**Councillor Brenda Dacres: answers to questions from the Save Lewisham Hospital Campaign (SLHC)**

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| 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 | The NHS is dear to my heart. As a single mother, I have always valued the need for a free and comprehensive health service. From giving birth to my son and relying on the maternity services, to rushing to the Lewisham A&E when that late night panic sets in with a sick baby – I know the comfort and relief that a nationalised health service brings to millions of people. That’s why I am determined to defend the NHS so everyone has high quality, free treatment, and nobody should worry about the price of staying healthy. It is their human right.  Since I became the local councillor for New Cross in 2014, these issues have become even more important to me. Lewisham Hospital is an essential part of New Cross’ health service, providing an easy to access and local hospital for my constituents. Its closure would be a disaster to our health, and our community.  It’s for these reasons that I have been involved in the Save Lewisham Hospital Campaign.  I have attended various meetings of the campaign before and after the Judicial Review to make sure the campaign has the support that it needs to defend our hospital, as well as making myself available to members of the campaign at their AGM. I have participated in the Save Lewisham Hospital march in Lewisham & the demonstrated in the rallies aimed at keeping the issue high up the agenda.  I also took the fight directly to Jeremy Hunt with the hospital campaign when I went to march in Jeremy Hunt’s constituency against plans to close Lewisham Hospital.  I am a firm supporter of the campaign, its aims and values. The next time the Tories try and close Lewisham Hospital, you can count on me as your Mayor to fight with you to stop them. |
| 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 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?*** |
| A2 | The Sustainability and Transformation Plans, or Partnerships as they are now known, are a positive creation in theory, but in practice they will be a disaster for Lewisham. The reasons for this are that as the population changes (a higher rate of elderly people, obesity on the rise and the welcome rise in people addressing their mental health issues), the way the NHS responds to peoples’ needs, needs to evolve too. It has always done that, right from the very start, and it needs to do that in the future – a 1990s model will not work for the C21st. Additionally, we need NHS managers to address some key problems in our borough, and in South East London I understand there is a focus on addressing maternity services in the STP, which is welcome. But the problem is that these plans, although drawn up by respected healthcare professionals and doctors, are controlled by the Tories through the funding envelope they provide to the local health service. I believe that if these plans were taking place with a Labour government which had properly funded the health service, they would look very different. That is the reason why I oppose the STPs, because they will design healthcare around the need for the NHS to continue doing its great, but every diminishing work in an austerity ridden environment, and not around what the people of South East London need based on a well-funded health service. Therefore, clinical effectiveness and patient welfare cannot be top of the agenda, however well-meaning NHS staff and managers are.  The question asks about local democratic overview of the health service, and rightly so. The risk of local people losing control of their health service is high. I do not believe this is because the doctors, managers and nurses behind the STP are determined to ignore local people, but because the need to save money is forcing them to merge services with other areas of South East London on such a scale that people in Lewisham will end up competing with people in Greenwich and Bromley for a voice. Although in some circumstances it is sensible to pool services, my view is that health decisions should be taken as local as possible, and the STPs are designed due to cost cutting measures to do the opposite, and not assess the need on a case by case basis.  But the problem isn’t just related to the STPs. Currently, there is one local authority representative on each of the CCGs within the six-borough area of the STP. This reflects the long-standing democratic deficit within the governance of health services. The Council’s scrutiny committee can highlight challenges and failings, but is essentially powerless with regard to health services. The aggregation of power and decision-making away from each of the London boroughs will reduce further this already weak position regarding accountability. Most of voting members of the CCG governing body are local GPs and lay representatives, which I support as all decisions must start and end with clinical effectiveness, but local people through their elected and accountable representatives must be lead in a more effective way.  So, as Mayor I will:   * Insist with the leaders of the other councils that, together, we lobby that although smaller CCGs may merge with extensive local consultation, no CCG should span an area greater than a single borough (allowing for sensible flexibility at the edges). * Negotiate with the CCG and NHS England to change the constitution of our CCG regarding membership, to give greater weight to both the local authority and patient and carer bodies. I will campaign for the Mayor and Council Leaders to have direct seats on OHSEL board. * Demand that CCG bosses and the STP come together under the chairmanship of the Mayor to meet local people every quarter to discuss progress on the STP. This is in the peoples’ interests, but also in the interests of the NHS as they should not be bringing local people in from the cold on making clinical decisions. * Join forces with our MPs, community groups, and councillors in launching a direct campaign to Jeremy Hunt to fairly fund Lewisham, so any changes take place with clinical effectiveness and patient welfare in mind, and not cost cutting measures. * None of this can substitute for a vigorous and active campaign, coordinated across the six boroughs in defence of the NHS and social care. I will continue the good track record of Lewisham Council’s practical support for such local campaigns. |

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| **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 | As a Labour councillor I have, like all my colleagues, take responsibility for setting a balanced budget. All other councillors in this race have voted for the budget we currently have, not one rebelled and voted against it. Not only is this national Labour Party policy insisted on and supported by Jeremy Corbyn, but it is also a statutory duty upon the local authority. If we did not balance our budget, then legally the Secretary of State will send in commissioners to do it. The cuts imposed upon local government since 2010 have forced all local authorities to re-prioritise expenditure and severely cut services and/or impose eligibility criteria.  A radically different approach is difficult without the election of a Labour government which is why I worked so hard during the general election campaign to secure that end. If there are creative ideas as to how the effects of cuts, in any service including public health, can be mitigated within that financial context I would, as Labour mayor, listen to those ideas and carry them forward.  In my campaign, I have pledged not to sell council land and, despite Naylor, I will continue to pursue the council’s intention regarding the use of NHS estate for the common good. Through the Local Government Association I would seek to increase the Labour Party’s opposition to the Naylor review in anticipation of a future Labour government willing to grasp the nettle of the funding of health and social care particularly for the elderly. I would take advice regarding the best way of ensuring that safeguards are underwritten. As with the Save Lewisham Hospital campaign we need to keep all avenues of opposition open, legal challenge, financial leverage, publicity, quiet influencing, and above all an active campaign with a wide membership.  As mayor, and as a role model, I would reach out to Lewisham’s BAME communities seeking to energise and empower them to take a more proportional role not only in our local campaigns, but also within the Labour Party.  Regarding service cuts I do not believe that any one CCG or local authority can go it alone. I am disappointed that campaigning against the cuts, at the national level, has carried so little political weight, despite the great efforts of the trade unions. I will bring together the elected mayors of our great cities to use our collective voice to address that.  Locally, despite the cuts, we should be driving, and cooperating with, the redesign of the so-called Care Pathways to make health and social care more efficient and more cost-effective importing best practice nationally especially for services for the elderly and for those with long-term conditions. |
| 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 oppose privatisation in the NHS, and I want to see it reversed. However, where private sector services are embedded the disruption of those contracts before the expiry of their term would be a costly distraction from more pressing matters. The patients of Lewisham would be my number one priority, not any ideological commitment to de-privatisation, nor weak acceptance as the financial situation as “just what it is”.  I will be proactive as Mayor at de-privatising the local health service. First, I would ask the Council Overview and Scrutiny Committee to assist NHS colleagues in the process of contract review in the years running up to the end of private contracts so that rational, patient centred decisions can be made publicly and transparently.  Second, it is simply outrageous that when CCGs commission services, they are basically expected due to a lack of funding and complex rules to prefer a private provider. This often results in a service being more expensive to commission, mainly because there is a very small health “market”, and so private providers can charge higher prices. Commissioners often have little choice in choosing a private provider. I would campaign for the local health service to have proper funding so that it can afford to bring services in house (which will save money in the long term, despite a short term higher cost), and for legislative changes to allow CCGs to commission services in house without the constant threat of legal action by the private sector. The legislative changes I would champion through the LGA and our local MPs, as well as demanding direct meetings with the Ministers. I would like to involve community organisations in these meetings.  Third, through the LGA and with other council leaders, I would also open discussions with NHS England about how we, the CCG, the trust and communities can work together to reduce exploitative private sector involvement in the NHS in the short term. I would like to see any “savings” insisted on by the national NHS come out of re-negotiation of private contracts, and not front-line patient care. This is a policy I would lobby to get NHS England to insist on, and seems like a positive way to reduce the real waste in the health service – exploitative private providers.  The most important, and damaging privatisation in social care, in terms of impact on the NHS, has been the de-municipalisation of Home Care services following the NHS and Community Care Act 1990. Prior to that Home Care Worker was a valued role, appropriately remunerated, largely trade unionised, and with local authority terms and conditions of service. Not surprisingly, it was an attractive career choice for those leaving school with few qualifications, with a desire to do useful work. The current position is the diametrical opposite. As a result, Home Care (although still commissioned by the local authorities) are in almost constant shortage, locally and nationally. So, a person requiring hospital discharge with a complex package of home care may wait days if not weeks because of the shortage of home care workers and thus home care hours.  Every patient waiting for discharge, when fit to go home, is effectively a patient in A&E waiting for an acute bed. So, the social care crisis has created crises in other parts of the health service. An incoming Labour government will need to prioritise the funding of a national Home Care Service provided either by the local authority (my preference) or within the NHS. In other words, the privatisation must be reversed. In employment terms, this issue disproportionately affects our BAME communities who still form the backbone of this workforce. I would seek to persuade an incoming Labour government that this reversal, which would be expensive, should be a funding priority especially as some of the costs would be recouped, within the NHS, where delayed discharge would be reduced. |
| 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 and extremely expensive.  **Q5: *Can you see any way to work with NHS partners to minimise the damage of local PFI repayments?*** |
| A5 | Local PFIs were brought in as a quick fix for a lack of funding of a range of issues across the public sector, and let’s be honest, they were a disaster. The quick fix has caused larger costs in the long term than direct public investment would have caused, and the consequences have been far ranger and extremely damaging.  I would engage with local campaigners, and sympathetic expert advisors, to look at options and carefully evaluate the PFI contracts.  More generally, it is worth noting that QEH was a ‘Wave One PFI site’. Those early schemes were largely experimental and were vulnerable to exploitation. The cost of subsequent schemes, though exorbitant, have been negotiated at lower levels as a result of the experience in ‘Wave One’. There is, therefore, a case for a common campaign across all of the local authorities with a ‘Wave One’ hospital to persuade the Secretary of State for Health, or (more likely) an incoming Labour government, to increase the subsidy to those hospitals, or to pay the penalty charges associated with the termination of these PFI contracts. This is an option I would like to explore. |