

Austerity and the pandemic

**How cuts damaged four vital pillars of
pandemic resilience**

Summary

Real terms cuts and underinvestment in public services from 2010 to 2020 undermined the UK's ability to provide an effective and coherent response to the Covid-19 pandemic.

- **Safe staffing levels in health and social care** were damaged by multiple years of pay caps and pay freezes, which impeded recruitment and increased staff turnover. This left both health and social care dangerously understaffed when the pandemic began.
- **Public service capacity** was damaged by steep cuts to almost every part of the public sector. In 2020 when the pandemic hit, spending per capita was still lower than in 2010 in social care, transport, housing, childcare, schools, higher education, police, fire services, and environmental protection. This limited the ability of services to contribute to civil contingencies, and to continue essential activities effectively such children's education.
- **A strong social safety** was damaged by direct cuts to social security through benefit freezes, and by reforms that reduced entitlement and narrowed eligibility to fewer people. This increased poverty levels, which was associated with greater risks of exposure and transmission, and greater levels of vulnerability to more serious health consequences from Covid illness.
- **Robust health and safety** enforcement was compromised by cuts that decimated public health and safety regulators, and confusion over authorities remit. During the pandemic, instead of raising the number of inspections and enforcement notices, they fell to an all-time low, despite widespread workplace linked cases of infection.

The Covid-19 Inquiry provides the UK people and our government with a vital opportunity to learn important lessons that could save lives in a future pandemic.

The summary of the lessons identified in this report is:

- **Lessons for safe staffing:** To be resilient and prepared for a future pandemic, staffing levels must increase. This will only happen through greater investment in our health and social care workforces. Government should:
 1. Work with TUC and unions in the public sector to develop fully funded, long-term workforce strategies in health, social care, and other parts of the public sector. This should include restoration of the lost value of pay since 2010.
 2. Work in social partnership and dialogue with unions and employers, using appropriate forums where they exist, such as the social partnership forum in the NHS, and creating them where they do not, such as for social care in England.

3. Fix the recruitment and retention crisis in social care, banning zero hours contracts and delivering a new £15 sectoral minimum wage.
 4. Increase the attention given to social care services in contingency planning exercises, so that the social care workforce role, and requirements such as staffing levels, are better understood before a future pandemic.
- **Lessons for public service capacity:** The Covid-19 pandemic proved to be a long-lasting cross-cutting emergency. Our public services need to be more resilient and prepared for this kind of crisis next time.
 1. Strong and resilient public services require sustainable, long-term funding, including significant capital investment to ensure we have capacity, resources and buildings fit for purpose.
 2. Outsourcing has weakened public services. Our services should be brought back in-house with sufficient funding to ensure the decent working conditions necessary to deliver high-quality services.
 3. The role of local government and its skilled workforce in building strong and healthy communities should be better valued.
 - **Lessons for a strong safety net:**
 1. By increasing deprivation, social security cuts exposed low-income households to greater risk of infection and mortality. Social security support should be improved to better protect households from entering situations that increase exposure, transmission, vulnerability, and susceptibility.
 2. Some unequal impacts of the pandemic on women, Black and minority ethnic groups, households with children, and households with disabled people are related to the unequal impacts of social security cuts on these groups. Greater support through social security is therefore a vital part of reducing inequality impacts in future pandemics.
 3. Social security cuts undermined the ability of recipients to protect their wellbeing and continue with other important aspects of their lives. This included harm to children's wellbeing and educational progress. Future pandemic preparedness must consider the importance of social security to these wider wellbeing needs in periods of restrictions such as lockdowns.
 4. Social security has long been understood as an important income stabiliser in an economic crisis. We must now learn the lesson that it is an important income stabiliser in a pandemic too. Its basic design must be sufficiently responsive, and there must be an effective means of providing additional emergency support including the type of permanent job retention scheme that many other countries have.
 - **Lessons for robust health and safety:** To be resilient and prepared for a future pandemic, Britain's health and safety regulators need reinvestment and rebuilding.

Otherwise working people's health and safety will be left at unacceptable risk, and workplaces could be centres of transmission affecting the wider community.

1. Long-term, adequate funding of health and safety regulators is required if we are to uphold health and safety laws, and to ensure employers who put working people and the public at risk face the necessary consequences.
2. Health and safety inspectors in HSE and local authorities must have adequate capacity to carry out their roles, with the necessary independence to pursue employers with relevant enforcement measures. This must include a recruitment drive where capacity concerns are identified owing to an aging workforce or a long-term freeze in recruitment.
3. A realignment of health and safety regulation is needed to ensure independence, and to guarantee enforcement activities are in line with public and stakeholder expectations.
4. Regulatory clarity: a clear remit for which agencies are responsible for which types of workplaces, with a greater level of awareness among employers, the public and stakeholders.

Introduction

To be prepared for a pandemic, a nation must have resilient health services. Those services must have sufficient staff and resources so that they can flex to meet emergency needs. And they must have rigorous and well-resourced contingency plans that can be activated quickly to restrict transmission and treat the sick.

The medical response, and the logistics of containing outbreaks, are not the only aspects of preparedness. We also need plans to allow our lives to continue.

Families must be protected from poverty. Children must continue their education. Key workers must be able to do their vital jobs safely.

The first module of the UK-Covid-19 Inquiry will focus on *Resilience and Preparedness*. Public hearings that begin on 13 June will include senior political figures taking the stand who served in government in the decade before the pandemic.

The TUC has 'core participant' status for this inquiry module. As well as providing evidence on behalf of our 48 affiliated unions and their 5.5 million members, we will use this role to encourage the inquiry to focus on the impacts of austerity on the UK's resilience and preparedness.

After a decade of relentless spending cuts, our public services went into the pandemic in a severely weakened state.

This included backlogs in health and justice, spiralling levels of unmet need in social care, and the fragmentation of service provision.

Cuts to health and safety infrastructure left regulators under-resourced and unable to effectively deter employers from putting workers and the public at risk.

And changes to the social security system cut away the safety net that many workers and their families relied on, increasing poverty, worsening inequalities and making families less resilient to the economic impacts of the pandemic.

All these impacts, and many others, undermined the UK's ability to provide an effective and coherent response to the pandemic.

This briefing looks at four pillars of pandemic preparedness:

1. Safe staffing levels in health and social care
2. Public service capacity and resources
3. A strong safety net - social security system
4. Robust health and safety

For each pillar we summarise the history of austerity, its impacts on the UK's resilience and preparedness in the years before the pandemic, and the consequences for the UK's pandemic response. And we suggest the lessons that must be learned before the next pandemic happens.

1. Safe staffing levels in the health and social care

Austerity

From 2010 to 2020, austerity in the NHS meant multiple years of pay freezes and pay caps. This resulted in real terms cuts to the wages of many health workers. As a result, in 2019 the average NHS worker was earning £3,000 less in real terms than in 2010.¹

If wage losses due to austerity were not as stark in social care, that is because pay was already incredibly low, with many workers paid at or close to the minimum wage. It meant that many care workers received small real terms pay rises in the decade from 2010 to 2020.

However, as the King's Fund noted:

*"This increase hides a less cheerful picture. In order to meet the national living wage commitments, hard-pressed social care providers have had to hold down the overall pay bill in other ways. An increasing proportion of the workforce is now paid at or around that minimum level and the pay differential between care workers with less than 1 year of experience and those with more than 20 years of experience has reduced to just £0.15 an hour."*²

The King's Fund also highlighted that social care jobs paid less on average than jobs in supermarkets, making it hard for the sector to recruit.

In both the NHS and social care, stretched budgets and growing demand on services made work more intense, leading to higher levels of staff turnover.

This had a circular effect. Staff shortages left NHS and social care staff caring for too many patients; and this drove more staff out of the workforce as they struggled to cope with unsustainable workloads and burnout.³

Austerity stood in the way of what was needed for both NHS and social care services: workforce strategies that could raise pay and conditions, attract new recruits, protect staff against burnout, and improve retention – especially of the most experienced staff.

Impacts

Pay cuts, the scrapping of nursing degree bursaries in 2016, and a lack of workforce planning led to unsafe and inadequate staffing levels across key areas of the NHS and in social care.

¹ TUC (2020) [Key workers report | TUC](#)

² King's Fund (2019) [Average pay for care workers: is it a supermarket sweep?](#)

³ Health and Social Care Select Committee (2022) [Workforce burnout and resilience in the NHS and social care \(parliament.uk\)](#)

Between 2010 and 2020, the number of nurses per capita in the UK grew by less than one per cent – despite demand for care rising by one-third.⁴ This is in stark contrast to the OECD average, with nurses per capita rising by 10 per cent.⁵

Patient outcomes worsened, life expectancy stalled, and survival estimates for common diseases such as cancer fell well below the OECD average.⁶ As the Marmot review noted: “UK life expectancy stalled at the same time as a decade of austerity.”⁷

In social care, the turnover rate for staff in England increased from 22 per cent in 2012/13 to 31.8 per cent in 2019/20.⁸ In the same year, 24 per cent of social care workers in England were employed on zero-hours contract, with the turnover rate higher among these workers.⁹

Service fragmentation, widespread privatisation and severe cuts to local authority budgets, combined with acute staffing shortages, all contributed to unmet need in social care reaching record-highs. In 2019, 1.5 million older people (15 per cent of the population aged 65+) had some level of unmet care need.¹⁰

Warnings

In 2018, 80 per cent of NHS workers told a Guardian survey that their service did not have enough staff on duty to give patients safe and high-quality care.¹¹ A separate survey by UNISON found that acute inpatient services were hardest with, with three in five workers saying staffing was insufficient and compromising patient safety.¹²

NHS workers and their unions spoke publicly about the impact this was having on patient care, as did other health and social care experts:

⁴ Health Foundation (2021) [Staff shortages left the NHS vulnerable to the COVID-19 storm](#)

⁵ OECD (2022) [Health statistics](#)

⁶ Health Foundation (2019) [Mortality and life expectancy trends in the UK: stalling progress](#)

⁷ Institute of health equity (2020) [Health Equity in England: The Marmot Review 10 Years On - IHE \(instituteofhealthequity.org\)](#)

⁸ Skills for Care (2022) [The state of the adult social care sector and workforce in England.](#)

⁹ Skills for Care (2021) [The state of the adult social care sector and workforce in England.](#)

¹⁰ Age UK (2019) [The number of older people with some unmet need for care now stands at 1.5 million.](#)

¹¹ Guardian (2018) [Patient safety hit by lack of staff, warn 80% of NHS workers | NHS | The Guardian](#)

¹² UNISON (2018) [Health service staffing is compromising patient health, says UNISON | Press release | News | UNISON National](#)

The youngest doctors in the hospital are given dangerous levels of responsibility; there is one newly qualified junior doctor to 400 patients on night shifts. The administration is in agreement, but confess there is not enough money to employ extra staff.

Junior doctor, interviewed by the Guardian (2018)¹³

Widespread and growing nursing shortages now risk becoming a national emergency and are symptomatic of a long-term failure in workforce planning, which has been exacerbated by the impact of Brexit and short-sighted immigration policies.

Siva Anandaciva, chief analyst, The King's Fund (2018)¹⁴

Employers also raised the alarm. A 2019 survey by the NHS Confederation found that nine in ten NHS leaders said understaffing was putting patient safety and care at risk.¹⁵

In social care, government was aware of the scale of the staffing crisis and its causes. In his first speech as Prime Minister, Boris Johnson pledged to "fix the crisis in social care once and for all." And a 2019 survey commissioned by the NHS Confederation found three quarters of MPs (76 per cent) agreed there was a crisis in social care, including more than half (58 per cent) of Conservative MPs.¹⁶

Unions warned the government that their failure to fix pay and conditions in the social care sector was damaging levels of care and impacting the NHS:

Health bosses clearly know services can no longer rely on goodwill to stay afloat, and that many of their staff are at breaking point. [...] When will the government admit that health and social care services are on their knees and take this national emergency seriously?

UNISON head of health Sara Gorton (2019)¹⁷

Concerns about capacity in health and social care had also been identified in government preparedness exercises such as Operation Cygnus.

¹³ Guardian (2018) [Patient safety hit by lack of staff, warn 80% of NHS workers | NHS | The Guardian](#)

¹⁴ Guardian (2018) [NHS suffering worst ever staff and cash crisis, figures show | NHS | The Guardian](#)

¹⁵ NHS Confed (2019) [A perfect storm? | NHS Confederation](#)

¹⁶ NHS Confed (2019) [Crisis in care | NHS Confederation](#)

¹⁷ Unison (2019) [Health and social care 'on its knees'](#).

The UK's preparedness and response, in terms of its plans, policies and capability, is currently not sufficient to cope with the extreme demands of a severe pandemic that will have a nationwide impact across all sectors.

The lack of joint tactical level plans was evidenced when the scenario demand for services outstripped the capacity of local responders, in the areas of excess deaths, social care and the NHS.

Operation Cygnus (2016)¹⁸

Consequences in the pandemic

When the Covid-19 pandemic hit, one crisis met another as unsafe staffing levels undermined the UK response to the unfolding public health crisis. Under intense pressure, workforce shortages left both services and the people who relied on them vulnerable, as shown by the Care Quality Commission's State of Care report for 2020/21.¹⁹

In **healthcare**, NHS staffing levels proved a key challenge to pandemic responsiveness. In *Falling Short: the NHS Workforce Challenge*, the Health Foundation reported that "the growth in nurse numbers has not kept pace with demand, and nursing vacancies increased to almost 44,000 in the first quarter of 2019/20, which is equivalent to 12 per cent of the nursing workforce."²⁰ And in 2020 nearly two-in-five NHS consultants (39 per cent) reported a consultant vacancy within their department.²¹

This systemic weaknesses in the health service made it hard for the UK to cope with successive waves of Covid-19, with workforce shortages identified as a critical barrier to increasing NHS capacity – including by fully mobilising Nightingale field hospitals despite the intense pressure on health services.²²

NHS staff struggled with work-related burnout resulting from the additional pressures brought on by COVID-19, linked to limited ability to rest and recover during breaks, concerns around inadequate PPE equipment, and changes in workloads and responsibility.²³ Due to the profile of the workforce, this had a disproportionate impact on women and Black and minority ethnic workers.

Healthcare providers were unable to maintain services alongside treating Covid patients. Referrals fell dramatically at the onset of the pandemic from 1.6 million in February 2020 to less than 500,000 in April 2020. The proportion of patients waiting at

¹⁸ Department of Health and Social Care (2016/20) [Exercise Cygnus Report](#)

¹⁹ Care Quality Commission (2021) [State of Care 2020/21](#)

²⁰ The Health Foundation (2019) [Falling short: the NHS workforce challenge](#)

²¹ Nuffield Trust (2022) [The NHS workforce in numbers](#)

²² The Health Foundation (2021) [Staff shortages left the NHS vulnerable to the COVID-19 storm](#)

²³ Gemine et al (2020) [Factors associated with work-related burnout in NHS staff during COVID-19: a cross-sectional mixed methods study](#)

least six weeks for a diagnostic test rose from 10 per cent to 58 per cent between March and May 2020. At the same time, the number of treatments for patients fell to its lowest since April 2015.²⁴

Older people have greater need for healthcare services than younger people, so the difficulties accessing services had a particular impact on them. Research published by Age UK found that by February 2021 there were significant signs of health deterioration in older people, including loss of mobility and independence, and more people living with pain.²⁵

In **social care**, the lack of access to healthcare, and deterioration in the health of service users, put greater demands on staff who were already overstretched.

Understaffed social care teams also had to learn and understand how to implement Covid safety procedures for home visits and in residential care. This was made harder by the lack of inclusion of social care in many of the government's preparedness exercises, resulting in a lack of clear contingency plans for the sector.

And staff had to attend to the additional needs of service users who became ill with Covid, monitor the course of the illness, and safely manage both admissions to hospital and returns from hospital.

As a result, the pandemic had a severe impact on people receiving adult social care services, notably those in care homes, with 93,475 deaths of care home residents occurring in England and Wales from 28 December 2019 to 12 June 2020 – this was 29,393 more than the same period in the previous year. Of these, 19,394 (21 per cent of all care home resident deaths) mentioned "novel coronavirus (COVID-19)".²⁶

Staff shortages continued to have a detrimental effect. The DHSC 2020/21 winter plan introduced 'designated settings' to provide a care setting for service users with positive Covid-19 diagnosis transferring out of hospital into a care home. However, the Care Quality Commission reported that unsuitable providers were initially put forward, such as settings where Covid-19-positive people could not be separated from other service users, including because shortages meant staff could not be dedicated to separate care areas.²⁷

Lessons for the future

International evidence shows that staffing levels for nurses and doctors affect quality and efficiency of care, and the patient outcomes that result.²⁸

²⁴ Care Quality Commission (2021) [State of Care 2020/21](#)

²⁵ Age UK (2021) [Research showing just how badly the pandemic was impacting older people](#)

²⁶ CQC (2020) [State of Care 2019/20](#)

²⁷ CQC (2021) [State of Care 2020/21](#)

²⁸ RCN (2023) [Impact of Staffing Levels on Safe and Effective Patient Care: Literature Review](#).

To be resilient and prepared for a future pandemic, staffing levels must increase. And this will only happen through greater investment in our health and social care workforces. Government should:

1. Work with TUC and unions in the public sector to develop fully funded, long-term workforce strategies in health, social care, and other parts of the public sector. This should include restoration of the lost value of pay since 2010.
2. Work in social partnership and dialogue with unions and employers, using appropriate forums where they exist, such as the social partnership forum in the NHS, and creating them where they don't, such as in social care in England.
3. Fix the recruitment and retention crisis in social care, banning zero hours contracts and delivering a new £15 sectoral minimum wage.
4. Increase the attention given to social care services in contingency planning exercises, so that the social care workforce role, and requirements such as staffing levels, are better understood before a future pandemic.

2. Public sector capacity and resources

Austerity

Austerity policies reduced access to services relied upon by millions of families. From the closure of Sure Start centres, to the closure of fire stations, few services were left unscathed.

In the last financial year before the pandemic, government spending per capita was still significantly below 2010 levels in many services, including social care, transport, housing, childcare, schools, higher education, police, fire services, and environmental protection.²⁹

Service cuts had stronger net impacts on younger people and families, not least because of cuts to funding per pupil in schools. Between 2010 and 2020, **school funding** per pupil was cut by 8.3 per cent in England, 6.4 per cent in Wales, 2.4 per cent in Scotland and 10.5 per cent in Northern Ireland.³⁰

The cuts also had stronger net impacts on women than men, disabled people than non-disabled people, and on black and minority ethnic groups.³¹

²⁹ TUC/Landsman Economics analysis of departmental spending data from 2010 to 2020

³⁰ Institute for Fiscal Studies (2019) [Annual report on education spending in England](#)

³¹ TUC/Landsman Economics analysis of departmental spending data from 2010 to 2020

Although **the NHS** was a 'protected service' its funding increases did not keep pace with growing pressures. A 2018 report by the Health Foundation, Institute for Fiscal Studies, King's Fund and Nuffield Trust found that spending increases only just met rising demand from demographic changes like an ageing population. They concluded that the NHS needed additional funding for new technologies and treatments, and for NHS pay to keep pace with general wage growth.³²

Spending cuts also placed restraints on capital investment, such as **maintaining buildings and modernising technology**. In 2019, capital investments in the UK health sector were 10 per cent below the 2010 levels.³³ This forced NHS providers to cut the number of hospitals and delay the upgrading of equipment.

Schools and local government were also forced to cut capital investment. This meant that many crumbling and inadequate school buildings and care homes could not be repaired or replaced.

As public services battled to balance budget sheets, many services were outsourced, leading to fragmentation of services, and worse pay and working conditions for the workforce.³⁴

Against a context of workforce shortages, deep and prolonged spending cuts, and reconfiguration of huge swathes of the sector, our public services went into the pandemic in a weakened and fragile state.

Impacts

In the winter before Covid hit, **the NHS** had the lowest performance across all A&E departments since records began. Overnight general and acute bed occupancy regularly exceeded 95 per cent, well above the level many consider safe.³⁵ And wait times for times for GP and hospital appointments were soaring.

By 2020 the UK had just 2.4 hospital beds per 1,000 population, half that of the OECD average of 4.3 hospital beds.³⁶ Public satisfaction in the NHS had fallen significantly,³⁷ as had health outcomes, and the service had built up a deficit of more than £4.3 billion

³² The Health Foundation, Institute for Fiscal Studies, King's Fund and Nuffield Trust (2018) [Does the NHS need more money and how could we pay for it?](#)

³³ OECD (2021) [Capital expenditure in the health sector](#)

³⁴ CLES (2014) [Austerity Uncovered](#)

³⁵ Kings Fund (2021) NHS hospital beds: past and present <https://www.kingsfund.org.uk/publications/nhs-hospital-bed-numbers>

³⁶ OECD (2022) [Hospital beds data](#)

³⁷ Statista (2023) [Public satisfaction with the NHS in the United Kingdom \(UK\) 2000-2022;](#)

by 2018.³⁸ And the amount of time people spend living in poor health increased, with life expectancy falling for people living in deprived areas.³⁹

Council services were hit particularly hard, with direct funding for local authorities cut but only partially replaced by local authority retention of business rate revenue. The impacts reduced local authority core spending power by a third between 2010 and 2020.⁴⁰

Over the same period, demographic changes increased pressures – for instance higher referrals and more complex cases in both adult and children’s social care.⁴¹ And new statutory duties in public health, social care and homeless have stretched budgets further.

Social care represents the biggest area of spending for local government. By 2015-16, 87 per cent of councils provided assistance only in cases of ‘substantial’ or ‘critical’ need, compared to 47 per cent in 2005-06.⁴² And between 2014/15 and 2020/21 there was a 16.6 per cent decline in the number of people aged over 65 accessing long-term care, worsening the condition of people unable to access care and increasing dependency on unpaid carers.⁴³

For those who continued to receive care, the standard fell dramatically. In the first half the decade, the number of 15-minute home care visits – rather than 30, 45 or 60-minutes – rose sharply as councils tried to do more with less.⁴⁴ This led to dangerously low and inadequate levels of care.

Schools reported huge challenges coping with severe budget pressures and meeting the increasingly complex needs of children – including the effects of a surge in child poverty due to social security cuts. And schools were increasingly using pupil premium funding – intended to support disadvantaged pupils – to cover day-to-day costs for all pupils, diluting its impact.⁴⁵

Fire services were scaled back with English fire authorities losing over 9,000 fire fighters – around 20 per cent of the workforce – and losing more than 100 staffed fire stations.⁴⁶

³⁸ NHS Providers (2018) [Making the most of the money: efficiency and the long-term plan](#)

³⁹ Institute of health equity (2020) [Health Equity in England: The Marmot Review 10 Years On - IHE \(instituteofhealthequity.org\)](#)

⁴⁰ TUC (2019) [Councils in crisis | TUC](#)

⁴¹ NAO (2018) [Financial sustainability of local authorities 2018 \(nao.org.uk\)](#)

⁴² TUC (2015) [Austerity Uncovered](#)

⁴³ Institute for Government and CIPFA (2022) [‘Austerity’ in public services: Lessons from the 2010s.](#)

⁴⁴ UNISON (2014) [15 minute home care visits in England on the rise](#)

⁴⁵ National Foundation for Educational Research (2018) [School Funding in England Since 2010 – What the Key Evidence Tells Us](#)

⁴⁶ Guardian (2022) [Firefighter numbers in England down 20% since 2010, analysis shows](#)

Warnings

Throughout the decade preceding the Covid-19 pandemic, the TUC and our affiliated unions in the public sector highlighted the disastrous impact that spending cuts were having.

Ambulances queuing outside A&E departments have become a common and distressing sight. Understaffing, bed shortages and a failure to get a grip on social care problems are behind these delays, which then ripple out across entire hospitals. This is what nine years of an NHS squeeze on resources does.

Dave Prentis, General Secretary, UNISON (2019)⁴⁷

School budgets are at absolute breaking point. School leaders have made all the obvious savings – now they are faced with having to make major changes to the way they provide education.

Paul Whiteman, General Secretary, NAHT (2019)⁴⁸

The TUC's 'Austerity Uncovered' showed stark regional disparities, with cuts for authorities with higher levels of deprivation well above average spending reductions.⁴⁹ The report identified a move away from the principle of universal services with increased use of rationing, targeting and thresholds:

This government is taking a sledgehammer to public services and local government. Adult social care is in crisis... with cuts on this scale it will be impossible to protect local services. The tragedy is that the cuts have been disproportionate – those local authorities with the greatest need have been the worst hit.

Frances O'Grady, General Secretary, TUC (2015)⁵⁰

In the latter end of the decade, the Local Government Association⁵¹ and National Audit Office⁵² warned the government that cuts to local authority budgets were unsustainable – as did the TUC and our affiliated unions representing members in the sector.

⁴⁷ UNISON press release (2019) [Ambulance delays down to nine-year NHS funding squeeze](#)

⁴⁸ Guardian (2019) [School heads write to millions of parents over funding cuts | School funding | The Guardian](#)

⁴⁹ TUC (2015) [Austerity Uncovered](#)

⁵⁰ TUC press release (2015) [Austerity cuts are threatening the future of local authority services in England](#)

⁵¹ LGA (2017) [Council funding to be further cut in half over next two years - LGA warns | Local Government Association](#)

⁵² NAO (2018) [Financial sustainability of local authorities 2018 \(nao.org.uk\)](#)

There are clear signs that they [local authorities] are at breaking point as services are declining to an unacceptable level of quality, and they are becoming unable to meet basic needs.

TUC, Councils in Crisis (2019)⁵³

Consequences in the pandemic

By decimating our public services, the austerity programme undermined our readiness to respond to a national emergency such as the Covid-19 pandemic.

Public sector **capacity and resources**, such as staffing, respirators and numbers of hospitals beds, were insufficient and needed to expand quickly.

A **multi-agency response** was necessary, requiring government at all levels to work together. But austerity had cut local government and public health capacity to the bare minimum, and it had damaged trust between tiers of government.

The **fragmentation and privatisation** of huge swathes of our public services, through the increased use of outsourcing during the 2010-2020 decade, also limited the government's ability to deliver a coordinated multi-agency response.

The hollowing out of **local government** and **public health** services in the decade leading up to 2020 severely undermined government attempts to deliver a more localised management of outbreaks. As an Oxford University study noted, local authorities in England did not have the "infrastructure, capabilities, data or governance frameworks to execute a localised approach effectively" due to the preceding decade of austerity.⁵⁴

After a decade of being starved of funds, outdated **care homes** could not provide the space for residents to isolate appropriately, nor did they have the back-office space needed for staff to wade through the reams of erratic and continually updated guidance.⁵⁵

In **the NHS**, pandemic preparedness had been overlooked as financial pressures required providers to focus on more urgent and pressing needs. As the BMA observed:

"It seems clear that the capacity of certain levers of state to respond quickly as cases of COVID-19 rocketed were deeply hampered: public health specialists deeply cut in number and resource were unable to track cases once they moved into the hundreds, the NHS relied on temporary hospitals in conference centres and cancelled swathes of non-COVID

⁵³ TUC (2019) [Councils in crisis | TUC](#)

⁵⁴ Martin, C; Kan, H; Fink, M (2022) Crisis preparation in the age of long emergencies

⁵⁵ Nuffield Trust (2023) [Unaddressed weaknesses of social care sector impacted the ability to respond to Covid | Nuffield Trust](#)

procedures, PPE stocks were out of date and unsuitable for the job in hand and testing capacity was very limited.”⁵⁶

In **schools**, teachers were already working some of the longest unpaid overtime of any profession.⁵⁷ And they now faced the challenge of providing teaching and childcare in schools to the children of key workers, whilst simultaneously planning and delivering lessons for home-schooling without any investment having taken place in remote learning technologies. The reliance on digital learning also opened up a digital divide for families unable to afford equipment.

Lessons for the future

The Covid-19 pandemic proved to be a long-lasting cross-cutting emergency. Experts predict more of these – whether public health, environmental or security – are likely to happen in the future.⁵⁸ Our public services need to be more resilient and prepared for this kind of crisis next time.

1. Strong and resilient public services require sustainable, long-term funding, including significant capital investment to ensure we have capacity, resources and buildings fit for purpose.
2. Outsourcing has weakened public services. Our services should be brought back in-house with sufficient funding to ensure the decent working conditions necessary to deliver high-quality services.
3. The role of local government and its skilled workforce in building strong and healthy communities should be greater valued.

3. A strong social security safety net

Austerity

Since 2010, £14 billion has been cut from support to households through social security and welfare benefits.⁵⁹

Most of these cuts were made in the period 2010 to 2016 when David Cameron was Prime Minister and George Osborne was Chancellor.

⁵⁶ BMA (2020) Austerity – Covid’s Little Helper

⁵⁷ TUC research (2020) [Work Your Proper Hours Day](#)

⁵⁸ Martin, C; Kan, H; Fink, M, University of Oxford (2022) [Crisis preparation in the age of long emergencies](#)

⁵⁹ New Economics Foundation (2021) [How our benefits system was hollowed out over 10 years](#)

The cuts were made through freezing basic entitlement rates, reforms to reduce entitlement, reforms to narrow eligibility, the transfer of claimants to new schemes with lower rates of support, and the replacement of grants with loans.

Changes to **social security and family support** mean that on average a family without work has lost £1,160 a year in social security support since 2010, and a family with work has lost on average £460.⁶⁰ Part of this comes from the freeze on child benefit, which reduced its annual value for a family with two children by £360 between 2010 and 2020.⁶¹ And it includes benefit freezes and multiple reductions in levels of support in the transition from tax credits to universal credit.

Changes to **disability benefits** included the removal of disability premiums as part of the transition to universal credit, and the narrowing of eligibility with personal independence payments replacing disability living allowance. Disabled claimants were also affected by benefit freezes and cuts to housing benefits.

Changes to **housing benefits** included a cap on maximum payments linked to the 30th percentile of rents. Entitlement was scrapped for most 18- to 21-year-olds. The shared room rate was extended from 25-year-olds and younger up to 35-year-olds, affecting 63,000 claimants. The benefit cap penalised thousands of larger families by reducing support the rent needed for a suitably sized home. And the 'bedroom tax' penalised claimants with a room in their accommodation that could be considered a spare bedroom.

The **social fund** was scrapped. This left families in hardship or facing a crisis without access to emergency grants for essential items, and reliant on loans instead. And it dismantled a valuable national network for the distribution of emergency support, replacing it with a fragmented and inconsistent system of support through local authorities.

These are only some of more than 50 changes that directly cut benefits or reduced levels of entitlement and access to social security support from 2010 to 2020.

Impacts

The cuts had severe consequences, increasing poverty and debt, widening inequalities, worsening people's housing circumstances, and causing life expectancy improvements to plateau.

Working age **poverty** increased from 7.9 million adults in 2010 to 8.2 million in 2020. Child poverty increased from 3.6 million children in 2010/11 to 4.3 million in 2019/20. And the proportion of people in poverty living in a household with work increase from 48 per cent in 2010 to 57 per cent in 2020.

⁶⁰ New Economics Foundation (2021) [How our benefits system was hollowed out over 10 years](#)

⁶¹ TUC calculations based on 2023 prices using CPI inflation

Unsecured **debt** reached a record high of £14,540 per household in 2020, almost £4,000 higher than it was in 2010. And the insolvency rate was nearing the height it reached in the recession that followed the financial crisis.⁶²

Disabled people lost on average £1,200 of annual support, comparing 2021 compared to 2010. And households with at least one disabled adult and one disabled child have lost £4,300 of annual support, comparing 2021 to 2010.⁶³

Homeless increased. The number of rough sleepers in England rose from 1,768 in 2010 to 4,266 in 2019.⁶⁴ Households in temporary accommodation rose from 51,000 in 2010 to 92,000 in 2020.⁶⁵ And the percentage of renters in **overcrowded homes** increased from 6.5 per cent in 2010 to 7.6 per cent in 2019.

Between 2010 and 2020 **life expectancy** in England decreased for the bottom 10 per cent of households and increased for the top 10 per cent of households. Overall progress on life expectancy stalled from 2011 onwards for the first time in more than a century.⁶⁶

Warnings

After the first few years of social security cuts, and with a fresh round of cuts planned, the TUC warned that social security cuts would damage the safety net and worsen living standards crisis.

Such cuts could not be achieved without getting rid of the vital safety net that people need if they have a baby, lose their job, or have an accident at work. Three-quarters of the welfare cuts already announced have fallen on working people, and further cuts will simply prolong the living standards crisis.

Frances O'Grady, TUC general secretary (2014)⁶⁷

The UK also received international warnings about the impacts of its social security cuts, including from the United Nations.

⁶² TUC analysis of ONS and Insolvency Service data (2020) [Our new government must address the burgeoning household debt crisis](#)

⁶³ Disability Benefits Consortium (2019) [Has welfare become unfair?](#)

⁶⁴ Department for Levelling Up, Housing & Communities (2023) [Rough sleeping snapshot in England: autumn 2022](#)

⁶⁵ ONS [Statutory homelessness live tables](#) table TA1

⁶⁶ Institute of Health Equity (2020) [Health Equity in England: the Marmot review 10 years on](#)

⁶⁷ TUC press release (2014) [Majority of voters reject Chancellor's plan to permanently shrink the state](#)

The United Kingdom should be proud of its historically strong safety net... Yet, it has been systematically and starkly eroded, particularly since 2010, significantly compromising its ability to help people escape poverty... Considering the significant resources available in the country and the sustained and widespread cuts to social support, which have resulted in significantly worse outcomes, the policies pursued since 2010 amount to retrogressive measures in clear violation of the country's human rights obligations.

Philip Alston, Special Rapporteur, UN Human Rights Council (2019)⁶⁸

Some warnings cautioned the government that the cuts may create costly problems that would result in higher spending, rather than net savings.

There is near-universal consensus on the need to reverse the Local Housing Allowance freeze with immediate effect. Removing the freeze would make economic sense, since it is likely that its continuation until 2020 will elicit more expenditure in homelessness costs than are likely to be saved in benefit payments.

Dr Julie Rugg and David Rhodes, University of York (2018)⁶⁹

Consequences in the pandemic

Poverty and deprivation during the pandemic were associated with higher mortality from Covid, and higher mortality from other causes during the period of the pandemic.⁷⁰

Public health research⁷¹ has found four pathways behind this unequal impact:

1. Exposure – including low-paid workers being in roles with greater social contact, and fewer opportunities for remote working.
2. Transmission – including difficulty self-isolating in densely populated urban areas and overcrowded housing.
3. Vulnerability – including greater prevalence of respiratory disease, heart disease and obesity in more deprived communities.
4. Susceptibility – including weakened immunity from chronic exposure to environmental stresses associated with deprivation.

⁶⁸ United Nations (2019) [Report of the Special Rapporteur on extreme poverty and human rights on his visit to the United Kingdom of Great Britain and Northern Ireland](#)

⁶⁹ Dr Julie Rugg and David Rhodes, University of York (2018), [The evolving private rented sector](#)

⁷⁰ Northern Health Science Alliance (2020) [Covid-19 and the Northern Powerhouse](#)

⁷¹ Lancet Public Health (2022) [COVID-19 mortality and deprivation: pandemic, syndemic, and endemic health inequalities](#)

The pandemic resulted in more widespread poverty and more severe material deprivation due to lost earnings, additional costs, and the weakened ability of the social security safety net to compensate.

Additional costs included higher household bills from spending more time at home during lockdowns. And it included costs associated with having children at home, such as reduced working hours to care for children and the loss of free school meals.

Aside from impacts related to Covid illness and mortality, the pandemic had other unequal impacts on wellbeing and future life chances due to benefit cuts and changes.

This includes young people required by housing benefit rules to live in cramped and poor-quality shared housing. And it includes low-income families that could only afford cramped home-schooling. It is likely that these groups will have suffered worse outcomes during the pandemic for physical and mental health, and in the case of children for educational progress.

The social security cuts and reforms since 2010 intersect with gender, race, disability, family size and age. They resulted in higher income losses for women, Black and minority ethnic groups, disabled people, larger families, and young adults. It meant that when the pandemic started, these groups had taken an unequal hit to their resilience compared to other groups in the population.

Lessons for the future

1. By increasing deprivation, social security cuts exposed low-income households to greater risk of infection and mortality. Social security support should be improved to better protect households from entering situations that increase exposure, transmission, vulnerability, and susceptibility.
2. Some unequal impacts of the pandemic on women, ethnic minorities, households with children, and households with disabled people are related to the unequal impacts of social security cuts on these groups. Greater support through social security is therefore a vital part of reducing inequality impacts in future pandemics.
3. Social security cuts undermined the ability of recipients to protect their wellbeing and continue with other important aspects of their lives. This included harm to children's wellbeing and educational progress. Future pandemic preparedness must consider the importance of social security to these wider wellbeing needs in periods of restrictions such as lockdowns.
4. Social security has long been understood as an important income stabiliser in an economic crisis. We must now learn the lesson that it is an important income stabiliser in a pandemic too. Its basic design must be sufficiently responsive, and there must be an effective means of providing additional emergency support including the type of permanent job retention scheme that many other countries have.

4. Robust health and safety

Austerity

As part of the austerity programme that began in 2010, health and safety enforcement sustained major cuts that hindered regulators' capacity to respond adequately to the pandemic:

- Funding for the Health and Safety Executive (HSE) in 2021-22 was 43 per cent down on 2009-10 in real terms⁷².
- Staff numbers have been cut by 35 per cent since 2010 on a like-for-like basis⁷³
- In local authorities, environmental health budgets per head of population more than halved over a decade (falling by 52.9 per cent between 2009 and 2018)⁷⁴.
- Enforcement visits by environmental health officers have fallen by nearly a half between 2009 and 2018 (a 49 per cent drop over a decade).

Impacts

The Health and Safety Executive (HSE) is the country's principal safety regulator. But due to the austerity programme it received just £123 million from government in 2019/20, compared to £231 million in 2009/10.

Lower funding means fewer inspections: over the same ten-year period, the number of workplaces investigated by a safety inspector fell by 70 per cent, and over a twenty-year period (2001-2021) the number of prosecutions has fallen by 91 per cent.

Warnings

Prior to the pandemic, unions and safety organisations warned repeatedly of the dangers arising from cuts to health and safety. In 2010, the TUC advised:

If employers know that there is very little chance of them being inspected, they will see little reason to make sure they are complying with the regulations on health and safety.

If you cut the amount of money for health and safety people will die as a result. Many more will be made ill or injured.

Fighting the cuts to health and safety, TUC (2010)⁷⁵

⁷² https://library.prospect.org.uk/id/2023/00486?display=original&revision=1&_ts=16525917

⁷³ As above

⁷⁴ <https://www.unison.org.uk/news/2019/04/environmental-health-cuts/>

⁷⁵ TUC (2010) [Fighting the cuts to health and safety](#)

Safety professionals agreed:

Cuts to the HSE don't just risk livelihoods; they risk the lives of the people we are trying to protect.

Richard Jones, Institute for Occupational Safety and Health⁷⁶

Of similar cuts to local authority environmental health, public services union Unison warned in 2019:

Instead of problems being stopped from happening, environmental health department are having to concentrate on minimising a problem after it happens.

UNISON Local Government⁷⁷

Consequences in the pandemic

With emergency safety rules to be enforced, the number of inspections should have increased during the pandemic. And enforcement notices would be expected to rise.

But instead, figures for inspections and enforcement notices fell to an all-time low during the pandemic, despite widespread workplace linked cases of infection. And between March 2020 and April 2021, just 1 in 218 workplaces had safety inspections.⁷⁸

The Government's £14 million fixed-term grant to HSE in response to the Covid-19 crisis did not increase the number of inspectors. Rather, most of these funds were directed to private contractors whose staff were unwarranted, lacking a right of entry to workplaces or indeed any enforcement powers.

The TUC raised concerns that a cash-strapped HSE was discouraging employers from filing reports under formal mechanisms, and that as a result thousands of deaths linked to occupational exposure of Covid-19 were going unrecorded, despite knowledge of outbreaks in thousands of workplaces⁷⁹.

A less visible HSE also led to confusion over its remit. Employers and workers alike were often unable to distinguish whether HSE or a local authority had remit in a workplace, and a study by the Resolution Foundation found that nearly half (47 per cent) of workers said they would not know who to contact to report a breach of safety regulations⁸⁰

⁷⁶ Safety and Health Practitioner (2010) [Budget cuts could reverse good record on work deaths and ill health](#)

⁷⁷ UNISON Local Government (2019) [Environmental health: how cuts are putting individuals and communities at risk and damaging local businesses and economies](#)

⁷⁸ TUC research (2021) [Only 1 in 218 workplaces inspected for safety failures during pandemic](#)

⁷⁹ <https://www.tuc.org.uk/research-analysis/reports/riddor-covid-and-under-reporting>

⁸⁰ <https://www.resolutionfoundation.org/app/uploads/2020/11/Failed-safe.pdf>

Lessons for the future

It is clear from the experience of the Covid-19 pandemic that capacity for health and safety regulation and enforcement was not anywhere near adequate. This allowed some employers to breach Covid safety requirements with little fear of being caught or punished.

To be resilient and prepared for a future pandemic, Britain's health and safety regulators need reinvestment and rebuilding. Otherwise working people's health and safety will be left at unacceptable risk, and workplaces could be centres of transmission affecting the wider community.

1. Long-term, adequate funding of health and safety regulators is required if we are to uphold health and safety laws, and ensure employers who put working people and the public at risk face the necessary consequences.
2. Health and safety inspectors in HSE and local authorities must have adequate capacity to carry out their roles, with the necessary independence to pursue employers with relevant enforcement measures. This must include a recruitment drive where capacity concerns are identified owing to an aging workforce or a long-term freeze in recruitment.
3. A realignment of health and safety regulation, to ensure independence, and guarantee enforcement activities are in line with public and stakeholder expectations.
4. Regulatory clarity: a clear remit for which agencies are responsible for which types of workplaces, with a greater level of awareness among employers, the public and stakeholders.