

NHS ENGLAND BOARD PAPER

Title: Sustainability and Transformation Plans
Lead Director: Matthew Swindells, National Director: Operations & Information
Purpose of Paper: To update the Board of progress to date on Sustainability and Transformation Plans
The Board are invited to: Note the update

Sustainability and Transformation Plans

Background

1. Earlier in 2016, 44 areas were asked to put together Sustainability and Transformation Plans (STPs) – route maps for meeting the health needs of the local population and the local vehicles for delivering on the Five Year Forward View within the funding enabled by the Spending Review settlement.
2. STPs are not an end in themselves, but a means to build and strengthen local leadership, enabling a shared understanding of where we are now, articulating how services will improve— within the total resources available to systems—and the steps systems will take to get there.
3. STPs are also an opportunity to focus on systems rather than on organisations alone. Although they do not alter existing lines of statutory accountability, they are a mechanism for local leaders to collaborate to solve long-standing problems, to invest more in prevention and to moderate demand for intensive acute services and to cooperate on shared efficiencies.
4. The STP publications in 2016 reflect the joint work of health and social care. Following publication, all STPs will need to widen their engagement to ensure appropriate involvement of patients, the public, local councils, the voluntary sector and other health and care providers. It is at the heart of STPs that they will require wide ranging participation to deliver the changes necessary.

The October submissions

5. All 44 STP areas submitted their proposals on October 21st. They all address the triple aim: to improve population health, to deliver higher quality services and to do this as efficiently as possible. They recognise that improvements need to be made within the constraints of the collective resources that are available to systems. Naturally there is variation in the ambition and strength of the plans. Often the most developed are in areas with longstanding working relationships. Others, where relationships are new, have more work to do.
6. STPs have a strong focus on national priorities of preventing illness, improving cancer outcomes, providing better mental health services, strengthening general practice and developing more integrated urgent care services.
7. NHS England's regional teams have been working closely with STP leadership teams in the run-up and following submission of the most recent plans. Increasingly our regional and local teams will be playing the leading role in helping to improve the plans and supporting implementation.

Publication and public engagement

8. By mid-December all STP footprints will have published their plans. Publication needs to mark the start of more intensive engagement with patients, communities and clinicians. In some cases, formal consultation will be required.

9. They now also need to do more to engage clinicians—including frontline GPs—and all our staff in the next phase and to involve them fully in preparing to lead changes to the way we design our services to look after patients. This engagement needs to happen across each of three levels that are critical to the success of STPs. Firstly, local: CCGs, primary care providers and trust medical and nursing directors. Secondly, where changes may cross STP boundaries or have impact on a neighbouring area, Clinical Senates can offer advice. Thirdly, where independent or specialist advice is required, medical Royal Colleges and specialty associations will have a role.
10. The NHS England communications team is developing a programme to support STPs during 2017, focussing on areas that need to consult on service change, with general support and on-line resources for people working on STP communications and public engagement.

The 17/18 – 18/19 contracting round

11. The next step is to make STPs real through two year operational plans and to complete the contracting round by 23 December. By agreeing contracts early and quickly, we have an opportunity to cut through the traditional process. This will enable us to move into the New Year with a practical focus on implementation.
12. Operational planning and contracting will need to resolve any outstanding gaps between the funding each area has available in 2017/18 – 2018/19 and current STP financial plans. STP leaders are helping to convene the contracting round, maintaining the system-wide approach areas have worked hard to build. Regional teams from NHS Improvement and NHS England will also jointly facilitate the process.
13. Together with NHS Improvement, NHS England will be conducting a review of STP capital requests. Capital is very tight over the next few years; STPs' requests exceed what is available. This review will identify strategic schemes that are essential for unlocking local improvements and efficiencies. In order to support strategic schemes, we will need to understand the benefit to patients, including return on investment, when they will pay back and expected clinical benefits. We will also want to focus on those that are 'shovel ready'.

Supporting implementation

14. Following the contracting round, STPs will turn their efforts to implementation. Our regional teams will be responsible for supporting leadership teams as they make this shift. As a first step, we will work with each team to ensure a minimum 'infrastructure' is in place: for example, staff to coordinate and drive delivery, a finance function, a team to lead local engagement, etc.
15. CCGs, CSUs, NHS England local and regional teams together represent a significant pool of expertise and resource, some of which could be redeployed to assist STP and other local leaders. We will be working with leading STPs to work out how we can give them greater control over these resources where doing so would support implementation.

Recommendation

16. The Board is asked to note the update provided.