

September 2016

## PSNC Briefing 046/16: An introduction to STPs

In December 2015, the NHS planning guidance document for 2016/17 and beyond was published (summarised in [PSNC Briefing 006/16: Delivering the Forward View: NHS planning guidance 2016/17 to 2020/21](#)), which advised that every health and care system in England would have to produce a Sustainability and Transformation Plan (STP), to drive forward the aims of the [NHS Five Year Forward View \(5YFV\)](#). These STPs would form the basis for place-based planning and commissioning of services, to cover the five-year period between October 2016 and March 2021. The STP would also cover all areas of NHS spending in England.

This PSNC Briefing summarises the elements of STPs which are of most relevance to community pharmacy.

### Introduction

In [Delivering the Forward View: NHS planning guidance 2016/17-2020/21](#), the national health and care bodies highlighted the three main challenges detailed in the 5YFV that need to be tackled, to:

1. close the health and wellbeing gap;
2. drive transformation and close the care and quality gap; and
3. close the finance and efficiency gap.

The planning guidance also emphasised the need to focus on 'prevention and care redesign'. The concept of STPs was therefore introduced in the planning guidance as a way of bringing together health and social care at the most locally relevant geographical level (including mirroring existing 'devolution' areas, such as Greater Manchester) and aligning the plans of partner organisations in that area.

### Aims of STPs

The aims of STPs, as outlined in a [letter](#) sent from the Chief Executives of the national health and care bodies, are to:

- engage patients, staff and communities from the start, developing priorities through the eyes of those who use and pay for the NHS;
- develop services that reflect the needs of patients and improve outcomes by 2020/21 and, in doing so, help close the three gaps across the health and care system that are highlighted above;
- mobilise local energy and enthusiasm around place-based systems of health and care, and develop the partnerships, governance and capacity to deliver;
- provide a better way of spreading and connecting successful local initiatives, providing a platform for investment from the Sustainability and Transformation Fund; and
- develop a coherent national picture that will help national bodies support what local areas are trying to achieve.

### The STP footprints

In order to deliver STPs, Clinical Commissioning Groups (CCGs), local authorities (LAs) and other health and care services have needed to come together, and in January 2016 the formation of 44 STP 'footprints' was [announced](#). These are geographic areas in which people and organisations are working together to develop robust plans to

transform the way that health and care is planned and delivered for their populations. The footprints are not statutory boundaries and planning and commissioning will still need to take place at different levels.

Frontline leaders have worked together to agree the most locally appropriate boundaries, recognising that footprints will not cover all planning eventualities, and that different areas will have different needs. In forming their footprints, local areas will have taken 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; and
- leadership capacity and capability to support change.

The footprints are of a scale which should enable transformative change and the implementation of the 5YFV vision of better health and wellbeing, improved quality of care, and stronger NHS finance and efficiency. Populations range from 300,000 (in West, North and East Cumbria) to nearly three million people (in Greater Manchester). They include five local areas within London, and many which are in line with county boundaries.

Further information on the 44 STP footprints and a map of the footprint geographies can be found on [NHS England's website](#).

### STP leaders

The [individuals](#) who will be leading work on STPs within their areas were also named in March 2016 by NHS England. Most come from CCGs and NHS trusts and Foundation Trusts, but a small number of STP leaders come from local government.

### What is an STP?

Producing an STP is not just about writing a document, nor is it a job that can be outsourced or delegated. Instead it involves five things:

1. local leaders coming together as a team;
2. developing a shared vision with the local community, which also involves local government as appropriate;
3. programming a coherent set of activities to make it happen;
4. execution against plan; and
5. learning and adapting.

Each STP should serve as its own ambitious local blueprint for accelerating its implementation of the 5YFV. STPs should cover [three](#) main areas but the proposed scope of STPs is broad:

1. improving quality and developing new models of care;
2. improving health and wellbeing; and
3. improving efficiency of services.

STPs must cover all areas of CCGs and NHS England commissioned activity including specialised services, where planning will be led from the 10 collaborative commissioning hubs; and primary medical care, and do so from a local CCG perspective, irrespective of delegation arrangements. STPs must also cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies.

It is expected that STPs will help drive a genuine and sustainable transformation in health and care outcomes and

help build and strengthen local relationships. STPs will need to be developed with, and based upon, the needs of local patients and communities and command the support of clinicians, staff and wider partners such as local government.

Annex 1 (Pg 17- 21) of the [NHS planning guidance](#) lists questions which give footprints a sense of what they need to address to gain sign-off of their STPs by NHS England and NHS Improvement and to attract additional national investment. A [letter](#) sent to STP leaders in February 2016 stated that strong STPs will set out a broader platform for transforming local health and care services, however, as a minimum, all plans should:

- describe a local cross-partner prevention plan, with particular action on national priorities of obesity and diabetes and locally identified priorities to reduce demand and improve the health of local people;
- increase investment in the out-of-hospital sector, including considering how to deliver primary care at scale;
- set out local ambitions to deliver seven day services. In particular:
  - i. improving access and better integrating NHS 111, minor injuries, urgent care and out-of-hours GP services;
  - ii. improving access to primary care at weekends and evenings; and
  - iii. implementing the four priority clinical standards for hospital services every day of the week;
- support the accelerated delivery of new care models in existing Vanguard sites; or in systems without Vanguards, set out plans for implementing new models of care with partners;
- set out collective action on quality improvement, particularly where services are rated inadequate or are in special measures;
- set out collective action on key national clinical priorities such as improving cancer outcomes; increasing investment in mental health services and parity of esteem for mental health patients; transforming learning disabilities services; and improving maternity services;
- ensuring these and other changes return local systems to financial balance, together with the increased investment that will come on-stream as set out in NHS England’s allocations to CCGs; and
- be underpinned by a strategic commitment to engagement at all levels, informed by the [six principles for engaging people and communities](#).

### Quick guides

In May 2016, a series of ‘aide-mémoires’ ([quick guides](#)) were published which set out what success would look like in 2020 for STP footprints. [PSNC Briefing: 047/16: STP aides-mémoire \(quick guides\)](#) summarises the elements most relevant to community pharmacy. The documents also include suggestions as to how footprints could approach implementation in 2016/17.

### Sustainability and Transformation Fund

The STP footprints have been asked to consider how changes to services and changes in investment can lead to efficiencies, and all STPs must be underpinned by actionable financial plans that show how they will close the local financial gap and achieve sustainable financial balance over the next five years. Footprints have been given a financial template to allow them to capture their financial, activity and workforce plans at a high level.

NHS England has established a Sustainability and Transformation Fund of £2.1bn for 2016/17, which will rise to £2.9bn in 2017/18 and to £3.4bn in 2020/21. From April 2017, STPs will become the single application and approval process for accessing NHS transformation funding, with the best plans set to receive funds more quickly.

### STP timeline

<b>Dec 2015</b>	The <a href="#">NHS shared planning guidance 16/17 – 2021</a> was published which outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England was advised that they needed to produce a multi-year STP.
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Jan 2016	<a href="#">Place-based funding allocations for the period 2016/17 to 2020/21 were published</a> , comprising CCG allocations, primary care medical allocations and specialised services allocations.
Feb 2016	A <a href="#">letter</a> was sent from the Chief Executives of the national health and care bodies to local health and care systems to explain more about Sustainability and Transformation Plans.
Mar 2016	National health and care bodies in England published details of the <a href="#">44 'footprint' STP areas</a> that will bring local health and care leaders, organisations and communities together to develop local blueprints for improved health, care and finances over the next five years.
Mar 2016	<a href="#">Senior figures</a> from across health and care who will be leading work on the STP within their 'footprint' area were confirmed.
May 2016	In order to support STP footprints in developing plans for their areas in 2020/21, this <a href="#">note</a> was published, which sets out, on an indicative basis, the total additional funding which could be available in 2020/21 from all sources.
May 2016	A <a href="#">short note</a> was published as a guide for STP footprints on what the national bodies would expect to see in STP submissions.
May 2016	<a href="#">Quick guides</a> were published, which were designed to help local leaders work together in tackling the big system questions, and build on existing efforts to make progress on some of the most challenging priorities. Each guide starts by setting out what success would look like in 2020, and gives suggestions about how areas could approach implementation. <a href="#">PSNC Briefing: 047/16: STP aides-mémoire (quick guides)</a> summarises the elements most relevant to community pharmacy.
End Jun 2016	Draft STPs were submitted.
Jul 2016	STPs were subject to formal assessment.
Sep 2016	NHS England published a <a href="#">guide</a> for footprints to assist with engaging with local people.
21st Oct 2016	Final STPs are to be submitted to NHS England.
Dec 2016	Expected sign off and publication of 'most' STPs.
Apr 2017	The most compelling and credible STPs will secure the earliest additional funding.

## What proposals are being seen in STPs?

The [Nuffield Trust](#) and [Incisive Health \(on behalf of 38 Degrees\)](#) have both undertaken research to examine the content of STPs. The Nuffield Trust identified that the most significant proposals are to make major changes in where and how care is provided for the large number of patients in hospital who could be cared for in other settings. This approach could be supported by encouraging the development of 'at-scale general practice'. Incisive Health found the following examples of the cost-saving measures being proposed:

- The closure or downgrading of some A&E units and other services deemed to be clinically and / or financially unsustainable;
- Reductions in the number of hospital beds;
- Supporting the [NHS 'financial reset'](#), including reducing growth in staffing costs and consolidating back office functions; and
- Reducing estate costs and disposing of surplus land.

## What does it mean for community pharmacy?

While many LPCs have been disappointed that they have not been able to effectively engage with those involved in the STP process in their area, this has been the case in many areas with other stakeholders, including GPs and local authorities, reporting similar problems and concerns around the secrecy surrounding the development of STPs. The speed at which STPs have had to be developed is probably one of the main reasons for the lack of wider engagement with stakeholders. NHS England, with the other national arm's length bodies, has recently issued [guidance](#) on engaging with local people, which states:

*'It is essential that the STP partners in every area 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, including those representing health and wellbeing boards and scrutiny committees and MPs.*

*Local proposals for health and care transformation are not expected to have gone through formal local NHS or other organisations' board approval and/or formal public engagement or consultation at this early stage...*

*We expect that most areas will take a version of their STP to their organisation's public board meeting for discussion between late October and the end of the year.*

*We would also expect that most areas will publish their plans for wider engagement during this period, building on the engagement they have already done to shape thinking.*

*Every area will be working to a different timeframe, based on its own circumstances and how well progressed its plan is.'*

This guidance clarifies NHS England's expectation that there should now be stakeholder engagement relating to STPs. We would therefore encourage LPCs to continue to try to engage with STP leads as there is still an opportunity to get involved and help shape the STP in their area.

The STPs that have been seen by LPCs have in the main been quite high level plans, without there being detailed information on future service commissioning intentions. Once STPs are signed off at a national level in October 2016, the hard work to start to implement the plans will commence and it is at this stage – between September and the end of December 2016 – that the most fruitful conversations may be possible with STP leaders. It is also likely that in some areas, further work will be required following October, before the STPs are in a state where they will obtain national sign off.

## Further resources

The following links provide more information on STPs:

- [NHS England – Engaging local people, A guide for local areas developing Sustainability and Transformation Plans \(September 2016\)](#)
- [The Nuffield Trust – Sustainability and Transformation Plans: what we know so far \(September 2016\)](#)
- [The British Medical Association – Sustainability and Transformation Plans \(August 2016\)](#)
- [The Kings Fund – Sustainability and transformation plans \(STPs\) explained \(August 2016\)](#)
- [NHS Confederation – Mapped: England's local economic growth leaders \(July 2016\)](#)
- [Regional Voices – Sustainability and Transformation Plans briefing \(April 2016\)](#)
- [NHS Partners Network NHS Confederation – Capital, capacity and capability \(March 2016\)](#)

If you have queries on this PSNC Briefing or you require more information please contact [Zainab Al-Kharsan, Service Development Pharmacist](#).