Greater Manchester KONP
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Greater Manchester Health and Social Care Plans

Speaking to the Public Accounts Committee in February 2017, Simon Stevens, NHS Chief Executive, said that the purchaser/provider split was effectively being ended in many STP areas, with all parts of the local health economy working together. That's probably the best thing that can be said about the Sustainability and Transformation Plan (STP) and Locality Plans in Greater Manchester – organisations are working together, planning how to deliver services, in contrast to the disastrous separation and competition of the Lansley Health & Social Care Act 2012.

Underfunding

Without sufficient funding the plans will fail. All of us will suffer as access to the NHS services we need becomes restricted and delayed.

The GM STP predicts a shortfall by 2020/21 of over £1billion. The STP hopes that health improvement (including people being more responsible for their health and developing self-care) and new models of care to 'transform services' into the community will reduce 'demand' for hospital services and plug that deficit gap. There is little evidence what 'transformation' of services means in practice, whether it is really possible to shift services from hospitals to the community on such a large scale, and – crucially – whether services in the community would be cheaper and provide the same level of care.

As a reply from Oldham CCG shows, it may just delay the need for hospital treatment: "It should be noted that demand avoided as a result of proactive and preventative treatment in GP and Community settings, doesn't reduce the absolute quantum of demand but 'dampens down' the predicted demand growth under a do nothing scenario."

Lack of transparency

Having set the scene, the GM STP now relies on each of the 10 GM boroughs to produce plans to implement the changes. The 10 Locality Plans do not follow any common format, so it is very difficult to compare them or to work out what their new models of care actually mean.

What they do have in common are: rhetoric about transformation and integration of health and social care services, wishful thinking, optimism, widely varying estimates, emphasis on prevention making quick savings, reduction in 'demand', transforming the workforce to take on new responsibilities and roles. They do recognise the importance of social and economic factors for health (poverty and deprivation, housing, jobs, ethnicity, age), and give commitments to involve people in planning, designing and commissioning of services and to be accountable. But there was little or no public involvement in drawing up the Locality Plans or the STP.

Many of the plans have three 'themes'/groups: early years, adults, older people; and an organisational form of services being place-based, in neighbourhoods and hubs. All pin hopes on 'new models of care' providing seamless integrated care and services. All also rely on big increases in self-care and self-help to reduce demand on services. And there's going to be more use of voluntary, community and social enterprise sectors to deliver services. They promise parity of esteem for mental health, but give few hard facts about they will do this.

Deficits and 'Savings'

All the Locality Plans predicted deficits in their funding by 2020/21 if they 'do nothing':

Bolton £162m	Salford £65m
Bury £125m	Stockport £130m
Manchester £149m	Tameside £69m
Oldham £123m	Trafford £111m
Rochdale £71m	Wigan £136m

Even with cuts and hoped-for additional funding, the Locality Plans showed there would still be massive deficits:

Oldham's was predicted to be £26.9m. In revised figures, Oldham would only just about break even if cash-releasing savings are achieved considerably above what the CCG has been able to deliver in recent years. Reported actual savings are minimal in relation to the savings of £36m the CCG identified would be needed over 5 years:
Transactional savings:
Prescribing – reduction in prescribing / switching to generics: £1m plan; £1m forecast.
Prescribing – non-recurrent saving due to drug price reductions: £1m plan; £1.8m forecast
Transformational savings:
Reduction in non-elective hospital admissions: £1.2m plan; £0.2m forecast

Manchester reckoned that £81m will be saved by transforming services – though the plan admits that only "up to £48.6m of savings may be possible by 2020/21, falling £32.4m short of the £81m of savings required across Manchester by 2020/21." The £48.6m of savings includes £14.1m to be cut from mental health services, £7.4m from learning disabilities, £19.1m from neighbourhood care, £7.9m from urgent care first response, £10m from primary care, £6.9m from community intermediate care and reablement. There is no indication how any of these savings can be made without severe detriment to services.

Where there are not specific cuts identified, savings might be made by longer waiting lists and times, by delaying and postponing non-urgent surgery, rather than cutting whole services. That may make it more difficult to organise campaigns against the cuts, but not impossible.

Where there are specific cuts, local campaigners have protested. In **Bury** two popular walk-in centres are being closed, despite protests, a petition and 83% of respondents to a consultation disagreeing with the plans.

Bolton's first cut to hospital care is operations/procedures 13%. This is based on 'Right Care' calculations (Right Care is a national body which provides comparisons with allegedly similar areas, and is claimed to identify procedures and practices which give best value for money). If, for example, 18% of patients report no clinical improvement after knee replacements, this procedure is deemed of 'low clinical value' (even though 82% report improvement). Similar arguments are made for gall bladder, hysterectomy, and others: these procedures will be delayed or axed.

Does this mean that older folk can have integrated care, but can't have a knee replacement or a gall bladder operation, because these are hospital based and hospitals have to be cut? Ironically if prevention actually works, we could live a bit longer but in considerable pain and discomfort!

Bolton campaigners have lobbied the CCG about the potential discrimination against older people.

Secondly, A & E attendances will be reduced by 18% and non-elective admissions by 22%. One means of achieving this is by raising the bar very high for admission to A & E. In the Plan a newly designed 'Urgent care' system turns out to be a re-jig of urgent care *and* emergency care: you can only get into A & E if you have a 'life threatening illness'- everyone else will be syphoned into a GP facility with the ethos 'care outside the hospital'. Entrepreneurial GPs have been meeting at Royal Bolton to discuss 'social enterprise businesses' which may be profit making, and make take all the non- life threatening cases.

Privatisation in Bolton is overt, such as Beaumont Hospital or Care UK under the concept of 'choice', and also covert in the form of 'social enterprise' businesses like BARDOC who have a contract for 'discharge to assess' called 'take home and tuck up'. They are owned and run by GPs.

Local Care Organisations in the Bolton Plan are end-stage partnerships of Integrated Care (LA)/ GPs/private care homes and home care businesses (who are trained by the NHS and provided with capital grants). The LCO can act as a 'provider' yet be delegated with a budget so they in turn could commission alternative services to the NHS from the private sector.

Stockport NHS Watch calculates that the £130m deficit will cut 30% (247) of hospital beds, 50% of hospital outpatient appointments, 33% of GP appointments. They challenged the Council and the CCG who did not deny this.

They have mounted weekly protests at the hospital about the cuts (www.stockportnhswatch.co.uk)

Transformation Fund

Each of the 10 localities is bidding for a share of £450m fund to get the new models up and running. It may seem a lot, but it's clearly not enough for the major changes which are being proposed. It's a drop in the ocean compared with the cuts/savings which they are going to have to make because of long term underfunding.

The reality

In a report to Stockport CCG in January 2017, the Chief Executive of Stockport Together revealed that the £16m 3-year transformation programme was in serious trouble.

Of seven key milestones, three, 'vision', 'leadership' and 'procurement' were tagged red, meaning there was a significant threat to the programme which needed to be urgently addressed; the other four (information, impact of A&E performance, workforce, and the business case) were orange, meaning there was an impact across multiple areas which was slowing the pace of change.

A range of high and extreme risks to the programme, include: failures in engaging effectively with staff and the unions, in agreeing information sharing arrangements, in consulting with the public or involving them in co-production on the changes; there was a lack of sufficient business intelligence capacity and capability and they were unable to contract effectively, so service change implementation was delayed and commitments had been made without clear mechanisms in place.

All this means that any benefits of the transformation of services are in danger of being lost.

Voluntary Sector

Whether by paid staff or unpaid volunteers, it is clear that most of the Locality Plans expect to rely increasingly on the voluntary sector and the local community to provide services, instead of using paid NHS or council staff.

Oldham is an example:
A key focus of the mental health strategy "will be on the development of community capacity and peer support as part of the delivery of wider community resilience and support." And: "The voluntary and community sectors in Oldham will, in future, play an increasing role in enabling people who experience mental health-related difficulties to live as independently as possible in the community and reduce demand on more intensive mental health services. This may entail commissioning new services and will certainly include making sure that the wide range of voluntary services already available in Oldham are better able to engage with and support people who experience mental ill-health."
The targeted youth service has already been outsourced to the voluntary sector.

Private Sector

The private sector take over of NHS services is growing. Over 10% of the NHS budget goes to private providers, and they have won more contracts in recent years.

For example, North West Clinical Assessment and Treatment Service (NW CATS), which is part of Care UK (the UK's largest independent provider of health and social care), provides ear, nose and throat (ENT), musculoskeletal services (MSK), gynaecology, urology, general surgery and diagnostics (CT, MRI, ultrasound, endoscopy DXA and X-ray) throughout the North West.

Management consultants have also been doing well out of the NHS. Nationally, at least £18 million has been spent on consultancy firms which have been paid to help draw up the plans to strip £22 billion out of NHS budgets and to advise on NHS restructuring.

Currently, 12% of NHS expenditure, £41 million, in Oldham goes to private sector health providers, and over £300,000 has been spent on management consultants over the last three years.

What can we do?

- We need to make clear that we will oppose cuts, closures and privatisation.
- We can lobby meetings of the local CCG, Council, NHS Trust Board.
- We can talk to local councillors and MPs to persuade them to support the NHS and campaign for adequate funding of social care – and to bring it back into the public sector.
- We can try to get NHS organisations and Councils to admit that there's not enough funding for the NHS or social care – instead of trying to put sticking plasters to hide the deficits and carrying out Tory government cuts.
- If you know of services being cut in your area, let GM KONP know.
- If there's a KONP/Save Our NHS group in your area – join it, help with campaigning.
- If there isn't, GM KONP can help you set one up.