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Budget cuts are 'challenging' NHS five year forward view

By Michael Burton

Budget cuts are creating 'a fundamental challenge' to the NHS target of boosting community services and healthcare prevention says a new King's Fund study.

The fund looked at four different areas of the health service to see the impact of budget pressures on patient care and concluded that 'our findings create a challenge to the direction of travel set out in the NHS *Five Year Forward View* of strengthening community-based services and focusing on prevention'.

The study by the fund, *Understanding NHS Pressures*, added: 'The slowdown in NHS funding growth that began in 2010/11 has taken some time to affect patient care. Many of the cuts that have been made – such as cuts to staff and preventive services – are storing up problems for the future. Our findings create a fundamental challenge to the direction of travel set out in the NHS *Five Year Forward View* and the implementation of new models of care.'

The areas studied were genito-urinary medicine (GUM), district nursing, elective hip replacement and neonatal services. Since 2013, the commissioning of sexual health, reproductive health and HIV services has been split between

local authorities, clinical commissioning groups (CCGs) and NHS England.

The report found that GUM and nursing services 'were under particular strain'.

Total local authority spending on GUM services fell by 3.5% between 2014/15 and 2015/16, but at the same time demand was increasing rapidly, with new attendances at GUM clinics increasing by nearly a third between 2011 and 2015. However, there was major variation at a local level; for example, around one in four local authorities reduced GUM spending by more than 20% between 2013/14 and 2015/16, while around one in seven increased spending by this amount.

District nursing services were also under pressure while patients were generally happy with hip replacement and neonatal services.

The study added: 'Acute services such as hip replacement and neonatal care have been relatively protected from financial pressures so far, while some community-based and public health services like GUM and district nursing have been cut significantly. This suggests the NHS is moving further away from its goal of strengthening community-based services and focusing



on prevention, rather than making progress towards it.'

Between 2010/11 and 2014/15, health spending increased by an average of 1.2% a year in real terms and increases are set to continue at a similar rate 2020. This is below the annual growth

rate of 3.7% in previous years, and is insufficient to cover growing demand. Acute trusts ended 2015/16 with a deficit of £2.6bn.

www.kingsfund.org.uk/publications/understanding-nhs-financial-pressures

County's care precept to be invested in technology

Essex CC is to ringfence its extra £5m care precept of 3% for this year and invest the money on digitising services to reduce adult care costs long-term.

The county's Cabinet member for innovation, IT and customer services, Cllr Stephen Canning, told a seminar at BT Tower in London: 'We're all experiencing

rising demand, and falling budgets. Essex CC and our health partners are being challenged to deliver more for less.'

He added: 'We're going to ringfence our social care precept to focus specifically on how digital can help redesign our services, not just sinking it into our current budgets, but using this opportunity to redesign.

This will allow us to take a flexible and creative approach to a challenge that will not go away by simply cutting existing services further.'

The annual budget for Essex is £2.1bn of which £160m is on IT, equivalent to less than 2% of its budget. The social care precept for 2017/18 will bring in £5m for

Essex which the county will use for new digital care projects. The total annual spend by Essex on health is £3bn while the total public sector spend for the county is £10bn.

Cllr Hanning told *HealthMJ*: 'We would be failing residents if we just used the money to plug the gap. We need to change the way we work.'

INSIDE: STPs under scrutiny – See p6-7

comment



By Michael Burton

Local government and health chiefs are often at loggerheads over whose budget should be spent on what, but on one issue they are united, namely that the money earmarked by the chancellor in the March Budget just isn't enough.

NHS Providers which has done some calculations on budget pressures for the next financial year concludes there is 'an unbridgeable gap' between demand and resources.

The extra £1bn for social care next year in the Budget will help to reduce bed-blocking but demand on hospital trusts is set to rise by 3% and once 2% pay and equipment inflation is added in then the extra funding needed comes to 5%.

Trusts are also expected to balance the books in 2017/18, a prospect near to impossible considering they are overspent by £800m this year, irrespective of the above demand pressures.

Over to the Local Government Association which says the total £2bn for social care announced by the chancellor is 'not enough' and will anyway cease after 2020.

Effective joint lobbying by both health and local government persuaded the Treasury to dip its hand into its pockets because it realised cuts in adult care were pushing up cases of bed blocking.

The chancellor had hoped to fund the extra £2bn by raising taxes and NI on the self-employed, an economically well-argued move which was abandoned purely on political grounds and will leave a hole in the public finances.

What we must not now see is the government renegeing on its extra support because it has abandoned the tax rise to fund it. Nor must we see local government and health, whose joint lobbying has been successful, falling out over whether the extra £2bn should either plug hospital trust deficits or reduce demand on social care. The decision on how the money is to be spent must be made locally, not nationally.

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Delayed discharges in NHS 'have doubled in last five years'

By Paul Dinsdale

Delays for patients leaving hospital due to access to social care have doubled in the last five years, according to figures compiled by a health policy think-tank.

The IPPR said the extra money announced in the Budget for social care will not be enough to plug the 'gaping hole' in NHS and social care. The chancellor announced £2bn of new funding for social care to be phased in over the next three years.

The IPPR said 69,624 bed days were lost as a result of delays attributable exclusively to adult social care in January 2017, compared with 31,219 in January 2012.

At the point it was measured in January, there were 2,498 patients awaiting a transfer of care as a result of delays attributable to adult social care, compared with 1,163 patients awaiting a transfer in the same period in 2012.

Waits attributable to social care have risen hugely in some areas:

- 13,077 days were lost as a result of people awaiting a residential home placement or availability, up 48% in five years (Jan 2012 = 8,824)
- 12,481 days were lost as a result of people awaiting a nursing home placement or availability, up 178% in five years (Jan 2012 = 4,494)
- -24,581 days were lost as a result of people awaiting a care package in their own home, up 302% in five years (Jan 2012 = 6,109)

The IPPR said that only £1bn extra will be provided next year, and the funding shortfall is predicted to be £2.6bn by 2020. It pointed out that NHS finances are also under severe pressure and according to its recent mapping of sustainability and

transformation plans, many areas will have a funding shortfall, with the highest deficit of £768.50 per head in Surrey Heartlands.

It says the Government expects councils to use council tax, business rates and savings in other services to plug the shortfall, but this risks leading to a postcode lottery, with wealthier areas able to raise enough, but poor areas struggling. This will also add to the squeeze on low-income households as council tax is deeply regressive.

Carys Roberts, research fellow at IPPR, said: 'These figures show the Government urgently needs a plan for social care if it is to avoid crises in both the health and care sectors. This must involve an industrial strategy and workforce plan, but the chancellor also needs a sustainable plan for social care funding in the long term.'

'While the additional £2bn announced yesterday is welcome, it's not enough to prevent a crisis in care and the NHS.'

EU nationals leaving NHS 'due to Brexit vote'

As many as 40% of EU nationals working in the NHS are thinking of leaving in the next five years, according to a survey.

The poll, carried out for Channel 4's *Dispatches* programme, suggests the NHS could lose 25,000 nurses and doctors over the next few years.

Doctors' leaders have written to the home secretary to request an exemption for health and social care from a

new £1,000-per-year charge for employing a non-EU citizen, which they fear could worsen staff shortages.

The survey also found that 70% of EU staff in the NHS thought the referendum made the UK a less appealing place to work and 66% were worried about their career in the UK.

In the months since the referendum, figures from NHS Digital show that almost 5,500 EU staff left their posts in England, an increase of more than 25% on the same period in 2015.

Julie Smith, chief nurse at NHS University Hospitals of Leicester, said: 'We did have 440 nurses from across the European countries. Following the Brexit vote, we saw 28 of those nurses leave, within probably around six weeks of Brexit.'

She said there were not enough UK nurses to fill the 20,000 vacancies in England and the trust had already been forced to look beyond Europe to recruit nurses.



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Councils 'failing vulnerable people'

Two councils singled out by ministers as health and care success stories are actually failing vulnerable people, says the care regulator.

Sajid Javid, the communities secretary, said in a speech in December that Oxfordshire and Northumberland county councils were 'strong examples' of where health and social care had been integrated. Nottinghamshire was visited by a Cabinet Office team looking at areas of good links between health and social care.

But in Northumberland, 44% of dementia services inspected by the Care Quality Commission (CQC) watchdog received ratings of 'requires improvement' or 'inadequate'. Figures were 28% in Nottinghamshire and 20% in Oxfordshire.

However, not all services are contracted by the councils. In December, Oxfordshire remained the eighth worst area for delayed transfers of care, where medically fit people stayed in hospital.

Jeremy Hughes, chief executive at the Alzheimer's Society, said: 'The Government continues to hold up these areas as shining examples of health and social care services working together to deliver good quality care, yet years of funding cuts to social care budgets have plagued them.'

A Department of Health spokesman said: 'We want Britain to be

the best country in the world to grow old, making sure everyone diagnosed with dementia gets a personalised care plan, giving local authorities access to £7.6bn of dedicated funding for adult social care over the course of this Parliament.'



Northumberland is one of several councils under fire for social care failings

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Three CCGs in north west to merge ‘with biggest budget’

Three clinical commissioning groups (CCGs) in Merseyside have announced plans to merge, after NHS England played a part in negotiations.

Liverpool, South Sefton and Southport and Formby CCGs said formal talks will begin in April, with the aim of merging the organisations from 2018.

The combined CCG would have a budget of £1.2bn, which would be the largest budget in the country, according to the planned allocations for 2018-19. This would be slightly more

than the planned allocation for Northern, Eastern and Western Devon CCG.

The CCGs have already been working together within the north Mersey element of the Cheshire and Merseyside Sustainability and Transformation Plan (STP). NHS England and the CCGs’ member GP practices will need to formally approve a merger, and talks will begin next month.

A paper set to go before Liverpool CCG’s governing body this week said: ‘Local system delivery plans are

describing hugely ambitious programmes of change, which will require strong clinical leadership from commissioners as well as providers.’

The news follows confirmation of the merger of three CCGs in Manchester. CCGs nationally are having to review their costs in the light of tighter spending on hospital services, and some believe that merging commissioning activities may help to do this, although no evidence to this effect has yet emerged.



Several Merseyside CCGs are planning to merge their organisations in 2018

NHS Trusts advised to agree targets for reducing bed days

By Paul Dinsdale

Councils and NHS leaders have been urged to agree targets for short-term reductions in hospital bed days, following the Budget announcement of £1.2bn extra in social care funding for 2017-18.

NHS Providers, which represents NHS trusts, welcomed the extra funding, but warned members to start negotiating with local government partners now on how it would be spent.

It says ensuring that funding leads to reductions in hospital bed use is central to plans for improving performance in the next financial year, especially during the winter months.

The money is needed for the NHS to ‘keep its head above the water’ in 2017-18, said NHS Providers chief executive Chris Hopson

‘We welcome the extra £1.2bn funding for social care in 2017-18, but we must ensure that as much of that money as possible supports the NHS as well. We have written to our members to suggest that they

NHS critics fear that extra funding to reduce pressure on beds is not enough



immediately start discussions with their local authority counterparts on how the extra money will be spent.

‘We are suggesting they try to agree a specific target-number of freed-up bed days from reduced delayed transfers of care. We need concrete, measurable commitments the delivery of which can then be monitored.’

Figures are not yet available on how the funding will be allocated to each local authority, but it is expected to show some significant differences. The Budget announcement comes after years of cuts to local authority budgets, and some NHS critics fear that any controls on how extra funding is spent in 2018/19 could arrive too late.

The Government has given councils freedom to add a precept of 2% to council tax bills to increase funding in their areas, specifically for social care, but some council leaders have said this will not plug the funding gap, with increased delivery costs for care and increased costs of labour due to paying the national living wage.

The NHS has also been told to meet the 95% A&E four-hour waiting target by next March, after some trusts have slipped in meeting the target.

NHS ops cancelled due to missing records

A number of NHS operations have been cancelled or postponed 205 operations because records could not be found on the day.

Around 1,130 procedures were cancelled due to missing records. More than 21,840 medical files have been recorded as temporarily missing or lost, according to data released under a Freedom of Information (FoI) request. The Liberal Democrats said it was ‘deplorable’ and called for government action.



Missing medical records have resulted in 1,130 cancelled ops

The FoI inquiry also found that not every trust recorded the information.

The University Hospitals of

Leicester NHS Trust cancelled or postponed 205 operations because records could not be found on the day.

A source at the trust stressed it was a small proportion of the total 440,000 elective procedures. Morecambe Bay NHS Trust delayed 186 procedures for the same reason and the Royal Liverpool and Broadgreen trust cancelled 86.

Norman Lamb, the Liberal Democrat health spokesman, said it was not acceptable for the

NHS to cancel operations due to missing patient records.

Several attempts have been made to join-up patient records in GP surgeries and hospitals, but they have been beset by technical problems and financial overspending on IT systems.

The recent care.data project, managed by NHS England, aimed to centralise all patient records in one national system, but has now been abandoned due to concerns over patient confidentiality and privacy.

briefs

■ Ambulance trusts are paying staff more than £2m in overtime a week due to high vacancy rates and surging demand, it has emerged. More than £700m has been spent on overtime by ambulance trusts over the past six years, according to figures reported by *The Times*. Annual spending has increased by nearly a fifth, it says.

A National Audit Office report published in January revealed the number of calls and NHS 111 transfers to services rose from 7.9m in 2009/10 to 10.7m last year. It also found that only one ambulance service in 10 was meeting crucial response targets, compared with nine in 10 three years ago, while one in 10 paramedic posts was vacant.



■ The new NHS safety investigator for England, which starts work in April 2017, must become a fully independent body through primary legislation, according to healthcare safety experts writing in the *Journal of the Royal Society of Medicine*. As an interim measure the Healthcare Safety Investigation Branch (HSIB) has been formed as a functionally independent body under the auspices of regulator NHS Improvement.

The HSIB has been set up to systematically and routinely investigate the most serious risks to patient safety across the healthcare system, publish reports on its findings and issue recommendations for improvement. Its investigations will be solely for the purpose of learning lessons from NHS errors and will explicitly avoid allocating liability or blame.



briefs



NHS managers are rushing out additional funding to GP practices to help them stave off closure, in a bid to spend up to £16m worth of available money for practices by the April deadline. Several GP practices, particularly in inner-city areas, have closed in the last year due to lack of available funding or unfilled posts.

The BMA says that many practices are finding it difficult to recruit GPs to fill unfilled vacancies, and that many younger GPs are leaving general practice or reducing their hours. Only around 8% of NHS funding goes to general practice and the BMA has called for a larger share of funds to be allocated to it.



The Association of Anaesthetists of Great Britain and Ireland (AAGBI) has set out a three-point plan to address the culture surrounding doctor fatigue in hospitals and tackle the problem, which is known to impair decision-making, with possible risks for both doctors and patients. Tiredness at the end of night shifts is of particular concern, with several reports of doctors being killed in car accidents, having fallen asleep at the wheel on their commute home following a busy night shift.

The AAGBI said NHS managers should acknowledge that 'working at night is not the same as working in the day, and that for the sake of patient safety, steps must be taken by all parties to manage night working safely'.

GP workloads at 'critical point', warns new report

By Paul Dinsdale

A new report shows that many GPs are at breaking point in terms of their workload, which is having a damaging effect on their own wellbeing, on their ability to do their job safely and on the future retention and recruitment of doctors into general practice.

The report, based on interviews with 1,000 GPs, reveals that 'unmanageable' workloads are compromising the quality and consistency of the care that GPs are able to provide, with 85% saying that the volume of their workload prevents them from doing their job well.

It also shows that excessive workloads are forcing GPs out of the profession and contributing to a recruitment crisis, with more than 90% saying they have considered leaving practice, or have reduced their hours in order to cope. Less than a third (30%) would choose to train as a GP if they were given the option now.

The findings suggest that the effects of heavy workloads may prevent the NHS from meeting its target to recruit and train 5,000 new doctors into

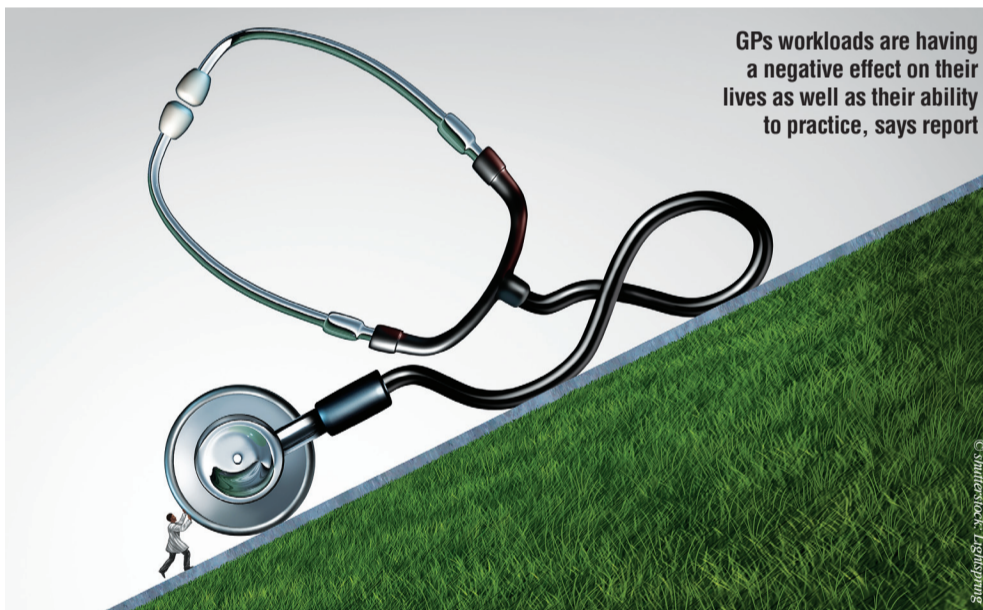
general practice over the next five years.

The report forms part of a wider campaign by a GP education provider, Red Whale, which aims to highlight the issues GPs face, and provide them with professional support.

'We know that GPs want to provide high-quality, consistent care to their patients, but in many cases the vast and unmanageable workloads they face prevent them from being able to do so,' says Caroline Greene, a GP and business development director at Red Whale.

'This report shows that the impact of those workloads has reached a critical point, leaving many GPs feeling unable to safely and effectively do their jobs and forcing others out of general practice altogether.'

One GP interviewed said: 'My job makes me feel utterly, totally stressed, depressed and suicidal. I realise I have to change something soon to save my sanity. Another said: 'Not being able to deliver safe or quality care is both demotivating and frightening – how long before I make a major mistake, because I am just too drained and shattered to pick up on an important cue?'



Rationing of NHS care 'causing suffering to dying patients'

A report by the King's Fund found that people at the end of their life are being left for hours without pain relief due to nursing shortages.

The think-tank examined four areas where rationing has affected patient care – sexual health services, district nursing, planned hip operations and neonatal care.

It said in some areas there is 'clear evidence that access

to and quality of patient care has suffered'. The report found that services in this area are under 'significant financial pressure', with funding either static or reducing, despite rising demand.

The number of patients seeking hip surgery has risen significantly due to an ageing population, and there are now one million more people over 65 than five years ago.

The number of district nurses fell by almost half between 2000 and 2014, and by a further 15% between 2014 and 2016 for full-time posts.

The report also examined common procedures such as hip surgery. It found the number of patients waiting more than 18 months for orthopaedic operations like hip and knee surgery has risen by 45% in just one year.

GPs 'failing to pick up signs of dementia'

Many GPs are not picking up signs of dementia in patients, even when they are encouraged to go to their doctor with concerns about memory problems.

Encouraging older people to have their memory lapses checked out led to more GP consultations, but no more diagnoses, a trial involving almost 15,000 people found.

An influx of the 'worried well' might have contributed to the results, but researchers believe family doctors are still too reluctant to send people with concerning symptoms for tests.

About 850,000 people in Britain have dementia, which has recently overtaken heart disease as the country's leading cause of death.

Researchers at University College London have developed a leaflet detailing the symptoms, such as memory problems and personality changes, which are caused by the condition, and can be used by GPs.

Some areas of the country, such as Dudley in the West Midlands, have developed integrated care pathways for people with dementia, which allows managers to deal with potential referrals for home support after a diagnosis by a hospital consultant.

Most councils have found that they are devoting more resources to caring for elderly people with dementia over the last few years, as more people live longer.



Mental health funding ‘used to bail out NHS Trusts’

Health ministers have been criticised for not keeping promises on increasing funding for mental health after £800m allocated to improve services was diverted to bail out hospitals’ finances.

A leading mental health charity says redirecting the money would hit patient care and harm the drive to improve services for people with serious mental health problems.

Mind chief executive Paul Farmer said: ‘It would be incredibly worrying if mental health investment was being sacrificed so that [NHS bodies] can balance their books.’

Mr Farmer chaired the NHS taskforce on mental health last year, which called for major changes, including to funding.

The move emerged in a letter written by NHS England’s finance chief, Paul

Baumann, in which he makes clear that the £800m, which NHS England held back from its 209 clinical commissioning groups (CCGs) this year, will help stabilise NHS finances.

Simon Stevens, the chief executive of NHS England, last year said the money was ‘funding that would have been available from CCGs for mental health services, community health services,

primary care and other things’. It was held back as a ‘contingency reserve’ in case hospital trusts recorded deficits this year comparable to the £2.45bn they recorded in 2015/16, said Mr Stevens.

In his letter, Mr Baumann confirms that NHS England now intends to use the ‘full amount’ of the contingency fund to offset overspends by NHS acute hospital trusts in 2016/17.

Health and care ‘need a new settlement’

By Paul Dinsdale

The current levels of funding for the NHS and social care are ‘not fit for purpose’, according to the interim report by a group of experts set up to review the services.

The panel, convened by the Liberal Democrat health spokesman Norman Lamb, which is made up of independent experts from outside the party, says that there is a £20bn funding gap in the NHS by 2020/21 and a further £6bn funding gap in social care.

The panel said that despite this shortfall ‘the government intends to spend a falling amount of national income on health and social care even when demand is rising by 4% a year’. It points out that the proportion of national income spent on the NHS as a percentage of GDP is low compared with our European neighbours, ranking the UK 13th out of the original 15 EU members.

It proposes the setting up of an independent body to make recommendations on funding to government, in the same way that the Office for Budget Responsibility makes them.

‘We believe that improving transparency and independence in budget setting for health and social care is essential, not only for stability of services, but also for improving public trust in how their taxes are being spent,’ the interim report revealed.

The panel, which includes former NHS chief Sir David Nicholson, said that the



The portion of funds the NHS receives as a percentage of GDP is low compared with other European countries, said a Lib Dem spokesman

Government ‘cannot continue to expect the NHS to close a funding gap of this size through further efficiencies’. It notes that initiatives such as telemedicine will require extra resources at first, even if they create savings in the longer-term.

It said that any additional investment

must be strictly targeted and calls for either an increase in general taxation to pay for it, or a dedicated NHS and social care tax.

Katherine Murphy, chief executive of the Patients Association and a member of the panel, said: ‘There is a clear and

pressing need to re-evaluate how we fund health and social care. Our interim report...states hard truths about the shortcomings of current arrangements, which have long been obvious, but are too seldom recognised in mainstream politics.

NHS reorganisation ‘causing retention problems’

The scale of NHS reorganisation in recent years is a major reason for NHS problems in retaining staff, according to a survey.

The NHS has been struggling to meet rising demand with staff shortages and the survey shows that a feeling of constant upheaval is at least partially to blame.

The survey by Wilmington Healthcare UK of more than 2,000

nurses, GPs and hospital doctors across the UK, found that 64% blamed staff retention problems on the continuous and ‘demoralising’ national changes in NHS workforce planning that had occurred since 2000.

Concerns about the constant state of flux have emerged as the NHS faces the next wave of change in the shape of the controversial sustainability and transformation plans (STPs), which are

intended to improve productivity and efficiency.

Wilmington Healthcare’s managing director, Gareth Thomas, said: ‘The survey shows that continued changes in workforce planning since 2000 have been a major factor in NHS staff retention problems. With the implementation of STPs, and as the NHS moves towards a truly devolved health and social care system, it is clear



Constant changes to workplace planning are making it hard for NHS to retain staff

that urgent action must be taken to support staff and help them manage the huge changes that are envisaged.’

Credibility of STPs still needs

Paul Dinsdale looks at the recent King's Fund report on sustainability and transformation plans

In the recent Budget, Chancellor of the Exchequer Philip Hammond announced that the Government will invest £325m over the next three years to support the delivery of Sustainability and Transformation Plans (STPs) in the 44 so-called footprint areas of the country set up by NHS England.

He said this would be for capital investment where there is the strongest case to deliver real improvements for patients and to ensure a sustainable financial position for the health service.

In the autumn, a further round of local proposals, or STPs, will be considered, subject to the same 'rigorous value for money tests'. Significantly, these investment decisions will also consider whether the local NHS area is playing its part in raising proceeds from unused land, to reinvest in the health service.

From their early planning stage under the radar two years ago, STPs are now in the forefront of the government's plans for the NHS. At a recent meeting organised by the King's Fund, around 150 NHS and social care managers gathered to discuss the King's Fund's own report on progress so far, *Delivering STPs: from ambitious proposals to credible plans*.

The report finds that the context in which STPs have emerged is 'much more challenging' than when the *Five Year Forward View* was published in 2014, with 'the NHS now facing huge financial and operational pressures'. It says that changes outlined in the STPs could help address these pressures, but 'there is a risk that work to sustain services will crowd out efforts to transform care'.

The researchers say that a high priority is to use existing services in the community more effectively to moderate demand for hospital care, which is a major cause of current NHS pressures. But they point out that 'proposals to reduce capacity in hospitals will only be credible if there are robust plans to provide alternatives in the community before the number of beds is cut'.

Another concern is that 'cuts in social care and public health and a lack of earmarked funds to support transformation [report was pre-Budget] will affect the ability of NHS organisations and their partners to implement their plans'. It recommends that 'a

more realistic timescale should be adopted for the implementation of STPs, given the time it takes for innovations in care to become established and deliver results.'

Changes to the law will also be needed, says the report, 'to amend aspects of the Health and Social Care Act 2012 that are not aligned with the *Forward View*, particularly those relating to market regulation'.

The report reviews the main areas the 44 STPs focus on, which are: reducing hospital activity; reconfiguring acute services; reviewing the provision of specialised services; and redesigning primary and community services. Although many STPs had a different emphasis in their plans, these were the consistent themes.

Chairing the meeting, professor Chris Ham, chief executive of the King's Fund, said: 'STPs can't do everything – they're only loose coalitions of organisations working together to achieve change.' He also pointed out that some Clinical Commissioning Groups (CCGs) had a very large range of partners, for example, East London CCG was working with 30 partner groups.

There appeared to be a general degree of support for STPs among managers – although fairly muted – but some scepticism among the medical and healthcare professions.

Jane Dacre, president of the Royal College of Physicians, says: 'While we support STPs ideologically, we are worried about getting from here to there, that is, what impact it will all have on patients.'

Jane Hughes, representing the Royal College of Nursing, said: 'There has been a certain amount of consultation with the public on the STPs, but we need to ask NHS staff more about what needs to change as part of the dialogue.'

Sharon Allen, from Skills for Care, asked how the regional leads of STPs could involve the housing and social care sectors more in the ongoing discussions on plans.

One CCG manager seemed to sum up the feelings of her colleagues when she said: 'with the STPs, it's not a sprint, it's a marathon'.

Michael Macdonnell, director of the Strategy Group at NHS England, told the meeting that the aims of STPs set



out in October, when the plans were submitted, now had to be translated into 'deliverable results and targets'.

Overall, the report accepts the need for large-scale reform of hospital services, but notes that 'some

Why the STPs are a case of 'Carry On Planning'



Steven Broomhead takes a 'critical friend's' view of the sustainability transformation plans

Over the past few months, I have made myself a critical friend in constructively challenging the processes, timetable and likely outcomes of the NHS's centrally-determined, but locally-developed and driven sustainability transformation plans (STPs).

In the centralised command and control world of the NHS, many of its leaders have privately congratulated

me on raising issues they themselves cannot, as they may be career limiting.

Since 1948, the NHS remains a cherished free-at-the-point-of-demand service – so why are we now rushing to make major changes with these plans? I notice, latterly, the NHS revisionists have been at work and the much-heralded 'plans' are now 'proposals'. I expect them to become

s to be proven, says think-tank

Government investment into the delivery of STPs has been welcomed, but concerns remain over whether it will be enough to keep the good ship NHS afloat

estimates suggest the NHS may in fact need 17,000 more beds in future in the absence of measures to moderate rising demand for care’.

It says: ‘Our views is that proposals to reduce capacity

in acute and community hospitals will only be credible if there are coherent plans to provide alternatives for patients in the community prior to hospital capacity being reduced.’

And in a stark warning, the King’s Fund says: ‘Work under way to test assumptions on which STPs are based should test rigorously any proposals to reduce hospital capacity – if necessary to destruction.’

‘streams of consciousness’ soon.

Let’s always recognise that everyday miracles in health care occur thanks to the hardworking staff and you cannot always put a price on this.

My diary planner is littered with demands for STP meetings. There is little chance we will have evidence-based information to inform these complex proposals, which are likely to have far-reaching, irreversible impacts on local health and social care commissioning and provision. There has been no real chance for proper public and political scrutiny, despite the publication on December 20 of public engagement protocols – months after the STP process had begun – so it is

very much ‘Carry On Planning’.

It is mainly about the money and for the first time in decades real-term NHS funding is actually about to shrink. I have little confidence the NHS will make considerable cash efficiencies.

The culture, history and practice of NHS suggests the £8bn of new investment to produce £24bn of real cash savings will not be delivered. It is also a great pity that in the years of plenty, NHS workforce planning has been so poor as to witness the recent revelation on the cost of ‘locums’.

There are perverse incentives to maximise attendance at hospitals rather than look to more community-based preventative solutions.

In addition, there are significant changes to management custom and practice, which the centralised slug pace of NHS may well not cope with. The NHS has failed miserably on demand-management strategies.

The development of STPs, in turn supported by external consultants, is at a cost that makes my eyes water. Compare this to the world of local government, which has had to manage real cash efficiencies of over 30% of our revenue funding, while maintaining stable and quality-led local services and managing, downwards, its workforces.

What would be the reaction if local government were to say to Ofsted that due to deficiency in work force

planning and austerity it couldn’t provide sufficient children’s social workers?

Part of my challenge to NHS leaders is recognition that there needs to be change to local health and social care provision and we need new models of accountable integrated care to improve citizens and patients’ wellbeing.

Let’s regroup and put in place a more considered and partnership approach to the health and social care challenges we face.

Professor Steven Broomhead is chair of the health and wellbeing board for Warrington, and interim chief executive of Warrington BC



Rural life gives a misleading image of health

An increasingly ageing population in rural areas with challenges for health and social services is masked by the perception that the countryside offers an idyllic lifestyle says a new report

Poor health in rural areas is being concealed by idyllic images of the countryside, local government and public health leaders warned in a recent report.

Published by the Local Government Association and Public Health England, the report says rural areas have higher numbers of elderly compared to cities but little is known about their health and wellbeing.

The report warns official statistics are failing to paint an accurate picture of people's health outside our cities. This lack of information is masking pockets of significant deprivation and poor health in rural areas.

The report, *Health in rural areas*, aims to dispel the myth of rural areas being affluent and idyllic communities by warning around one-sixth of areas with the worst health and deprivation levels in the country are located in rural areas.

Councils are warning of the increased pressures they face in meeting the needs of an ageing rural population, which is also a longer distance from health services.

Rural areas make up 85% of the land in England and 9.8 million people (19% of the population) live there, a number that is increasing and ageing. They have on average 23.5% of their population over 65

compared with 16.3% of urban areas aged over 65.

Some rural parts, for example in the South, South West, and East Anglia, have the largest proportion residents, aged 85 and over. The LGA said this is creating further challenges as older people generally experience worse health and have a greater need of health and care services.

Around one-sixth of areas with the worst health and deprivation levels in the country are located in rural areas

This comes as figures show that 80% of rural residents live within three miles of a GP surgery, compared with 98% of the urban population. Only 55% of rural households compared to 97% of urban ones are within five miles of a hospital.

Along with reductions in central government grant to local authorities, spending on adult social care services has declined and this has led to provision focusing on those assessed as having either critical or substantial needs. While the 'personal budgets' awarded to people in rural areas are lower, charges for social

care are, on average, higher in rural areas, significantly so with respect to home care charges. The report adds: 'Reductions in resources for social care are compounded by the fact that population sparsity leads to higher delivery costs and makes it more difficult for commercial providers to keep their staff. Wide geographical areas also create organizational challenges for the large and complex health and care

economies in rural county areas. These issues have reduced opportunities for public health teams and social services to work together on the prevention agenda, for example in supporting older people whose needs are not yet substantial or critical to live independently for longer.'

The LGA says government needs to make improvements to how it collates data to capture the health of rural communities, to help councils plan how they provide services and better meet people's health needs.

Clr Izzi Secombe, chairman of the

LGA's community wellbeing board, says: 'We often think of rural areas as picture-postcard scenes of rolling green fields and farming land, yet this idyllic image is masking pockets of deprivation and poor health. Although many rural areas are affluent, this is not the case for everywhere. The North/South divide can be seen in the countryside as well as the cities. And within even the wealthiest rural areas, there are pockets of real hardship, ill health and inequalities.'

She adds: 'Rural communities are also increasingly older, and older people often experience worse health and have greater need of health and care services.'

'We are also concerned that the make do attitude and reluctance to make a fuss of some older rural residents means they may not seek out health care or treatment when they need it. This stores up worse problems for later on where they require far more serious and emergency care.'

Duncan Selbie, chief executive of Public Health England, says: 'Rural areas are very diverse environments with differing needs, particularly in remote places. Local authorities are already finding new and imaginative ways of reaching out to people in remote communities who so often go unnoticed.'



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