of the 2023 survey for DHSC were published in April 2024.

Theme	Comparative data				
	Result in 2023 (%)	Result in 2022 (%)	Change (percentage points)	Civil Service median in 2023 (%)	Difference (%)
Employee engagement index	57	60	▼ -3	64	-7
My work	77	76	▲ 1	78	-1
Organisational objective and purpose	70	69	▲ 1	84	-14
My manager	77	77	◄► 0	78	-1
My team	84	85	▼ -1	83	1
Learning and development	53	51	▲ 2	56	-3
Inclusion and fair treatment	80	80	◄► 0	81	-1
Resources and workload	72	71	▲ 1	75	-3
Pay and benefits	31	29	▲ 2	32	-1
Leadership and managing change	45	49	▼ -4	52	-7
Response rate	84	84	◄► 0	77	7

Results for DHSC include the views of staff in the core department and the UK Health Security Agency. These results have remained fairly stable across most themes. However, when considered alongside the results across the whole civil service (using the median score across all civil service organisations surveyed), differences across the themes are evident. DHSC scores lower in nine of the 10 themes against the civil service benchmark, although it had a better response rate. DHSC scored seven percentage points lower than the Civil Service benchmark on 'employee engagement index' and 'leadership and managing change'. On 'organisational objective and purpose' DHSC scored 14 percentage points lower than the benchmark.

▲ Increase ▼ Decrease ◄► No change

Source: Civil Service People Survey: 2023 results available at: Civil Service people surveys, GOV.UK

Section 8: Finance and resources *continued*

Staff (continued)

NHSE's modelling for the Long Term Workforce Plan

Our 2024 report [NHS England's modelling for the Long Term Workforce Plan](#) set out that around half of the NHS workforce are professionally qualified clinical staff and the other half provide support to clinical staff or work in infrastructure and support roles (see figure opposite). The education and training for these roles take different lengths of time.

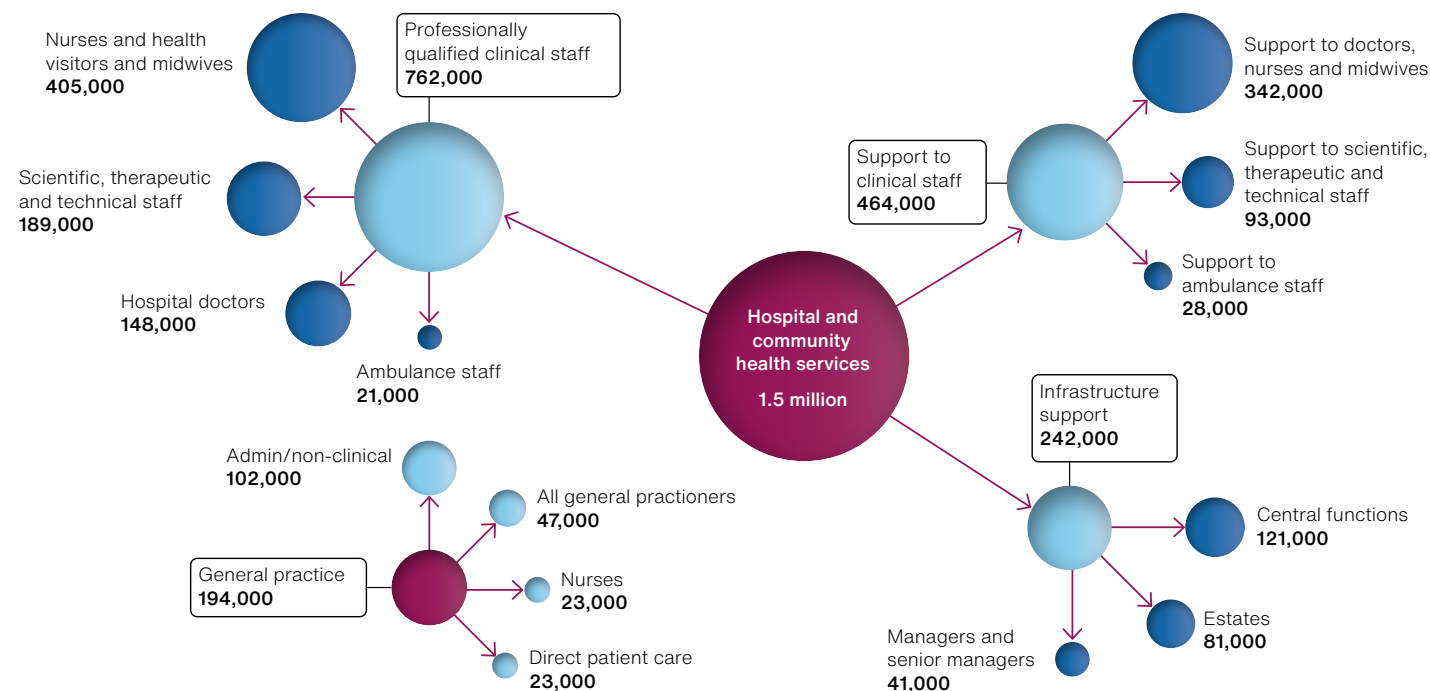
In June 2023, NHSE published its Long Term Workforce Plan. Based on NHSE modelling, it estimated the NHS's health workforce supply would increase by between 65% to 72% over 15 years.

We carried out an independent assessment to consider whether NHSE constructed its models effectively and whether they operated correctly in a technical sense; and whether NHSE's approach and the models themselves were a reasonable basis for regular strategic workforce planning.

We found that NHSE had rapidly produced modelling that brought together service and workforce planning. However, we also found some weaknesses in the modelling and were not able to fully replicate the results of the modelling due to limitations in documentation and the use of manual processing. We also concluded that some of the assumptions used may be optimistic and that the communication of uncertainty should be improved in future planned updates.

The NHS workforce in England, September 2023

Of the 1.7 million people employed in NHS healthcare services, 1.5 million work directly for hospital and community health services (HCHS) and 194,000 work in general practice



Notes

- Numbers reported are from published General Practice Workforce statistics, which includes 'traditional general practice' settings, and from published HCHS statistics, which includes 'staff in NHS trusts and other core organisations'.
- Accounting for people who work part time, the full-time equivalent number of staff who work in HCHS is 1.3 million and in general practice is 146,000.
- In addition to the 1.7 million people employed in NHS healthcare services, some clinicians work outside of HCHS and general practice in settings including social care, local authorities, third sector and independent sector services. There are less robust data on these areas.
- Headcount totals are unlikely to equal the sum of components, due in part to individuals working across multiple roles and areas.

Source: National Audit Office analysis of NHS Digital, General Practice Workforce and Hospital and Community Health Service workforce statistics for September 2023; NHS Digital Independent Healthcare Provider Workforce Statistics for September 2022 and Skills for Care Workforce Estimates for 2022-23

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Progress with the New Hospital Programme

In 2023 we published our [Progress with the New Hospital Programme](#) report. DHSC launched the programme at a time when new hospitals were badly needed after years of under-investment and a large maintenance backlog. The programme had innovative plans to standardise hospital construction and deliver efficiencies. However, in October 2020, when DHSC announced its commitment to build 40 new hospitals by 2030, it had not made key decisions about the programme's funding or the approach to construction. Until 2023, DHSC was unable to get the government's Major Projects Review Group to agree the New Hospital Programme's approach to future hospitals and the scale of capital funding it would need for the programme's last six years, when most new hospitals were to be delivered. When the government finally took decisions, it required major changes to the programme's scope. Some of the changes will solve pressing problems for DHSC and NHSE, such as including in the programme the rebuilding of all seven hospitals built entirely with reinforced autoclaved aerated concrete (RAAC). But some schemes publicly promised in 2020 faced substantial delays and would not be completed by 2030, with implications for patients and clinicians.

By March 2023, DHSC had spent around £1.1 billion on the programme and the schemes it oversees. As at July 2023, delivery had been slower than expected, both on individual schemes and on the programme's central activities, in particular developing a standardised hospital design. By the definition the government used in 2020, the programme will not deliver 40 new hospitals by 2030. The NAO concluded that the government had not achieved good value for money so far.

In September 2024, DHSC announced a review into the New Hospitals Programme which aimed to put the programme onto a realistic, deliverable and affordable footing. In January 2025, DHSC announced that following the review, it intended to deliver the programme through consecutive waves of investment, with each wave setting construction start dates for schemes over a five-year period. The final wave intends to commence construction on schemes between 2035 and 2039.



Section 9: Infrastructure *continued*

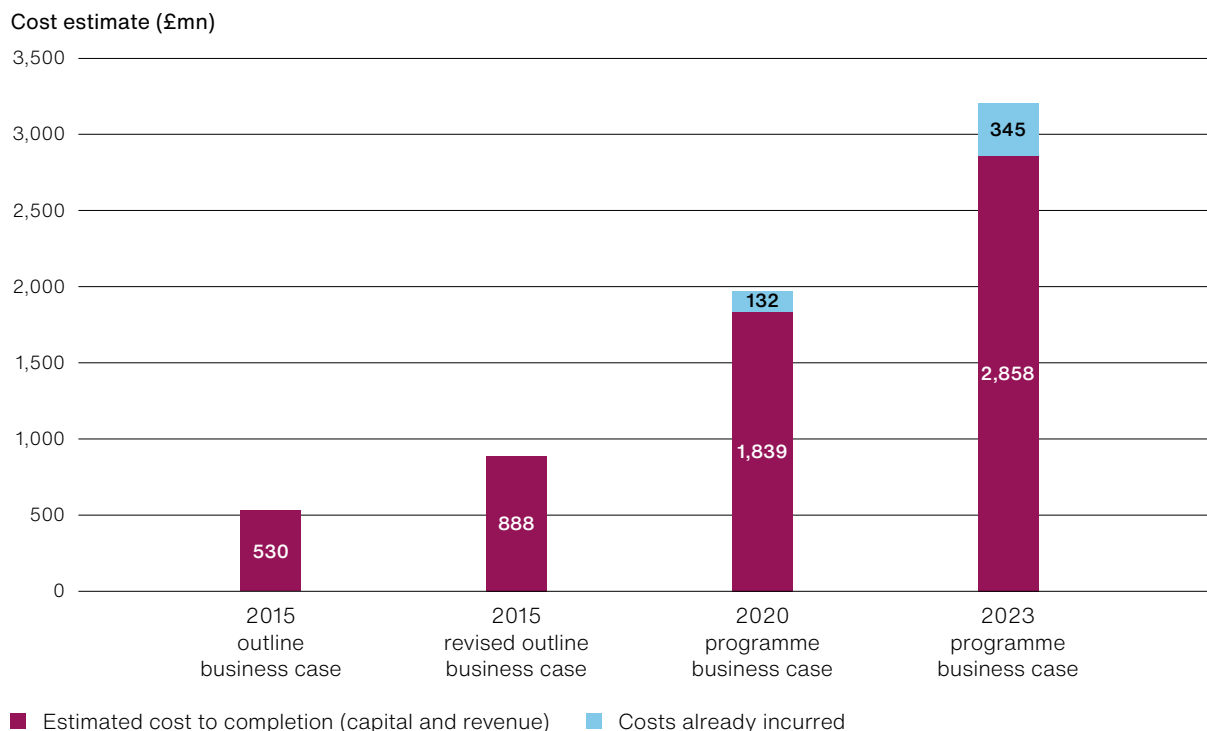
Health security campus programme

Our 2024 [Investigation into the UK Health Security Agency's health security campus programme](#) examined the UK Health Security Agency's (UKHSA's) health security campus programme, which aims to enhance and replace UKHSA's infrastructure, most importantly its highest containment laboratories, which are essential for protecting the nation against potentially highly infectious diseases.

Replacing and modernising UKHSA's facilities through the programme is of crucial importance to ensure the UK has the capabilities to identify, study and respond to the most dangerous pathogens in the world. Yet the programme still has no clear decision on its location, despite a site having been purchased in Harlow in 2017 with an original timeline that would have seen the new site fully operational by 2021. At the time of our report – over six years after the Harlow site's purchase – very little progress had been made and just over £400 million had been spent against an initial total cost estimate of just over £500 million. The total programme cost estimate in the 2023 business case was £3.2 billion, with changes to the scope and delays to the timetable, with an ensuing impact on inflation, contributing significantly to increasing costs. Revised timelines show that, at best, the programme might be fully operational by 2036. DHSC considers that delays to the programme have not affected the UK's resilience to dangerous diseases in the short-term, as UKHSA continues to maintain and manage risks at both the Porton Down and Colindale sites. The NAO considers that, as things stand, both the UK's future resilience to dangerous diseases and value for taxpayers' money are being undermined by failures in decision-making for a key part of the national infrastructure.

Estimated total costs of the health security campus programme, 2015 to 2023

The estimated cost of the programme has increased from £530 million in 2015 when the outline business case was approved to **£3.2 billion in 2023**



Notes

- 1 Cost estimates in the 2015 outline business case exclude VAT and contingency costs while the other business case estimates do include these.
- 2 Cost estimates reflect the cost at that time and have not been adjusted to 2023-24 prices.
- 3 Cost estimates reflect necessary investment for programme completion, rather than whole-life operational costs of the resulting infrastructure.
- 4 For the 2015 outline business case cost estimate, and its revised estimate, it is assumed that the total estimated cost includes costs already incurred, but these are not explicitly stated in the business case. The 2020 and 2023 business cases include values for costs already incurred.
- 5 Cost estimates from 2015 to 2020 were produced by Public Health England while the 2023 estimate was produced by the UK Health Security Agency.

Source: National Audit Office analysis of Public Health England and UK Health Security Agency cost estimates

10 Improving people's health

Access to care: elective and dental care

Elective care

As set out in our 2024 report on [NHS Financial Management and Sustainability](#), the number of patients waiting to start treatment following a referral has increased since 2010, excluding a lockdown-related decline in 2020. Since 2013, NHS regulations have included a statutory requirement for 92% of patients on the waiting list start treatment (or be seen by a specialist and leave the waiting list) within 18 weeks. The NHS last achieved this standard in February 2016, and only 58% of patients started treatment or were seen by a specialist within 18 weeks in April 2024. Around 3.2 million patients waited for more than 18 weeks in April 2024, compared with 0.3 million in February 2016.

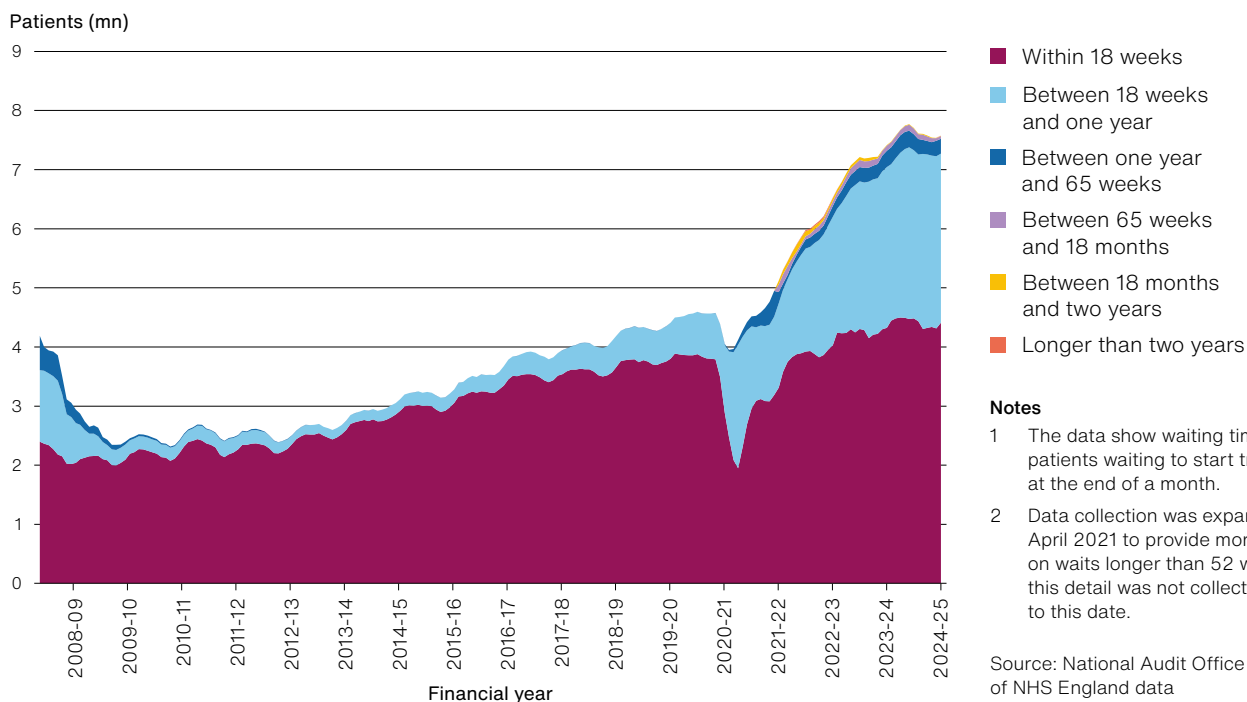
In January 2025, the government announced its plan to reform elective care, with the aim of meeting the 18-week standard by March 2029.

Dental care

The dental recovery plan was published in February 2024 under the previous government and aims to increase access to NHS dentistry services. The £200 million plan was intended to deliver more than 1.5 million additional NHS dentistry treatments (or 2.5 million appointments) in 2024-25. Our [Investigation into the Dental Recovery Plan](#) concluded that the plan was not on course to meet that main objective. Even if these additional courses of treatment were delivered by the end of 2024-25, 2.6 million fewer courses of treatment would have been delivered than in 2018-19. The NAO investigation noted that DHSC and NHSE should look to reflect on what has

Waiting times from referral to treatment in England, August 2008-09 to April 2024-25

The number of patients waiting to start treatment reached a record high of 7.8 million in September 2023



worked in this plan and build upon that as they look to deliver the reform of the dental contract that they have alluded to. A proper evaluation of this plan will be needed, as well as a review of whether they have sufficient reporting processes in place to make sure that they are

getting back from ICBs the data they need to monitor progress with any future plan. They will need to assess how they engage with ICBs and dental practices who are responsible for delivering NHS dentistry in local areas.

Section 10:

Improving people's health *continued*

Access to care: unplanned or urgent care

NHS services have been under increasing pressure in recent years, particularly since the start of the COVID-19 pandemic. The NAO's 2023 report on [Access to unplanned or urgent care](#) provided a factual overview of NHS services that may be used when people need rapid access to urgent, emergency or other non-routine health services, and whether such services were meeting NHS performance standards. The report found demand for unplanned or urgent care was increasing (see figure opposite).

In primary care, there were 336.0 million appointments in general practices in 2022-23 compared with 285.3 million in 2018-19.

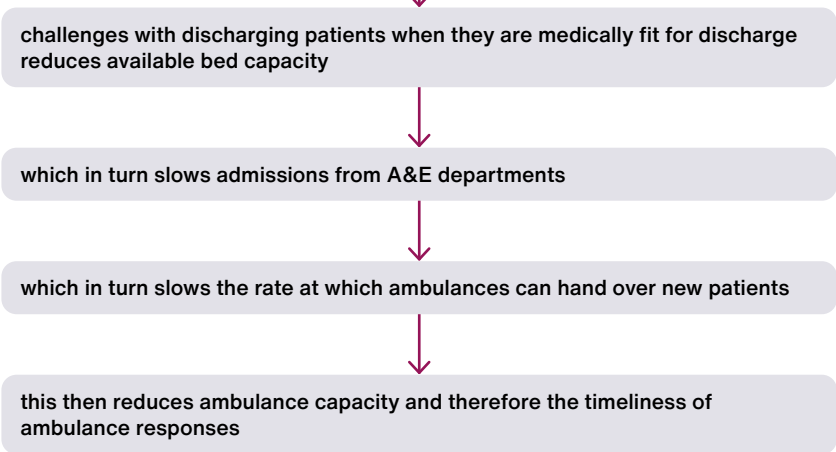
Community pharmacists carried out an estimated 65 million consultations in 2022 compared with 58 million in 2021.

For the most urgent pathways, between 2014-15 and 2022-23, annual calls to 111 increased from 12.9 million to 22.3 million.

Ambulance control rooms took 13.2 millions calls in 2022-23 compared with 11.7 million in 2018-19.

There were 25.2 million A&E attendances in 2022-23, compared with 21.6 million in 2011-12.

Overall performance of the unplanned and urgent care system has been worsened by delays transferring patients from one service to another. There are multiple dependencies between unplanned and urgent care services. For example:



The NHS had not met key operational standards for unplanned or urgent care since before the pandemic, and performance against these standards – and more widely – had deteriorated further since the pandemic's onset. 111 calls answered within 60 seconds fell sharply in 2021-22 and 2022-23. Ambulance response times for Category 2, 3, and 4 incidents rose after February 2021, numbers of A&E patients waiting longer than 12 hours began rising rapidly in May 2021, and patient satisfaction rates with GP appointment times and the 111 service fell.

Our 2024 report on [NHS Financial Management and Sustainability](#) noted that, in January 2023, the government set out a delivery plan for recovering urgent and emergency care, which created new, less stretching interim ambitions for four-hour A&E performance and for average Category 2 ambulance response times. Although neither of these new interim ambitions were met during the first year of the plan, in which there was significant ongoing industrial action and high growth in demand, performance did improve against the four-hour A&E standard and the category 2 mean response time relative to the previous year.

Section 10: Improving people's health *continued*

Access to care: mental health services

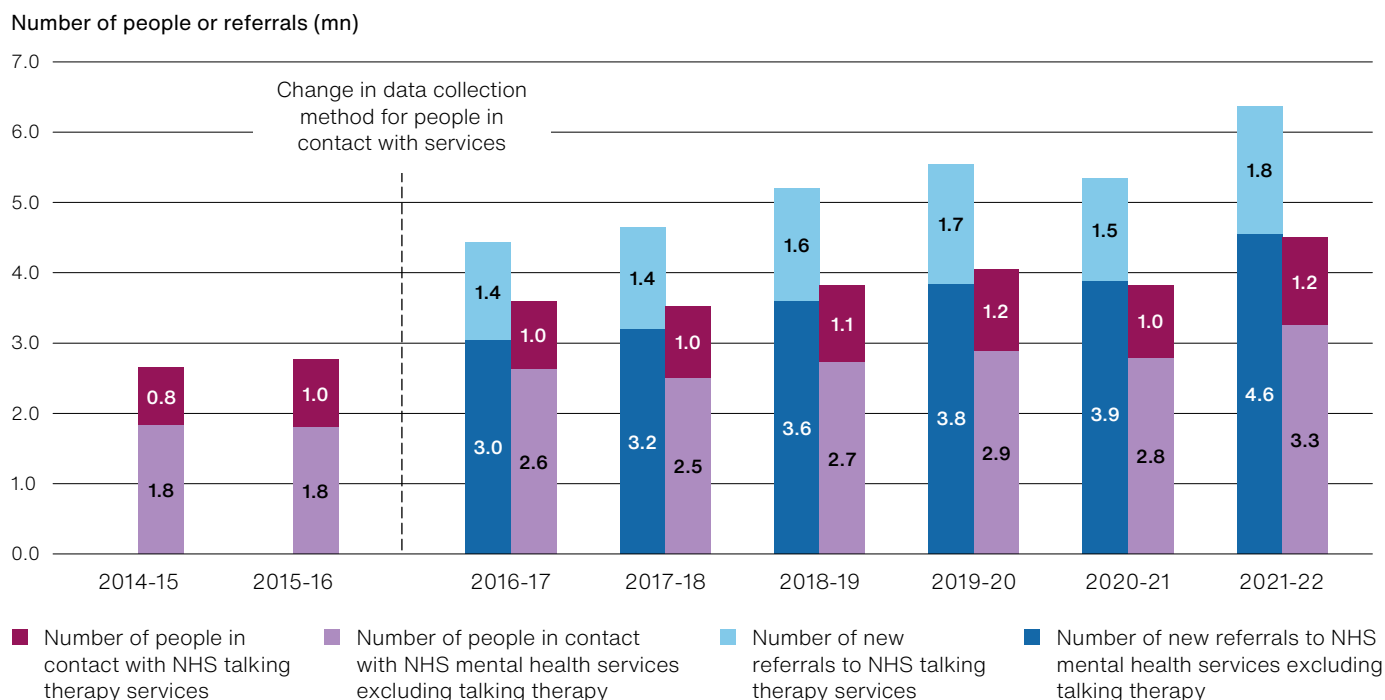
Many people will experience mental health problems in their lives. Around one in six adults in England have a common mental health disorder, and around half of mental health problems start by the age of 14. The proportion of young people estimated to have a probable mental disorder rose between 2017 and 2022, following the COVID-19 pandemic: for example, among 17- to 19-year-olds, the proportion went up from 10% to 26%.

Our 2023 report on *Progress in improving mental health services in England* found that, since 2016, the NHS has taken some important first steps towards closing the historical and acknowledged gap between mental and physical health services.

While funding and the workforce for mental health services have increased and more people have been treated, many people still cannot access services or have lengthy waits for treatment. Staff shortages continue and data that would demonstrate the results of service developments are limited.

Trends in referrals to and the number of people in contact with NHS mental health services in England, 2014-15 to 2021-22

More people are now accessing NHS mental health services than before



Notes

- 1 Referrals to and contacts with mental health services include learning disability and autism services. People in contact with NHS mental health services in any one year include not only people referred to the services in that year but also people who continue to access these services after being referred in previous years. A person who received both talking therapies and other NHS mental health services during the same year is included as two different people in contact with services.
- 2 Data on the number of people in contact with NHS mental health services (excluding talking therapy services) are not fully comparable between 2016-17 onwards and earlier years. For 2014-15 and 2015-16, this number was based on the Mental Health and Learning Disabilities Data Set (MHLDDS), but from 2016-17, it has been based on the Mental Health Service Data Set (MHSDDS). This change resulted in a large one-off increase in the number of people in contact with services. The number of providers submitting data to MHSDDS has also increased from 85 in 2016 to 364 in June 2022 and some of the reported increase in the number of contacts could be due to the increased data submission.

Source: National Audit Office analysis of published NHS Digital data

Section 10:

Improving people's health *continued*

Prevention: public health and cardiovascular disease

In 2024 we reported on [Progress in preventing cardiovascular disease](#).

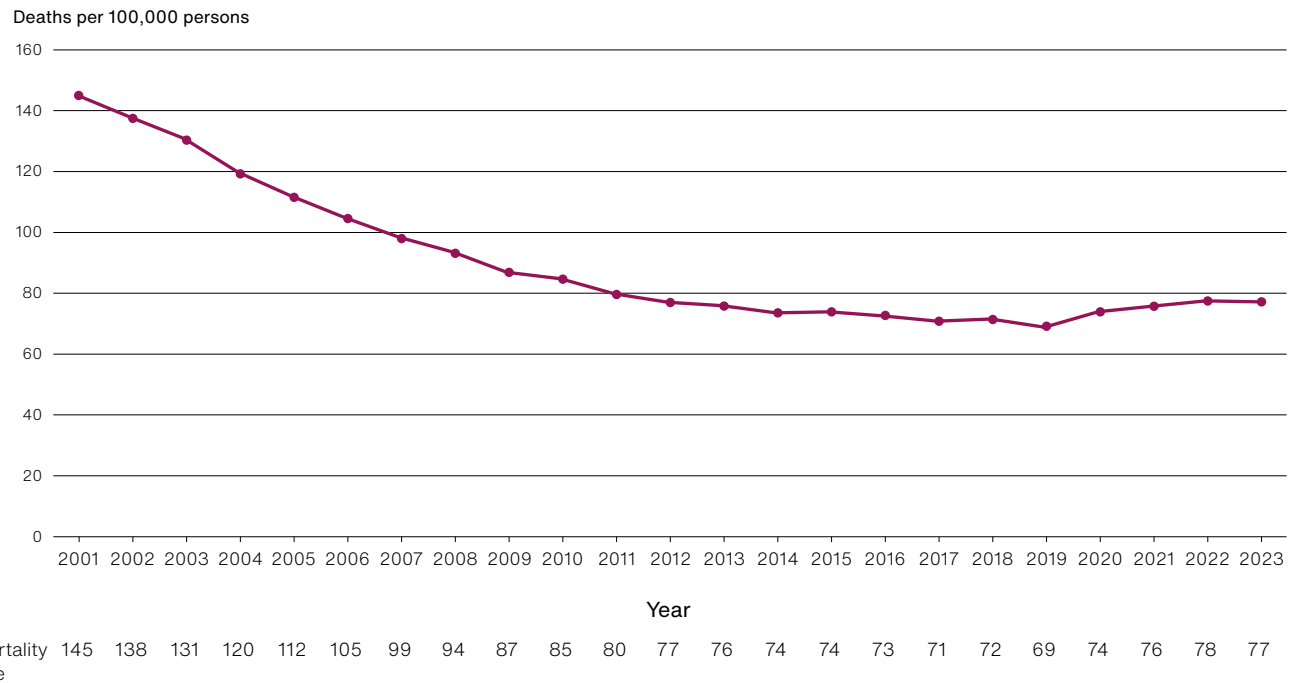
This report examined the government's approach to identifying, preventing and managing cardiovascular disease (CVD) in England.

CVD contributed to a quarter of deaths in England in 2022, and yet it is one of the largest avoidable causes of death in England. It undermines the ability of many to live healthy lives, and costs an estimated £7.4 billion to the healthcare system, and an estimated £15.8 billion to the wider economy. The rates of premature deaths from CVD had been reducing, but this has stalled since 2014 and started to increase slightly in the last few years.

Our report focused on how primary care identifies and treats people at risk of CVD through routine work with patients and the operation of the NHS Health Check programme (Health Checks), which local authorities are responsible for commissioning. We found that there is currently no effective system for commissioning Health Checks, despite it being a statutory responsibility on local authorities. We also found that DHSC and local government have weak levers to encourage primary care or other services to deliver Health Checks. As a result, in England, just under half of the annual eligible population attended a Health Check in 2023-24, and there are wide variations across local authorities, with only 3% of local authorities delivering a Health Check for all of their annual eligible population in 2023-24. We concluded that this was not a satisfactory basis for delivering an important and potentially life-saving and money-saving contribution to population health.

Mortality rate from cardiovascular disease (CVD) for the under-75s from 2001 to 2023 in England

The mortality rates from CVD in people under the age of 75 had been falling but this decline has stalled in the last 10 years and increased since 2019



Notes

- 1 The mortality rate is age standardised to allow for comparability over time and across areas.
- 2 These figures have been rounded.

Source: National Audit Office analysis of the Office for Health Improvement and Disparities' data

Section 10: Improving people's health *continued*

Adult social care

In November 2023, we reported on [Reforming adult social care in England](#). This report examined how DHSC was responding to the challenges facing adult social care in England, and its progress in delivering reforms set out in a 2021 white paper.

We found the following:

- In 2022-23, local authorities in England spent £23.7 billion on adult social care, supporting over one million people.
- Two years into its 10-year plan, DHSC had delayed charging reforms, scaled back reform of the wider social care system, and was behind on some aspects of its revised plan. Despite some signs of improvements, the care system remained challenged by chronic workforce shortages, long waiting lists for care, and fragile provider and local authority finances.

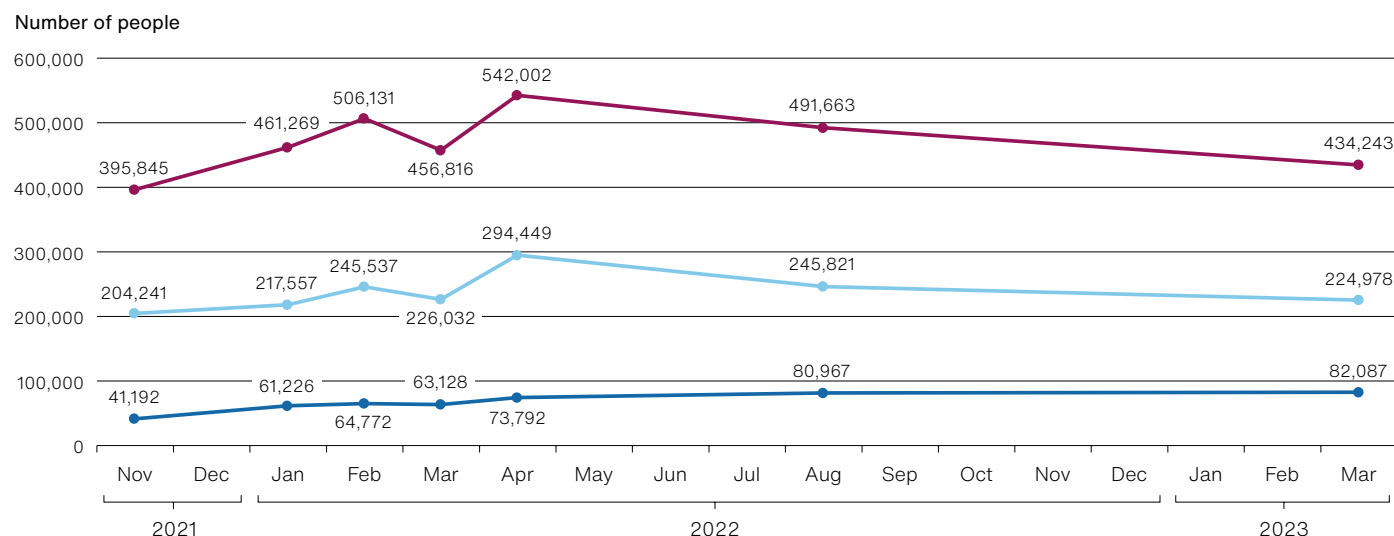
We concluded that DHSC did not have a long-term funded plan for transforming adult social care.

In July 2024, the government announced that it would not take forward commitments by the previous government to reform adult social care charging.

In January 2025, the government announced investment and reform for social care including greater use of care technology that aims to keep older people at home for longer. It also announced the creation of an independent commission, headed by Baroness Louise Casey “to build a national consensus around a new national care service able to meet the needs of older and disabled people into the 21st century”.

Estimates of the number of people awaiting assessment, care and support, direct payments, or reviews in England, November 2021 to March 2023

The number of people awaiting assessment, care and support, direct payments, or reviews for adult social care has recently decreased from a historical high in April 2022, but the number of people waiting for an assessment for more than six months is increasing



- Number of people awaiting assessment, care and support, direct payments, or reviews
- Number of people awaiting assessment
- Number of people awaiting assessment for more than six months

Notes

- 1 Data on the number of people awaiting assessment, care and support, direct payments, or reviews is collected by the Association of Directors of Adult Social Services (ADASS) through its member surveys. ADASS member surveys are sent to all directors with responsibilities for adult social care in England. In the case that ADASS does not receive responses from all directors, data are extrapolated to enable comparison to previous data points. There are currently 153 directors covered by the survey; of these, there is a core that has responded to all surveys, and, of the remainder, the majority have responded to more than one.
- 2 ADASS does not report data on the number of people awaiting care and support, direct payments, or reviews for more than six months.
- 3 As of August 2023, ADASS had collected comparable data for November 2021 (84 respondents), January 2022 (101 respondents), February 2022 (94 respondents), March 2022 (138 respondents), April 2022 (83 respondents), August 2022 (115 respondents), and March 2023 (142 respondents). All data are as at the end of the month.

Source: National Audit Office analysis of Association of Directors of Adult Social Services spring survey 2023 data

11 What to look out for

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The UK COVID-19 inquiry

DHSC has committed to “respond to the Inquiry with openness and transparency” and noted that, by the end of August 2024, it had submitted more than 50,000 pieces of evidence to the Inquiry. In January 2025, the government published its response to the Covid-19 Inquiry’s Module 1 report.

Look out for: The Inquiry intends to publish its Module 2 report (on core UK decision-making and political governance) in autumn 2025. Further public hearings are scheduled throughout 2025, and the Chair aims to conclude public hearings in 2026.

The independent investigation of the National Health Service in England (the Lord Darzi report) and the 10-year Health Plan

DHSC welcomed the findings in the Darzi report and noted its commitment to working with NHSE and the government to address the findings in the report and to support the development of the 10-year Health Plan.

Look out for: The outcome of the DHSC’s public consultation in 2025 and how it intends to address each of Lord Darzi’s findings in the content of the 10-year Health Plan in Spring 2025.

Regulatory failure

In May 2024, Dr Penny Dash was asked to conduct a review into the operational effectiveness of the Care Quality Commission (CQC).

The [Review into the operational effectiveness of the Care Quality Commission: full report](#), in October 2024 found: “*significant failings in the internal workings of CQC, which have led to a substantial loss of credibility within the health and social care sectors, a deterioration in the ability of CQC to identify poor performance and support a drive to improve quality, and a direct impact on the capacity and capability of both the social care and the healthcare sectors to deliver much-needed improvements in care*”.

Look out for: A [second review considering the wider landscape for quality of care](#), with an initial focus on safety, will be published in early 2025.

Standards of maternity and neonatal care

The [Three year delivery plan for maternity and neonatal services](#) (2023-2026) sets out how maternity and neonatal care will be made safer, more personalised, and more equitable for women, babies, and families. In [September 2024 CQC reported its concerns](#) that too many women and babies are not receiving the high-quality maternity care they deserve.

The Thirlwall Inquiry is examining events at the Countess of Chester Hospital and their implications following the trial, and subsequent convictions, of former neonatal nurse Lucy Letby of murder and attempted murder of babies at the hospital. Public hearings took place during September 2024 – January 2025.

Look out for: The Thirlwall Inquiry is expected to report to the Secretary of State for Health & Social Care in the autumn of 2025.

The Mental Health Bill

The Mental Health Bill sets out the government’s intention to modernise mental health legislation to give patients greater choice, autonomy, enhanced rights and support, and ensure everyone is treated with dignity and respect. This legislation is intended to give effect to the policy approaches outlined in Sir Simon Wessely’s [Independent Review](#) in 2018.

Look out for: The Bill’s progress through Parliament during 2025.

Terminally Ill Adults (End of Life) Bill

In December 2024 the House of Commons voted for the [Terminally Ill Adults \(End of Life\) Bill](#) to continue its Parliamentary stages. The Bill contains provisions to allow adults who are terminally ill, subject to safeguards and protections, to request and be provided with assistance to end their own life. This is a Private Member’s Bill, and subject to different scrutiny mechanisms than government legislation.

NHSE’s management of elective care transformation programmes

NHSE’s plans for recovering NHS waiting times for elective and cancer care include transformation programmes changing how care is provided for surgery, diagnostics and outpatients, and using resources more productively. This [NAO report](#) will examine NHSE’s oversight of its programmes for transforming elective care and diagnostics, and whether it is applying what it has learned to deliver improvements in productivity.

Look out for: An NAO report in Spring 2025.

12 More information about our work on the Department

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[NHS Supply Chain and efficiencies in procurement](#)

January 2024

Our report examined how Supply Chain was set up, whether it was achieving its main objectives to save money and increase market share and what more it could do to make greater efficiencies.

The report concluded that while Supply Chain has the potential to secure further savings for the NHS, it is not yet fulfilling that potential.

Supply Chain should be in a very strong negotiating position. If it can persuade as many trusts as possible to purchase as much as possible through Supply Chain, it can aggregate a large majority of NHS spending power.

[Investigation into the UK Health Security Agency's health security campus programme](#)

February 2024

Our report examined the early history of the programme, the causes of delays, and what has been achieved at the Harlow site.

Our report does not report on overall value for money.

The report found that the programme still has no clear decision on where it should be located, despite a site having

been purchased in Harlow back in 2017 with an original timeline that would have seen the new site fully operational by 2021. In our view, as things stand, the UK's future resilience to dangerous diseases and value for taxpayers' money are both being undermined by failures in decision-making for a key part of the national infrastructure.

[NHS England's modelling for the Long Term Workforce Plan](#)

March 2024

We carried out an independent assessment of the modelling underpinning NHSE's Long Term Workforce Plan.

Our report found that NHSE has rapidly, and for the first time, produced modelling that brings together its planning of future NHS health services with its longer-term assessment of the workforce it thinks will be required to deliver them.

In our model assessment, we found that the methods used in the Python model in NHSE's modelling pipeline represented a reasonable technical approach to health workforce modelling, and we were able to replicate the outputs from this part of the modelling.

However, this first version of the modelling pipeline as a whole has significant weaknesses.

[NHS Financial Management and Sustainability](#)

July 2024

This is our ninth report on the financial management of the NHS in England.

Our report identifies operational improvements which can help the NHS to do more with the resources it has. However, there is a wider question for policymakers to answer about the potential growing mismatch between demand for NHS services and the funding the NHS will receive. Either much future demand for healthcare

must be avoided, or the NHS will need a great deal more funding, otherwise service levels will continue to be unacceptable and may even deteriorate further.

Section 12:

More information about our work on the Department *continued*

[Progress in preventing cardiovascular disease](#)

November 2024

This report examines the effectiveness of the government's approach to identifying, preventing and managing cardiovascular disease, including the delivery of NHS Health Checks.

Our report concluded that Health Checks have potential to deliver value for money.

However, there is currently no effective system for commissioning Health Checks, despite it being a statutory responsibility on local authorities. DHSC and local government have weak levers to encourage primary care or other services to deliver Health Checks.

DHSC will need to more effectively incentivise and target Health Checks if it is to achieve the difference it wants and to embed them in a policy environment that promotes prevention rather than treatment.

[Investigation into the NHS dental recovery plan](#)

November 2024

This report sets out information on the current delivery of NHS dentistry services and the development and progress of the plan for 2024-25.

This report does not seek to examine and report on the overall value for money of the programme, but we offer some reflections on what the government might want to consider as it develops its future plans for NHS dentistry.

[Department of Health & Social Care Annual Report and Accounts 2023-24](#)

December 2024

The Comptroller and Auditor General (C&AG) and head of the NAO, Gareth Davies, has qualified his opinion on DHSC's accounts for the year ended 31 March 2024 due to the effect of prior year qualifications on comparative figures. The prior year qualifications related to UKHSA and DHSC's management of its inventory balances. The qualification of the UKHSA accounts is due to the impact of last year's disclaimer, reducing the assurance over in-year transactions and opening balances from 2022-23.