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Responses To Questions Posed By The Save Lewisham Hospital Campaign.
<https://themaslinmemo.blogspot.co.uk/2017/08/my-responses-to-questions-posed-by-save.html>

**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

One of my guiding beliefs as a Labour Party member is that we are stronger together than separately.

The community-based campaign to save the hospital obtained massive public attention and support. The Labour Group, of which I am a member, supported the campaign from the start and I was on the march. In December 2012, meetings took place in quick succession of Mayor and Cabinet (of which I was a member), Healthier Communites Select Committee and Overview & Scrutiny Business Panel to agree a collective rejection of the TTSA;’s draft proposals. This has no effect on the Secretary of State, so the Judicial Review protocol was instigated.

Ultimately, though, it was the court that decided to uphold the applications for Judicial Review. On the first day of the hearing, Mr Justice Silber made it clear the argument was not about whether the hospital was a good hospital, or was highly regarded by local people, but whether the TSA regime (or other processes) had been applied in accordance with the law. And in his judgment, he made clear whose evidence had influenced him (he used the word “fortified”) – that of the Lewisham’s health select committee chair.

You will not, however, see me claiming personal responsibility for the saving of Lewisham Hospital, or grandstanding with photo opportunities at every turn. That’s not my style. It’s not what I do. It’s not the way I will do things. My leadership style is about empowering others, delegating where necessary and permitted, whilst acknowledging that the buck, in this case accountability, will stop with me.

**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 STP was originally announced as a plan, and who could possibly object to a plan? However, it transpired that the DH motivation for these plans was not primarily a strategy to transform and improve services, but rather it seemed one to save money, make cuts and prepare services to be snapped up at discount prices by the private sector.

Much of the statutory power and duty in regard to health matters lies not with the executive, the Mayor, but rather with the Council (since Coalition reforms). In Lewisham, responsibility for health scrutiny has been devolved by full Council to the Healthier Communities Select Committee.

In South East London, Lewisham, with other SE London Boroughs, is fortunate that the “footprint” is coterminous with the six borough boundaries. These boroughs had already been engaged in formulating the Our Healthier South East London programme. Not just though the Health and Wellbeing Board at the executive level, but, more importantly, through the health select committee. Constituent members of what is now the SE London JHOSC have worked well together over the last few years, despite the potential for conflict between inner and outer London boroughs, between Labour and Tory Councils. It was the London Scrutiny Network, chaired by Lewisham’s health select committee chair, established the Pan-London JHOSC Forum, an informal network representing all London JHOSCs. This important body enables information sharing, so that, for example, STPs are not permitted to shunt patient need across footprint borders. JHOSCs are established by and represent their constituent Councils. As Mayor I will support and endorse challenges by JHOSCs to any and all DH plans to reduce or cut services.

As evidence of the power of the JHOSC, I commend the video (available from Bexley Council’s website) of the meeting of the Joint Health Overview & Scrutiny Committee taken at the meeting held last winter in Bexley Civic Centre. There you will see scrutiny doing its job. The OHSEL/STP programme director being robustly criticised by Lewisham’s health select committee chair for ignoring what the JHOSC had requested him to do. The ultimate outcome is that the initial proposal to have only two elective orthopaedic centres in SE London (in all likelihood excluding Lewisham Hospital) was superseded by an agreement to have three such centres, safeguarding orthopaedic services at Lewisham Hospital.

As an aside (because it wasn’t directly linked to one of your questions) I am very worried about the local NHS workforce and our care economy’s abilities to recruit and retain staff after Brexit. One of the most stupid Government decisions was to cut bursaries for student nurses and midwives. Where are the nurses of the future coming from? This is especially worrying as many entrants to these professions are mature students, not particularly likely to want to accrue student loan debt.

**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

Prevention must always be key to the maintenance of good health. Not primarily because it saves money, but because keeping everyone healthy for longer is just common sense. When public health was restored local government control, no one suspected that, within months, in year cuts would be imposed on the budgets. We have already seen difficult choices being made, in an attempt to protect well-targeted preventative services. It is difficult to augment public health funding from elsewhere in the Council budget. What should we cut? I believe there are some opportunities for projects to secure funding. For example, the Rushey Green Time Bank has secured three years funding from the Trust for London to develop its project to teach young people about growing vegetables, and healthy eating. But this is no substitute for a properly-funded NHS and public health service, for which I suspect, we must await the return of a Labour Government.

I also believe as a Council we must consider the public health impacts of all our decisions. I welcome economic development and new business start-ups. I am a little concerned with the support by the Council for opening more licensed premises when excess use of alcohol is one of the main causes of premature mortality in the borough.

Lewisham’s health select committee has made it clear that, whilst they may well be a case for the better use of some of the land comprising the Lewisham Hospital site, this must be for health or health-related activities. The freehold must never be sold – they are not making land any more. We do not know what future public service requirements will be. We will always need this land.

On service cuts, let me say I welcome the progress towards adult social care integration. I know that there is no evidence whatsoever that such integration saves money – it’s about delivering better, more effective care in a timely way, not about saving money, and I will never let it be used in that way.

**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

Although the commissioning of NHS services is essentially a matter for health commissioners, the local authority is not without influence. I believe that NHS services are best provided by the public not private sector. I believe that the internal market should be scrapped, as far from adding value and creating efficiencies, it has added costs and created bureaucracies.

In Lewisham, our executive Mayor has chaired the Health and Wellbeing Board, and my intention is to continue this practice. Our Mayor has built up excellent working relationships with commissioners – the vice chair of the HWB is chair of the CCG (and a Lewisham GP for 40 years) - and acute trusts. The work of the chair of our heath select committee in Lewisham, in South East London and across London ensures that we continue to challenge robustly DH proposals which could impact adversely on our people.

I will oppose privatisation of NHS services. I believe that to bring back all home care services into local government direct provision would require primary legislation and will take my lead on this from the next Labour Government. Meanwhile, I will ensure that social care providers pay staff London Living Wage under proper contracts (including travel time).

**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 legacy Lewisham Hospital PFI is one of the better ones, signed off by the then chair, Sir Steve Bullock. Early PFIs were a licence to print money, when private sector financiers exploited poorly-informed public sector bodies, inexperienced with these vehicles. Risk was never transferred (one of the justifications for PFI), as the financiers insisted that HM Treasury underwrite all such schemes in the event of failure or default. I am not sure what further scope there is renegotiate the QEH PFI beyond the agreement regarding the “excess costs of the PFI” following the demise of the South London Healthcare Trust.

**Thank you very much – we appreciate your time**