

Interim Report

Foreword

Thank you to all who took the time to respond to the 2020 National Policy Forum Consultation.

Your insight has enabled the NPF to provide a set of grounding principles to shape our policy for the challenges and opportunities ahead.

The principles outlined in the report are based on the values that bring us together as a Party and lay the foundations for the work we will do together over the next four years. Labour wins when we offer a vision of the future that is optimistic and gives people hope that things can and will change for the better, and these principles reflect this.

From empowering citizens to fighting the climate emergency, rebalancing Britain to supporting the nation's mental health, the principles demonstrate that our Party is rooted in the values that the public share, and outline the kind of change that we know is so needed in our country.

This report could not have been developed without listening to views from across the Labour movement, from our members to affiliates, all of whom play a vital role in developing our policies. But this engagement doesn't stop here – we now want to hear what all parts of our Party think about these principles.

While the world around us is changing fast, the common bonds between us have been strengthened as a result of the challenges we have undergone. By working together, we can rebuild our country and ensure a fairer Britain for all.

Yours,



Keir Starmer
Leader of the Labour Party

The next steps for the National Policy Forum (NPF)

Thank you to all members, affiliates and stakeholders who took part in the NPF (National Policy Forum) consultation this year, whether you submitted your ideas through Labour Policy Forum or attended one of the online roundtable events.

Social distancing measures meant that consultation activity looked a little different this year. The Consultation was held solely online, with all eight documents hosted on Labour Policy Forum, and eight member policy roundtable events on Zoom in lieu of our usual roadshow of events. This was an opportunity to trial new methods of engagement, and we hope to be able to continue to do this as the work of the NPF evolves over the next few years.

This work will be laid out in more detail in the following report. While it was not possible for this report to be taken to Annual Conference and debated on Conference floor, we hope that it will be of interest to inform and explain the work of the NPF this year.

The report lays out a set of principles that the policy commissions will build upon over the course of the election cycle looking to 2024.

**We want to hear your views on these principles,
and welcome you to submit them via Labour Policy Forum:**

www.policyforum.labour.org.uk/make-a-submission.

Your comments will be considered by the policy commission and will inform a fuller report covering two years of NPF activity, which will be taken to Conference in September 2021. If passed by delegates it will form part of our policy platform.

Thank you again for your involvement with the National Policy Forum this year. Your insights will help us to shape our policy platform so we can win again and ensure a fairer Britain for all.

Membership 2020

HM Opposition

Jonathan Ashworth MP*
Rosena Allin-Khan MP
Liz Kendall MP
Justin Madders MP

NEC

Mark Ferguson*
Howard Beckett
Darren Williams

CLPs and Regions

Lewis Atkinson – *Northern Region*
Anthony Beddow – *Welsh Labour Party*
Gemma Bolton – *South East Region*
Angela Coleman – *North West Region*
Yannis Gourtsoyannis – *Greater London Region*
Kirsten Kurt-Eli – *West Midlands Region*
Su Lowe – *West Midlands Region*
Richard Oliver – *East Midlands Region*†
Karen Reay – *Yorkshire and Humber Region*
Joanne Rust – *Eastern Region*
Joyce Still – *South East Region*
Clare Williams – *Northern Region*
Rhea Wolfson – *Scottish Labour Party*

Affiliates

Cheryl Barrott – *Co-operative Party*
Mary Hutchinson – *GMB*

Elected Representatives

Huw David – *WLGA*

*Co-convenor

† Left commission in August 2020

Overview of the work of the Health and Social Care Policy Commission

This year's policy commission has taken place amid the coronavirus crisis – one of the greatest challenges that our country has faced in a generation. It has had a profound impact on the health and wellbeing of the nation and continues to do so. This is the backdrop to the key questions that the consultation has sought to address, and in doing so this consultation exercise seeks to use this unprecedented point in time to reflect on the challenges faced so far and the lessons that must be learned, before looking ahead to the future to consider the principles that should underpin the future health and social care system that we want to build.

To do this, the consultation sought to address five questions:

1. What lessons can we learn from this crisis to ensure the health and social care services are better prepared for the pressures it will face in the future?
2. What drivers should underpin our approach the healthcare policy development as we build towards the next General Election?
3. What drivers should underpin a new settlement for social care?
4. How can we ensure that health and care workers are properly valued and rewarded?
5. Which areas of health and social care policy should the Labour Party prioritise for policy development as we build towards the next General Election?

To seek answers to these questions, a roundtable was held with members on 29th June, chaired by Alex Norris MP and attended by Liz Kendall MP, Justin Madders MP, and Labour Party members from across the UK. Five breakout rooms were held, each discussing one of the consultation questions.

Alongside member input to the roundtable, hundreds of consultation submissions from local constituency Labour Parties (CLPs), individual members, and external organisations were received. Contributions covered a range of views and policy suggestions. All of this input was brought together and reviewed in order to draw out key, recurring themes, which have been summarised in the 10 principles outlined in the following section.

Principles:

1. **Healthcare should be universally available and free at the point of use.** The core principles of our NHS must be upheld, with access to healthcare viewed as a human right.
2. **Restore accountability in the health service.** There must be clear national accountability, underpinned by a duty on the Secretary of State over health.
3. **Rebuild publicly provided NHS services and reverse privatisation.** We must recognise the value of the public sector and reverse and end Tory privatisation.
4. **Restore NHS performance and ensure high standards of care for patients.** We must restore NHS performance to ensure targets are met and patients receive the highest standards of care.
5. **Value workers as the greatest asset of the NHS and social care.** The health and care workforce must be better valued as the keyworkers they are.
6. **Tackle health inequalities.** We must address health inequalities – the impact and extent of which has been brought to the fore by the coronavirus crisis.
7. **Focus on the prevention of ill-health.** We must shift away from a system that focuses on the treatment of ill-health, to one which prevents it in the first place.
8. **Deliver a sustainable future for social care.** We must ensure that social care is sufficiently and sustainably funded, end fragmentation, and build a public social care service.
9. **Support unpaid carers.** Unpaid carers, who look after family and loved ones, must be better valued and supported in the vital contribution they make.
10. **Support the nation's mental health.** We must ensure there is sufficient investment in mental health services to deliver true parity of esteem, backed up by sufficient funding to support everyone who needs it.

Consultation responses

A number of themes were identified from the evidence and views that were shared with the Commission. Key themes, reflected across a significant number of submissions, are set out below.

Universal healthcare, publicly provided, delivered free at the point of use, with clear lines of accountability

Responses reinforced the importance of the key principles underpinning the NHS – the provision of universal healthcare, publicly funded and delivered, provided free at the point of use. Responses reflected strong support for the continuation of these principles as the foundation for Labour's health policy.

"The NHS should be a truly national and universal service, owned by the state, financed exclusively from public funds, managed and run exclusively by the state, and under the exclusive control and direction of the Secretary of State for Health."

Mid-Norfolk CLP

As with the above contribution, a number of responses referenced to the need for clear accountability – often referencing the impact of the 2012 Health and Social Care Act, and calling for it to be repealed and replaced, with a reinstatement of the Secretary of State's responsibility to provide a comprehensive and universal healthcare system.

"The 2012 [Health and Social Care Act] formally removed the Secretary of State's hitherto 'duty to provide comprehensive healthcare' – the legal foundation of the NHS since 1948- leaving only a duty to 'promote'. This change in policy by the Tories means that the SOS cannot be held responsible for the failure of the health policies : eg as happened in tackling Covid. This should be reversed by labour so that SOS for health will be held responsible for their actions"

Shaji, South East

“Repeal the health and social care act and reinstate the responsibilities of the Secretary of State to provide a comprehensive and universal healthcare system”

Streatham CLP

Publicly provided services

Many submissions reflected the state of the public sector at the start of the pandemic and remarked that years of austerity and underinvestment in public services had left the country ill-prepared to respond effectively to the coronavirus crisis. There was strong support for building public sector capacity, including investing much more comprehensively in public health.

“We need full investment in a welfare state that is publicly provided, fully funded by progressive taxation, democratically run... Economic and health inequalities must be progressively reduced by tackling poverty and racism. The NHS needs more beds and more staff. We need to build and support public health and consider extending it into primary care.”

Members of the Socialist Health Association

Another point that was reflected across a number of submissions was concern about the increasing privatisation of the NHS, with many responses calling for an end to privatisation within the NHS. Particular concerns were raised around the acceleration of this privatisation during the coronavirus pandemic, during which the Government has shown an overreliance on private companies to deliver key functions, rather than looking to, and investing in, existing public services.

“This crisis has exposed the deep damage that has been done by years of underfunding and privatisation (in England in particular), and this Government's commitment to finding answers in the private sector even when this is not the most efficient and effective option, as ‘We Own It’ have repeatedly exposed. Most recently this has been the use of Serco in the vital contact tracing function.”

Unite the Union

"The Covid-19 crisis has exposed the unacceptably uneconomic state of privatised NHS contracts - be they in supplying PPE; or providing care; or any other aspect of NHS core activity. I therefore call for an end to Privatisation of NHS services"

Kevin, Yorkshire and the Humber

NHS performance

Responses called for investment in the health service to ensure that NHS performance is restored and patients receive the highest standards of care.

"Increase investment to ensure that agreed standards and levels of care are delivered by the NHS"

Wells CLP

The need to improve mental health performance came out strongly and has been included as its own principle to reflect this. A key issue mentioned was long waiting lists for those in need of mental health services.

"Increasingly mental health services have become stretched in being able to provide immediate service for people who need them most and many patients with mental health problems are being left in limbo due to long waiting lists."

Andrew, West Midlands

While the need to restore NHS performance was raised as an issue, responses noted the context of the coronavirus pandemic and the unprecedented challenges facing the NHS. During the pandemic, the impact of Covid-19 on non Covid care has been stark – and this impact is expected only to worsen with many of the longer term effects of Covid on non-Covid-19 care and health outcomes not yet known. Across England more than 4.2 million patients were waiting to start treatment in August¹. Labour called on the government to tackle the backlog in non-Covid-19 care and highlighted the tragic impact of the coronavirus on NHS services for people, including those awaiting cancer screening or treatment. Responses reflected these challenges and their devastating impact on patients.

"Access to specialist services in the community has been depleted due to redeployment of staff for the Covid-19 response, particularly specialist heart failure nurses. Covid-19 has exacerbated existing variations in heart failure services due to inconsistent reduction in services following redeployment of staff."

British Heart Foundation

Workforce

A strong theme was the need to recognise and value the health and care workforce as the vital keyworkers they are. The sacrifices made by health and social care staff throughout the pandemic were praised, and the lack of protection they faced due to insufficient provision of personal protective equipment condemned.

The particular contribution of social care staff came through strongly – especially as the sacrifices they have been making as key workers are not reflected in their perceived status, nor terms of employment, with social care workers often being low paid, and with significant numbers employed on zero hours contracts.

"The pandemic has shown the vital role of many different key workers. Many of these workers are undervalued, for care workers this is glaringly clear."

Alexander, Greater London

The need to focus on, and support, staff wellbeing was also raised. In its report 'Delivering core NHS and care services during the pandemic and beyond', published October 2020, the Health and Social Care Committee flagged issues facing NHS and care staff – including fatigue and burnout as core issues. Burnout was also raised as an issue by NHS Providers, the organisation which represents NHS Trusts. The impact of pre-pandemic staff shortages, burnout and mental-health related illness, combined with the challenges frontline staff face during the coronavirus crisis, makes the provision of the right support for staff ever more needed.

"Trust leaders tell us that one of their greatest worries is workforce shortages – we entered the pandemic with over 100,000 vacancies in the NHS, gaps in particular skill sets and a growing concern about burnout. This has a direct impact on the quality of care patients receive, with gaps in rotas and vacancies leading to shortages and potential delays in routine treatment."

NHS Providers

Workforce challenges within the social care sector were commonly reflected – especially the high vacancy rate for the sector, with Skills for Care reporting that there is an average of 122,000 vacancies at any time. When examining the issues surrounding the recruitment and retention of social care staff, many felt that social care is not seen as a desirable career due to the low pay, perceived low status, and lack of career progression – key issues it was felt that future policy should address.

Preventing ill-health

Responses reflected a desire to shift the current focus of treating illness, to one which promotes wellness more broadly. Giving a greater priority to the prevention of ill-health was seen as important. The need to focus on good mental health, as well as good physical health, was noted as part of the holistic approach advocated.

“It was agreed by all that the health and social care policy had to be reviewed taking into account factors leading to ill health such as environmental issues in housing, pollution, food production and diet, to produce a holistic policy.”

Calder Valley CLP

As with many of the themes that came out from responses shared with the Commission, the impact of Covid-19 was felt. In particular, people felt that Covid-19 highlighted the importance of investing in public sector capacity, particularly when it comes to public health.

“The [coronavirus] crisis has also underscored the importance of investing in public health. Public health services, provided by local authorities, are a much-neglected and underfunded part of the health system and have a critical role to play in promoting good mental health and preventing people from developing mental health problems.”

Mind

Other responses reflected the extent of health inequalities that have been highlighted by Covid-19, and the need to target these inequalities as part of a wider preventative approach – details of which are set out in the following section.

Health inequalities

Many responses recognised the persistence of significant health inequalities within the UK – ranging from differences in life expectancy, health outcomes, and differential experiences of care. Inequalities can be seen across a range of lines including geography, socioeconomic status, ethnicity, disability, and many other characteristics beyond these.

Responses reflected the need for any focus on preventing ill-health to have a commitment to tackle inequalities at the forefront, to take action on the wider determinants of health, and to tackle health inequalities in the round – focusing on mental, as well as physical health.

“There is a social gradient to health; there are social determinants of mental ill-health and we need policies to tackle them. Future Labour Government policy on prevention must therefore focus on reducing the gradient in health by working across all the social determinants of mental health.”

Sheffield Hallam Labour Party Mental Health Advisory Group

Existing health inequalities have been thrown into stark focus by the coronavirus crisis and the disproportionate impact of Covid-19 on people from Black, Asian and minority ethnic communities is deeply concerning.

“While the crisis has made visible the collective strength of our communities, it has also underlined existing health inequalities and, in some cases, has increased them.

We know that Black, Asian and minority ethnic people are at much higher risk of infection and death from covid-19 than others. Older people and people with underlying health conditions are more vulnerable, as are those on lower incomes whose living conditions or employment make it more difficult to comply with government health and safety guidelines.”

Healthwatch England

Many responses called for a full, independent inquiry into the Government's response to Covid-19 – with the disproportionate impact of Covid-19 on Black, Asian and minority ethnic groups coming out as a key issue to be addressed by such an inquiry.

"Labour should call for the launch of a full, independent inquiry into the disproportionate number of BAME people who have died and are dying of Covid-19 in the UK"

Sonali, Greater London

A sustainable future for social care

The need for a sustainable future for social care was widely acknowledged among responses and came out as one of the most urgent priorities to address. The current system is seen as not fit for purpose and increasing numbers of people are not having their care needs met. In England only, Age UK estimates that 1.5million older people have care needs that are not met.

The need to ensure sufficient and sustainable funding for social care was identified as a key issue. Insufficient and unstable funding was often linked to wider issues in the sector, including the fragility of the care market, which is at times non-viable. Others linked the impact of funding shortages to the ability of the sector to recruit and retain staff.

"The appalling under-resourcing of the social care sector and local government, together with an over-reliance and under-management of the private sector, has resulted in massive staff shortages"

Mizanur, Greater London

Existing funding pressures have been further exacerbated by Covid-19. The impact of Covid-19, combined with uncertainty around Brexit and future Government policies, presents a bleak outlook of future funding gaps.

"The impact of Covid-19, future trade deals and the government's immigration policy on social care is unknown at this time, but experts all suggest the impact will be severe. It has been forecast that adult social care providers are to face more than £6.6 billion in Covid-19 costs by Autumn 2020."

GMB

In addition to urgently addressing funding challenges, feedback flagged the need to ensure that the debate around social care was not overly narrow. Discussion can be dominated about the funding of long-term care for the older population, and while this is important, social care goes far beyond that. Social care for working age adults makes up nearly half of overall social care spending. Other challenges include the fragmented nature of care delivery, and the need to focus on improving quality and outcomes, for example through recognising the very personal nature of care and ending short care visits.

"The care service must focus much more on its human purpose, not just as a deliverer of a service level as agreed with purchasers. There must be a recognition of the importance of personal interactions and there must be reasonable time provided for these relationships."

Bishop Auckland CLP

While the challenges and uncertainties facing social care are substantial, some saw that this could provide a rare opportunity to capture the current mood – where there has been a real appreciation for our carers and where issues with social care have been thrown into the spotlight – to build a bold future vision for social care.

"I believe we have a once in a generation opportunity to act and, if done well, it can something future generations will thank us for... if we can create the NHS coming out of a World war, surely we can create a [National Care Service] coming out of a pandemic."

Anthony, East Midlands

Many, like the above response, felt that the ambition should be to establish a National Care Service.

"The Covid-19 Pandemic has clearly demonstrated the grest need for a National Social Care Service as well as our NHS. The two should not be separte entities and the public needs the reassurance back that we will all be looked after from the cradle to the grave."

Sally, South West

Many noted that social care is not given the same priority as the NHS and can be treated as secondary – in terms of the lesser political priority, funding and status that social care receives, compared to the NHS. Responses and roundtable contributions called for social care to be provided the same priority as the NHS.

“The crisis has demonstrated a need for greater parity between health and social care, with the social care system particularly needing to be given the same importance and prominence as the NHS.”

Motor Neurone Disease Association

Several responses linked this to the differential treatment of social care during the coronavirus crisis. The discharge of patients into care homes at the start of the pandemic was seen as a stark example of this, which led to increased numbers of preventable deaths in care homes.

“There are many in local government that feel as though social care is seen as secondary to the NHS, and that social care is there to relieve pressures on the NHS system. Discharging patients from hospitals at the start of the pandemic showed that these concerns are likely to be valid, particularly as at the time there was no routine testing of patients being discharged.”

Local Government Association Labour Group

Unpaid carers

Many responses mentioned the importance of properly valuing unpaid carers who give their time to care for their loved ones. Responses reflected the sacrifices made by these unpaid carers, as carers can be negatively impacted, reporting worse housing/health outcomes, end up having to leave their job, and become financially worse off.

It was widely noted that the current value of carers allowance is insufficient. Practical support is often also lacking, with insufficient respite care provided, and wider support for the health and wellbeing of carers lacking. Several responses raised the issue of carers rights, set out in the 2014 Care Act, not being properly enacted. These issues, combined, led to a number of calls for policy to better support and value unpaid carers.

"We must have a progressive policy for carers of all ages. They save the economy billions every year and they are being exploited at present, impacting their health, wellbeing, education, employment etc."

Kama, South West

"Some radical thought as to how carers are supported is required and proper funding of carer services would be a start. Currently carer's who do not fit neatly into service delivery boxes feel neither heard, valued, respected or supported."

Unite the Union and Labour Women's Conference

"Preventative services in both health and social care and support to carers have a key role to play both in maintaining the health and wellbeing of individuals and prolonging independence. Support services, including respite care, can dramatically enhance the ability of families and carers to support individuals with complex health and social care needs."

Patricia, Wales

As with many of the key themes that were highlighted across responses, the situation has only worsened, and solutions have become ever more necessary, as a result of Covid-19. Carers UK estimate that 4.5 million people across the UK became a carer as a result of Covid-19 – bringing the total number to an estimated 13.6 million carers.

Mental health

Many responses highlighted the need to prioritise mental health. A key reflection was the need for mental health to be given the political priority necessary to deliver genuine parity of esteem for mental and physical health – backed up by sufficient investment in services to ensure that mental health needs are better met. Contributions noted that mental health services are underfunded and unable to cope with current demand – with patients often facing long waiting lists to receive the support that they need. In particular, the funding and provision of mental health services for young people was highlighted as being in need of pressing attention.

"better funding for mental health particularly for children and young people and particularly in the community [is needed]"

Robin, South East

Beyond issues around funding and levels of provision, the unequal impact of mental health was highlighted – with links to wider health and structural inequalities. Responses highlighted the need for ill-mental health to be viewed in the round and informed by an understanding of the unequal distribution of mental ill-health.

The wide-ranging impact of the pandemic on people's mental health and already strained mental health services was a real concern. The Mental Health Foundation note how Covid has preyed on existing inequalities; groups affected by socioeconomic inequalities have been more likely to experience anxiety, panic, hopelessness, loneliness, and feel that they aren't coping well with the stress of the pandemic. Additionally, a submission from Mind, the mental health charity, highlighted the pressures the pandemic has placed on those already experiencing poor mental health, as well as noting the potential for millions more people to be at risk of mental health problems due to the impact of Covid-19.

"The Covid-19 pandemic and the restrictions on everyday life introduced to limit the spread of the virus have put unprecedented pressure on the nation's mental health. People who were already struggling with their mental health are finding things even harder and millions more are at risk of developing mental health problems due to their experiences during the pandemic."

Mind

Particular groups were highlighted as being hard hit by the mental-health impact of Covid, including NHS and care workers as well as a broad range of key workers. There was strong feeling that much more must be done to support these key workers, who have made great sacrifices throughout the pandemic.

"Many health and care workers are likely to need support of their own during and after the pandemic, as they seek to come to terms with the trauma of working in the Covid era."

Unison

"There is an urgent need for greater investment in NHS mental health services to meet existing and future demand as well as a pressing need to refocus action on prevention rather than crisis...In terms of mental health Usdaw members are likely to be particularly vulnerable to developing problems because of the jobs they do, their economic and social position and their experience of the pandemic as designated 'key workers'."

Union of Shop, Distributive and Allied Workers (Usdaw)

Concluding remarks from the co-convenors, Jonathan Ashworth MP and Mark Ferguson

The overarching principles outlined above were reflected across a range of different submissions. We are grateful for the breadth of submissions received and the value of each contribution, which helped us reach these principles.

It is important to note that a number of other messages – and support for specific policies – were also consistently raised. For example, a number of submissions called for the 2012 Health and Social Act to be repealed and replaced, and others supported the establishment of a National Care Service. Several of these are picked up in the overarching principles. Support for re-nationalising the NHS and removing the involvement of private companies is related to the overarching principle that we need to build public sector capacity and reverse NHS privatisation. The need to increase pay for health and social care staff links into the principle that we need to better value our health and care workforce and recognise them as the key workers they are.

At this stage, the decision to commit to these 10 overarching principles, rather than set out specific, detailed policy proposals is an important one. The Commission is acutely aware that the situation we will face in four years' time will be far different from the one we currently face. We know the impact of the coronavirus crisis will be far-reaching but the scale and breadth of its impacts on all of our lives is not yet known, nor specifically its impact on the health, wellbeing and care needs of the nation. That is why our 10 broad principles have been chosen, to lay the foundation for later policy development.

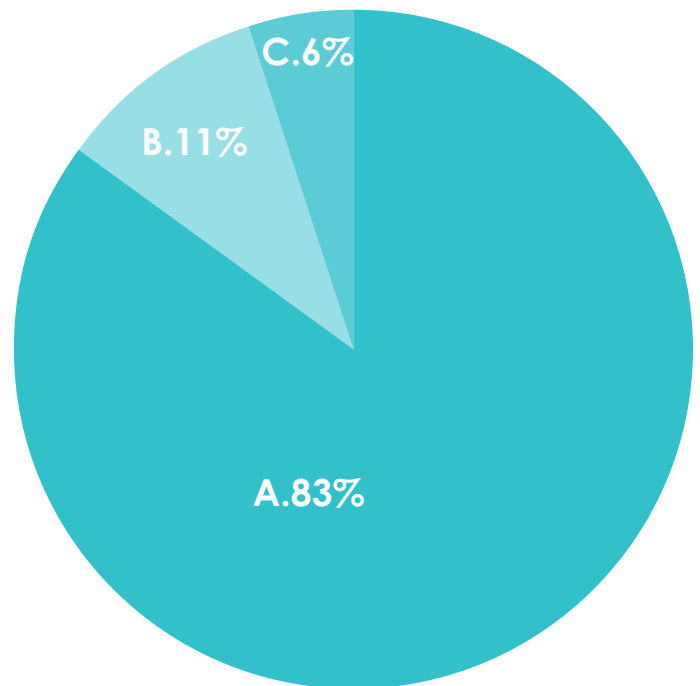
Submissions

In 2020 the Health and Social Care Policy Commission received and considered submissions on the following topics:

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| <p>A
Austerity</p> <p>B
BAME
Bed shortages
Bereavement support
Brexit</p> <p>C
Care homes
Child poverty
Childcare
Climate change
Community ownership
Coronavirus
Corporation tax
Council housing
Curriculum</p> <p>D
Dental treatment
Devolution
Digital
Disabilities
Disability equality
Discrimination
Doctors
Drugs</p> <p>E
Elderly Care
Emergency Services
Employment and
Support Allowance
Employment protection
End of life care
Equality
Eye care</p> | <p>F
Food poverty
Funding</p> <p>G
Gender
Global health
GP appointments</p> <p>H
Health and safety
Health insurance
Homelessness
Hospital closures
Hospitals
HS2
Human rights</p> <p>I
Income tax</p> <p>J
Junior doctors
Justice</p> <p>L
LGBT equality
Libraries
Living standards
Local economies
Local Government</p> <p>M
Mental health
Migration
Minimum wage</p> | <p>N
National Education
Service
National Social Care
Service
Nationalisation
NHS
NHS Funding
NHS Staff
Nurses
Nutrition</p> <p>P
Personal Protective
Equipment (PPE)
Pharmaceuticals
Poverty
Prescriptions
Privatisation
Psychotherapy
Public services</p> <p>R
Race equality
Research and
Development
Rural communities</p> <p>S
Sexual health
Social Care
Social housing
South America</p> | <p>T
Tax
Technology and science
Testing
Trade agreements
Trade Unions
Transparency
Transport
Tuition fees</p> <p>U
Universal Credit</p> <p>V
Vaccines</p> <p>W
Winter Fuel Payments
Women's rights
Worker's rights</p> <p>Z
Zero-hour contracts</p> |
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Breakdown of who sent in submissions

- A.** Individuals – 83%
- B.** Local Parties – 11%
- C.** Organisations – 6%



Breakdown of how submissions were received

- A.** Labour Policy Forum – 90%
- B.** Email – 10%

