

# THE FUTURE OF THE PUBLIC SECTOR

## Protecting the legacy: developing a Labour vision for health and social care

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Labour is rightly proud of its legacy in the NHS, and right to be concerned about the effect of ongoing austerity and underinvestment in both health and social care. The central importance of the NHS to Labour's history and values has seen it place increasing emphasis on the NHS in its campaigning in recent years, from Andy Burnham's National Care Service in 2010, to the 'NHS Jarrow March' in 2014, to the by-election campaign in Copeland in 2017, Labour has seen health and care as a policy and political priority.

Labour's rhetoric has warned of impending catastrophe, and framed the electoral choice in the 2017 General Election as a last-minute opportunity to 'save the

NHS'. In 2017, as in 2015, this was not enough to win the election. Although insufficient to enable Labour to win, the hung parliament, the Conservatives' dire campaign and continuing infighting, and Labour's strong showing in the polls means that it is possible that Labour may find itself in power before 2022. Given the growing importance of the NHS to voters, and dire warnings of crisis in both the NHS and social care, what is Labour offering in health and care, and how should this be developed?

## Save the NHS

Labour's campaigning on the NHS has increasingly focused on the crisis in the NHS posed by the Conservatives. There is undeniably a sense of crisis in both health and social care, with calls for urgent action to help them cope with the additional demands expected over winter.<sup>1</sup>

Labour's rhetoric, however, has focused often on the use of private provision within the NHS alongside funding levels. In his speech to Annual Conference, Jon Ashworth pointed to a failed ambulance contract with a private company, and promised 'we'll...fight fire sales of hospital assets and end Tory privatisations'.

This approach may have successes, but risks overlooking some of the most critical questions about the future of the NHS. Surely, the biggest problem with the ambulance service referenced in the speech, or with any poor service, is just that the service was poor. NHS service can be terrible at times; privately run services can be good. What should matter most to Labour – because it will matter most to the people it wants to represent – is the quality of services.

This is not contrary to the NHS's values: it is precisely the approach taken by Bevan in his deal with GPs.<sup>2</sup> The NHS's founding principles – free at the point of use, paid for collectively through the tax system, to all according to need – remained untouched. Privately owned practices were contracted to provide services to the public that were free at the point of use, collectively funded, and universal. A focus on privatisation as private ownership overlooks a far more sinister form of privatisation: the privatisation (or individualisation) of the risk of ill health. Without an unswerving focus on ensuring that every person has access to the very best health-care for *them*, as individuals, people will suffer, unless they are lucky enough to be able to access support through the market.

This does not just mean private health insurance, but the type of support that helps people stay well – a personal trainer or physiotherapist, for example, to help someone stay well, or recover from injury.

This is not a defence of private ownership of services provided through the NHS: for me the proof is in the pudding. One of the risks of casting ‘privatisation’ as an inherent evil is that it overlooks completely the valuable contribution of the voluntary and community sector as non-NHS providers of health and care services. Labour should be myopic in its focus on ensuring that everyone has access to the very best care for them. Anything less is not good enough.

## Funding

Underfunding of both health and social care is undeniably a threat to the quality of care. The funding commitments made by Labour in 2017 were more generous than those made by the Conservatives. However, there was consensus that Labour’s pledge of £30 billion extra for the NHS over the Parliament, years, and £8bn for social care to meet immediate needs was insufficient to guarantee the long-term sustainability of the health and care system.<sup>3</sup> To meet its goal of plugging the funding gap in the NHS, Labour will need, in truth, to find even more money than was promised in the 2017 manifesto.

This presents Labour with some challenges. The party will need to be realistic about the cost of a whole range of services and support – including pensions, housing, education – and what an appropriate balance between state and individual contribution is, when all of these are considered together. Labour will have to tackle head-on the question of where and how tax can be fairly raised to pay for the increasing costs of health and care.

However, even if a future Labour government is able to invest sufficient funds to meet growing demands without sacrificing other expensive commitments, a vital question remains unanswered: what will they be spent on?

The manifesto gives us some examples which hint at how Labour would like to see the NHS and social care reformed, in particular the sections setting out Labour’s powerful ambition for a children’s health prevention strategy. Jon Ashworth continued this theme at the 2017 Annual Conference, saying ‘this party has long been committed to abolishing child poverty, so I can tell you today that the next Labour government will commit to an all-out assault on child ill health too’.

Elsewhere in the manifesto, the commitments were piecemeal and often specific. This is likely due to the fact that the election was unexpected, but was a missed opportunity to build upon the Oldham report which informed the 2015 election. This – in common with the NHS’s own Five Year Forward View, recognised that there is a need not just to increase investment in both the NHS and social care, but to invest in things that will improve health and wellbeing. Labour in 2017 kept

much of the rhetoric from 2015, but didn't mention many of Oldham's recommendations.

## **A NHS that works for all**

Implicit in the manifesto, therefore, was the suggestion that what is needed is just a bit more of the status quo. But there's growing consensus that new approaches to health and care are required to meet the specific needs and pressures within the system.

The NHS was set up to meet the needs of its time, and did so incredibly well. It was designed to slay the giant of disease, with the state pension set up to slay poverty in old age. The system was designed to intervene in short bursts to meet urgent needs – an infection, or surgery. It was expected that it would face high demand at the start, but this would drop off as people's health improved, once the backlog had been dealt with, so to speak. This drop in demand never happened, as the conditions that people face became increasingly longer term. The NHS was effective at keeping people alive, but less so at keeping them well.

Underpinning both the Oldham review, and the Five Year Forward View, was a recognition that as people live longer, an increasingly important proportion of demand on health services is not treatment of individual diseases or acute needs, but chronic care. In 2012, the 30 per cent of the population with long term conditions accounted for 70 per cent of health and care spending.<sup>4</sup>

The system is not designed to meet these needs, and the status quo should not be good enough for Labour. Labour should be championing a fundamental change to how we fund and provide health and care, with the aim of keeping people well, and supporting people with long term conditions. The imperative for this is financial, yes, but also moral: if ill health is avoidable, it is right to support people in avoiding it.

## **Keeping people well**

Labour's focus on prevention of ill health among children is compelling, and will have a long term effect. But the level of need among adults means that a wider focus on prevention cannot wait. It is imperative to the NHS that we take issues including physical activity, overcoming loneliness, managing debt, as seriously as disease.

Support is also needed when people are already ill, to help them manage their conditions, to stay out of hospital, or to get home quickly after a period of acute care.

The services that do this have been cut by the Conservatives; they should be central to Labour's vision.

Labour should commit to investing in prevention, to the 'double running' necessary to achieve a real shift in funding from treatment to prevention. Some of this will be in formal prevention services, such as sexual health services, or the welcome commitment to roll out access to PrEP.<sup>5</sup>

But investment should also prioritise non-NHS or Social care services that provide vital preventative support. Charities and community groups that can provide ongoing emotional, social and physical support to people with long term health conditions or needs. From dementia cafes, to walking groups, to pain management, many charities are far better placed to provide longer term support than GPs, whose role should not be emotional support, but the management of disease and illness.

The voluntary sector was absent not only from the sections on health and social care, but from Labour's 2017 manifesto. But there is evidence that the voluntary sector can play a vital role in keeping people well.<sup>6</sup>

While investment in non-statutory health and care is often treated with suspicion by the left (for example, the use of personal budgets in social care which give people funding for the support that will most help them, rather than what the state is willing and able to provide) there are strong egalitarian arguments for this 'privatisation'.

Ensuring people have equal access to the type of interventions that will help them stay well: investment in free or low cost exercise classes, or art or talking therapies, for example, can ensure that people on low incomes can get support that is otherwise available only to the privileged few through the market. Failure to do this only exacerbates the health inequalities between rich and poor so starkly described by Marmot.<sup>7</sup> Overcoming health inequalities should be a foundation for Labour's approach to the NHS.

## **Letting people take control**

A Labour government should also be committed to giving people more control when it comes to health and care. There has been much mis-information about the NHS's Sustainability and Transformation Plans/Partnerships (STPs), which aim to bring health services (and in theory social care) in a local area together to plan services more effectively, albeit against a context where substantial cuts are required to meet spending limits. Some of the criticisms these have faced have been political;

some have been rooted in legitimate concerns about the level of cuts needed and the specific plans. However, much of the blame for the misunderstandings lie with the NHS's failure to put into practice the commitment to engage and collaborate when implementing the STPs. Local Government has been vocal in criticising how difficult it has been to get involved, while the involvement of the voluntary sector has been mixed, in general good mainly where strong relationships were already in place.<sup>8</sup>

Labour has been vocal in its support for NHS staff, through the Junior Doctors' strike, and in successfully pushing for the pay cap to be raised. It has paid less attention to the voice of patients, services users, and carers, and the groups who support them, who are best placed to know how well services are working.

There are two levels at which more control should be given to people. The first is the strategic, or collective level, working with local people to help design services or reconfigurations, having open and honest discussions about what is – and is not – possible or desirable, and being responsive to feedback. Jon Ashworth has rightly championed the voice of people in decision-making for STPs, through representation on a new body, NHS Excellence. Far more needs to be done to decentralise power and decision-making in the NHS, and give local communities a stronger say in the services on offer.

The second is the individual level. There is substantial evidence that giving people more control over their health and care improves their wellbeing.<sup>9</sup> A range of approaches are already being used across the country that give people more say in what care they receive – shared decision making, care and support planning, care navigators.<sup>10</sup> Labour should champion these approaches, recognising (as the Oldham review did) that the best care is that which takes the whole person into account: they are not just a disease or a condition, and the most effective treatment will take their full concerns, needs, and situation into account.

## **Conclusion**

Labour's 2017 manifesto commitments on health and care leave many questions unanswered. Before the next General Election, Labour must seize the opportunity to build on what the party learned from the Oldham review about how to provide a modern, integrated health and care service that recognises the importance of giving people control over their care.

If Labour is to truly protect its legacy in the NHS, and build a National Care Service that lives up to its name, it needs to take a lead in pushing for a preventative and responsive health and care system, worrying less about who owns the service and

far more about what it feels like to the person. The primary aim of the NHS and social care should be keeping people as well as possible; we should not accept people suffering unnecessarily, and should put the best evidence into practice to achieve this.

Excellence and equity were Bevan's tests for the NHS in 1948: everything else was irrelevant. We should offer nothing less today.

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## Notes

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