Thank you Nick.

It's a pleasure to be with you this morning and I'm really grateful for the opportunity to speak.

Can I also start by saying a big thank you to Nigel and everyone at the Nuffield Trust for the help and advice you've given me over the last few months.

When I started this job back in September, I felt as if I'd been asked to do the world's most complicated jigsaw puzzle.

There was a problem though: there was no box, no picture but I was expected to describe it on TV from day one.

I am genuinely grateful to everyone who has helped me during this period – many of you in this room today.

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These are critical times for the NHS and care system in our country.

Huge hospital deficits, a fragile care home sector, growing demand, a stretched workforce and deep health inequalities.

Whilst the NHS continues to deliver excellent care for many – it doesn't for everyone.

Too many people are failed by the system.

Services are starting to fray at the edges.

Quality of services vary - by type, by time, by place.

Public dissatisfaction is up. Waiting times are up and staff morale is down.

When I talk to patients, when I talk to my constituents, I know this Government needs a strong opposition to hold it to account.

And I am determined that when it comes to health and social care, my party will be true to its values and its history.

But being a strong opposition means developing a credible alternative firmly rooted in the 21st century.

That's why I am pleased to be able to set out today some emerging themes which will underpin Labour’s future priorities for health and social care.

I could talk to you about our determination to create a health and care system where mental health sits at the centre and not the fringes,
our commitment to improve the quality of care for our ageing population - not just in hospital, but at home, in care homes, in the community

And our desire to ensure that everyone has timely access to excellent care at the points in their life when they need it most.

These are all issues which will be at the heart of future Labour policy but there are 3 underlying principles which have to come first.

So what are they?

Well, if I was stopped on the street and someone asked me to sum up Labour’s priorities for health and social care, I’d put it like this:

Fund it adequately

Staff it properly

Support improvement and innovation

Let me take each of these in turn.

Last November, there was much fanfare associated with the deal for the NHS in the spending review.

Didn’t Simon do well?

Well, yes, in the circumstances, he probably did, but let’s be honest ...

the NHS is still in the middle of the longest and deepest squeeze on its finances in a generation.

Of the £3.8bn increase for next year, over half of it will be needed to pay the bills left over from this year, a billion is needed for extra pension costs and that’s before you start to deal with rising demand and the price tag attached to new drugs and new treatments.

There’s a danger in the current debate that hospital bosses are painted as guilty of profligate overspending when the Government should face the charge of basic underfunding.

That’s not to say there isn’t waste and inefficiency, which of course could and should be tackled, but we can’t wish away underlying pressures.

Just this week, the Government’s former safety advisor Don Berwick suggested that funding the NHS at 7 per cent of GDP is a “risk” and should be seen as an "ongoing experiment".

I think he has a point.

Spending on health as a percentage of GDP is set to fall even further by the end of this decade to just 6.7%, taking us below Italy, Iceland and Costa Rica.

If we want to maintain or improve standards of safety and timely access to care, £22bn worth of savings by 2020 seems pie in the sky to me.
We all want to improve the quality and quantity of services provided in the community, and keep people healthier for longer, but we need to be honest about how much money this will save.

Whatever happens we’re always going to need hospitals.

And as we move to providing more services in the community there will need to be some form of double running – at least initially - and with associated costs.

Transformation takes time and costs money and we should say so.

So, what’s Labour’s approach?

First of all, we must treat health and social care as one system.

You can’t take £4.5bn out of adult social care budgets in a 5 year period and not expect the NHS to feel the strain.

Second, we need to be clear about the scale of the problem and be honest with the public about what an excellent health and care system costs.

As a nation, we are dying later and being born earlier.

Premature babies which wouldn’t have lived 30 years ago, grow into childhood and beyond.

More of us survive serious illness than ever before.

These are good things but they present challenges.

If we’re honest about the pressures, we also need a straight talking debate about the options as to how we fund a system which can deal them.

Some say an independent, cross party commission is the way to get agreement on this.

I say a political party needs to own the solutions and have the political will to take tough decisions.

The public can’t be an afterthought in all of this – they need to be at the heart of the solution.

That’s a process I want to lead as Shadow Health Secretary.

But even if – and it’s a big if – we can get the funding right, we also need enough high quality, motivated, caring staff to do the jobs which need to be done and to do them well.

I have been saddened and dismayed by the anger and despair I’ve heard from NHS and care staff since taking on this role.

Anger which is summed up best by the junior doctor’s dispute.

A dispute which is about a new contract but which is also about so much more.

I have been struck by the extent to which junior doctors feel like they are the first line of defence in a fight for the future of the NHS.
They are fed up covering rota gaps - 3 of them covering a shift when there should be 4 or 5.

They are fed up working all hours god sends, only to hear a message from the top which implies they're to blame for deaths amongst patients admitted to hospital at weekend.

And they are fed up with a system that means even when patients are well enough to be discharged, they often end up stuck on a ward because suitable care can't be secured at home or in the community.

I don't want to dwell on junior doctors this morning but the present impasse can't be allowed to go on.

Jeremy Hunt was wrong to impose the contract.

Industrial action, plummeting morale and an exodus of doctors to the southern hemisphere are no good for anyone – least of all patients.

The Government must find a way of getting back to the negotiating table.

But the junior doctors are really the tip of the iceberg.

We don’t have enough GPs.

Agency nurses are everywhere.

Safe staffing guidance has been shelved.

The tenure of a hospital chief executive can resemble that of a Premiership football manager.

And we import care home workers because the jobs are poorly paid and often disheartening.

We have failed to plan for the NHS and care workforce of today and we run the risk of making the same mistakes for tomorrow.

We need to value our staff, pay them decently and support them to improve services and find new and better ways of working.

And that brings me to my third theme – Labour must always be on the side of improvement and innovation.

I don’t think the NHS should be preserved in aspic. We have a system designed for the 20th century but a population that is truly 21st.

If we are agreed on the need for change, the conversation has to start in the right place.

Consistent, high quality, easily accessible care must always be the aim. Care which meets the needs of our population.

When I’ve visited hospitals and GP surgeries in the last few months, I’ve seen state of the art facilities but also some buildings that resemble unloved community centres.

Switching money from the capital budget to the revenue budget may plug a short term gap on the spreadsheet but it does nothing for the long term solutions.
There is an urgent need to review the sale of NHS assets and to think carefully about how public land and buildings could be used differently.

Lord Carter was right to talk about the need for more step down care, and let’s not forget in places like London nurses simply can’t afford to live.

Someone needs to take a good, long look at NHS Property Services and ask how we use existing assets to deliver sustainability over the longer term.

We also need to think about how we drive change and improvement.

For all the focus in recent years on safety in hospitals, I am yet to be convinced that there is a positive learning culture in the NHS, a culture in which clinicians and managers are supported to improve services.

I believe we need a systemic approach to quality improvement in Trusts across England.

Go to any hospital and you’ll find a Director of Finance, and non-executive directors with financial expertise – but you’ll rarely see the same attention given to quality.

Surely every Trust board needs someone whose focus isn’t short-term fire-fighting but to understand how the best hospitals do it and then co-ordinate and bring together their own staff to drive improvement?

The danger at the moment is that in the rush to make “headcount reductions”, we get rid of the very people who could help make this happen.

We also need to develop a culture in our NHS that supports innovation and exploits the fact that we are uniquely placed to be a world-leader.

As a health system providing universal coverage free at the point of use, to a large population, and with data spanning decades – the NHS should be at the forefront of testing new treatments, new technology and new ways of working.

As the Five Year Forward View reminded us we are the nation that has helped give humanity antibiotics, vaccines, modern nursing, hip replacements, IVF, CT scanners and breakthrough discoveries from the circulation of blood to the DNA double helix.

And building on this legacy should be an integral part of any political party’s policy priorities for our health and care service.

The NHS needs some hope at the moment - realism yes, but it needs to believe it’s best days are ahead and not behind.

So these are my early thoughts.

I would have liked to have stood here this morning and to be able to give you all the answers, but I want to take the time to get these things right.

I want to work with you to develop Labour’s policy on health and care, and also to be a robust and effective opposition.

Thank you for listening.