

Devo Manc, STPs and cuts in Greater Manchester

Caroline Bedale, HCT STPs Conference 17 September 2016

Introducing myself: I was a Health Promotion specialist for over 35 years – I was made redundant in January 2016 because Manchester City Council passed on the government's public health funding cuts and slashed our Health and Wellbeing Service by 66%. Keep that in mind – I'll come back to it later. I'm also a retired UNISON member and previously a steward and branch officer.

Before I start talking about Greater Manchester Devolution (Devo Manc) and STPs, I'd like to celebrate a victory.

In Manchester there were 8 recovery and specialist psychological services within Manchester Mental Health & Social Care Trust which were due to close completely in August (with just a much smaller creative arts and gardening service being established – but it was no substitute for all the services). We ran a very active campaign, Manchester Deserves Better mental health services, which gained widespread support, but it looked as though we had lost, and staff had had to run down their services and prepare for redundancy. At the last minute, in late July, an imminent legal hearing brought by a service user caused the CCG to decide not to defend the case, so the mental health trust also had to back down. All the services have been saved.

The sting was that the CCG immediately said they were going to do yet another review, of all mental health services – but they've already put back the start of that to next January, by which time MMHSCT will be merged with Greater Manchester West.

It was all about money – just to save under £1 million – nothing to do with the effectiveness of the services. The CCGs and the MMHSCT hadn't even made any pretence of that.

And as far as I can see, despite being dressed up in 21st century news-speak, STPs are following much the same course, as well as opening up the NHS to even more private sector involvement. I'd like to quote from a [paper](#) I found from the NHS Partners Network / NHS Confederation: 'Capital, capacity and capability: Independent sector providers helping to develop a strong Sustainability and Transformation Plan': "As has been acknowledged in the initial guidance, the independent sector should play a key role in helping individual footprints to meet the stated requirements for STPs and in ensuring the plans are effectively delivered." [16.03.2016]

Greater Manchester STP

Because of devolution, Greater Manchester was already a long way ahead of other areas in producing plans about transforming services, new models of care, improving outcomes, radical upgrade in population health and prevention. But underlying it all is the 'financial challenge'. The devolved health budget for GM is £6 billion – they didn't manage to negotiate any increase from Osborne. Right from the start, the estimate was that this would be £2bn short by 2020/21. Even the extra funding they got for the Transformation Fund was woefully short – they had calculated they would need at least £1 billion, but they got just £450m. The local leaders, particularly Richard Leese and Howard Bernstein from MCC (he has just announced his resignation as Chief Executive of Manchester City Council – though it's unclear whether he has therefore also resigned as the STP lead) who were their main pushers, were ready to accept the illusion of power with the reality blame for cuts.

The Plan 'Taking Charge of our Health and Social Care', December 2015

The Plan, originally produced in December 2015 and updated with implementation plan in July 2016, has apparently formed the basis of the GM STP submission, though whether anything else was submitted with it isn't public yet.

The Plan is full of wishful thinking about how different models of care, health improvement, people taking responsibility for their health will reduce need for expensive (hospital) services.

[on the [GMCA](#) website: December 2015: or on the [GMHSC](#) website:]

April 2016: Update and relationship to 10 Locality Plans, [Item 5](#):

July 2016, Implementation Plan, [Item 7](#):]

It's also tied in with the previous acute hospital sector plan, 'Healthier Together', to reduce the number of A&Es and to concentrate on four super hospitals (Central M/c, Oldham, Salford, Stockport). [[Healthier Together](#) website]

- Trafford lost its A&E,
- Rochdale and Bury were downgraded;
- Stockport's hospital is closing wards permanently and about 350 staff are being made redundant to save £40m;
- Bolton – 5 wards to be closed under the Locality Plan as part of shortfall in funding of £162 million;
- in Manchester there's a proposal to cut across Foundation Trusts to create one hospital trust to run the three acute hospitals. In many ways it would be rational, but again the driving force is financial – to save £20m – and it's likely that services would be 'rationalised' across the 3 sites. NMGH has been struggling as part of Pennine Acute, and Wythenshawe recently lost out to Central Manchester as one of the 4 super hospitals.
- Mental health is still massively underfunded, and Manchester Mental Health and Social Care Trust will merge with Greater Manchester West Mental Health Trust from January 2017 because it is not 'financially viable' to remain a separate trust.

The original GM plan said it would make £1.5bn savings, minus an implementation cost of £200million, though the deficit was expected to be £2bn; the revised plan in July 2016 had revised the figures, with the deficit 'shrinking' to £1.7billion. I can't find any explanation of how they've reached the following figures of expected 'savings':

- £70m / revised £88m from prevention - how might this be achieved – especially as the government slashed the public health budget, and remember what I said about the service being cut by 2/3 in Manchester, and elsewhere in Greater Manchester there are a myriad of providers from NHS, voluntary and private sectors.
- £488m / revised £446m from better care models 'Transforming community based care and support', 'standardising acute and specialist care', 'enabling better care'
- £139m / revised £140m reform of NHS trusts (that means reconfigurations, mergers, closures)
- £21m commissioner collaboration
- £736m NHS provider productivity savings – that's nearly half the total, and much of it must mean cuts to staffing costs.
- £100m from provider joint working – which means 'standardising clinical support and back office services'- it mentions a range of services which could be shared, from pathology to HR and finance.

Commissioning

In the GMCA's document '[Commissioning for Reform](#)' there's just a mention that "as well as developing a radical approach to commissioning Greater Manchester will need to develop innovative ways of decommissioning.". Interestingly that point is not included in the [summary document](#), which is what a lot of people may read expecting it to give them a true summary. Emphasising the role of decommissioning, the full document says they can't address the £2 billion challenge by commissioning more of the same, they need 'new models of care' and an investment led approach. That sounds good until you read that it's based on the assumption: "we can tackle this [deficit] by reducing demand on expensive, reactive public services, through greater integration, prevention and early intervention" and "We are supporting residents to become increasingly independent, resilient and better connected to the opportunities of economic

growth.” So will the population carry the blame if they continue to need services and don’t look after their own health well enough?

Secrecy and (lack of) Consultation

By using the existing plan, GMCA may claim they have already consulted widely – that they’re already doing what the NHS guidance (published on 15th September 2016) advocates.

In fact, their consultation has been virtually meaningless. On Healthier Together, one question which was posed was whether the local population wanted 4 or 5 super hospitals (not whether we wanted super hospitals at all, to replace the range of local district general hospitals with different specialisms). The overwhelming response was at least 5. We got 4.

On ‘Taking Charge’, the consultation was all about personal health and lifestyle, not about the financial costs and cuts. This snapshot survey only got 6,000 responses, which is 0.2% of the Greater Manchester population of 2.8 million. The startling response was that 91% of people wanted to improve their health ... who would have thought it!

Trade Unions

It’s a shame that there’s no-one official here from my union, UNISON. Although the national health committee in July recognised that STPs were about balancing the books and opening the door to privatisation, they don’t seem to figure in the list of priorities for this year. I can’t find anything about them on UNISON’s website. There’s recently been circulated to branches Social Partnership Forum guidance about partnership working and STPs – without any critical comment.

In Greater Manchester, the NWTUC / regional unions signed up to a [TU protocol](#) which gives virtually nothing – no better than TUPE. It sets up Workforce Engagement Boards, and talks about consultation and staff engagement before any changes – but that’s the minimum we’d expect, and get, already.

The TU protocol acknowledges concerns, about transfers to new employers, privatisation, worsening of pay and terms and conditions, and in unreasonable relocation. BUT ...

“1) Where services are reconfigured involving more than one public service employer a partnership approach will be preferred. In all such cases the existing employees of the public sector/publicly funded service provider bodies within the GM ‘family’ of employers involved should remain in the employ of that particular employer **unless there is a clear service benefit rationale and/or legal basis not to do so.**

2) **Every effort will be made to ensure wherever possible there will be no worsening of the pay arrangements, terms and conditions or pensions of staff during or following a change of employer** arising from service reconfiguration or new partnership arrangements.

3) It is understood that **future developments may involve direct partnership or framework partnership arrangements with private sector and voluntary sector employers. As a starting position, the existing employees of any public sector/publicly funded service provider bodies within the GM ‘family’ of employers involved will not have their employment transferred to the private sector or voluntary sector employer(s) as part of any such arrangement unless there was a clear service benefit rationale and/or legal basis to do so.**”

What they want is “a workforce which is fit for purpose, able to adapt to changing demographics and embrace new models of care. We need a more flexible workforce with a breadth of skills and knowledge that enables us to transform, lead and develop new models of care.” (p6)

What can we do

STPs are a (to use their terminology) **challenge** for us as trade unionists and health campaigners.

- How can we keep up with the whole process, when so much is obscured in reams of paper and waffle, or kept secret? It's been just the same with Greater Manchester devolution.
- We obviously need to work together across campaigns and organisations, and with political parties which recognise the threats of STPs. It was good to see that the Labour Party initiated a parliamentary [debate](#) on 14th September.
- Our defence of the NHS will depend on supporting disputes, not just junior doctors but any staff who challenge STPs and cuts while trying to maintain services and their professional standards.

Notes:

Greater Manchester Devolution

There are, confusingly, two official websites with information about Greater Manchester devolution:

Greater Manchester Combined Authority: www.greatermanchester-ca.gov.uk This is the site for the whole of the GM Combined Authority, which includes the Health and Social Care Partnership, with agendas and minutes of meetings of all the committees.

Greater Manchester Health and Social Care Partnership: www.gmhsc.org.uk As its name suggests, this is just about the Health and Social Care part of devolution.

Various Manchester Evening News articles about NHS, hospitals, campaigns:

13 September 2016 'What the man in charge of the health of everyone in Greater Manchester really thinks about our care system: <http://www.manchestereveningnews.co.uk/news/health/jon-rouse-manchester-health-system-11880543>

31 August 2016 'Petition launched to save Prestwich and Bury walk-in centres threatened with closure': <http://www.manchestereveningnews.co.uk/news/greater-manchester-news/petition-launched-save-prestwich-bury-11823668>

28 July 2016 'Stepping Hill Hospital to cut hundreds of jobs': <http://www.manchestereveningnews.co.uk/news/greater-manchester-news/petition-launched-save-prestwich-bury-11823668>

21 July 2016 'A system close to breaking point – what is really going on at North Manchester General Hospital?': <http://www.manchestereveningnews.co.uk/news/health/north-manchester-general-hospital-failings-11648245>

20 July 2016 'Stockport and Salford first in region handed share of £450m from health and social care pot': <http://www.manchestereveningnews.co.uk/news/greater-manchester-news/stockport-salford-first-region-handed-11639558>

15 July 2016 'Manchester's hospitals could be merged into one trust by next April': <http://www.manchestereveningnews.co.uk/news/health/manchesters-hospitals-could-merged-one-11620582>

14 July 2016 'The story of how one vulnerable patient took on mental health cuts – and won': <http://www.manchestereveningnews.co.uk/news/greater-manchester-news/mental-health-cuts-manchester-axed-11616713>

13 July 2016 'Plan to cut £1.5m worth of mental health services is axed in extraordinary u-turn':
<http://www.manchestereveningnews.co.uk/news/greater-manchester-news/mental-health-cuts-manchester-axed-11610764>

1 April 2016 'What people are saying about Manchester's £1.5m mental health cuts':
<http://www.manchestereveningnews.co.uk/news/health/manchester-mental-health-cuts-reaction-11121090>

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