

# Health and Care | Annual Report

## Membership list

### HM Opposition

Jonathan Ashworth MP†<sup>1</sup>  
Barbara Keeley MP  
Justin Madders MP  
Sharon Hodgson MP

### NEC

Keith Birch\*  
Paddy Lillis  
Pauline McCarthy  
Darren Williams

### CLPs and Regions

Tony Beddow  
Mark Dempsey  
Joanne Harding  
Linda Hobson  
Donna Hutton  
Mariam Khan  
Rory Palmer  
Karen Reay  
Joanne Rust  
Joyce Still  
Jacqueline Taylor

### Affiliates

Cheryl Barrott  
Gail Cartmail  
Jennifer Elliott  
Mary Hutchinson  
Eleanor Smith

### Elected Reps

Luciana Berger MP  
Huw David  
Catherine McKinnell MP

\*.Co-convenor

†<sup>1</sup> Replaced Diane Abbott

## Policy Development

The Health and Care Policy Commission is responsible for developing policy in a number of areas which include the future of the NHS, social care, mental health and public health. The Commission looked at a number of issues this year, including NHS performance and finances, social care and public health. The NHS workforce, Brexit and the Conservatives' Sustainability and Transformation Plans were also discussed. Concerns were raised about damaging Government policies relating to the NHS and social care and the negative impact this Government is having on performance, patients and NHS staff.

At Annual Conference 2016, a policy seminar was held with delegates in order to talk about a variety of issues with the Health and Care Policy Commission and members of the shadow health team. Keith Birch (NEC co-convenor) chaired the session and gave an update of the work of the policy commission. He also gave a short summary of the work which had been carried out by the Commission over the previous months on their priority issue document, which focussed on mental health.

Then Shadow Health Secretary, Diane Abbott and Justin Madders, Shadow Health Minister updated delegates on the work of the Health team. Diane shared delegates' concerns about funding for mental health and high treatment thresholds resulting in people missing out on the care they need. Justin updated delegates about NHS performance, stressing that Tory failure has led to NHS Trusts struggling to meet some key targets, such as ambulance response times and A&E waiting times. He addressed the challenges facing the NHS workforce, including the Tories' decision to scrap nurse bursaries, and GP recruitment and retention with delegates.

At the seminar, there was a lively exchange between delegates which encompassed wide ranging topics and views. A number of issues were raised including carers and their pay. Delegates talked about NHS funding and agreed that the NHS cannot be a low-cost service, but needs to be funded adequately in order to meet growing needs. Other issues examined were the NHS workforce, including concerns about the level of money being spent on agency nurses. Justin Madders agreed with delegates that this is not

an effective way of paying for the workforce, that staff should be recruited directly and that the NHS should not be forced to rely on agency nurses to fill gaps. It was clear that many delegates were worried about conditions for NHS staff and were concerned about the status of EU workers in our health and social care system amid concerns that without these workers, the system would be on the verge of collapse.

Delegates were keen to talk about social care and the high levels of delayed discharges from hospital. Another key issue which was raised was the Sustainability and Transformation Plans (STPs), with some delegates concerned that these plans are being decided under the radar and could lead to cuts to services in certain areas. The use of Private Finance Initiatives (PFI) was also raised, as well as how to deal with existing debt. It was noted that regarding the issue of PFI, it is critical to get things right, and that lessons need to be learnt. Neuroscience, childhood obesity and equality and diversity in the NHS workforce were also raised.

National Policy Forum representatives met in Loughborough on the weekend of 19 and 20 November 2016 to discuss the challenges facing Britain. They attended a number of sessions over the course of the weekend to consider priorities for the consultation process for the coming year and to share views from members received on a wide range of issues. Key issues raised were NHS funding and growing financial deficits in NHS Trusts. Representatives underlined that the sustainability of our NHS depends on adequate funding, and addressing drivers of healthcare spending, especially the crisis in social care and poor public health. Representatives also discussed the social care system, the demands on which they felt had dramatically changed since the system was developed and how the funding system must change to adapt to it. There were also calls for a focus on improving standards in social care for both recipients and staff. Public health was also identified as a key challenge, particularly in the face of cuts to services. There was a general agreement that the prevention agenda should be prioritised and that action should be taken to tackle health inequalities. Mental health, an issue which members have highlighted as a priority through submissions and discussions, was also

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examined, in particular the funding of services and the lack of services for young people. Following the meeting in November, a document was produced summarising the priorities outlined at the NPF meeting. These priorities formed the basis of the consultation document produced by the Commission and published in March.

The newly constituted Health and Care Commission met for the first time in January. Jonathan Ashworth, Shadow Health Secretary, spoke about the crisis in the NHS, the Government's failure to meet key performance targets, the pay cap on NHS workers and the impact Brexit could have on the health and social care workforce. Sharon Hodgson, Shadow Public Health Minister focussed her update on three issues: funding, prevention and services. She also spoke about the Government's childhood obesity plan and the 62 day cancer target. Barbara Keeley, Shadow Cabinet Member for Social Care and Mental Health updated policy commission members on the situation facing social care, including cuts to funding and high levels of delayed transfers of care. She also touched on challenges for the social care system with regard to workforce. She also spoke about mental health, and members of the commission were concerned that Clinical Commissioning Groups (CCGs) are not using funding correctly to support Children and Young Persons mental health. Justin Madders, Shadow Health Minister, gave an update on patient safety, A&E and Sustainability and Transformation Plans (STPs). Workforce issues were also underlined as being key to the challenges faced by services, including the uncertainty of Brexit.

Commission members believed that there was a need for a proactive approach to be taken in the run up to winter, rather than waiting for a crisis to happen in our NHS. There were concerns that there is a general lack of transparency when it comes to Sustainability and Transformation Plans and that these need to be scrutinised closely. Pressures in the NHS, including in maternity services, and rationing were also raised as concerns, as well as the risk of losing funding streams from the EU which currently provide funding for health research.

Commission members were keen to stress how NHS and social care are key priorities for the

Party and held a dedicated discussion on NHS finances. This had been identified by the NPF and commission members as a key issue for discussion this year. Members considered the fact that the NHS is facing its biggest financial squeeze in history and that that head for head NHS funding will be cut next year. Jonathan Ashworth talked about the Government's aim to find £22 billion of savings in the NHS, and also made reference to the £8 billion pledged by the Government, explaining that this figure has been widely discredited and is a misrepresentation of the funding actually going into the NHS in England. There was acknowledgement from Commission members that NHS funding is a key issue which would need to be further explored over the course of meetings and evidence sessions. Over the course of the meeting, some clear themes for further consideration emerged, which included social care, funding of services and public health. The NHS composite adopted at Annual Conference 2016 was tabled at the meeting and members examined the wide range of issues included in the composite. These included the reversal of NHS bursaries, stopping creeping privatisation in the health service and Labour's commitment to a publicly owned NHS, free at the point of use.

At the Commission meeting in February, Barbara Keeley led a dedicated session specifically focussing on social care, an issue which has been a priority for the Commission throughout the year and which many submissions have reflected upon. She raised concerns relating to social care funding detailing how the current level of funding is not allowing local government to meet their legal duties in relation to care. There was a general discussion regarding the social care precept and how money is raised for social care as well as carers pay and EU nationals working in the care sector. There was a general agreement that health and social care cannot be looked at separately and that a wider discussion needs to be had on future funding of both. Commission members also raised concerns about the closures of residential and care homes, which are handing contracts back to local authorities.

The meeting also considered the first draft of the consultation paper which focussed on the priority areas of funding, social care and public health,

as informed by the National Policy Forum at their meeting in November. Specifically discussed was the importance of recognising differences in health and social care policy in the devolved nations, and members felt that this was something which should be addressed in the consultation document.

The group discussed a number of submissions received including on the NHS Reinstatement Bill and access the NHS for migrants. TTIP and future possible trade deals were also raised, as were issues relating to Brexit and the health and social care workforce.

Shadow Secretary of State Jonathan Ashworth explained that the shadow health team is working hard to keep the NHS and social care prominent on the agenda, including fighting to save NHS bursaries. He also spoke about the work he has been doing to raise awareness of issues faced by children of alcoholics.

In March the Commission held a session with the leading Health charity the King's Fund, to take evidence about the state of NHS funding and finances. During the meeting representatives tackled a wide range of issues which included deficits, NHS performance, workforce and future funding of the health service. Commission members were interested to examine detail about the levels of funding required in the NHS, waste in the system and privatisation. They also asked questions about the internal market in the health system and PFI, and discussed the internal market in the NHS, with particular reference to Wales. During the session, the issue of social care and its funding was discussed in depth and discussions touched on the issue of the Living Wage, which has previously been discussed by the Commission. The Department of Health budget and workforce issues, such as the fall in GP numbers as well as in applications for nursing, formed part of the discussion. Other topical issues looked at during the course of the meeting were delayed transfers of care, social care in the community and intergenerational fairness. It was also recognised that while the focus on social care is often on older people, we should not forget that it is also important for others, for example those who suffer from learning disabilities or autism. They also discussed Sustainability and Transformation Plans and agency staff.

NHS workforce, pay for NHS workers and Brexit in the context of the NHS and its impact on workforce issues were all raised by Representatives, as was rationing. Sharon Hodgson spoke about the importance of prevention to reduce problems with alcohol, smoking and obesity. The Commission also discussed the Pre-exposure prophylaxis (PrEP) trial, a drug which can protect against HIV infection, which is due to come to an end shortly. Sharon stressed that there was a lack of Government action when it came to the childhood obesity plan. Barbara Keeley highlighted cuts to social care and that there are 1.2 million people living with unmet care needs. She also said that there is a shortage of mental health beds, meaning that younger people often end up being treated on adult wards. Justin Madders highlighted concerns on NHS pay, and raised questions about the Five Year Forward View refresh being deliverable. The Commission considered a number of submissions which had been received including on charging for GP services.

### Labour's Manifesto

Following the announcement that a snap General Election was to be held, a teleconference meeting of the Health and Care Commission took place to discuss priorities for the manifesto. A number of key issues were outlined during the phone call including on workforce, primary care, prevention of mental health problems and child health. In the run up to the Clause V meeting to agree the manifesto, members were asked to submit their policy priorities to feed into the manifesto process. Issues of importance outlined were the integration of health and social care systems, increased funding for the NHS and social care, boosting the training and recruitment of health professionals. Members of the Policy Commission also stressed that those health professionals in training should receive the support they need, and supported the view that Labour should pledge to reinstate the NHS bursary which the Tories have scrapped. Ideas and proposals were also received from a wide range of stakeholders, including charities and third sector organisations. Issues ranged from improving research and development for cancer, investing in general practice and its workforce, tackling obesity and smoking, improving end of life care, and taking action to tackle loneliness.

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There were a number of issues relating to the recent work of the Health and Care Commission reflected in the final manifesto. Health has always been, and will remain to be, a key issue for the Labour Party, and the content of the manifesto clearly demonstrated this.

Throughout the year, a key issue which was discussed at meetings and reflected in submissions was the Government's Sustainability and Transformation Plans (STPs). Members of the Commission were instrumental in raising this issue and key to ensuring that the manifesto committed to halting and reviewing the STPs. They were keen to make sure that local people should be asked to participate in the redrawing of plans with a focus on patient need rather than available finances.

The Commission were keen for the manifesto to tackle issues relating to NHS and social care staff. The document did this, pledging to scrap the NHS pay cap, guarantee the rights of EU staff working in our health and care services, to legislate for safe staffing levels in the NHS and to ensure a proper living wage for care workers – all issues on which the Commission had taken a strong view on over the course of the year. Commission members also highlighted the importance of investing in health visitors and school nurses, and this was reflected in the manifesto with a pledge to increase the number of health visitors and school nurses as part of a preventative healthcare drive.

Throughout the work of the Commission, NHS and social care funding had been a key area of discussion. We saw these views reflected in the manifesto, through the pledge to provide and extra £8 billion for social care over the course of the Parliament and to provide the NHS with £37 billion in extra investment for the NHS, including £10 billion for infrastructure. Members of the Commission also stressed that public health should be a priority. The manifesto particularly focussed on the health of children, a priority for the Commission, and also pledged to publish a new childhood obesity strategy. The manifesto also committed to improving sexual health services, particularly HIV services. A key issue for the Commission, which was looked at in detail by the Commission both last year and this year, was mental health. Following this the manifesto put forward a number of measures to improve those with mental health problems,

promising to reverse damage done by the Tories, which is particularly hitting services for LGBT and BAME communities, and committing to the ring-fencing of mental health budgets.

During the manifesto development process, the Commission also received submissions from a number of specialist organisations and charities about health and social care. For example, working to reduce loneliness in our society, an issue championed by the Jo Cox Foundation. Commission members were keen for the manifesto to highlight their opposition to the privatisation of the NHS. The manifesto pledged to reverse privatisation and return the health service into expert public control, a key issue for members, pledged to repeal the Health and Social Care Act, make the NHS the preferred provider and to reinstate the powers of the Secretary of State for Health to have overall responsibility for the NHS.

### Current Issues

#### State of the NHS

Since the Tories came to power in 2010, we have seen a marked deterioration in NHS performance across key areas in England. There are now almost four million people in England waiting for treatment, such as hip and knee operations, and 2.5 million people had to wait more than four hours to be seen in A&E departments last year. The Tories have failed to grasp the severity of the situation facing our NHS. They have effectively abandoned both the A&E and waiting time targets, conceding that waiting lists are likely to grow and that hospital Trusts will not be required to meet the four hour A&E target until March 2018.

The financial situation facing the NHS is extremely concerning. Hospital trusts ended the year £800 million in deficit, Clinical Commissioning Groups are being forced to ration services and treatments because they simply do not have sufficient funding and alarmingly, recent reports show that some areas of the country will be forced to make draconian cuts to services over the next year. In addition to this, the Tories have made cuts to infrastructure budgets, leaving our hospitals to crumble. These measures will undoubtedly have an impact on patient care.

At the General Election, Labour put forward a substantial funding package for the NHS in England, pledging to invest £37 billion over the course of the Parliament. The Tories once again failed to recognise the challenges facing our health service, and pledged far less over the course of the next five years. Commission members have discussed future funding for the NHS on several occasions, and a number of submissions were received on future funding of the health service, including different ways to pay for the NHS in years to come. The Commission will continue to keep the vital issue of funding for health and social care under review going forward.

### Workforce

Concerns about the NHS and social care workforce have increased over the last twelve months. Under the Tories, staffing shortages have become the norm. We don't have enough nurses or midwives, leaving hospital wards dangerously understaffed and patients are struggling to get an appointment with a GP due to a shortfall in general practitioners.

The Government's decision to scrap the NHS bursary has resulted in a 23 per cent fall in the number of applications to become a nurse this year. We have a serious shortage of nurses in the UK, with an estimated 24,000 nurse vacancies. Throughout the course of the Commission's work, shortages in the non-acute sector were also discussed, as were the impact of public health cuts to the workforce. It was clear from submissions and evidence that this decision will have damaging consequences for the NHS workforce. Overwhelmingly, people supported reintroducing NHS bursaries, and this policy was included in Labour's manifesto. Another key issue discussed throughout the course of the Commission's work was the NHS pay cap. It was felt that this policy, which has been in place since the Tories came to power, is unfair and completely fails to recognise the work carried out by health professionals every day. In the manifesto, Labour pledged to scrap the NHS pay cap and to put pay decisions back into the hands of an independent pay review body. In addition, Labour's manifesto made a commitment to legislate for safe staffing levels in our NHS in order to protect both patients and staff.

Another factor, which will require ongoing discussion and debate, is the potential impact of

Brexit on the NHS and social care workforce. An estimated 130,000 people from other EU countries work in our NHS and social care systems, and the Tories have failed to guarantee their rights following the Brexit vote. Concerns about EU workforce numbers are likely to continue over the coming years, putting yet more strain on our overstretched workforce. Labour has made clear that on day one of a Labour government we will immediately guarantee that all EU nationals currently living in the UK will see no change in their legal status as a result of Brexit, and we will seek reciprocal rights for UK citizens in the EU. The Commission will continue to examine this complex issue over the coming months and years.

### Social Care

Under the Tories, we have seen deep cuts to local authority budgets that pay for adult social care; between 2010 and 2015 £4.6 billion was cut from social care, there are now around 1.2 million people living with unmet care needs and 400,000 fewer people are receiving state funded social care.

The Commission received a number of submissions about integration of health and social care systems, as well as suggestions about how the system should be funded. Commission members underlined that the social care system had changed dramatically and stressed that there must be changes to the way in which it is funded in order to adapt to an ageing population and changes in the system. Conservative policies on social care announced during the course of the General Election were heavily criticised by politicians and experts across the board, so much so that the Prime Minister was forced to drop her damaging 'dementia tax', and explain to the electorate why she had not chosen to include a cap on care costs in the manifesto.

Labour's manifesto committed to £8 billion of additional funding for social care over the next Parliament, as well as working towards the establishment of a National Care Service, which would put a maximum limit on lifetime costs, raise the asset threshold at which people would start paying for care and offer free social care at end of life. Recognising the importance of the workforce and unpaid carers in the delivery of social care, the manifesto also committed to increasing the Carer's Allowance and to working with councils to end 15



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minute care visits and provide care workers with paid travel time, access to training and an option to choose regular hours. Given the complex nature of social care and the ongoing challenges in the sector, the Health and Care Policy Commission will continue to keep this topic under continuous discussion in the future.

### **The future of our NHS and an end to privatisation**

Throughout the course of the Commission's work this year, it was clear that the future of our National Health Service and its structures is an issue of concern. Labour have repeatedly warned that Tory cuts have left our hospitals crumbling and infrastructure systems dismally insecure. It's why at the election Labour pledged substantial investment into the NHS. Labour will always fight to keep the NHS free at the point of need and to argue for NHS services to be run by public sector NHS providers. It was evident from submissions and discussions that people are particularly concerned about privatisation of services, and believe that the NHS should continue to be a universal service, free at the point of need. Submissions were received about the NHS Reinstatement Bill, as well as Private Finance Initiative debt. The manifesto has made the position of the Labour party on NHS privatisation clear: privatisation under a Labour Government would be reversed and we would repeal the Health and Social Care Act, making the NHS the preferred provider. In addition to this, a future Labour Government will reinstate the powers of the Secretary of State for Health to have overall responsibility for the NHS and will introduce a new legal duty to ensure that excess private profits are not made out of the NHS at the expense of patient care.

The role of privatisation in our health and social care systems will continue to be a key issue for the Commission, particularly when looking at the Government's ongoing Sustainability and Transformation Plans (STPs). Under the Conservatives' plans, some local NHS services are at risk of downgrading or closure, and there are real concerns that these plans are being pushed through without proper scrutiny by local communities. The Commission will also scrutinise the Tory response the Naylor Review of NHS estates which proposes selling NHS land and buildings.

Commission members also stressed the importance of considering how priorities vary in the devolved nations. For example, in Wales integration of health and social care is a key ongoing issue, which the Commission will continue to discuss in future. A priority for Commission members going forward is to ensure that policy differences between England and the devolved nations are discussed fully and to see what can be learnt from different approaches and policies to health and care issues.

### **Mental Health**

The past twelve months have seen rising concerns about mental health services for adults and children alike. Under the Tories mental health funding has been cut, the number of mental health nurses has fallen by 6,600 and mental health budgets have been raided to backfill financial holes elsewhere in the NHS. Child and Adolescent Mental Health Services have shown particular signs of strain with referrals rising, but resources failing to keep pace. Labour's manifesto promised to ring-fence mental health budgets in order to protect services and ensure that funding makes it to the front line. The manifesto also pledged to invest in early intervention by increasing the proportion of mental health budgets spent on support for children and young people, ending the scandal of children being treated on adult wards and providing additional funding to ensure every secondary school in England is able to offer counselling services to their pupils. The Health and Care Policy Commission will continue to consider developments in mental health in its future discussions.

### **Public Health**

Public health has been discussed throughout the course of the year at meetings and via submissions received by the Commission. At the National Policy Forum meeting in November, representatives were keen to make public health a priority for further discussion and policy development. The consultation document launched in March looked specifically at future challenges in public health, including prevention of ill health, workforce and funding. Current issues which Labour has successfully influenced over recent weeks and months, such as the inquiry into

contaminated blood, the PrEP impact trial and the publication of a Tobacco Control Plan, will continue to be looked at and monitored in future work of the Commission.

## Submissions

All submissions received by the Policy Commission are circulated to members ahead of the next meeting for consideration as part of our discussions on policy development. In 2016-17 the Health and Care Policy Commission received and considered submissions on the following topics:

- A&E services
- Abortion
- Abolishing car parking fees
- Additional voluntary tax for the NHS
- Agency Staff
- Attendance allowance
- Attracting and retaining medical staff
- Autism
- Bed shortages and overcrowding
- Career progression in nursing
- Computerised Medical Records
- Coroners
- Diabetes
- Diet and Health
- District nurses
- Drug free prescriptions
- End of life care
- Electroconvulsive therapy
- Electronic monitoring of NHS stock
- Free dental treatment, eye care and psychotherapy
- Funding PrEP on the NHS
- Gender Identity Clinics
- Governing Boards representation
- Government Department for Disabled and Young people
- Health and Social Care Act 2012
- Health and social care for the elderly
- Health insurance for overseas visitors
- Hospital car parking fees
- Hospital closures
- Hospital meals standards
- Insolvency proceedings
- Independent NHS funding watchdog
- Integrating Health and Social Care
- Junior doctors
- Loneliness
- Long term planning in the NHS
- Markets in the NHS
- Medical coroners
- Mental health funding
- Mental health professionals recruitment
- Merge health care and social care
- Merge hospital numbers and national insurance numbers
- Minimum number of registered nurses per set number of patients
- National Health Service Transparency Code
- National NHS holiday
- National Social Care Service
- NHS Autonomy
- NHS Employee Representation
- NHS Lottery
- NHS Management Improvement Programme
- NHS Reinstatement Bill
- NHS tax funding
- NHS temporary staff
- NHS's 'ordinarily resident' tests
- No bonuses
- Nutrition and preventative healthcare
- Parity of esteem
- Paying for GP appointments
- PFI debts in NHS budgets
- Pharmaceuticals
- Privatisation
- Publicly owned pharmaceutical and biomedical companies
- Recruiting more nurses and doctors
- Research funding
- Return scheme for former medical professionals
- Senior managers and directors
- Sheltered housing
- Staff recruitment from the EU
- Standardised, non-intrusive testing for vitamin and autoimmune deficiencies
- State care homes
- Sugar Tax
- Support for care at home
- Sustainability and Transformation Plans
- Time limits on drug copyright
- Top-down targets
- Transparency
- Training in mental health first aid



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- Treatment of myalgic encephalomyelitis (ME)
- Two-tier fertility treatment
- VAT on private medical costs
- Vulnerable adults protections
- Whistle blowing protection policy
- Work experience for Chief Executives in the NHS
- Zero-hours contracts