

Su Lowe
Unite activist and health visitor
STP Conference 17 September 2016. Birmingham

I'm here today as a health activist. I started my nurse training back in 1988, which doesn't seem that long ago until I look at what I'm looking like now. I'm really tired! I look and see so much of what's going on around me so I can't stop campaigning. I hope people never give up and never stop because this is our NHS and that's why I am here today.

I have seen so many changes in the NHS over the last 28 years. Currently all I see is fragmentation, disconnection, "efficiency drives", "de-commissioning", it's like a merry-go-round at the moment. I thought I knew all I needed to know about the NHS – and then somebody mentioned STPs.

I'm a union rep and I hadn't heard of the STPs. So I looked for them. No, couldn't find them. So I asked around. No, nobody really knew much about them. So I dug around a little bit more and here I am today.

To give you my experience of STPs, West Midlands is where I work and campaign. Nothing around here. No engagement. We're supposed to be in there; but we are not in there. If you asked your friends, your neighbours, the patients, the people who use our NHS, ask them what an STP is. They should know what these people are doing in these STPs. They should be fully aware. They should be fully engaged. You won't find any people who know what they are talking about.

STPs seem to me to be an attempt to work the unworkable that is the Health and Social Care Act. It's an admission in my opinion by Simon Stevens that the Act makes running with a plan of any kind impossible. Currently the picture is of a cut to services, cuts to staff, cuts to training. Local authorities are expected to commission health, but without connection to health. STPs are largely led by a mantra of keeping acute hospitals open without looking at the bigger picture of health as we know it.

Many STPs recognise that there are major risks of a deficit. The eligibility criteria in social care and mess of the care-home merry-go-round; that is not how you keep an acute hospital open, by making sure there are no care homes. There's a Better Care Fund. Nobody even knows which direction it's going, from one local authority to another, and everyone's arguing over who gets what. So care homes are a particular interest.

I'm a health visitor now. I've done 28 years as a nurse. I was an acute nurse, a palliative nurse, did a bit of leukaemia care, I was a community nurse, a district nurse – they're becoming an endangered species, by the way. Now I'm a public health nurse, commonly known as a health visitor.

So where does all this fit in the STP plans? Because if we're looking at all of us in this room, most of us know that in order to stay out of hospital you have to have good health. But no, that's not really in the STP plans. As you know, children's services and mental health services from government have been cut quite massively using punitive measures against local authorities.

The stuff we know that works isn't there. It's just not there. The STPs are making all these plans. I've looked. I've tried very hard, I've done the digging. It's not there. I checked on the internet for particular plans this morning, I couldn't see anything for children once they got past the age of 2 weeks.

This government has stripped public health. It's took the money from the local authorities, and many health visiting services in England are at risk from these cuts to services at the moment. That's why I cover a particular campaign on top of all the other stuff we're doing.

So what are we going to do about it? We can't do much at the moment. The STPs aren't really letting us in. Consultation just isn't there. If I asked my trade union colleagues, my reps, the people who are on the ground looking after the staff day to day, many of them don't know what STPs are. And how do you get into an STP? How do you get on the committee?

STPs are basically tootling along without us. They didn't expect us to ask, they didn't expect us to be involved, whether we're trade unions, or members of the public, or patients.

In Wednesday's debate¹, which I watched in between shouting at the telly, two Tory MPs actually stated that they should have debated from the beginning with the trade unions (they called us staff, they wouldn't use the word trade union) and patients.

Of all the 44 STPs – these footprints we keep hearing about – there is one accountable politician on one committee, and that's because he forced his way in as part of the West Midlands Combined Authority. We have one politician that knew enough and was savvy enough to get in. There are 43 other STPs. You've got the one for the whole of Manchester looking at health without an accountable politician there, and yet these are the people we vote in and vote out.

Our NHS is falling apart, so they are basically trying to reinvent the wheel. Commissioners are struggling. They'll tell you they are struggling, it's not a good job to be a commissioner at the moment, the staff are struggling – on the ground, they are faced with cuts. If you go into a CIP (cost improvement programme) meeting, they are even talking about when not to order 'Post-Its' because they can't cut back any more, and the patients at the end of the day are the ones that are suffering.

The figures aren't good. If you examine STPs cost wise in the Midlands you will see that they are looking at a deficit of much more than £400 million. By 2020, health spending around here is not going to be about quality and value, it's going to be about damage limitation, cuts, efficiencies – a word I hate. Apparently I've got to be more efficient. There's only so much more you can squeeze out of staff. Sustainability is looking like it will be taking place in "crisis aversion schemes" or "gap closure".

Access to care is going to be more difficult. The ageing population is rising. The answer is not an app or a smartphone. My mother in law struggles to use the telephone to talk to her bank, or to get through to her GP. She makes a GP appointment by tootling into the GP surgery because she can't get past the "press 1 for an appointment, press 2 for prescriptions" system. She's not stupid, she's not demented, she's just 83, her fingers aren't good, and her hearing isn't good. That should not restrict access to healthcare. It's very simple stuff.

You can't reduce inpatient facilities until you've got quality community services, and I don't mean any care home will do, which is another part of this process. How do we offload from that hospital? Patients are becoming nothing more than a cost, a "bed blocker", "targets", "long-term conditions", or "users". I'm old fashioned, I like the word "patient".

So STPs are charged with securing efficiencies and making future plans. What does that mean for NHS staff? Unite asked me to come here as a rep, because I'm always representing my colleagues,

¹ Parliamentary debate on the NHS, Wednesday 14 September.

we're looking at how we can help them as reorganisation happens. But at the moment, I look at the generic work ideas that are coming into play with STPs when you look at some of their workforce plans: "Band 4-5"² is really popular. You may have worked your socks off to specialise, you may have taken years and taken on loads of responsibilities and got yourself up to a band 6 with postgraduate study, but actually you are just too expensive. Professionals are just not very popular in these plans. Our workforce, with their knowledge, their learning, their care and their compassion are being devalued. STPs I fear will continue with this route.

We need representatives on these STPs to argue against false economy of the race to the bottom of a workforce pay deal. To use my example, again as a health visitor, it's what I'm best at, so I have to use it as an example I'm afraid. I'm not really a part of the STP plans.

I'm a Band 6 now, I take responsibilities for the unborn child and its family until it goes to school. I got trained to specialise. I'm an expert in perinatal mental health, infant health, wellbeing, public health, obesity prevention, deprivation, school readiness and of course child protection. But I'm too expensive. I'm a Band 6, that's up to £36 grand. But I've worked 28 years in the NHS. I started from the bottom and I've worked my way up – and I'm now considered too expensive. They still want my skills. They just don't want to pay for me.

The saddest thing is that my colleagues, my band 4-5 colleagues, are expected now to do my work without that training, without that expertise. But that word "responsibility". I don't like this responsibility some days on Band 6. It keeps me awake at night some days. Why would it be clear to them on their terms and conditions? It's just not right. It's a race to the bottom.

If you apply this mantra to all professions, look around you at the speech and language therapy departments, the podiatry departments, the district nursing teams, you are starting to look at again a race to the bottom all the time.

We need to return in the NHS to the root cause of this, we need to work together. STPs could look at joint working, they could look at liaison, shared services, and provision. But let's do it properly. Adequately funded health and social care services. The government is letting STPs fix its mess, and even then it's completely impossible.

This country can afford the NHS. There's no doubt about it.

This country can't afford to go ahead without an NHS.

Thank you for listening to me.

² £19,027 - £28,180 pa WTE. Source: <https://www.rcn.org.uk/employment-and-pay/nhs-pay-scales-2015-16>