Health Campaigns TOGETHER

OUR NHS

● Quarterly ● No. 8 October 2017 ● FREE ● @nhscampaigns

Shadow Chancellor John McDonnell at the head of a march by Sussex campaigners before this year's landmark Labour's conference in Brighton – see p11

Bullying and desperation as ministers ignore warnings

WINTER CRISIS

Ministers and NHS England have closed their ears to warnings, and are trying through bullying to make the NHS do the impossible – while squeezing budgets even harder.

The new Care Quality Commission chief inspector of hospitals, Professor Ted Baker is the latest to pile on added pressure. He managed to anger and humiliate hard-pressed staff at every level in an interview with the *Daily Telegraph*, in which he told them it was "not acceptable to keep piling patients into corridors" – **as if anyone really thought it *was* acceptable**.

Like a latter-day King Canute, Baker instructed trusts not to force patients to queue in ambulances – without of course offering any plausible answer as to how they are supposed to solve the double problem of underfunded health services and collapsing, cash-starved, privatised social care – over which NHS staff have no control.

Prof Baker should know better. He served for a period as medical director in Oxford University Hospitals trust, home of the country's longest and most intractable delayed transfers of care – but he seems to have chosen now to ignore the problems he was unable to resolve then.

Instead he declares – without evidence – that 'around half' the hospital beds are filled with 'people who should not be there,' either because they might theoretically have been cared for differently in the past, or because they could have been discharged – if help was at hand.

Of course help is *not* at hand: nor is there any money to pay for such services, or serious plans to create them, or staff available to staff them.

The trusts' national body **NHS Providers** has been repeatedly warning ministers throughout this year that maintaining – let along improving – services on the planned levels of spending to 2020 is "Mission Impossible".

Their **"Winter Warning"** insisted that without more cash by the end of August services would face a bigger crisis than last winter. They were ignored.

Doctors, in Royal Colleges and their trade unions, have also sounded the alarm. They too have been ignored.

Last week the **Royal College of Nursing** published the devastating findings of a massive survey of 30,000 nurses, once more warning that with 40,000 nursing vacancies, and staffing often as low as one nurse to 14 patients, well-trained, dedicated staff feel unable to deliver adequate care to patients.

Shockingly 44% of nurses said no action was taken when they raised concerns over poor staffing levels.

Instead of recognising the problems highlighted, the Department of Health just trotted out the same misleading statistics they always do.

Meanwhile NHS England conducted a ritual **bullying session**, summoning top managers from 60 trusts with poor A&E performance to a telling-off, part of which involved forcing one group to repeat louder and louder the meaningless mantra "we can do it" by the regional director of Midlands and East of England Paul Watson.

No they can't. But what *can* happen is bullying and bad management lead to catastrophic failures of care. The NHS, driven by a massive cash squeeze is set on a course that could lead to one or more repetitions of the disastrous failures of care in Mid Staffordshire Hospitals a decade ago,

Let's heed the warnings and act together to fight for our NHS.

Labour's Jon Ashworth writes - page 11

Scrap the cap on NHS pay – Back page

US company wins contract page 4

Fighting back - to win! Conference Hammersmith November 4 - see p7

Winter crisis starts in late summer with A&Es on 'Black Alert'

Q: What has nearly **8 million** legs, and grows faster in winter?
A: The NHS England **waiting list**

Last winter the widespread declaration of 'Black alerts' in hospitals which were so full they had to divert blue light ambulances hit the headlines, and stayed there for weeks across the country, with many hospitals running at 95% of higher levels of beds occupied.

This year the Black Alerts have never really stopped, and hospitals have begun from September to claim that their problems are due to the impending onset of winter.

Nottingham University Hospitals declared that "after a challenging weekend and a very busy day in ED, we are on the cusp of 'black' status," requiring "exceptional actions" to speed up discharge of patients and free up more beds.

A management statement to NUH staff argued that "It is fair to say that winter is all but here – and this means we have to start operating in winter-mode.

"This means a renewed focus on what needs to happen every day to get the flow and movement we require to ensure patients receive timely care. Every decision and minute matters."

Queuing ambulances

There have also been Black Alerts in **west London** and in **Cornwall's** only hospital, Treliske in Truro, where ten ambulances were at one stage queueing outside – in September.

Addenbrooke's Hospital, part of Cambridge University Hospitals NHS Foundation Trust, sent out a letter to GPs in mid-September claiming that the problem related to "bed capacity issues", and asking them to refer patients to the "community urgent care support team" whenever possible.

Black Alerts mean that waiting list patients are also put on hold, and patients reviewed for potential cancellations.

The waiting list has now exceeded 4 million people, **up over 60%** since 2008. More than one in ten of them have been on the waiting list for more than 18 weeks, – and ministers have been repeatedly warned that on present trends that is set to more than double by 2020.

Cancelled elective operations are almost 40% higher than when the spending freeze began in 2010, despite an increased caseload of just 14%.

5,000
The number of extra acute beds needed to bring occupancy levels of acute beds back down to the target 85%, according to Royal College of Emergency Medicine

2,200
Number of A&E consultants needed to deal with the constantly rising caseload

GPs fear for the future

80% of GPs are now telling the BMA that their workload is unmanageable, as increasing tasks and duties are lumped onto them in "new models of care".

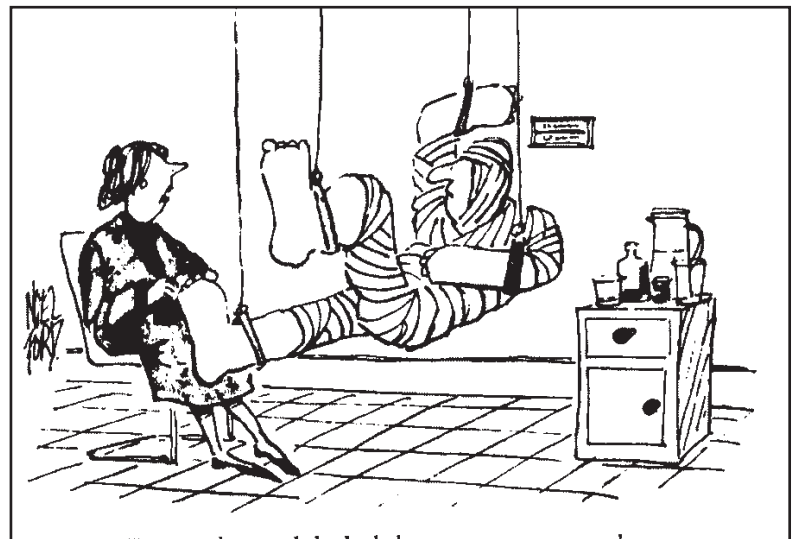
Numbers of patients unable to access a GP appointment within 2 weeks have risen to a record 20%.

Meanwhile investment of NHS resources in primary care continues to lag well below the BMA target of 11%. Spending has risen from the 7.5% in 2015/16, but according to the BMA even if NHS England lives up to all its promises in the GP Forward View, the total will rise only to £11.2 billion by 2021 – £3.4 billion below the 11% target.

Small surprise then that recruitment to GP training places has been minimal, despite Jeremy Hunt's implausible promise of an extra 5,000 in post by 2020. The latest figures show just 160 more in training than last year.

£3.4 billion
BMA forecast of shortfall in GP funding by 2021 if current funding plans are unchanged

8.4%
Share of NHS funding allocated to primary care by 2021



'I never dreamed the bed shortage was so acute.'

Consultants fear STPs = cuts in beds

Two thirds of hospital consultants and specialists have told their union that they fear local Sustainability and Transformation Plans will downgrade or close hospital units.

450 hospital clinicians responded to a survey from the Hospital Consultants and Specialists Association (HCSA), with over 40% also saying they believe STPs – supposedly plans to improve and integrate local services –will have a "negative impact" on patient care. Barely one in 10 expect a "positive impact".

More than three quarters of those responding see STPs as a way of making cuts to the NHS, and just over half (56%) fear they will lead to job losses and worse understaffing.

"Many hospital doctors see STPs as a managerially driven process with no real clinical basis, and fear that a mix of underfunding, under-resourcing and service rationalisation can only damage patient care," Eddie Saville, the HCSA's chief executive told the Guardian.

"This is, in effect, yet again an NHS reorganisation, but region by region, with management trying to plug the financial gaps rather than putting high-quality care of patients at the forefront. The fact that STPs are being planned against a backdrop of underfunding and cuts has led many doctors to conclude that this transformation programme is purely an attempt to mask further cutbacks."

Figures behind bed shortage

Numbers of NHS beds have more than halved in the UK in the last 30 years – making it "undesirable" to pursue any further plans for closures according to a recent King's Fund report. This is a significant change of stance from the King's Fund which has until recently been an enthusiast for further reductions in beds and hospital services.

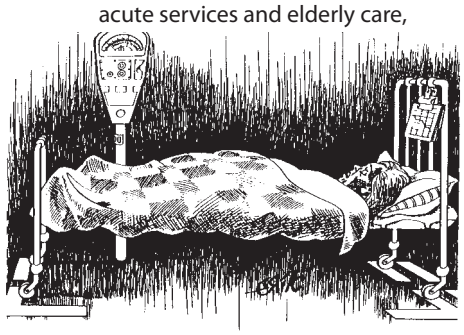
But the latest NHS England figures show that England in particular now has far fewer beds per head than any other country in the EU, with just 2.3 per 1,000 – less than two thirds of the EU average of 3.7.

Overall bed numbers have fallen by 157,000 since 1987. However the latest official bed numbers show that much more worrying than these global totals are the reductions in the last seven years, with a loss of 10% of beds in England.

The biggest proportional (57%) reduction has been in learning disability as a result of the large-scale transfer of these services out of the NHS into the heavily cut and privatised social care sector.

More than one in five mental health beds (5,066 – equivalent to 21%) have also closed since 2010, with a consequent rising pressure on services.

Meanwhile the headlines tend to focus on the growing crisis in acute services and elderly care,



where almost 8,000 beds (7.2% of the 2010 total) have been axed as the spending freeze has taken its toll. Occupancy rates in both acute and mental health beds have soared above 89% as the numbers have declined.

Nurses tell of stress and shortages

Patients are dying alone in NHS hospitals because there are too few staff to care for them, according to a new report from the Royal College of Nursing (RCN), based on UK nurses' experience of their last shift.

A survey of more than 30,000 nurses found many feeling stressed and burnt out, with a quarter saying they care for 14 patients or more at a time.

Nurses described sobbing at the end of shifts, patients being left to die alone when they have no family, and said managing patients was like "spinning plates".

55% said there was a shortfall in planned staffing of one or more registered nurses.

One in five nurses on a shift are temporary agency staff, while over a third of all nurses said essential patient care is left undone due to a lack of time. This includes staff being unable to give medicines to patients on time, and not enough time to complete records or give comfort.

One in 10 nurses described the care on their last shift as poor.

Even when nurses related concerns about the lack of staff, 44% said no action was taken by bosses, making it impossible for nurses to comply fully with their Code of Conduct.

Trust bosses predict problems

A recent survey of senior trust managers by NHS Providers revealed that::
92% of trusts reported that they expect there to be a lack of capacity in primary care,
91% expected problems in **social care** and 80% in **mental health** services.
Only **one in four** trusts said they had a specific commitment that the extra social care funding would help reduce NHS delayed transfers of care (known as 'DTOC').
For community and mental health trusts, the figure is **one in 10**.

2
Number of junior doctors left on duty for a night shift at Plymouth's Derriford Hospital earlier this year

436
The number of patients they were responsible for.

Hollow promises exposed as CCGs plan mental health cuts

While Jeremy Hunt has promised to increase funding for mental health, CCG papers reveal that half (64/129) of those that have published their plans intend to cut spending, ignoring official guidelines from NHS England and fine words from politicians.

As recently as July Hunt was announcing a £1.3 billion plan for better services, including the recruitment of 21,000 extra staff by 2021, to treat an extra million people and deliver 24/7 services.

The plans, implausibly enough, included a promise of:

- 2,000 more nurses, consultants and therapists in Child and Adolescent Mental Health Services
- 2,900 more therapists and health professionals supporting adult 'talking therapies'
- 4,800 more nurses and therapists working in crisis care
- More mental health support for women giving birth
- Early intervention teams to work with people at risk of psychosis.

Health unions were swift to point out that the promised increase of 4,600 mental health nurses would not even replace the reduction of 6,600 nurses since the NHS cash freeze was imposed in 2010. There were also huge doubts over where and how such large numbers of staff could be recruited.

Empty words: Hunt

£1.3bn
promised investment in mental health to 2021

50%
proportion of CCGs planning to **CUT** spending on mental health this year

But the actual figures on spending plans were only obtained in September as a result of Freedom of Information requests by Labour MP Luciana Berger.

The planned cuts for 2017/18 which her inquiries have revealed follow a grim series of previous cuts: last year (2016/17) 57% of CCGs cut mental health budgets, and 38% did so the year before.

This leaves little evidence the government's verbal commitment to address inadequate funding for a "cinderella" service was being taken seriously by those with the purse strings.

Worse, the fragmented NHS since the 2012 Act which established a new network of CCGs, has continued or even deepened the "postcode lottery" of unequal levels of mental health provision, with spending ranging from as little as 5% of CCG budgets to more than 16%.

The inequality is also reflected in dramatic variations in numbers of consultants and other staff employed.

In Central and East London the NHS employs roughly 13 consultant psychiatrists per 100,000 people, while in the East of England, Yorkshire and Humber the equivalent number is just 5, and the England average is just 8.

Trust bosses expose signs of crisis

An NHS Providers report, ***The State of NHS Providers*** July 2017, goes on to focus on the gaps in mental health care, despite all the government rhetoric.

It notes that 70% of mental health trust chairs/CEOs expect demand for mental health services to increase this year: but they are not getting the funding to match.

Much of the extra mental health funding appears to go to private providers or acute trusts rather than mental health trusts:

"where new mental health funding is flowing, it is either being targeted at new services or is allocated to non-NHS mental health trusts. This does nothing to alleviate the growing pressure on core services, many of which are facing significant demand increases" (…)

"NHS mental health trusts are still paid largely via block contracts which do not take account of rising demand, and have been asked over each of the last five to seven years to realise significant annual cost improvement programme (CIP) savings of 3 - 6%.

This has had a major impact on the provision of the core services, particularly since the National Audit Office (NAO) pointed out that the costs of improving mental health services may be higher than current estimates." (p25)

Inadequate capacity

As a result, NHS chief executives report a growing problem of inadequate capacity, especially in services dealing with children (Child & Adolescent Mental Health Services – CAMHS) and liaison with A&E:

"Although two-thirds of trust leaders believe they are managing demand for perinatal, elderly care specialist support and police and crime services, this drops to less than half managing demand for CAMHS and A&E services" (p29)

The NHS squeeze of course runs alongside local government cuts, which are also taking their toll on mental health provision:

"Mental health services are commissioned by CCGs, NHS England, council public health functions, other council functions and the third sector.

"Across all of these groups mental health trusts saw a decrease in the levels of services commissioned for 2017/18 compared to 2016/17.

"The most notable change is in the area of council commissioning of all types, where no trusts saw an increase on the previous year, 59% saw a decrease in public health commissioning, and 56% saw a decrease in other types of council commissioning." (p30)

The NHS Providers survey confirms campaigners' suspicions that mental health services are effectively sidelined in Sustainability and Transformation Partnership planning processes.

Only 11% were confident that their local STP will lead to improvements in access and quality of services.

Over 40% were worried or very worried, while 45% were neutral.

One local leader reported:

"The mental health component of the STP was very good and would support delivery of improved services.

"However the required investment is no longer available." (p32)

Hunt's futile effort to out-argue Hawking after #TalkNHS event

Laurie Laybourn-Langton, Dr Ben White and Lesley Rankin - Discourse

"Mr Hunt - the most disliked politician of any party, according to an opinion poll last year - accused a wheelchair-bound 75-year-old man with motor neurone disease of being an evil liar."

Strong words from Jon Craig at Sky News – but by no means the strongest used by political commentators in the wake of Jeremy Hunt's high profile attack on Professor Stephen Hawking.

It all started with a speech from Hawking at #TalkNHS, a public debate on the past, present and future of the NHS hosted by the Royal Society of Medicine and Discourse, which organises events to debate leading political topics.

Panellists ranging from Dr Sarah Wollaston MP to Professor Richard Murphy sparred with audience members both in the venue and online for what was a fascinating and productive set of discussions.

Hawking ended the day with a stark warning on the direction of healthcare towards an American-style system, calling out Hunt for misuse of data.

This riled the health secretary, who took to Twitter, first to accuse Hawking of being wrong, and then to accuse him of spreading a "pernicious falsehood" for concluding that the direction of healthcare in the UK was toward a US-style insurance system.

Prior to this, the Professor's remarks had been picked up by major news outlets from across the UK, but, as organisers, we must thank the secretary of state for ensuring a wider distribution.

As soon as Hunt attacked Hawking's ability to understand and analyse data, there could only be one winner, and the media knew this. In the end, stories along the lines of 'most hated politician attacks globally respected scientist on ability to do science' sprang up across the main broadcasters, on the radio and as far away as the US and India.

The debate continued in the Guardian and Telegraph, with both Hunt and Hawking penning more than one response both, and it's well worth a read to understand both perspectives.

We'd also like to draw attention to the wonderful debates on the day between the panellists and the audience. These can be viewed on the RSM Facebook page, along with Professor Hawking's speech.

Thank you to everyone who came, joined online and supported us - and Professor Hawking should be commended for managing to raise an unprecedented amount of exposure for the future of the NHS.

We are looking to organise more events on a number of different topic affecting the NHS. Watch this space.

Oh, and thanks to the Rt Hon Jeremy Hunt MP.

No case for 7/7 NHS

A new research paper published in BMC Health Services Research further undermines Jeremy Hunt's shaky efforts at producing evidence for the imposition of 7/7 working on an underfunded NHS.

The academics, led by Hoong-Wei Gan, argue that the cost of full 7-day working would be £1.07-£1.43 billion per year.

However it would not fulfil the cost-effectiveness criteria laid down by NICE, even if it did bring the claimed marginal improvement in mortality rates.

More detailed research is needed to identify the cause of the so-called 'weekend effect' of increased mortality levels among patients admitted between Friday and Monday. This could then help decide what needs to be done to address it.

Fighting back - to win! Hammersmith 4/11 *www.healthcampaignstogether.com*

Americans move in to draw up Notts ACS plans

Nottingham and Nottinghamshire STP has awarded a £2.7m contract to buy in support from a subsidiary of US corporation Centene as it embarks on the development of "a new integrated healthcare model" as one of the eight pioneer Accountable Care Systems.

Centene UK is not a provider of healthcare, but offers advice on the "integration of systems and pathways" based on the experience of its US parent company, which provides "a portfolio of services to government sponsored healthcare programs, focusing on under-insured and uninsured individuals".

Working with Medicaid (US federal and state support for people on low incomes) and the State Children's Health Insurance Program) and Medicare (funding care for older people) Centene "operates health plans and offers a range of health insurance solutions," including managed care packages for 11.4 million Americans.

The work may be with lower income people, but it's profitable, not least for Centene's chief executive Michael F. Neidorff, who according to the *New York Times* is the second highest-paid chief executive in the US health care sector, taking home a $22m package of salary and shares last year.

The company employs 30,500 people and turned over $40.6 billion last year, almost double its 2015 total of £22.7bn, and 5 times the 2012 revenue of $8.1bn. Its net earnings in 2016 of $559m were 6 times higher than the 2012 figure.

Expanded

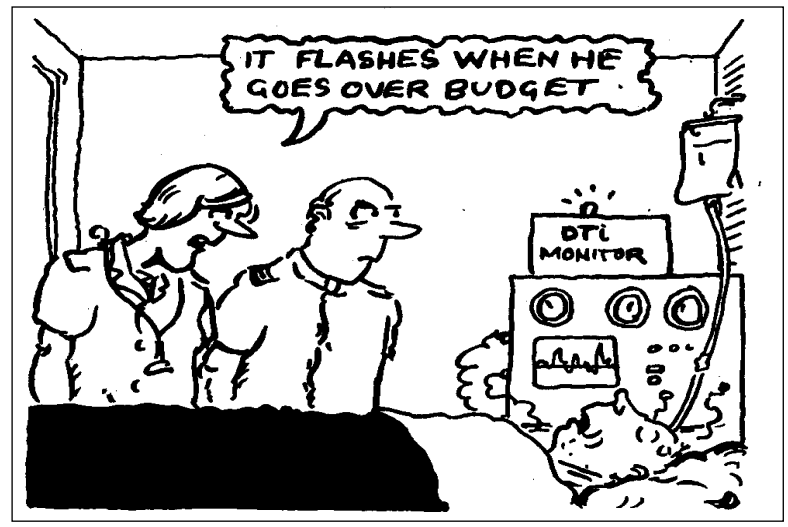
It has also expanded its reach, and bought a controlling stake in Ribera Salud, the company behind the controversial Public-Private Partnership in Valencia in Spain, which began as effectively a PFI scheme to design build and operate a new hospital, but has expanded to the building of several hospitals and a contract to assume all risks for delivering health care services for 20% of the Valencia population, on the basis of capitated funding (fixed funds per head of population).

Even positive reports on this scheme (such as the Dalton Review for the NHS) admit that "implementing the capitated model and aligning the public and private objectives was extremely challenging," not least because:

"There is no short term profit or savings to be made, and a 7.5% cap on return requires a shift in corporate mentality".

The Dalton Review also points out another important limitation:

"It is important to recognise that integration of providers is not a quick fix to save money; … it will not solve short term funding issues".



Centene in the US aims to save money by avoiding costly readmissions to hospital, and the use of "person-centred innovation and technology" to match patients with chronic conditions with specialist pharmaceuticals and make sure they adhere to their treatment.

This is all part of the same mood music as NHS England's Five Year Forward View: but whether Centene can adapt its approach to deal with the much lower levels of funding and resources in England's NHS remains to be seen.

Some are already expecting that the company could wind up taking control of local commissioning budgets.

Meanwhile serious questions are being asked by local health campaigners on the issue of accountability. Nottingham & Notts KONP point out that "City and County Councillors have given away control of millions of pounds of public money to an unofficial body over which they have no oversight."

The unelected "Leadership Board" for the STP includes no councillors from either council. But it seems far from a done deal: watch this space.

Debate: ACSs/ACOs – accountable to whom?

Accountable Care Systems, developing into **Accountable Care Organisations** (a US model) are seen as the bodies to implement NHS England's 2014 Five Year Forward View.

Advocates argue that they can circumvent the fragmented, competitive market established by the Health & Social Care Act 2012 – while that legislation remains in place.

But are they, as some have argued, the first steps towards a new type of privatisation?

This free-to-attend event will explore and critique the experience and relevance of Accountable Care as implemented in other countries, and examine what we know about the first 8 Accountable Care Systems being established in England, and large-scale 'lead provider' contracts.

With
JOHN LISTER, Editor, Health Campaigns Together, and co-chair Keep Our NHS Public
PAUL CONNELLAN, former chair, Tameside and Glossop Integrated Care NHS Foundation Trust
ROGER STEER, Healthcare Audit Consultants Ltd. Former NHS finance director and chief executive
PROF ANNE STAFFORD, Alliance Manchester Business School

More details and booking – ***https://www.sochealth.co.uk/events/accountable-care-systems/***

Socialist Health Association

German firm and five US-owned companies win 'integrated care' contracts

According to the private sector magazine *Healthcare Europa*, NHS England has recently appointed six contractors to roll out "integrated care" models across the country: however no sign can be found of this on NHS England's website, suggesting that this process, like many of the changes being pushed through since the end of 2015, is being driven behind closed doors.

One of the six is a German company OptiMedis, and another is Ribera Salud, the controversial private company brought in by the right wing regional government in Valencia to run hospital and health services – now owned by US corporation Centene.

According to Healthcare Europa another four contracts have all gone to American companies. This information emerged at the very time Jeremy Hunt was vehemently denying to Prof Stephen Hawking that the NHS was headed towards US-style health care (see p3).

OptiMedis has been engaged in England since the end of 2016 when it formed a joint venture with COBIC Ltd (Capitated Outcomes-Nased Incentivised Care) to develop a new way of contracting, which, they argued was "becoming the new normal in the NHS, and acts as a catalyst to deliver truly person-centred care."

At that time OptiMedis were said to have "more than 10 years experience of delivering Accountable Care systems in Germany, Belgium and the Netherlands".

Its Vice-Chair is Dr Oliver Gröne, who formerly investigated quality of care and health systems as Associate Professor at the London School of Hygiene and Tropical Medicine.

The company argues that its role is developing a new approach which moves beyond the competitive market established by the 2012 Health & Social Care Act:

"The NHS is undergoing substantial change at the moment: until now the purchaser-provider split was a key characteristic of the NHS functioning, now the establishment of Accountable Care Systems that unite both purchasing and provision functions is explicitly supported by NHS England."

The newly-merged management team announced it was "negotiating with several health geographies in the UK" to act as a regional integrator company of Accountable Care Systems, "providing health data analytics, implementing care programmes, devising population health management strategies, aligning IT strategy implementation and supporting organisational change processes."

Its key partners in the NHS include Imperial College Health Partners in west London.

But it's clear from the *Healthcare Europa* analysis that what draws insurers and NHS bosses towards the company is the hope of generating cost savings of 5-7% – achieved by effectively restricting the scope of the health insurance cover provided, and requiring patients to use only "approved" providers at lower cost.

In the British context this appears to indicate potential exclusions and rationing of services, and even more intense pressure on provider trusts to cut costs.

NHS Improvement forced to back off on planned cuts

There was a major outcry of opposition when leaked information emerged straight after the election that 14 areas would be subjected to a new rigorous regime entitled the Capped Expenditure Process (CEP).

As we reported in Issue 7, the plans had been developed behind closed doors by NHS England in the "purdah" period before the election.

They require senior managers to "think the unthinkable," including "changes which are normally avoided as they are too unpleasant, unpopular or controversial".

However the first public details of the impact caused outrage in some core Tory heartland areas.

Reckless

Some of the more reckless cuts – such as arbitrary reduction in Cheshire in the number of endoscopy tests (potentially putting cancer patients at risk), and restricting access to a range of elective operations and even to angiogram and angioplasty procedures for potential heart attack patients in Surrey and Sussex – were met by strong popular opposition.

Faced with this pressure, within a couple of weeks the regulator NHS Improvement (NHSI) was forced to step in and dilute the process.

They announced a series of additional regulations contradicting the CEP approach, and effectively restricting what cuts could be made, while describing the CEP demands as merely "proposals".

Instead of encouraging local health chiefs to ride roughshod over legal requirements to consult on local closures – and effectively tearing up the (already widely compromised) guarantees offered by the NHS Constitution – NHSI has now stipulated:

"Firstly, provider board assurance, on a self-assessment basis, must take place so that the consequences of proposed trust CEP plans are fully considered and will safeguard patient safety and quality.

"Secondly, providers need to ensure that CEP plans are consistent with constitutional rights for RTT (the 18 week referral to treatment standard) and patient choice.

"Thirdly, where CEP service reconfiguration proposals trigger the NHS' public consultation duties, these will need to be followed. In addition, providers should also ensure that patients and staff are engaged throughout the planning and implementation stages of CEP."

This rapid climbdown was accompanied by a reduction in the target for savings from the CEP,.

Mixed messages

However the change of mood music appears not to have permeated the thick skulls of the NHS England-appointed bureaucrats seeking to balance the books of South Gloucestershire CCG.

There a CEP-style package includes cuts to cancer diagnostics and treatment for children with complex needs, as well as 'relaxing' targets for waiting times for non-urgent operations, according to documents obtained in late September by 38 Degrees under the Freedom of Information Act.

Perhaps NHSI needs to call in their NHSE colleagues to investigate whether the new guidelines are being followed.

nicwatts-illustrator.com©2017

NHS England retreats on STPs

The retreat on CEPs echoes the retreat by NHS England from some of the key objectives of the 44 Sustainability and Transformation Plans (STPs) they rubber stamped at the end of last year.

Many of the more ambitious plans for swift reductions in bed numbers appear to have been delayed, abandoned or put on hold – not least because of mounting political pressure from insecure Tory MPs with the prospect of another election in the not too distant future.

But NHSE's March document *Next Steps on the NHS Five Year Forward View* had already potentially squashed most of these local plans. It declared:

"From 1 April 2017, NHS organisations will also have to show that proposals for significant hospital bed closures, requiring formal public consultation, can meet one of three common sense conditions:

- That **sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closure**s, and that the new workforce will be there to deliver it; and/or
- That **specific new treatments or therapies,** such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; and/or
- Where a hospital has been using beds less efficiently than the national

average, **that it has a credible plan to improve performance without affecting patient care** (…)." (p35, emphasis added)

Any one of these new conditions, if seriously applied, should be sufficient to bring almost all of the deeply-flawed plans for bed cuts and closures to a grinding halt.

Joint scrutiny panel urged to scrutinise plans more closely

Campaigners challenge South Tyneside and Sunderland cutbacks

Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust have formed an 'alliance' (which might be better called a merger since there is now only one chief executive for both trusts).

South Tyneside and Sunderland councils are required by law to form a joint committee to carry out their duty to scrutinise these proposals.

The Joint Scrutiny Committee is comprised of elected councillors who have been selected to the committee by the council: it recently held a meeting in conjunction with trust and CCG leaders to invite representatives of hospital staff and local communities to give their comments, evidence and questions.

It was a long meeting lasting over 3-hours, in which speakers included Clare Williams - UNISON Northern Regional Secretary, who said:

"We [UNISON] understand that central government is forcing health trusts and other public services to make cuts year on year, and then [they] use the euphemism of financial pressures when they're actually talking about cuts to budgets."

We have to raise significant concerns about the level of risk if particular services move from South Tyneside, particularly urgent and emergency services and maternity services to Sunderland.

I think there remain considerable risks regarding the capacity and ability currently of the ambulance service to be able to respond to additional increased demand at this time."

"...That leads on to concerns generally around the public transport infrastructure. We all know that our infrastructure is not that good. From a UNISON perspective, there has to be accessible services that are sustainable for the people of South Tyneside"

"People need certain services, particularly emergency services that are accessible to where they live. That's got to be a fundamental underpinning principle."

Emma Lewell-Buck MP (South Shields) said:

"We continue to have grave concerns that the current proposals that are out for consultation are not in the best interests of the people of South Shields, let alone South Tyneside as a whole.

"...I have repeatedly expressed my view that the consultation process itself has not been as transparent as the CCG would have us believe, and I am yet to be persuaded that the options being presented have been developed with the full involvement of the relevant clinicians.

"Evidence shows that [some clinicians] have actively been blocked from taking part in the formulation of proposals for their own departments."

"I find it astounding that we have a proposal document ...yet nobody is able to say the implications for jobs and job cuts. If you formulate a proposal, you should have that [data] in the consultation document."

Three other MPs also spoke of their concerns, and two local councillors gave examples of distances and potential costs to patients for taxis or delays on laborious public transport journeys if local services are closed.

Fighting back - to win! Hammersmith 4/11 *www.healthcampaignstogether.com*

What local councils should be doing

A minority of courageous councils all over England have correctly been exercising their powers to intervene in defence of local health services: but the majority have opted instead to collaborate with NHS England's top-down reorganisation of the NHS last year into 44 "Sustainability and Transformation Partnerships" (STPs) – bodies which lack any legal status, which meet in secret, and operate with no accountability to local communities.

Each STP district has been required to draw up a Sustainability and Transformation Plan. Many make use of the funding gap affecting social care, which is commissioned by councils. But not one of the STPs has any proposals to address this gap: instead council leaders who have signed up to endorse their local STPs have rubber stamped plans which in many cases will make their situation worse.

Defy

Only two councils, both in North West London, have been brave enough to defy the pressure and bullying of the NHS in their local STP and stand out against signing to endorse an STP that would close virtually all acute services in their local hospitals: Hammersmith & Fulham and Ealing.

Many others have made token statements or even passed motions critical of their STPs but offered little serious resistance, and shown themselves to be cheaply bought off with the promise of pathetically small future extra payments towards social care – conditional on the NHS savings being delivered.

Unlike NHS bodies, local councils are elected, and councillors have a mandate to represent the interests of the communities in their wards – which includes defending existing levels of access to health care.

Scrutiny powers

Council Health Oversight & Scrutiny Committees still have statutory rights, to question, criticise, and oppose local plans, especially if these involve a reduction in services for local people. Scrutiny committees have the right to insist on status quo, pending a referral of the plan to the Secretary of State for review, which will likely involve the Independent Reconfiguration Panel. It's another chance to present evidence and delay bad decisions: in some cases the Panel has come down against closure.

In West Yorkshire, Calderdale and Kirklees councils have recently voted to refer controversial plans to downgrade and cut back services at Huddersfield Royal Infirmary. Many more councils could be exercising the same powers: it's important campaigners force them to do so.

Councils can also commission expert critiques of local plans, fund

publicity and public meetings to inform local people – and if need be (as Lewisham council did successfully a few years ago, after sustained pressure from campaigners) pay for legal advice to mount a judicial review against decisions which impact on the health care of residents.

Judicial review

In Banbury, where the Horton General hospital has once more been threatened with downgrading and loss of beds, Cherwell District Council, Banbury Town Council and other neighbouring councils have successfully sought a judicial review, which will lead to a full hearing on the proposed loss of 45 beds, permanent loss of consultant led maternity, downgrading of intensive care and other downgrades.

Hackney council's Oversight & Scrutiny Committee has recently published a powerful letter challenging plans by East London Health & Care Partnership (ELHCP) to merge 7 CCGs into a single body covering the whole of North East London, with one Accountable Officer. The letter warns:

"As the local Health Scrutiny Committee we have serious concerns that this reorg-anisation represents a weakening of local accountability structures. In London 32 CCGs with accountability links to local councils will be replaced with just 4 CCG clusters.

"One of our concerns is that a single Accountable Officer covering 8 local authorities will not be able to replicate [the current] level of local engagement. […]

"We are concerned that this change reflects a wider drive to take major decisions affecting local health services at such a high level that any meaningful holding to account will become impossible.

"We are very concerned that money allocated to City and Hackney CCG will continue to go out of the City and Hackney CCG area."

If every council was genuinely prepared to stand up for local people and accountability along these lines the STPs and reconfigurations could be forced back across the country.

Local communities, together with their local councillors and candidates need to organise to ensure this happens.

Lobbying councils in strength puts elected councillors on the spot: few councillors are aware of the powers they have to intervene on health.

Local authority scrutiny powers

A local authority "may review and scrutinise any matter relating to the planning, provision and operation of the health service in its area." In doing so, the LA must invite interested parties to comment, and must "take account of relevant information available to it," regardless of who provides it.

If it has reviewed or scrutinised a matter, a LA also has power to "make reports and recommendations" to the local CCG(s) and the FT or NHS trust.

If the plans are from an NHS foundation trust, then the CCG is obliged to act on behalf of the trust.

A Local Authority can require the CCG or the FT to "provide a local authority with such information about the planning, provision and operation of health services in the area of that authority as the authority may reasonably require in order to discharge its relevant functions"

It can also "require any member or employee of [the CCG or FT] to attend before the authority to answer such questions as appear to the authority to be necessary for discharging its relevant functions."

* From the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, Regulations 20-27

Council leaders speak out as STPs falter

Leaders of all five boroughs in North Central London, Camden, Islington, Haringey, Enfield and Barnet (the latter a Tory!) have written to Simon Stevens expressing concerns at how the Sustainability and Transformation Plan is being developed.

They object to the Capped Expenditure Process that has been brought forward to drive cuts in spending and services, and ask for no reduction in health services, additional funding, proper consultation with residents, investment in long-term prevention and more local flexibility.

These London boroughs are not the only councils now taking stock of the new scenario created since NHS England embarked on its attempts to override the 2012 Health and Social Care Act through unilateral reorganisation of the NHS into 44 Sustainability and Transformation Partnerships (STPs), now leading swiftly on to the establishment of "Accountable Care Systems" (ACSs).

Leicester City Council has threatened to raise formal concerns over plans by their local STP to evolve into an ACS – with "zero discussion" or consultation with the relevant councils. Leicester's deputy city mayor Rory Palmer told the *Health Service Journal*:

"Our patience is being tested tyo breaking point. It is likely we will be contemplating whether it is right for our officers and teams to remain engaged with the programme."

The ACS plans "have been nowhere near any health and wellbeing board of health scrutiny committee and that is leading to suspicion about what is behind this and driving it."

Meanwhile Leicestershire County Council's chief executive also told the HSJ that his council had not agreed to consider the ACS plans.

A September survey by CIPFA and iMPOWER underlined the continued divide between NHS and council bodies: 55 of the 56 organisations responding did not believe full joint working between NHS and local government would be achieved within five years.

Almost all (95%) believed it was essential or important to invest in prevention – but only 15% expected to see any tangible impact of Chancellor Philip Hammond's budget announcement that an extra £2 billion might be made available for prevention.

Fighting back - to win! Hammersmith 4/11 *www.healthcampaignstogether.com*

Conference update

As the campaign to build a big and vibrant conference on November 4 gains pace, we can reveal more campaigners who have agreed to take part.

Dot Gibson deputy general secretary of the National Pensioners Convention will be there, along with our NHS/Open Democracy campaigner **Caroline Molloy** and the NHS Support Federation's **Paul Evans**.

The **Fire Brigades Union** have lent their support and will be present at the conference.

We will also hear from **Natalie Mehra**, the dynamic Director of the Ontario Health Coalition in Canada, which has with trade union support and local membership across the vast province been fighting a successful rearguard action against cutbacks and privatisation for the past few years. The OHC has 400 member organizations, including support from all the health care unions, as are the federations of labour, and there are more than 50 active local chapters.

Come and be inspired: we can all fight back better - together.

Our NHS and Social Care in Crisis
FIGHTING BACK – TO WIN

This is a campaigners' conference, to update and share information and experience from the fight to defend our NHS against cash-driven cuts and privatisation.

It will have no status to debate or decide on motions.

Most of the conference time will be workshop discussion on a range of topics which we plan to include a range of topics in the morning session, and regional based discussion to strengthen alliances and networks in the afternoon.

The workshop topics will include:

- Working with local government
- Campaigning for rural health
- Defending and improving Mental health
- The fight for Social Care
- Fighting cuts, STPs and ACOs - what works?
- Safe staffing
- Fighting privatisation - what works?
- NHS estates sell off – PFI, Naylor
- How do we get legislation to reinstate the NHS? – working with political parties –
- How can we fight the pay cap

A detailed agenda will be published soon: at ***www.healthcampaignstogether.com***.

Every delegate will receive a conference INFORMATION PACK, with material on all the workshop topics, for, plus the chance to discuss and build new networks.

We will subsidise long distance travel from the North of England and from the West Country, as long as the cheapest reasonable travel is booked. More details of this to be confirmed.

SHARE AND LEARN from local campaigns and trade union activists across the country.

JOIN the coalition of forces determined to defend and restore #ourNHS.

HEALTH CAMPAIGNS TOGETHER #our NHS

THE PEOPLE'S ASSEMBLY

Campaigners conference Fighting back to win!

Saturday November 4
11am to 4pm

Hammersmith Town Hall
London W6 9LE

Speakers include

SARA GORTON Head of Health UNISON

Dr CHAAND NAGPAUL BMA Chair of Council

SARAH COOK Unite

Council leaders STEVE COWAN Hammersmith & Fulham

JULIAN BELL Ealing

KEN LOACH award-winning film director

JOHN LISTER Editor *Health Campaigns Together*

PLUS Local campaigners

@nhscampaigns

Open for stalls and registration from 10am
Lunch provided for pre-booked tickets
www.healthcampaignstogether.com

NHS NOT FOR SALE

Keep our NHS public

Reports from around the country

Southampton: IoW demo

Abelardo Clariana-Piga

On Saturday 23 September, Southampton KONP held an "NHS March" from St Mary's Hospital, in the Isle of Wight, to the General Hospital in Southampton (SGH). This is to raise awareness of the plan to close a number of services over there, forcing those patients to travel to Southampton for treatment

We had a very good day of action. About 30 people marched 4 miles from St Mary's Hospital, Newport, Isle of Wight, to the ferry terminal. A few of them came to Southampton (it does cost quite a bit!) where a number of demonstrators waited for them. We walked through the city centre, had a picnic in the park, made our way to Shirley precinct and marched to the Genera Hospital, giving out leaflets all the way.

The reason for this? Cuts to heath services provided in St Mary's, which will force people needing treatment to go to Southampton General Hospital, increasing the workload and stress of staff here as well as the waiting times.

Southampton KONP:
skeepnhspublic@gmail.com

Winning in Nottingham

Richard Buckwell, Chair Nottingham & Notts KONP

Winning ways – march and rally against the closure of Chatsworth Rehabilitation Unit ward at Mansfield Community Hospital

There were 150 - 200 on a march and rally to protest the closure of Chatsworth ward at Mansfield Community Hospital in Mansfield on Sat 2nd September.

So far the Clinical Commissioning Group (CCG) has been forced to hold themselves to account at a packed public meeting in the hospital. They conceded their figures on low use were wrong (the ward is always full); no closure in November will now happen unless there is alternative provision, which has been promised, and a no victimisation policy was given to NHS staff confident enough to be openly leading the action. Prior to the closure announcement staff had had their jobs guaranteed so their fight is for the patients as their jobs are safe. The campaign is determined that only NHS not privatised provision will be acceptable.

The fight continues with a local campaign group meeting regularly involving staff, patients and supporters and also giving UNISON local reps to be more confident and active in the dispute, helped by the fact the branch Chair works in the unit.

Ending of Social Toenail Cutting Service in Notts?

The simplest of tasks can become impossible without help, and make it impossible to move around. Neglected toenails aren't just unsightly: they can render someone immobile and make even standing up painful, or trigger infection if attempted by someone who can no longer manage. In conditions like diabetes this can become serious and lead to surgery, with life-changing consequences.

But this is set to become a paid-for-only service for most people and most health conditions under the STP - against NHS advice! We are monitoring this closely.

Responding to outsourcing to Capita of STP and ACS

Nottingham & Notts KONP's first steps have been to take up the anti-democratic nature of the management and scrutiny of these proposals. The item has not appeared on the County or City Health & Wellbeing agendas in September - despite the announcement being in the Health Services Journal in August. It has not been referred to either council Scrutiny Panel either.

Nottingham & Notts KONP has written to all Labour councillors in both authorities and 5 Labour MPs in Notts. We are still awaiting replies at the time of writing this article. In the City Labour councillors make up 55/56 of the 60 council seats and only one councillor has got back to us. In the County they are the opposition party. Heads in the sand or do they not understand it? The leader of the Labour Group on the County Council has said he is against the STP, but when leader of the Council he failed to bring to task his Chief Officer, responsible for the STP, writing to the Guardian (the very next day after the leader of the council's pronouncement) extolling the nature of the STP. Neither has he responded to our letter to date despite publicly criticising the STP.

We are protesting outside the City Health & Wellbeing Board on 27th September and supporting a proposed Unite Health branch Public Meeting hopefully being called in October/early November. There is also an East Midlands Regional KONP meeting to further discuss strategy on 11th November.

We've found it is difficult cutting through the changing acronyms, like STPs & ACSs, to get the public and media interested in what they mean for NHS, social care resources and services. The public and media do much better understand "bed cuts" etc, and visible or experienced service cuts (as above).

Nottingham KONP:
mikescott99@virginmedia.com

Democracy on the doorstep – Chatsworth demonstrators outside the local MP's offices

We Own It: one campaigner's story

We Own It, KONP and Save Lewisham join forces to hand in the petition outside the Department of Health

We Own It, working with KONP, HCT, Open Democracy, Doctors for the NHS and others across the health campaigning movement, recently helped to achieve a major victory, via a successful petition and the intervention of Justin Madders, MP, in getting the proposed sale of NHS Professionals (a publicly run agency which places medical staff in the NHS and makes a healthy profit as a public concern) halted. Here Ellen Lees, _We Own It's_ Campaigns Officer, tells her own story and what _We Own It_ is all about.

"Everyone has stories of how the NHS has affected their lives or the lives of their loved ones. When I was 4 years old my brother nearly died from an incredibly rare condition which forced his stomach up through a small hole in his diaphragm, putting pressure on his lungs and heart. He was 2.

'The only strong memory I have from that time is sitting on the edge of his bed watching The Iron Giant on the TV that had been wheeled in, our parents perched behind us.

"His life was saved by incredible doctors and nurses, who save other lives every single day. If my brother had been born in the 1890s rather than the 1990s, he wouldn't have lived to his 3rd birthday. That is an incredible thing to realise, and one that I fail to appreciate most of the time.

"I started working at *We Own It* in May, wanting to put my time and efforts towards a campaign that would reduce inequality in the UK. I have learnt so much since then about public services, including the NHS, and about how to change both minds and government policy. And I have been constantly reminded of how incredibly important it is that we own our health service.

"*We Own It* campaigns for public ownership of public services, from buses to schools to water. We want to join the dots between failing services across the whole of the public sector, and the steady creep of privatisation. We believe that the government has a duty to provide good quality essential services that are accessible to everyone, and we have the evidence to back up our claim that privatisation of public services is not the way to do this.

"In practical terms, we do two things: make the case for public ownership, and campaign against privatisation. We're working on a new resource at the moment which will catalogue the many failures and scandals by private companies who have been contracted by the government to provide public services. We show that public ownership is cheaper, less wasteful, more popular, and more successful than privatisation. As for campaigns, working with other campaign groups, we've successfully stopped the privatisation of the Land Registry, Network Rail, and most recently, NHS Professionals.

"Keep our NHS Public and Save Lewisham Hospital campaigns worked hard to help us hand in our petition to the Department of Health.

"The lovely people at HCT, OurNHS, KONP, and Momentum NHS helped with sharing actions around social media and with their networks via email.

"We circulated an open letter on this list, addressed to the National Audit Office to ask them to investigate the sale, and received hundreds of signatures from you within hours. Caroline Molly and Adam Ramsay from OurNHS at Open Democracy gave us space to write articles to update on the progress of the campaign and to gather support.

"We probably won't ever know what made the government change their mind about the sale. We used a wide range of tactics at a fairly fast pace, and thanks to you, managed to keep up a consistent level of pressure and bad publicity.

"The tide of is certainly changing. When I started at *We Own It* an incredibly short 4 months ago, an election had just been called. Left wingers were despairing at what looked like an embarrassing landslide for the Tories, and another 5 years of emboldened privatisation policies. Public ownership was on the agenda, but not in the headlines.

"Now, new polling shows that a majority of voters support public ownership of utilities and railways, including nearly 70% of Conservative voters! Not to mention the already staggeringly high levels of support for a public NHS.

"The work that needs to be done now, apart from the ongoing fight against localised hospital privatisation, is debate-shifting. The Tories are still outright denying that they are privatising the NHS. Emails to our supporters in response to requests to sign the #NHSTakeback pledge all include the line 'the Government will not privatise the NHS'.

"As if it is something that we're worried about happening in the future! As if we don't already know that it is happening right now. They're either very out of touch, and completely unaware that the rest of the public has got their number; or we are among a minority of people who have an understanding of the NHS and how it is being privatised, has been privatised for many years.

"If it is the latter, we have work to do to educate our friends and neighbours. We need to make the complex and ever-changing internal structure of the NHS accessible and easy to understand. And we need to make it clear that what is happening is not irreversible nor inevitable.

"We can take back the NHS, and as long as there are passionate people like you around to fight for it, we will."

Ellen's story is unique, yet in a sense is everyone's: our NHS commands the passion people feel about it because, sooner or later, it will be them or someone they love lying there, as people in NHS uniforms do their level best to save them. Everyone is entitled to get that, and no one should ever be denied it because they cannot pay or because the wealthy few, led by discredited ideals and blind to the suffering their market-led beliefs inevitably inflict, systematically go about undermining, cutting then dismantling what belongs to us all: our NHS.

We Own It's concerted actions – and the successes of groups reported here – prove we can save our NHS. And we must never stop trying.

We Own it:
ellen@weownit.org.uk

Liverpool Women's Hospital: 'Only option closure'

Lesley Mahmood
Save Liverpool Women's Hospital

Two years after our campaign began we are still fighting on to Save Liverpool Women's Hospital.

It is vital to keep the Liverpool Women's Hospital on its current site as a safe, peaceful environment for women's medicine for all ages, for our mothers, sisters, friends, lovers and the babies, with a major refurbishment.

We believe the plans to move it 5 minutes away to the new Royal site, already mired in PFI, are driven by financial reasons and the STPs, and will lead to further cuts.

Critics like Wendy Savage of Keep Our NHS Public, a Professor of Obs & Gynae, and other local clinicians have taken up the clinical arguments (see our Facebook: Save-Liverpool-Women's-Hospital)

Nationally maternity services are in crisis. The Maternity Review wants huge change without additional funds or staff. Maternity units are threatened with closure across the country.

Instead of STP cuts, and gimmicks like 'pop-up maternity units' while hospital facilities close, the national maternity tariff should be increased, bursaries restored, with funding to recruit more junior doctors and nurses in neonatal, obs & gynae, paediatrics, and midwives.

We need to invest more in intensive care for mothers and babies, breastfeeding and mental health.

The arguments for reconfiguration are neither consistent nor convincing. SLWH is told, as a reason to close, the site that it's OK for women to travel 5 minutes in an ambulance: but we know that further north women in Cumbria are also being told it's OK for them to travel 4 hours in labour!

The CCG revealed on 26 September that they have decided to remove 3 of the 4 options for the formal consultation on the future of Liverpool Women's hospital – leaving only their preferred option to close the Women's and move to the Royal Hospital site.

This despite the CCG stating in March 2017 that 'all 4 options that are in the pre-consultation business case will be put to the public'.

Some consultation!

The public will insist the CCG includes all 4 in the formal consultation. Let's hope we get good back up from councillors and MPs. The CCG seem to believe they can ignore public opinion. Consultation they say is simply a 'conversation'. Let's force them to change their attitude.

Please contact our campaign at ***https://www.facebook.com/SAVEL-WH/*** if your area faces maternity & gynae cuts.

Phil Maxwell/www.philmaxwell.org

North, south and middle England
Cuts begin to bite

Services at risk in Bedford/ Luton merger

The loss of a marginal Tory seat to Labour in Bedford in June was in part due to long-term uncertainty over the future of health services in the town, which has been threatened with 'reconfiguration' with Milton Keynes 18 miles away.

However the latest twist in the tale is a plan to merge Bedford Hospital with the much larger (and financially secure) Luton & Dunstable Foundation Trust – raising fresh fears that specialist services in Bedford would be rapidly run down, with patients having to trek 20 miles or so to Luton.

The possibility of a parallel downgrade of Milton Keynes remains in the background, but local people know for a fact that neither Bedford CCG nor Milton Keynes have shown the slightest loyalty or responsiveness to their local communities.

Dorset CCG signs up for massive downgrade and cuts

In Dorset, following on the merger of Poole and Bournemouth Hospitals into a single trust there has been outrage at the unanimous decision of the CCG to press ahead with the controversial downgrading of services at Poole General Hospital, obliging the majority of patients in the county to travel much further to the remaining unit in Bournemouth.

A&E and maternity services are affected by the plan which also scales back children's services at Dorset County Hospital and aims to close community hospitals and beds – all in

pursuit of a savings target of £229m.

Whether the remaining services have sufficient capacity to cope with the demand for care is uncertain: MPs and councillors who have lent their overt or covert support to these changes will have some explaining to do if the plans do go ahead.

Cornwall – non-emergency patients face a "cull"

Plans to charge for patient transport services for dialysis patients have been described as a way to 'cull' local vulnerable patients. The most severely and chronically ill patients are the ones requiring most frequent access to hospital care.

The large county has just one acute hospital and few fast roads and limited public transport. Many local people are elderly,

But NHS Kernow, the CCG has opted nonetheless to write to patients warning that they will no longer be eligible for free transport, in the hopes of cutting the £6.4m annual cost. Each patient will have to be assessed, and only patients receiving one or more of short list of benefits will continue to receive free transport: others could face sky-high bills for taxis or the cost of transport.

They claim this would be "fair" to all – by denying many people the transport they relay on to keep them alive.

South Yorkshire & Bassetlaw face threat of a "review"

The South Yorkshire & Bassetlaw Sustainability and Transformation Plan (STP) has always been a strange lash-up. But it has now set up a leadership structure that excludes any of the five borough councils it supposedly covers, but does include two acute hospital trusts that are outside the STP area, as it rushes ahead with the formation of a so-called "Accountable Care System" that is accountable to nobody locally.

But it's more than a fancy phrase or new structure: as managers seek to make massive savings of £571m by 2020, all local hospital services across the "footprint" of the STP are being reviewed for 'sustainability'.

Emergency stroke services in Barnsley have already closed, along with night time services at Bassetlaw children's ward, and out of hours GP services in Bassetlaw.

There are plans to close children's surgery in three of the present five sites.

Small wonder local campaigners are mobilising, with a demonstration in Barnsley (see below) kicking off a sustained fightback.

Social care staff show scale of cuts

Reports from surveys of front line social workers and home care staff have been published recently by the Care and Support Alliance and by UNISON (*Making Visits Matter*) .

They make sobering reading, reinforcing all the warnings that the heavily privatised, under-funded social care system is struggling to cope and delivering poor care to the most vulnerable.

UNISON's report from responses of 1,000 home care workers revealed that almost two thirds had been given just 15 minutes or less to deliver are to a client: three quarters did not feel they had enough time to do the job properly.

No time to talk

Nine out of ten did not even have time for a short chat with a client. 80% said they had been given inadequate time to care for a person with dementia, and three quarters had lacked enough time to deal with a person aged 90+. Two thirds said this was because rotas were too full, and the same number blamed inadequate provision in a person's care plan.

Fewer than one on five felt they were always properly introduced to new clients, and more than three quarters said most clients had not been informed they would have a new carer.

A majority (61%) had not been trained to cope with mental health problems.

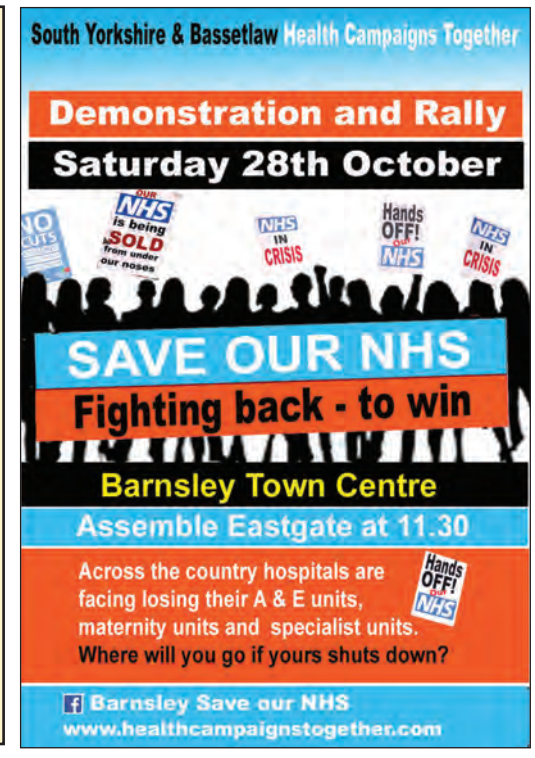
The survey of 469 social workers begins by underlining that the numbers of people not receiving the social care they need has risen by a massive 48% since 2010 to at least 1.2 million.

The survey does not give percentages but identifies four key issues emerging from respondents:

- the intense pressure on some social workers to ration care;
- the devastating impact of cuts in support for some vulnerable people;
- the law is being breached "in some cases it seems as a matter of policy";
- and that because of spending cuts "the original intention behind personal budgets is often not being fulfilled.

As the report concludes:

"Some people who have seen the statistics about the under-funding of social care will probably have wondered about their impact in the real world. Now they know."



www.healthcampaignstogether.com **or contact us at** ***stpwatch@gmail.com***

Labour breaks from PFI, but leaves many questions to be answered

Shadow Chancellor John McDonnell hit the headlines with the welcome announcement that Labour would take the 100-plus hospitals built under the Private Finance Initiative (PFI) back into public ownership.

The statement marks another decisive break from the inglorious Blairite past of the Labour party.

Blair and Gordon Brown prior to the 1997 election had embraced the Tory plan to privatise the provision of capital for public infrastructure projects, and cleared away any legal obstacles to deals in the NHS.

The upshot has been 125 schemes (some signed off by Tory ministers since 2010) valued at £12.4 billion, with contracts varying from 25 to 52 years, that are set to cost upwards of £80.7 billion up to 2048. The largest schemes were signed from 2000-2008, when it seemed NHS spending would rise each year above inflation.

Index-linked 'unitary charge' payments this year total over £2 billion, with much of the money now flowing to tax havens.

Of these more than a quarter (35) are set to cost upwards of eight times the capital cost, while many are now consuming upwards of 10% of trust revenues and creating a massive crisis as trusts' real terms and actual income is squeezed downwards. Only a small minority (19) cost less than 4 times the building cost.

There have been ineffectual efforts at renegotiating PFI contracts – yielding little but costing more in management consultancy.

One possibility is to nationalise the small "Special Purpose Vehicles" – the companies that borrow the money, link the consortia, and funnel out the profits.

Whatever the chosen answer, Labour's spree of PFI deals has wasted billions.

The Bill has had to be tabled as a private members' bill - first by Caroline Lucas.

Come on Labour - re-table the NHS Reinstatement Bill!

Peter Roderick, NHS Bill campaign

Composite motion 8, unanimously adopted at the Labour conference on 26th September 2017, called for the party's "next manifesto to include existing Party policy to restore our fully-funded, comprehensive, universal, publicly-provided and owned NHS without user charges, as per the NHS Bill (2016-17)."

This gives renewed momentum for re-tabling the NHS Reinstatement Bill by a Labour MP.

The third version of the Commons Bill that had been tabled last year by Margaret Greenwood, Labour MP for Wirral West, fell at the general election, so it needs to be presented again to keep the pressure on the Tories and to hold Labour to the conference motion.

Where is Labour now on the Bill?

The two brilliant speeches to the motion - Alex Scott-Samuel (proposer) and Sue Richards (seconder) - nicely captured the continuing ambiguity.

A clear statement from Jon Ashworth that Labour will stop the Sustainability and Transformation Plans could be a significant step forward in the party's commitment to reinstating the NHS.

But the party's 2017 manifesto said pretty much the same thing, and Ashworth has been silent on this since the election.

We know that Jeremy Corbyn and John McDonnell back the Bill - but Jeremy didn't mention it in his excellent conference speech.

As NHS England press ahead with the STPs and Accountable Care Organisations - with the prospect of having to register with a 'special purpose vehicle (SPV)' in order to receive primary and secondary health services - the need both to oppose, and to propose, is more urgent than ever.

The last thing we want is for the £45 billion extra for the NHS promised by Labour to find its way to the likes of Virgin, the Health Corporation of America, banks or insurance companies - the type of businesses typically involved in SPVs.

The NHS Reinstatement Bill will ensure that doesn't happen.

Jess Hurd/reportdigital.co.uk

Campaigners from Huddersfield and Bedford vie to be called to speak in the Labour conference debate on the NHS

Composite motion ends 20 years of Blairite policy

Keep Our NHS Public

Momentous progress was made at the Labour Party Conference on Tuesday 26 September

An excellent motion was passed including a robust call for a defence of the NHS in England now and a move to reinstate it 'as per the NHS Bill (2016-17)'. The motion was carried unanimously.

Mover Scott-Samuel thanked Jon Ashworth Shadow Secretary of State for Health for his speech prior to the motion. He went on to name accountable care systems and ACOs as a dangerous structure for healthcare, based on the American model, which will enforce capping of damaging cut budgets and lead to restricted access to a diminished range of services .

As seconder Sue Richards pointed out, this was one year on from conference committing to reinstating the NHS fully – abolishing the internal and external market forces, though that pledge had not materialised in shadow team policy.

The motion also opposes the sell-off of £5bn of NHS estate planned under the Naylor Review and calls for the 2012 Health & Social Care Act to be replaced by legislation restoring a universal and comprehensive fully publicly funded, owned and provided NHS restoring full duties to the Secretary of State.

Jeremy Corbyn had earlier stated his commitment on the Andrew Marr Show that the Labour Party would adopt conference-agreed policy direction.

If this is realised, then we could be on the cusp of a dramatic strengthening of commitment from Labour – confident as they are in predicting they will be the next government – to restoring the NHS to its former vision.

We will bring an end to Tory NHS privatisation

by Jonathan Ashworth, Shadow Health Secretary

Labour will bring an end to Tory privatisation of our NHS.

We know it leads to fragmentation and instability. We know it's bad for patients and its bad for the taxpayer as millions of pounds is wasted on an internal market with constant, endless tendering of contracts.

As Health Secretary I will rebuild a reintegrated universal publicly provided, publicly administered and accountable NHS.

We all know that many Tory politicians are interested in privatising the NHS and turning it over to their friends in big business.

And we know their plan to do it would be to wait until the NHS is so starved of money, short of staff, and overwhelmed by the enormous problems in our social care system, that they think that their remedy of choice, privatisation can be brought forward as their solution.

The NHS is currently going through the biggest financial squeeze in its history, and across the country that has translated into more and more service closures and greater rationing.

On top of that we see the evidence of increasing privatisation especially of community health services, mental health services and patient transport services.

Big name private operators prosper and are becoming increasingly aggressive about using legal proceedings to force their way in.

But as I told the Labour Party Conference, public service is about a greater calling. It's about care, compassion and public duty not contracts, markets and commercialisation.

That's why we campaigned and fought back against the privatisation of NHS Professionals and forced the government to back down.

We'll fight any fire sale of valuable NHS assets just as strongly. We've committed to halting STPs and at our Annual Conference we made clear are our opposition as a Party to American style so called Accountable Care Organisations which will see an expansion of private providers in the delivery of care.

As well as ending the waste of privatisation we must also put the NHS on a sustainable long term financial footing.

"As Health Secretary I will rebuild a reintegrated, universal, publicly provided, publicly administered and accountable NHS."

At the general election I was pleased to have won an agreement from our shadow Chancellor John McDonnell for substantial investment of £45 billion in our NHS and social care sector paid for by changes to corporation tax and income tax on the top 5 per cent of earners.

Experts pointed out that by 2021 there would still, however, be a shortfall in the amount the NHS needed.

I hope over the coming months with HCT and other organisations to engage in the debate about how we ensure the NHS has the substantial levels of funding it needs for the long term.

14 unions link up to demand

Scrap the Cap on NHS pay!

After eight years of frozen pay or below-inflation increases, 14 health unions have submitted a pay claim on behalf of more than one million health workers across the UK.

The unions, including UNISON, the Royal College of Nursing, the Royal College of Midwives, the Chartered Society of Physiotherapy, Unite and the GMB, have written to Chancellor Philip Hammond asking him to provide funding in the November Budget for a pay rise in line with (RPI) inflation, plus an additional £800 to restore some of the pay lost over the past seven years.

The unions argue that real terms pay cuts of around 15 per cent have been imposed on everyone else who works in the NHS, such as cleaners, nurses, radiographers, pharmacists, midwives, medical secretaries, paramedics, therapists, dental technicians, catering staff and porters as a result of the government's pay policies.

UNISON head of health Sara Gorton said:

"Health workers have gone without a proper pay rise for far too long. Their wages continue to fall behind inflation as food and fuel bills, housing and transport costs rise.

"NHS staff and their families need a pay award that stops the rot and starts to restore some of the earnings that have been missed out on.

"A decent pay rise will make it easier for struggling hospital trusts to attract new recruits and hold onto experienced staff."

"All public servants, no matter where in the country they live or what job they do, deserve a proper pay rise."

Support staff at Barts Health, employed by contractor Serco, have been striking for a living wage

Royal College of Nursing chief executive and general secretary Janet Davies said if the government gave nurses the same deal as the police, it would still be a real-terms pay cut.

"Nursing staff must be given a pay rise that matches inflation, with an additional consolidated lump sum that begins to make up for the years of lost pay.

"It must be fully-funded and not force the NHS to cut services or jobs to pay for it."

Unite national officer for health Sarah Carpenter said:

"The pay austerity in the public sector of the last seven years has been short-sighted and misguided.

"Making dedicated health professionals pick up the tab for the greed and machinations of a banking elite that nearly brought the UK's financial system to its knees is just plain wrong."

Royal College of Midwives director for employment relations and communications Jon Skewes said:

"Currently there is a shortage of around 3,500 midwives in England alone resulting in midwives working harder than ever before. It's essential the government puts the funding in place to pay staff this fair increase so that the NHS can recruit and retain hardworking midwives and other NHS staff."

Unions, campaigners, join us!

HEALTH CAMPAIGNS TOGETHER is an **alliance** of organisations. That's why we're asking organisations that want to support us to make a financial contribution to facilitate the future development of joint campaigning.

WE WELCOME SUPPORT FROM:

- **TRADE UNION** organisations – whether they representing workers in or outside the NHS – at national, regional or local level
- local and national NHS CAMPAIGNS opposing cuts, privatisation and PFI
- pressure groups defending specific services and the NHS,
- pensioners' organisations
- political parties – national, regional or local

The guideline scale of annual contributions we are seeking is:

- **£500** for a national trade union,
- **£300** for a smaller national, or regional trade union organisation
- **£50** minimum from other supporting organisations.

NB If any of these amounts is an obstacle to supporting Health Campaigns Together, please contact us to discuss.

☐ Pay us direct **ONLINE** – or with PayPal if you have a credit card or PayPal account at ***http://www.healthcampaignstogether.com/joinus.php***

☐ For organisations unable to make payments online, cheques should be made out to **Health Campaigns Together**, and sent c/o 28 Washbourne Rd Leamington Spa CV31 2LD.

We have produced Health Campaigns Together newspaper QUARTERLY in 2017.
It is still FREE ONLINE, but to sustain print publication we need to charge for bundles of the printed newspaper: Cost **PER ISSUE** (inc post & packing)

- 10 copies £10 (£5 + £5 P&P)
- 50 copies £25 (£15 + £10 P&P)
- 100 copies £35 (£20 + £15 P&P)
- 500 copies £70 (£40 + £30 P&P)

For intermediate quantities – see *http://www.healthcampaignstogether.com/newspaper.php.*
Bundles of papers will only be sent on receipt of payment, and a full postal address preferably online.

Contact us at healthcampaignstogether@gmail.com. *www.healthcampaignstogether.com*