Moved by Diane Abbott Barclay and Lucy Frazer voted NO

Division Details - Commons Main Chamber

18:37, 14 September 2016, Division 67: NHS Sustainability and Transformation Plans

I beg to move,

That this House notes with concern that NHS Sustainability and Transformation Plans are expected to lead to significant cuts or changes to frontline services; believes that the process agreed by the Government in December 2015 lacks transparency and the timeline announced by NHS England is insufficient to finalise such a major restructure of the NHS; further believes that the timetable does not allow for adequate public or Parliamentary engagement in the formulation of the plans; and calls on the Government to publish the Plans and to provide an adequate consultation period for the public and practitioners to respond.

I am glad to open this debate on the NHS sustainability and transformation plans. As the whole House knows, the NHS has a special place in the affections of our constituents. No other public service engages with us all when we are at our most vulnerable—in birth, death and illness—and the public and NHS staff are increasingly aware that the NHS is under severe financial pressure, a matter I will return to.

In that context of financial pressure and concern about the availability of services, the sustainability and transformation plans are arousing concern. They sound anodyne and managerial, and there is undoubtedly a case for bringing health and social care stakeholders together to improve planning and co-ordination. But the concern is that, in reality, the plans will be used to force through cuts and close hospitals, will make it harder for patients to access face-to-face consultations with their GPs, and, above all, will open the door to more privatisation. It tells the public how little the Secretary of State cares about their concerns that he is not in the Chamber to listen or respond to this debate. We know that recently he has missed all seven recent meetings of the NHS board. The public are entitled to ask how much he cares about their very real concerns.

Steve McCabe (Lab) I want to check this with my hon. Friend. The last time I checked, Simon Stevens had said that STPs were designed to make up the £22 billion shortfall that the Government are not prepared to put in. Is that not the case?

Maria Eagle I am grateful to my hon. Friend for giving way. We have a leak of the STP for Merseyside and Cheshire, which states that there is an "appetite for hospital re-configuration" because the existing set-up is "currently unaffordable". Given that it also says that almost a £1 billion gap is to be expected by 2021, and that the public have not yet been consulted, does my hon. Friend agree that when the public are consulted, there will be an absolute outcry?

DA That is the reason for the secrecy thus far. The Government know that if the public understood what STPs meant, there would be an outcry.

Norman Lamb (Lib) Does the hon. Lady agree that unless the local community are fully engaged in the process of considering how the health and care system needs to change their area, the process is destined to fail and simply will not work?

DA I am grateful to the right hon. Gentleman. For nearly the whole time I have been in Parliament, there have been attempts to reconfigure hospitals and close A&Es and make other changes in London. We have found that when the local community does not take ownership of the plans, it is impossible to take them forward. That secrecy runs counter to making the reorganisations we might have to make.

Initially, the STPs were discouraged from publishing their draft plans, freedom of information requests were met with blank replies, and enquirers were told that no minutes of STP board meetings existed. We are

therefore bound to ask: if the plans are really in the interests of patients and the public, why has everyone been so anxious to ensure that patients and the public know as little as possible?

In some cases, even local GPs have not been fully involved in decision making. Hon. Members may not take that seriously, but I assure them that their constituents will.

GP leaders in Birmingham said that it would appear that plans by the STP to transform general practice, and to transform massive amounts of secondary care work into general practice, are already far advanced. Only at this late stage have they been shared with GP provider representatives

Alex Cunningham (Lab) Freedom of information requests have also uncovered the substantial role of the private sector in formulating these plans. GE Healthcare Finnamore, for example, is advising STPs across the south-west, and I have no doubt that work is under way for it to get larger slices of the action in the future. In the name of transparency, does my hon. Friend agree that all their boards should publish everybody who is on them, with their declared interests as well?

DA I entirely agree with my hon. Friend. All STPs should publish who is on them, what their financial interests are, and how far advanced they are in planning. However, thanks to the work of organisations such as Open Democracy and 38 Degrees—and, frankly, thanks to leaks—the picture of what STPs will mean is becoming clearer.

We know from the information we have been able to glean that the reality of STPs is quite concerning. For instance, in the black country there are plans for major changes to frontline services at the Midland Metropolitan hospital, including the closure of the hospital's accident and emergency. The plans also propose to close one of the two district general hospitals as part of a planned merger. We know that by 2021 the health and social care system in the black country is projected to be £476.6 million short of the funds it needs to balance its books. [Interruption.] Government Members may shout now, but they are going to need an answer for their constituents when the reality of some of these proposed closures becomes apparent.

In Leicester, Leicestershire and Rutland, there are apparently plans to reduce the number of hospitals in the area from three to two. By 2021, the health and social care system in the area will be £700 million short of the money it needs to balance its books. In Suffolk and north-east Essex, the STP plan refers to the

"reconfiguration of acute services within our local hospital, Colchester Hospital University Trust".

The whole House knows that, historically, reconfiguration in the NHS has meant cuts. There are also plans to close GP practices.

The context of these plans, of which I have given an idea, is the current NHS financial crisis. Most recently, we have heard from NHS providers about this financial crisis. They represent the NHS acute, ambulance, community and mental health services. NHS providers say that despite the best efforts of hardworking staff, including junior doctors, hospital accident and emergency performance is the worst it has ever been. Waiting lists for operations, at 3.9 million, are the highest they have been since December 2007. We ended the last financial year with trusts reporting the largest deficit in the history of the NHS: £2.45 billion.

Many STPs will be facing a large financial deficit. [Interruption.] I have to say to Government Members that they do not seem to be taking this debate seriously. When their constituents come to them asking about these cuts and closures, they will have to take it seriously then. Many STPs will be facing a large financial deficit, which is subject to "control totals"—that is, cuts. In the case of north-west London, which does not have the largest projected deficit by any means, spending on acute care is projected to fall in nominal terms over a six-year period, despite a population that is both increasing and ageing, and despite cost pressures such as the sharply rising cost of drugs.

STPs have made an assessment of their own deficits by 2020-21. Researchers have disclosed that approximately 29 of the 44 STPs have projected substantial deficits.

So when the STPs talk about efficiency, they actually mean cuts. Increasingly at the heart of these STPs are asset sales of land or buildings to cover deficits. No wonder the leader of Hammersmith and Fulham Council, Stephen Cowan, has said of his local STPs that

“this is about closing hospitals and getting capital receipts”.

He went on:

“It’s a cynical rehash of earlier plans. It’s about the breaking up and the selling off of the NHS.”

The King’s Fund has said:

“There are some concerns that NHS leaders have focused their efforts on plans for reconfiguring a few hospital services, despite evidence that major acute reconfigurations rarely actually save money and sometimes fail to improve the quality of care.”

The BMA has said the same thing. The King’s Fund has also said:

“The cuts under the STPs are eye-watering”.

I am anxious to complete my remarks so that Conservative Members will all get a chance to intervene in the debate.

The Health Select Committee's recent report on the impact of the 2015 spending review stated:

“At present the Sustainability and Transformation Fund is being used largely to ‘sustain’ in the form of plugging provider deficits rather than in transforming the system at scale and pace. If the financial situation of trusts is not resolved or, worse, deteriorates further, it is likely that the overwhelming majority of the Fund will continue to be used to correct short-term problems rather than to support long-term solutions”.

Other aspects of the STPs that relate to cutting expenditure involve a combination of factors, including the use of new technology such as apps and Skype, patients taking more responsibility for their own health, “new pathways” for elderly care, increased reliance on volunteers and the downgrading of treatment by skills, responsibilities and pay bands. It seems to me that while some of these proposals might have some merit in themselves, it is delusional to imagine that they will deal with the financial black hole in the NHS. There is no evidence that among the patient population as a whole, increased use of apps, Skype and telemedicine can produce the efficiencies required while beds, units, departments and hospitals are being closed.

I remind Members, many of whom speak to their constituents in their advice surgeries on a weekly basis, that the truth about speaking to people face to face is that it is often towards the end of the conversation that people will come out with what really concerns them. My concern about the increased use of Skype is that many patients will not get the familiarity and comfortableness with their interlocutors to enable them to say at the end of the Skype session what it is that they are concerned about.

The STPs talk a great deal about increasing preventative medicine. That would indeed have the effect of lowering demand for acute NHS care, but it would also require a very substantial investment in public health programmes—and this Government have just cut public health funding. The elderly, the poor and patients for whom English is not their first language are the least likely to use these apps, telemedicine and Skype. It is inappropriate and unrealistic to assume that elderly patients who, I remind Members, are the biggest users of acute care and the fastest-growing demographic, will want to use Skype for any sensitive matter. “New pathways” for the elderly is sufficiently vague as an idea to raise alarm bells, given the projected rise in demand for geriatric services and continuing cuts in social care funding.

Andrew Gwynne (Lab) My hon. Friend is making a very important point. She has already touched on the financial problems in the NHS, but allied to those are the financial problems in adult social care. We shall not have the truly integrated health and social care that we all desire when these STPs are being swept under the doors without people knowing precisely what they will mean for public services in their areas.

DA The danger is that, in a blizzard of apps and Skype, patients—particularly the elderly—will find it harder to access one-to-one care, and that those who can afford it will find themselves forced into the private sector.

Let me now say a word about the increasing private sector involvement in the NHS.

It was the NHS England director of STPs, Michael McDonnell, who said that they

"offer private sector and third sector organisations an enormous amount of opportunity".

We know that PricewaterhouseCoopers has been heavily involved in the formulation of a large number of these plans, and we know that—as was mentioned earlier—GE Healthcare Finnamore, which was taken over by General Electric in the United States, has been heavily involved in the formulation of plans in the south-west and possibly more widely. The strong suspicion is that a combination of cuts, the reorganisation of services on a geographical basis, and the growth of hospital "chains" will facilitate greater privatisation of the NHS.

Let me now draw my speech to a close. It is absolutely right that health and social care stakeholders should come together to plan for the future. It is absolutely wrong that social transformation plans should be hatched in secret and used as a cover for cuts and hospital closures—and it is increasingly clear that STPs may be a stalking horse for more privatisation. Conservative Members may not take this issue seriously—[Interruption]—and Conservative Members' response may be to shout, but I stress to the House that the consequences of these STPs will be very material for all our constituents

They will also be very material for those who work in the NHS. I take this issue seriously. [Interruption.] That is why we have called the debate, and I wait with interest to hear what Ministers have to say.

Minister of State, Dept of Health - Philip Dunne

I am also pleased that the hon. Lady has chosen the sustainability and transformation plans as the subject of the debate, because that gives me an opportunity to correct some of the misconceptions that she has just revealed, and, more importantly, to inform the whole House of the status of the NHS's plans. Let me begin by reminding the House of their origins. The NHS's own plans for the future, set out in the five year forward view and endorsed by the Government—but not, as it happens, by the Labour party— recognised three great challenges facing the NHS: health and wellbeing, care and quality, and finance and efficiency.

The five year forward view also recognised that the challenges facing different areas of the country differ, so the issues facing Hackney are not the same as the issues facing Ludlow, and a single national plan would not be effective or appropriate. Indeed, the Labour party recognised that in its 2015 general election manifesto, which most Labour Members present stood on. It said:

"To reshape services over the next 10 years, the NHS will need the freedom to collaborate, integrate and merge across organisational divides

Catherine West (Lab) I thank the Minister for giving way and hope he does well in his first performance here in the House. What percentage of acute trusts are in deficit, and what proportion of clinical commissioning groups are in special measures?

It is the case that many trusts were in deficit in the last financial year, and those deficits were funded by the Department of Health. Looking forward, we are using the financial discipline of control totals not to instigate cuts, as the hon. Member for Hackney North and Stoke Newington suggested, but to hold the accountable managers to account for delivering within the financial envelope that those control totals represent. That is what a responsible Government do—we give money to public services and expect them to live within those means. This year the NHS has received one of the largest cash settlements it has ever had, three times more than the rate of inflation.

Dr Murrison (Con)

May I ask my hon. Friend to look very closely at STP footprints? The previous experience of those of us who represent rural areas is that aligning our areas with more urban centres can often mean that our constituents get a raw deal, and since my footprint includes urban areas in Bath and Swindon I am slightly concerned that the same thing may happen again

PD If I manage to get there, I am going to come on to the footprints and how it was that 44 areas were identified, but in rural areas in Wiltshire and Shropshire, we do look to urban areas to provide the acute care for all our local residents, so it is appropriate that the footprint areas encompass both the acute and the full range of primary sectors.

Jim Cunningham (Lab) What is happening in relation to bed-blocking, and what are the Government and the national health service doing to deal with care in the community in particular?

PD The hon. Gentleman raises a critical point and one of the real challenges facing the NHS at present, which is how to make discharge out of the acute setting, and movement right the way through the patient flow, more effective. As I will come on to say—if I get there—that is precisely why we are looking at bringing local authorities into the footprints for these STPs, so that the entire patient pathway can be taken into account.

Simon Burns (Con) I am very grateful to my hon. Friend. So that there can be no misunderstanding, because the shadow Secretary of State does not seem to have fully grasped the brief, will my hon. Friend, with his superior knowledge, explain categorically to the House about transparency in the health service with regard to not only STPs but other reconfigurations? There automatically always has to be a public consultation with local communities before any decisions are made, something that the shadow Secretary of State seems to be totally oblivious of.

PD I am grateful to my right hon. Friend, who has a great deal of experience in this area, having served in the Department for many years. He has pre-empted what I am about to say, which is that all the STPs will be subject to full and appropriate public consultation once we are in a position to do that.

As part of its annual planning round in 2015, NHS England published planning guidance last December—nine months ago—calling for clinical commissioning groups to come together with their providers across entire health economies to develop a collective strategy for addressing the challenges in their area. Those are the sustainability and transformation plans. There are 44 areas, which were agreed six months ago in March. They cover the whole of England, bringing together multiple commissioners and providers in a unique exercise in collaboration. Their geographies have been determined not by central diktat but by what commissioners and providers felt made the most sense locally.

Each area has also identified a strong senior leader who has agreed to chair and lead the STP process on behalf of their peers. They are well respected, credible figures in their local health economies, and we and NHS England are committed to supporting them to bring people together to agree a shared plan for how best to improve and sustain health services for their local populations. Local authorities, too, are fully engaged in the development of the plans. In some cases, local NHS organisations have agreed with local authorities that a

senior council leader will lead the STP for their area. I think that is happening in Birmingham—I see a number of Birmingham Members present.

Maria Eagle (Lab) It is clear from the leaked document that Merseyside and Cheshire are looking to save £1 billion by 2021. In that context, does the Minister not agree that there will be an outcry when the secret proposals—which have now been leaked—to merge much-loved hospitals and cut services in Liverpool, for example, are finally consulted on? Does he acknowledge that they will have no chance of receiving any support?

PD The hon. Lady is leaping much too far ahead. There are no proposals at this point—[Interruption.] I will explain the exact state of the STPs shortly. There are a number of draft ideas to try to improve the services that are delivered to patients. Looking to the future and the efficiencies that need to be provided, as part of the five-year forward view the NHS leadership asked the Government to fund £8 billion of additional cash for the NHS. We provided £10 billion; the Labour party refused to provide anything like it. In return, the NHS agreed to look for £22 billion of efficiencies up to 2020. We have assisted it through the efforts of Lord Carter, whom we asked to undertake a review of efficiencies across the NHS. He has identified 10 work streams in which clear efficiencies can be found—many of which, incidentally, have been identified by Opposition Members. The hon. Member for Hackney North and Stoke Newington herself has referred in the past to areas of the NHS in which there is waste, and a newspaper article this week by the former Chair of the Public Accounts Committee, the right hon. Member for Barking (Dame Margaret Hodge), referred to "absurdities" in the spending practices in the NHS. We are trying to put right some of the practices that have been swept under the carpet for too long.

I turn now to the timetable and the progress that has been made so far. Each area was asked to work together over the first six months to draw up its initial thinking into a first draft plan by the end of June. Those plans were individually reviewed by senior leaders from NHS England and NHS Improvement during July and August. Each area is now in the process of developing its STP, with a view to submitting a worked-up plan to NHS England in October. The plans, as one would expect, will vary in their proposals, but all are expected to demonstrate a shared understanding of where an area is in relation to the three challenges set out in the five year forward view and where they need to be by 2020-21.

Gareth Thomas (Lab/Co-op) Part of the concern in my constituency about the north-west London STP relates to the fact that Harrow receives less NHS funding per patient than any other part of London. For some months we have sought a meeting with a Health Minister to discuss that issue. Is the Minister prepared to receive a delegation from our clinical commissioning group?

PD I am interested that the hon. Gentleman should mention funding allocations. Across the NHS, the allocations are a legacy of the formulas that were set in place by the Labour Government, of which he was a member. People across the country, not least in rural areas such as Shropshire, cannot understand why the funding per capita is much less generous in some parts of the country than in others. I am taking an interest in that and would be willing to sit down with him and other colleagues to understand the particular circumstances in north-west London, which we will have to do after the coming recess.

Returning to the progress that is being made, all the plans are expected to present an overall strategy for their area and to identify the top three to five priorities required. In the most advanced plans, we are also expecting areas to set out how they will deliver a number of national priorities, including on mental health and diabetes. Some will build on the early work of vanguard or Success Regime joint working, which has been developing better co-ordinated care models over the past year or so.

The plans offer the NHS a unique opportunity to think strategically. For the first time, the NHS is planning across multiple organisations—both commissioners and providers—with local authorities to address the whole health needs of an area and the people it serves. Also for the first time, the NHS is producing multi-year plans showing clearly how local services will develop over the next five years to deliver real improvements in

patient care and better efficiency to ensure that the NHS continues to be able to cope with rising demand from our ageing population. That is leading some STPs to face up to tough choices about the future of some services. Such choices have often been postponed again and again because they were too hard or relied on individual organisations operating on their own to shoulder the responsibility rather than it being shared across the geography or the whole healthcare economy

Antoinette Sandbach (Con) Does the Minister recognise the concerns in constituencies such as mine that have a border with Wales? The numerous closures of hospitals in Wales by the Labour Welsh Government are placing pressure on NHS trusts in Cheshire and Merseyside

PD My constituency also shares a border with Wales, so I am acutely aware that Welsh patients regrettably have to wait longer and have worse access to treatment than those in England. Many of them look to English hospitals for services that are unfortunately not available in Wales, in part due to a conscious political decision of the Welsh Government to allocate less funding to the health service in Wales.

Alex Cunningham (Lab) I met a young surgeon at my north-east hospital in a personal capacity last week. She was excellent and caring and was clear in what she had to explain to me. She was so dedicated that it made me proud that she worked for the NHS. I was not proud, however, to hear about the facilities with which she has to work following the cancellation of our new hospital project in 2010 by the Tory-Lib Dem Government. Does the Minister agree that we can have as many plans as we like, but if we do not have the infrastructure, we cannot deliver the care required by some of our neediest communities?

PD There is undoubted pressure on infrastructure, as there is on technology. As technology improves and becomes available to the NHS, it provides opportunity—for example, for much more care to be undertaken closer to the patient. In many cases, this can be done increasingly in or near their home. That will have consequences for our existing infrastructure estate, and some of that will lead to a reconfiguration of existing hospital services. There is a programme of renovation across our hospitals, but of course that cannot get to everywhere at the same time. I apologise to the hon. Gentleman that he does not have the shiny new hospital that he would like, but there is a building programme, which will continue in the future.

Sue Hayman I appreciate that. As the Minister is aware, we face particular issues in Cumbria, which has led to our having the Success regime. We are about to go into consultation on that, in key areas such as maternity, accident and emergency and the community hospital's future. My constituents are concerned about how the STPs are going to fit in with the Success regime, what the fit will be and whether all that will be challenging and confusing.

PD As I have said, and as the hon. Lady knows, the Success regime in her area will become subsumed within the STP, but the advantages for areas in the Success regime is that it means the organisations have been working together for much longer than in the pure STP areas, and that will bring benefit in terms of the maturity of their plan and their willingness and ability to implement it.

The hon. Member for Hackney North and Stoke Newington has raised concerns in her remarks today and outside this place, and I would like to address a few of them before I finish. She has said that the STPs will result in significant cuts and changes to front-line services. I wish to make it absolutely clear to the House that, for all her protestations, these plans are not about cuts; they are about local areas, including commissioners, providers and local authorities, coming together and deciding how to improve services in the medium and long term. Some areas are taking difficult decisions, often looking to tackle long-standing problems, but this will be subject to rigorous local and national scrutiny. I can categorically assure her and this House that no changes will occur without local consultation and the normal process in the event of any proposed reconfiguration.

The hon. Lady has also accused the STP process of lacking transparency, being undertaken in secret and lacking time. Planning within the NHS is not new; an annual planning round culminates in December each

year. As I have said, NHS England announced STPs publicly in its planning guidance published in December last year, and since then local STPs' leads have been engaging locally, as they deem appropriate—there has been no secret. What is new is that for the first time in years different NHS bodies, with local authorities, have been working collaboratively together to develop these plans. The 44 local areas are submitting their worked-up plans to NHS England for consideration in October. The NHS will scrutinise these plans and make recommendations over which to take forward and prioritise for discussions with Ministers and for formal public consultation, which will follow. Implementation will take place once the feedback from consultation has been assessed, so that this implementation will begin from early next year, with timings dependent on each individual area's specific proposals.

The hon. Lady has claimed that the process does not allow for adequate public or parliamentary engagement. These proposals remain at a draft stage, but we have made it clear to local leaders that they are responsible for ensuring that plans engage with all local stakeholders when they are ready, and proposed changes will be subject to local consultation. Many have already engaged with groups of clinicians and other stakeholders in their area in preparing draft plans. I have also indicated that local areas will be launching public consultations shortly, once their updated plans have been scrutinised by NHS England, and we welcome involvement from the public and from MPs. I have no doubt that there will be opportunities in the coming months for us to continue these discussions in this House and in the Department, and I will be willing to talk to MPs who are concerned about activities in their area.

The hon. Lady has called on the Government to publish the plans. As I have said, these plans are being prepared by local areas within the NHS, and they will be published and subject to further consultation in due course. She has also raised concerns about the use of private sector advisers in developing the STPs. I just point out gently to her the irony that 38 Degrees, which she prayed in aid for much of her advice in preparing for this debate, relied itself on a private sector advisory group, whose report I happen to have here—Incisive Health, a recognised private sector adviser within the NHS and elsewhere. It is a bit rich of her to come to this House arguing against the use of the private sector when she does so herself.

Dr Philipa Whitford, Health Cttee (SNP) I am sorry that this is such an acrimonious debate. I welcome the principle of the sustainability and transformation plans, as they are a key opportunity to reverse fragmentation and to reintegrate the NHS, but we have to get it right. To turn this whole matter into just a game of moving the deckchairs on the Titanic is something that we would all regret in a few years' time. We are talking about a place-based approach, which is very similar to what we have in Scotland. I absolutely welcome it, but the places must be right—they need to cover the whole population and the geography must make sense. That is in the relationships of the organisations that are there, but we have to think of things such as public transport. There is no point plonking a community in an STP if there are no connections to it. How these places are designed is really important, as are the partners that are in them. All of this should be about integration and re-integration from acute care through to primary care and local authority care. We need single pathways and wraparound patient-centred care.

PD I have some sympathy with what the hon. Lady is saying. Does she agree that that integration will not happen if any one part of those partnerships is severely underfunded? For example, she mentions local authorities. Many of the pressures in the NHS today are solely as a result of the severe underfunding of adult social care. Do we not need to ensure that the finances are in place for these STPs to work?

Dr Whitford I totally agree with the hon. Gentleman. I was about to come on to that. However, it is not just the funding, but the entire model. The tariff model that we have at the moment rewards hospitals for doing more minor things, and punishes them for doing more acute things. Taking on more A&E cases and more complex cases, working harder and doing more make their deficits grow. Our problem is that we have all sorts of perverse incentives in the system that mean that organisations will still be looking out for their budgets and their survival instead of working together.

In Scotland, we got rid of hospital trusts and primary care trusts, and, since 2014, we have had integrated joint boards. Those boards were handed joint funding that came from health and the local authority, which meant that the whole business of "your purse or my purse" disappeared. They were then able to start to look at the patient's journey and the best way to make the pathway smooth. That is what we want to see.

Having a shared vision of where we are trying to go to is crucial. That means that stakeholders—both the people who work in the NHS and the people who use it—need to believe in where we are trying to get to. Public conversations and public involvement are the way forward. We should not be consulting on something that has already been signed off, but involving people in what they would like the plans to be, as that would make those plans much stronger.

We need to make deep-seated changes to the system, as opposed to only talking about the money for the deficits. This is something that the Health Committee has been talking about for ages. The phrase "sustainability" has become shorthand for paying off the deficit. Of the £2.1 billion earmarked for sustainability and transformation, £1.8 billion is for deficits, which leaves only £300 million to change an entire system. I know that we talk about money a lot in here, and of course it is important, but we have far bigger sustainability issues than the £2.5 billion deficit in the NHS. We have an ageing population, and those people are carrying more and more chronic illnesses, which means that we have more demand, more complexity and more complications. That is one of the things that is pushing the NHS to fall over. On the other side of that, we have a shortage in our workforce; we do not have enough nurses or doctors, and that includes specialists, consultants, A&E and particularly general practitioners. Although the advice has been very much that finances were third, and prevention and quality of care were meant to come first and second in delivering the five year forward view, finances seem to be trumping everything else.

It is absolutely correct that health is no longer buildings; there are lots of methods of health that are bringing care closer to patients, and also some things that are taking patients further away from their homes. We have hyper-acute stroke units, and we have urgent cardiac units, where they will get an angiogram and an angioplasty that will prevent heart failure in the future. However, we cannot start this process there; we cannot shut hospitals and units to free up money to do better things. We have to actually go for the transformation and do the better things first. We have to design the service around the pathways we need—that wraparound care for patients—and then work backwards. If more health and treatment is coming closer to the patient, at some point they will say, "Actually, I don't go to the hospital very often. I want the hospital to have everything it needs when I need it." Then we can look at the estate to see whether we have the right size of units and the right type of units in the right place. What concerns me is that the process we have seems to be the other way around—we are starting with hospitals, which is often a very expensive thing to do, and hoping it will deliver everything else.

Norman Lamb I am grateful to the hon. Lady for giving way, even if she used my first name. Does she share my concern that, out of the original sum allocated for this sustainability and transformation process, the vast bulk appears to be going, in effect, to propping up acute trusts that face substantial deficits, and that little is available for transformation?

Dr Whitford As I said, the proposals leave only £300 million. We cannot transform a system on the scale that is being considered with £300 million.

As I said, the guidance talks about prevention. We need to be tackling health inequalities. We need to be focusing on health and wellbeing—and by that I do mean physical and mental wellbeing. We need to be strengthening public health—something else that has been cut. We need to be looking at the quality of health and care, and that means right across into social care. We must fund social care, because it can make a difference to things like delayed discharges. We are not even three years into the integration in Scotland—we are only two and a half years into it—but delayed discharges have dropped 9%. Yet, the last time the Secretary of State was in the Health Committee, they had gone up 32% in NHS England. So literally just moving things around and allowing one part of the system to fail will mean that the entire system fails.

Dr Murrison I always listen with great care to what the hon. Lady has to say, and I agree with a great deal of it. Does she agree that part of the problem in England in relation to delayed discharges has been that we have seen a retrenchment of community hospitals and their beds, which have provided step-up, step-down care—intermediate care beds. Unfortunately, they are no longer available, which means inevitably that hospital discharges are delayed, with all the distress that causes.

Dr W I totally agree with the hon. Gentleman. I think it is about care in the home for those who are able to have that and convalescence for those who require it; that, basically, is the step up, step down. In my health board in Ayrshire and Arran, we have rebuilt the three cottage hospitals. They are now modern, state-of-the-art, small units. That means that our population has less far to travel and that older people will not, in the end, need to come to hospital. Now, we are still in that transition; those units are not doing everything they have the potential for—indeed, we are a rural population. However, certainly in Scotland, there is much more recognition that we need intermediate care between people being at home and being looked after by their GP, and people ending up in a very expensive acute unit. It is not just about finance; any Member who has been in hospital knows they do not want to be there, and nor do our elderly population. These levels of care are therefore crucial, and it is important that that grows out of the STPs. I see that as a crucial opportunity for the NHS, which cannot be missed.

Barbara Keeley (Lab) Does the hon. Lady agree that there is a startling fact about the underfunding of social care that Ministers cannot get away from, whatever they do or say? We have heard today of the case of care workers who are suing the contractor that they work for because they were paid only £3.27 an hour. How can somebody be discharged from hospital in an adequate way when that is the domiciliary care that will be waiting for them? It was interesting to hear the former care Minister, the right hon. Member for North East Bedfordshire (Alistair Burt), say this morning that

"we have not got the cost of…adult social care really sorted out."

Dr W I totally agree with the hon. Lady. I am not sure whether she took part in the carers debate that we had not that long ago, where I pointed out that unless we develop social care as a profession, then we all face a fairly miserable time in our old age. Nursing is a profession that is recognised and valued, and caring for our older ill population should also be recognised. We need to recognise them, to give them time to do their jobs, to pay them adequately, and to give them a career development structure that means that we bring the best people up and get them running teams.

As I said, I am disappointed by the aggression on both sides of the House. I know that such a debate is always a good tennis match for point-scoring, but the development of the STPs is an opportunity to do things that everyone in this House would agree with. However, if it is not done properly—if it is just a fig leaf whereby we pretend that something is being done—the NHS will suffer and we will be the generation of politicians who moved the deckchairs on the Titanic

Dr Sarah Wollaston, Health Cttee (Con) I absolutely agree that we should see this as an opportunity to move away from a fragmented system where people are perhaps commissioning and providing care in isolated silos to one that looks across the whole system, and across geographical areas, so that we can move towards a truly integrated approach between health and social care. To do that, local authorities, as well as the health system, need to be involved in the STPs—and crucially, we need to involve local people. The lesson that we learn from every major reorganisation has been that if we take local people with us on the journey, and on the thinking behind it, it is much more likely to be successful. We should not see genuine local consultation and engagement as an inconvenience but as something that improves the eventual plans.

It is a real shame that this debate has developed a hashtag of "secretNHSplans". I am afraid that NHS England now has to look at that, take a step back, and ask how it could have been better at engaging local communities—and those who represent them. It is a great shame that Members across this House were

unable to see the draft plans until they were leaked to the press. That is not the right way forward for any genuine engagement.

Maria Caulfield (Con) Does my hon. Friend agree that if staff, whether nurses, doctors, physios or pharmacists, had been involved right from the start of the process, that would have helped staff morale in the NHS, which is struggling, and that they probably have the best ideas of anyone as to how the STPs could progress?

Dr Wollaston I absolutely agree. This is about local communities and their representatives. Public meetings are important, but so are involving bodies such as HealthWatch and making sure that under-represented groups are involved. The right hon. Member for North Norfolk (Norman Lamb) talked about the need to involve mental health services in these plans. It is very important that we make sure that under-represented groups are involved, and that does include those who use mental health services.

Jack Dromey (Lab) The hon. Lady, with her lifetime of experience in the national health service, is absolutely right about the importance of consultation. Does she therefore understand the concern being expressed by the staff at the Dove sexual health centre in one of the poorest constituencies in England, Erdington, because none of its 2,000 patients has been consulted, and neither have any stakeholders, about a proposal to close this absolutely vital facility?

Dr Wollaston I thank the hon. Gentleman for his intervention. As I said, the plans that are produced at the end of the day will be better if we involve those who are using the services and those providing them, as well as those commissioning them, as we go along, rather than present a plan, even if it is a draft, as a fait accompli, because then it becomes a binary choice rather than one where people can make suggestions to improve the plans as they develop.

If we get too caught up in the process of consultation, we will not address the other serious hurdles in the way of STPs achieving their aims, chief among which is the issue of finance. The NHS is now in its seventh year of a historic level of austerity, and the average of a 1.1% annual uplift in funding for the NHS over the past six years represents an extraordinary challenge in the context of increasing demand. It is good that we are living longer, but we are doing so with much more complex conditions, and the treatments available to tackle them are more expensive. We need to be clear that, because of that, and even though the settlement for health has undoubtedly been generous in relation to other Departments, a significant gap is opening up in health, and the situation is even worse in social care.

Figures from the Association of Directors of Adult Social Services show that 400,000 fewer people are in receipt of social care packages in 2015-16 than there were in 2009-10, and not only are fewer people receiving social care packages, but those packages are smaller. Many STPs are about transferring care into the community. We need to make sure not only that the funding is available to provide those social care packages, but that we have the workforce to deliver them. The proposal in the area that I represent is to close two community hospitals that are used by my constituents. As a former rural general practitioner, I know just how important those facilities are to local people. They are special to them not only because of the step-up, step-down care that they provide and to which the hon. Lady has referred, but because these are the places that more people like to be at the end of their lives. They provide personal care and allow people, particularly those in rural areas who are doubly disadvantaged by not being able to travel to larger local centres, the opportunity to be treated closer to home.

Members on both sides of the House are aware of how valuable and important community hospitals are to our constituents. Taking that a step further, I would say that the best bed for any patient is their own bed, provided that they can be given the right package of care close to home. We know that there are many people even in community hospital beds who do not need to be there. They are there for want of the right social care package that could enable them to be at home.

In welcoming STPs, we should be realistic about the financial challenge that they also face and the costs sometimes of providing those services. That is a huge challenge for them. In my area alone the STP is facing a £572 million shortfall by 2021 if no action is taken. I can understand why, for example, it will look at the relative cost of providing care to people in acute hospitals, in community hospitals and at home, and make an argument that sounds very reasonable about how a larger number of people could be much better cared for at home.

I return to the point that the hon. Member for Central Ayrshire (Dr Whitford) made. Access to the transformation part of the sustainability and transformation plans is necessary to be able to put those services in place and very often to build the infrastructure that we need. For example, in Dartmouth in my area, the possibility of providing more care closer to home within a community hub will require the up-front funds to build a new centre that allows the workforce to be developed and more services to be provided closer to home. Unfortunately, what we often see is the closure of a much loved facility without the new service in place.

As the sustainability and transformation plans progress, I would like to see a genuine focus on the opportunities to provide more care closer to home. I fear that we will miss that opportunity because, as we have heard, £1.8 billion of the £2.1 billion sustainability and transformation fund is going towards the sustainability bit, for which read "plugging provider deficits", and only £300 million is left nationally to put in place all these plans.

We know also that part of the way that the Government have managed to fulfil their promise to NHS England in respect of the funding that it asked for has been by taking funding out of capital budgets because those are essentially flat cash, and also by taking money out of Health Education England budgets and public health budgets. It concerns me that many of the principles behind the sustainability and transformation plans are put at risk by other parts of the system being squeezed. We have heard the point about prevention. Central to the achievements of the sustainability and transformation plans is the prevention piece—the public health piece. It is a great shame that public health budgets have been squeezed, limiting the ability of those aims to be achieved.

I know that many Members wish to speak so I shall move on and make some asks of the Minister, if I may. There is more that the Government can do. We on the Health Committee were very disappointed that none of the witnesses who came before us from NHS England, NHS Improvement or the Department of Health was able to set out the impact of cuts to social care on health planning. We need to do much better at quantifying the cost to the NHS of cuts to the social care budget.

The Minister needs to take the long view on prevention and help the service by implementing policies that could help local authorities to make changes. For example, I suggest making health a material consideration in planning and licensing, in order to provide the levers to make a difference. We need a much greater focus on workforce, because the STPs cannot achieve their aims if the workforce to achieve them is not in place. Finally, will the Minister kindly visit my area to look at the proposals in the sustainability and transformation plans in south Devon, and at the opportunities and how we would achieve them?

Heidi Alexander (Lab) I am grateful for the opportunity to speak in this debate. Sustainability and transformation plans—what are they, should the public be concerned, and are the plans good, bad or a mixture of both? As we have heard, over the last eight months or so STPs have been drawn up in 44 areas in England by a range of people involved in the running of the NHS and local government. As far as I can work out, they have come about because NHS England could see that in the chaos following the previous Government's Health and Social Care Act 2012, there was no obvious body responsible for thinking about how best to organise NHS services at a regional and sub-regional level, so NHS staff and local government officials were tasked with assessing the health and care needs of their local populations, considering the quality and adequacy of the provision to meet those needs, and developing ideas about how those needs might be better met within available resources.

So far, so good, we might say, but there are three big problems. First, the current financial pressures on the NHS mean that the plans are likely to be all about sustainability, not transformation. Secondly, this is a standardised process to define and drive change, so we run the risk of good proposals being lumped in with bad ones, and of some plans simply focusing on the achievable, as opposed to the necessary and the most desirable. Thirdly, it is an inescapable fact that these plans are being developed when there is huge public cynicism about the motives of a Tory Government when it comes to change in the NHS. If the Government want to deliver change, the debate with the public needs to start in the right place—not behind closed doors, and not using jargon that no one understands. It needs to be focused on patients and their families, not on accountants and their spreadsheets.

I think most people understand that the NHS cannot be preserved in aspic. They understand that compared with the 1950s, we now use the NHS in a very different way. At the moment, they simply see an NHS under enormous pressure. They are waiting longer for an ambulance, to see a GP, to be treated in A&E and for operations. They see staff who are stressed out and who are on the streets in protest. When Ministers and NHS leaders talk about sustainability and transformation, the public are therefore dubious. For sustainability, they read cuts, and in some cases they will be right—it will mean cutting staff, closing services and restricting access to treatment. No matter good the plan, how thorough the analysis or how innovative the solution, we cannot escape the basic problem of inadequate funding for the NHS and social care.

Kerry McCarthy (Lab) In my constituency, we are very concerned because Bristol is surplus but the footprint means that we will be going in with North Somerset and South Gloucestershire, which both have cumulative deficits. No matter what else is part of the plan, to us in Bristol it means cuts.

Heidi Alexander That is the story we hear from all over the country. This is not profligate overspending on the part of NHS bosses or local government leaders; it is chronic underfunding on the part of Government. There was much fanfare associated with last year's comprehensive spending review and what it meant for the NHS, but when we look at that financial settlement, along with the one in the last Parliament, we see a flatlining budget to deal with soaring demand.

As a country, we have a growing and ageing population. The reality is that in the last 10 years, the number of people living beyond the age of 80 has increased by half a million, and the NHS and social care are buckling under the strain. Although we should never give up on trying to organise the NHS in the most efficient and effective way possible, we have a choice. Do we want to cut services to match the funding available, or do we want to pay more to ensure that our grandparents and our mums and dads get the sort of care that we would want for them? If the NHS is to provide decent care for older people we need not only to fund social care adequately, but to find better ways of organising services to keep people out of hospital for as long as possible.

That leads me to the next problem. STPs are being used as a catch-all process to bring about change in the NHS, but many run the risk of focusing on the wrong things. They are being used as a vehicle to do different things in different places, and although some may lead to better treatment and better outcomes, the danger is that there will be knee-jerk, blanket opposition to everything. Some proposals will inevitably be controversial—the closure or downgrading of an A&E or maternity department will never be easy—but, in other cases, the plans may end up focusing on something that is not the burning issue.

Let me take my local area as example. The STP for south-east London proposes two orthopaedic elective care centres. The sites for them have yet to be decided, and the STP plan has yet to be signed off by NHS England. On the face of it, there is little wrong with the proposal to create centres of excellence so that all hip and knee replacements are done in one of two places. The problem is that when the front page of a national newspaper talks about the "secret" STP plans under which A&Es will close, my constituents fear the worst. "We've been here before," they will say. They will smell a rat, even where one might not exist.

My constituents ask me these questions. What happens if Lewisham is not the site of the new centre, its elective work is shifted elsewhere and the hospital then struggles to staff the emergency department? Is orthopaedic care really the burning issue in south-east London? What about the queues of ambulances outside the Queen Elizabeth hospital? What about the homeless young man who pitches up in A&E because he has nowhere to sleep and there is no support for him in the community?

Where will the money come from physically to redesign the NHS buildings that such a care centre would entail? With £l billion taken out of capital budgets and switched to revenue last year, it seems fanciful to think that there will money lying around for such projects. The NHS is on its knees. Everyone knows that hospitals ended up £2.5 billion in deficit last year. We have all seen the reports of A&Es closing overnight because they have not got the staff. We all know that GPs are run ragged, that ambulance crews are stressed out and that nurses are demoralised, and that is before mentioning the junior doctors.

This is the main problem for the Government: if you do not fund the NHS adequately and if you do not staff it properly, do not be surprised when the public do not trust your so-called improvement plans. There is deep public cynicism when it comes to anything this Government wants to do to the NHS. People believe Ministers are trying to privatise it. They believe services are contracted out to the private sector to save money, not to improve quality, and in many cases they are right. The problem is not STPs as such, but the context in which they are being developed—inadequate funding, an inability to make the case for change, a workforce crisis that is leading to overnight closure of services and, as a result of all of these, a deep public mistrust of the Government's intentions.

David Tredinnick (Con) will be as brief as I can be, Mr Deputy Speaker. May I congratulate my old Whip on his elevation to being the Minister of State, Department of Health? I hope that he brings with him all the skills he learned at the Ministry of Defence, as there are many tough challenges ahead. At a time when there is upheaval in every Department in Whitehall, I suggest that this is a good time for him to look afresh at where the Department of Health is going, and I want to propose some initiatives.

This debate is divided neatly into sustainability and transformation. I suggest to the House that, if we are to have a sustainable health service, sustainability will need to be about reducing demand—we must look at ways of reducing the demand on the service—and if we are to have transformation, it will have to include increasing supply and looking for new types of treatments that are available.

I am proud to have represented the middle of England, Leicestershire, for many years, and in particular pretty much the whole area of Hinckley and Bosworth Borough Council. I would like to share the initiatives that the council has taken since the Health and Social Care Act 2012 came into being, and then suggest what we need to do beyond those kinds of initiatives, taken by a council that is very successful and, I might add, Conservative-controlled.

The council has taken three major initiatives in my constituency. One is getting people of all ages to be more active, including through young people putting on activities such as days for soccer tots aged two to four, bikeability courses for six-year-olds, BMX track work, parachute games, skipping and making smoothies. There are all kinds of activities. The council has also built a new leisure centre, which has been a huge success. The number of people attending swimming in the borough has gone up exponentially. It has produced some excellent facilities.

It is sad to relate, however, that in my constituency 7% of people have diabetes and 68% are recorded as having excess weight, of whom 20% are obese. Obesity in children is still increasing. My point is that however good local people are, we have to take other steps. I can see the Chair of the Health Committee, my hon. Friend the Member for Totnes (Dr Wollaston), looking over at me, and she knows what I am going to say, because we worked on this when I was on the Committee: we have to have more action on obesity. The sugar tax is very important and welcome, but it is not enough. We have to deal with diet and food consumption. The template for moving ahead should be the campaign of more than 100 years to stop people smoking and stop

cigarettes dominating our lives. That campaign really began with the passage of the Regulation of the Railways Act 1868, which mandated smoke-free carriages to prevent injury to non-smokers, and culminated in England going smoke-free in 2007.

As for the transformation of local services, we need more services, but some are not properly co-ordinated. I served on the Committee for the Osteopaths Act in 1993 and the Chiropractors Act in 1994. Both groups of practitioners are now regulated by an Act of Parliament, but osteopaths, chiropractors and orthopaedic surgeons do not talk. It is ridiculous. Far too many people are having operations who could be dealt with by chiropractors or osteopaths. The head of the Professional Standards Authority, Harry Cayton, regulates 17 registers and says that of the 63,000 practitioners on those 17 accredited registers, covering 25 occupations, far too few are being used in the health service. That is very sad.

I will finish on this point, for the benefit of the Chair of the Health Committee as much as anything: homeopathy has been officially recognised by the Swiss Government as legitimate medicine to coexist with conventional medicine, following a 2009 Swiss referendum—referendums are not only in Scotland—when two thirds of the population decided that they wanted homeopathy, acupuncture, traditional Chinese medicine, herbal medicine and holistic medicine as part of their health service. Swiss insurance companies now agree.

Nicholas Brown (Lab) In confronting those difficulties, the Government's five-year forward review, which was published in 2014, called for £22 billion of efficiency savings to be found by 2020, on top of the £20 billion of efficiency savings to be found between 2010 and 2015. I simply do not think that should or can be done. The total deficit in all national health service trusts reached £2.45 billion in 2015-16, a figure that is almost three times greater than in 2014-15 and almost half a billion pounds higher than the national health service's own revised plan. Monitor estimates that even if all realistic efficiency savings were made, a deficit of £1.5 billion would remain in this financial year. It is simply not possible to deal with the situation through efficiency savings. The Government know that and are stuck, hence the sustainability and transformation plans covering the next five years, organised along 44 footprint areas that do not have any existing coherence with existing health service organisational boundaries. In the north-east, the Northumberland and Tyne and Wear footprint covers five clinical commissioning groups, six local authorities and seven foundation trusts.

Newcastle, the city I have the honour and privilege to represent, enjoys well run and efficient health services, which is a testament to staff working at all levels in the NHS there. Our health services are well regarded in the local area, but the sustainability and transformation plans raise at least three serious questions. If NHS England and NHS Improvement think that more than half of clinical commissioning groups are underperforming, why are they asking CCGs to draw up the key documents that will transform the structure of the NHS? Given that many CCGs will have to merge, where is the motivation for them to create clear, competent and credible plans? Given that the footprints will have no formal structure, who is accountable for the long-term consequences of the plans?

The approach that is being adopted bears a striking resemblance to the previous top-down, unwanted revision of the NHS that we were promised would not happen when the Government came to power in 2010. They are doing something that one would have thought difficult—they are breaking their promises twice.

This is not the first threat that the north-east has faced. We have faced the redistribution of moneys and the downgrading in the distribution formula of the social deprivation component, with far more emphasis being placed on the age-related part of the formula, which affects the well elderly rather than people who are ill.

In government, Labour promised to increase health spending to match the then European average of 8.5% of GDP. We kept that promise, but successive Governments since—the coalition Government and the Tory Government—have failed to commit funds to the NHS. That is why health spending as a proportion of GDP will fall to 6.6% by 2020-21, which will leave us lagging behind the OECD average spend of 9.1% and comparable countries such as Germany, which spends 11%.

The Government should be honest with people about the challenges the national health service faces and the response needed to meet them. The sustainability and transformation plans are a fundamentally bureaucratic response to the funding crisis in the NHS. As such, the Government completely misunderstand the fact that the NHS needs not more meetings but more money.

Richard Fuller (Con) Change in life is frequently a source of anxiety or downright scary. When people are young and change schools, when they get married or when they start a job, that change is scary. There is nothing scarier for a community than change in how its health services are provided, so perhaps it is not surprising that the NHS has found managing change to be one of the most profoundly difficult things to accomplish.

As the hon. Member for Central Ayrshire (Dr Whitford) mentioned, we frequently face substantial or overwhelming challenges in society, with people growing older and having more complex needs, and the requirement for more expensive equipment and supplies to meet ever increasing standards for and expectations of healthcare in our country. The NHS was presented with two options for change. One is radical and will meet those challenges in a fine future that offers great health outcomes for all, but sounds a little too scary. The other option is the incremental approach, which will move things along a little bit. It will not deal with the fundamentals but it will enable us to feel that we retain the institutions and structures with which we are familiar.

As someone who was born in Bedford hospital, grew up in Bedford and now represents Bedford, I am very familiar with each of the buildings and institutions in my community. To see them change is a very scary thing. When we consider processes of change, we have to recognise that the population start from that position of anxiety. It is therefore important that Members do not play on those anxieties. It is not effective opposition to create scare stories ahead of an outcome. That is not in the public interest. We can raise concerns, yes, but in a way that looks to the sensitivities of local situations. That is what I would like to focus on in my remarks: the specific circumstances of my part of the country.

I welcome the STP approach because of the integration of care with health and because it provides local authorities with a voice, for the first time, in decision making about local care choices. For the first time, the NHS will not be getting its own way, if this process lives up to the promise of local decision making. That will be helpful in getting local support and control. In my own locality, we have a cross-party community approach. We have a Liberal Democrat mayor, a Liberal-Labour group on the council and Conservative Members of Parliament. We are all united in an approach of wanting our voice heard on local care in the NHS. An STP is a way of us having that.

I very much appreciate the hon. Lady's question, because it gets to my point. I am actually quite sceptical about what consultation means. She might not know that Bedford has been through a review process for our acute services. I was trying to measure the length of that process in terms of Members of Parliament for Corby: it preceded Louise Mensch becoming Member of Parliament, carried on through the whole period of Andy Sawford being Member of Parliament, and is now taking up the time of my hon. Friend the Member for Corby (Tom Pursglove). We do not involve Corby anymore; it is now just Bedford and Milton Keynes. That process included consultation and participation, with the NHS saying that it wanted to listen to people. It consulted them, yes. Did it listen to them? No. It was the NHS's own process. It ticked all the boxes, but it was a complete and utter disgrace to local accountability.

I do not have distrust of Pauline Philip, chief executive officer and leader of our STP, and I do not need to know everything. I want to know that our local authorities are having their voice heard in the process just as much as our local CCG, as they are our representatives. I feel relatively comfortable that the process will lead to options that are more acceptable to the population, because it involves local authorities as well as the NHS. We should, however, expect the outcomes of the process to be highly varied around the country. Some will be correct and acceptable, and will go forward. Others will be controversial, and others will be downright wrong. We should not curse this whole process across the country, because it achieves a difference in outcome in

different parts of the country. We should be prepared to look at each on its own merits and judge them accordingly.

My hon. Friend is right. I come back to the central part of what is different about STPs: they involve local authorities. On issues such as mental health and care in the community, that voice will be heard much more clearly. Our local authorities represent our local people—that is their interest. Their voice will make a substantial difference.

I have two brief final points about Bedford to which the Minister can perhaps reply. First, our CCG is under legal direction. Will that affect local decision making? Secondly, our CCG set up a joint committee with Milton Keynes to review acute services. Is he in a position to assure me that that joint CCG will not take any part whatever in the decision processes when the result of the STP is reached?

Paula Sherrif (Lab) In common with many other Members, I have received hundreds of emails from concerned constituents about the sustainability and transformation plans and what they mean for the NHS nationally, regionally and locally. To provide some local context, my constituency covers an area that sits largely in the middle of two health trusts: the Mid Yorkshire Hospitals NHS Trust and the Calderdale and Huddersfield NHS Foundation Trust. There are four clinical commissioning groups: North Kirklees, Wakefield, Calderdale and Greater Huddersfield. We are in the borough of Kirklees Council, which serves a population in excess of 430,000.

The Mid Yorkshire trust is in the advanced stages of reconfiguration—or downgrade, as many people, including myself, see it. Dewsbury hospital will this week lose its consultant-led maternity unit, and there will be changes and reductions in services for acute surgery, gynaecology and paediatrics. Next spring, the A&E department will be reduced to an urgent care centre with no provision for acute services.

On the other side of my constituency sits the Huddersfield Royal Infirmary. The Greater Huddersfield and Calderdale CCGs have just completed a so-called consultation on their "reconfiguration of services"—or, once again, downgrades. If the proposals are accepted, the infirmary will have its A&E department downgraded and the whole of Kirklees, which includes all of my constituents, will be left without full A&E provision. That is over 430,000 people who will have to travel outside the borough to access vital emergency healthcare for themselves and their loved ones.

Kirklees is a vast geographical area that spans many towns and rural and semi-rural areas. Many people there rely solely on public transport as a means of travel, and parts of the borough are in the top 10% of the country's most deprived areas, which brings about huge health issues and inequalities. The cuts to services are not improving life chances or enhancing healthcare provision; they are purely part of a cost-cutting exercise that could result in lives being put at risk. It has been reported just this afternoon that a senior representative from a local CCG has commented that it is almost as if NHS England is putting money before quality.

We now learn that the Government have set up STPs to look at health services on a larger footprint. Some might say that is akin to shutting the stable door after the horse has bolted. How can these STPs work, given that we are so far down the line already? The reconfigurations and downgrades that have been developed are being implemented completely in isolation from each other, with no regard for the wider population or the geographical boundaries that they cover. How can the STPs work—unless, that is, they have been put in place simply to implement further cuts to our already overstretched NHS services?

Sadly, we on the Opposition Benches have to acknowledge that our NHS is in crisis. We are genuinely fearful for the future of health provision in our country, and that fear is shared by many health experts. The British Medical Association has said that

"one of the key aims of STPs is to achieve financial balance by 2020",

and that it has concerns

“that this will be the priority for STPs rather than developing the best models for patients.”

The King’s Fund has said:

“Our assessment of draft plans shows that, in the absence of eye-watering efficiency improvements, there will be a financial gap running into hundreds of millions of pounds by 2020/21 in most of the footprints”,

and that even with cost efficiency measures that are already being implemented,

“it will still not be possible to achieve the financial balance expected by national regulators.”

Its assessment of seeing one STP struggle to achieve its goals was that it was like

“attempting to undertake synchronised swimming against a rip tide”.

How many more years will we have to endure this, and how many lives will be lost before the Government admit that their “efficiency plans” are simply not working and that the only way fully to address people’s needs is to stop the cuts and to pledge more money to fund our NHS adequately?

A constituent contacted me this week desperately worried about a loved one who was suffering many health problems in hospital. I said to her the words that many of us have used many times over the years, “At least he’s in the right place; he’s in hospital, getting the best care”. Although I know at first hand how hard those on the front line of our health service are working and how much our incredible staff do in our hospitals, how much confidence can we have in those words nowadays? At a time of diminishing budgets and major cuts to services, can we really have confidence that our health services are adequate to provide the best care for our loved ones?

As Nye Bevan, whom I have quoted a number of times and will continue to quote, said:

“The NHS will last as long as there are folk left with faith to fight for it.”

Let it be known that I, along with my hon. Friends, will continue to fight tooth and nail to ensure that this Government do not succeed in destroying the health service that we hold so dear.

Kwasi Kwateng (Con) It is a great honour to be able to speak in this important debate. We have heard some very interesting contributions, and some contributions which were, perhaps, less constructive. I will not state publicly which are which, but I would like to take up what was said by the right hon. Member for Newcastle upon Tyne East (Mr Brown), who spoke of Labour’s commitment to meeting the OECD’s health spending average in 2001.

I think it perfectly acceptable, in a discussion of this kind, to point out that in 2001 the Labour Government had succeeded in running a balanced budget for four years, more or less, and we thought at the time that we had the money to meet that commitment. Having been a member of the Labour Government, the right hon. Gentleman will recall that over the next nine or 10 years we ran consecutive deficits, and as a consequence of policy that I happen to believe was misguided in many instances, we had a deficit of £160 billion when the coalition Government took office in 2010. Given the circumstances, it was inevitable that there would be a constraint on finance, and that is something that we have to speak about.

If I recall correctly, the hon. Member for Central Ayrshire (Dr Whitford), whose speech I enjoyed very much, said that we kept talking about finance, and that it should be the third consideration. I wish it were as easy as that—I wish we could relegate finance to a subordinate and back-burner role—but I do not think that that would be fair to the country, or to our constituents.

The right hon. Gentleman talked, obviously, about the budget constraints, but he also talked about the fact that we were not spending enough money. I think that the STPs present the opportunity for a serious engagement with what all Members recognise is an ongoing problem. We have a growing population and an

ageing population, and inevitably, whether we like it or not, issues of finance and resources will become increasingly important.

I am pleased to learn that local consultation will be at the centre of the draft proposal, because that is essential, and it is what our constituents want. There are two hospitals in my area; one is just outside my constituency but many of my constituents go to it, while Ashford hospital is in the centre of Spelthorne. A number of the facilities have been downgraded—it has been a difficult time—but the borough council and I, as the local Member of Parliament, always tried to explain to residents what was driving the decisions and the changes that we sought to make, and they were broadly very understanding. I think that people throughout the country are very sensible when we explain to them and carry them with us, and that they take a measured view of health services. They realise that the old NHS of Nye Bevan and 1948 has had to evolve. I believe that they are much more open to evolution and change than many Members of Parliament.

The last point that I want to make is slightly negative. I have attended many debates of this kind—not necessarily on the health service, but on the economy and welfare—and all that I hear from Labour Members is the same old mantra: "Stop the cuts, more money." That seems to be their sole solution to every single problem that we face as a country. It is said that to a man with a hammer, every problem is a nail. Labour Members seem to think that "Stop the cuts, more money" is the answer to everything, and I consider that entirely unconstructive. I find it very disappointing to hear no constructive ideas and no proposals for reform, and to observe no appetite for fresh thinking and absolutely nothing in the way of intellectual engagement with the real problems that we face as a nation. I find it very disappointing to take part in yet another debate and hear the same old mantra: "Stop the cuts, more money."

Norman Lamb (Lib) I want to start by saying that I very much agree with the point made by the hon. Member for Central Ayrshire (Dr Whitford) that this ought to present a real opportunity. It has brought people together, and discussions have started across organisations that in the past have not talked to each other nearly enough—both across the health and social care divide, and also bringing in people from outside the health service and social care system—but I fear that the opportunity will be fatally undermined for three central reasons.

First, there is the point that I made in my challenge to the Minister, on mental health: unless every STP addresses the burden of mental ill health in every community centrally as part of its plan, it will fail. There is no doubt about that. I noted the Minister's attempt to reassure me, but the parliamentary answer I received recently did not reassure me, because it appears that it is not going to be a requirement that every plan must centrally address this problem. I understand that the more developed plans will do so, but if this is not done, it will absolutely fail. We are dealing often with some of the people who are failed most by the system, and who use A&E departments more than any other people, yet my fear is this will be a massive missed opportunity in that regard.

I am grateful to the Minister for that, and I hope that that message goes out across the country, because Andy Bell from the Centre for Mental Health today has again raised concern about the process in many parts of the country.

The second issue that causes me very real concern is the financial backdrop and the ability to deliver on the plans given the finances that are available. We have already heard that the bulk of the money that is available is going into clearing the deficits of providers, rather than into the transformation that is so necessary in order, as the hon. Member for Spelthorne (Kwasi Kwarteng) made clear, to spend money more efficiently and effectively in delivering care for our communities.

Chris Ham, chief executive of the King's Fund and a well-respected commentator, says that its assessment of the draft plans

"shows that, in the absence of eye-watering efficiency improvements, there will be a financial gap running into hundreds of millions of pounds by 2020/21 in most of the footprints"—

not across the country, but in most footprints. This is completely unachievable, and he questions the deliverability of plans which include the closure of cottage hospitals in many areas—the very things that can keep people out of acute hospitals, yet we are planning in many areas to close them down. This seems to me to make no sense at all.

There is a related concern about governance. Currently in the NHS we regulate organisations, not systems, so within an STP footprint every organisation still has to focus on its own financial survival, rather than looking at the best approach for the entire health and care system in that locality. I fear that that in itself will be a central flaw.

Finally, there is the question of openness and transparency. I note the point that there will be a consultation process, but let me just tell the Government that if they really think that a formal consultation process after full draft plans have been produced in a secret process will in any way convince the public that they are being properly involved, it will fail. It is inevitable that it will fail. People are so suspicious of consultation processes that they simply do not believe that they are being properly engaged in them.

The hon. Member for Spelthorne made a good point: people are often prepared to go on a journey. They are prepared to listen to potentially radical changes and potentially to use money more effectively, but the only way they will do that is if they are involved from the start—involved in shaping the proposals, rather than responding to something that has been fixed behind closed doors. The hon. Member for Bedford (Richard Fuller) knows full well how the public react when they are presented with what looks like a fait accompli. If the public are not involved in the development of plans to close cottage hospitals, to slim down acute hospitals and to merge hospitals around the country, we should be in no doubt that those plans will be rejected. The Government will be facing a political disaster if they plough on in this way. They must, for example, open up and involve the non-executive directors, who have been told that they cannot even be part of the discussions. That is ridiculous. For goodness' sake, if we are to take people with us, we have to take them on a journey, engage with them and involve them in the plans.

I will conclude by saying that this is the right approach but it will be undermined because of the rushed process which does not involve the public, because it does not take people with it on the journey and because there is not enough money to deliver the transformation that is required.

Jason McCartney (Con) I value our wonderful NHS, having volunteered again this summer in my local community hospital, and I should like to put on record my admiration for all the wonderful staff who provide great care, free at the point of delivery, in our communities. Every day, our NHS is performing 4,400 more operations and seeing 2,500 more people in A&E within four hours than it did in 2010. NHS spending in England is going up by £10 billion in real terms by 2020-21, of which £6 billion will be delivered by the end of 2016-17. Despite this, however, many communities are seeing big challenges, and it was really good to hear the calm, rational and knowledgeable comments from the hon. Member for Central Ayrshire (Dr Whitford) and my hon. Friend the Member for Totnes (Dr Wollaston) on that subject. As a result of those challenges, many of our communities are facing the reconfiguration of local services.

I want to speak briefly about my proposed local reconfiguration. My local clinical commissioning group is planning to downgrade the A&E department at Huddersfield royal infirmary, a hospital in my constituency. A huge community campaign called Hands Off HRI is supported by the local community, local MPs of all parties, local councillors and local GPs. If the downgrade happens, Huddersfield will be the biggest town in England without a full A&E, and patients needing A&E in our growing university town will have to travel all the way to Calderdale hospital along the notorious Elland by-pass.

On 25 May at Prime Minister's questions, when the then Chancellor, my right hon. Friend the Member for Tatton (Mr Osborne), was taking questions, I asked him about this reconfiguration. He said that any decisions

"must be based on clear evidence that they will deliver better outcomes for patients."—[Official Report, 25 May 2016; Vol. 611, c. 534.]

He also said that these decisions by local clinicians would have to meet four key tests, and I want to update the House on how we are doing in that regard. The first test is that the plans must demonstrate public and patient engagement. However, the results of the official consultation show that some 80% of the Huddersfield people who completed the survey said that the plan would make the care they receive worse. The second test is that the plans must have the support of GP commissioners. Okay, the commissioners on the CCG are proposing this change, but the Kirklees local medical committee, which represents 200 local GPs, has said that local resources should be developed instead and that this controversial plan should be dropped.

The third test is that the plans should be based on clinical evidence. I am pleased to say that the recent Care Quality Commission report gave the A&E departments at Halifax and Huddersfield good ratings, but the consultant-led maternity unit, which was centralised at Halifax nearly a decade ago, was rated as requiring improvement. The fourth test is that the plans must take account of patient choice. It is clear that patients want the millions of pounds that would be spent on a new planned care hospital in Huddersfield to be used instead to improve and safeguard existing local A&E services.

I am really not interested in the partisan politics of this. I am standing up to focus on fighting to save my local A&E unit. I really believe that patients should come first. In finishing, I have one question for the Minister. I am hearing that the STP plans for West Yorkshire will be released on 21 October, the day after my CCG makes its decision. How will that impact on the future for a full A&E department at Huddersfield royal infirmary?

Kate Hollern (Blackburn) (Lab) I have serious concerns about the lack of transparency in the process. If there had been more consultation, it would have been far more transparent. The plans' only aim is to fit funding, rather than to examine and improve services.

Hospitals are under huge pressure in Blackburn and the surrounding Pennine area—as I am sure you are aware, Mr Deputy Speaker—with the closure of the A&E at Chorley hospital. Coupled with the huge burden facing local authorities, the Pennine Lancashire health authority has the challenge of finding £238 million over the next five years. With the best will in the world from local authorities, NHS trusts and communities, I fear that the change will not be for the better under that kind of financial pressure.

Let us not forget the savage budget cuts that local authorities have faced. Blackburn with Darwen Council alone has already had to cut £100 million from its budget, with another £48 million to cut by 2020. I am not opposed in theory to a system approach of hospital trusts and local authorities working together. In fact, that was always one of our main aims during my many years as leader of Blackburn with Darwen Council, but it was used to improve services. It is not fair that that council has effectively been handed the task of improvement with vanishing resources.

The exemption of adult social care from STPs has caused concern in local authorities across the country. It is not helpful that they have been told to leave that bit out of their submitted plans because it does not quite fit in with the budget. That will certainly not produce a more efficient and better service. The funding gap in adult social care is a real crisis that local authorities must face, but no remedy to fix it is currently forthcoming. Many pressure groups, experts and even the chief executive of NHS England, Simon Stevens, have publicly advised the Government to make extra funding available for social care, yet the Government have been silent. They have made no commitment to make additional funds available in 2017 to support adult social care. I would like to give them an opportunity today and will happily give way to a Minister if they are prepared to clarify that point. Will the Government make additional funds available to ease the burden on adult social care, leading to better transformation of services?

Like many of my constituents, I seek clarity on whether additional funding will be made available, because if it is not, STPs will fail miserably. If we really want a transparent process and improved services, before we move on to transformation I suggest that my colleagues and I are at least made aware of what the plans contain or are assured that resources will be available to stabilise NHS and local authority services.

Peter Dowd (Lab) A recent report to my local health and wellbeing board on STPs stated:

"There is a growing consensus that one of the most powerful ways to achieve change is through local services working together—across entire communities and pathways of care—to find ways to close the gaps between where we are now, and where we need to be in the future."

That was the hope of the many people who have written to me on this matter. I really appreciate the time they have taken to share their concerns with me, but I can give them little comfort as things stand. Regrettably, in my area the "footprint" is an area in Cheshire and Merseyside, not in the Liverpool city region. That was determined unilaterally by the governance structure and it is regrettable, getting the process off to the wrong start, with the suggestions of local political leaders dismissed. That act has compounded the problem, in that they are the very people the NHS should be consulting: local communities, the leaders of councils and local councillors. These are the democratically elected representatives in those areas.

This move is all the more disappointing given that there is a council leader who has responsibility for the health and social care brief across the city region. It is more than disappointing—it is bizarre, especially as local government is supposed to be a significant partner of the NHS. The Government have pushed the issues of health and social care integration no end, but it seems more in theory than in practice. NHS England can hardly put out a press release without mentioning it, yet I suspect that many health footprints are in the same situation as those in my constituency. There is no doubt that people are being excluded. I have emphasised this issue because it goes to the heart of the willingness of the NHS to step out of its self-imposed bureaucratic mindset. Worryingly, though, it appears to have an almost pathological inability to break out of it.

In my area, it is a case of going back to the past. The default position of my local NHS is to reinstate the old Cheshire and Merseyside health authority areas. My message is to stop and think. We are in the 21st century, not the 20th century. The reality is that the democratic lack of accountability in the NHS, certainly at a local level, leads to an inability to recognise that, in setting the terms of engagement with local community partners, it must do so before decisions are made, not after.

As far as I am concerned, the Government are telling us that all is well, that they have poured loads of money into the NHS and that there is enough in the system, so it is just a question of making better use of it. Yet the Germans spend 40% more per head than we do, and across the European Union the figure is 25%. People take the Government's claims with a big pinch of salt, as all they see are waiting lists growing longer; ready access to their GPs becoming increasingly difficult; waiting times in A&E growing by the day; ongoing industrial disputes with junior doctors; and GP-led clinical commissioning groups beginning to start the process of rationing. And so it goes on. We need an NHS that has the consent of our community and an NHS that links in with communities. In this respect, I fear that the plans will turn out to be neither sustainable nor transformational, which will send the message that the NHS is not safe in Tory hands.

Maria Caulfield (Con) Before I start, I wish to declare an interest as a registered nurse. I welcome this debate this afternoon as STPs are a really important issue and, as many Members have said, they have a huge potential to transform care at a local level, bringing in social care and third sector organisations. They represent a huge opportunity, and not one that we want to get wrong.

However, because many of these 44 STPs have not shared or consulted on their plans, there is a suspicion, rightly or wrongly, that they are an excuse to bring in cuts or to bridge financial deficits. I would welcome the Minister's thoughts on this, and a signal that consultation will happen. That consultation is not happening at

the moment, which is part of the problem. It enables those who want to perpetrate this myth and this fear that this is all about cuts to have some breathing space.

My area, which falls into the Sussex and East Surrey STP, has not published its STP. Although it makes great claims to be working with hospitals, clinical commissioning groups, local councils, GPs and HealthWatch, no one I know, and certainly no local MPs, has been involved in discussions about the process. I am very disappointed that some of our key community groups in Lewes and Seaford, such as our senior forums, Families for Autism and many other groups have not been consulted. It is right that STPs should submit their plans to NHS England to ensure that there is a co-ordinated approach across the country, but it is vital that there is time for consultation. I am worried that there is only a short period after October for that to happen.

However, what I say to the doom-mongers who are trying to instil fear into my constituents is that if current investment is anything to go on, I am optimistic about what our STP will look like. My constituency does not have a hospital. We depend on either the Royal Sussex county hospital in Brighton or Eastbourne district general hospital. We are seeing huge investment by this Government: £480 million on a new redevelopment of the Royal Sussex county hospital; £58 million promised for Eastbourne district general hospital; and a new multi-million pound radiotherapy suite at Eastbourne. Only last year, a new dialysis unit was opened in Polegate, which means that patients do not have to travel to Brighton three times a week for dialysis. Working with my hon. Friend the Member for Eastbourne (Caroline Ansell), we have been involved in developing a new state-of-the-art GP practice surgery in Eastbourne. There is a new Macmillan cancer centre in Sussex, and I could go on. There has been huge investment and new services that provide local treatment for local patients.

With all this investment, why are local people so worried about cuts? Despite an increase of £10 billion a year in funding, the NHS has to deliver £22 billion of savings. My constituents know that there is a 6% a year increase in demand for services, that more treatments are available that are costly and that there are more conditions that can be treated. There are concerns that we have not tackled wastage in the NHS, such as in the case of the chief executive of the troubled Southern mental health trust who was offered £240,000 for a new job instead of being investigated for the many hundreds of deaths that happened while she was in her previous role.

Andy slaughter (Lab) I hope that I am in a position to assist some of the Members who feel that they are in the dark or confused about what is in their STPs. That is not because my own sub-region, north-west London, is one of the two, I think, that have officially published their schemes—I fear that, like most NHS documents, it is written in a style and language that make it difficult for the ordinary public to understand. Rather, it is because, for north-west London, this process has not mushroomed overnight, as has been the case with STPs generally, but has been developed over four years. In the wonderful Orwellian language that is used, we have had something called “Shaping a Healthier Future” since the middle of 2012, and that has simply morphed into the STP, so I can perhaps give a little insight in the few moments that I have.

What did “Shaping a Healthier Future” mean? It meant the loss of 500 acute beds. It meant that of around nine major emergency hospitals two would, effectively, be downsized to primary care, and four A&Es would lose all their consultant services—and that, as far as I am aware, is still the plan. What has become clear with the transformation into STPs is that this is very much about money. The original language four years ago was that unless we implemented these cuts to acute services, we would “go bankrupt”. When that language did not go down very well—not surprisingly—with the 2 million people affected in west London, the language changed, and it was all about clinical care.

I am pleased that at least the honesty is now back in the system, and the proposals are now very much about money. One sees why when my own hospital trust—a very important, prestigious trust called Imperial, which runs three major hospitals—is over £50 million in deficit this year alone. The CCGs are flatlining on funding. The importance of that is that the only possible justification for these major cuts in acute care is that social care, community care and primary care funding will be increased. How that is possible with budgets that are, at best, standing still, I really do not know.

The other interesting factor is the delays that have occurred over this time. We had this proposal in the middle of 2012 and a slight revision in February 2013—and then silence. I have lost count of the number of times I have been promised that a full business case will be published. I act as the unofficial shop steward for the 11 Labour MPs in the sub-region, and I summoned them all to a meeting and said, "You're going to get the business plan this month." It was going to be next Tuesday, and we were all coming in in the recess to look at it, but, guess what, it has been put off until at least after the new year.

Moreover, the plan is now thought to be so unwieldy and so difficult to achieve that it has been split in two. My own hospital—Charing Cross—was due to lose 90% of its acute beds and its consultant emergency services, and we simply do not know when the proposals will now be published, but it has already been taken outside of the STP process. In other words, it is beyond the five-year horizon, and nothing will happen until 2022. Now, in one way, of course, I am delighted that the demolition balls are not going into Charing Cross for that period, but in the meantime the lack of support the hospital is getting worries me greatly.

These STPs are a Trojan horse for cuts. They are about cuts in acute services before there are compensatory services. For that reason, Members should be extremely concerned and worried about them, and I am happy to share my pain and knowledge on the subject if any Members wish to hear about them.

Paul Farrelly (Lab) This so-called transformation process has been going on in fits and starts in Staffordshire since 2014. By 2020-21, the deficit will be £347 million, including social care, according to the draft STP presented behind closed doors in Whitehall in July. The Secretary of State has refused to publish that plan, of course, but what is important is that the menu being cooked up behind the scenes is already being dished out in practice, with no meaningful public consultation, playing fast and loose with NHS guidelines. It is being driven by cost-cutting, bullied through by NHS England, not rational planning for better integrated care in the future, even if that means that, in the short term, the pressure on patients is increased, particularly at our local Royal Stoke University hospital, where the wretched sight of trollies queuing up in A&E corridors is now commonplace.

Before the summer, the closure of ward 4 at the local Harplands hospital took away a safe place of discharge for patients with mental health problems. Cuts to the county's better care fund threaten the viability of drug, alcohol and other services, as well as respite and rehab facilities such as those at Brighton House in Newcastle. Last month, we learned that both wards at Cheadle community hospital will close, further affecting discharges, while social services struggle to cope. Children's A&E at Stafford has shut, and last week staff at Newcastle's community hospital, Bradwell, learned that three of its wards are to close this winter or next spring. As a result of all that, the pressures on our local acute hospital will simply continue to multiply.

As a county, Staffordshire does not fit together as a healthcare whole. While the north and west look to Stoke, the south engages with Birmingham, Wolverhampton and even Worcester, and the east with Derby. Rather than plan integrated care along those pathways, I understand that a county-wide merger of everything is now on the cards. That monolith has been called, with no sense of irony, an accountable care organisation, yet the health and care transformation board has been anything but accountable so far, not least in relation to the pay that senior executives are raking off from this process.

The parachuted-in programme director, Penny Harris, is being paid a salary of £168,000 a year for a four-day week, and her deputy, Sarah Carter, is on £172,000 for a five-day week. The lead finance officer, Neil Chapman, is on £244,000 a year. Add in two other people on the Staffordshire board who are on £131,000 and the annual bill for just five of them comes to £846,000. Another £675,000 is going to KPMG, which means that more than £1.5 million is being paid by the local NHS. These people, quite simply, are devouring what is left in the pot for transformation.

Ruth Cadbury (Lab) I draw attention to my entry in the register of interests. My husband is a non-executive board member of Chelsea and Westminster Hospital NHS Foundation Trust.

Like many Members, I have had a very large mailbag about today's debate because so many of my constituents rely on the NHS to keep them and their families in good health, and they want the NHS to carry on providing good, appropriate services that are accessible and timely, and free at the point of entry. They want funding not only to address the deficit, but to invest in improvement of services. Those who work in the NHS care deeply about its future and want to be able to do their best for their patients.

Like the constituents of my hon. Friend the Member for Hammersmith (Andy Slaughter), people in my constituency are deeply concerned about the future of Charing Cross hospital—a large general hospital with a busy A&E department in the neighbouring seat which serves many of my constituents. The hospital's future has been uncertain for at least five years, since the north-west London NHS first proposed closing A&E there and in four other north-west London hospitals.

People are extremely worried about the travel times from Chiswick to the nearest A&E, about the inevitable downgrading of the other services on that site once A&E goes, and about the capacity of neighbouring hospitals to cope with the inevitable additional pressure. The issue has been ongoing for a while for us.

The STP comes at a time when we have a £1 billion funding gap in north-west London. It is proposed to close 500 beds and a 40% cut is proposed in face-to-face consultations. This is against a background of rising population and increased health needs and in the context of our services currently missing many targets.

Social care cuts are crucial to the argument. How can STPs have any credibility if the NHS cannot plan nationally when the other main services relevant to people's long-term health are funded and controlled in a different place and in a different way and are being cut and cut and cut?

The north-west London STP, as I said, proposes cutting beds. We all want treatment to be less dependent on spending nights in hospital beds, and some reduction in acute beds is inevitable with changes in modern health provision, but 500 beds is a staggering number proposed to be cut in west London, where the population is rising and ageing.

I will end by responding to Members on the Government Benches about the funding gap in the NHS. The NHS would not have a funding crisis if this country matched the health funding per head of similar countries. The King's Fund has shown that the UK public purse spends a smaller proportion of GDP on healthcare than countries such as Portugal, Japan and the Netherlands. If those countries value health in this way, surely so can the UK.

Barbara Keeley (Lab) The Nuffield Trust has said that the sustainability and transformation plans could lead to

"fundamental changes in the shape and nature of health and care services."

As we have heard in this debate, despite the significance of the plans, there has been very little opportunity for patients, the public, NHS staff or Parliament to scrutinise them. The BBC has seen draft STPs that propose ward closures, cuts in bed numbers and changes to both A&E and GP care. The Nuffield Trust, which has examined the STPs, sees the same possible changes plus a questioning of the role of community or cottage hospitals, which Conservative Members have referred to. Those are the reasons why many people, including my constituents, are concerned about the lack of consultation on the plan.

In greater Manchester, the devolution document "Taking Charge", which was published last year, is being used as the basis for the STP for Greater Manchester. It outlines the need for integrated health and social care, and reform plans for cancer, mental health and a number of other services. Our health and social care partnership believes that it made significant efforts to reach out to local people with the "Taking Charge" document, but when I looked at it I found that actual number of people who were definitely reached was quite a small proportion of the 2.5 million population of Greater Manchester. A number of information

booklets were sent out, there were 200 meetings and 6,000 people completed a survey, but we have 2.5 million people living in Greater Manchester.

The document does not include detailed plans about which services will be changed or any cuts that will be made in Greater Manchester under the STP. The document does outline savings totalling £1.5 billion—including from things such as prevention, reform of NHS trusts, productivity savings and joint working—but it provides no detail about how that will be done.

The health and social care partnership board is now finding a number of gaps that need addressing, including in the delivery of the nine "must dos" in the five-year forward view. As with savings, decisions about how to deliver those "must dos" are bound to have a significant impact on existing local services. The financial situation of our health and social care sector is, to me, one of the most important issues. I am concerned that the Government are passing the buck to local authorities and NHS trusts, leaving them to make plans without sustainable funding.

In Greater Manchester, as the Minister probably knows, we have revised down the size of the funding gap to £1.75 billion, but that is still a very significant financial challenge for our area. There are plans to centralise mental health, pathology and radiology, but what will it mean? Will services close? Those are the sorts of decisions that local people are entitled to know about before the STPs are signed off. We have an opportunity in Greater Manchester to tailor services to local needs, but that opportunity for positive change will be lost if we do not have a more sustainable financial model for our health and social care services.

Margaret Greenwood (Lab) To understand the significance of the Government's creation of the sustainability and transformation plans, we need to be aware of what has gone before and consider the extent of the financial crisis. In 2012, the coalition Government passed the Health and Social Care Act, paving the way for the privatisation of the national health service and removing the duty of the Secretary of State to provide and secure a comprehensive health service in England. I believe the STPs are a key part of the Government's plan to drive through privatisation.

Mr George Howarth (Lab) Does my hon. Friend agree that the concern in our part of the world is that the word "sustainability" is all about financial sustainability, not the sustainability of services?

Margaret Greenwood My right hon. Friend has hit the nail on the head.

Monday's Liverpool Echo leaked some of the detail of Merseyside and Cheshire's STP, reporting an anticipated £1 billion deficit by 2021. The STP talks about a

"need to reduce demand, reduce unwarranted variation and reduce cost."

Those are all very nice ambitions, but the idea of trying to reduce demand just to plug a £1 billion funding gap is, frankly, the wrong way to deal with planning a sensible health service. The STP also says that there is an "appetite" for hospital reconfiguration—an appetite among whom, one might ask—as the existing set-up is unaffordable. It says there will be a requirement for

"our hospitals to be reconfigured, consolidated with less sites and clinicians and consultants working increasingly in new emerging networks."

There is a problem with commas in the document, so who knows what it means. In other words, there will be cuts to staff and cuts to hospitals.

"the shape and size of the hospital's bed base will need to be reconfigured".

In other words, there is a real threat to the number of available hospital beds we will have, and I am particularly concerned about Arrowe Park hospital in my constituency. One radical proposal is the merger of four major hospitals in the area.

Let us be clear: the STPs are vehicles for cuts. They are being devised in secret—hence the need for the local paper to leak the details—and are to be delivered by local areas at arm's length from the Secretary of State, just as the Health and Social Care Act 2012 allows. He can just shrug his shoulders and say that it is nothing to do with him. That is absolutely not good enough.

The Government must publish the STPs in full. They must provide time and resources for meaningful consultation with healthcare workers, the public and elected representatives, and provide the extra funding the NHS so desperately needs. Otherwise, the STPs will prove the final piece in the privatisation jigsaw, and we will see the sale of assets, our hospitals sold off, and the break-up of services, with patients having to find their way around a fragmented and dwindling healthcare system. Our hard-working NHS staff will see more and more of their jobs moving to private providers and their pay, terms and conditions being undermined. The public absolutely do not want that. They know what the Government are up to—I have had such a big mailbag on this issue. People are concerned and absolutely understand the context. There is a way around this: it is time for the Government to hold up their hands, admit that they have been rumbled and put an end to their privatisation of the national health service.

Emma Lewell-Buck (Lab) We have all become accustomed to the Conservative party's disdain for our NHS since the shambles of the top-down reorganisation that began in 2012. Now we have the stealth introduction of sustainability and transformation plans—secret plans that would bring yet more unjustifiable and drastic reforms to cash-starved hospitals. Instead of being given the funding they so desperately need, hospitals are being asked to make £22 billion of efficiencies to compensate for this Government's total mismanagement of our NHS. The audacity of making hospitals themselves pay the price for that by threatening them with closure or the reduction of acute services is the final act of treachery in a tragic and deliberate play to decimate our NHS.

South Shields is part of the footprint area of Northumberland, Tyne and Wear, an arbitrarily created boundary. By 2021, the health and social care system in that footprint area is projected to be £960 million short of the funds it needs to balance its books while maintaining the same level of care for patients. Make no mistake: these plans are about cuts. They are nothing to do with transforming our NHS for the better. The NHS has been set an impossible task by the Government; the endgame is to see it in private hands.

The Government have said that the initial STP submissions to NHS England are

"for local use, and there are no plans to publish them centrally"—

a nice touch to put the onus once on to our hospitals again, so that the Government themselves do not have to deal with the flak.

was born in South Tyneside hospital. I am the local MP for the area, and I have not seen a single plan. Not even the governors at my local hospital have, let alone the people of Shields, whose vital acute and emergency services could be devastated by these changes.

I am told that the timetable for implementing these unseen plans begins this autumn, yet the first we will see of them in my area is at the end of this month—that is, in the autumn. I am extremely alarmed at the lack of accountability and transparency with which the plans are being pushed through. There is simply no time at all for consultation. I make a plea to all NHS leaders not to be complicit but to stand up for their hospitals and the communities that they serve. The Government have no mandate for such a radical reconfiguration of our NHS, one that could involve the closure of accident and emergency and acute services up and down the country.

Last week, the Prime Minister called in NHS leaders to order them to stop any hospital mergers or closures that risk causing local protests. There is already a protest in my constituency.

Liz McInnes (Lab) Before entering the Commons, I worked for 33 years in the NHS and saw and experienced on a daily basis the service that it provides to millions across the UK, from its GPs to its world-leading research and development. With 80% of hospitals in debt, bed-blocking at record highs, an ageing population, waiting times for cancer treatment lengthening, underfunding of social care, mass staff shortages in hospitals and a future where collaboration with the European Union is unclear, we should show our commitment to our NHS in its time of need and give it the funding it deserves so that it can succeed for all patients.

The NHS STPs do not clearly address those issues. As many hon. Members have said, they have been shrouded in secrecy and drawn up behind closed doors. There has been no public consultation, and there is a staggering lack of evidence that they will deliver the reductions and improvements the Government promise. They will be untried and untested, and will come at an unimaginable cost to patients if they are found not to be the right path to pursue.

I am a Greater Manchester MP. When the metro mayor plan was introduced, bold promises of devolving power to the region were made, including in health.

My hon. Friend highlights the secrecy surrounding STPs and the attempts of local authorities and the devolved regions, including Greater Manchester, to deal with devolved health issues, as they are supposed to do.

The promise to devolve health was front and centre of the Cities and Local Government Devolution Act 2016. Metro mayors would need to be consulted like any other political leader, and the plans jeopardise the autonomy of the metro mayor's powers. The British Medical Journal states that STPs may risk the post of metro mayor

"becoming a rallying point for opposition to service reconfigurations."

Not only metro mayors and clear legislation are needed if the STPs are to be effective. Councillors and committees must be at heart of the planning process, and health and wellbeing boards must be an integral part of it. They are the only place where local political, clinical and professional leaders come together. They can be pivotal in driving change, but they seem to have been put on the waiting list for consultation.

As with the disastrous Health and Social Care Act 2012, overseen by the former Prime Minister, and now former MP for Witney, the proposals take us on a journey to another calamitous reorganisation of the NHS. It is now a necessity that the Government abandon the timetabling and scheduling of such a major restructure package. Perhaps now is the time to step down and take stock, like the former Prime Minister. I call on the Government and Secretary of State for Health to go back and reconsider not only the timeframe but the proposals in general, and to have a full and frank public consultation, allowing for transparency and debate at local and national level.

Justin Madders (Lab)

This has been a high-quality and interesting debate. I welcome the Minister of State, Department of Health, the hon. Member for Ludlow (Mr Dunne), to his new role. As he is new to the role, I will forgive him for not knowing precisely how many trusts ended last year in deficit—it is 80%, by the way. As my hon. Friend the Member for Lewisham East (Heidi Alexander) said, that is the context in which we are discussing the plans, which means that the public will rightly be cynical about them, particularly if they are presented with a final plan. The Minister underplayed their development a little when he said that they were simply ideas. If that is all they are, let us see them.

We have heard contributions from the hon. Members for Bosworth (David Tredinnick), for Central Ayrshire (Dr Whitford) and for Totnes (Dr Wollaston); my right hon. Friend the Member for Newcastle upon Tyne East (Mr

Brown); my hon. Friend the Member for Dewsbury (Paula Sherriff); the hon. Members for Spelthorne (Kwasi Kwarteng), for Bedford (Richard Fuller) and for Faversham and Mid Kent (Helen Whately); my hon. Friend the Member for Bootle (Peter Dowd); the hon. Member for Lewes (Maria Caulfield); my hon. Friend the Member for Hammersmith (Andy Slaughter); the hon. Member for North Dorset (Simon Hoare); my hon. Friend the Member for Newcastle-under-Lyme (Paul Farrelly); the hon. Member for Eddisbury (Antoinette Sandbach); my hon. Friend the Member for Brentford and Isleworth (Ruth Cadbury); the hon. Member for Stafford (Jeremy Lefroy); my hon. Friend the Member for Worsley and Eccles South (Barbara Keeley); the hon. Member for Bath (Ben Howlett); and my hon. Friends the Members for Wirral West (Margaret Greenwood), for South Shields (Mrs Lewell-Buck) and for Heywood and Middleton (Liz McInnes). I am sorry that I am unable to refer more to hon. Members' contributions because of the time pressures.

Let us get down to the brass tacks. This is another reorganisation of the NHS, only this time it is being done behind closed doors. It is not just a reorganisation but an admission, as if we did not already know it, that the Government got the last one wrong. The Opposition do not need persuading that there is a benefit to more localised strategic oversight of the NHS and the health sector. We know that because we opposed the Government's decision to scrap strategic health authorities as part of the 2012 Act.

Unlike the strategic health authorities they are now trying to replace, there is no statutory basis for STPs and there is no scrutiny or transparency at all. Despite this, they are being asked to go further than any body has ever had to in the entire history of the NHS in terms of the cuts they are being asked to make. These cuts are being cooked up behind closed doors. This is happening without the involvement of patients, carers, clinicians, trade unions and staff. Consultation with the public does not mean presenting them with a completed plan as a fait accompli and asking them whether they support it. It means involving them from day one. The bigger the change, the better it is to start early with that consultation.

In my area, what has been published about the Cheshire and Merseyside plan states that it

"will require our hospitals to be reconfigured, consolidated with less sites and clinicians and consultants."

Yes, that means fewer hospitals, fewer doctors and fewer nurses. No wonder the Government do not want to talk about it. Many Members, including the Chair of the Health Committee, have talked about the importance of consultation. We know from history that if an attempt is made to significantly alter local health services without engaging with the public and establishing local support at an early stage, it will fail. That is not just my view. This what the Secretary of State himself said:

"the success of STPs will depend on having an open, engaging, and iterative process that involves patients, carers, citizens, clinicians, local community partners, parliamentarians, the independent and voluntary sectors, and local government".

That just has not happened so far.

Not only are the public locked out of contributing to this process, they cannot even find out what is happening. I submitted freedom of information requests to NHS England and the 44 STPs, asking for copies of the plans submitted in June. The deadline for replies is tomorrow and so far not one has been provided to me. Many have simply refused to provide me with the plans, using the exemption that they are "intended for future publication." When I asked the Minister when the June plans would be made available, I was surprised to read in his response that

"The June submissions were a 'checkpoint' and will not be published."

We have STPs saying one thing and Ministers saying something else about whether the plans will be even published. No wonder people are concerned about what is in them.

Is this not the nub of the matter? Plans about fundamental changes to local health services have been sitting on the Secretary of State's desk since June, but he will not release them. Surely in the interests of transparency they should be made publicly available now. There is nothing wrong in principle with the idea of local partners working collaboratively to transform health services, but there is everything wrong with doing so without transparency, public involvement or clear lines of accountability.

I welcome the new Minister, the hon. Member for Warrington South (David Mowat), to the Government Front Bench. When he responds to the debate, will he commit to dropping the secrecy and listen to the concerns of clinicians and patients, and ask each area to make their plans publicly available immediately? Will he clarify his role in the plans? When responding to a point made by the right hon. Member for North Norfolk (Norman Lamb), he said that plans will not go ahead if they do not deliver for mental health. However, the Minister of State, in response to a written answer, said:

"The reconfiguration of services…is clinically led and a matter for the local National Health Service."

So which is it? Who will get the final say? Will it be the Government or will it be the local STPs?

What we have seen so far is a process that has failed to engage with just about every stakeholder imaginable, but even those who have been invited to attend the meetings are beginning to lose faith in the process. Council leaders and officers are queueing up to express their concerns. We heard from my hon. Friend the Member for Bootle about how his council leader's concerns were dismissed. The Conservative leader of Kent County Council, Paul Carter, said:

"In Kent and Medway, NHS England is doing everything it can to keep local government out of it."

Izzi Seccombe, Conservative leader of Warwickshire County Council, said that local

government was being

"left out in the cold and not involved in the integration agenda."

If STPs are the answer, can the Minister tell us why even council leaders from his own party are finding themselves totally disengaged from this process?

Many Members, including my hon. Friend the Member for Lewisham East and the hon. Members for Central Ayrshire and for Totnes, made the point that much of the money set aside for transformation has been spent on deficits, so let us not pretend that STPs are a panacea. Do not take my word for it; listen to what NHS providers are warning:

"We must be realistic about what STPs can achieve…and what they can deliver in terms of the £23 billion efficiencies required. It should not be overestimated."

Nigel Edwards, of the Nuffield Trust think-tank, says:

"I've been visiting a lot of STPs and nobody I've spoken to is confident they can reduce the financial gap."

Given the warnings we have already heard, will the Government seriously engage with the health service on the challenges they face, or will they continue to insist on impossible targets and unrealistic timetables?

I am sure the response will be the same one that we hear time and again: that the Government are investing £10 billion more in the NHS. We know, however, that that is an illusion. The Health Committee has confirmed that they are in fact delivering less than half of that, while at the same time chronically underfunding social care. The NHS has just had its biggest deficit in history under the stewardship of this Government, but the Secretary of State is not simply trying to convince us that he will maintain services at their current level, he is telling us that he will somehow do more.

The Government are in denial. It seems that virtually every day, somebody is warning us that the NHS is on the brink of collapse. Only this weekend, the chief executive of NHS Providers said that

“we face a stark choice of investing the resources required to keep up with demand or watching the NHS slowly deteriorate”.

The Society for Acute Medicine has warned us that the NHS could experience “pockets of meltdown”. In the real world, not one serious commentator or senior NHS manager—not one—believes the NHS can deliver the services that it currently does, function safely, improve quality, move to 24/7 working and be financially sustainable. Let us end this charade; let us open up the debate and get to the truth about the damage being caused to the NHS by this Government. I commend this motion to the House.

The Parliamentary Under-Secretary of State for Health (David Mowat)

In the six minutes available to me, it will not be possible to respond to the 40 or so speeches that we have heard today. I shall just pick out two contributions for special mention. First, so far as I can see, the shadow Secretary of State genuinely believes that an organisation that provides care to 45 million people on a budget of £100 billion should not do planning. That really appears to be the view of the hon. Member for Hackney North and Stoke Newington (Ms Abbott). Secondly, the hon. Member for Central Ayrshire (Dr Whitford) made an excellent speech, in which she used the word “opportunity” in connection with STPs, which is what they provide. She also said usefully that healthcare systems were about “more than buildings.” As we go forward with this process, it is important that we all think about what that means.

The health service is not static. Technology is changing; drugs are changing; expectations are changing; and, as we have heard, demography is changing. It is right to try to make it evolve and help it to change. The STP process is the planning mechanism to do so. It is a planning mechanism to put in place a five-year view—this was in the manifesto—that NHS England has developed. If it is to work, it must have three things: it has to be care driven; it has to be properly funded; and it has to be locally driven. It is all those things.

When it comes to funding, we have put in an extra £10 billion, and it is real money. If that money had been available in Wales, some of the points raised in the debate about the interface between us and Wales would have been quite different. This year, the increase in health funding is 4% in real terms—three times the rate of inflation. The real point, however, is not to do with money—however much the Conservatives put in and however much Labour says it might put in, although we have not heard that yet. But however much is put in, it does not detract from the need for the health service to be managed effectively and properly so that it can improve and innovate.

There is a prize from these STPs. At the end of the process, we will have a health service that is more oriented towards primary and community care where people live. The health service will provide better access to GPs, emphasise prevention more than ad hoc responses, properly address long-term conditions such as diabetes and begin to address more quickly our mental health and dementia commitments. I say again that if STPs do not address those things, they will not go forward. Perhaps the most important of all the advantages is that the unacceptable gap that currently exists between healthcare and social care will be breached. That is at the centre of the whole process.

It is also true to say that if we achieve all those things, there will be lower hospital admissions and more humane and timely discharges. That might save money, but it is not being driven by the need to save money. It is driven by care needs because that is the right thing to do.

Let me deal quickly with the STP process. We have been told that it is a secret process and a Trojan horse for privatisation, and we have heard that we are not going to consult. Well, let us talk about consultation first. The right hon. Member for North Norfolk (Norman Lamb) made some good points about the difficulties involved in change programmes on which proper consultation does not take place. However, we must have something on

which to consult that is reasonably agreed and reasonably stable, because if we do not, we shall give rise to expectations that cannot necessarily be fulfilled—in both directions, positive and negative.

When the STPs come back in October after being signed off, they will be consulted on. A document that will be in the House of Commons Library by the end of the week will describe in detail how all the stakeholders will be consulted and what we will do, but in any event—this point was made by my right hon. Friend the Member for Chelmsford (Sir Simon Burns)—no consultation and no engagement will take away the statutory commitments, the need for configurations to be looked at properly, and the requirement for nothing to proceed that has not been locally agreed.

We were told that the plans were secret. In fact, they were so secret that they were announced in December 2015, in the NHS planning guidelines. They were so secret that 38 Degrees, which was responsible for the principal leak, obtained its information from the websites of the organisations that were keeping it all secret. If we ever do something in secret in future, it really will be done better than this.

The STP process is complex. It will not work equally well in all the locations, and there will be issues to resolve. Some plans, if they are not adequate, will not be proceeded with in the same way as others. I say this to Members, however: we need you to engage with the process—