

Isle of Wight Council continues to cut services

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Conservative-run Isle of Wight Council, which runs the largest and second-most populous island in England, has approved £7.5 million in cuts to services and a council tax rise of nearly 6 percent. The cuts follow reductions in government funding and will see a further erosion of social provision.

Attention has focused on cuts to the island's health service, but every aspect of social provision on the island stands as an indictment of the capitalist system.

As an example, the council Cabinet approved, against the advice of its own Scrutiny Committee, that the most severely affected people living at home and in receipt of Attendance Allowance, Disability Living Allowance or Personal Independence Payments should pay more for their care charges in order to cover cuts of £678,700 from 2018/19. The council admitted that it had failed to make an almost identical agreed efficiency saving (£700,000) from its Private Finance Initiative (PFI) contract with Island Roads for road maintenance.

This was immediately contradicted by the Council's CEO, John Metcalfe, who said the saving *had* been made. It emerged that the £700,000 had been saved through individual management issues rather than as the rolling annual saving originally proposed, so further cuts will still be required.

PFI contracts place meeting the contractor's financial servicing above any services or provisions they cover. The isle has two PFI agreements, the other being with Amey for waste management. Ahead of the budget negotiations, the chief proposal from the Independent group of councillors, the largest opposition grouping, was just to refinance the roads PFI loan to reduce interest payments. The Council's budget, according to Leader Dave Stewart, involved "'smoothing out' our financial gap repayments," increasing reserves and spending around £10 million on capital projects to encourage business rate income.

The Isle of Wight has a population of around

140,000. As a favoured retirement location its population is slightly older than the national average: 27.1 percent of the population are over 65, while only 14.7 percent of the population is under 15, compared with a national average of 17.5 percent.

The relative affluence of this inward migration disguises the levels of rural and coastal poverty. The End Child Poverty charity recently estimated that nearly a third of children (29.49 percent, more than 7,500 individuals) live in poverty after taking housing costs into account. In 2015, five Local Service Order Administration (LSOA) areas were in the 10 percent of most deprived areas in England, with another 19 in the top 20 percent. The island had no LSOAs within the 20 percent of least deprived areas.

The 2011 Census revealed a lower average standard of education across the island than nationally: higher than national average percentages of people with no or minimal qualifications, and lower than national average percentages of those with higher qualifications.

The one hospital, St Mary's, coordinates with mainland hospitals. The island NHS Trust was placed in Special Measures in April last year, with all the signs of a service being systematically deprived of cash. Last June, St Mary's was cancelling operations because it could not cope with patient numbers.

A year ago, the Council sought to offset its crisis in adult social care provision by appealing to the NHS Trust to continue paying into a joint fund. The Clinical Commissioning Group (CCG) said it was required to pass on funding allocated for social care, but where it had previously been able to supplement this it was now struggling with its own £12 million deficit.

Health and social provision is being subject to drastic cutting from both sides, with predictable results. Last December, only 38.89 percent of highest priority emergency ambulance calls arrived within the required eight minutes. The government's target of 75 percent

has been missed every month since last May. In December the *British Medical Journal* reported that cuts to the sexual health services were the worst in the country, with the budget having been slashed by 47.9 percent in the previous two years.

The CCG put forward five options for service “redesign”, ranging from no change—which was ruled out immediately—to cutting all local hospital services apart from Accident and Emergency (A&E) and Maternity. This scenario was clearly introduced to soften up public opinion for drastic cuts.

In February, the CCG agreed Option 4 of the Acute Services Redesign plan. This would see 89 percent of current activity retained on the island, but closer study points towards further erosion along the worst case lines. A&E would remain the same, but 20 percent of acute medicine would be transferred off the island, with 80 percent of critical care and 30 percent of emergency surgery. Elective surgery, trauma care and obstetrics would stand at 90 percent of current provision, but paediatric care would be reduced to a short stay assessment unit, effectively cutting the department by half and transferring all children requiring more than 24-hours’ care to the mainland.

The main purpose of the redesign was to save some £80.6 million over the next 30 years.

Stephen Parker, clinical lead for the redesign, said it would reduce “the number of times people are asked to travel to the mainland.” It was announced that a “seamless” transfer system would be developed.

This highlights the problem of transport off the island, which is provided by private ferry companies. Reducing the number of patient voyages will not make the situation easier for families visiting patients in hospital for any length of time.

Tory MP Bob Seely urged the government to grant Isle of Wight Council powers to force the ferry companies to provide a “public service.” He said that islanders spend some £100 million a year on what have been described as some of the most expensive ferry routes in the world.

The redesign proposal is due to go to public consultation later in the year but there is no reason to think this will make any difference. When the Scrutiny Committee voted 6-3 against increasing care charges, Cabinet member for Adult Social Care, Clare Mosdell, said she had threatened to resign over it but decided not

to because of “all the hard work and good that I am doing” and the Council pressed ahead.

Cuts to the island’s fire service are also being discussed. It is proposed crew numbers be reduced from five to four, with a 15 percent reduction in firefighter numbers. The loss of eight permanent and five retained firefighters through non-replacement is based, as Spence Cave of the Fire Brigades Union (FBU) put it, “on budget saving and not on risk.” In a letter to the *Isle of Wight County Press* Dave Hunt, brigade organiser of the FBU, warned that the cuts would limit “the actions the first crew can take to carry out rescues and tackle the fire until a second appliance arrives. This second appliance would NOT be guaranteed to arrive promptly, particularly at night when as few as four whole-time crew may be immediately available for the whole Island.”

The Council is presenting these cuts, like those to the NHS, as a service development, but it is now reneging on an initial pledge to put them to public consultation, probably fearing any adverse reactions.

An NHS protest march in February promoted Labour as the NHS’s saviours. At a rally after the march, Labour’s parliamentary spokesman Julian Critchley pointed to the fact that all of the “redesign” proposals were directed to cuts, and that this was national policy. However, the game was given away by Colleen Brannon of Ryde Labour Party. Noting the present government’s privatisation programme she also admitted the responsibility of the last Labour government in introducing such plans.

Brannon insisted that Labour was now “under new management.” The reality is that since coming to office she and Shadow Chancellor John McDonnell have gone to great lengths to reassure the financial elite that they pose it no threat.



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