

# A GUIDE TO UNDERSTANDING and CHALLENGING YOUR SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

## WHAT ARE THE STP GOALS?

1. To meet harsh new financial controls and sanctions that aim to eliminate the current huge hospital and commissioner "deficits" - that are the direct result of government underfunding of the NHS since 2010.
2. To reorganise the entire NHS so it is cheaper to run and sticks within the limits of a restricted funding shortfall of approx. £25.5bn by 2020/21 - with no possibility of running further "deficits"
3. To radically increase opportunities for private and third sector companies to take over NHS services, by encouraging a set of public/private partnerships like the Private Finance Initiative (PFI) but for services as well as buildings. (Source: STP Agony Aunt, from [www.stopthestps.org.uk](http://www.stopthestps.org.uk))<sup>1</sup>

STPs are about massive change. They tear up the arrangements that were introduced by Lansley's Health and Social Care Act 2012. Many will aim to bring about the US model of Accountable Care Organisations – a private sector friendly, insurance-led model that maximises profit by employing less qualified staff and denying care. This would be the end of the universal, comprehensive service that is free at the point of use. The H&SC fragmented the NHS by unleashing the full forces of competition – STPs are a top-down attempt by NHS England to shift things towards bringing it back together again in the US image.

## FIND OUT MORE ON WHAT'S HAPPENING IN YOUR AREA:

Most STPs are now published in one form or other, a few are missing, more are incomplete – for the latest list, visit: <http://healthcampaignstogether.com/STPplans.php>

You should be able to read it on local Clinical Commissioning Group (CCG) website - you can find your local CCG at [www.nhs.uk/Service-Search/Clinical%20Commissioning%20Group/LocationSearch/1](http://www.nhs.uk/Service-Search/Clinical%20Commissioning%20Group/LocationSearch/1)

CCGs are the NHS bodies responsible for commissioning services from NHS Trusts and other providers.

If too much to read, search key terms of interest to you (see section below, **Key Terms**)

Check your local authority meeting minutes: search *Health and Wellbeing Board* meetings, *Health Scrutiny Committee* meetings – visit your local authority website, they can usually be found under a heading like 'Your Council' or 'Councillors, Committees and Meetings'. Check your Health and Wellbeing Boards for any recent changes to terms of reference.

Health and Wellbeing Boards are the committees that brings together councils, CCGs, leaders in social care and public health services and other 'stakeholders' to plan local health and social care services.

Health Overview and Scrutiny Committees have legal powers to scrutinise planning, provision and operation of health services in a Local Authority area.

Just to give you more meetings to attend, your STP 'Footprint' area may have a Joint Scrutiny Committee involving all the local authorities in the area. These may be useful to attend to uncover more information.

Our understanding (we're in pretty uncharted territory here with STPs) is that the power to object to or block STPs remains with the individual Local Authority Scrutiny committees.

**Our key campaign goal at present (Dec '16) is to get councillors, Scrutiny Committees and Local Authorities to object to the STPs, to refer them to the Secretary of State if possible and stop them in any way they can – for more details of current campaign initiatives, visit [www.peoplesmomentum.com/momentum-nhs](http://www.peoplesmomentum.com/momentum-nhs)**

Undertake Freedom of Information requests to your CCG. Be aware that many plans do not stipulate specific changes so you may be advised that information is unavailable and that consultation unnecessary at this stage. The STP may indicate possible options however – look for ‘potential service scenarios’ – ‘evaluation criteria’ and similar.

Be very specific when setting FOI questions and, if necessary, ask questions to be forwarded to the person who holds responsibility for STP, rather than waste time sending questions which will be sent back again.

Keep asking how do CCGs and/or local councils plan to undertake statutory public consultations. Most areas already have strategic programmes underway that undertake ‘engagement’ relating to the STP - they have a different name in each area but they are all similar in nature. Some examples are Healthy Liverpool, Our Healthier South East London and the Better Health Programme (Durham, Tees and N.Yorks). Check your local CCG website for details.

Quote the **NHS Constitution. This says that** “patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment”

**There is also a legal duty to consult. Organisations that are responsible for your health services** must by law involve you in (a) the planning of the provision of those services, (b) the development and consideration of proposals for changes in the way those services are provided.

## **CHECK THE FOLLOWING OUT IN YOUR STP:**

### **KEY TERMS**

Identify the bottom line reduction in budget by 2020/21. Search *deficit* – any figure in (brackets) is how much has to be cut. This will be broken down year-by-year.

Search *saving* – and this will identify what is to be cut, and ask why financial information against these *savings* are not costed.

Achieve *financial control totals* means make necessary cuts to eliminate debt.

Look for data/mention of “beds” that are disappearing (search *bed reductions* and/or *hospital admissions*). Ask about implications of this – what extra work for staff, where, what extra training, and has impact on social care been identified.

Look for ‘*Activity reductions*’ or similar – if services are to be cut or limited, is there a projection of how the number of admissions/treatments will decrease?

Check plans regarding the future of NHS *estates*. Find out how sell off of *estates* will contribute to budget savings. There will be a mention of a strategy, and GP *clusters* or *hubs*. This is code for GP practices and other health sites either closing or being formed into larger practices further away from peoples’ homes.

Search for *assessment*: this is important/relevant, even if nothing in the plan is fixed yet – equalities / inequality, environment, social, economic.

Search *Workforce* – what are the projected savings from reducing the size of the workforce? Look for ‘*changing the skill mix*’ or similar – this means employing less qualified staff?

Search *Governance* - How are bodies working together to deliver the STP? How often are *councils* or *local authorities* mentioned?

Look for any proposed ‘*evidence base for proposals*’ and ‘*clinical evaluation of outcomes*’ or similar - is there any attempt to justify the STP with evidence?

Search *Consultation* and *Engagement* – is any consultation process described?

Search *Technology* and *Digital*. STPs Digital and Telehealth technologies are key drivers of the erosion of face-to-face care and are supposed to deliver big savings. There is little evidence that they actually work. These programmes are driven by the agenda of a private sector that invests in these technologies, and not on any firm evidence base.

STPs may describe (or only allude) to downgrades or closures of A&Es and the acute (urgent) departments that go with them. Out of Hospital models threaten community hospitals. Maternity, children’s, and neonatal intensive care units may be threatened, along with stroke units and other specialties. You may have to ‘read between the lines’ to work out what could be planned.

*Implement the Urgent and Emergency Care Review* – which calls for the number of A&Es to be at least halved.

*Discharge to Assess* is code for elderly people discharged without a social care package.

*Out of Hospital/Not in Hospital/ Care Closer to Home* is care, particularly for frail elderly people, delivered at home, rather than in a community hospital or similar.

*Prevention, self care, self management* means a greater expectation that people look after themselves. If you get ill, you are to blame.

## THE PRIVATISATION AGENDA

*Five Year Forward View*: This is NHS England's plan for the next five years. STPs deliver on the objectives of this plan. It is full of initiatives that sound positive and reassuring, but lack a strong evidence base and are in fact driven by the objectives of the private sector. Simon Stevens, CEO of NHS England and chief architect of the Five Year Forward view, introduced the private sector into clinical services during the Blair years and then went to work for United Health, a giant US private sector health provider and insurance company. His influence on the STP programme is significant.

Is an *Accountable Care Organisation* mentioned in the STP? MCPs (*Multispecialty Community Providers*) and PACS (*Primary and Acute Care Systems*) – both are types of *Accountable Care Organisations* (ACOs). *Health and social care hubs* is an ACO-friendly model.

Are there phrases that include “*demand management*”, “*personal care budgets*”, or reduction of enabling the use of “*hospital admissions*”?

These terms are all code for the restriction of treatments and the reduction of patient numbers in a way that is similar to some American health insurance plans. Moving to this kind of model would undermine the basic principle of the NHS to provide free treatment to all based on clinical need. Accountable Care Organisations (ACOs) are ripe for conversion to a model where availability of healthcare is based on insurance and ability to pay, not on need.

## SPREAD THE WORD and FIND OUT MORE

Once you've checked out your STP, **spread the word about what's in it**. The more people who object to these proposals, the more likely it is that we can get them stopped. Our primary aim at present (Dec '16) is to get councillors to object to STPs, but the campaign will develop as the situation changes – for the latest information, see [www.peoplesmomentum.com/momentum-nhs](http://www.peoplesmomentum.com/momentum-nhs)

Get your CLP on side – make sure your councillors can decode your STP too! Work with health workers and unions on the staffing implications of STP.

Hopefully, this document will have given you enough information get started on opposing your STP and holding councillors and CCGs to account. There's much more information out there, please visit or contact the following:

<http://www.stopthestps.org.uk/> is updated continually with new resources to fight STPs

Send questions and employee-related issues to [STPWatch@gmail.com](mailto:STPWatch@gmail.com)

Read the STP Watch resource pack: <http://www.healthcampaignstogether.com/pdf/Resource%20pack.pdf>

**Good luck! Keep in touch with us at [nhs@peoplesmomentum.com](mailto:nhs@peoplesmomentum.com)**

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