

Note for the Joint Health Overview and Scrutiny Committee on behalf of health campaigners in Camden, Islington, Haringey, Barnet and Enfield. Meeting held on 30 September 2016 at Haringey Civic Centre.

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Introduction. Health campaigners in North Central London are working together to express their alarm about both the content and the process of development of the Sustainability and Transformation Plan (STP) for this area. We wish to draw the potential dangers of the STP to the attention of our local councils, and to ask councillors to stand up for the public interest on the NHS. In making this submission we acknowledge the hard work and good intentions of local health service and social care staff. We also acknowledge there may be good ideas in what is being developed. But we believe that the political choices being made at national level about the level of funding for the NHS will impose serious damage on our local health services. Local people will stand up and protest about these changes, and we need the leadership of local authority health scrutiny councillors to ensure that there will be actual improvements rather than cutbacks to our health services. We make the following key points

1 Smokescreen. NHS England's vision for the future of the NHS is expressed in the Five Year Forward view, which gives great emphasis to shifting the balance of spending into community based care, preventative services, and the integration of acute and community care, together with better integration of health and social care to facilitate earlier discharges from hospital. Many of these ideas are admirable in themselves, although there is no evidence to show that this would be cheaper than current patterns of spending, provided the new services were fully-funded. But it is clear that these positive changes are masking the severe funding crisis which is hitting the NHS. Funding is being relentlessly squeezed to well below the average for western Europe as a proportion of GDP. Local government knows what it is like to be on the receiving end of such cuts. In 1995, 6.7% of GDP was spent on health. By 2007 this had risen to 11.1%, and now on a comparable basis it is about 8%. The association of NHS providers spoke up recently pointing out that the NHS is at a 'tipping point', with big financial deficits and failing to meet the service targets which are achievable if spending is at the level of the European average. **The real agenda here is one of cuts and reconfiguration. What is the gap between what we need in NCL and what the government will release?**

2 What about the rule of law? We as campaigners object to the fact that the Health and Social Care Act 2012 sought to change the NHS from a planned system to a market, but at least that change was passed by Parliament and has the status of law, which endowed Clinical Commissioning Groups and local authorities / health and wellbeing boards with responsibilities and duties, including statutory duties for full public consultation about service changes. The STP programme is completely outside this framework of law, and the government has to maintain the fiction that the actual decisions will be made in the statutory bodies, rather than in the virtual organisation they have created. If local government behaved in this way it would be slapped down as being *ultra vires*. Our local councillors should refuse to play this game and not be swept up in a programme written in the language of motherhood and apple pie, but actually about smuggling through cuts which will damage local people. Other local authorities have started to refuse to collude with the process, notably in London the boroughs of Hammersmith and Fulham and Ealing. **Our councillors**

should have no truck with this extra-legal process and exercise their full statutory rights to defend local people.

3 NHS funding. Despite a rhetoric of 'ring-fencing', severe cuts in NHS funding have been happening since 2010. In the first few years most of the cuts came through reducing real-terms pay, including down-grading professional staff. The limit to this tactic has been reached, as the recruitment problems of the NHS and the rising bill for agency staff demonstrates, with 2% of NHS funding going on agency staff last year. Health analysts have shown that typically in advanced economies health expenditure needs to rise by 4% a year. The government is putting in about 1%, with some of that being wasted on useless market reforms. The scope for significant efficiency improvements has been used up, and the only way to balance the books is by major cuts and reconfigurations, service rationing and poorer quality of service. The Government has the ambition for 7-day working of the NHS. Will the extra resources needed for this be provided? Or will existing services have to be cut even further to accommodate this? The on-going dispute with Junior Doctors is an indication of the dangers ahead. In 2007 we were funded nearly at the same level of GDP as Germany. Today, if we still had the same proportion of GDP, there would be a further £50BN to add to the £115BN which is being spent. In the fifth largest economy in the world, this is a political choice about austerity, the reduced role of the state, and the creation of a two tier NHS, where waiting lists are so long that anyone who possibly can will go private. **These are life and death decisions, and we need councillors to use all their powers to stop it happening**

4 North Central London is one of 44 'footprints' or planning areas. The five boroughs will be required to share out resources, robbing Peter to pay Paul. Partnership and joint working is a good thing, but given that the statutory duties rest on individual CCGs and local authorities, how can they be asked to give up resources that their own citizens need in order to bail out other boroughs (who are equally deserving). Councillors are accountable to their own public, not to the public in neighbouring boroughs, and they will not be forgiven by the voting public for agreeing to some of their resources being used elsewhere. Central government is responsible for equalisation, not local government. We would like a levelling-up of resources, not levelling down. **Are councillors going to give away resources that rightfully should be directed to meeting the health needs of their own citizens?**

5 The public has been kept in the dark, as have many NHS staff and local councillors. The STP process has been characterised as lacking in transparency and openness. Shadowy virtual bodies have been working since the end of last year on preparing first outline plans and then more detailed ones. Only in the last couple of weeks have there been public meetings and these are not being presented with detailed proposals. NCL submitted outline plans at the end of June and more detailed plans are due in during next month, with fully published proposals published who knows when. The 2012 Health and Social Care Act and other legislation establishes statutory rights for full consultation on service changes, and changes cannot legally be made without that. Equally, local authorities which are not satisfied with the work of their CCG have the right to call on the Secretary of State to intervene. And NHS staff, on whose goodwill and hard work the fragile NHS rests, have not been included in discussions about fundamental changes to their workplaces. For many of us, the NHS is the most important public policy issue there is. Our lives depend on it. So far the rights of the public to be consulted properly have been trampled on. **When will we know what is being planned and how we can make our voices heard about these changes.**