

Sustainability & Transformation Plans

Briefing Note

July 2017

Sustainability and Transformation Plans (STPs) are local, place based plans that aim to improve health and care in partnership with local councils and communities.

Sustainability and Transformation Plans (STPs) are seen as the key mechanism for implementing the NHS Five Year Forward View (FYFV) and its vision of better health and wellbeing, improved quality of care, and a sustainable and efficient NHS.

The introduction of the STP process is an attempt to impose financial discipline and at the same time drive innovation and transformation across the NHS in England.

The intention is that the plans will be the driving force for local health planning and delivery.

Sustainability and Transformation Plans (STPs)

STPs will be place-based multi-year plans built around the needs of local populations. The emphasis is placed on planning for local populations rather than individual institutions (such as a single hospital trust or sole provider). STPs are expected to help drive a genuine and sustainable transformation in health and care outcomes between October 2016 and March 2021. They are also intended to help build and strengthen local relationships, enabling a shared understanding of where things stand and a shared ambition for 2021 and the concrete steps needed to get there.

A wide range of stakeholders (commissioners, providers, local authorities) will come together to create this local

plan or 'blueprint' describing how each area will work together to close three nationally identified gaps:

- The health and wellbeing gap
- The care and quality gap
- The finance and efficiency gap

With respect to specific diseases or health issues, each of the 44 STP footprints were instructed to ensure their plan outlines their approach to: cancer, diabetes, learning disabilities, maternity, mental health and dementia.

Access to a £1.8 billion **Sustainability and Transformation Fund (STF)** was promised to the best plans. However, the third identified gap – addressing funding and efficiency challenges – is the core imperative for the STP process and therefore the key focus of plans has been on financial control.

This message has been reinforced by NHS leaders who have stressed the need to use the opportunity of the development of STPs to tackle difficult decisions or longstanding 'elephants in the room.' The expectation is that this will be achieved through new approaches rather than additional resources.

This means that those developing the plans have had to attempt to balance two different core elements – sustainability and financial control on the one hand, and major system reform and transformation on the other.

The majority of 'final' STPs were submitted by late October 2016 and form the basis for two-year, organisation level operating plans for 2017/18 and 2018/19.

What is an STP Footprint

To deliver STPs NHS providers, Clinical Commissioning Groups (CCGs), Local Authorities, and other health and care services have come together to form 44 STP 'footprints' across England. These are geographic areas in which people and organisations will work together to develop robust plans to transform the way that health and care is planned and delivered for their populations.

STP footprints have been tasked with delivering improvements in health outcomes and the quality of services, as well as achieving financial sustainability. They are responsible for bringing organisations together and making decisions about service delivery that cross the boundaries of statutory NHS organisations.

Despite this critical role, STP footprints have no statutory status and are being asked to work at rapid pace, developing plans with significant implications for the future of NHS services.

In forming their footprints, local areas were challenged to take the following factors into account:

- Geography (including patient flow, travels links and how people use services).
- Scale (the ability to generate solutions which will deliver sustainable, transformed health and care which is clinically and financially sound).
- Fit with footprints of existing change programmes and relationships.
- The financial sustainability of organisations in an area.
- Leadership capacity and capability to support change.

North East Region

There are two STP footprints in the North East Region:

1. Northumberland, Tyne and Wear and North Durham (NTWND)

STP designated footprint lead: Mark Adams (Chief Officer, Newcastle Gateshead CCG)

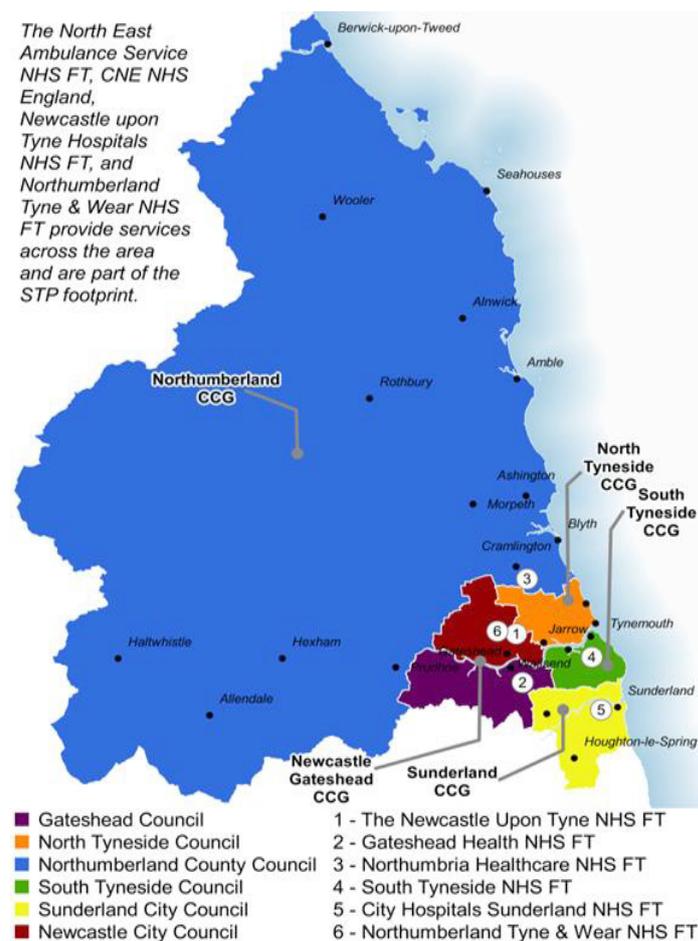
The Northumberland Tyne and Wear STP footprint covers a total population of 1.5 million residents across three

Local Health Economies (LHEs):

- Newcastle Gateshead
- North Tyneside and Northumberland
- South Tyneside and Sunderland

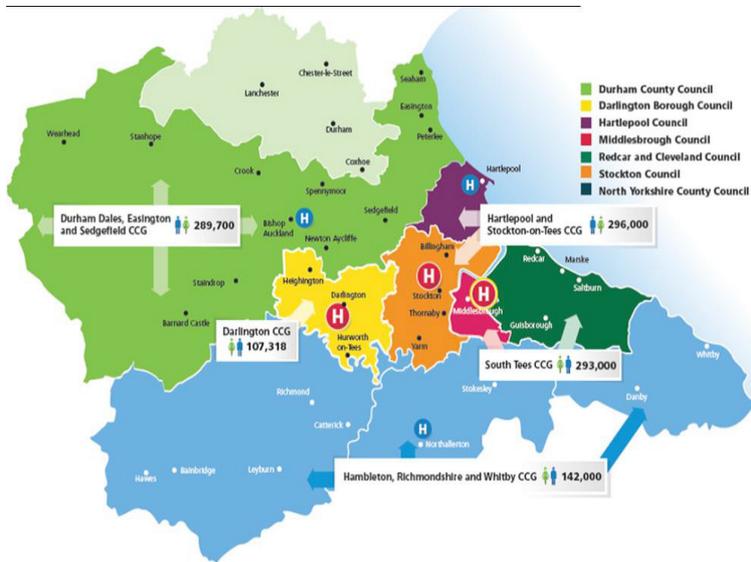
North Durham CCG are a component part of the NTW STP footprint, being co-terminus with the North East Combined Authority (NECA) footprint.

Organisations delivering Health and Social Care within the STP footprint are detailed on the map below:



2. Durham (includes Durham Dales, Easington and Sedgfield CCG area), Darlington and Tees, Hambleton, Richmondshire and Whitby (DDTHRW) STP

Designated footprint lead: Alan Foster (Chief Executive, North Tees and Hartlepool NHS Foundation Trust).



What's in the plans?

Many of the organisations within each of the STP footprints are seeking to find efficiencies across the system in order to improve financial sustainability. Plans make reference to potential 'reconfiguration' or 'rationalisation' of hospital and specialist services and pre consultation work on some of these proposals is already going on, such as the Better Health Programme in the DDTHRW STP footprint.

The financial rationale for change is clear as STPs have set out estimates of the likely deficit if a 'do nothing' scenario is adopted. In the North East the Northumberland, Tyne and Wear and Durham, Darlington and Tees, Hambleton, Richmondshire and Whitby STPs the 2020/2021 'do-nothing' deficit for the Health and Social Care sectors combined are £960 million and £500 million respectively.

In addition STPs are identifying a need to move away from an acute hospital model of care to a culture of 'care closer to home', which provides community based health and social care and supports people to better manage their own health, wellbeing and care at home, but will also improve both finances and patient outcomes.

Engagement and Co-production with VCSE

The guidance is clear that STP partners in every area should have an ongoing dialogue with patients,

volunteers, carers, clinicians and other staff, citizens, **the local voluntary and community sector**, local government officers and local politicians.

However, the extent of co-production with patients and the public appears, according to an 'audit' of emerging STPs commissioned by 38 Degrees and produced by Incisive Health, to have been limited in the early development of plans, perhaps because of the punishing timetable for the development of these plans.

It is clear that further engagement with patients and the public will be required before some of the significant changes proposed within STPs can be introduced. The current proposals can be expected to provoke significant discussion, debate and controversy given that many identify plans for significant 'reconfiguration' and 'rationalisation' of acute hospital services.

NHS England has published guidance to STPs on the engagement of patients and the public (as well as other stakeholders): **'Engaging Local People - A guide for local areas developing Sustainability and Transformation Plans'**.

It is intended to clarify the expectations on stakeholder involvement, in particular patient and public participation and includes reference to building on the six principles for engaging people and communities, developed for vanguards.

The document makes specific reference to VCSE organisations and how they can help reach those who experience the greatest health inequalities:

"VCSE organisations can help to reach those who experience the greatest health inequalities, including those who work with people with protected characteristics. Particular emphasis should be given to engagement with people who are less frequently heard and who experience the greatest inequalities in health outcomes. This will help to ensure that informed and conscious consideration is given to assessing needs in respect of the equality and inequality duties. Locally, the best source of support for linking with the voluntary sector is frequently the council for voluntary services (CVS), sometimes called a local development and support agency.

Consider using community-centred and asset based approaches that recognise the range of approaches to transforming services, reducing health inequalities and

closing the three 'gaps' highlighted in the 5YFV. These approaches will help to ensure that people from all sections of the community are able to participate."

Regional VCSE Engagement

VONNE is supporting VCSE engagement in representing the voluntary sector on the Neighbourhood & Communities and Prevention work streams covering both STPs in the North East region and engaging with the Local Workforce Action Board covering the region.

Newcastle CVS are involved through membership of the Joint Integrated Care Board / STP which is a part of the Northumberland, Tyne, Wear and North Durham (NTWND) STP structure. Mental Health Concern also have representation within the Workforce Action Group covering the NTWND STP footprint.

Building Health Partnerships (BHP) Programme

The BHP programme provides support to enable Sustainability and Transformation Plan (STP) footprints to engage with the VCSE sector and citizens on wellbeing and self-care priorities.

The programme provides an opportunity to develop some meaningful engagement between health commissioners and professionals and the Voluntary Community and Social Enterprise (VCSE) sector in the design, commissioning and delivery of health and wellbeing services.

The North East Region's two STP footprints are one of eight STP areas that have been selected to take part in the programme. The successful application was made by the Prevention Work Stream Group, supported by VONNE, and covers the Northumberland Tyne and Wear and North Durham and Durham, Darlington Tees, Hambleton, Richmond and Whitby STP areas.

The programme is jointly funded by NHS England and the Big Lottery Fund and delivered in partnership by Social Enterprise UK (SEUK) and the Institute for Voluntary Action Research (IVAR). The programme will combine relationship building with agreeing and implementing joint action.

STP areas in the programme have access to a mixture of facilitated support, expert input, links to other networks

and initiatives, and communications expertise.

References

About STPs

www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/

STPs Early Areas of Action Report. Incisive Health/38 Degrees (August 2016)

www.incisivehealth.com

Engaging local people: A guide for local areas developing Sustainability and Transformation Plans (September 2016) NHS England

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