Next steps for government: **Our asks**
The NHS Confederation’s commissioned report by the IFS and The Health Foundation explores what the NHS and social care need. Niall Dickson compares this to what they got in 2017

**Who you need to know...**
...on the Health Select Committee

**NHS@70**
The politics of the NHS over seven decades

**PLUS**

**Red Corner/Blue Corner**
We explore what divides the parties on health

**From the Networks**
Views from sector chief executives
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FOREWORD
NIALL DICKSON CBE, CHIEF EXECUTIVE,
NHS CONFEDERATION

Having played our part in encouraging the government and HM Treasury to provide additional funding for the NHS, the inclination might be to rest on our laurels. However, the battle has only been half won at most. While there is an acceptable, but not sufficient, settlement for the NHS, the same cannot be said of social care.

Unlike the NHS, social care must wait for confirmation of future funding until the Spending Review (according to HM Treasury) or the Autumn Budget (everyone else). Along with an announcement about immediate funding, the much promised and much delayed social care green paper has been further delayed until the ‘autumn’, which given the far from strict adherence to the normal seasons across Whitehall, could be anytime between October and New Year’s Eve.

It is worth remembering that the Institute for Fiscal Studies (IFS) and The Health Foundation, which the NHS Confederation commissioned to undertake a study into the funding needs of the UK’s health and care systems over the next 15 years, stated that social care required an average annual increase of 3.9 per cent – that’s higher that the government has delivered for the NHS.

Other NHS battles remain too. The Prime Minister’s NHS announcement does not include capital funding, prevention or training budgets. All of which are essential if the NHS is to have any hope of delivering what will be required to meet the demands set out in our commissioned IFS/Health Foundation report, Securing the future: Funding health and social care to the 2030s.

We will keep pushing to ensure that the generally positive news about additional NHS funding is not unpicked by a failure to plug the other gaps, whether in the gaping hole that is social care funding or the significant gaps in capital, prevention and training budgets.

We will also be pushing to ensure the promised ‘NHS plan’ is more than just an NHS plan and that its development involves the proactive engagement of our broad NHS membership, clinicians, our partners in social care and across local government and the public. We must avoid repeating past mistakes which have meant that such plans merely reflect the priorities of politicians and our national leaders. The plan must be owned by the whole health and care system.

We are ready to play our part in shaping that plan, which will set the road map for the system over the next decade and beyond.
SECURING THE FUTURE: FUNDING HEALTH AND SOCIAL CARE TO THE 2030s

The findings of the NHS Confederation-commissioned report make interesting reading.

5 July marked the NHS’s 70th birthday. In those 70 years, the amount spent on the NHS has risen inexorably but growing demand is now outstripping funding, with detrimental effects to both access and quality. Our sense is that the time has come for politicians to set the NHS and the social care on a clear path for the next decade and beyond. That is why we commissioned the Institute for Fiscal Studies and The Health Foundation, both respected for their rigour and reputation to undertake a major study of the demand and financial needs facing the health and social care system over the period to 2033. The report, Securing the future: Funding health and social care to the 2030s, highlights how action is needed now to meet the scale of the challenges we face over the next 15 years and sets out a range of options for policymakers.

Report overview

Just to keep the NHS providing the level of service it does today will require us to increase spending by an average 3.3 per cent a year for the next 15 years, taking health spending from 7.3 per cent of national income today to 8.9 per cent of national income by 2033/34.

Demographic pressures, including an extra £1.3 million people aged over 85 by 2033/34 and the increase in long-term chronic conditions this entails, mean that these are the minimum figures required to just stand still, as demonstrated by the age adjusted per capita health spending of just 0.1 per cent a year since 2009/10. In addition, an increase in spending of 3.3 per cent a year is still well short of the 3.7 per cent average throughout the 70 year history of the NHS.

Spending increases would need to be higher in the short run – 4 per cent a year for the next five years – just to maintain provision and address the backlog of funding issues. If we chose to fund spending increases of nearer 4 per cent a year over the medium term, with 5 per cent annual increases in the short run, it would allow some immediate catch up, enable waiting time targets to be met, and tackle some of the underfunding in mental health services. This would take spending in 2033/34 to £278 billion or 9.9 per cent of national income.

Pressures on social care spending are increasing and, if we continue with something like the current funding arrangements, adult social care spending is likely to have to rise by 3.9 per cent a year over the next 15 years from £23.5 billion today to £41.5 billion.

Put these figures together and health and social care spending is likely to have to rise by 2–3 per cent of GDP over the next 15 years. Given the immediate pressures and challenges over the next 15 years, current levels of funding are not sustainable.

Future pressures

Over the next 15 years the population over age 65 is likely to increase by 4.4 million with the number of over 85 year olds rising by 1.3 million. This demographic change alone will increase costs significantly.

Over the next 15 years spending in acute hospitals to treat people with chronic disease would need to more than double.

Spending on drugs has been rising by more than 5 per cent a year in recent years – this is likely to continue.

With pay needing to rise with earnings in the rest of the economy, and assuming productivity growth at its long run average, these pressures between them mean that spending will need to grow at about 3.3 per cent a year on average for the next 15 years just to maintain current service levels. That growth is likely to need to be front-loaded to deal with the current backlog of funding problems.

Faster growth will be required if targets are to be met, capital spending is to rise, and services such as mental health services are to be improved.

Careful long-term planning, especially of the workforce, will be required if such increases are to
happen effectively. The NHS could need around 179,000 more staff over the next five years if services are to meet demand pressures. This is almost 100,000 more staff than the NHS is currently expecting to be able to recruit and retain over that period.

Social care funding will need to increase by 3.9 per cent a year to meet the needs of an ageing population and an increasing number of younger adults living with disabilities. Any reforms which reduce the severity of the current means test will put additional pressure on funding.

Paying for health and social care
Table 1 below tells the story of increasing spending since the foundation of the NHS. Spending growth has averaged 3.7 per cent a year. Following a period of very rapid growth between 1996 and 2009, over the last eight years health spending has grown more slowly than in any comparable period since the NHS was founded.

We considered all of the following methods as ways to raise the necessary funds, but ultimately, if we choose to meet these spending pressures it is hard to see an alternative to raising taxes. Higher borrowing is possible in the short run, but is not realistic long term. Similarly, it is not clear that there are large areas of public spending which could be cut to pay for more health and social care spending, and scope for significant additional charging is limited. It looks like tax rises will be required and that this would take the tax burden to historically high levels by UK standards, but not especially high by continental European standards.

The case for a hypothecated tax has been made in recent years as evidence grows that the public would be more willing to pay taxes if they were guaranteed to fund the NHS. If this could be done in a way which led to a predictable funding stream for the NHS there might be a case for it. But it is hard to design a hypothecated tax which is simple, predictable and transparent.

Transforming the way we pay for social care will be essential if we want to reduce the burden on individuals and the cost on the NHS because long-term care insurance is limited in nature and the inadequate provision of social care means there are spill-overs into hospitals and primary care services.

<table>
<thead>
<tr>
<th>Period</th>
<th>Financial years</th>
<th>Average annual real growth rate</th>
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<tbody>
<tr>
<td>Whole period</td>
<td>1949–50 to 2016–17</td>
<td>3.7%</td>
</tr>
<tr>
<td>Pre 1979 (various governments)</td>
<td>1949–50 to 1978–79</td>
<td>3.5%</td>
</tr>
<tr>
<td>Thatcher and Major Conservative governments</td>
<td>1978–79 to 1996–97</td>
<td>3.3%</td>
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<tr>
<td>Blair and Brown Labour governments</td>
<td>1996–97 to 2009–10</td>
<td>6.0%</td>
</tr>
<tr>
<td>Coalition government</td>
<td>2009–10 to 2014–15</td>
<td>1.1%</td>
</tr>
<tr>
<td>Cameron and May Conservative government</td>
<td>2014–15 to 2016–17</td>
<td>2.3%</td>
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See table 1.1 in *Securing the future: Funding health and social care to the 2030s*
The maths

Maintain services
Health spending will need to rise by 3.3 per cent a year over the next 15 years just to maintain services at current levels. That would mean spending rising from £128 billion today to £210 billion in 2033–24; an increase of around £80 billion. Spending would rise at the same rate for the UK as a whole, taking it from 7.3 per cent of GDP to 8.9 per cent. Based on maintaining the current system of eligibility and means testing for social care in each of the four countries of the UK, funding will need to increase by 3.9 per cent a year for the next 15 years.

Modernise services
A modernised NHS could require funding increases of 4 per cent a year over the next 15 years; 5 per cent a year for the next five years and 3.6 per cent a year for a decade after that. If England introduced a cap on lifetime care costs and reformed the means test in line with the proposals in the Conservative party manifesto in 2017, this would add £6.7 billion to our estimated social care spending pressures in 2033/34.

What the public thinks

More than twice as many respondents to the 2016 British social attitude survey stated that health should be a priority for extra funding than the second most popular issue, education.

Footnotes

What does the public think about the NHS?, The King’s Fund
Public expenditure statistical analysis 2017, HM Treasury
How much money does the NHS need?, The King’s Fund
NHS pressure research, BBC
The Prime Minister has taken a political gamble on the NHS and it certainly seems as if the government has wandered well outside its comfort zone. For the health service it is gratifying to be the number one priority of this government, but the pressure to deliver has never been greater on a service that already feels under the cosh. The onus is now on the service to make sure we do not waste this opportunity.

It is also clear that whatever talk there is of a Brexit dividend, extra funds of this magnitude for health will require increased taxes. Ordinary families will notice the difference and in many ways these are harder times than when in 2002 Gordon Brown increased National Insurance by 1p in the pound for the last NHS hike.

The polls suggest the public may be willing to pay more, but the reality is both they and politicians will expect to see results.

So how do we make sure the extra 3.4 per cent in real terms that will be going in every year will make that difference?

Of course, the temptation may be to throw resources at overstretched hospitals, focusing on shorter waiting times for routine operations and other so-called constitutional standards which guarantee swift access to treatment. The danger of such an approach, and the desire to pay off the deficits now afflicting much of the NHS, is that we will simply perpetuate an unsustainable system.

Instead, as urged by the Commons Health and Social Care Committee in its last report, the extra funding must go towards transforming the way we deliver care. Some limited progress has been made – organisations coming together, creating new teams to support people in their own homes, identifying those most at need and targeting help where it can reduce the demand for hospital care.

But in spite of good intentions, these have been pilots and test sites. Indeed, resources have still tended to go in other areas – the number of GPs per 1,000 of the population has actually been falling since 2010 and spending on primary care as a whole has fallen in real terms since 2010. We cannot allow this to happen again.

That is why the focus must be on transforming the way care is delivered. That in turn will require a major focus on training, recruiting and retaining the staff we need – never mind the money, we are heading for a 100,000 shortfall unless action is taken now both at national and local level.

It will also require a new system of incentives and much simpler regulation – with a relentless focus on treating and caring for people outside hospital.

Alongside this there is an urgent need to start using data to segment populations, understand who has multiple conditions and – through this – target new services at those most in need.

This will need active engagement from doctors, nurses and other health professionals. The Prime Minister has signalled that developing the long-term plan must involve clinicians and that is welcome – none of this will work without their support and it is essential we engage them now in setting the priorities for the plan, and shaping the new pathways that will change how and where patients are treated.

There are two other prerequisites for success:

First, without an equivalent or better long-term settlement for social care, this plan is doomed. As the Health Secretary said at our conference last week, a long-term plan for social care needs to go ‘hand in glove’ with the NHS. That means it too must be sorted for the next financial year. Without this, hospitals will
become even more stretched as thousands more sick, old and vulnerable patients cannot access support in the community.

**Secondly, we do need a war on waste.** A recent report from the Labour Peer, Lord Carter identified up to £1 billion efficiency and productivity savings that could be made in community and mental health services by 2021. There is similar potential with hospitals, in the cost of back office services, in the prices paid for equipment, and we know that both the cost and outcomes of clinical services vary too much.

There is much already underway in these areas, but the public and politicians will want to see results.

And last, we do need to be realistic about what we say we can achieve. The Institute for Fiscal Studies and The Health Foundation report commissioned by the NHS Confederation concluded that even for modest improvements the health service would need at least 4 per cent a year for the next 15 years – this settlement falls short of that. The danger is we overpromise and underdeliver.

The key must lie in using the investment to create new ways to coordinate and deliver care, simplify regulation and incentives and tackle waste and unwarranted variation. The health service may have landed a better settlement than other parts of the public sector but the challenge is enormous and the next few years will be tough.

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**NHS @70**

On 9 February 1948, Aneurin 'Nye' Bevan addressed the House of Commons on the health of the nation.

In his speech, he described the fledgling National Health Service as a “measure which offers to all sections of the community comprehensive medical care and treatment and lays for the first time a sound foundation for the health of the people.” 70 years on, it is fair to say that his vision is well and truly alive. The health of the people is as much a principle of the NHS now as it was back then, and the myriad of different services now offered put this principle at the centre.

Throughout all the various reorganisations in its history, this founding principle has driven progress. But Nye Bevan went further than his promise to treat the health of the people. He told the commons: “We ought to take pride in the fact that, despite our financial and economic anxieties, we are still able to do the most civilised thing in the world – put the welfare of the sick in front of every other consideration.” It is this principle, perhaps more than the first, which seems to be the sticking point in the current political climate.

While no politician would dare contend that the health of the people was not of the utmost importance, there is an argument in Westminster over how far national, financial and economic anxieties should impact the NHS. Then, as now, Britain was undergoing a period of economic uncertainty. Just as the war had left England reeling, the 2008 financial crash and global recession has severely impacted the country’s national coffers. As we emerge from this period it is timely to ask once again, whether we are willing to prioritise the health of the people at any cost.

“One of the virtues of the NHS... it doesn’t worry you about money at the moment when you’re least capable of doing anything about it.”

*Clive James, author and poet, *Long live this truth.*
On the NHS...
What Prime Ministers have said

Margaret Thatcher, Prime Minister, 1979–1990
“The NHS is safe in our hands. The elderly are safe in our hands. The sick are safe in our hands. The surgeons are safe in our hands. The nurses are safe in our hands. The doctors are safe in our hands. The dentists are safe in our hands.”

Tony Blair, Prime Minister, 1997–2007
“The 1948 NHS was a fabulous settlement. More than any other institution, it gathered and embodied the sense of national togetherness that the war had fostered. It spoke eloquently to the need for the war to produce domestic security as well as frontier security... In 1997 we won the argument about breathing new life into the NHS. We are renewing it. Now we need to give it a long life. That is what we will do.”

Gordon Brown, Prime Minister, 2007–2010
“The NHS is in my view the best insurance policy in the world...Nurses are the greatest force for compassion our country has ever seen.”

David Cameron, Prime Minister, 2010–2016
“A 7-day NHS, safe in our hands – for every generation to come.”

Theresa May, Prime Minister, 2016–Present
“Skilled and compassionate, helping me every step of the way to manage my condition and live a normal life. I rely on the NHS every day and I am eternally grateful to them.”
For the doctors who became Members of Parliament, the NHS must surely hold a particularly important place in their heart. We take a look at what’s been said about the NHS from the politicians who know best.

**Dr Dan Poulter MP**

“On the hospital wards I often see people who are medically fit to go home, but who are forced to stay in hospital because of difficulties arranging their social care package or because of a lack of appropriate housing.

“Good healthcare cannot be delivered without properly funded social care. A long-term plan to ensure a properly funded and sustainable health and social care system is urgently required, and I believe a health and care tax – perhaps introduced through raising national insurance – offers one of the simplest ways forward.

“Linking tax income with health and care spending would give people the opportunity to see how their money is being spent, and allow a legitimate debate about what is an appropriate level of taxation required to ensure a sustainable funding settlement for our NHS and social care system in the years ahead.”

2018

**Dr Rosena Allin-Khan MP**

“Just two months ago, I was working day and night on our NHS frontline, in A&E as an emergency doctor. Now I find myself wandering the corridors of Westminster, grappling with vast piles of dry booklets and mistaking members’ offices for lady members’ rooms.”

2016

**Dr Paul Williams MP**

“We should remodel our healthcare system so that prevention is given the status and resource now afforded to our treatment services. Prevention really is better than cure.”

2017

**Dr Sarah Wollaston MP**

“We do need to spend more on health in my view and we need to have a plan for how we’re going to do that fairly, but if we just focus on the NHS alone or on social care on its own we won’t get there; we need something that plans across the whole system. There is a way forward but it will take political courage from all parties and a genuine willingness to put the public interest first.”

2018

**Dr Caroline Johnson MP**

“It is important to recognise that the vast majorities of patients get excellent care from the NHS, and get away from only focusing on the the negative headlines. We must remember that more people than ever are being successfully treated and going on to live long, healthy lives, and are really pleased with the NHS treatment they received.”

2018

**Dr Philippa Whitford MP**

“The NHS is being reorganised on a daily, weekly and monthly basis. Every time a service is outsourced, it is completely reorganised. By being taken over, people’s contracts are altered, and the shape of the service changes.

“In Scotland, we reversed the purchaser-provider split in 2004, and it was relatively painless. What we need is simply a decision not to outsource further and gradually to move back to geographical health planning instead of the fragmentation of clinical commissioning groups at a time when we need integration.”

2016
The Labour party sought to take a step out of the ring when they promised a ‘moratorium’ on STPs and rejected the possibility of working within the existing structures, calling them unfit for purpose. The Party will consult with the sector later this year on how it could re-establish a universally public NHS, in what it would view as an orthodox swing.

Following an election bout in which the Conservatives’ majority fell through the ropes and the NHS and social care became the defining issue for the electorate’s scorecards, Labour and the Conservatives have scrambled to go the distance by exchanging competing pledges on national health. Heavyweights, Jeremy Hunt and Jon Ashworth have traded blows over health spending and pre-70th anniversary trash-talk about their respective positions.

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The Conservative party scrapped the nurses pay cap after a number of body punches from unions and professional bodies. Earlier this year the government announced a 6.5 per cent counter-punch pay rise over three years for nurses.

Hunt has gone numerous rounds on patient safety before and this remains central to his game plan. While the Queen’s Speech offered little in the way of healthcare policy hits, there was a draft bill that would give a full mandate to the health service safety investigations body to carry out full investigations.

70th birthday present

Coming off the ropes of another winter crisis, Theresa May dispatched a left-hook-play with the announcement of an average 3.4 per cent a year real-terms increase in NHS funding over the next five years. This is intended to support a new ten-year long-term plan to be brought forward by the most powerful person in the healthcare division, Simon Stevens, later this year and allow the Conservatives to feel more sure-footed in the NHS arena. However, Labour is sure to respond with a series of discrediting counterpunches over the next few rounds until “box-office Phil” (Hammond) can deliver further clarity in the Autumn Budget round.

“ The NHS will last as long as there are folk left with faith to fight for it.”
Aneurin Bevan, founder of the NHS

Conservative pledges on healthcare

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FORWARD VIEW FROM THE NETWORKS

David Hare, Chief Executive, NHS Partners Network (NHSPN)

The turbulence of the last few years continued to reign in 2017/18, with Brexit and the snap general election effectively constraining government action to all but the most essential decisions, with short term survival tactics trumping strategy.

For the independent healthcare sector, much of our work in the past year has been around the move towards more integrated care systems in the NHS (which has a conveyor belt of acronyms to go with it...). NHSPN supports the move towards more coordinated care for patients and both domestically and internationally, independent providers have a strong track record in delivering integrated care systems – underpinned by cutting edge population health management capabilities – with a real appetite to help the NHS deliver new models of care.

Moreover, with ever rising demand for services, the sector also has a significant role to support the NHS in terms of delivering much needed additional elective and diagnostics capacity, innovative solutions in helping deliver care nearer to home, and high quality primary and community services.

While there is huge potential for more integrated care to improve patients’ outcomes and experiences, it’s important to be aware of the danger of these models creating monopoly providers with a “too big to fail” attitude to patient care – a concern also shared by others in the health world including The King’s Fund and the Nuffield Trust. The Health Select Committee is currently looking at this very issue and we will await their findings with interest...

Sean Duggan, Chief Executive, NHS Mental Health Network (MHN)

There is no doubt that mental health is experiencing an unparalleled levelled of focus and priority at a national level. As her first speech as Prime Minister, Theresa May stated that the lack of mental health provision was one of many “burning injustices” that she would tackle during her leadership.

Politicians, who would have often shied away from discussing mental health, now feel confident and empowered to talk about it.

These achievements are, in part, down to the hard work of the sector over the years demonstrating the value and necessity of mental health services. While this sea-change is a positive step, we know that there is still much left to do.

As part of the Mental Health Policy Group (MHPG), the Mental Health Network regularly meets with Number 10, government ministers and ALB chief executives to discuss progress and to influence policy and funding decisions.

NHS England’s renewed call for 100 per cent of clinical commissioning groups to adhere to the Mental Health Investment Standard is a great example of the MHPG’s influence.

There is plenty coming up in the next 12 months that MHN will be actively influencing: The NHS funding review recently announced by Theresa May; Prof Sir Simon Wessely’s important review of the Mental Health Act; The government’s response to the consultation on the children and young people’s green paper and the proposed changes to short-term supported housing funding, to name a few.

Looking more long-term, we are already in discussions about plans for the sector post-Five Year Forward View for Mental Health – and we will continue to lobby on behalf of our members for the funding needed to provide a mental health service fit for the future.
Julie Wood, Chief Executive, NHS Clinical Commissioners (NHSCC)

It’s no secret that 2017/18 was a challenging year for clinical commissioning groups as more of them than ever before fell in to financial deficit and the commissioning landscape started to rapidly shift towards an increasingly integrated approach.

The funding pressures that occupied the headlines throughout the year were felt equally in the commissioning sector as they were by colleagues in the provider sector. The daily difficult decisions that our members were already having to make started to become impossible choices.

At NHSCC we work hard to support members to navigate through the changing landscape, and a big part of that is reflecting both challenges and opportunities back to national leaders and decision makers. This year, we have delivered some hard messages to the likes of Jeremy Hunt, Simon Stevens and Treasury officials.

The 2017 Budget was a real missed opportunity, falling far short of the funding that has been called for by patients, the public and the sector – funding which was desperately needed to allow us both to sustain the NHS and to transform services and the way they are delivered for the better.

Clinical commissioners, and the clinical leadership they have embedded in the system, have played an important role in transforming healthcare to benefit their patients and populations. They will continue to play a critical part of the changing landscape, and the introduction of the Commissioner Sustainability Fund, announced in the 2018 NHS England planning guidance, reinforced not only the importance of stabilising the commissioning sector but also showed how the whole system is struggling, not just one part of it.

NHSCC will maintain the pressure on national leaders and politicians in the coming months as we continue to influence the environment in which clinical commissioners are working. The Prime Minister’s recent commitment to a long-term funding settlement for health and care gives us a golden opportunity, as part of the NHS Confederation group, to speak with one strong system-wide voice to ensure that the government doesn’t miss another opportunity to secure the future of the NHS.

Did you know that 85 per cent of NHS leaders that we surveyed believe that the Prime Minister’s long-term funding plan should be for both the NHS and social care sector?
HEALTH SELECT COMMITTEE IN FOCUS

Who’s who

Sarah Wollaston, chair, has been the Member of Parliament for Totnes since her election in March 2010 and was appointed to the Health Select Committee upon entering parliament. She was subsequently elected chair in 2014, a post she still holds today. A former GP, Sarah has a strong interest in healthcare policy and organisational issues in the NHS. She is well known for her independent-mindedness and voting with her conscience, and in 2011 turned down the offer of junior ministerial role in order to continue her work on the committee. Sarah was instrumental in the coordination of 70 MPs 98 MPs.

Andrew Selous
MP for South West Bedfordshire
Conservative
Elected 1997
Committee member since 2016
Other interests include trade and industry

Rosie Cooper
MP for West Lancashire
Labour
Elected 1983
Committee member since 2010
Other interests include housing

Derek Thomas
MP for St Ives
Conservative
Elected 2015
Committee member since 2018
Other interests include science and technology

Luciana Berger
MP for Liverpool, Wavertree
Labour
Elected 2010
Committee member since 2016
Other interests include mental health

Johnny Mercer
MP for Plymouth, Moorview
Conservative
Elected 2015
Committee member since 2017
Other interests include defence

Diana Johnson
MP for Kingston upon Hull North
Labour
Elected 2001
Committee member since 2017
Other interests include education

Martin Vickers
MP for Cleethorpes
Conservative
Elected 2005
Committee member since 2018
Other interests include transport

Dr Lisa Cameron
MP for East Kilbride, Strathaven and Lesmahagow
SNP
Elected 2015
Committee member since 2017
Other interests include international development

Ben Bradshaw
MP for Exeter
Labour
Elected 1997
Committee member since 2015
Other interests include Brexit
Ben served as Minister of State for Health from 2007–09

Dr Paul Williams
MP for Stockton South
Labour
Elected 2017
Committee member since 2017
Other interests include international development
Paul set up a GP federation in Hartlepool & Stockton
Health Select Committee inquiries

Integration care: organisations, partnerships and systems

Amidst the backdrop of national plans to further integrate services, the Committee took written evidence from 102 stakeholders including the NHS Confederation. Niall Dickson, NHS Confederation chief executive, appeared before the committee to provide oral evidence alongside NHS Clinical Commissioner’s chief executive, Julie Wood. The pair used the opportunity to communicate the concerns of members from across the system, highlighting the challenges facing many STPs including the need for visible governance and shared accountability, they called for clarity on the direction of travel for emerging integrated systems.

Nursing workforce

Responding to the severe shortfall in nursing workforce, the Committee opened an inquiry to look at the current and future needs of the service and to consider whether appropriate plans were in place to meet this need. One hundred and eleven written responses were submitted, including a submission by NHS Employers. On the back of this, NHS Employers’ chief executive, Danny Mortimer was invited to give oral evidence to the committee. Danny raised a number of challenges with the committee including ensuring that nurses were supported to take on senior managerial roles within trusts, providing sufficient incentive to prospective nurses to enter the service and widening routes into nursing.

Brexit – medicines, medical devices and substance of human origin

With Brexit negotiations ongoing, the Committee called for evidence on what the UK’s withdrawal from the EU would mean for cross border medical research, industry and collaboration. Eighty-four organisations responded with written evidence, including the Brexit Health Alliance. Co-chair of the Alliance, Sir Hugh Taylor, was asked to give oral evidence. Sir Hugh highlighted the need for full regulatory alignment between the UK and EU post-Brexit and reiterated the concerns of the Brexit Health Alliance that the failure to secure an agreement on this during negotiations would have far-reaching consequences for public health in the UK.

“The NHS Confederation supports calls from MPs for a parliamentary commission into funding for health and social care and believes that a cross-party coalition tasked with finding solutions is the best way forward for the NHS and care sector.”
Parliament is always a true nucleus of events hosting different cultures, beliefs, ideals, campaigns, celebrations and causes. Over this past year, the NHS Confederation and the networks have ensured that the views of NHS leaders have been heard in the heart of politics. Here a few of our events.

**New models of care vanguards parliamentary event**
As the New Models of Care Programme approached its final year, the NHS Confederation provided leaders from some of the vanguards involved with a platform in parliament to talk about some of the challenges and successes they had encountered since the programme was established. Don Berwick, former administrator of the Centres for Medicare and Medicaid Services under President Obama said a few words and took the opportunity to reflect on some of the differences between the American and UK systems, praising the work of the NHS and the pace at which innovation had taken place in England. Baroness Cumberledge acted as the parliamentary sponsor, giving some of her own thoughts on the health service and the vanguards.

**Labour Party Conference**
The NHS Confederation attended the Labour party conference, hosting a panel debate and a dinner. The panel brought together Devon Partnership Trust chief executive, Melanie Walker, Brighton Health and Wellbeing Board chair, Daniel Yates and Health Select Committee member, Paul Williams MP to discuss transformation, local government and mental health. The dinner meanwhile provided members with the opportunity to meet MPs and share their experiences of dealing with winter pressures.

**Conservative Party Conference**
One week after the Labour conference, the NHS Confederation made the same representations at the Conservative party conference with a panel on transformation of health and care services featuring LGA representative and Councillor Izzi Seccombe and Royal College of Psychiatry clinical chair, Dr Adrian James as well as dinner with Minister of State for Health, Philip Dunne MP.

**Cavendish Coalition parliamentary event**
In October, the NHS Confederation held a reception in Parliament on behalf of the Cavendish Coalition. Sponsored by Baroness Finlay of Llandaff, the event saw speeches from Dr Philippa Whitford MP and Nadra Ahmed, chair of the National Care Association. MPs from across the political spectrum were in attendance, providing members of the coalition and health sector colleagues with the chance to communicate some of the challenges the NHS would face without a secure Brexit deal.

**Rural health roundtable: What does the sector need?**
Quick on the heels of the Cavendish Coalition reception, the NHS Confederation played host to a roundtable on rural health and social care. This event provided NHS trust chief executives, directors, parliamentarians and wider rural stakeholders with a forum to discuss challenges including geography, recruitment, technology, and the role of primary care in rural settings.
Christmas parliamentary reception

In December, the NHS Confederation invited members from across the country down to London to share their experiences trialling digital programmes in their own trusts. Sponsored by Health Committee member Derek Thomas MP, the event saw MPs from the committee, backbenches and the Department of Health come together to hear first-hand some of the challenges and successes around driving digital innovation in the NHS. Bringing the year to a close on the banks of the river Thames, the reception also gave attendees a chance to reflect on the year ahead and discuss their concerns with key parliamentarians.

Rural health roundtable: what can politicians do?

We invited politicians from across the United Kingdom along with both health providers and commissioners to discuss what role they believed politicians could play in shaping health services in rural locations. The meeting considered what national policies have and have not worked and what the role for local politicians in championing local services should be.

Speaker’s House Annual Lecture

Jennifer Dixon of The Health Foundation, was the keynote speaker at the NHS Confederation’s inaugural lecture held at the Speaker’s House. Jennifer, who has been a doctor, policy analyst, regulator and now chief executive, presented her analysis of the NHS today, noting that while the Commonwealth Fund’s international survey makes our healthcare system look particularly good, when placed in the context of other similar surveys, for example, the global burden of disease survey published in the Lancet last year, or the Concord analysis on cancer, OECD analyses, and the recent study by Ashish Jha and colleagues in JAMA, as the OECD’s verdict stated in 2016, the UK health system was of “middling funding and middling performance.” Needless to say, a lively speech and challenging Q&A followed.

Funding report launch: Securing the future

Sarah Wollaston, chair of the Health Select Committee opened our event with The Health Foundation and the Institute for Fiscal Studies. Anita Charlesworth and Carl Emmerson discussed the report and answered questions from the packed out Commons’ Terrace Pavilion. We were joined by over 25 Members of Parliament and a notable number of Peers. Liz Kendall MP, Norman Lamb MP, members from the shadow front bench health team including Sharon Hodgson MP and Julie Cooper MP, as well as members of the Health Select Committee attended the event to welcome the findings. Please download the report here.

Women leaders’ network

To mark International Women’s Day 2018, the Health and Care Women Leaders Network held an event in parliament to discuss progress on achieving gender parity on NHS boards. Sponsored by Health Committee chair Dr Sarah Wollaston MP, the discussion provided senior female leaders in the NHS with the platform to share their own experiences and to reflect on what they felt they could do to help young aspiring women get ahead in the NHS.
“Above Time’s troubled fountains, On the great Atlantic Mountains, In my Golden House on high.”
Churchill quoting Blake in his Congress of Europe address, 7 May 1948

On 7 May 1948, the Congress of Europe, with Churchill as Honorary President, convened in The Hague to discuss the potential for greater European political cooperation. Two months later, Bevan launched the nation’s golden house at Park Hospital in Manchester.

On the 29 March last year, the UK triggered Article 50 of the Lisbon Treaty, four days after the 60th anniversary of the Treaty of Rome. This year, we celebrate the 70th anniversary of the NHS, months after A&E performance fell to the lowest level on record. Out of the ashes of WW2 then both golden houses have a near parallel history. From the founding fathers of Beveridge and Bevan on the one hand and Monnet and Schuman on the other, to the key juncture the UK finds itself at today. How the government manages the detachment of the golden houses and the path we take, will be critical to the NHS.

Talking of history, Michel Barnier and David Davis, the chief negotiators for the European Commission and the UK respectively, have previous run-ins from their time as Europe Ministers in the mid-90s. Just over a year on from the triggering of Article 50, we are entering the final stage of the Brexit negotiations with the hope of an agreement in the autumn. We can therefore now take stock of what the Brexit Health Alliance and Cavendish Coalition have achieved over the past year and what needs to be done to ensure that the NHS and social care system are given a high priority for the final critical stages of the negotiations.

Cavendish Coalition
Staffing the health and social care system after Brexit

Coalition brings together the health and social care sector and focuses on the potential impact of Brexit on their workforce.

Marking just over a year since its launch, the Coalition held a parliamentary reception on 24 October 2017 which brought together all 37 members, Home Office and DExEU officials, key media outlets and number of MPs and Peers, including Health and Social Care Committee Member and former Confederation alumni, Luciana Berger.

The reception afforded the Coalition the opportunity to engage with key influencers in Parliament and explain their priorities of securing the right to remain of the health and social care sector’s workforce who originate from the European Economic Area and a continued pipeline of international talent.

Have you signed our petition calling on the government to ensure that any long-term funding settlements encompass health and social care until 2035?
Click here to find out more.
The Brexit Health Alliance was launched at the NHS Confederation’s annual conference 2017, to bring together the NHS, medical research, industry and public health organisations with the aim of safeguarding the interests of patients and research during the Brexit negotiations. Since launch the Alliance has been busy engaging with key influencers in the UK and across the EU to ensure that five key asks, research collaboration, regulatory alignment, reciprocal healthcare, public health coordination and a strong funding commitment, are all realised.

So, what have we done? We sent letters to over 100 MPs and Lords on our access to medicines and medical technology, and medical research campaigns. In addition, the English Channel did not protect political stakeholders from our lobbying activity with over 100 MEPs also receiving letters on these critical issues. Nothing of course beats pressing the flesh in political campaigning and the Alliance has met with several key figures in recent months to press home our campaigns. This includes Lord O’Shaughnessy who leads on life sciences policy, medicines regulation and healthcare Brexit policy, and Jon Ashworth the Shadow Secretary of State for Health.

In Parliament, a large part of the scrutiny and examination of legislation and policy issues happens in committees and these have not escaped the Alliance’s attention. A submission was made to the Northern Ireland Affairs Committee urging a future enquiry into the impact of Brexit on health and social care there. The Science and Technology Common’s Committee Inquiry on Brexit received oral and written evidence from the Alliance at their science and innovation summit on 22 February earlier this year. Finally, in what was the key event of everyone’s festive calendar, the Alliance gave evidence to the Health Select Committee on Brexit and medicines, medical devices and submissions of human origin and credit must be given to Sir Hugh Taylor, a co-chair of the Alliance, for getting through that mouthful.

As former Prime Minister, Harold Macmillan, famously concluded that what matters most in this business is: “events, dear boy, events”, and this has been at the heart of the Alliances’ playbook. Niall Dickson, co-chair of the Alliance and chief executive of the NHS Confederation made significant contributions to the Department of Health and Social Care’s roundtable on Brexit and public health on 14 March. On the same day (an illustration of the Alliance’s industrious engagement strategy) Danny Mortimer, deputy chief executive of the NHS Confederation, ensured the Alliance’s voice was heard on the Brexit and NHS panel held by the UK in a changing Europe.

The Alliance also launched their first campaign on preserving reciprocal health arrangements on 16 October and a week later Niall Dickson gave evidence to the EU Home Affairs Sub-Committee, highlighting why maintaining EU-UK reciprocal healthcare arrangements post-Brexit is key for both patients and healthcare providers. This year’s annual conference, Confed18, marked a year since the Alliance launched their five key asks and on this anniversary, the Alliance launched their campaign on public health. The campaign aims to ensure robust coordination mechanisms on public health and wellbeing post-Brexit.

The UK to lose a tooth on a stone for every cherry it bites into. The Confederation’s job is to convince the government over the next few months that to preserve the nation’s golden house, the NHS, a tooth or two is a price worth paying. We are told nothing is agreed until everything is agreed, the NHS Confederation is a big tent and we will continue to make our pitch at the highest level to secure

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**Securing our pitch**

**Why does this engagement activity matter?**

We are entering the critical final months of negotiations with all sectors competing for the government’s attention which remains committed to securing a “bespoke deal”, with the Prime Minister declaring during her Mansion House speech that “every trade deal is cherry-picking”. Contrary to Barnier’s public pronouncements to the European Commission, cherries can be picked but they come at a cost and their negotiating strategy is to get
What does this tell us?
Well, we know that Labour has always been strong politically in the eyes of the public on the NHS. During the last election they made it the centrepiece of their last two general election campaigns, but this renewed focus suggests a change in the winds. As more of a consensus on health and social care has begun to emerge, Jeremy Corbyn and his Shadow Health Secretary Jon Ashworth have sought to reassert their claim. Add to this, another year of restrained funding and increasing demand and it comes as no surprise that health has dominated the agenda.

For the most part, however, debates over health at PMQs lead to both leaders wheeling out the same arguments. Labour accuses the Conservatives of neglecting the NHS, the Conservatives accuse the Labour government in Wales of failing the NHS. This cycle has emerged as an inevitable deadlock. While we welcome the parliamentary spotlight on health, a more constructive tone from both leaders wouldn’t go amiss!

A year of Prime Minister’s Questions

PMQs is revered across the world as a unique opportunity for the official opposition to hold the government of the day to account. The practice first appeared in 1881, but not in the form we would recognise it today. Like so many customs and practices in the Commons, it has morphed and adapted over the years, with each Prime Minister and Leader of the Opposition adding their own touch.

Over the past 12 months, Jeremy Corbyn had taken on his responsibilities as Leader of the Opposition with gusto and passion and for her part, Prime Minister Theresa May has put up a robust defence. In 2017, the Labour leader asked a total of 162 questions. Eighteen per cent of these focused on health, coming second only to the economy which accounted for 19 per cent.