First elements of the NHS Long Term Plan appear …

# Another top-down plan to make our NHS even less accountable

John Lister

The postponed NHS Long Term Plan is due to be published the week after we go to press. Meanwhile, just before Christmas, NHS England appears to have revived the failed Sustainability and Transformation Plans.

These were the 44 deeply flawed and inadequate "plans" published after a secretive process at the very end of 2016 – to be largely forgotten in 2017 and 2018.

NHS bosses have apparently embarked once again on a process of launching an impossible project in an unrealistic timescale with some of the key information still unavailable.

The timing is very similar to STPs. On December 21 2018, just after announcements that a twice-delayed 10-year plan would not be published until January 2019, NHS England published a 21 page document Preparing for 2019/20 Operational Planning and Contracting, which appears to pre-empt the plan – and give a warning of its likely content and direction.

This time NHS England is imposing even tighter top-down control over the process. NHS staff and the local communities have again been left very firmly on the outside, neither consulted nor involved.

**January 14 deadline**

The first deadline is for "STPs/ICSs" to have convened meetings of "local provider and commissioner leaders" to collectively agree "planning assumptions on demand and capacity" in time to complete submissions to "joint regional teams" of NHS England and NHS Improvement bureaucrats – on January 14.

This is theoretically just 24 days after the publication of the document, but given the intervening Christmas and New Year holidays and 4 weekends it only leaves 13 working days (some of these almost certainly disrupted by staff holidays) to reach stage one. This ensures genuine consultation or engagement is impossible, and the 'plan' is already doomed to miss its deadlines – or be cobbled together on the most superficial basis.

The role of the "joint regional teams" is much more intrusive and emphatic than before. Unlike the old Strategic Health Authorities scrapped by the 2012 Act, the 41 regional 'teams' are not public bodies. They will not meet in public or publish any of their papers. Nor do they completely coincide with the 44 STPs.

They have no accountability to the public in the wide areas they cover, and are accountable only upwards to NHS England, embodying the new drive for centralised control – yet ironically these same unaccountable regional teams will have a key role in "ensuring local accountability," fixing "control totals" (targets for limiting the deficits or requiring surpluses for trusts, CCGs and each STP "system") and vetting plans.

NHS England is persevering with control totals, despite the fact that in February 2018 just half of all trusts told an NHS Providers survey that they would sign up to their control total, and only 35% were confident of meeting it. For many the incentive payments were too small to justify the cuts required.

None of the decisions by these new, remote regional bodies will be subject to any consultation with local communities. Everything about us will be decided without us.

**Tighter targets**

And all the targets these bureaucrats will be enforcing are tighter than before, despite the fact that the extra investment necessary to balance the financial books, wipe out long-held debts and improve services is still not available.

The £20.5bn 'extra' spending to 2024 is equivalent to just 3% in real terms per year, while NHS England's own forecast is for activity to increase by 3.1% per year, so nothing is left over.

Trusts have accumulated a massive £11 billion in loans and bail-out funding since 2010, in addition to underlying and actual deficits. In quarter 2 of 2018/19 89% of acute providers were in the red.

Backlog maintenance costs built up in recent years add up to a massive £6 billion, with long term implications and short term risk.

Nor is there enough capital to finance new or expanded facilities: recent announcements of capital funding of just under £1 billion fell way short of the capital requirements of the STP plans – which added up to £14 billion.

The new plan also requires CCGs to cut their own running costs by 20%, but increase the share of the budget going to mental health, community health and primary care – implying a reduction in spending on acute services, despite increasing demand.

After years of indifference and empty promises central control is being imposed on mental health spending to ensure CCGs match "minimum percentage uplift" as shown in the "financial planning template," and more of the money must be spent with frontline mental health provision.

This is backed up by a threat that "NHS England will consider appropriate regulatory action, including in exceptional circumstances imposing directions on the CCG" if they refuse to comply.

There are more tough orders on primary care: "STPs/ICSs must have a Primary Care Strategy in place by 1 April 2019 which sets out how they will ensure the sustainability and transformation of primary care and general practice."

NHS England's main objective seems to be "primary care networks" that effectively centralise more GP services, regardless of local communities' needs and wishes.

Heavy emphasis on cutting demand for emergency services is not coupled with evidence of much success so far. NHS Providers reports "continued and unprecedented levels of demand." At quarter 2 2018/19 A&E attendances were up 3.9% on the same period last year, with emergency admissions up by 7%. The latest sit rep figures as this paper goes to press, for December 30, which are described as showing the NHS coping well, reveal 2/3 hospitals running above 93% occupancy and 11% running with 99% or more beds occupied.

**Waiting lists**

Waiting lists for elective treatment have grown rapidly, up 200,000 to 4.3 million in the six months to September 2018, compared with 4.1 million in March 2018.

For CCGs and providers alike, those with the toughest problems, and often with the most inadequate resources, face the hardest targets and the harshest treatment. CCGs with "longer standing and/or larger cumulative deficits will be set a more accelerated recovery trajectory."

NHS trusts are being pressured into an ongoing fire sale of "surplus" land and buildings to help reduce deficits (with NHS Improvement offering a controversial incentive of £2 from Sustainability Funds for every £1 reduction to trusts' control totals).

But trusts are now also urged to "grow their external (non-NHS) income" and "work towards securing the benchmarked potential for commercial income growth." Worse still, they must aim to increase money raised from charging patients for treatment – "overseas visitor cost recovery" – a policy opposed by medical Royal Colleges.

So even before the Long Term Plan has appeared we can tell that the new regime will be a meaner-spirited, heavier-handed, tougher, tighter attempted re-run of the STP project, in which even the minimal level of accountability and tokenistic local consultation and staff engagement provided under the 2012 Act has been effectively stripped away, and centralised control imposed.

Despite talk of "integration", the competitive market and contracting remain intact. Patients and staff will have even fewer rights, and no voice at all – other than through political protest.

Demand for emergency and elective health care is still increasing despite efforts to contain it.

**Staffing crisis**

But with a chronic staffing crisis worsened by immigration controls and a continued Brexodus of EU staff, and without the revenue or the capital required to improve services, we can expect NHS performance to remain below target, stress to increase on the remaining front line staff, creaking buildings and aging equipment to threaten safety problems, and NHS England and ministers to continue to dodge any responsibility for the problems they are creating.

The challenge for campaigners and health unions is more demanding than ever: 2019 must be a year in which we step up the pressure for safe staffing and safe systems of care, full funding and against any further privatisation or erosion of the NHS.

It's a tough task – and one which needs the power of a united body of campaigners: Health Campaigns Together still has a vital role to play.

Join us now!