

To the Lewisham Labour Party mayoral candidates from the Save Lewisham Hospital Campaign (SLHC)

The outcome of the election for Lewisham Mayor is important to the SLHC.

This is because of the increasingly close interdependency between the NHS and the local authority, and the health and social care services which the local population depend on.

As a community-based campaign, we feel that would be wrong to endorse one candidate in the internal Labour Party ballot to choose mayoral candidate.

We are therefore asking each of the Labour Party candidates to answer some questions. We can then publish the answers on our website to help a wider audience know what each of you stand for.

Thank you for your time.

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 have fully supported action both at the town hall and by the Save Lewisham Hospital Campaign as soon as the threat to Lewisham Hospital became clear in the wake of the financial failure of the South London Healthcare Trust in 2012. As a resident, I marched with thousands of others; as a councillor I spoke and voted in favour of council motions in defence of Lewisham Hospital services; and as a cabinet member I supported the use of council resources to take the legal action against Jeremy Hunt's illegal attempt to wreck Lewisham's A&E and maternity services.

The success of the campaign showed what can be achieved when a council is in tune with the concerns of its people and not only speaks on their behalf but uses every power it has to protect essential services.

In addition, as the Cabinet Member for Housing I have worked closely with the Mayor and the Cabinet Member for Health, Wellbeing and Older People discussing challenging issues for our local health services including social care. As part of the discussions in Cabinet I have welcomed the principle of integration of health and social care in Lewisham. Current issues include:



Hospital Discharge – I am keeping an eye on the pilot Discharge to Assess (D2A) of care "ward at home" to see if the early discharge from Lewisham Hospital and assessments of on-going care take place in the community. I expect our residents to be treated with dignity and respect and will strive to ensure they have appropriate care at home. I have supported this by working to develop our Extra Care Housing.

Community Based Care – In developing and delivering community based care, ie care delivered outside a traditional hospital setting, both commissioners and providers continue to use and monitor a range of data to ensure that the care is meeting the needs of local communities and improves health and care outcomes in the area.

I am looking forward to the development of new ways of working influenced by the Buurtzorg model with Lewisham Health Care Partners (LHCP) who are following the key principle of a person-centred approach; one person delivers multiple aspects of care and support; workers are empowered to build relationships and networks to support people more effectively.

Neighbourhood Hubs - The establishment of neighbourhood hubs to facilitate the integration of primary and community health and care services and the provision of holistic care is currently at an early stage of development. I have been engaged in the start of the hubs and want to ensure full stakeholder engagement and consultation throughout the development of neighbourhood hubs.

Communication and Stakeholder Engagement – I have been advocating for individual residents about their health concerns, particularly where poor housing causes health problems. Communication with our residents has been one of my strengths. I will work closely with our partners on the Communications and Engagement Group, which includes communication and engagement representatives from the Council, the Clinical Commissioning Group, Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Foundation Trust and One Health Lewisham.

Q2 Sustainability and Transformation Plans

Nationally and locally, although STPs may contain some positive ideas in theory, these ideas are mostly unachievable window-dressing in practice.

The STPs have become the vehicle for driving through huge government/NHS England financial underfunding. By 2020/21 there will be a £1bn short fall *annually* in SE London's budget for health care. These cuts are in the context of already savage LA cuts from central government.



(Plans include, as we hope you know, putting in post a single accountable officer to make decisions across the six CCGs of SE London. In many areas, CCGs are merging and the dialogue between a CCG and its local LA will be distant and unequal.)

Q2: How will you use your local authority powers and elected status to ensure that the OHSEL STP, accountable care systems and implementation of related plans do not undermine local democratic overview of health and social care in Lewisham and lead to a worsening of care for the population?

I am very concerned that the STP plans could have a devastating impact on local health care services and fully support efforts to challenge them thoroughly and effectively. I am delighted that the Our Healthier South East London has dropped the proposals to change the elective surgery for orthopaedics at Lewisham Hospital. I am aware that the reconsideration took into account views from leaders in Lewisham.

As Mayor I will lobby both publicly and privately against the STP plans in their current form. If necessary, I will withhold financial and legal commitments on behalf of the Council insofar as my legal powers allow.

In addition, the Mayor currently chairs the Health and Wellbeing Board and works closely with the CCG, Lewisham Hospital and SLAM. I will chair the Board and continue the close working with our partners and residents. In Lewisham I want to ensure the Lewisham Health Pound is spend locally and for the benefit of our community.

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?

Over the last 7 years of Tory austerity we have prioritised funding for the most vulnerable in Lewisham by protecting the adult and children's social care budgets as much as possible given the need to set a balanced budget every year. We were forced to review the Public Health budget after the Government imposed midyear cuts.

For many years we worked with our health partners by pooling budgets – the section 75 agreements. I believe the pooling of budgets has ensured we can avoid duplication in the delivery of services by having joint commissioning and awarding of contracts.

The Government's Spending Review in November 2015 announced a requirement for all areas to have a plan for integration between social care and health by 2017, to be implemented by 2020. The Better Care Fund (BCF) is a joint health and social care integration fund managed by Lewisham Council and Lewisham Clinical Commissioning Group. The 2017-19 Plan continues to fund activity in the following areas:

Prevention and Early Action

Community based care and the development of Neighbourhood Care Networks Enhanced Care and Support to reduce avoidable admissions to hospital and to facilitate timely discharge from hospital.

Estates and IMT

To deliver the plan the total BCF pooled budget for 2017/18 is £30.002m and £33.381m in 2018/19.

We are working on a devolution pilot in London that includes One Public Estate where we are reviewing the estate of our partners to have an overview of local needs. As stated in the previous answer we are working on community hubs in the four quadrant areas so we can have integrated community teams and work with our key providers. By providing services in the community we hope to make savings in the acute sector at Lewisham Hospital.

But all of this cannot cover the massive shortfall in central government funding to councils that is currently projected until 2022 – current estimates are that the Government will cut Lewisham Council's annual general fund (ie funds available for all general services) of £232 million in 2017/18 by between £51 million and £70 million by 2022. Unless urgent action is taken, it is inevitable that the level of care services will be affected as these currently account for over 67% of the Council's general fund.



The Government's response to the crisis in social care funding has been limited to allowing councils to apply limited "social care precepts" to Council Tax (which Lewisham has used as much as allowed) and provide ad hoc one-off funds, instead of bringing in a fair national funding system for social care.

In the face of the funding crisis, my immediate priority as Mayor is to increase the Council's income, through strengthening its procurement service to ensure better value from contracts and look to new income streams by providing services to other councils and organisations and investing in new assets alongside other organisations in Lewisham.

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

As Mayor my political approach will be to keep and return public services in public hands wherever possible.

I will continue to work closely with the CCG in the commissioning of services through the Section 75 agreement.

I will continue to include the London Living Wage in all our contracts – particularly in our domiciliary care contracts.

I will ensure that all the requirements for Lewisham to sign up to the UNISON Ethical Care Charter are met.

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	The Council has a number of long term PFI contacts – as Mayor I will review the contracts to see if there are options for renegotiation alternative financing. I will also provide council officer support to work with our NHS partners to see whether joint refinancing proposals might be a serious cost-saving option for all concerned.

Thank you very much – we appreciate your time