Councillor Alan Hall responds to Save Lewisham Hospital Campaign Questions



"The NHS is a precious resource. We must fight to improve and protect it. We all use the NHS. Save the NHS!" – Councillor Alan Hall

Q1	Your record
	As you know Lewisham Hospital has been under threat for much of the last 10 years, saved
	by a campaign led by SLHC, and by the legal campaign led by the campaign and Lewisham
	Council.
	However, frontline health and social care support services are being cut to the bone.
	Q1: Please tell us about what you as an individual councillor have done to protect
	Lewisham Hospital and local health services since 2012.
A1	
	I supported the Campaign to Save Lewisham Hospital as a member and as a Councillor. I
	argued with the Trust Special Administrator and I steered the Council's opposition through
	the process. Indeed, I was present in the Court of Appeal when the Master of the Rolls
	handed down his judgement. You can watch my interview with ITV News here:
	https://alanhall.org.uk/2017/08/30/watch-alan-hall-on-itn-after-the-lewisham-hospital-
	verdict/
	More recently, I have been exposing the Sustainability & Transformation Plan – Slash,
	Trash & Privatise – working with the Save Lewisham Hospital Campaign. For example see:
	https://alanhall.org.uk/2016/12/27/nhs-report-shows-1bn-pound-shortfall-and-concern-
	over-potential-closure-of-lewisham-hospital-ae-as-stp-is-finally-published/
	wer potential closure of lewisitan hospital ac as stp is many publishedy
	I am very pleased that Lewisham Hospital has received a reprieve from losing Orthopaedic Services and I worked with the campaign to push the argument forward across South East
	London. For example, see: https://www.londonnewsonline.co.uk/26985/hospital-get-
	bone-surgery-centre/
	As a member of the Joint Health Scrutiny Committee across South East London I will
	continue this work.

Q2 Sustainability and Transformation Plans	
Nationally and locally, although STPsmay contain some are mostly unachievable window-dressing in practice	positive ideas in theory, these ideas
The STPs have become the vehicle for driving through h financial underfunding. By 2020/21 there will be a £1br budget for health care. These cuts are in the context of government.	n short fall annually in SE London's
(Plans include, as we hope you know, putting in post as decisions across the six CCGs of SE London. In many are dialogue between a CCG its local LA will be distant and	eas, CCGs are merging and the
Q2: How will you use your local authority powers and OHSEL STP, accountable care systems and implementa undermine local democratic overview of health and so worsening of care for the population?	ation of related plans do not
A2 I am working with the SLHC on this. I have called for gree 'secret' and we have succeeded in getting much of it pu https://alanhall.org.uk/2016/12/27/nhs-report-shows- over-potential-closure-of-lewisham-hospital-ae-as-stp-	ublished. See: 1bn-pound-shortfall-and-concern-
I have called for any changes to be the subject of public this on the floor of the Council Chamber my speech is h https://alanhall.org.uk/2016/12/27/nhs-stp-slash-trash	nere:
The motion to the Council that was passed requested:	
Request full publication of all associated documents and a	ppendices
Request pre decision scrutiny on changes to NHS and soc	ial care provision locally
Require full public consultation on significant changes to all provide the resources to fund good quality services across Lewisham Council's commitment to an Accident and Emerg Hospital site	South East London and re-affirm
I am committed to the NHS and I would ensure that any co the NHS.	ntracts and services are delivered by

Q3	Local Authority Cuts Central government has driven massive cuts to LA and NHS budgets. It transferred public health (PH) services to Lewisham in Autumn 2015, removing PH from the national NHS- reported funding plan and has immediately gone on to cut PH funding massively.
	Lewisham & Greenwich NHS Trust and the LA had planned to cooperate on use of estate for the common good. Now the Naylor Review recommendations threaten sale of NHS estate locally and nationally which could remove options for cooperation between the local trust and the LA unless safeguards are underwritten.
	Q3: How would you mitigate cuts already approved in the Public Health Budget and how would you deal with further pressures to sell NHS estate and make service cuts?
A3	I would make evidence based decision making a cornerstone of my Mayoralty. I would put Public Health at the centre. Public Health in its wider context can improve housing, environment, social services and education to name a few examples.
	I have led calls condemning the Government's in year cuts to public health and continued cuts to these services. More locally, in Bellingham I have championed the Well London programme and I hope to bring a new Bellingham Health Forum funded scheme forward – partly funded by Phoenix Community Housing.
	I believe the NHS Estate should not be sold to the highest bidder and the freeholds should be maintained in any event.
	I believe local NHS should collaborate and co-operate in delivering public health and that services remain within the NHS family.
Q4A	Privatisation Privatising and outsourcing NHS and LA services are political choices, proven to be extremely expensive and controversial. Lewisham & Greenwich Trust (LGT) was underfunded by £36m in 2016/17 and was technically 'in debt' to that amount. Private contracts such as Circle musculoskeletal contract in Greenwich in 2016, threaten to encroach on and destabilise further LGT's financial stability and threaten partnership delivery with Social Care.
	Q4: What will your approach be towards bringing back into public service important aspects of social care and keeping health services in the public domain?
A4A	I opposed those specific changes for the reasons outlined.
	As I have said in answer to earlier questions, I believe that services provided by the NHS should be supported by local decisions. As Mayor, I would commit to this.
	I would examine any proposals to reform social care to provide in house services very seriously. I believe that there could be a better way to deliver services co-operatively.

Q5	Queen Elizabeth Hospital's PFI costs to LGT are approximately £35m in 2017/18 (a year's payment of £18.7m after a subsidy of £16m from Dept of Health). This rises shockingly to £61.3m at end in 2029-30 (a year's payment of £39.2m after subsidy).
	Private finance initiatives are wasteful, expensive loans yet public sector borrowing has rarely been cheaper.
	Q5: Can you see any way to work with NHS partners to minimise the damage of local PFI repayments?
A5	In a time of historic low interest rates I would ask for a review to look at PFI. If PFI can be renegotiated or ended, they should be.
	I would work with the NHS locally to see what can be done collaboratively.
	I have met the Directors of Finance at Lewisham Hospital, King's College NHS FT and Guy's & St Thomas in my current role and I would continue my discussions with them.
	As I said on the NHS march recently: "The NHS is a precious resource. We all use the NHS. Save the NHS!"