

Council motions on Sustainability and Transformation Plans STPs/Success Regimes – Devon, Oxford, Liverpool

Plus video from Shropshire, a draft letter to councillors and council bodies and a briefing for councillors in NE London.

Councils are the best lever through which local campaigners can attempt to intervene in the secretive and undemocratic process of developing and implementing STPs.

Every local council and councillor should be pressed to stand up for local communities and fight to defend people's access to local services, with any changes to be implemented only once new facilities, staff and funding are in place.

Devon County Council:

Councillor Biederman MOVED and Councillor Wright SECONDED

'This Council is deeply concerned about the impact the proposed cuts to Devon health services will have on patients – especially the loss of whole departments including maternity services at North Devon District Hospital – and massive reduction in acute and community hospital beds across Devon, as set out in the sustainable transformation plan.

This Council also recognises that Governments have deliberately not provided the NHS with the adequate level of funding and now calls on local MPs to lobby government ministers to urgently and significantly increase the level of funding to the NHS, in order to protect our precious health services for current and future generations'.

Councillor Greenslade having MOVED and Councillor Biederman having SECONDED:

'County Council believes that the NHS Success Regime project for Devon is now seriously flawed and accordingly calls on the Secretary of State for Health and NHS England to cancel it forthwith. County Council further calls on Government and NHS England to firstly address the issue of fair funding for our area and to ensure the general election promise of an extra £8 billion of funding for the NHS is taken into account when assessing the claimed deficit for Devon NHS services.

A colleague who was present made the following comment:

“The motions were passed with no one voting against, but several leaving the room which means they didn't want to have votes against the motions recorded for public scrutiny.”

Motion carried by Oxford City Council 5 December 2016 as it appears on the City Council website

<http://mycouncil.oxford.gov.uk/documents/s33117/Council%20051216%20Motions%20report%20for%20briefing%20note.pdf>

This Council notes that the government is dividing the NHS in England into 44 areas or 'footprints', each of which has a 'Sustainability and Transformation Plan' (STP).

Government requires these STPs to collectively deliver cuts of at least £2.5bn nationally this year, and £22bn within the next five years, to wipe out the NHS' so-called 'financial deficit' by implementing 'new models of care'.

The former head of NHS commissioning, Julia Simon, has denounced the STP process as 'shameful', 'mad', 'ridiculous' and the plans as full of lies [1].

Locally, the Council notes that the Chief Exec of Oxfordshire Clinical Commissioning Group (Oxon CCG) has said that without changes to local NHS provision there will be a cumulative funding gap of about £200 million by 2020-21 and that the STP will need to change service provision to eliminate it [2]. Council further notes that local NHS employers face particular challenges from the high cost of housing locally, the mitigation of which may require investment.

Council considers that the Buckinghamshire Oxfordshire Berkshire West (BOB) STP

(a) Does not contain adequate or indeed any information on which a decision can be made about the future of NHS provision in what the STP refers to as 'the BOB geography.' It presents aspirations couched in meaningless jargon and suggests, without any evidence, that the unspecified STP Plan will result in the transformation of a projected deficit of £479m to a surplus of £11m by the end of 20/21.

(b) Establishes any basis for a consultation to be carried out with health professionals and members of the public. Indeed the timeline in the STP suggests no consultation is envisaged since 'agreement on the plan' is to be reached with NHS England in November/December, before any consultation is even planned.

Council believes it is possible that the STP for the area which includes Oxfordshire (BOB- Bucks, Oxon and Berks) contains measures which could seriously impact on the health and welfare of the local population, and that the insistence by NHS England upon restricting early publication is leading to harmful speculation.

Council notes that wider consultation on the STP has not yet started, and calls for the immediate publication of the STP, in full, with proper consultation to take place with patients, interested public, private and community bodies, and staff. Council notes the frustration recently expressed by senior CCG officials about NHS England's negative attitude to timely publication and consultation of the STP, and believes that, especially in difficult times for the NHS, early engagement of all stakeholders is vital, and exercises in secrecy prevent constructive engagement from public bodies and local communities, and foster an atmosphere of mistrust.

Council endorses the view recently expressed by the Oxfordshire Health Inequality Commission that significant investment in interventions to reduce health inequalities and prevent poor health and illness are very important, and believes that such services are at particular risk when pressures on

the NHS are scheduled to rise faster than funding. It therefore asks the CCG to prioritise investments which will reduce health inequality and support services towards groups suffering from health inequalities.

Council rejects the suggestion that there is a safe way to reduce the current level of NHS provision by £200 million (the gap identified by the CCG) by 2020-21 and agrees to:

- Ask the Oxon CCG to fully disclose to the public what changes are being considered with NHS England lifting its bar on publication
- (add) Provide what support it can to the STP consultation
- Ask the Oxon CCG to start a full consultation as soon as possible on all aspects of the proposed changes
- Encourage the public to make their views on the services reductions and changes known by promoting the consultation on the Council's website, social media and through wider media communications
- Invite the County & District Councils to work together with the City to oppose any changes which will harm patients
- Write to the relevant Government Ministers to express Oxford's grave concern about a plan which is being foisted upon NHS professionals and the public in this city without adequate or indeed any information about the change in the level of services which must be intended.
- Write to the City's MPs asking for their support

Statement from Liverpool Labour following decisive vote of Liverpool Health & Wellbeing Board to reject Cheshire & Merseyside STP)

Stop the STP - our statement against the Government's cuts

November 23, 2016

Today, the Liverpool Health and Wellbeing Board met, and on the agenda was the Government's STP (Sustainability and Transformation Plan) for the NHS. Government have produced this plan with no consultation with local councils and are trying to impose it on Liverpool and nearby areas.

Liverpool Labour has been clear from the beginning that we will oppose any plan that has cuts to the NHS. Even though

the meeting was only supposed to 'note' the report, our Mayor, Joe Anderson wanted to make clear our position.

Below is the statement he read out to the meeting, which received cheers from the public in the room....

"The STP before us today is from a Government that is clearly based on making cuts in health provision rather than focusing on key areas for investment, and invest to earn strategies. A clear focus on the desired outcomes required for our residents is also missing.

The City and the CCG have already shown both innovative and effective joint working in our Healthy Liverpool Strategy, which was a response to my Mayoral Health Commission.

The Commission found that only a **transformational** approach would work, and the CCG has been working hard to deliver the 10 point plan to achieve this vision. This week, we were also pleased to announce a key major partnership to deliver community health services in the City. Where other areas are handing services to the private sector, we are leading the way on integrating public services.

As a city, we all support the principles of joined up working between the Council, health services and others, including residents themselves, for better integrated services, particularly in adult social care.

However, there has been no, I repeat no, consultation or engagement with the city and any other city region local authorities over this STP, and for any plan to be sustainable the input from the relevant local authorities is critical.

I have chaired this Health and Wellbeing Board for the last 3 years, yet this is the first time we have been asked, without appropriate consultation, to comment on a major strategic plan by Government which will directly affect many vulnerable residents within our city and the city region.

As it stands, this report seeks to be noted, but I want to make it very clear that the proposals within the STP are rejected by the Council and this Board, because it fails to address the key issues facing our residents and their health in the years to come. The STP is damaging to our Health Service and undermines any faith we could have in the Government's ability to invest in a future for the

NHS.

And I would like the Board to endorse these comments – is that agreed?"

We're making it clear in Liverpool - Labour will defend the NHS. We hope you will join us.

DRAFT LETTER TO COUNCILS (drafted by SE London campaigners)

To Chair of Joint Health Overview and Scrutiny Committee (JHOSC)

Or: local Scrutiny committees/ panels

Or: Health & Wellbeing Boards

Or: Council Leader and Councillors

Dear XXXXXXXX

[Thank you and Councillors on the XXXX Committee for the outcome on XXXXXXXX with respect to the XXXXXXXXXXXXXXXX XXXXXXXXXXXX.]

We are addressing this email to you [and/or to all Councillors] about the STP.

[Your local committee eg JHOSC] raised with the [local STP team] (led by XXXXXX XXXXXX Chief Officer of XXXXX CCG/ Other) whether the STP had an iterative plan with deadlines. [The STP team] replied that STPs were high level 5 year rolling plans with no deadlines. We expressed our concern to you about the significance of a 23rd December deadline which we had referenced as a key date. You said [you would/asked us to] check on this.

The STP team issued a clarification that the first 2 years of the STP *is* the CCG operating plan and that indeed there is a national deadline for signing of contracts with submission of final 2017/19 operational plans by 23rd December 2016.

The evidence you asked us to provide is in the NHS England and NHS Improvement document issued to Commissioners in September 2016 and titled:

NHS Operational Planning and Contracting Guidance 2017-2019.

It is a 69-page document which sets out explicitly the requirement for all CCGs to submit a full draft 2-year operational plan (one for each CCG) by 24th November 2016 and to meet a national deadline for signing of contracts with providers and submission of final 2017-2019 operational plans aligned with contracts signed off (both) by 23rd December 2016. The document starts:

"This document explains how the NHS operational planning and contracting processes will now change to support Sustainability and Transformation Plans and the 'financial reset'."

The guidance makes clear that these plans and contracts **will be implementing the STP plans** for the local area:

"Operational plans for 2017/18 and 2018/19 are the detailed plans for the first two years of the STP."

[Reference: <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>]

In addition to the link above, we attach for convenience extracts from the guidance and the timetable.]

The import and urgency of our email to you stems from the NHSE's imposed deadline of 23rd December

- (a) for sign-off of operational plans for all CCGs and providers (*ie including our local areas' STP*) **and**
- (b) **signed contracts between commissioners and providers** for the next 2 years

The direct link between the STP (which is supposed to be a joint venture between Health and Local Authorities and other partners) and the operational plans and signed contracts is as follows:

The NHS England guidance to commissioners states that the contract between CCGs and their providers **must align with the STP** and, in particular, must sign up to a commitment that the operational plan and contractual agreement will deliver the financial cutback imposed – in our area, an *annual* shortfall of £XXXm by 2020/21.

[Local specifics within the STP that councillors need to know are basically being signed off without their agreement or scrutiny can be added here if relevant]

We submit that it is imperative for Scrutiny Councillors and for Chairs of Health and Wellbeing Boards to use this narrow window of time to get fully up to speed on the draft plans which all 6 CCGs were required to submit to NHSE/NHS Improvement by 24th November, in order to be able to see where and under what circumstances the alignments required for [our local] STP are being built at this very moment.

These are new landscapes. They are fast moving and with huge consequences on the local social care and health provision and on the local population.

It was clear to us from the discussion at [JHOSC/other local committee] that work is required on the accountability and governance of STPs. In the meantime, a democratic deficit is growing and we look to our elected representatives to address it.

We are asking therefore as a matter of urgency:

Could you as JHOSC Scrutiny Chair and all Councillors ask for the [N=3-6] CCGs to share details of their 2017/19 operational plans?

This will, in the first instance, enable an understanding of precisely what impact the Financial System Control Totals (Page 17) may have on the case being made for Elective Orthopaedic Care Centres.

With thanks and kind regards

xxxxx

Local KONP / Campaign / STP group

The opposition can be built in the least likely areas.

Video from Pete Gillard of protest demonstration in Ludlow

ITV News report: <https://www.facebook.com/alison.biddlehiles/videos/10155795613804852/>

Campaign video: <https://www.facebook.com/marilyn.gaunt.7/videos/10155556360659129/>

We counted 1,160 on the demo. The population of Ludlow is just over 10,000.

The planned downgrading of the Midwife Led Unit is part of a cuts package agreed by SaTH (the hospital trust) this week. They originally closed the unit a few weeks ago, but the campaign, led by mothers who had given birth in Ludlow, forced them to reopen it. They hoped that we wouldn't notice its re-designation as a "Birthing Unit", which means it will not be open overnight. The consultant led unit they want mothers to go to is an hour's drive away in Telford.

NHS Sustainability and Transformation Plans (STPs)

Don't Slash, Trash and Privatisise our NHS!

A Briefing prepared by campaigners from NE London STP area – November 2016

Introduction

STPs are driven by a combination of NHS underfunding, new budget cuts, and the Government's determination to shift the NHS from a clinically-driven service towards US-style models that fit more readily with private insurance-based and corporate-managed healthcare. These changes will have a devastating impact on the NHS and on services and healthcare for local people.

The population of NE London is set to increase by 18% over the next 15 years but there are no plans to increase services – only to ‘reduce demand’ for healthcare. Most of the published STPs – including NE London’s – contain little or no detail of proposals for specific service, funding or sites. The Appendices giving this detail have been submitted to NHSE, but remain secret, with FOI requests refused. Instead the STPs are replete with vacuous intentions for happier populations keeping themselves healthier and out of hospital.

‘Everyone will submit an STP because they have to, but it means there is a lot of blue sky thinking, and then a lot of lies in the system about the financial position, benefits that will be delivered - it is just a construct, not a reality.’ Julia Simon, until Sept 2016, Head of NHSE Commissioning Policy Unit.

How STPs will affect the NHS

An HSJ poll of leaders of England’s 209 Clinical Commissioning Groups has revealed the extent of “service changes likely or planned” over the next 18 months¹:

- **52% would be closing or downgrading community hospitals – *in NE London, we will not be getting the additional hospitals we need to service the massive population growth predicted over the next 15 years (a rise of 270,000 – the size of Brighton & Hove – in the Barts Health boroughs alone) and 18% population growth across the NEL area as a whole.***
- **46% were planning an overall reduction in in-patient beds – *the STP includes reducing Barts Health emergency bed days by 21,053 by 2017-18, to save up to £6.6m over the next five years – on top of the loss of 550 additional beds that would normally be required for the expanding population in the Barts area alone.***
- **44% intend to centralise elective services. *NEL STP promises ‘a joint vision for surgical hub model across NEL’.***
- **31% would be closing or downgrading A and E – *St George’s A&E looks set to close and, despite population growth which would be expected to add an additional 92,000 attendances over the next 10 years, the Barts Health area plans to hold A&E attendance down at current levels***
- **30% intend to close an urgent care centre or similar provision**
- **23% are planning an overall reduction in acute services staff**
- **23% intend to stop in-patient paediatrics in one or more hospitals**
- **21% would be reducing consultant-led maternity provision**

Funding

- **£22bn cuts to be imposed through 44 STPs across England by 2020-21: *£578m across NEL. In the Barts Health area alone, despite population growth, the plan is to cut between £104-165m over five years***
- **No growth in services despite sharply rising costs, growing population numbers and rising health needs – means a devastating decline in what’s available to individuals. These are CUTS, masked by ambiguous and hollow language.**

| | % GDP spent on health (new definitions) | \$ per head on healthcare |
|-----------------|---|---------------------------|
| France | 11.1 | 4,367 |
| Germany | 11.0 | 5,119 |
| The Netherlands | 10.9 | 5,277 |

| | | |
|--------------------|------|-------|
| Norway | 9.3 | 6,081 |
| Sweden | 11.2 | 5,065 |
| Switzerland | 11.4 | 6,787 |
| United Kingdom | 9.9 | 3,971 |
| Average (excl. UK) | 10.7 | 5,264 |

- **UK spending on healthcare is significantly below the average of major European economiesⁱⁱ.** If the UK were to increase its spend to 10.7% of GDP, this would equate to an extra £15bn pa.

Lack of evidence to support NHS England’s Five Year Forward View (5-YFV) ‘new models’

- The NHS has a proud track record of evidence-based practise. This is all but abandoned in the 5-YFV.
- **The ‘new models of care’ are cost-driven.** We campaigners don’t oppose changes to services – but changes need to be driven by combination of clinical need & requirement for good patient access and rigorously assessed against these criteria.
- **STP changes are being imposed with no such assessment, and lack of valid, peer-reviewed research evidence-base.** Anecdotes claiming success are routinely substituted for valid evidence that also takes account of a wider picture. Examples include:
 - **decisions to focus services on specific outcomes** often take no account of the impact on patients with multiple conditions who may lose co-ordinated care.
 - **Arguments about the need to centralize highly complex specialized care are misused** to justify closure of units offering excellent care for routine conditions. Often no account has been taken of increased risks of extended blue-light journeys to A&E or difficulties for patients and visitors facing of longer journeys.

The New Models of Care for the NHS mean:

- **Fewer sites for NHS services** – people will have to travel further for healthcare. We can’t assume a reduction in locations is acceptable without full analysis of travel implications for local patients and visitors - especially the impact on elderly or disabled relatives, families with children and people with limited English.
- **Specialist hubs:** some specialist focus is needed for complex and rare conditions – but not for routine health issues where local services and accessibility / travel are more important. Local clinicians could access specialist advice if needed via good NHS networks.
- **Selling off the NHS family silver/estate.** A one-off boost for treasury finance, with few or no guarantees for local funding. When it’s gone -much of it handed over to private housing - it’s gone forever – *The London Chest Hospital land has already gone that way and there are plans to sell land at Whipps Cross Hospital too.*
- **No new capital money – so rely on PF2** - Many of the new models of care require different, potentially larger premises than currently available. We fear a repeat of disastrous consequences of PFI. *Barts Health NHS Trust is already paying more than £2.5m a week in unitary charges for its PFI hospital buildings.*
- **Reliance on enhanced self care, Skype apps and unproven technology** to avoid hospital admission and clinical care amounts to magical thinking! And relies heavily on unpaid family carers (mainly women). *The NE London plan includes a 10% shift away from GP attendances in the Barts Health boroughs – despite the high levels of deprivation and language difficulties in east London.*

- **A major shift of services away from hospitals and back towards primary care** – Overstretched GPs will be expected to take on additional outpatient work.
- **The most vulnerable and socially excluded patients and families & women** will be hardest hit. *NE London includes some of the most deprived wards in the country.*
- **Restructuring of the NHS** involves less clinical, more corporate management. Ripe for privatisation. *An FOI request to the drafters of Transforming Services Together found they had spent £3.5m on 20 corporate consultants, while the STP drafters had spent £800k on consultants in a matter of months.*
- **Data-sharing.** We are very concerned about proposals to share confidential medical data across a range of health and social care providers, leading to major potential for confidentiality breaches.

Downgrading professional staffing

- Development of **new roles such as Physician Assistant/ Associate (PA)** (just 2-years' training) are part of a general move to reduce costs while de-professionalising (dumbing down) the NHS and heightening management control – *the plan for the Barts Health boroughs includes recruiting 85 PAs over the next 10 years, to replace an expected shortfall of 195 GPs*
- These changes have a poor evidence base, often reporting 'acceptability' rather than outcomes. Evidence for success is often anecdotal and much of the 'research' would not meet professional standards or peer-review requirements.
- Proposals to engage PAs rather than experienced nurses have been justified by 'too many professional limits' placed by professional bodies on nurses!
- There is no mandatory registration for PAs, raising major concerns about regulation.
- There is robust (and unsurprising) evidence that PAs are less effective than doctors at diagnosis
- BMA warnings that PAs are not a substitute for fully trained doctors are likely to be ignored
- Concerns that PAs will not recognize important signs that a fully trained doctor would spot
- Pressure to grant PAs independent prescribing powers will lead to enhanced risk to patient safety and increased risk that PAs will be used to substitute for, rather than support, doctors.
- Concerns that **GP receptionists** may in future be triaging patients and directing them to PAs who will miss more subtle indications
- Concerns that patients directed to PAs are more likely to be **elderly, vulnerable, speakers with poor English** etc – while articulate middle class patients will be able to get GP appointments
- **Similar concerns apply to other proposed new roles**, substituting minimally trained staff for professional clinicians, nurses, pharmacy and professions allied to medicine throughout the NHS.
- As the Nuffield Trust puts it: *'..... In the future, care will be supplied predominantly by nonmedical staff, with patients playing a much more active role in their own care. Medical staff will act as master diagnosticians and clinical decision-makers.'*ⁱⁱⁱ

Implications for community care services

- **Local Councils have already presided over 30% cuts in adult social care**, with over 400,000 fewer people receiving social care services since 2010, and those in receipt getting fewer

hours^{iv}. We have not heard councils explaining these cuts and protesting loudly and very publicly about them.

- **Local councils have outsourced the future of the social care sector to large financialised businesses** which want to be paid more for doing the same (with no questions asked about their accounting and finance decisions). These businesses manoeuvre politically to reduce risk and avoid consequences, while threatening to hand back vulnerable residents when they go bust^v.
- **We are concerned** that Councils will preside over a similar demise of our NHS.
- **Fewer hospital beds, and early discharge mean more pressure on GPs, primary care and community care services.** The changes will mean repeated tightening of eligibility criteria and more people excluded.
- **Social care staff** increasingly required to take on tasks previously done by NHS professional staff. Safety risks and extra burden on family carers, predominantly women, and vulnerable patients have not been evaluated.
- **“There is a myth that providing more and better care for frail older people in the community, increasing integration between health and social care services and pooling health and social care budgets will lead to significant, cashable financial savings in the acute hospital sector and across health economies. The commission found no evidence that these assumptions are true.”^{vi}**

A better future for the NHS: the risks and The NHS Bill

- Our health service is being re-modelled in a way that will be ripe for wholesale privatization and insurance-based care, leaving a low quality rump NHS for those who cannot afford private insurance.
- We are very concerned that this is the Government’s plan for future healthcare.
- **At least £4.5bn per year is wasted on simply managing the NHS market**, and more on private profit
- Procurement Rules mean that any marketized service is prey to international healthcare corporates.
- **There IS an alternative to this wholesale devastation. We want our Councils to support the NHS Bill^{vii} that will reinstate a publicly funded, publicly provided, accountable NHS.** This Labour private members’ Bill, drafted by Professor Allyson Pollock and barrister Peter Roderick, is supported by Labour, the Greens and the SNP, and will receive a second reading in Parliament on 24th February 2017.

What we want from CCGs and councils

We understand and accept that CCGs and Councils are required to manage sharply diminishing resources – but we ALSO expect our political representatives, together with other councils, to explain and protest the devastating impact of these cuts and service changes to local people, and refuse -as other councils have done - to sign up to the STP. We also want our councillors to campaign forcefully for the NHS Bill.

The NHS will last as long as there are folk left with the faith to fight for it. Aneurin Bevan, 1948

i <http://www.telegraph.co.uk/news/2016/10/30/almost-half-of-nhs-authorities-to-cut-hospital-beds-and-third-to/>

ii <https://chpi.org.uk/wp/wp-content/uploads/2014/11/CHPI-Long-term-sustainability-NHS-submission-to-House-of-Lords.pdf>

iii <http://www.nuffieldtrust.org.uk/publications/reshaping-the-workforce>

iv <https://www.adass.org.uk/media/4345/key-messages-final.pdf>

v <http://www.cresc.ac.uk/medialibrary/research/WDTMG%20FINAL%2001-3-2016.pdf>

vi <https://www.theguardian.com/society/2014/nov/19/parties-plans-nhs-future-wishful-thinking-experts>

vii www.nhsbill2015.org/