

STPs

..... yesterday's acronym?

Guest editorial by John Lister, Editor [Health Campaigns Together](#).

The latest estimate of the costs of [management consultancy](#) in drawing up Sustainability and Transformation Plans (STPs) is £21m - the total will be higher. But taxpayers have little to show for this investment.

The STPs were last year's NHS England cunning plan to contain upward pressures on NHS spending and generate improbably large "savings".

Instead of letting commissioners shamelessly solve their cash pressures by ripping off NHS providers, the thinking

providers for contract income, with the underlying threat of possible bankruptcy for the failures, would improve quality as well as squeeze down the cost of services.

She was wrong. Now there appears to be a [growing consensus](#) that this "purchaser-provider split" which was deepened by

New Labour and massively widened by La La Lansley's 2012 Health & Social Care Act has [had its day](#).

It has failed to demonstrate any added value to compensate for its costs.

As experts like Don Berwick have been arguing for years, collaboration is more effective than competition.

went, why not lump commissioners and providers together and let them sort things out jointly?

In other words, go back in time to before Margaret Thatcher split the NHS into "purchasers" and "providers".

She assumed, despite all the evidence from the USA - that competition between

[NHSE's timetable](#) required local areas to be defined by February, with local commissioners and providers to jointly draft and agree 5-year STP plans by June, to be ratified by NHS England over the

summer, and implemented from the autumn - last year.

Not surprisingly these deadlines have been missed.

44 new footprints were agreed, ranging widely in size: various firms of management consultants, each with their different style, were expensively hired to draft the plans: apparently NHS managers don't do this any more.

44 variegated documents eventually emerged, many of them 6 months late, after a secretive process had excluded -

All of the STPs also have cosmetic opening sections effectively endorsing motherhood and apple pie - improving public health, and reducing the need for hospital treatment.

[None properly funded or backed by evidence](#), but nonetheless fanciful targets for 'demand management' are key to hopes of cutting hospital beds and 'centralising' services. 'Local' in STP-speak can be up to 50 miles away.

[Not one STPs](#) plans to address the 'gap' on social care funding: local government is a garnish, not a partner.

But the real gap is in credibility: only half the 44 STPs have any concrete plans at all, and most seem to be going nowhere.

After running into the Brexit vote and subsequent crisis, STPs were becalmed during the prolonged campaign for this year's elections.

Now in many areas Tory MPs, fearing an imminent election, are seeking to rebuild lost support by pulling strings to get key plans for hospital downgrades - such as Devon and [South Essex](#) - dropped.

Tory manifesto promises of legislation to give STPs real power have also been dropped: Theresa Webley's weak and wobbly government doesn't want to be seen driving through unpopular hospital closures and cuts.

workaround to the chaos of the H&SC Act, but lack powers to make anybody do anything.

So STPs are largely dead, long live the latest acronym! The new fad is ACSs, US-style

and alienated - the local press, local communities and [often the local councils](#) they were supposed to be engaging with.

[One consistent element](#) is all STPs centre on the largely fictional "do nothing gap" between the NHS budget and rising costs and demand to 2020.

The fiction is that trusts would ever expect to "do nothing" on efficiency savings: in fact faint hopes of bridging the "gap" centre in every instance on annual so-called 'Business As Usual' savings by trusts.

18 months on, STPs have no public acceptance or legitimacy, and no [legal status](#). They were intended as a makeshift

Accountable Care Systems - even though nobody seems agreed on how they work. The success in [New Zealand](#) results from a completely different approach and situation.

[Eight ACSSs](#) are being groomed as pioneers by NHSE, emphasising their aim to supplant the purchaser/provider split, but ignoring the fact they have no legal standing -- and fears that rigid cash limits will swiftly force them to cut and ration care. Some inevitably see them as a step to privatisation - or US takeover.

It feels more and more as if NHSE's theme song should be 'One Wheel on My Wagon'. How long can they keep rolling along without major upset?

Maybe only 'till winter, if NHS Providers are correct in their "[winter warning](#)".

Brace yourselves for a bumpy ride.