





STRATEGY

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### **ABOUT THE AUTHOR**

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During his time with the Secretary of State, Richard worked across Whitehall, the NHS and local government on major policy decisions including the NHS Long Term Plan and the Prevention Green Paper.

Alongside his work at Future Health Richard is undertaking his doctoral thesis in preventative healthcare systems at Liverpool University.

# **ABOUT FUTURE HEALTH**

Future Health is a public policy research centre focused on creating healthier, wealthier people, communities and nations.

The importance of prevention and the development of new technologies have long been seen as ways to transform health systems to improve patient outcomes and performance, but progress has often been slow.

Future Health publishes regular research papers across its three research programmes of health prevention, health technology and the links between improvements in health and economic growth.

https://www.futurehealth-research.com/

### **ABOUT WPI STRATEGY**

WPI Strategy is a market leader in strategic communications and corporate affairs. Our new "Preparing for Labour" programme is helping businesses across the UK get ahead of the policy implications of a possible new Labour administration, led by senior ex-Labour advisers: Claire Ainsley, former Policy Director to Kier Starmer; Isaac Oliver, Labour's former head of business relations, and Jade Azim, former adviser to Angela Rayner. Get in touch for a free consultation on how we can support your team:

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# **EXECUTIVE SUMMARY**

Labour's healthy and consistent poll lead has got the party once again thinking of Government.

The two most important issues at UK General Elections are the economy and the NHS. Labour are ahead on both and it is this that is pushing the party to victory – and potentially a sizeable one.

Our findings published on the eve of Labour conference show that Labour has grown a near thirty point lead over the Conservatives on the NHS. For many this may not be a suprise. Labour are associated with the founding of the service in 1948 and generally poll ahead of the Conservatives historically.

But this is a large lead. Back in 2019 the NHS was cited by 55% of people as one of the most important issues facing the country and how people voted at the election<sup>12</sup>. Despite a winter poll, deteriorating performance and rising concerns the Conservatives were returned to Government with a majority of 80.

Labour's 2019 health campaign was a failure. It failed due to a fixation on NHS privatisation and scare stories of trade deals with the United States rather than a focus on the concerns of voters.

The Conservatives by comparison effectively pushed the narrative of new NHS investment and demonstrated across the country how this would translate into more doctors, nurses and hospitals.

Shortly after the election polling for Policy Exchange found that voters top priorities were those closely reflected in the Conservative manifesto and the Conservative campaign<sup>3</sup>.

The Labour party has learnt from this failure. It moved quickly to develop a workforce plan that the Government had until recently failed to follow through with<sup>4</sup>. It has avoided the trap of the privatisation narrative, focusing instead on voter concerns about ballooning waiting lists and how to reform and change the system<sup>5</sup>. It has been disciplined and consistent where Government has found delivering on its manifesto promises more difficult. It has talked about the importance of prevention as a lever to improve care and manage demand without getting dragged into the politics of public health policy.

<sup>1 &</sup>lt;u>https://www.ipsos.com/sites/default/files/ct/news/documents/2020-01/issues\_index\_december2019\_v1\_public.pdf</u>

<sup>2</sup> https://lordashcroftpolls.com/2019/12/how-britain-voted-and-why-my-2019-general-election-post-vote-poll/

<sup>3</sup> https://policyexchange.org.uk/wp-content/uploads/2019/12/The-Peoples-NHS.pdf

<sup>4 &</sup>lt;u>https://labour.org.uk/press/labour-to-deliver-10-year-plan-for-change-and-modernisation-of-the-nhs/</u>

<sup>5 &</sup>lt;u>https://www.standard.co.uk/news/politics/nhs-waiting-times-stephen-powis-government-rishi-sunak-wes-streeting-will-quince-b1100649.html</u>

More broadly Shadow Secretary of State for Health and Social Care Wes Streeting has actively pitched himself as a Blairite style reformer, embracing technology and new ways of working to get things done for patients<sup>6</sup>. Our polling shows that all this work has paid off. Nearly three times as many people trust Labour over the Conservatives to fix the NHS. Voters think Labour is twice as likely to end industrial action than the Government.

However our findings also carry a set of warnings for Labour:

- Nearly one in three voters do not believe either of the main parties can make tangible improvements in the NHS, with a similar number seeing no real end to industrial action even with a change of leadership
- Voters are not personally prepared to pay more in tax to fund NHS improvements. Across every age group, in every region of the UK and even among Labour voters, more people said they would not be willing to contribute more in tax to deliver healthcare improvements
- Young voters (18-24) want to see mental health services prioritised, which poses challenges given the party's recent decision to abolish the Shadow Mental Health position<sup>7</sup>

The public unsurprisingly see the top issues facing the NHS as reducing hospital waiting times (53%), followed by increasing the number of doctors and nurses (46%) and accessing a GP (40%).

However even if a Labour Government could deliver in these areas it will not be sufficient to deliver the improvements in services needed. For that, an agenda for change and reform is needed. However with little money this involves tough choices. Reform is not cost-free politically or practically.

The question for Labour is then, with little extra funding how will the party really deliver reform and what paths will it choose? Tough choices are going have to be made.

<sup>6</sup> https://www.nhsconfedexpo.org/on-demand-content/keynote-wes-streeting-mp-shadow-secretary-statehealth-social-care

<sup>7</sup> https://www.standard.co.uk/news/health/rosena-allin-khan-mental-health-minister-resigns-keirstarmer-b1104685.html

### TIME FOR TOUGH CHOICES? DELIVERING THE LABOUR HEALTH MISSION

Three days after the election in 1997 Tony Blair rang Alan Milburn to appoint him as Minister of State for Health. Blair told Milburn 'We haven't got a health policy. Your job is to get us one<sup>8</sup>.' Labour had outlined pledges to scrap the internal market, whilst keeping commissioning and providing care as separate entitles, and a headline manifesto commitment to cut waiting lists. However a wider approach to health policy had not been developed.

This time Labour feels further along in its thinking. On social care it commissioned the Fabians to do a policy review<sup>9</sup>. On the NHS it has published a health mission entitled: *Building an NHS Fit for the Future*. The mission forms part of Keir Starmer's five missions for a Labour Government to give Britain 'it's future back'<sup>10</sup>.

The objective of the health mission is to: 'build an NHS fit for the future: that is there when people need it; with fewer lives lost to the biggest killers; in a fairer Britain, where everyone lives well for longer.'

The Mission is based around three major changes:

- · Change so that more people get care at home in their community
- Change so that we have the workforce of the future with the technology they need
- Change so we focus on prevention

From a policy perspective the three part approach is sound. Better prevention, use of technology and more care at home have long been viewed as ways to re-balance healthcare away from hospitals. Within the system poor retention rates and vacancies are impacting capacity and the ability to tackle waiting lists.

However the three major changes proposed face significant political and policy obstacles to be realised, which are yet to be fully explored.

Our polling shows that the public still see the NHS primarily through the prism of doctors, nurses and hospitals. Logic says delivering more of this win votes.

But Labour faces the same policy conundrum that the current Government has had. Making these headline pledges and then delivering them is costly (particularly as money is tight), not guaranteed (see the reduction in GPs since 2019) and will not translate into the scale of service improvements needed or expected. Part of the reason the current Government has struggled as our paper last week highlighted is that the 'more, more, more' philosophy in the 2019 manifesto is not

<sup>8</sup> Nick Timmins. The Five Giants. 2017. p589

<sup>9 &</sup>lt;u>https://fabians.org.uk/a-national-care-service-for-all/</u>; A plan that is not Labour policy but which the party is examining

<sup>10 &</sup>lt;u>https://labour.org.uk/missions/</u>

sufficient. Populism in health policy might win votes, but it won't help you solve the fundamental problems.

For Labour to succeed it will need to make a series of tough choices on a set of important agendas.

#### Prevention

One of the priority levers identified by Labour for change is prevention. This is well trodden health policy ground back through history. It was a major theme in the 2002 Wanless Review commissioned by Gordon Brown<sup>11</sup>. Recent Government policy documents such as the NHS Five Year Forward View, NHS Long Term Plan, Prevention Green paper and Build Back Better Health and Care have all stressed the importance of prevention but progress has been mixed at best.

There is a strong impression that a Government led by Keir Starmer would spend political capital on pushing forward with prevention, not just in health but in public services more widely<sup>12</sup>. But again the question here will be how much political capital and time does the new Prime Minister want to spend on this, when more immediate issues are pressing and where voters in our polling think Labour should be focusing.

The history of UK Government health policy is politicians having a narrative about both the here and the future, but the practicality being that the here very much wins out. Prevention gets squeezed for treatment. Plans for a child health strategy could be a way to practically embed welcome and longer term approaches into policymaking, particularly in light of rising childhood obesity<sup>13</sup>, mental health<sup>14</sup> and asthma rates<sup>15</sup>. A party serious about prevention will also have to move much faster than the current administration on wider public health issues to reduce smoking, obesity and tackle health inequalities. Labour has studiously avoided public health skirmishes to date citing the cost of living, but to really follow through it will need to develop a public narrative that can help it be much more assertive.

To truly make progress in this policy area will require a wider cross government approach<sup>16</sup>. This will need elements of Whitehall re-structuring and cross departmental working which are never straightforward. It might well be the right thing to do, but the return on this operationally will take time, and there will also be those in the Treasury sceptical of it.

NHS ambitions to deliver prevention - such as those in the former Labour Secretary of State for Health Patricia Hewitt's Review - have traditionally stalled due

<sup>11 &</sup>lt;u>https://www.yearofcare.co.uk/sites/default/files/images/Wanless.pdf</u>

<sup>12</sup> https://www.newstatesman.com/politics/uk-politics/2023/07/keir-starmer-prevention-politics

<sup>13</sup> https://digital.nhs.uk/news/2021/significant-increase-in-obesity-rates-among-primary-aged-childrenlatest-statistics-show#:~:text=News-.Significant%20increase%20in%20obesity%20rates%20among%20 primary%2Daged%20children%2C%20latest,National%20Child%20Measurement%20Programme%20began.

<sup>14 &</sup>lt;u>https://www.childrenssociety.org.uk/what-we-do/our-work/well-being/mental-health-statistics#:~:text=ln%20</u> the%20last%20three%20years,have%20a%20mental%20health%20problem.

<sup>15</sup> https://www.asthmaandlung.org.uk/media/press-releases/number-children-ending-hospital-life-threateningasthma-attacks-more-doubles#:~:text=The%20advice%20comes%20ahead%20of,7%2C850%20between%20 2020%20and%202021.

<sup>16</sup> https://www.instituteforgovernment.org.uk/publication/cross-government-co-ordination-improving-health

to funding flows directing more money towards hospitals<sup>17</sup>. Work is underway to find ways to unblock this, with new Integrated Care Systems (ICSs) an opportunity to work differently. A consensus is emerging about setting an NHS level of prevention spend, however given NHS financial deficits and treatment, ring-fencing in prevention is not cost-free practically or politically.

The Government's Major Conditions Strategy focused on designing health systems around patients with multiple conditions and improving preventative care could also be a framework to keep and pursue<sup>18</sup>. A new social care offer may be pitched as part of the prevention agenda and a model that helps take pressures off the NHS.

#### **Primary care**

Central to Labour's plans for a prevention revolution will need to be a new plan for primary care. 40% of those polled said that access to a GP was an important issue.

Hints have been dropped that Labour's plans here could be quite radical and potentially quite explosive with the profession, particularly when it comes to the future of the partnership model<sup>19</sup>. However the appointments of former senior Department of Health official Sir John Oldham as an adviser and Karen Smyth as Shadow Minister suggests reforms will likely be more evolutionary than revolutionary.

Indeed at the headline level, Labour's pitch to bring back the family doctor is more from the status quo mould and aimed at older voters with multiple conditions who value continuity of care, rather than delivering it for the whole population where such a pledge would be unworkable. A new GP contract will be the mechanism to get change through, but the existing contract has had to be imposed and again new funding will need to be identified to secure the backing of the profession for any reforms proposed<sup>20</sup>.

#### Workforce

More immediately Labour has continued to lean heavily on its workforce plan as it's strongest and clearest policy pledge, particularly as the Government's own plan has also seemingly not yet cut through<sup>21</sup>. As our polling shows more doctors and nurses polls well and the plan also helps position the party as a new broker to end industrial action.

However the junior doctors in particular look in no mood to settle and ending the pay disputes will involve hard cash that will need to come from somewhere (and possibly from within other parts of the health budget).

<sup>17 &</sup>lt;u>https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems</u>

<sup>18</sup> https://www.gov.uk/government/publications/major-conditions-strategy-case-for-change-and-our-strategicframework/major-conditions-strategy-case-for-change-and-our-strategic-framework--2#:~:text=The%20 major%20conditions%20strategy%20will%20consider%20what%20more%20we%20can,opportunities%20 for%20anticipatory%20care%2C%20and

<sup>19</sup> https://www.independent.co.uk/news/uk/wes-streeting-labour-gps-government-nhs-b2257798.html

<sup>20 &</sup>lt;u>https://www.bma.org.uk/news-and-opinion/contract-imposition-forces-gps-to-consider-all-options-in-</u> response

<sup>21 &</sup>lt;u>https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/</u>

This will in turn limit resources for wider change and reform work. Ongoing industrial action could also quite quickly undermine confidence in the new administration's ability to deliver on the public's expectations.

#### Capital

Before the RAAC scandal broke, Labour had already started to focus more on health service capital<sup>22</sup>. This is partly to address a weakness in the mission paper, which calls for a vague review of capital funding. Streeting was challenged on this after his speech at the NHS ConfedExpo conference in June<sup>23</sup>. With money tight reviewing, re-prioritising and re-phasing capital projects is a natural place for politicians to go. However recent history tells us that under-investing in capital over time is a major brake on operational performance. An unclear review also opens up a political weak spot, where the Conservatives will likely push uncertainty about Labour's commitment to capital schemes in particular constituencies. This week in Liverpool the party may move to plug this gap.

Technology also features regularly in Streeting's speeches and the mission document spends some energy on setting out the challenges and possible solutions. We have been here many times before of course and the issues around procurement, adoption and spread are well known. How much of this will be addressed through centralisation and how does this align with the devolution agenda of ICSs? The current NHS review by Cambridge Hospital Boss Roland Sinker into NHS innovation might well be a blueprint Labour ends up moving to adopt.

#### Performance

Waiting lists continue to creep up and access to care is the number one concern for voters<sup>24</sup>. The Government has worked closely with NHS England on a series of plans: a primary care recovery plan, an A&E recovery plan and an elective recovery plan. The private sector has been brought in to support capacity.

Labour has committed to delivering on core access standards and embraced the private sector. But core access standards are a long way from being delivered and it is unclear how they will be met, particularly in the near future. As yet we do not know how Labour would approach the performance agenda differently from the Government. Ambitions around prevention and new technology as mechanisms to address demand will take time to come through and make a difference. It is one thing to talk about restoring access but doing so more quickly and to the level proposed needs to be more clearly set out.

#### The road to the election: what does reform look like?

For Labour the lead on the NHS underpins their wider lead in the polls. As an election and potential spell in Government looms tough choices are though coming fast.

<sup>22</sup> https://www.standard.co.uk/news/politics/nhs-labour-wes-streeting-england-a-e-b1103347.html

<sup>23 &</sup>lt;u>https://www.nhsconfedexpo.org/on-demand-content/keynote-wes-streeting-mp-shadow-secretary-state-health-social-care</u>

<sup>24</sup> https://www.independent.co.uk/news/uk/nhs-prime-minister-england-bbc-rishi-sunak-b2411358.html

Many are comparing the next election to 1997. But NHS wise things might be different.

In 1997 Labour stuck with tight Conservative spending plans, NHS performance continued to struggle and the party had to crank up spending significantly, through taxes, to turn the tide. Both politically and practically it worked. Performance improved and the party completed three election victories.

Our polling shows that this will not be an option this time around.

Money is tight, but public expectations are that Labour will make the NHS better.

The public also say they want more of the same: more doctors, nurses, hospitals.

However they are clear that they will not pay more in tax for it.

And even if the money was available, more of the same – more NHS funding at the expense of public health, capital and social care will no longer cut it in delivering the improvements in performance voters also say they want.

The health policy question for Labour then as it gathers for its conference in Liverpool is which tough choices will it make to deliver its agenda for change and how will it take voters with them in making them?

### **SUMMARY OF NHS POLLING**

The following charts summarise polling undertaken by Deltapoll for WPI Strategy and Future Health. Deltapoll polled 1507 adults from 22<sup>nd</sup> to the 25<sup>th</sup> September 2023.

Q1. Which of the two main parties do you trust most when it comes to delivering improvements in the National Health Service?



Q2. Of the following issues facing the NHS, which would you say politicians should be most focused on for delivering improvements? (Please select up to three)







Access to a GP

17%



Q4. From what you know, which of the two main parties do you think has the best plan for ending strikes by NHS doctors and staff?





#### Q5. Which of the following statements comes closest to your own view?





