**STP PLANS**

November 9, 2016

# £1 billion shortfall in STP plan for South East London

by Alan Hall

I welcome the final[publication of plans](http://www.ourhealthiersel.nhs.uk/about-us/) to remodel the NHS in south east London but they must pass a series of tests before councillors will support or agree to their implementation.

The report has confirmed our deep concerns about some serious flaws in the plans. There is nearly a £1bn shortfall over the next four years, there is a £12m shortfall for ambulance services, there is a further £80m shortfall due to poorer-than-expected financial performance and the changes to orthopaedic services could spell the end of Lewisham A & E.

Because of all of these threats, I want to apply four key tests that this process has to pass.**Are the plans transparent and open? Is the funding in place?  Are the public being fully consulted? And finally will services improve?”**

I am pleased that we now have final sight of it but make no mistake, it does contain potential backdoor methods for closing Lewisham A & E as well as other matters of great concern. While I welcome and embrace the opportunity to improve NHS services through greater cooperation and coordination, we must not be blinded by the deliberately complicated smokescreen of complex processes and documents leading to many and various consultations.

The key tests I apply **are the plans transparent, are they open, is the funding in place and have the public been fully consulted and will services improve?**

We all know that Council budgets are reducing across the six boroughs and that increasing community care provision against this backdrop is as they say “challenging”.

Greenwich Council’s Health Scrutiny meeting have challenged the CCG attempts to award a large contract to Circle Health, a private provider, rather than our local hospital. Taking money from our local hospital further undermines the ability of the Trust to keep two A & E Department open. Spirits were high and councillors challenged  NHS England and the proposers of the plans. It was great to see Dr Tony O’Sullivan who played a key role in the Save Lewisham Hospital campaign give an impressive take down of the proposals and it was reassuring to hear Eltham MP Clive Efford say to Circle: “We’re a Labour borough with a Labour Council and Labour MPs, we don’t want you here.”

A critical analysis of  NHS STPs is available on [Open democracy here:](https://www.opendemocracy.net/ournhs/john-lister/councillors-must-look-before-they-leap-into-secret-nhs-cuts-plans%22%20%5Ct%20%22_blank)

### Related

**Councillors must look before they leap into secret NHS cuts plans**

[JOHN LISTER](https://www.opendemocracy.net/author/john-lister) 25 October 2016

**Jeremy Hunt can no longer pretend he's following 'the NHS's own plan'.  Expect fierce local battles ahead.**

Theresa May has not taken kindly to the NHS boss’s belated admission that he had originally asked for considerably more than £8billion “extra” for the NHS**(even as that £8bn figure was itself criticised as “misleading” by**[Sarah Wollaston](http://www.pulsetoday.co.uk/home/finance-and-practice-life-news/stop-pretending-nhs-is-awash-with-cash-mps-tell-health-secretary/20033045.fullarticle)**MP, who points out the true amount given to the NHS is considerably less than the government claims,**and the [**Nuffield Trust**](http://www.healthcampaignstogether.com/pdf/Behind%20the%20numbers_%20NHS%20finances%20_%20The%20Nuffield%20Trust.pdf), which argues the £8bn may in reality be just £880m**).**

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

**Jeremy Hunt was forced to stop claiming that he has given the NHS “all the money it asked for” and admitted to MPs it was only enough to**[**“get going”**](http://www.independent.co.uk/news/uk/politics/jeremy-hunt-tells-nhs-bosses-who-are-rationing-care-not-to-make-easy-choices-a7368306.html)**on a restructuring plan.**

**Indeed the new prime minister reportedly told Stevens where to go when he went back again to ask for more cash. May has made it clear there will be**[**no extra cash**](https://www.theguardian.com/politics/2016/oct/14/no-extra-money-for-nhs-theresa-may-tells-health-chief)**in the Autumn Statement.**

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

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

This will – supposedly – [“integrate” health and social care](https://www.theguardian.com/politics/2016/jun/17/nhs-boss-says-promise-of-8bn-in-extra-funding-may-be-far-from-enough) to support more frail older people in “the community” and in their own homes, reduce demand on A&E and hospital services by creating healthier populations and speeding the discharge of those who are admitted.

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

Senior NHS England director Julia Simon has jumped ship and denounced the STP process as “shameful”, “mad”, and “ridiculous” and the plans [as full of lies](http://www.gponline.com/shameful-pace-stp-rollout-risks-financial-meltdown-warns-former-nhs-commissioning-chief/article/1410546). NHS Providers chief executive Chris Hopson points out that just [one in six NHS finance directors](http://www.nationalhealthexecutive.com/Health-Care-News/just-16-of-finance-directors-think-sustainable-stps-achievable-by-2021) believe they can deliver on STP plans, and that there is just not enough money in the pot.

Behind the lies, the STPs savings basically centre on new cuts. A new Health Service Journal survey of 99 CCGs has found almost [one in three reporting that their STPs proposes to downgrade or close A&E or urgent care services](https://www.hsj.co.uk/sectors/commissioning/exclusive-survey-reveals-stps-service-change-priorities/7012728.article?blocktitle=News&contentID=15303), almost half planning to cut hospital beds and more than half planning to close or downgrade community hospitals. One in five also wanted to cut acute service staffing.

There are rumours that Stevens may even be pushed out or walk away as he sees his pitiful “Transformation Fund” eaten up by deficits, and the Health and Care Taskforce that was set up under Cameron to promote the idea of integration of the NHS with social care [scrapped by Mrs May](http://www.politico.eu/article/theresa-may-scraps-high-profile-health-care-task-force/).

Up and down the country he knows STPs assume the ready availability of capital for new investment – despite clear and public warnings that there is[virtually no capital available](https://www.hsj.co.uk/topics/finance-and-efficiency/exclusive-treasury-could-tighten-grip-on-nhs-capital-spending/7010899.article?blocktitle=Finance-and-efficiency&contentID=20097).

A storm is brewing. In [Devon](http://www.healthcampaignstogether.com/newsroundup.php), [Oxfordshire](http://www.oxfordmail.co.uk/news/14656446.Crowfunding_page_set_up_to_fight_cuts_to_Horton_hospital_in_Banbury/?ref=rl&lp=5), [Yorkshire](http://handsoffhri.org/assets/media/images/supporters/jason-mccartney.jpg) and East Anglia local Tory MPs and even councillors are being forced to stand up with protestors and challenge hospital closures and service cuts in their constituencies.

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

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

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

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

They need to demand answers on how patients can be expected to travel up to 50-60 miles in some areas to access hospital services, or how their relatives can be expected to visit them: and how ambulance services will cope in[Cumbria,](http://www.nationalhealthexecutive.com/News/Page-9/success-regime-region-consults-on-major-services-restructure) for example if services at the District General Hospital in Whitehaven is closed and patients have to travel to Carlisle.

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

In [North West London the plans cover 8 boroughs](http://www.healthcampaignstogether.com/pdf/August%20stp_june_submission_draft.pdf). Only 2, Ealing and Hammersmith, demanded to see the full draft of the plans. They found all of the financial pages were still missing, and that the document specifically proposes to speed through the “reconfiguration” of Ealing Hospital, which both boroughs have consistently opposed.

But by then the other six NW London boroughs had already signed the incomplete draft, without even seeing it.

They were eager to get their hands on minimal extra funding (“transformational investment”) for social care – just £21m a year between 8 boroughs in 2017/18 rising to £34m a year in 2020/21.

Such sums hardly compensate for the continuing [cuts in central government funding](https://www.adass.org.uk/adass-budget-survey-2016-full-report) for social care, the increase in the vulnerable elderly population, and the list of cost-saving measures social services are expected to deliver in return.

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

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

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

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