IMMEDIATE RELEASE

Wes Streeting MP, Labour's Shadow Health Secretary
Speech to NHS Providers
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CHECK AGAINST DELIVERY

Thank you for inviting me to speak here today.

I hope everyone has enjoyed the latest merry-go-round of the Conservative clown show in Westminster this week.

Victoria Atkins is now the fifth Health Secretary I have faced since being appointed to this job less than two years ago.

Although, to be fair, two of them were called Steve Barclay.

I understand she told you in her message that she is looking forward to working with you in the "weeks and months" ahead. At least she's realistic.

In contrast to the chopping and changing you have becoming used to from government, today I want to give you a clear idea of how a Labour government will work with you over five years to get the NHS back on its feet.

There are two great domestic crises facing our country today. The cost-of-living crisis and the crisis in the NHS, the worst in its history.

Each crisis reinforces the other. The state of the economy, the public finances, and the squeeze on people's personal finances will make it harder to escape the crisis in the NHS.

The consequence of 13 years of low growth in our economy, is that we have the highest tax burden on working people since the 1950s. Working people literally cannot afford it to go higher.

The consequence of the economic joy ride that the Conservatives took last year, is that there is no slack in the public finances.

So, there is no route out of the crisis in the NHS that requires simply spending more money.

That is the context in which we meet today, and, if my party are privileged enough to win the next election and form the next government, the reality we will inherit.

The status quo in the health service is intolerable- to me, to you, and most of all, to the patients we serve. The crisis too urgent for us to simply wait for the economy to pick up. There isn't time to wait. Not for the millions of people whose lives are put on hold while they wait for care. Not for those with conditions slowly worsening, while they wait to see a GP, specialist, or for a scan. Not for those who will need to call for an ambulance this winter.

So, it really is reform or die. Not a slogan but a reality. The NHS must change. And in a years' time it will fall to us in this room to change it.

I know the reform argument that Keir and I have been making hasn't always been a crowd pleaser. On BBC Question Time earlier this year, a panellist told me that the word 'reform' goes down like a cup of cold sick in the NHS. Well, I'm afraid it's worse than they thought- we really do believe this stuff.

Not only because of the scale of the crisis you all face today. Not only because as waits rise, public confidence in the health service falls. But because the challenges coming down the track - rising chronic disease, our ageing society – are even bigger than we face today. They threaten to overwhelm and even bankrupt the NHS.

The Department of Health and Social Care today accounts for 42% of total departmental spending. IFS analysis of the NHS workforce plan suggests that half of the public sector will be employed by the NHS by 2036. I like Amanda Pritchard very much, but we're in danger of making her Louis the 14th – 'l'etat, c'est moi.'

The costs of continuing with the status quo, simply pouring ever greater amounts of money into a broken system, will ultimately be borne by our schools, our pensioners, our police and, in this dangerous world, by the nation's capacity to defend itself. That is not acceptable to Labour and I know it is not acceptable to you. You see the consequences of poverty and a broken public realm walk through the doors of your hospitals and trusts every day. You know that without a healthy economy, without good public services, we cannot build a healthy society. The NHS therefore has a duty to get better value for taxpayers' money.

The Government's announcement last week sums up their failure over the past 13 years. At the same time as another short-term pot of funding, they watered down targets for operations and appointments this year. Not only have they waved the white flag on Rishi Sunak's pledge to cut waiting lists, they have once again left the public literally paying more and getting less.

And it's not just the cost of their failure to resolve the strikes for the past 11 months.

It's the £3 billion a year paid to recruitment agencies.

It's the estimated £1.7 billion cost of delayed discharges, and the 13,000 beds, enough to fill 26 hospitals, taken up each day by patients who do not need to be there.

The costs of failure are racking up, and whilst the taxpayer is picking up the bill, the heaviest price is paid by patients.

The NHS has got to work better for patients and taxpayers. It is the only way we are going to turn this crisis around- by getting more out for what we put in. If Labour wins the next election and we are back in this room in a years' time that's what we will have to achieve from our relationship. That's what I want to talk about today.

And that is where the doom and gloom ends.

Because if I am back here in a year's time as Health Secretary, it will be with a very clear task. The targets Keir and I have committed to meeting within 5 years.

Elective treatment within 18 weeks.
Waits in A&E of no more than 4 hours.
Ambulances that arrive on time.
GP appointments when you need one.
An NHS back on its feet, there for you when you need it.

And over ten years, even greater ambition.

Fewer lives lost to the biggest killers- cancer, heart disease, stroke, and suicide.
The gap in health life expectancy between regions halved, so everyone lives well for longer.
An NHS fit for the future.

I know how far off we are today. I recognise that it feels almost impossible. It isn't - you have done it before, and we can do it again.

This may come as a shock to some of you, but.. I don't have a messiah complex. I know that the NHS will not be turned around by one person in the Department of Health.

When Keir says that our mission is to get the NHS back on its feet and fit for the future, he's not just talking about the shadow cabinet. If we're going to do this, it will have to be the mission of Keir, of me, of everyone in this room, and your 1.3 million colleagues outside it.

If we're going to deliver the care that patients deserve, we will only do it together.

So today I'm proposing a deal.

My promise to you is this: I will end the micromanaging. No more getting on the phone to you about whatever issue pops into the Secretary of State's head on any given day. Every day you spend re-writing the job titles for your Equality, Diversity and Inclusion officers is a day you're not 100% focused on bringing down waiting times for patients. I won't waste your time or mine. There is no time to waste.

Instead, we will give you long-term certainty with clear priorities over a five and ten-year period, as already set out in Labour's Mission.

By setting them now, we have bound my hands and I hope liberated yours. This must be our focus, every day, over 5 years.

You will be given the freedom to innovate, to try new things, and to find the best ways of getting the service working better for patients.

In return, we need much more transparency, so we can see what's working and what's not.

Where it's working, we will encourage you to go further, faster.

Where it's not, we will get the support in place to turn around your provider as quickly as possible.

A new culture, based upon honesty between grown-ups, and a shared mission to get the NHS back on its feet and fit for the future.

I know that given the freedoms and the right incentives, you will deliver. And what gives me that confidence are the people working with and for the NHS today, leading the way to that better future. They – you – are showing that things can get better.

Out of the chaos of the pandemic and the unbearable pressures facing the service today, with their backs against the wall, great NHS leaders are coming up with brilliant solutions.

Like the Sussex Musculoskeletal Partnership, who hired a local leisure centre and invited their entire waiting list. Patients could speak with clinicians, be directed to community support groups and charities that were present, access wider health and well-being services, and get immediate rehabilitation treatment, all in under two hours. People were saved months of being passed from pillar to post, service to service. 550 people attended over two days - half of whom were then discharged from the waiting list. Patients who didn't attend were seen 5 weeks sooner, because the waiting list had been cut so significantly as a result.

And Labour's plan to cut waiting lists wasn't dreamt up by me or my team. It came from a number of trusts around the country. They have set up specialist clinics on weekends, shared waiting lists and staff across neighbouring hospitals, and dramatically reduced waits for patients.

We will put £1.1 billion behind this idea, paid for by abolishing the non-dom tax status, so patients in every corner of the country benefit.

That will be my role in this new relationship. Not top-down reorganisations and more structural changes from above. Taking the extraordinary things already happening in the health service and making them the ordinary. Bringing the best of the NHS to the rest of the NHS.

The centre will always have a role in giving the NHS the tools it needs to do the job. Whether it's training thousands more staff, doubling the number of scanners, bulk buying the latest technology and getting it to you faster, cutting red tape so GPs can provide continuity of care, a fair pay agreement for care workers, mental health support and tooth brushing in schools to prevent ill health in the first place – Labour will arm you to the teeth to turn this around.

The reforms themselves will have to come from you. We're not just going to ask you to deliver, but to lead on changing the system. To provide healthcare in new, different ways, form partnerships with each other, the private and the voluntary sector, and embrace new methods of treatment and prevention.

That means taking the lead on shifting the focus of healthcare out of the hospital and into the community. Ditching the old ways of working to bring the NHS into the digital age. And reducing demand with more of a focus on preventing ill-health as opposed to simply treating it.

Again, some of the best leaders have already blazed the trail. At this conference last year, I spoke about Leeds and Mid-Cheshire, trusts which have shared their budgets with local authorities to boost social care and cut delayed discharges. That collaboration keeps patients out of hospital, helps their recovery, and frees up hospital beds for those who need them. Better for patients, less expensive for the taxpayer.

But it shouldn't take 400k delayed discharges a month and A&E waiting times going through the roof. Change can't wait for the interests of the organisation to align with those of patients. We need a permanent revolution in the NHS, so it is constantly improving for patients.

That greater freedom cannot mean less accountability. So that's the deal- clearer direction but less interference from above, with more transparency and accountability in return.

People today watch drivers delivering their takeaways on virtual maps in real time. They choose what film to watch and product to buy based on the reviews of thousands of their peers. They have a lifetime of information available to them at the touch of a button.

If they want to know how long it will take to get the scan or operation they need or to see their GP, they can easily find that too… so long as they have private healthcare, or they are prepared to trawl through complicated data sets. People want this information and it should be available to all, not just the wealthy well-informed.

The NHS will always be the public's service, there to serve the public. Patients' interests must always be at its heart, and the public should be able to judge if it is doing a good job by them. If it isn't, it is right that they have the choice to go elsewhere.

So we will make sure people can see how their local providers are performing and the progress made towards our targets.

This new age of transparency will empower patients and put their experience at the centre of the service. With Labour, you won't just be told how well your Trust is doing, you'll also be told how well they should be doing, with information about what the national standards are and what best practice looks like.

But we also need greater transparency so we can spot what is working, and who to learn from. For those services at the top of the league tables, we need to make sure they don't hit a ceiling- they should be incentivised to put the foot down on the accelerator and continue improving.

For those at the bottom of the table, they need identifying so we can get them the support needed to get back on track. We will partner them with 'turn-around teams' of the best leaders to support them, and monitor performance data more closely.

The number of patients waiting 52 weeks fell by a few per cent nationally in the past year. And that reduction was brought about by the improved work of less than a third of ICS's, who have reduced the longest waits. Clearly they do not need the same level of performance management or support as others.

We will need very different approaches for different organisations.

The number of delayed discharges are marginally down this year, but in 16 Integrated Care Systems they have worsened, and in some, twice as many patients are stuck in hospital when they don't need to be there.

This may be caused by poor practice, demographics, or local social care capacity. As Health Secretary I would expect that question to be quickly answered and a plan in place to turn around those worst performing services.

The Conservatives have simply looked the other way and tolerated providers falling behind. We will not. We cannot, if we are to get the NHS back to where it needs to be, delivering for patients in every part of the country.

Accountability also means recognising the seriousness of the work you do.

When you get it right, lives are saved and transformed. When you don't, the consequences can be tragic. This was brought into horrifying clarity most recently by the appalling events at the Countess of Chester Hospital.

The case for change has been made repeatedly:
In 2017 by Sir Robert Francis, in 2019 by Tom Kark QC, and in 2022 by General Sir Gordon Messenger, and Dame Linda Pollard.

It is long past time for action. In September, I wrote to you, Julian and to Matthew Taylor at NHS Confederation, asking you to begin consulting your members and patient groups. In government, we will work with you to introduce a system of regulation and, crucially, training, to promote excellent leadership and to protect patients when things go wrong. I am clear that this must include disbarring those found guilty of serious misconduct.

Our aim in all of this is to foster first-rate leadership across the service.

That's why today I can announce that we will establish a College of Clinical Leadership. Good clinical leadership is crucial to improve services, quality of care, and transforming healthcare and its time that is recognised.

That is the deal, the new relationship, the change in culture that we are proposing.

The aim? To get the NHS back on its feet and make it fit for the future.

How? By getting more out for what we put in. Not asking NHS staff to work harder, but helping them to work smarter.

The changes will be fundamental and deep. It will take time and we will support you through the transition. But we believe that the NHS can survive and thrive in the 21st century if we follow this path.

Reform was crucial to the last Labour government delivering the shortest waiting lists and highest patient satisfaction in history. I don't shy away from that record. It's what gives me confidence that we can turn the crisis in the NHS around. You did it before, and we can do it again.

Yes, times have changed. The crisis is, of course, much worse today. The state of economy, far poorer.

But we shouldn't lose sight of the advantages we have today. There are opportunities available to us that were unimaginable back then. The revolution in data, medical technology, and life sciences are game changers.

Nye Bevan said the service must always be changing, improving. And throughout its history, the NHS has changed, adapted, pioneered.

From the first mass immunisation programme in 1958, to delivering the Covid vaccine that led us out of lockdown and the pandemic. From the first test tube baby in 1978, bringing hope to childless couples, to the introduction of NHS Direct in 1998, making healthcare advice available to all 24/7.

Today, it is falls to us, our generation to harness the best innovations, technological advances, and breakthroughs in life sciences.

I am convinced that if we combine the ingenuity of our leading scientists, the innovation of our leaders, and the care of our staff, the NHS can once again be the envy of the world.

If I am back in a years' time we will, together, begin that journey.

Thank you

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