

Jonathan Ashworth's speech to the Nuffield Trust

-CHECK AGAINST DELIVERY-

Jonathan Ashworth, Labour's Shadow Secretary of State for Health speaking to the Nuffield Trust today said:

"It is a pleasure to join you this morning, especially to share the platform with you Nick. When I was appointed – unexpectedly – to this role in October one of the books I reached for was my old copy of The Five Giants.

When I listened to Simon Stevens at the Public Accounts Committee this week announcing the end of the Purchaser-Provider split it occurred to me how your magnificent biography of the welfare state Nick stands as a timely reminder of the cyclical nature of the debates in NHS policy.

It's a daunting prospect to come to the Nuffield Trust, 6 months into a new role, most likely three years or so from a general election and to be asked to sketch out a Labour vision for the future.

Daunting, not just because of the combined expertise in this audience but also because I'm acutely aware of the awesome responsibility on my shoulders given the Labour Party's historic association with the NHS.

Much of the debate at events such as this is about what has changed since the creation of the NHS.

How services would not be designed today in the same way as they were in 1948.

And what needs to be done to bring health and social care closer together.

All of those points are valid.

But it's always worth reminding ourselves that the creation of a health service free at the point of use with equal access for all was genuinely visionary.

It's a vision that has stood the test of time.

That vision remains so compelling that every major aspect of political decision making swings around it. Look at political debate in recent years. Referendums on Scottish independence, and of course Brexit, all revolved around the NHS.

The principle of a health service available to all and free at the point of use is understood and supported by the vast majority of our country.

The challenge for all of us – and particularly those of us in positions of

power – is about shaping a reality which not only works within that principle but makes that principle work every day in practice.

Because whilst the principle of the NHS is clear, the practice of equal access for all isn't.

Class and locality are all too often determinants of the type of health care people get.

The number of people per GP is not the same all over the country. Access to the best hospitals is not the same all over the country.

The number of healthy years of life you can look forward to from the age of 40 varies in different parts of our country.

And at the same time, these variations in access are widening as demand for NHS services is growing and becoming more complex.

In the past decade the number of over 65s in England has risen by a fifth and the number of 85s by a third.

The world of disease the service has to tackle has changed dramatically and now challenges every day the structure of the NHS and social care sector.

Fewer than 20 per cent of people with dementia only have dementia; fewer than 20 per cent of people with diabetes only have diabetes.

And demographic challenges will become sharper.

By 2030 the working age population will increase by only 3 per cent while the 65+ age group will grow by 33 per cent.

The IPPR have said one in three babies born in 2016 are expected to live to 100 or more. By contrast, a baby born in 1916 had only a 1 per cent chance of still being alive 100 years later.

And just as demography brings challenges, so the advances in technology and innovation bring opportunities.

Just yesterday I was privileged to visit the mechano-chemical cell biology department at Warwick Medical School.

Recently I met students at Leicester University Physics Department developing the next wave of nanoparticles to defeat cancer.

The UK has of course also long been a world-leader in the life sciences.

The first vaccine was developed here by Edward Jenner in the 18th Century, antiseptic surgical technique was pioneered here by Joseph Lister in the 19th Century, and the structure of DNA was solved here by Watson and Crick in the 20th Century.

Now in the 21st Century, we have the opportunity to build on these advances to provide better health outcomes for people in Britain, improving health

system performance by using new technology effectively to support better delivery of health care, whilst also generating jobs across the UK and growing the economy.

This strength in the life sciences gives us a real opportunity to lead the world in new industries such as advanced therapy manufacturing – highly specialised production techniques that allow us to use cells and genes to treat a wide range of diseases, from cancer to dementia.

Supporting sectors like these requires a holistic approach – addressing fiscal, regulatory and skills challenges – something the last Labour government did very well, with leadership from David Sainsbury, Alan Milburn and Paul Drayson.

It also requires Government, NHS and industry to work together.

In the context of Brexit that means a tax regime that incentivises investment in R&D and manufacturing, a long-term regulatory strategy for the UK's Medicines and Healthcare Products Regulatory Authority to lead in global standards, and a plan to secure and nurture the relevant skills for emerging manufacturing technologies.

So, we should stop looking at the NHS just through the silo of health policy. We should look at it as an engine of economic, social and technological growth

Understandably our point of collective focus across the sector has been the Five Year Forward View, and we all eagerly anticipate its update later this month but there are just 156 weeks left of the Forward View.

While there are a number of aspects of the Forward View Labour supports, too much of its early implementation has been bogged down in public spats between NHS England and Number 10 about spending commitments.

And given the demographic shifts I've referred to and the implications of fast developing technology, I would argue we need a twenty year forward view as well so we can properly plan a health system around the needs of the population, rather than the parliamentary cycle.

That means planning for the health needs of today, and of tomorrow, beyond the next five years.

Let me give an example. A person's health during childhood can have knock on effects for everything from their education and family relationships to their long-term chances throughout their lives.

Nearly one in five children in the UK live in poverty, with children from the most deprived backgrounds experiencing much worse health compared with the most affluent.

The UK ranks 15th out of 19 Western European countries for infant mortality rates, with infant mortality more than twice as high in the lowest compared with the highest socio-economic groups.

Labour in the past decade made defeating child poverty a central driving mission. I believe it's time to put just as much energy behind improving children's health. Over the coming weeks I will begin to outline how Labour's ambition for better children's health will be a central policy priority of mine.

Let me say a word or two about the finances both now and in the future.

It's time we had a national debate in this country about the long term financing of the NHS and social care system.

My Party under Tony Blair and Gordon Brown led that debate at the start of the century and increased National Insurance to fund record levels of investment. When it comes to the investment needs of the NHS we need to be just as ambitious again over the long term.

But with the Chancellor's Budget just around the corner there is no doubt we need an urgent change of direction in the short term.

The NHS is going through the biggest financial squeeze in its history.

Spending per capita is set to fall in 2018/19.

Hospital deficits are at record levels.

Capital budgets are being raided year-on-year to plug the black hole in hospital budgets.

Workforce planning has been woeful resulting in 26,000 fewer nurses than we need, 3,500 fewer midwives and a 26 per cent growth in agency spending over the three years to 2016. Brexit is likely to only compound the workforce problems we face.

But of course one of the biggest drivers of problems for the NHS is the crippling cuts to social care over the past seven years. You simply cannot take £4.6 billion from social care provision and not expect it to impact the frontline. Delayed transfers of care are up 68 per cent on 2010.

Patients are waiting longer to be seen in A&E. And waiting lists are growing as hospitals struggle to move patients through the system

This government must act in the budget next week. There is general consensus that social care now requires an immediate £2bn funding boost – as outlined by the Nuffield Trust in the Autumn and reinforced by the Health Foundation today.

This is a crisis that cannot be ignored any longer. That is why I am calling on the Government to act in next week's Budget.

At the very least the Government must bring forward this £2 billion of funding so that social care providers can increase capacity and take some of the pressure off hospitals.

But while I totally accept and understand the collective lobbying for social care we must not lose sight of the wider problems across the NHS too.

Too many hospitals are operating at unacceptable capacity levels.

Almost every week a new warning about the front line.

Some say it's a 'humanitarian crisis' others say the NHS is on a 'burning platform.' Sir Robert Francis says there's an 'existential crisis' that could make another mid-Staffs "inevitable".

Ministers may not like the rhetoric of these statements. But they can't carry on ignoring the realities.

Trolley waits rose 58 per cent last year, and 2.5 million people waited over 4 hours in A&E.

The 4 hour target hasn't been met since July 2015.

The 62 day cancer target hasn't been met since December 2015.

3.7 million people are now on the waiting list for treatments.

Figures this morning show Trusts continuing to declare OPEL 3 and 4 alerts.

And yet, it is said the Prime Minister simply dismisses calls for NHS funding by letting it be known she cut policing budgets by 25 per cent. Offensive and crass.

Let's be clear – she can't accuse the NHS of "crying wolf" over a funding squeeze that has driven a dramatic decline in the standard of services.

The Prime Minister might have no sympathy for the NHS but she would be negligent in her responsibilities to the public if in the Budget next week she doesn't also bring forward urgent plans to give the NHS the funding it needs.

Indeed every year the Prime Minister puts off this decision and cuts back on investment in the health service, the gap in the service becomes wider, the population becomes sicker, and the sacrifices which she will ask of patients and taxpayers in the long term become more severe.

I believe the NHS needs the sort of investment necessary to stabilize and then rebuild health care around the changing demands of the population.

That means a shift to community services and care closer to home; an NHS centred around public health interventions; and a renewed focus on child health to protect the health of our country in ten, twenty, thirty years down the line.

But this transformation is impossible while the Government push the funding so tight that every penny is needed just to keep the service running.

If STPs are about greater collaboration, a more strategic hand regionally in

the delivery of services, genuine planning, moving away from unnecessary market forces – then that is a principle Labour supports.

If the funding crisis means the process becomes about filling financial gaps rather than transformation in the interests of patients we won't support them.

That means Labour will look carefully at each STP plan and judge them on their merits.

When they are working for patients, we will say so. When they are working against patients, we will say so too.

Many of my remarks today have focused on the difficulties facing the NHS.

It's my job as shadow health secretary to say when and where I think the government is going wrong.

But it is also my job to set out what an alternative policy agenda looks like.

I want to work with you over the weeks and months to come to shape a Labour vision of health care which prepares our nation for the decades to come.

Labour will give the NHS every support that it needs.

A long term funding settlement, which supports staff and patients. Services designed with quality and safety at the forefront.

Access to technology and innovation so that the NHS can benefit from the frontiers of science and medical research,

And above all Labour will focus on a forward facing, preventative health strategy which aims to keep our whole population well, not just five or ten years in the future but 30, 40 or 50 years too.

A health service which cares better for the young and cares more effectively for the old.

There are huge challenges ahead but I'm confident we can face them."

Exploitative zero hours contracts make it harder for families to make ends meet – Abrahams

Debbie Abrahams MP,

Shadow Work and Pensions Secretary, commented on the Resolution Foundation's analysis of zero hours contracts saying;

"This analysis showing nearly one million workers on zero hours contracts confirms unprecedented levels of insecurity among working people.

"With real wages set to be lower in 2021 than they were in 2008, deep Tory cuts to Universal Credit and a punitive sanctions regime, it is increasingly difficult for families to make ends meet.

"The next Labour government will implement a real Living Wage, ban exploitative zero hours contracts and reverse pernicious cuts to working people."

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[News story: Aircraft Accident Report AAR 1/2017 – G-BXFI, 22 August 2015](#)

Hawker Hunter G-BXFI crashed on to the A27, Shoreham Bypass near Shoreham Airport.

[Aircraft Accident Report 1/2017](#) was published on 3 March 2017.

It concerns the accident to Hawker Hunter, G-BXFI which crashed on to the A27, Shoreham Bypass near Shoreham Airport during air display on 22 August 2015.

[Press release: Poor due diligence and monitoring put charity assets at risk](#)

The Charity Commission ('the Commission') has today published a [report](#) of its statutory inquiry into [Human Aid UK \(registered charity number 1138111\)](#) ('the charity'). The charity describes itself as an international humanitarian charity which strives to alleviate the suffering of the oppressed and says it

works in collaboration with dedicated partner organisations in remote areas of the world, including Africa, Middle East and South Asia. The inquiry was opened to examine issues identified at visits to the charity regarding their controls around fundraising and the end use of charitable funds.

The inquiry found that whilst the charity acted on some of the earlier regulatory advice provided by the Commission to address vulnerabilities in its financial controls and management of fundraising, the charity had not exercised sufficient oversight of its work with partners, particularly in areas which are considered to be high risk or where conflict prevails.

The Commission found that the charity's records and systems regarding its activities in Turkey/Syria and/or on the Syrian border did not sufficiently account for the proper end use of all the funds transferred from the charity to partner organisations. The inquiry could not reconcile some costs with the records and systems inspected at the time on one project with a partner organisation based in Turkey for an emergency medical service convoy to Syria and found further deficiencies in relation to the charity's monitoring of the end use of funds relating to a baby milk project with another UK partner.

The inquiry did not find evidence of specific misapplication of charity funds. However, due to the overall lack of adequate documentation to demonstrate the charity's due diligence checks and monitoring of the end use of funds, the inquiry concluded that the trustees had failed to adequately protect the charity and its assets.

The Commission has exercised its powers and directed the trustees to carry out a number of actions to address compliance with key trustee duties including a review of the charity's financial management and controls as well as its due diligence policies and record keeping. The Commission is monitoring the charity's compliance with the order.

Michelle Russell, Director of Investigations, Monitoring and Enforcement at the Charity Commission, said:

Many charities doing vital humanitarian work rely on partner organisations to help them carry out activity in the UK and overseas. The findings in this report are a reminder to those charities about the need for them to carry out proper due diligence on partners that receive money from or work closely with the charity and proper monitoring and verification of spend of the charity's funds.

A fundamental basic is the need to keep adequate and appropriate receipts and other records of spend and have proper systems and procedures in place to request, analyse, record and hold these on a systematic and regular basis.

Monitoring is important to ensure that trustees are able to account for the proper use of the charity's funds and that they maintain donor confidence. Our experience of talking to and visiting

charities that work in this field is that good record keeping is a basic given but there is also the need to use a combination of monitoring and verification techniques adapted to the different working environment and areas the charity is working in. This is particularly important where a charity works with or through partners, or works in high risk areas.

Further guidance about trustees' obligations and responsibilities can be found in [The essential trustee: what you need to know, what you need to do \(CC3\)](#). Further guidance on due diligence and monitoring is available in the Commission's compliance toolkit – [Chapter 2: Due diligence, monitoring and verifying the end use of charitable funds](#).

The [full report](#) is available on GOV.UK.

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PR 13/17

Notes to editors

1. [The Charity Commission](#) is the independent regulator of charities in England and Wales. To find out more about our work, see our [annual report](#).
 2. Search for charities on our [online register](#).
 3. Details of how the Commission reports on its regulatory work can be found on [GOV.UK](#).
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[Respiratory care improving and smoking rates are falling – Vaughan Gething](#)

Smoking rates are falling and GPs across Wales have been offered new equipment to improve diagnosis and support for those with respiratory conditions, according to the first Annual Statement of Progress for Respiratory Conditions published today.

Friday 03 March 2017

Health Secretary Vaughan Gething today welcomed the publication of the statement which shows progress made against the actions set down in the Respiratory Health Delivery Plan.

The main achievements highlighted in the report include:

- Fewer people are smoking than ever before, with rates now below the 2016 target of 20%
- Every GP practice in Wales has been offered a new spirometer, which help diagnose and monitor certain lung conditions;
- Over 400 health professionals have begun training as accredited spirometry practitioners, with the aim of every GP practice having at least one trained member of staff;
- In South Wales, the introduction of a specialist service to support the management of a complex group of lung conditions known as Interstitial Lung Diseases has led to a significant reduction in referral to diagnosis. A similar team is about to start work in North Wales
- Improved support and self-management training for patients to manage their chronic obstructive pulmonary disease (COPD) and asthma

Vaughan Gething said:

“These changes are improving the quality of life for many of those affected by respiratory conditions, although we know there is more work to do.

“We are seeing real progress in improving respiratory care, and we will continue to work with health boards to support patients.”

[March 2017](#)

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