The Sustainability and Transformation Plan (STP) for Buckinghamshire, Oxfordshire and Berkshire West (BOB). A short summary.

The problem which the STP was set up to solve is a financial one, to balance the books by 2020 without adequate funding from government.

> 'Our expenditure is however growing at a faster rate than the increase in our funding and there is a growing financial gap, driven to a great extent by increased demand and complexity. We have calculated that if we do nothing, by 2020/21 we would have a financial gap of £479m'. (18)

This is the local part of the £22 billion which the NHS has to save in that time. STP will meet that gap by achieving 'efficiency savings' and greater 'productivity' (19), in other words, cuts. At a meeting of the County Council's Health Overview and Scrutiny Committee on 17 November, the representative of the Clinical Commissioning Group claimed that there would be 'no cuts', but the STP document itself states one of the aims as 'reductions in acute beds within Oxford University Hospitals Foundation Trust'. (78) Similar cuts are planned for Banbury and elsewhere in the three counties that make up the Buckinghamshire, Oxfordshire and Berkshire West (BOB) geography.

The account of the changes that will be made to the service in order to achieve these efficiency savings is wrapped up in a very long document (117 pages) which attempts to convince us of the positive health benefits for patients that will come from these changes.

The BOB-wide programme includes: 'prevention, urgent care, acute services, mental health, specialised commissioning, workforce, digital technology, primary care'. (37)

The aims of STP in terms of people's health are admirable. They include:

1. 'Workforce plans will improve sustainability of primary care, ambulance services and other key services, ensuring patients can get an appointment when required and a timely response by ambulance if needed.
2. More care provided closer to home through strengthening the availability of services available within primary care, reducing the need for travel for many routine appointments and investigations
3. Closer working across the health and social care system will make it easier to access for patients
4. More services provided on a day or out patient basis reducing the need for

hospital admission
5. Reduced waiting times for referral to see a specialist
6. Greater availability of GP appointments 7 days a week
7. Improved access for all cancer patients'. (59)

The problem is that these improvements have to be delivered in the context of reduced funding, But increased efficiency generally means slimlining of services, closures of many existing service outlets, reduced workforce or employment of workforce with lower qualifications, for instance, nursing assistants instead of nurses. The BOB STP will have to identify 'ways to manage approximately 15% more patients with a similar sized workforce as today'. (65)

Public consultation
Public engagement is a constant theme. The claim is made that
'Our proposals have been informed by information from patient and public feedback'. (5) A public consultation on these changes will take place in two phases in 2017. Campaign groups as well as the County Council's Health Overview and Scrutiny Committee are critical of the fact that the consultation will be divided, with separate consultations on health and social services, but STP leaders and the Clinical Commissioning Group insist they haven't completed the necessary preparations for a single consultation on both in January 2017.

MPs, local government, patient groups, clinicians and staff will be given 'briefing documents' which 'present the facts'. The wider public will be given 'infographic, easy-read leaflet [and] digital ad', something that is 'simple to understand'. (114)

The proposed changes will have to pass four tests before being implemented:

'Any major service changes and reconfigurations should be able to demonstrate evidence of four tests which are:

1. Strong public and patient engagement
2. Consistency with current and prospective need for patient choice
3. A clear clinical evidence base
4. Support for proposals from clinical commissioners.' (58)

'At present the key areas of public engagement are:

- Proposed changes to obstetric services and paediatrics at the Horton Hospital in Banbury

- Consultation on options for the Horton Hospital
- New roles for Oxfordshire community hospitals
- Review of Berkshire West community hospital provision
- Development of community hubs in Buckinghamshire including model of bed-based services
- Consultation on bed closures at OUHFT
- Potential changes to specialised commissioning pathways for specialised services, such as cancer and cardiology treatment.' (58)

'At this stage in our process no decisions have been made, however it is probable that we will be consulting on:

- Reductions in acute beds within Oxford University Hospitals Foundation Trust
- Changes to our community hospitals
- Service changes at the Horton Hospital in Banbury (part of Oxford University Hospitals Foundation Trust).' (78)

Closures at the Horton in Banbury are one of the most widely known cuts in healthcare and have been threatened long before STP came on the agenda. However, the STP document claims that 'Horton Hospital changes are cost neutral'. (71)

The Acute Programme is led by Bruno Holtof of OUHFT and the main changes here, in addition to reduction in acute beds, Horton, etc., have to do with proposed benefits from coordinated procurement, common dataset and joint management of supply chains. The Shelford Group (top 10 academic trusts led by OUHFT) is to play a major role. (31)

STP structure
At the top of STP (theoretically) are the statutory bodies: Trusts, CCGs, Health and Wellbeing Boards, Local Authorities, NHS England, NHS Improvement.

Then comes the STP Oversight Board consisting of: CEOs of CCGs, NHS Trusts, Local Authority representatives, CEO of Academic Health Science Network (AHSN), Head of Health Education England, NHS England, NHS Improvement, Healthwatch, AgeUK, Fire service, Police

Below that is the STP Delivery Board involving AHSN, STP Lead, Finance, NHS England, NHS Improvement, Local Authorities and the three local system leaders (Stuart Bell, Neil Dardis, Cathy Winfield).

CCGs: A Commissioning Executive across the 7 CCGs in the BOB area has been established to improve commissioning efficiency further and support delivery of the STP plan. The Executive will initially focus on specialised commissioning, ambulance services, 111, mental health, and cancer. (62)

Although statutory bodies are listed as being at the top of the STP structure, it must be noted that local authorities have not really functioned at that level. For instance, members of the Oxfordshire County Council's Health Overview and Scrutiny Committee (HOSC), whose duty it is to scrutinise 'substantial changes' in the health service, were completely in the dark about the actual contents of the STP.

Efficiency savings
The STP leaders claim that they can deliver efficiency savings of 2 per cent each year although many health leaders claim that this is not possible - 'there is no fat left to trim'. Some of the efficiency savings are familiar from CCG plans:

- the use of outcomes based contracts in mental health
- a more flexible workforce
- use of generic support workers (across health and social care),
- reduction of nursing grade input, increased use of healthcare assistants and physicians associates
- increasing efficiency by planning and buying services, where appropriate, at scale across the BOB geography
- a strategic framework for overseas recruitment
- a BOB-wide staff “bank” to further reduce agency costs
- centralising back-office functions
- commissioning at scale across the BOB geography
- a shift of acute activity away from the John Radcliffe and Horton hospitals
- general working at scale in primary care, eg GP federations
- and, of course, 'enhanced leadership capability'.

Workforce-related savings are based on

- a workforce that can be flexibly employed across the BOB area
- minimise costs of agency staff
- recruit staff from outside the UK
- similar pay and conditions across BOB geography (93).

The NHS is the largest employer across the BOB area, directly employing 34,000 staff, as well as a further workforce of 3,500 staff across GP surgeries.

Financial savings, it is claimed**,** can also be made from changes in people's health - a healthier population resulting from preventative strategies and from more joined-up health provision which would result in:

- reduced staff sickness and reduced agency costs
- reduced paediatric admissions
- reduced emergency admissions, reduced length of stay

Or, as the CCG representative at HOSC suggested, instead of having to treat people who suffer from falls, one could 'keep them from falling'.

Another key element that would produce savings involves **shifting patient care from acute services to primary care** with an emphasis on 'self-care':

- 'more care provided closer to home through strengthening the availability of services available within primary care'. (6)
- ensuring that 'patients, their families and carers are empowered to take more control over their own care and treatment'. (7)
- 'providing digital solutions for self-care, virtual consultations and interoperability to increase patients' access to information and reduce duplication and travel'. (5)

Financial risks are to be mitigated by 'exploring a risk share agreement across NHS Trusts and CCGs' (65). .

Other organisations involved in STP
STPs are being prepared by collaboration with a number of public and public-private bodies.

> 'Our unique academic and commercial strengths in the region are fully integrated into the STP with the AHSN, TV SCN, HEE and PHE involved at a granular level with each programme'. (16)

Here are some of these other bodies that are involved in formulating the plan and directing its implementation:

The Thames Valley Strategic Clinical Network is led by Dr Geoff Payne, director of Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust. Its Associate Director is Dr Aarti Chapman who 'spent a number of years working at the University of Oxford's intellectual property arm, Isis Innovation Limited, converting early stage ideas into patented inventions, as well as licensing them to biotech and pharmaceutical industry and establishing start-up companies' (http://tvscn.nhs.uk/team-member/dr-aarti-chapman/).

On maternity care, the TVSCN is working on 'changing the model of care based on the national maternity review to better suit patients rather than just increasing capacity of current services'. In Oxfordshire, this means 'centralise scarce consultants to overcome significant workforce challenges'. (51) The TVSCN has also produced a report on 'Maternity Capacity and Future Planning' and will manage the Maternity Project for the STP alongside the Thames Valley Clinical Senate. (84)

The **Thames Valley Clinical Senate** 'covers Buckinghamshire, Oxfordshire and Berkshire and supports these health economies by providing impartial, independent and evidence-based clinical advice to commissioners and providers on major service changes and transformation'. (17) Its chair is Dr Jane Barrett and its Associate Director is Dr Aarti Chapman from the TVSCN. (http://tvsenate.nhs.uk/about-us/our-team/)

The Thames Valley and Wessex Leadership Academy (http://www.tvwleadershipacademy.nhs.uk/systems-leadership) is made up of top managers from NHS trusts around the country.

The Strategic Genomics Consortium, a public-private partnership that was 'winners of the Oxford AHSN Best Public-Private Collaboration Award 2016'. (16) It includes Bayer, Pfizer and Abbvie. (http://www.thesgc.org/openaccess/funders).

The Oxford Academic Health Sciences Network (AHSN) was set up by NHS England in 2013 with the aim of 'bringing together universities, industry, and the NHS' (http://www.oxfordahsn.org/about-us/). It launched an annual award in 2014 'to recognise innovative partnerships between universities, industry and the NHS' which was won in 2015 by Isansys Lifecare, a digital healthcare company set up in Oxford in 2010. In the BOB STP, Professor Gary Ford, Chief Executive of the AHSN, has been appointed as Chair of the Delivery and Oversight Board. He is also a leading member of the STP Delivery Board which meets monthly. The AHSN produced a report on paediatric care for the STP which provided the basis for STP's plan to reduce paediatric admissions. (83)

It seems that health providers have not accepted the figures proposed by STP board:

> 'Whilst we recognise that our STP finance plans should ideally balance provider and commissioner control totals it is our understanding that these are still indicative for providers and have not necessarily been accepted by them.' (19)

The predicted gap (without STP) is divided as follows:

> 'The commissioner gap by 20/21 of £194m divides between Berkshire West CCGs (£59m), Buckinghamshire CCGs (£46m) and Oxfordshire CCG (£89m). The provider gap of £285m is split; OUH (£119m), Royal Berks (£45m), BHT (£61m), OHFT (£27m), Berkshire Healthcare (£21m) and SCAS (£12m).' (21)

Are assumptions real?

> 'Although the specialist commissioning plan is looking to generate £60m savings this needs further testing to ensure it is real' (30).

In general, the plan is to make savings by means of cuts (beds at the JR, community hospitals, etc.), by slimlining/centralising services, and by shifting the burden of care from hospitals to the primary care sector. The financial benefits of scale (GP federations, big hospital centres, centralised commissioning for the BOB area), combined with increasing emphasis on individual self-care (patient empowerment, digital solutions for self care, care in the home) are presented as offering improved health benefits. But no evidence is offered for this. At the same time, shifting healthcare tasks more onto GPs and social care would happen at at time when both of these sectors are already in crisis.

The problem is one of credibility. NHS England and the medical/managerial teams that have produced this STP plan claim that they can improve the health services offered to patients while at the same time having to make savings of £479 million between now and 2020. It is difficult to see how this could be done without the kinds of cuts to services that would actually damage patient healthcare.

The Oxfordshire Health Overview and Scrutiny Committee will be holding a special meeting in December to discuss STP. It is important that as many from the public as possible attend this meeting and make their views known to HOSC councillors who have the duty to represent the public and have the power to reject STP.