Health and social care: rebuilding a public NHS

Submission on behalf of Totnes and Newton Abbot CLPs. This was developed by members at a policy forum event (22/06/2019) based on knowledge of our constituencies, consideration of evidence (including from Keep Our NHS Public, the Kings Fund and the Socialist Health Alliance), and our reading of the NPF briefing.

A publicly funded NHS

We welcome the reaffirmed commitment by Jon Ashworth at Conference 2018 to the substance of Composite 8 (Conference 2017): to repeal the 2012 Health and Social Care Act, to restore a universal, comprehensive, fully funded NHS, publicly owned and provided, and to reinstate the overall responsibility of the Secretary of State for Health. We expect the funding pledge of the 2017 manifesto (equivalent to the annual 4% increase demanded by healthcare experts) to be reiterated in any future Labour manifesto. We welcome the consultation paper's emphasis on reducing inequalities of healthcare outcomes, but we feel that these overall reforms to NHS funding, ownership and governance are necessary before any more local measures can be effective.

While recognising the desire to minimise further disruption to NHS staff, we hope that the reinstatement of fully public healthcare will be pursued swiftly by an incoming Labour government, and that core services will brought back into NHS provision within Labour's first term. Only then will we recoup the resources currently being wasted on the internal market, contractual and financial negotiations, and shareholder profits, and only then will the health service be run with public health as its sole purpose. Some privatised so-called services in our area are nothing but call centres where patients are passed on to other services, often too over-stretched to respond. These have no place in our NHS.

We believe the same principles should be extended to the provision of social care. A basic level of social care should be publicly funded for all, and managed alongside acute services to support the long-term sick and elderly, who should not suffer the indignity of being passed from system to system. We see social care being joined much more seamlessly with NHS care if both are publicly funded and managed. Models from other progressive European countries such as the Netherlands, Sweden and Norway should be examined to decide how additional levels of care can fairly be funded e.g. with better-off citizens making a larger contribution to the care they need.

We agree with the Socialist Health Association that the first test of a socialist society is whether all citizens have the opportunity to enjoy good health, and that the three necessities for good public health – prevention, cure, and care – should be closely aligned at the level of policy. Our experience is that staff on the ground are already working in partnership to best of their ability. Joined-up care at the point of individual need will be far easier when different funding streams and priorities – and motives such as competition and profit - are not a barrier.

The NHS should be funded from progressive taxation. While seeking eventually to eliminate private healthcare, a Labour government should explore ways of raising tax revenue from the corporate healthcare sector where it operates in the UK. NHS bodies should be relieved from all outstanding PFI debts.

We are shocked that in 2019, when we have cures for so many illnesses, there is a stronger link than ever between ill health and deprivation. This can be seen in the different life expectancies in different parts of our area. We agree that the next Labour government should prioritise equal access to healthcare services, but we believe that spending on other issues such as housing, air quality, food security, domestic violence, public leisure and social services will be just as effective in stemming the tide of ill-health that is needlessly suffered.

Among the areas of greatest need we see in our region are young people's mental health, preventative health services (especially in areas of social deprivation), and long-term care for older residents. But we would expect priority areas to be decided in an open, transparent and democratic way (see below). We would ask that local spending plans should show how they will reduce health inequalities, and how they will address healthcare issues suffered particularly by people of different ages, abilities, genders and ethnicities.

A publicly delivered NHS

The NHS should operate on the principle of national standards, a national evidence base, national economies of scale, and a national strategic body. Local Health Authorities, Boards or Health Councils should prioritise and plan for the provision of health and social care on the basis of local needs, under the overall budget and strategic direction provided by the Secretary of State. We debated whether the NHS would be more secure if these strategic bodies were put beyond party politics – but note that current governance arrangements have created a veneer of independence, while allowing the logic of market-led provision to become deeply entrenched. We therefore see local accountability for health and social care working alongside other elected local structures.

Local bodies should include healthcare professionals, service users and other citizens as well as community stakeholders and elected representatives. Some of the models that have evolved for local governance of CCGs, for example, if they were genuinely empowered and accountable, could translate to the new system. This does not mean that NHS funding should be fully disaggregated and population based – we have seen with proposals for ICOs that this makes the NHS vulnerable to an insurance-type system, and to further privatisation.

The health cuts of the last decade have led to third sector providers, community services and family carers taking on new roles alongside the (underfunded and diminished) NHS. In our area these providers include Totnes Caring, Dartmouth Caring, a range of not-for-profit care homes and care services, the Devon Air Ambulance, and many more. We do not expect an incoming Labour government to put aside what these dedicated people and organisations can provide. We see a socialist state as one that supports families and

communities to care for their own. We do however see local NHS bodies as providing strategic direction, coordination and support, allowing best practice to be shared, and ensuring quality of care.

We believe local organisations should be allowed to stay local. Many excellent providers of care have been forced to merge or be taken over by much larger bodies in order to stay financially viable. This undermines their focus on local problems and solutions, their accountability, their connectedness to local communities, and the commitment of local people to their success.

Residents of our very rural area have been frightened and appalled by the closure of community hospitals, which provided an essential link between acute and home-based care, and allowed many non-emergency treatments to be offered close to home. Residents of Dartmouth now have to take a nearly three-hour round bus trip to have dressings changed. Torbay Hospital has one of the worst emergency readmission rates in the country thanks to a policy of pushing patients onto local (privatised) social care services that cannot cope.

We want the NHS to be the best in the world and to that end we understand the need to rationalise some specialist care to centres that can develop the necessary expertise, and house the necessary facilities. But general care should be provided as close to home as possible. This might mean care *at* home, from a community nurse or from a revitalised and well-funded social care service. But '*the best bed is your own bed'* only if your condition is not likely to deteriorate suddenly, if you are not suffering complex needs, if your home is safe and warm, and if you have family and friends nearby to help. Otherwise a community bed should be available, even if this is just to offer respite to regular carers, or for a period of recuperation.

Preventative care should be at the forefront of NHS provision, with the goal for all citizens to enjoy the greatest number of years of healthy life. We strongly believe in the need for joined-up thinking between acute health services and preventative health. We would like to see collaborative projects being funded across healthcare and leisure, healthcare and education, healthcare and youth services, healthcare and food/farming. Our local town of Totnes has pioneered joined-up thinking in some of these areas, for example in growing food for health. We would like to see GPs providing access to a range of health and wellbeing.

As well as services being joined up at the level of strategy and governance, we would like to see services being joined up for individual citizens at critical moments in their life journey, especially at the start and end of life, and at times of personal or family crisis. Mental health should have equal consideration with physical health, acknowledging the impact they have on each other at these critical life moments.

The NHS workforce

We have seen the impact of a target-setting culture in our local ambulance service, where strict adherence to call-out times (and penalties for not meeting them) makes it difficult to get an ambulance or response vehicle to attend incidents in very rural areas. This must stop.

We want to see an NHS that is accountable for the service it provides – for example a commitment to staffing levels in hospital wards – rather than requiring staff to be accountable for narrowly-defined 'targets' with ever fewer resources.

The NHS should be staffed by professionals who know they are trusted, whose training and professional development is invested in by the public, and who are rewarded for delivering their expertise to our public health service. This means restoring the nursing bursary and ensuring fair pay through national bargaining. Senior practitioners should have time allocated to develop others, and a no-blame culture should allow lessons to be learned and shared. Working hours should be sustainable and the health and wellbeing of the workforce should be a primary concern of all NHS bodies.

We would also like to see the care workforce professionalised with credible pathways from caring into community nursing, and full value given to the skills and qualities offered by carers. We see the NHS working in partnership with empowered citizens, who may have first aid qualifications, defibrillators in their workplace, healthcare apps on their smartphones, and in-depth knowledge about their own and family members' conditions. In this web of citizen healthcare, community-based healthcare workers will have a vital role to play as co-ordinators, educators and champions.

Other issues

We discussed the role of general practice in the NHS and concluded that the next Labour government should review the contractual status of GPs working in the NHS. At the moment GP surgeries operate as small businesses with doctors as partners: we believe many new GPs entering the profession would prefer a different arrangement, and that directly employing GPs would be of benefit to the NHS overall. The role GPs have been given as budget-holders and gatekeepers of acute services has weakened the trust that should be at the heart of the relationship individual citizens have with public health care. Locally we have examples of surgeries closing down where they cannot be run profitably: this is a situation that should not arise in Labour's new NHS.

We also discussed the role of the pharmaceutical companies that are able to dictate the price of drugs and healthcare technologies. We believe the next Labour government should review the role that public funding plays and could play in healthcare R&D, whether carried out by the NHS, universities, and/or other third sector organisations in collaboration with commercial research centres. Public funding should be used to stimulate research into non-drug-based therapies such as osteopathy, allowing effective therapies to be identified and adopted, and bypassing commercial providers. Public funding should also be earmarked to address longer-term problems in public health such as drug resistance and vaccine uptake. A fully nationalised and government-backed NHS will be able to hold its own in its relationship with the pharmaceutical industry, while individual healthcare practitioners will be able to make good, evidence-based decisions about how to balance drug-based and non-drug-based therapies.

Healthcare data should come under a national data watchdog to ensure that it cannot be exploited by insurance providers, advertisers, or other corporate interests. The NHS should make the use of citizen data for research conditional on the results of that research being openly available to all who can use it.

Doctors, nurses and healthcare workers should be encouraged to use digital data and healthcare technologies where there is evidence of real benefit to patients. The focus should be on care first, and technology as an enabler of care.