

CURRENT HEALTH & SOCIAL POLICY CONTEXT – AN UPDATE FOR HEALTH DEVOLUTION COMMISSIONERS

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1 The Health Mission and Labour’s Manifesto

The Labour Government’s policies on health and social care are described in the [Health Mission](#) published by the Labour Party in early 2024, and its detailed priorities were spelled out in its [manifesto](#) published in June for the 2024 general election. The government’s policies include action to tackle the extremely high numbers patients waiting for an NHS operation, begin to build a National Care Service, and address the immediate and wider causes of ill-health in the population

2 State of the NHS

Immediately after the election, the Government commissioned a rapid independent investigation, led by Professor Lord Darzi, into the [state of the NHS](#). This described the NHS as being in serious trouble, that the social determinants of ill health such as poor housing have worsened, and that the health of the population, particularly children, has deteriorated. He identified a number of major challenges facing the NHS concerning unmet demand for its services, its performance in achieving its national targets (such as waiting times for operations), low staff morale and lack of patient voice, and its unstable financial position (particularly capital investment).

The investigation also highlighted serious issues on policies and funding for services and interventions to promote better health. Lord Darzi said “Given the potential power of preventative interventions, it is perverse that the public health grant to local authorities has been cut so substantially by more than a quarter between 2015-16 and 2024/25. Moreover, cuts to public health allocations have tended to be greater in cash terms in more deprived areas”.

And, although outside his remit, Lord Darzi said ‘it is impossible to understand what has been happening in the NHS without understanding what has happened to social care’ which he rightly described as not being valued or resourced sufficiently, and which has both a profound human cost and economic consequence.

3 Three ‘shifts’ in health and care

In the light of its policies, priorities and the legacy inherited from the previous government, The Prime Minister has made clear that the government wishes to see [three major shifts](#) in the way the health and social care system works, namely:

- from hospital into community (more care from hospitals to communities)
- from sickness to prevention (bolder in moving from sickness to prevention)
- from analogue to digital (a tomorrow service not just a today service)

The government has also stated its support for the development of a Neighbourhood Health Service in each area as part of the National Health Service. The Autumn Budget 2024 (see below) says that in shifting care from hospital to community the government wants to see more care delivered through Neighbourhood Health Services. These will provide more proactive and personalised care that will be better for patients and deliver better value for taxpayers.

This is likely to build on the analysis in the Fuller Stocktake of Primary Care Networks but could go much further in creating an entirely new locality level structure for all local primary and community care NHS services.

4 Spending Review 2025

The Government sets spending limits for each of its departments at [Spending Reviews](#) (SR) that take place every few years. They include both resource (day-to-day) and capital (investment) spending, but do not set limits on demand-driven spending such as benefits.

The Spending Review 2025 is taking place in two phases and first consists of setting departmental budgets for 2025-26 alongside the Autumn Budget 2024, followed by a comprehensive multi-year Spending Review to conclude in Spring 2025. The SR 2025 to be published in March next year provides the opportunity for the Government to describe how it wishes to allocate resources to measures and policies that will help achieve its core policy goals across all government departments for three years 2026-2029.

5 The Autumn Budget 2024

The Government's [Autumn Budget 2024](#) included a great measures affecting health, social care and public health policy and services including:

5.1 Impact on the NHS

Increased Funding: The Department of Health and Social Care (DHSC) settlement provides total Department Expenditure Limit funding of £214.1 billion in 2025-26. Resource spending is set to increase by £22.6 billion in 2025-26 compared to 2023-24 outturn. Capital spending will increase as phase 1 of the Spending Review provides an increase of £3.1 billion in 2025-26 compared to 2023-24 outturn, rising to £13.6 billion, a two-year average real terms growth rate of 10.9%. This includes:

- £1 billion in additional capital for the NHS to address critical maintenance, repairs, and upgrades across the estate,
- £1.5 billion for NHS beds and diagnostic and surgical capacity in England to help bring down waiting lists and support people back into work,
- £1 billion for technology to boost NHS productivity,
- over £2 billion for health R&D to drive innovation and support the UK's leading life sciences sector

5.2 *Impact on social care*

Increased Funding: The [Local Government settlement for 2025-26](#) will increase to £14.3 billion, which includes an additional £1.3 billion of new grant funding for local authority services including £680 million in new grant funding for social care (mainly adult social care and children) and a new 'Recovery Grant', worth £600 million that will be distributed to places with greater need and demand for services (deprivation is the proxy for this), and which are least able to fund their own services through income raised locally. The maximum increase to the council tax will be 3% and the social care precept 2% (a total of 5%) before the referendum rules apply. Together with council tax flexibilities and locally-retained business rates, this will provide a real-terms increase in total core spending power in 2025-26 of 3.2%. This is alongside an £86 million increase to the Disabled Facilities Grant to support 7,800 more adaptations to homes for those with social care needs to reduce hospitalisations and prolong independence.

Increased Costs: The 1.2% increase in employer National Insurance and the lower starting threshold of £5,000 will apply to private and charitable providers of social care services. There will be a 6.7% rise in the National Living Wage in April 2025 to £12.21 per hour with the National Minimum Wage (NMW) for 18-20 year-olds increasing by 16.3% to £10.00 per hour on a journey to eventually establishing a single adult minimum wage rate.

The [Nuffield Trust](#) have estimated that the total cost of these two budget measures on social care providers in England is £2.8bn. The impact on individual care providers will vary according to variables such as their size, the proportion of their staff being paid the NLW and their reliance on publicly funded or self-funding clients.

A survey of social care providers by the Care Providers Alliance shows that without immediate government intervention:

- 73% will have to refuse new care packages from local authorities
- 57% will hand back existing contracts to local authorities or the NHS
- 77% will have to draw on reserves
- 64% will have to make staff redundant
- 92% will be forced to increase rates for self-funders
- 77.6% of care home providers will reduce or stop planned maintenance and 79.7% will halt capital investment
- 42.9% of homecare providers will need to shorten care visits and 38.2% are considering moving to unregulated care delivery models

A number of umbrella bodies in the social care sector have written formal letters of representation or petitions to the Chancellor concerning the financial impact of the Autumn Budget 2024 on the social care system and calling for additional financial support to ensure services can continue. These include action by:

- [Specialist care organisations](#)
- [Care England](#)
- [Providers Unite](#)
- [Care Providers Alliance](#)

5.3 *Impact on carers*

To support unpaid carers, from April 2025 the government will increase the Carer's Allowance weekly earnings limit from £151 a week to the equivalent of 16 hours at the National Living Wage (£195.36 a week). The changes will support those receiving Carer's Allowance, 70% of which are women, to start work or work more hours. This is an increase of £45 per week and will allow over 60,000 more carers to access Carer's Allowance. There will also be an independent review into overpayments of Carer's Allowance, which will consider how they occurred and what operational changes can be made to minimise the risk of future overpayments.

5.4 *Impact on children*

Spending on early years and family services will increase to over £8 billion in 2025-26 including:

- an additional £1.8 billion to continue the expansion of government-funded childcare and help more parents, particularly women, stay in and return to work.
- investing over £30 million in the rollout of free breakfast clubs next year, to fund breakfasts in thousands of schools and help working parents.
- £69 million to continue delivery of a network of Family Hubs.

The government will provide over £250 million in 2025-26 to continue to test innovative measures to support children and reduce costs for councils. This includes £44 million new funding to pilot a Kinship Allowance as well as to create hundreds of new foster placements, enabling more children to stay in family environments.

Phase 1 of the Spending Review provides a £1 billion uplift for SEND and alternative provision funding, equivalent to 6% real growth. This is an important step towards realising the government's vision to reform England's SEND provision to improve outcomes and return the system to financial sustainability, which will be built on through Phase 2 (see below in section 14).

5.5 *Impact on public health and the social/economic determinants of ill-health*

There are no public health funding measures specified in the budget, however it does re-affirm that in moving from a model of sickness to prevention, the government is taking action against childhood and adult obesity and creating the first smoke-free generation. It says the government will:

- restrict junk food advertising on TV and online to reduce the number of children living with obesity,
- gradually end the sale of tobacco products across the country,
- ban vapes from being deliberately branded and advertised to children,
- deliver an ambitious package of support to help current smokers to quit.

The government will provide £1 billion, including Barnett impact, to extend both the Household Support Fund in England and Discretionary Housing Payments in England and Wales in 2025-26. This will be used by local authorities to help low- income households facing hardship and financial crisis, including supporting them with the cost of essentials such as food, energy and water.

The government is helping low-income households on Universal Credit (UC) by allowing them to pay off their debts over a longer timeframe and keep more of their UC each month. The government is creating a new Fair Repayment Rate which caps debt repayments made through UC at 15% of the standard allowance. This will benefit around 1.2 million households as they will keep more of their UC award each month, with households expected to be better off by £420 a year; and around 700,000 of the poorest families with children will benefit as a result of this change.

6 The NHS Ten Year Plan

The development of a Ten-Year Plan for the NHS will inform the SR 2025 and then be published, as a White Paper later in Spring (e.g., May or June 2025). It will provide a new policy framework for delivering the Government’s core policy ambitions over time.

Engagement: It is being developed through a major process of engagement with the public, patients and stakeholders throughout the country ‘[Help Build a Health Service Fit for the Future](#)’, launched on 21st October 2024 and is structured around the three shifts in healthcare. The plan will include direct references to social care services where these have a direct impact on NHS performance and productivity. The closing date for submissions is 2nd December 2024.

Advisory Groups: Ministers are setting up seven groups to study policy “enabler” areas; and four “vision” groups to inform the NHS Ten Year Plan which is due to be published in May 2025. Each group has a co-chair from the Department of Health and Social Care or NHS England and one who is from outside. The “vision” groups must submit reports before the end of 2025 while the “enabler” groups have been asked to report by February 2025.

Membership of all the groups is not yet finalised, however it is believed that each will include representatives from DHSC/NHSE; patient or service user groups; clinicians; trust or system leaders; the third sector; and others organisations such as think tanks and universities. Groups which have a co-leader from the DHSC will have a member from NHSE, and vice-versa, to ensure both are represented. The co-chairs are:

‘Enabler’ groups

- **Accountability and oversight:** DHSC director general for secondary care Matt Style; and West Yorkshire Integrated Care System CEO Rob Webster.
- **Digital:** NHSE chief data and analytics officer Ming Tang; and Tim Ferris, former NHSE national director of transformation, primary care doctor and Harvard Medical School professor of medicine.
- **Finance and contracting:** NHSE chief finance officer Julian Kelly; and Bill McCarthy, governor of Leeds Trinity University, former national policy director and leader of NHS regional teams, trusts, and a city council.
- **Mobilisation/making it happen:** Sally Warren, DHSC director general for the 10-year plan; and Joanna Killian, Local Government Association CEO.
- **People:** Gavin Larnar, DHSC workforce director; and Alison Griffin, London Councils CEO.

- **Physical infrastructure:** Emily Curtis, DHSC director of capital; and Simon Linnett, former Bedfordshire Hospitals chair, and former Rothschild & Co adviser, including on NHS private finance initiative schemes.
- **Research, life sciences and innovation:** Lord Ara Darzi; and NHSE national transformation director Vin Diwakar.

‘Vision’ groups

The “vision” groups are based on “I statements” taken from [work by National Voices, the coalition of health and social care charities](#), and summarise how patients and service users would like to be treated by services:

- **“I can stay healthy and manage my health in a way that works for me”** (covering prevention and managing health conditions): Jeanelle de Gruchy, deputy chief medical officer, and joint lead for the Office for Health Improvement and Disparity; and Ravi Gurumurthy, chief executive, Nesta.
- **“I am treated in a fair and inclusive way, irrespective of who I am”** (covering inequalities): NHSE inequalities director Professor Bola Owolabi; and Jacob Lant, National Voices CEO.
- **“I can access the high-quality and effective care I need, when and where I need it”** (covering access): NHSE chief operating officer Dame Emily Lawson; and Louise Ansari, Healthwatch England CEO.
- **“My care is integrated around my needs and I am listened to”** (covering person-centred care/multimorbidity): Professor Claire Fuller, a GP and NHSE national primary care medical director; and Caroline Abrahams, Age UK charity director.

7 The Employment Rights Bill

The [Employment Rights Bill](#) published on 10th October 2024 is a far-reaching piece of legislation to deliver the key legislative reforms in the Government’s [‘Plan to Make Work Pay’](#). The [government’s explanatory notes](#) describe and explain in detail all the measures in the bill that cover:

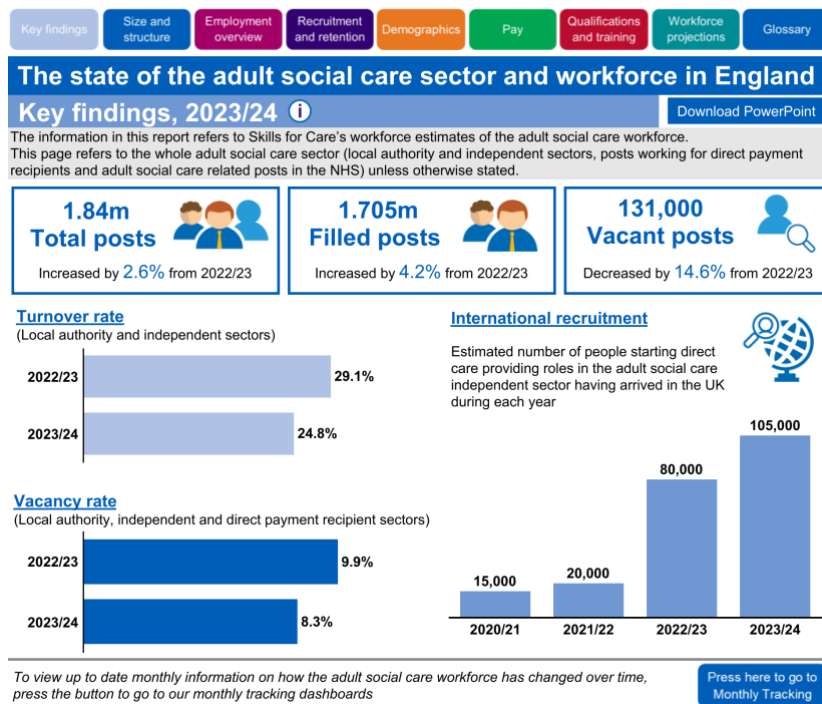
- Employment rights (e.g., zero hours contracts)
- Employment law reform (e.g., handling redundancies)
- Pay and conditions in particular sectors (including adult social care)
- Trades Unions and Industrial Action
- Enforcement of Labour Market legislation
- Other general provisions

The Bill will create the Adult Social Care Negotiating Body (ASCNB) for collective bargaining in adult social care and empower Ministers to make regulations with wide-ranging and detailed order-making with regard to upgrading pay and conditions in the care sector. The body’s potential scope, remit, coverage, outcomes, legal status and obligations are outlined in appendix 1. Any improvement in care workers’ pay and conditions resulting from the Bill are unlikely to be implemented before 2027/28 at the earliest.

8 A Social Care Ten Year Plan

Government Ministers have stated their intention to develop a 10-year plan for social care that will parallel the NHS Plan as it embarks upon delivering its manifesto pledge to create a National Care Service but it is not known yet how this will be taken forward; and, alongside that, to establish a cross-party process (possibly a Royal Commission) for addressing key questions about the future funding of social care services.

In October 2024 Skills for Care published their annual analysis of the [state of the social care sector and workforce](#) (2023/2024) summarised below:



9 Economic growth

Devolution

The government is firmly committed to devolution as an important design principle for policies and programmes to help achieve economic growth. Labour's manifesto made a pledge to ["transfer power out of Westminster, and into our communities with landmark legislation to take back control"](#), and an English Devolution Bill was announced in the [King's Speech](#) in July 2024.

The Government has since announced a number of [new devolution deals](#) with a commitment to deliver full devolution across the North; and in October 2024 held the inaugural meeting of a new [Council of the Nations and Regions](#) that brings together First Ministers, Northern Ireland's First Minister and Deputy First Minister and regional Mayors from across England.

The autumn budget 2024 re-affirms the contribution that devolution will be expected to make to achieving the government's growth mission as one of the seven foundation pillars:



The budget re-affirms its commitments to:

- Publishing an English Devolution White Paper that will set out the government’s plans to widen devolution to more areas and deepen the powers of existing mayors and their combined authorities, ensuring they have the tools needed to boost economic growth. The focus will be on economic devolution through a core set of important microeconomic levers including transport, housing, and adult skills where the vast majority of funding is currently ring-fenced and policy determined nationally.
- Granting wider borrowing powers for newly established Mayoral Combined (County) Authorities to provide the North East Combined Authority; East Midlands Combined County Authority; and York and North Yorkshire Combined Authority with borrowing powers across the full range of their functions
- Implementing integrated settlements for the Greater Manchester and West Midlands Combined Authorities (CA) from the start of the 2025-26 financial year, and for Liverpool City Region CA and the North East, South Yorkshire and West Yorkshire Mayoral Combined Authorities from the start of the 2026-27 financial year. The government will also explore how an integrated settlement could apply for the Greater London Authority from 2026-27.

Industry strategy

The Government’s 2024 Green Paper [‘Invest 2035: The UK’s Modern Industrial Strategy’](#) is a 10-year plan to deliver certainty and stability to businesses to invest in the high growth sectors that will drive its growth mission. The Strategy will focus on tackling barriers to growth in the highest potential growth-driving sectors and places, creating the right conditions for increased investment, high-quality jobs and ensuring tangible impact in communities right across the UK.

The Strategy’s goal is to capture a greater share of internationally mobile investment in strategic sectors and spur domestic businesses to boost their investment and scale up their growth – an essential step in achieving, sustainable, inclusive and resilient growth. The Industrial Strategy will focus on the eight sectors which offer the highest growth opportunity for the economy and business namely: Manufacturing, Clean Energy Industries, Creative Industries, Defence, Digital and Technologies, Financial Services, Life Sciences, and Professional and Business Services.

10 Health and Social Care Select Committee

The cross-party Health and Social Care Committee is responsible for scrutinising the work of the Department of Health and Social Care and its associated public bodies. It examines government policy, spending and administration on behalf of the electorate and the House of Commons.

On 4th November 2024 the Committee launched an inquiry '[Adult Social Care Reform: The Cost of Inaction](#)' to understand the costs of not taking action to reform the social care system. Deadline for submissions of evidence is 11th December 2024.

The Committee is also holding an [inquiry](#) into how the government is developing its 10 Year Health Plan with a focus on ensuring that typically unrepresented groups are included in the formation of the Plan. Members of the new Parliament's re-formed Health and Social Care Select Committee are:

| First name | Surname | Party | Constituency |
|------------|--------------|------------|----------------------------|
| Layla | Moran | LD (Chair) | Oxford West and Abingdon |
| Danny | Beales | LAB | Uxbridge and South Ruislip |
| Ben | Coleman | LAB | Chelsea and Fulham |
| Beccy | Cooper | LAB (Dr) | Worthing West |
| Deidre | Costigan | LAB | Ealing Southall |
| Jen | Craft | LAB | Thurrock |
| Josh | Fenton-Glynn | LAB | Calder Valley |
| Andrew | George | LD | St Ives |
| Paulette | Hamilton | LAB | Birmingham Erdington |
| Joe | Robertson | CON | Isle of Wight East |
| Gregory | Stafford | CON | Farnham and Bordon |

11 The Mental Health Bill 2024

The Government have published a [Mental Health Bill](#) to improve treatment of patients and address inequalities and includes:

- Modernising the outdated Mental Health Act to better support patients, treat them more humanely, and address disparities
- Reforms that will introduce statutory care and treatment plans, end the use of police and prison cells to place people experiencing a mental health crisis, and end the inappropriate detention of autistic people and people with learning disabilities
- Greater involvement of patients, families and carers will improve treatment whilst protecting patients, staff and the wider public

12 ADASS Survey of Adult Social Care

The [2024 autumn survey](#) by Directors of Adult Social Services says that Adult social care financial pressures are intensifying, meaning that councils continue to face challenges in fully delivering on their legal obligations to people accessing care and support and their carers. 81% of councils are on course to overspend their adult social care budget in the current financial year, up from 72% in 2023/24.

The ADASS report says that the LGA's latest projections see a gap of £2.3bn in council finances widening to £3.9bn in 2025/26 – the equivalent of around 3% and 5% of councils' spending on services in those years, respectively. Many councils are described as 'resorting to emergency measures simply to stay afloat'. Some 10% of unitary councils have approached the Ministry of Housing, Communities and Local Government for Emergency Financial Support (EFS) over the last year, and 44% councils with social care responsibilities are likely to apply for EFS within the next couple of years. It is worth noting that where EFS is agreed it allows councils to use borrowing or the sale of assets to fund day-to-day expenditure and is therefore – as noted by the Institute for Government - a 'completely unsustainable' way of meeting rising need and demand.

ADASS says that 'these are not the conditions for adult social care to thrive. These are not the conditions under which the new Government's proposed National Care Service can hope to succeed.' At their November conference the president of ADASS said that the autumn budget 2024 would ['catastrophic impacts on the costs of adult social care'](#).

13 Care Quality Commission Report

The [CQC State of Care Report](#) published in October 2024 describes the state of care across the health and social care system in the financial year 2023/24 including primary and community care, adult social care, mental health and secondary care. Key issues it draws attention to include:

Access to primary care: More people are struggling to get appointments to see a GP at the same time as the number of people registered with a GP has increased. In our survey of 1,600 adults who had accessed care in the last year, the 2 services that people had the most difficulty accessing were GP services (59%) and dental services (23%). Demand and capacity pressures on NHS primary dental services contribute to problems in accessing care that are leading to the deterioration in people's oral health.

Adult social care: The need for social care continues to increase, including when people are discharged from hospital. However, supply has not always kept pace, meaning more people are not getting the support they need. In April 2024, waits for care home beds and home-based care accounted for 45% of delays in discharging people who had been in an acute hospital for 14 days or more, with nearly 4,000 people delayed on an average day. Although some of these delays will have involved waits for health rather than social care services, social care is likely to have been a significant factor in these delays.

Mental health: The demand for adult mental health services continues to grow, and even more so for children and young people, with ever increasing numbers seeking care and support for their mental health. People who live in deprived areas, women, and people from ‘other’ ethnic minority groups with mental health needs are more likely to attend urgent and emergency care departments; and there is evidence of people having to wait several months – and in some cases several years – for treatment in the community.

Diagnosis: People are facing long waits for diagnostic tests. As at March 2024, there were around 1.62 million people waiting for a diagnostic test or procedure. And waiting lists are increasing. In total, the waiting list for a diagnostic test or procedure has increased by 52% since 2019.

Health services for specific groups: The number of health visitors, who give individual support for young children and their parents, has declined by 45% over the last 9 years. Only around a quarter of people with a learning disability were recorded on the learning disability register, which means that many people are missing out on the proactive care and treatment they are entitled to. Despite fewer new referrals for autism diagnoses over 2023/24, the average waiting time to start an assessment reached a peak of nearly a year (328 days) in April 2024, rather than the recommended 3 months. People in Black or Black British ethnic groups are over 3 and a half times more likely to be detained under the Mental Health Act than people in white ethnic groups.

14 Reform of children’s social care services

In November 2024 the government its plans for [reform of the children’s social care support system](#) that includes:

- A requirement that key placements providers - those that provide homes for the most children - share their finances with the government, allowing any profiteering to be challenged.
- A “backstop” law to put a limit on the profit providers can make to be introduced if providers do not voluntarily put an end to profiteering.
- Ofsted to be given new powers to issue civil fines to providers, working more quickly to deter unscrupulous behaviour than with existing criminal powers; and to investigate multiple homes being run by the same company.
- Introduction of a consistent child identifier, making sure information can be shared between professionals so they can intervene before issues escalate.
- The requirement for every council to have ‘multi-agency’ child safeguarding teams, involving children’s schools and teachers
- The requirement for all local authorities to offer the Staying Close programme – a package of support which enables care leavers to find and keep accommodation, alongside access to practical and emotional help, up to the age of 21
- A new duty on parents where if their child is subject to a child protection enquiry, or on a child protection plan, they will need local authority consent to home educate that child.

APPENDIX 1: KEY POINTS OF THE BILL FOR ADULT SOCIAL CARE PAY AND CONDITIONS

Adult Social Care Negotiating Body (ASCNB): Wholly new permanent machinery for collective bargaining in adult social care providing a setting for a rolling cycle of bargaining (not the usual approach of an independent pay review body that makes recommendations to government).

Powers for Ministers: New powers for Ministers to make regulations with wide-ranging and detailed order-making powers to create an extremely robust framework for upgrading pay and conditions in the care sector

Scope: The ASCNB will cover all care providers – public, charitable and private – whose income may be from wholly or partly publicly funded or self-funded clients.

Remit: Ministers will have the power to mandate the negotiating body to cover any issue relating to the employment of care workers including:

- Remuneration and terms and conditions (specifically mentioned)
- Training, qualifications or professional accreditation
- Pay scales (not just minimum pay levels)
- A comprehensive system of occupational progression in social care.
- Sector-wide pension arrangements.

Coverage: The definition of ‘social care worker’ is wide, going well beyond just frontline care workers in CQC regulated services. Anyone working ‘in, or in connection with, the provision of adult social care in England’ can be covered, making it a framework for ‘sectoral’ rather than ‘occupational’ bargaining. Workers who could be in scope include:

- Administrative, catering and facilities staff in care homes
- Registered managers and regulated health professionals working in social care
- People with back-office or managerial functions in care businesses
- Personal assistants employed directly by disabled people
- Workers providing unregulated services such as home help or day centre provision
- Agency staff and workers who are not employees

The only explicit exclusion is workers supporting young adults in Ofsted-regulated services (to avoid drawing in staff who mainly work with children).

Positive outcomes: The bill permits regulations designed to prevent either side from blocking the process and to steer talks towards a positive resolution. There is flexibility as to who represents each side (as long as the worker representation includes a trade union) making it hard to collapse the process through non-cooperation. The regulations can allow ministers to:

- determine a timetable for bargaining
- create procedures for resolving disagreements
- provide for binding arbitration
- permit ministers to make decisions themselves, if no agreement has been reached on an issue they have referred to the body

Ministerial influence: The regulations would give ministers powers over:

- what topics should be considered
- what issues should be taken into account
- what conditions should be met in reaching an agreement include funding considerations.
- appointment of members of the negotiating body beyond employer and worker representatives, such as people from local or central government.
- issuing guidance or codes of practice
- requiring the negotiating body to reconsider an agreement
- rejecting or only partially accepting an agreement

Legal obligations: The agreed outcome would have direct application on every employer of a worker covered by the agreement. Employment contracts would also automatically change to be compatible (modelled on the national minimum wage legislation). Workers will be entitled to pay and conditions based on the negotiated terms from the moment an agreement commences, with a legal basis to directly challenge their employer if they do not comply.

Timetable: The sequence of events will be:

- Bill receives Royal Assent (around summer 2025)
- consultation on the detail and regulations
- establishing the negotiating body
- bargaining begins
- outcome of bargaining is implemented (2027/28 at the very earliest)