Sustainability & Transformation Plans

STPs

and why councils and councillors should not be signing or supporting them

A Briefing Pack for councillors and campaigners

October 2016

STP Watch

They are planning cuts and closures: we are watching every move!

stpwatch@gmail.com

Health Campaigns Together

Contents

Councillors must look before they leap into secret NHS cuts plans

By John Lister

It's all going horribly wrong for Simon Stevens.

Theresa May has not taken kindly to the NHS boss's belated admission that he had originally asked for considerably more than £8billion "extra" for the NHS **(even as that £8bn figure was itself criticised as "misleading" by** Sarah Wollaston **MP, who points out the true amount given to the NHS is considerably less than the government claims,** and the **Nuffield Trust**, which argues the £8bn may in reality be just £880m**).**

On Tuesday, Stevens told MPs that "we didn't get the funding that the NHS had requested [for 2017-2020]... So as a result we have got a bigger hill to climb."

Jeremy Hunt was forced to stop claiming that he has given the NHS "all the money it asked for" and admitted to MPs it was only enough to "get going" on a restructuring plan. Indeed the new prime minister reportedly told Stevens where to go when he went back again to ask for more cash. May has made it clear there will be no extra cash in the Autumn Statement.

So it's local NHS bosses – and local campaigners – who are now staring in despair at that hill – or abyss.

Last Friday local NHS bosses had to submit their "Sustainability and Transformation Plans" to NHS England, to show how they are going to realise the impossible dream of realising £22bn of "savings" to balance the NHS books by 2020.

This will – supposedly – "integrate" health and social care to support more frail older people in "the community" and in their own homes, reduce demand on A&E and hospital services by creating healthier populations and speeding the discharge of those who are admitted.

But it's a triumph of hope over experience. And it will mean hospital services being run down.

Senior NHS England director Julia Simon has jumped ship and denounced the STP process as "shameful", "mad", and "ridiculous" and the plans as full of lies. NHS Providers chief executive Chris Hopson points out that just one in six NHS finance directors believe they can deliver on STP plans, and that there is just not enough money in the pot.

Behind the lies, the STPs savings basically centre on new cuts. A new *Health Service Journal* survey of 99 CCGs has found almost one in three reporting that their STPs proposes to downgrade or close A&E or urgent care services, almost half planning to cut hospital beds

and more than half planning to close or downgrade community hospitals. One in five also wanted to cut acute service staffing.

There are rumours that Stevens may even be pushed out or walk away as he sees his pitiful "Transformation Fund" eaten up by deficits, and the Health and Care Taskforce that was set up under Cameron to promote the idea of integration of the NHS with social care scrapped by Mrs May.

Up and down the country he knows STPs assume the ready availability of capital for new investment – despite clear and public warnings that there is virtually no capital available.

A storm is brewing. In Devon, Oxfordshire, Yorkshire and East Anglia local Tory MPs and even councillors are being forced to stand up with protestors and challenge hospital closures and service cuts in their constituencies.

Trade union leaders and professional bodies have warned that the pace of change planned for STPs means it's impossible to negotiate on any of the issues affecting the workforce – at a time of chronic staff shortages.

As the whole issue comes to the boil, now is the time for campaigners to pile pressure on local councillors and council leaders to take a stand. They must speak up for local people, and demand these cuts-driven plans are *published*, not just secretively rubber-stamped.

Birmingham and Camden councils have now given the lead on this by publishing their full STP drafts.

Councillors must now also demand the evidence for far-fetched claims of "demand reduction" and "prevention", which seems to boil down to "reducing access".

They need to demand answers on how patients can be expected to travel up to 50-60 miles in some areas to access hospital services, or how their relatives can be expected to visit them: and how ambulance services will cope in Cumbria, for example if services at the District General Hospital in Whitehaven is closed and patients have to travel to Carlisle.

There are many similar examples where closures are being accelerated by STPs, with little or no consideration of the transport and logistical problems, or the lack of capacity at the remaining hospitals.

In North West London the plans cover 8 boroughs. Only TWO of them, Ealing and Hammersmith, demanded to see the full draft of the plans. They found all of the financial pages were still missing, and that the document specifically proposes to speed through the "reconfiguration" of Ealing Hospital, which both boroughs have consistently opposed.

But by then the other six NW London boroughs had already signed the incomplete draft, without even seeing it. They were eager to get their hands on minimal extra funding ("transformational investment") for social care – just £21m a year between 8 boroughs in 2017/18 rising to £34m a year in 2020/21.

Such sums hardly compensate for the continuing cuts in central government funding for social care, the increase in the vulnerable elderly population, and the list of cost-saving measures social services are expected to deliver in return.

Yet this is the type of plan that council leaders all over England have been pressurised to sign up to. In each case the tiny pot of future additional cash for social care is used as the lure, and the loss of it the stick, to draw them in.

If councillors want to be re-elected, they must show their commitment to local services. Let's press now in every area to make them stand up and challenge the cuts and the cash freeze that is squeezing the life out of our NHS.

As in North West London, it's clear that many of the boroughs and counties that have signed up in support of STPs have done so without reading them or understanding their consequences. They must be forced to think again.

Instead of blindly signing off STPs, councils should be invoking their powers through Health Oversight & Scrutiny Committees to hold NHS managers to account, and block controversial changes pending a decision by the Secretary of State. They should trumpet their refusal to collaborate in plans for cuts, closures and "efficiency savings" that won't work, but will put health care at risk.

Article from **opendemocracy.net**/ournhs/john-lister/councillors-must-look-before-they-leap-into-secret-nhs-cuts-plans

STPs: a new way to carry through cuts

From Health Campaigns Together newspaper No 3, summer 2016

Since January England's NHS has been carved up into 44 "footprint" areas, in which commissioners and providers are supposed to collaborate together. That might appear to be good news, if the complex, costly and divisive competitive market system entrenched by Andrew Lansley's Health & Social Care Act was being swept away, and a new, re-integrated NHS was empowered to work together again to improve services.

But that's very much NOT the case: instead the main task of the "footprint" areas is to balance the books of each "local health economy" – taking drastic steps where necessary to wipe out £2.7 billion of deficits built up by trusts last year.

Each area has to draw up a 5-year Sustainability & Transformation Plan (STP), to be vetted by NHS England. And while they do so, all of the legislation compelling local CCGs to open up services to "any qualified provider" or put them out to tender remains in full force. The private sector is still snapping up contracts.

The rule book has been torn up, legislation somehow avoided, and a coup launched led by NHS England chief executive Simon Stevens. Stevens is the man who urged Tony Blair's government to experiment with private sector providers for the NHS, and then spent nine years at the top of US health insurance giant UnitedHealth.

So we have reasons to mistrust what is taking shape now.

Sweeping powers

The 44 leaders appointed by Stevens to lead planning in the "footprint" areas are to be:

- given powers to override the checks and balances within the legislation, with minimal consultation
- encouraged to overcome the "veto powers" of individual organisations to stand in the way of controversial changes
- forcing decisions on the disposition of hospital services.

The detail is yet to be revealed and the plans of most of the 44 have not been made public, but we know enough to predict **[Many of our predictions have now been confirmed by a Health Service Journal survey of 99 CCGs.]**:

- Many A&E departments, urgent care units and hospitals will be closed or significantly downsized,
- Hospital capacity will be significantly reduced in return for promises of investment in "care in the community"
- The priority in the NHS will be the capping of budgets and eradication of deficits
- This will be achieved by restricting access to healthcare, cutting capacity and reducing staff
- Due process enforcing rational decision making will be set aside to ensure decisions are made in support of these plans, without any delay.

More of the same old arguments

The same set of arguments ("case for change") in the NHS have been well rehearsed in proposals up and down the country. Time and again in SW London we have also been told:

- The threat of huge deficits caused by rapidly increasing demands on the NHS, and budgets not keeping up, is real and growing.

- Prevention is better than cure

- Better social care would reduce the demand for acute care

- Acute care can be further rationalised and concentrated to improve quality and efficiency

- There is no time and no point in delaying essential decisions needed to do something

- Anyone that doesn't agree is a luddite, out of step with modernity and reality

- All doctors agree.

The public are fed these arguments consistently, and even opposition figures have been muted when faced with the power of the weight of propaganda mustered in support.

But once you look at the arguments and practical implications in detail it all starts to unravel.

- The UK and England in particular, spends significantly LESS on both health care and on social care than comparable countries. It is a myth that modest increases in the NHS budget are unaffordable. Budgets need to increase in line with demographic pressures.

- Public health budgets have been cut. But in any case any immediate spending on increased prevention will take years to bear fruit, and efforts would be better directed at improved school dinners, imposing sugar taxes and tackling slum living conditions.

- The argument that spending more on social care will prevent acute episodes has proven to be unproven in the UK context. It is based on some limited success in America – where they spend 140% more on health care but 50% less on social care. In Europe, where more is spent on both social care and health care, there are more doctors, more beds and more interventions than the UK.

- In fact the UK already has the most concentrated acute sector in the world, which has been acknowledged by the Nuffield Trust: and England has the greatest concentration of all. Further rationalisation is extremely difficult without cutting services.

- The NHS is complex and UK geography varied. There are no simple blueprints of reform that can be unfurled. History and geography cannot be rewritten.

- Plans need to be studied in detail, in advance and full support provided from stakeholders before decisions are made. The rulings of the Independent Reconfiguration Panel are a partial but revealing testament to the revisions and reversals that are more often necessary than not.

- Huge reconfiguration proposals in SW London and NW London have had to be held up because plans are so weak; costing more than the benefits promised and based on entirely unjustifiable confidence that capacity can be reduced before there is proof demand can be reduced by 'out of hospital' care.

- What has become clear is that there are conflicts of interest and vested interests that are attempting to bounce Parliament, local authorities and health organisations into prior agreement to plans that have not even yet been made public.

- All doctors do NOT agree: most doctors have never been asked, and many GPs, on whom plans depend, are already over-worked and leaving. The UK suffers already from blockages caused by not having enough doctors, health care, or diagnostic capacity.

- The march of technology may well enable more and more safe care to be provided in localities – but it doesn't all point towards concentration of hospital care into a handful of massive centres with little local access.

- **For the latest info, and to share what's happening in YOUR area, check out the Health Campaigns Together STP Watch pages at *www.healthcampaignstogether.com/STPplans.php,* or email us at *stpwatch@gmail.com***

Health Campaigns Together

Defending Our NHS ● www.healthcampaignstogether.com ● @nhscampaigns

Joint statement – Challenging the STPs

As amended and agreed by 150 campaigners attending Health Campaigns Together conference, Birmingham September 17

As campaigners across England, we are sounding the alarm over the potential impact on health care services of the 44 Sustainability & Transformation Plans being drawn up in secret at the behest of NHS England.

Drafts of all 44 plans were submitted in July: but as of this weekend only 6 relatively complete drafts have been published – for North West London, Hampshire and Isle of Wight, Dorset, the Black Country, Wider Devon and Shropshire.

These plans all centre on achieving drastic "efficiency" savings, to stave off projected "gaps" between needs and resources reaching into hundreds of millions of pounds.

The North West London draft makes clear that most of the core savings are to come from old fashioned cuts – closing hospitals, centralising services, squeezing more "productivity" from already hard-pressed hospital staff, redundancies and dumping more unpaid tasks onto GPs and primary care services, as well as onto family carers, overwhelmingly women.

The proposed new models of "out of hospital care" will also open the door to selling off NHS estate to fund the NHS deficit, as well as further privatisation – contracting out for US-style "accountable care partnerships" and for "Multispecialty Community Providers". We do not oppose genuine integration of health and social care but reject any moves towards "innovations" that involve replacing highly trained professional staff with fewer, cheaper, lower skilled staff, or contracting out or privatisation of health care provision. We note the current disastrous fragmentation, underfunding and widespread privatisation of social care, making a comprehensive integrated service impossible.

We note the impact and partial victories that have been won by broad-based campaigns in various areas – defending Manchester mental health, in Shropshire challenging the 'Future fit' proposals, in Staffordshire & Cambridgeshire exposing "lead provider" contracts, in NW London linking with two boroughs to fight closures, and more – and the success of campaigners in mobilising large protests in Bristol, Huddersfield, and Banbury.

We welcome the courageous stand that has been made in NW London by Ealing and Hammersmith & Fulham councils, refusing to sign up to an STP that would close important

local hospitals – and urge other local councils to take a similar stand wherever services are at risk.

The relentless squeeze on funding, initiated in 2010 by George Osborne, is set to continue until 2020, freezing health spending in real terms and effectively each year falling behind the increases in population and upward cost pressures on the NHS.

The delegates here oppose the STP plans as fundamentally flawed, driven by cuts and by undemocratic NHS managers. We believe they will further fragment and privatise the NHS.

We call for

- The full re-instatement of a comprehensive, universal, publicly funded, publicly owned, publicly provided and publicly accountable, national health service which is free at the point of use and has the resources needed to provide excellent health care for all on a long term, sustainable basis.
- To that end, full implementation of the NHS Reinstatement Bill to do away with the Purchaser/Provider Split and the internal and external markets in our NHS.
- Immediate publication of all 44 draft STPs and a full and comprehensive public consultation on their proposals.
- A halt to the cash squeeze and for additional government funding, from progressive taxation, to restore the real terms budget of the NHS.
- Councils to refuse to sign up to STPs until a satisfactory conclusion to the public consultation is reached, and work with the local public to develop clear red lines around all NHS services.

We will seek to work cooperatively

- With trade unions and other partners to increase the level of awareness among health workers, professional bodies and health trade unions of the dangers of STPs. It is clear from the STP Drafts that the bulk of future savings are to come from closures, job losses and further demands on NHS staff, whose real terms wages have already been reduced by upwards of 16% since 2010.
- With broad based campaigns within communities, encouraging links with health workers in hospitals, primary care, community and other settings in defence of their jobs, pay, safe staffing levels and conditions.
- With political Parties at local and national level to build active campaigning.

We will build STP Watch as a resource and build the broadest possible united campaign to prevent STPs undermining access to local services and the quality and quantity of health & social care for all.

- We will organise a national day of local action in opposition to STPs.
- We also support the struggle of the junior doctors against the contract being imposed on them by NHS England. They are in the forefront of the fight to defend the conditions of service of all public sector workers within the NHS.

STP Conference, Health Campaigns Together.

September 17 2016

www.healthcampaignstogether.com. stpwatch@gmail.com

Motion for local political parties

(248 words)

NHS Sustainability and Transformation Plans

This Branch / constituency notes that the Government requires 44 Footprint Areas across the UK to prepare NHS Sustainability and Transformation Plans for their area which will:

i. Contribute to 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.
ii. achieve this by implementing 'new models of care' that are set out in NHS England's *5-Year Forward View* (2014).

NHS bodies are severely limited in how they can oppose these cuts because they risk losing access to the £8bn NHS Transformation Fund.

However, local authorities are in an excellent position to make clear their complete opposition to the programme, and particularly to the failure to publish detailed proposals and the completely illegal lack of consultation on the plans.

We call on our local authority to join together with other to publicise widely the details of all proposed cuts and changes to local NHS services and to make clear their outrage at lack of public consultation on details of these proposals.

As a first step, we call on local authorities to refuse to sign up to any STP, until the local proposals have been published in detail and subject to full consultation.

NHS Sustainability & Transformation Plans – briefing paper

Background

In December 2015, NHS England issued guidance that completely changed how the NHS in England is organized. All Clinical Commissioning Groups (CCGs) and NHS Trusts in England, and the local authorities in their area were organized (by declaration) into one of 44 area-based 'Footprints' covering all of England. Each Footprint was required to produce a joint 5-year **Sustainability & Transformation Plan (STP)** for their area that would:

i. wipe out the NHS financial deficit in their area within a year, and for the next five years. Since the NHS ended 2015-16 with a provider deficit of £2.5bn[i], the same level of cuts (or more) will be required to break even in 2016-17 and beyond.
ii. achieve this by implementing 'new models of care' that are set out in NHS England's *5-Year Forward View* (2014).

The penalties for failure to achieve this: denial of access to the NHS Transformation Fund (vital funding to cover existing deficits and seed new models); the senior manager of the Footprint to be replaced by a manager chosen by NHSE.

The 'new models of care' are all intended to be far cheaper than current NHS provision. They involve, for instance: making huge cuts in numbers of hospital beds, closing A&E, reducing hospital beds and substituting with 'care nearer home' – digital monitoring, family carers (overwhelmingly women) looking after very sick family members; massively reducing the number of sites for healthcare provision, downgrading jobs – reducing numbers and replacing skilled professionals with unskilled, poorly trained 'new' roles – GPs with GP assistants (science graduates with 2 years' clinical training). And much more. There is no valid clinical evidence for either the safety or effectiveness of these new models – the Vanguards/ pilots designed to test them out have barely started their work. The 'new models' have been designed by healthcare corporates; new contracts will be needed and these will attract privatisation.

Initial STPs were submitted to NHS England in June 2016. Over summer they have been revised intensively through discussion with NHSE. To date only a very few STPs have yet been published, and most give little or no detail of proposed changes to services. Those that have been published propose huge cuts in services and it's clear that all STPs involve massive cuts in one form or another (reducing spend by over £2.5bn overall), and implementation of untested and potentially unsafe 'new models of care'.

The most recent (October) NHSE letters to NHS managers say that STPs should publish only 'a summary' of their plans by mid-December; NHSE stress it is important that plans 'articulate tangible benefits to patients' in a language that is 'clear and compelling'. STPs must explain how plans will strengthen primary and secondary care, achieve targets and prevent illness – despite also 'achieving financial balance' – ie implementing massive cuts in spending.

Despite expecting that only 'a summary' of plans will be published, STP contracts must be signed by 23 December 2016 – leaving no time for consultation on the most savage changes and cuts in the lifetime of the NHS.

Across England, the entire STP programme will implement drastic cuts in NHS services. The complete absence of any real consultation is a flagrant breach of the law requiring full consultation by any public body proposing any significant change in services.

NHS bodies are hugely limited in how they can oppose these cuts because they risk losing access to the £8bn NHS Transformation Fund.

However, local authorities are in an excellent position to make clear their complete opposition to the programme, and particularly to the failure to publish detailed proposals and the completely illegal lack of consultation on the plans.

We call on all local authorities join together to publicise widely the details of all cuts proposed to local NHS services and to make clear their outrage at lack of public consultation on details of these proposals.

As a first step, we call on local authorities to refuse to sign up to any STP, until the local proposals have been published in detail and subject to full consultation.

Further background

Is the NHS 'inefficient' or 'unaffordable'?

Commonwealth Fund international comparisons of health outcomes show that our tax-funded NHS consistently outperforms the health systems of comparable economies while being nearly the cheapest.[ii] Calls for co-payments and insurance-based systems reflect a neoconservative political agenda.

Spending on healthcare is a political choice, not an economic necessity. During Labour Governments up to 2009-10 UK NHS spending rose to near the average of comparable economies. Since 2010 it has fallen sharply. The table below shows the current status after 5 years of Tory Government:

Country[iii]	**Spending (% GDP)**	**$ Per capita spending**
Austria	10.3	4,896
Belgium	10.4	4,522
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 economies. If the UK were to increase its spend to 10.7% of GDP, this would equate to an extra £15bn of funding.

Problems with the NHS market: – the additional cost of legal, financial expertise and procurement and contract management required to manage the NHS market, has been conservatively estimated at £4.5bn per year[iv]. This alone provides a very good case for scrapping the NHS market. Other major reasons include the need to end NHS funding syphoned into private profit; the hugely destructive fragmentation of care, and the risks to security of our personal medical information in the hands of private providers.

(With thanks to CHPI for figures cited here).

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[i] NHS Improvement. Performance of the NHS provider sector: year ended 31 March 2016. https://improvement.nhs.uk/uploads/documents/BM1653_Q4_sector_performance_report.pdf (accessed 5th September 2016)

ii Commonwealth Fund. 2014. International Profiles of Health Care systems. http://www.commonwealthfund.org/~/media/files/publications/fundreport/2015/jan/1802_mossialos_intl_profiles_2014_v7.pdf (accessed 5th September 2016).

[iii] OECD, Health statistics. http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT# (accessed 5th September 2016)

[iv] Paton C. At what cost? Paying the price for the market in the English NHS. Centre for Health and the Public Interest. https://chpi.org.uk/wp-content/uploads/2014/02/At-what-cost-paying-the-price-for-the-market-in-the-English-NHS-byCalum-Paton.pdf(accessed 5th September 2016).

Draft letter for Council leaders, councillors and Health Oversight & Scrutiny Committee chairs demanding publication of local STP

Dear Councillor xxxxx

I am writing to you in your capacity as chair of the [**Council and/or Scrutiny Committee title**] to ask you please to get [**local borough**] Council to publish [**name of local Footprint's**] sustainability and transformation plan (STP) immediately.

This is an important matter for local democracy.

Given that these NHS England health plans assume partnership with LAs and that they imply shared responsibility with LAs for the (potentially very serious) consequences, council leaders, mayors and councillors can play a crucial role in forcing the plans into the public arena where they should already be.

In Birmingham, Sutton, in North East London (Camden, Islington, Enfield and Haringey), and in Hartlepool local authorities have published their local footprint's STP protesting the secrecy of NHS England's process. In both Ealing and Hammersmith & Fulham, the councils were so concerned when shown their STP that they withheld signatures to the draft plans. Sutton Council has publicised its intention to oppose the STP in SW London.

NHS England has told the STP Footprint teams not to publish until NHSE has approved the *messaging* of each plan, not just the plan's details! But this delay deepens the secrecy and consequent mistrust associated with the STP process. It is not acceptable to deliver such major plans affecting health care and involving local authority resources without consulting formally with the public.

This is an unprecedented level of lack of due openness and true consultation with the public, and yet it involves local authorities.

We are worried about the clinical and service consequences of an unrealistic [Footprint name] plan being signed off by NHS England and what that could mean if the [Footprint] plan fails to match up to the financial promises. NHS England's declared processes include placing areas in special measures and financial penalties.

Please publish the [Footprint's] STP on your local authority website and make it available at last to the public.

I am grateful for your consideration of this request, in your role as chair of [xxxxxxxxxxx] scrutiny committee.

Yours etc

Open letter sent on behalf of Camden Keep Our NHS Public and Health Campaigns Together for the 5 Borough Councils in North Central London

20 Parliament Court
Parliament Hill
London NW3 2TS

Cllr Sarah Hayward,
Leader of Camden Council

20th October 2016

Dear Sarah Hayward,

On September 30th the Joint Health Overview and Scrutiny Committee for NCL boroughs met at the Haringey Civic Centre. On the agenda was the NCL Sustainability and Transformation Plan (STP) that is due to be published on October 22nd.

A deputation representing health campaigners in the five boroughs who combine under 'Health Campaigns Together' (HCT) presented a paper. Also the nationally agreed HCT 'Joint statement – Challenging the STPs' was included in the papers for this JHOSC meeting and this is attached.

Health campaigners are conferring locally under HCT and have agreed to write to borough leaders in NCL asking each to ensure that residents are fully informed and their interests protected. We are writing to you as Camden health campaigners. Significantly, from an examination of the draft NCL STP, we notice that the NCL Transformation Board has no representatives from the public.

So far the process of formulating the NCL STP has been kept from the public, yet what is proposed represents radical changes in the way the NHS is organised and funded without recourse to parliamentary debate.

The 44 STP footprints have no statutory basis. There will also be serious implications for the social care, health related services and public health provision delivered by councils.

The funding arrangements embedded in the STPs are intended to restrict funding, using constraints and recycling of funds that will endanger local control of resources.

The five boroughs will be required to share resources, 'robbing Peter to pay Paul'.

As accountable representatives of local people, councillors should object to a system

that would reduce their capacity to make sure that services are provided according to need. Please use your judgement on behalf of those who elected you.

Councillors should consider carefully whether the NCL STP threatens local democracy, leading to further significant cuts to currently inadequate NHS funding. Please use your influence to make sure that there is representation from the public on the NCL Transformation Board.

The published NCL STP will be presented at the JHOSC meeting on November 25th in Barnet.

We are writing to ask that our elected representatives defend the public interest. Please ensure that the public consultation on the STP is very thorough covering patient participation groups, the wider public and all staff across NCL.

We request that you do not approve the STP unless you are satisfied with it after all the comments on the proposal have been taken into account.

Further, I would add that we now understand that NHS England now requires that the STP should be signed off in late December. If this is correct then the period for public consultation will be totally inadequate (you will not be able to comply with the requirements for public consultation laid down by NHS England) and so the process is unacceptable. Hence, further reasoning for not approving the STP.

If you think it appropriate and will assist the Council to come to decisions on this issue we would be glad to meet with you and colleagues. Indeed, it might be better for the five leaders of the borough councils in NCL to meet with the campaigners across NCL to discuss this critical issue.

Yours sincerely,

John Lipetz
Tel. 020 794 5343

CCs Cllr Georgia Gould and Cllr Alison Kelly

NHS Slash, Trash & Privatise

SAVE OUR NHS

The Governments NHS Sustainability & Transformation Plan (STP's) or Slash, Trash & Privatise programme has the potential to change our NHS beyond recognition.

There is no compelling evidence to support the proposals which will result in £22bn in cuts, massive centralisation, closures and reconfigurations; care at the point of need is under very real threat.

- The UK spends less on health as a share of its GDP than most other G7 countries.
- Our NHS is under pressure as never before and is in danger of failure.
- The NHS is effectively only getting an increase of 0.9% per year.
- The NHS STP programme will close A&E's and essential services across the country.
- STP's are being directed to "merge" all back office and non-clinical services across the entire STP footprint.
- This programme will centralise services and make them "ripe" for privatisation.

The biggest problem our health service has is that it is not being properly funded no matter what the Government tells us. Staff are under immense pressure and working harder than ever before, in services at breaking point.

You can help us to campaign against this programme which will threaten the future of our NHS and butcher local services.

Help us to petition parliament and campaign to fight for our NHS:

https://petition.parliament.uk/petitions/165948

Help us make a difference

#STPSAYNO #SAVEOURNHS

Slash, Trash & Privatise

Fight to stop the STP Programme and Safeguard our NHS

A proposal for a campaign and mobilisation at every level

Our NHS

- The NHS touches all of our lives wherever we are and wherever we are from.
- Every person in the country has a connection with the service.
- Our cradle to grave service is unique and the envy of many other countries.
- The NHS is perhaps the greatest socialist achievement of the modern age.
- This amazing organisation, this great social achievement, our NHS, is danger of annihilation.
- The threat represented by the NHS STP programme is closer than many of us realise.
- STP proposals will result in £22bn of cuts, massive centralisation, closures and reconfigurations, and potential mass privatisation.
- Care at the point of need is under real threat.

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Outline

- What the STP Programme is
- The STP impact on our Region
- The NHS Financial Challenge
- The dangers and impact of STPs
- Conservative Health Policy
- The Need for Action
- A Campaign Strategy at every level
- Unite with us to fight for our NHS
- What you can do now

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NHS STP Programme

- Sustainability and Transformation Plan (STP)
- Government initiative announced in December 2015 as a key mechanism for implementing the Five Year Forward View
- Essential part of Government plans to create financially sustainable health and care services across England
- Tasked with closing health, care, and finance "gaps"
- Radical transformation to deliver new models of care
- Secret process which is non-transparent
- Element of Smoke and Mirrors

4

STP Footprints

- 44 STP areas identified across England
- Cover multiple trusts and CCG's
- Supposedly based on natural clusters
- Meet the needs of local populations
- No statutory underpinning
- Little to no scrutiny
- Largely Secretive
- No consultation or public involvement

5

STPs in NEY&H

- 5 out of 44 STPs in our Region
- Each STP has smaller internal divisions
- STPs each have a leader
- Trusts, CCGs and Local Authorities are involved
- Mix of urban and rural in most areas
- Merger of Pathology across Footprints
- Merger of Back office services across STPs
- Tasked to restrain "unsustainable" pay growth

STP Impact on NEY&H

- STP 1 – Northumberland, Tyne & Wear (Predicted deficit = £960m)
- STP 3 – Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby (PD = £500m)
- STP 5 – West Yorkshire (Leeds PD = £723m)
- STP 6 – Coast, Humber and Vale (PD = not available)
- STP 9 – South Yorkshire and Bassetlaw (PD = £500m)
- Predicted NHS Shortfall in our region in excess of £3bn by 2020/21
- Only £1.8bn of STP funding available for England as a whole

7

NHS Financial Challenge

- Predicted £30bn shortfall or "gap" - Instructed to make £20bn of efficiency savings
- Systematically underfunded with around 0.9% per year budget increases in real terms
- FYFV set aside £8bn in extra funding to help close the £10bn gap
- Still leaving a final £2bn funding "gap" to be closed
- £1.8bn of this funding is for the STP Programme
- Still amounts to a £12bn cut to the NHS budget
- UK spends less on healthcare compared to most G7 countries
- Spending as a proportion of GDP is due to fall to 1998 levels by 2020
- Austerity has created this situation it didn't have to happen

8

Locally Based Care

- Politically attractive - Sounds good, or does it?
- Creates 44 new health economies which are all different
- STPs centred on local super hospital
- Local hospitals closed or downgraded, end of local acute care
- Radical cost driven reconfiguration of care delivery
- Coupled with push towards devolution marks end of national service
- STPs are tasked with workforce and skill mix reconfiguration
- Potential for new local STP terms and conditions
- Expect accelerated and widespread use of ALMO's

9

Imminent Dangers

- Unprecedented speed of reforms
- STP Programme is rapidly taking shape
- STPs to be announced after October
- Limited Consultation January 2017 (to be ran by CCG's)
- Implementation in full during 2017
- Rise of the ALMO & attack on National T&C's
- Selling off the NHS estate – tasked to raise £2bn & close the £ gap
- Could lead to final destruction of NHS as a national service

10

Conservative Health Strategy

- NHS facing a £30bn funding gap by 2020/21 .....
- So demand £20bn in efficiency savings .....
- Next starve the NHS of funding with tiny budget increases .....
- Offer £8bn of its own money back in exchange for massive cuts .....
- Create unrealistic unfunded expectations (7 day NHS) .....
- Attack terms and conditions – imposition of Junior Doctors contract
- Push for wholescale reform of A4C, end unsocial hours, regional pay
- Basically setting the system up to fail
- American system is being touted as the ideal model replacement
- Closer to whole scale destruction of NHS than ever before
- Process began in Health & Social Care Act is to complete with STP's

11

A Political & Ideological Struggle

- This is a fight against conservative health policy
- This is a fight against austerity
- This is a fight against the Health & Social Care Act 2012
- This is a fight against Privatisation
- This is a fight for the NHS Reinstatement Bill
- This is a fight for local hospitals and services
- This is a fight for the right to access local health care
- This is a fight to save the very NHS itself

12

Fighting Shadows

- The programme is secret and no one knows the rules
- New developments almost daily, with unintelligible press releases
- Requires a lot of time to sift available information to ascertain truth
- Conservatives say that NHS is safe in their hands
- Public do not believe this could happen to their NHS
- Worryingly off the agenda in the Media
- Perception and Anger are starting to build
- Essential to educate, engage and agitate without delay

13

Need for Action Now

- STP Programme represents a existential threat to the NHS
- The current speed of reform has never been seen before
- Once land and buildings are sold we will never get them back
- The 44 local STP health economies will be “ripe” for privatisation
- Danger we may return to a pre NHS landscape in England
- A&E’s, wards, services, even hospitals will close across the country
- Local access to acute services will disappear
- These are dangerous developments - we must act before its too late

14

A Strategy to fight back

- NEYH HRISC agreed to campaign around the STP Programme
- A Comprehensive Campaign Strategy has been developed for use
- We are looking for support across our region from all members in all sectors, as well as potential members and the public at large
- It is increasingly evident that the threat is imminent, serious and national. The campaign needs all the help it can get
- We will seek support from the NISC to roll out nationally
- Ideally the EC will support us to reach out to all 1.5million members
- We are Unite, and Unite will fight – and together we will win

15

Local Action

- Play your part – without you we will fail, you are crucial
- Discuss the campaign at every branch meeting
- Raise awareness, educate and agitate – physical and social media
- Adopt the STP Campaign and take the outlined actions
- Make use of resource pack
- Connect with partners such as KONP, PSA, AAC & Community Branches
- Join or hold marches and rallies (i.e. South Shields 22/10/2016)
- Press releases - either your own or adapted ones from region.

16

Regional Action

- Coordinate Campaign
- Produce resources for distribution
- Update on campaign through RISC emails
- Present Campaign to RC for adoption and further distribution
- Promotion through Physical & Social Media
- Adoption through all constitutional committees
- Provide leadership, maintain relevance & impetus
- Commend to NISC &/or EC as National Policy

17

National Action

- Ask the NISC to endorse the Campaign with a motion
- Urge the NISC to adopt the strategy as a National initiative
- Each RISC to adopt the strategy throughout its region
- Seek endorsement from the EC as a campaign to reach every member
- Drive national physical and social media maintaining impetus
- Ask each OPC to consider STP impact in their professions
- Produce factsheets and resource materials for distribution
- Provide quality leadership, direction and management

18

Unite with us to fight for our NHS

- The NHS is the greatest socialist achievement of the modern age
- It is not perfect, but it remains the most efficient way to deliver care
- Generations of workers have built it from nothing
- Staff, patients and the public are proud of our NHS
- Someone needs to take a stand and lead the way
- Unite is THE Campaigning Union - THE fighting back Union
- We need to take back control, lead the way and fight for our NHS
- Adopt our STP strategy, lets act together, we will save our NHS

19

22

What you can do now

- Spread the word, tell members, friends and family
- Contact your MP and get their support along with
- Your councillors who have a scrutiny & oversight role
- Contact your CCG's & Healthwatch etc
- Mass mail your Foundation Trust Governors
- Join the fight to protect your local services
- Use social media **#STPSAYNO #SAVEOURNHS**
- Look out for marches and rallies and lend your support
- Sign our petition to lobby Parliament: https://petition.parliament.uk/petitions/165948

20

23

How did we get here?

•Remember this

21

unite the UNION in HEALTH

Slash, Trash & Privatise

Fight to stop the STP Programme and Safeguard our NHS

A proposal for a campaign and mobilisation at every level

Can you speak E**STP**eranto?

The strange and deceptive language of STP-land

Here's a handy phrasebook for campaigners

A

Accountable: (adjective) Remote from local population, unaccounatble

Accountable Care Organisation (compound noun): Body that is not accountable to patients and doesn't care. Cash limited. 'Gateway' policy, bringing dangers of cuts, decline into top-up payments and private insurance.

B

Better (…): (adjective) Private sector involved

C

Care Quality Commission: (noun) a body to use as a scapegoat when unsafe services are exposed or when services are to be 'reconfigured'.

Centralise (verb): Close local services – prelude to long journeys and queues

Clinical Commissioning Group (CCG): (noun) device to make GPs carry the can for unpopular decisions drawn up by private sector

Clinically-led (adjective): [Accountants' plan] fronted up by a few stooge medics

Clinical Senate: (noun) toothless, pointless body invented to placate marginalised hospital consultants

Clinician: (noun) one of a tiny handful of doctors and nurses who agree with local proposals

Compelling (adjective): Claim made for evidence that is not revealed

Cost envelope: the white or manila scrap paper on which financial projections are worked out in wine bars by management consultants

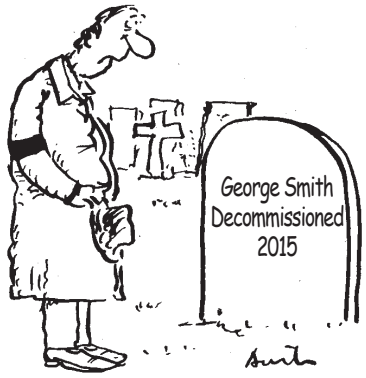
D

Demand management (compound noun): Mechanism for denying people treatment, closing hospitals

Downgrade (verb): Begin closure by instalments

E

Engagement: bullying or bribing local council leaders into signing up for STPs they may have not even seen.



Evidence shows: (baseless phrase) We're making this shit up

F

Footprint: "Local" area of up to 2.5 million people to be carved up by STPs – 'local health economy'.

I

Improve: (verb) make cash driven cuts that scale down services or implement untested systems.

Independent : (adjective) (1) private sector (2) body stuffed with my supporters

Innovative: (adjective) private sector

Integrated: (adjective) fragmented organisations linked by contracts

L

Local (adjective): (a) within a radius of 60 miles (b) any size, no matter how big, but not national

Local health economy/system (compound noun): random, dysfunctional geographical collection of largely bankrupt NHS organisations

Local Hospital (noun): Medium sized clinic or health centre on remnant of the site of a general hospital

P

Partnership: (noun) device to maximise chances of private sector getting a slice of the action.

Personal health budget: (noun) funding device to get rid of skilled care coordination staff and dump responsibility back onto patients & their families to fend for themselves in a failing market for health & care.

Ploughed back into patient care: (misleading phrase) ploughed into private sector

Private Finance Initiative (PFI): (noun) Issue that allows Tories to blame Labour for their implementation of the Tory policy while they carry on signing new PFI deals

PF2: PFI (see above), but further subsidised by public funding

Public health (noun): (a) Pretext for blaming public for their ill-health and NHS under-funding (b) useful abstract topic to pad out opening pages of NHS consultation documents (c) vanishing and neglected specialist skill in tackling health of population not individuals.

R

Reconfiguration (noun): cash-driven dismemberment, cuts, often claiming 'clinical' motives - see 'Centralise'.

Referral management: (noun) replaces patient and clinical choice with bureaucrats' (or private sector) choice

Responsive: (adjective) private sector

Robust: (adjective) private sector

S

Seamless: (adjective) fragmented, chaotic, disappearing

Social care (noun): You're on your own. Phrase for chaotic privatised remnants of historic social provision of care for older patients at home.

Success regime (noun): Boot camp to bully bosses of failing organisations. Income stream for teams of management consultants and lawyers

STP: Plan to Slash Trash and Plunder local services in pursuit of cash savings

Sustainable: (adjective) (1) much cheaper (2) private sector

V

Viable: (adjective) private sector

Vibrant: (adjective) private sector

Published by Health Campaigns Together www.healthcampaignstogether.com

How to get details of your local STP

The first challenge is simply to get hold of the STP. NHS England has done all it can to prevent publication of STPs, and only a handful have been released. Publication of the others is expected sometime from October 2016 – as quietly as possible, so don't expect either local or national publicity! The aim will be to slip them through local Healthwatch, local authority Scrutiny or other consultation as quickly as possible.

The version of the STP published for consultation is likely to be the glossy PR version, replete with references to modernising services, 'high level' charts and worthy intentions on self-care, 'care nearer home' (through denying access to hospital beds), new GP hubs (replacing local GPs), developing new 'urgent care centres' (an inadequate substitute for A&E).

Don't be satisfied with a cut-down consultation document - make sure you get hold of the **complete version of the STP that was submitted to NHSE, including all financial and other appendices,** This is likely to contain more detail about specific services – see the NHSE Guidance reprinted below for information that should be available in the STP.

You may need to make a Freedom of Information (FoI) request – see below – though **given time constraints you should try other avenues too, including other local bodies** that should be consulted about the STP – see section on consultation below, and particularly:

- Healthwatch
- Health & Wellbeing Boards
- Boards of local CCGs and NHS Trusts
- Local Government Scrutiny committees

Freedom of Information requests

Guidance on making an FOI request: https://ico.org.uk/for-the-public/official-information

Under the Freedom of Information Act and the Environmental Information Regulations you have a right to request any recorded information held by a public authority.

- The right covers recorded information which includes information held on computers, in emails and in printed or handwritten documents as well as images, video and audio recordings.
- You should identify the information you want as clearly as possible.
- Your request can be in the form of a question, rather than a request for specific documents, but the authority does not have to answer your question if this would mean creating new information or giving an opinion or judgment that is not already recorded.
- Some information is exempt, for example personal details about somebody else.

For your request to be dealt with according to the Freedom of Information Act, you must:

- contact the relevant authority directly;
- make the request in writing, for example in a letter or an email. You can make a verbal or written request for environmental information;
- give your real name; and
- give an address to which the authority can reply. This can be a postal or email address.

It can be helpful to check whether the authority recommends you send your request to a specific person or email address. Some authorities allow you to request information via their website.

Note that ownership of STPs is not legally straightforward since the 'footprints' have no statutory basis and STPs must be formally signed off individually by the constituent CCGs, NHS Trusts and (potentially) local authorities. Since the STP is information 'held by' a 'public authority' (see info above) it should be covered. Nevertheless it may be prudent to make an FOI request to each of the separate NHS bodies as well as to the STP lead officer. In this case, you should ask for information about 'any part of the STP which may involve your CCG/ NHS Trust organisation'. **The organisation must respond within 20 working days of receiving your request**. (see link above for action if they don't respond).

What to ask for in an FOI request

https://www.england.nhs.uk/wp-content/uploads/2016/05/stp-submission-guidance-june.pdf

Below is the NHSE Guidance on what should be covered in the five-year STP. This may help you decide what to include in an FOI request. Aim to focus on specific changes that are planned.

NHS England Guidance –Topics to cover in the 5-year STP plan.

1. Executive summary / plan on a page
2. Starting point [as set out in April submission]
    - Underlying position on health, quality and finance now and 2020/21
    - Key factors driving the pressures to be accommodated/moderated
3. Priorities and transformation schemes
    - Critical decisions: the few big decisions that will need to be made if we are to shift the dial, including strategic commissioning decisions that are needed to support incentivising the right behaviours and supporting new models of care
    - How your priorities address the '10 big questions' [as set out in April submission]
    - Underpinning story (narrative, data) per priority/solution, describing what will be different for patients.
4. Solutions that taken together close the gaps, and its impact quantified - health and care being described as concretely as possible in terms of expected effect on metrics.

- for 2020/21 (financial envelope), for 2016/17 and years in between (bridge), including forecasted impact of solutions [partially set out in April submission]
- Phasing of the impact and link to operational plans
- Financial impact on the system as a whole and consequential impact on
  i. providers
  ii. commissioners
  iii. local authorities

5. How to deliver your plan
   - Long term (3-5 year) and short term (this year) milestones for further development/delivery of the plan
   - Risks and actions to take in the short term, including what you can do yourself and how you'll need help from national bodies

Annex

A) Governance arrangements [as partially set out in the April guidance]
   - Structure, effective decision making, system leadership
   - Work streams and delivery vehicle (evidence how to deliver change on the ground)

B) Engagement process [as partially set out in the April guidance]
   - Plan to engage more formally with boards and partners after the July conversations
   - How footprints have engaged organisations and other key stakeholders so far, and who is still to be engaged with
   - Evidence or plan to involve staff, clinicians, patients, HWBs, etc.

C) Enablers (only required for more mature footprints), e.g.
   - Local digital roadmap, summary of how the digital will support integrating health care to drive quality, productivity and patient experience.
   - Estates strategy
   - Workforce strategy

Developing an STP template for collating, and comparing STPs from the Footprint areas

Please use this template to fill in the details of your local STP so that HCT's team of specialist researchers can more easily compare and collate.
The SE London data are used here purely as an illustration, so please download the Word version of this template from http://www.healthcampaignstogether.com/STPplans.php, delete the text in red and insert your local data, and comments as appropriate. Where you have no data to fit a criterion, please just leave blank.

STP Criteria	Details	Comments
	Example SE London	
Footprint Name	South East London)	
Footprint number	30	
Nominated lead	Amanda Pritchard, CE of Guys & St Thomas' NHS FT	
Managing body – decision makers Snr Responsible Officer CCG Council Clinical lead	A quartet: Amanda Pritchard, GSTT Andrew Bland, S'wark Barry Quirk, Lewisham Andrew Parson Bromley CCG	
Number and name of CCGs	x6: Bromley, Bexley, Greenwich, Lambeth, Lewisham, Southwark	
Local Authorities	x6: same as CCGs	
Providers in footprint	**Main:** GSTT NHS **FT** Kings Coll Hosp **FT** Lewisham&Greenwich NHS Trust Oxleas NHS **FT** SLAM NHS **FT** (mental hlth) Bromley Healthcare (social enterprise) Primary care (x6 CCGs) **Neighbours:** Dartford& Gravesham NHS Trust	
NB: *with baseline by provider if possible – IMPORTANT* • **current beds if possible and current occupancy** • **Current A&E 'performance' against 4hr is possible** • **Current doctor/nurse vacancy rate**	The baseline gives something to hold on to. Beds for each provider now, and total for footprint. Should be available in trust papers I realise this is a lot of work.	
Population	SEL: 1.75million	
Projected increase in population by 2020/21 and		

beyond		
Annual funding required by 2020/21 on estimated need without change'	SEL: £7.979bn	
NHSE projected annual funding 2020/21	SEL: £6.965bn	
Annual health funding 'affordability challenge' (underfunding)	SEL: £1.015bn annually	
Additional Social care funding challenge if known for 2020/21	**eg: Adult social care SEL** Current spend £576m pa **By 2020/21** Planned cuts: £110m pa Cost pressures: £242m pa **Total adult social care 'financial challenge' to add to health pa of £342m by 2020/21** (Six local authorities)	
Plan to meet the financial challenge	eg in SEL H&SC: £1.357bn pa 2020 (£1.015bn+£342m) • PwC has invented **£113m** savings from **clinical changes** in six main areas (see below) • They project of 1.6% annually of 'business as usual' **provider efficiencies** and give a figure of **£339m** • They assert savings from **specialised commissioning** of **£190m** • £676m **'status quo challenge'**) – STP transformation, merging etc • **Social care:** 'there is considerable scope for achieving a substantial quantum of these savings through collaborative work across the [SE London] partnership' • (!! Double or treble counting likely	
Main proposals and Evidence base for proposals provided	**Six main headings in SEL:** * Urgent and emergency care * Planned care (outpatient	

	and elective) - New initiatives proposed (eg SE London Elective Orthopaedic Centre) * Long term conditions * Maternity * Children * Cancer)	
Clinical evaluation of outcomes if any planned		
Closures or mergers or downgrades recommended if any		
Plans to sell NHS estates - detail and estimated value		
Workforce proposals (eg major reprofiling of skill-mix)		
Consultation process		
Factors more specific (if not unique) to your STP and Footprint area		
Other comments not captured		

Send to stpwatch@gmail.com

www.healthcampaignstogether.com