

STP Survey of Councillors

Full report of findings

July 2017

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About STPs

The aim of Sustainability and Transformation Partnerships (STPs) is to work together across a local footprint to deliver a local blueprint for addressing the challenges facing the NHS and its partners. The partnerships should include all providers and commissioners of care, acute providers, local commissioners of health and social care, community health and primary care. There are 44 STPs covering all of England, to improve health and care. Each area has developed proposals built around the needs for the whole population in the area, not just those of individual organisations.

STP can also stand for 'sustainability and transformation plan'. These are plans drawn up in each of the 44 areas setting out practical ways to improve NHS services and population health in every part of England. The plans and partnerships are part of a NHS planning framework for health and care services. Announced in the NHS planning guidance in December 2015, STPs are strategic, multi-year plans running to at least March 2021.

This document reports key findings from a survey of councillors carried out by the Local Government Association (LGA) between 6 April and 11 May 2017. The survey sought to establish a clear national picture of local councillors' views and experiences of their local Sustainability and Transformation Partnership (STP).

Single tier and county councils were targeted as they have adult social care and public health statutory duties, as well as a statutory duty to maintain a health and wellbeing board. Chairs of health and wellbeing boards and/or relevant portfolio holders, many of whom are also leaders or deputy leaders of councils, were invited to respond to the survey. A few additional respondents were also engaged through circulation of the survey in relevant online publications.

The survey was completed by 81 respondents from 68 councils, including two districts. Further information regarding methodology and respondents is outlined in appendix A at the end of this report. Council representation across regions and council types is outlined in appendices B and C.

Headline findings

- The majority of respondents report at least a fair amount of knowledge about their STP (91%). However, most perceive there to be low engagement in the STP, with 69% disagreeing that councillors have been sufficiently engaged in their STP and 71% disagreeing that councillors are sufficiently involved in the governance of the local STP.
- Among the wider council, senior officers and the Health and Wellbeing Board are perceived to be most engaged, with 78% and 70% of respondents reporting engagement among these groups respectively. Only 10% perceive the full council to be engaged in the STP.
- Just over a fifth express confidence that the STP will deliver its objectives (21%), or will bring benefits to local communities (23%). A similar proportion express confidence that the accountability and governance arrangements of the STP(s) are fit for purpose (19%).
- A higher proportion of those who agree that councillors have been sufficiently engaged in the STP are confident that the STP will deliver its objectives compared to those who do not agree that councillors have been sufficiently engaged.
- Of those who report that their STP is aligned with local health and wellbeing priorities to a great extent, most are confident that the STP will deliver its objectives. Conversely, all of those reporting no alignment express no confidence in delivery.

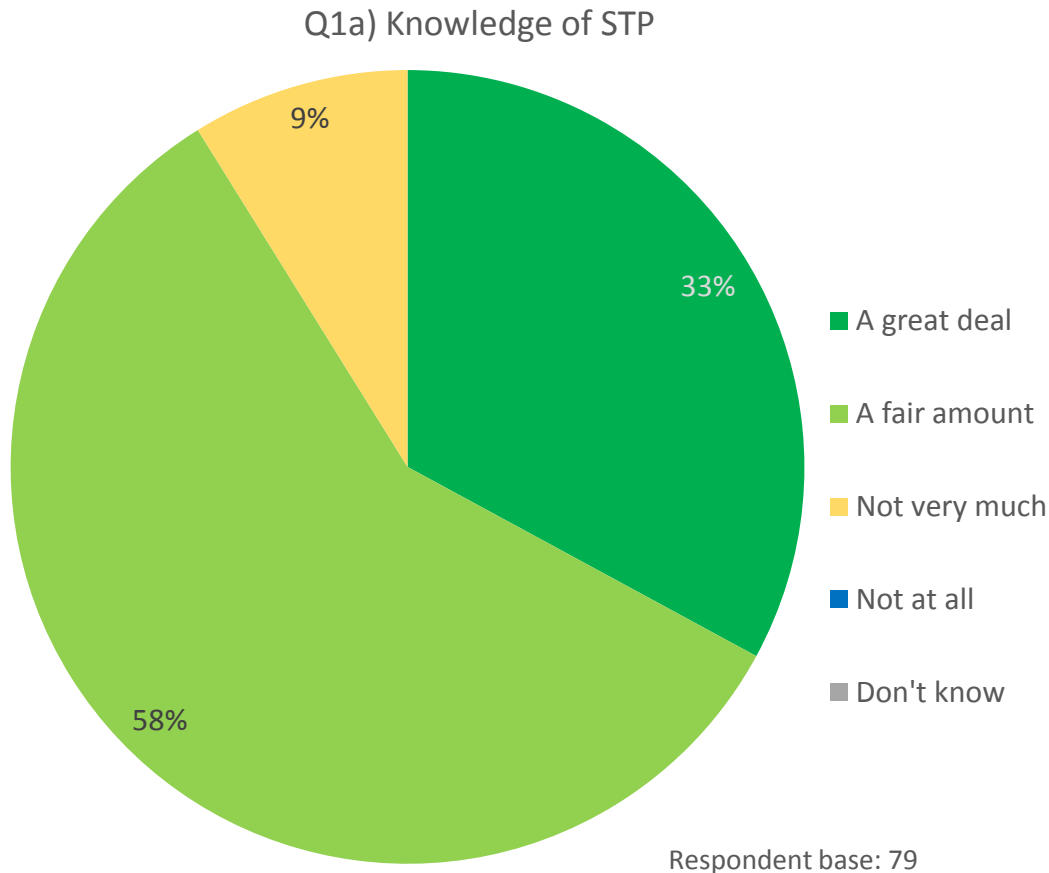
Headline findings

- When asked if the STP process has made a positive difference to working relationships across various health and care leaders, a mixed impact was reported. For CCGs, 47% expressed a positive impact while 19% reported a negative impact. There was reportedly less impact on independent/voluntary providers of health care and social care.
- Over three quarters report the health and wellbeing board (79%) and the health overview and scrutiny committee (75%) to be successful, at least to some extent, in providing an effective forum for engaging councillors in the STP process. Only 25% report the STP board to be successful in this way.
- Over half (57%) of respondents perceive the STP to be aligned at least to a moderate extent with the council's local priorities for health and wellbeing.
- 89% of respondents describe their experience of the STP planning process as “completely” or “mostly top down”.
- Among the options given, investing in more preventative ways of working and improving health and wellbeing outcomes were highlighted as most important as the main focus of the STP.
- When asked to what extent the STP is having a positive impact on local plans across a range of aspects (e.g. adult social care provision and primary care services), in all cases between a third and almost half of respondents said it was too early to tell.

Detailed findings

Councillor knowledge of STPs

91% of councillors report at least a fair amount of knowledge about their STP, with a third (33%) reporting that they know a great deal.



“The process is complex and full of jargon, making it hard to have a total and complete grasp of everything involved”. Lead health and ASC member, unitary authority.

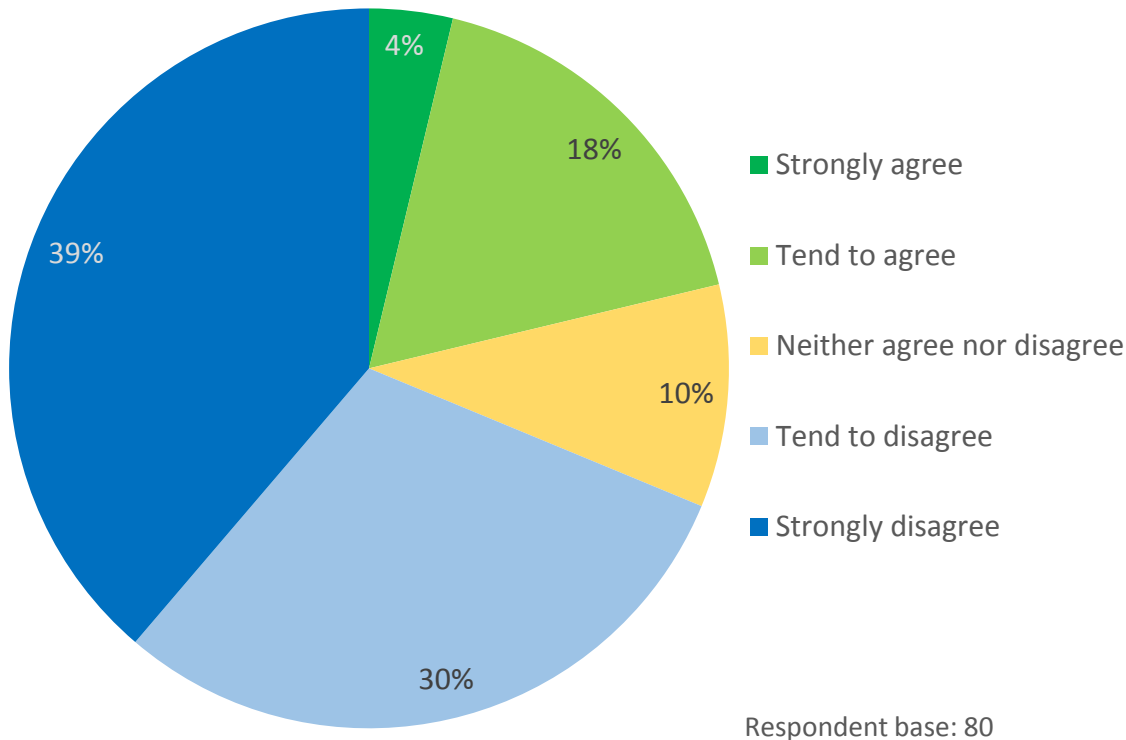
“I’m aware of the STP plan, but the explanation of the very broad descriptions of savings to be achieved feels very opaque”. ASC lead member, London borough.

“I have had significant involvement from the start. This has primarily been due to my working relationship with CCG colleagues”. Cabinet member for health, metropolitan district.

Councillor engagement in STP process

Despite their knowledge, most perceive there to be low engagement in the STP, with 69% disagreeing that councillors have been sufficiently engaged.

Q2a) Agreement that councillors have been sufficiently engaged



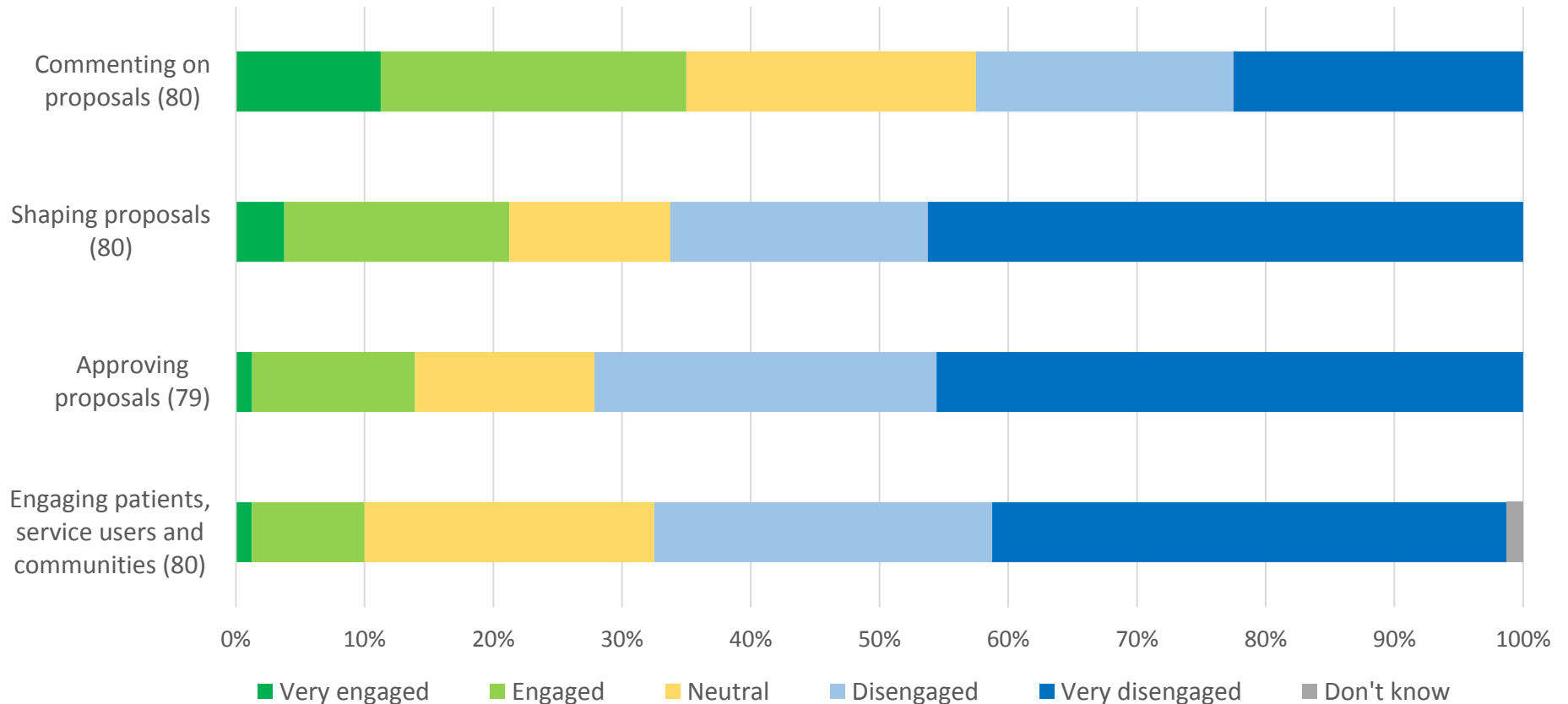
“Both myself as Lead and the Cabinet Member and Chair of the Health and Wellbeing Board are Partnership Board members. Scrutiny are well engaged and full Council have been advised of progress”. Leader, metropolitan borough council.

“To my knowledge councillors have not been involved at all in the development of the local STPs. The lead NHS officer for the footprint has never even bothered to establish contact despite repeated requests”. Leader, county council.

Councillor engagement in STP process

35% report some engagement among councillors in commenting on proposals, while only 10% report councillor engagement in engaging patients, service users and communities.

Q3a) Councillor engagement in different aspects of the STP



Councillor engagement in STP process

“Proposals have been presented to the Health and Wellbeing Board and Scrutiny Committee, but this has been ‘show and tell’ rather than ‘inform and shape’”. Leader, metropolitan district.

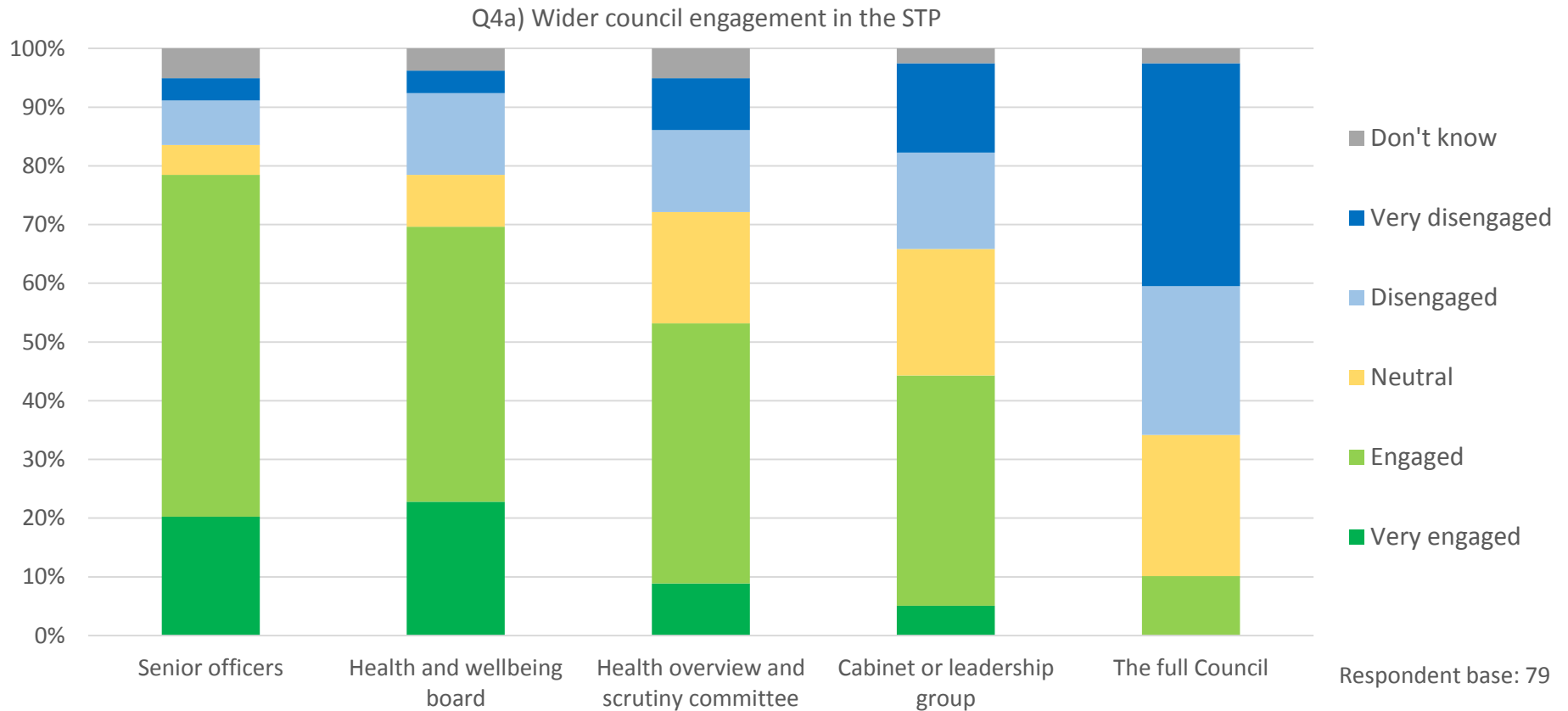
“Members aren’t yet involved in detailed discussions about change, nor do they feel well briefed or engaged enough to approve or disapprove plans”. Leader, London borough.

“Those on health and wellbeing or health scrutiny were very engaged; some others not at all. The starting position from the CCG was very top down and it appeared that they had little or no understanding of how local government works. Mostly looking to engage officers not members. Things are getting better!” ASC lead, county council.

“We have provided presentations for all city and county councillors, along with other stakeholders. The challenge is that the work is very complex, and it is difficult to engage other members at sufficient level so that they can make a judgement about the way forward”. ASC lead and HWB member, county council.

Wider council engagement

Senior officers and the Health and Wellbeing Board are perceived to have the highest levels of engagement, with 78% and 70% reporting some level of engagement among these groups respectively. Only 10% perceive the full council to be engaged in the STP.



Wider council engagement

“Leader chairs the Partnership Board (which I also attend) but still to finalise governance arrangements and the meetings just receive brief updates on a series of work-streams. To date there are no specific actions agreed, other than an eventual merger of CCGs”. Chair of HWB, metropolitan district.

“Councillors brought a motion to full council on the STP in January. Scrutiny is seeking greater involvement, Cabinet leads are aware but there has been no debate in cabinet. Our Director for People is leading on one strand but I feel that the real agenda is different from the stated one”. Member, unitary authority.

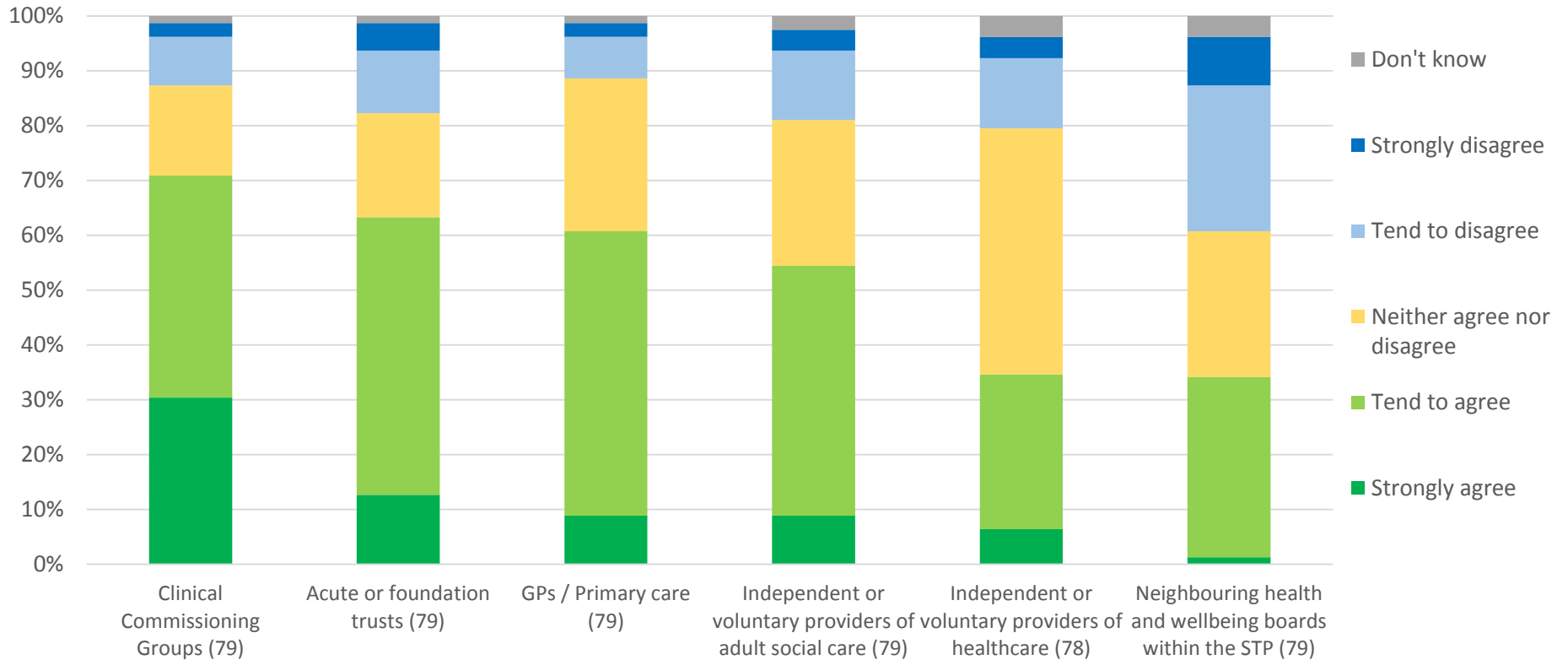
“It is now developing into workstreams and the council officers are involved in some and across the footprint the ASC Director will lead on the Preventative workstream. However there is no member role”. Leader and HWB Chair, county council.

“The NHS simply does not understand the decision making of local government, particularly the difference between the Executive function in agreeing policy and the wider council”. Leader, unitary authority.

Councillor relationships with health and care system leaders

71% agreed that the relationship between councillors and CCGs is generally good. Only 34% agreed that relationships with neighbouring health and wellbeing boards within the STP were generally good, with more (35%) saying that they disagreed that relationships were generally good.

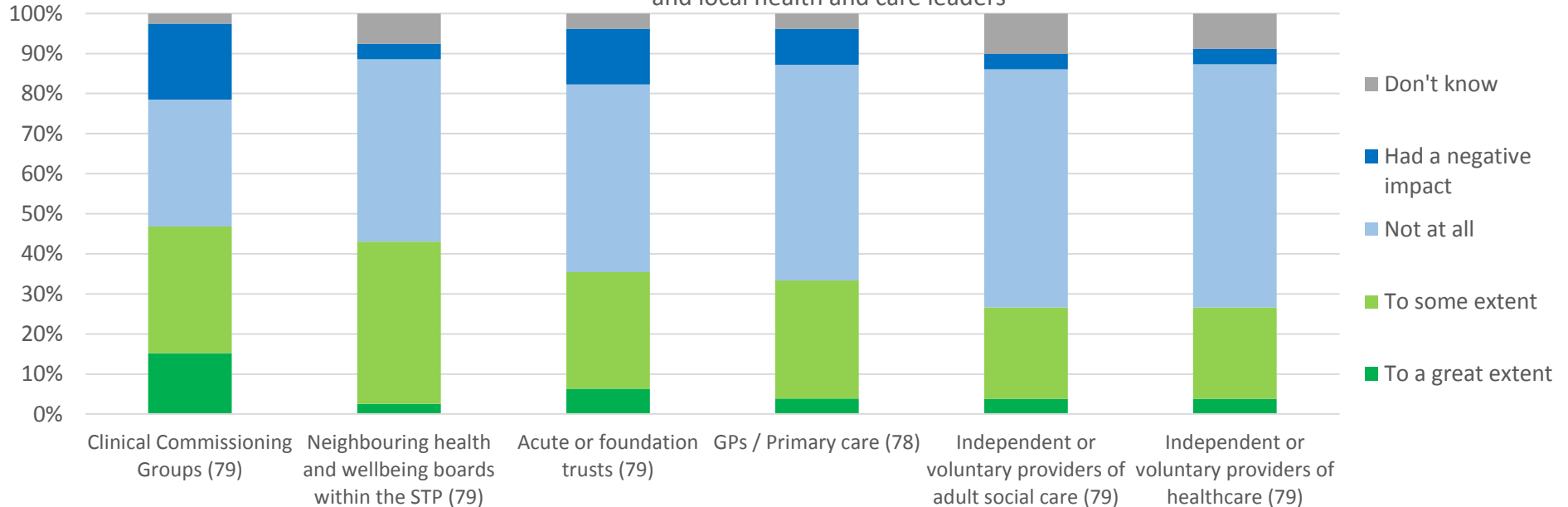
Q5) Agreement that the relationship between councillors and local health and care leaders is generally good



Councillor relationships with health and care system leaders

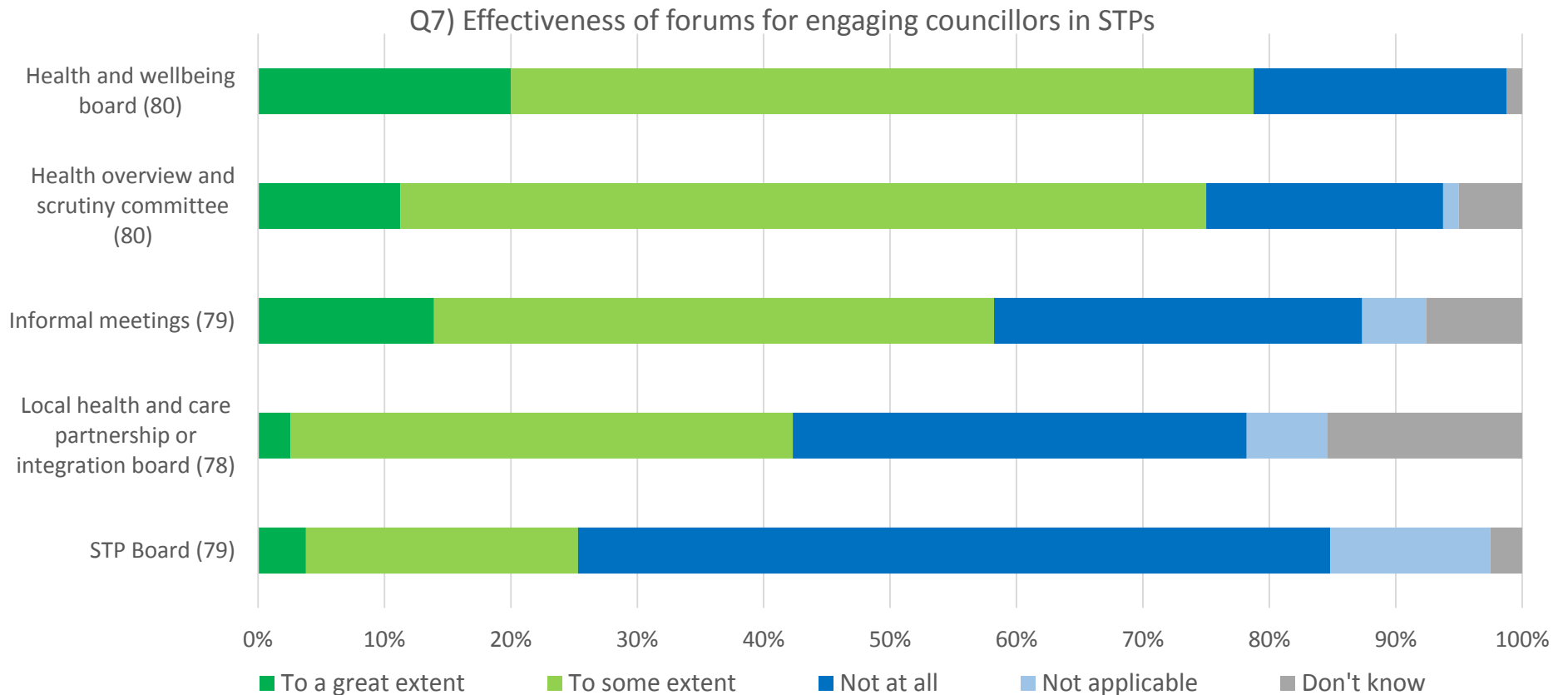
For each local health and care leader listed, less than half of respondents reported that the STP process had made a positive difference to working relationships. CCGs were the most frequently reported leader with which relationships had improved, with 47% reporting a positive difference to at least some extent. However, 19% reported a negative impact. Improved relationships with independent or voluntary providers of healthcare and of adult social care were least frequently cited, with 27% reporting a positive difference with each.

Q6) Extent to which the STP process made a positive difference to the working relationships between councillors and local health and care leaders



Councillor relationships with health and care system leaders

79% report the health and wellbeing board and 75% the health overview and scrutiny committee to be successful at least to some extent in providing an effective forum for engaging councillors in the STP process. Only 25% report the STP board to be successful in this way.



Councillor relationships with health and care system leaders

“Whilst the STP process is not something that the council will continue to engage in, we are developing plans to work more closely with our CCG on integration and other issues”.
ASC lead member, London borough.

“The way in which the STP has been handled (top down, secretive, lack of engagement) has harmed relationships between the council and some NHS colleagues. It has distracted from good work that was incrementally developing on the ground and set back some areas of work that could have been accelerated had the NHS allowed a level of flexibility in their approach”.
Leader, metropolitan borough.

“The STP process has not added anything to the existing efforts to build effective relationships between Members and local health leaders”.
Leader, unitary authority.

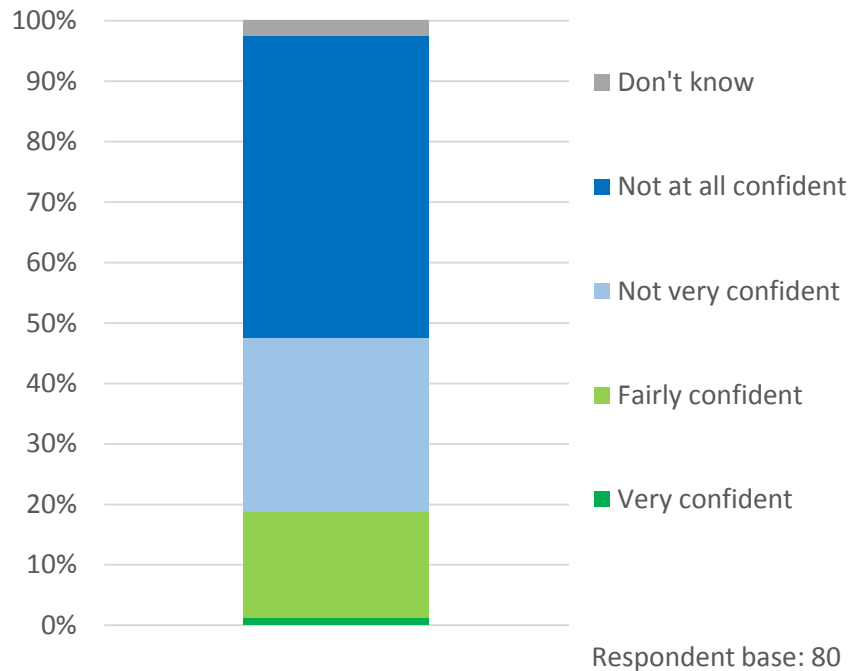
“It is hard work to make Health understand the governance of unitary authorities and the role of elected members and the constitution of local authorities”. Vice chair HWB, unitary authority.

“There is a Members’ STP Board to try to engage further in the process but it is an internal Board with no Health representation. It is looked on as an opportunity to steer views and concerns and to try to drive forward how Councillors would wish to see the changes taking shape!” Leader, county council.

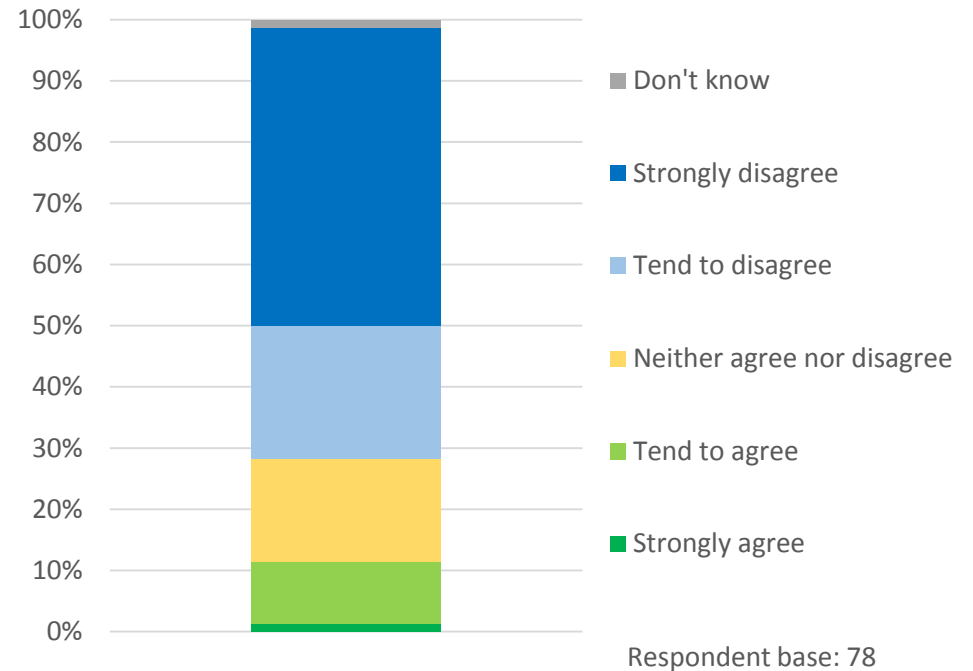
System leadership and governance arrangements

19% express some level of confidence that accountability and governance arrangements of their STP are fit for purpose, but 50% report that they are not at all confident. 49% disagree strongly that councillors are sufficiently involved in the governance of the local STP, with a further 22% saying they tend to disagree.

Q9a) Confidence that accountability and governance arrangements are fit for purpose



Q9b) Agreement that councillors are sufficiently involved in the governance of the STP



System leadership and governance arrangements

“Our governance arrangements are unclear still and particularly the role of local authorities and within that political input. We've had conflicting info and not been involved in shaping the governance really”.
Cabinet member for ASC, London borough.

“It is early days yet and we have not totally agreed the governance structure. As the workstreams move forward then other councillors will be more involved in the processes through the various committees and also informal meetings”.
ASC Lead, county council.

“We are one of the only STPs with Councillors on the governance board. However it is difficult to represent all Councils through allocated positions”.
Cabinet member, London Borough.

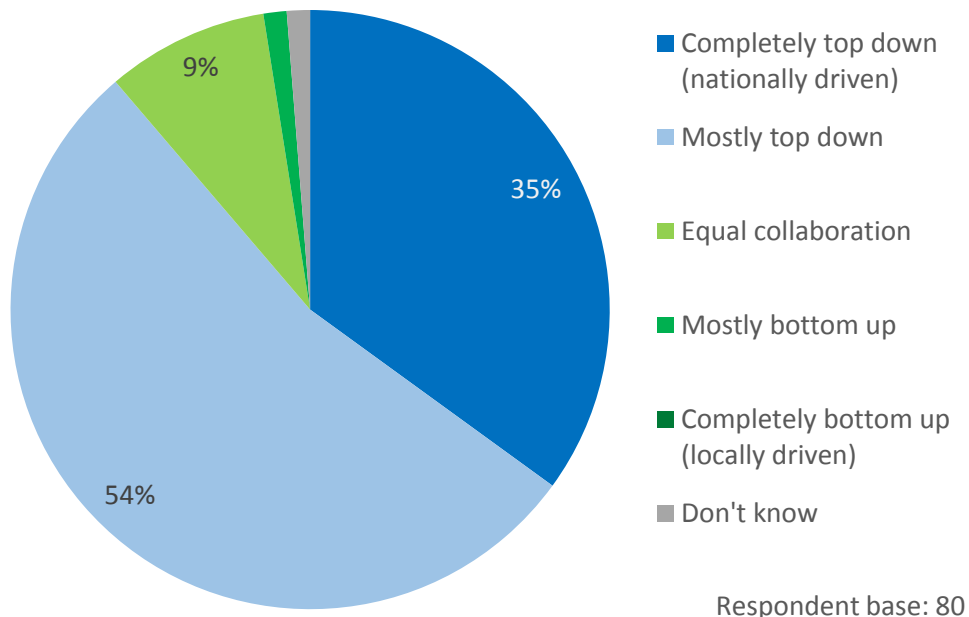
“Councillors seem to be an optional extra and included as an after-thought. Talking to colleagues around the country, none feel part of the process. STPs are all about the health service talking to itself and only peripherally understanding that Social Services might be part of the solution”. Deputy Leader, London borough.

“The STP arrangements have no formal powers, so are purely advisory. They offer useful forums for issues to be raised and considered, but they can serve to blur accountability or encourage accountability to be overlooked. There is a strong reluctance on the part of the NHS to involve Members or to consider formal accountability arrangements that might include councils”. Leader, unitary authority.

System leadership and governance arrangements

When asked about their experience of the STP planning process, 35% describe it as “completely top down (nationally driven)” and 54% as “mostly top down”. 9% described their experience as equal collaboration.

Q10a) Experience of the STP planning process



“Strongly driven from the centre, though the process has helped strengthen local collaboration”. Lead member ASC, county council.

“Our STP lead has however worked hard to create greater local ownership - national messages have been mixed”. Leader and HWB Chair, metropolitan district.

“All the returns / forms / submissions are based on what NHSE have asked local areas to concentrate on rather than starting from local populations and asking them what they want in relation to their local health and care services”. Cabinet member, London borough.

“It is entirely driven from the top, via budget pressures. The process has been overly secretive and opaque. It has got in the way of closer working between councils and health”. Lead member ASC, London Borough.

System leadership and governance arrangements

Respondents were asked to provide a brief explanation if their council was considering, or had already considered any governance changes as a result of the STP.

“Looking at making HWB more focussed on health and care partnership, also setting up a specific integrated commissioning board with CCG”. Leader and HWB chair, metropolitan borough.

“We are firmly of the view that the Chairmanship must change and there should be an Independent Chair that engages with LAs. We have written to the STP Lead and to the regional NHSE representative. It does not appear to have landed with agreement”. Leader, county council.

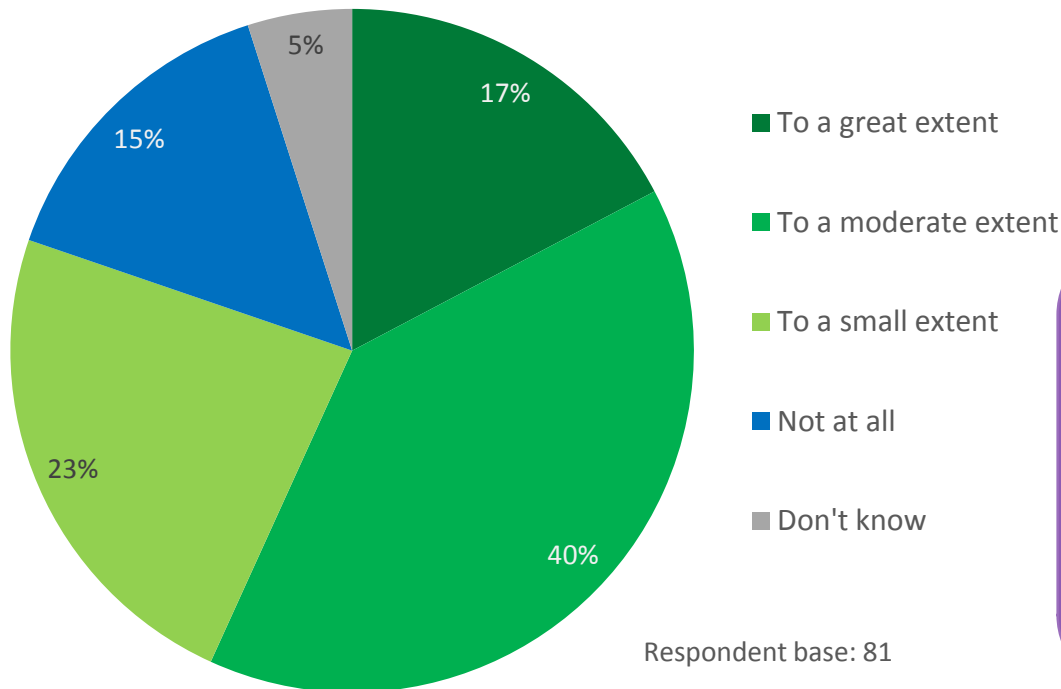
“We are looking at our Health and Wellbeing Board in the light of the STP and our own health and social care integration plans. It may develop more of a public health/prevention focus with a wider membership”. Cabinet Member for Health and Social Care, London borough.

“No. Not required. We are considering the future of our partnership with the NHS because we now consider the risk of failure very high”. Leader, London borough.

Local ambitions for health and wellbeing

57% of respondents perceive the STP to be aligned at least to a moderate extent with the council's local priorities for health and wellbeing. 23% report to a small extent, but 15% report no alignment at all.

Q12) Extent to which the STP is aligned with council's local priorities



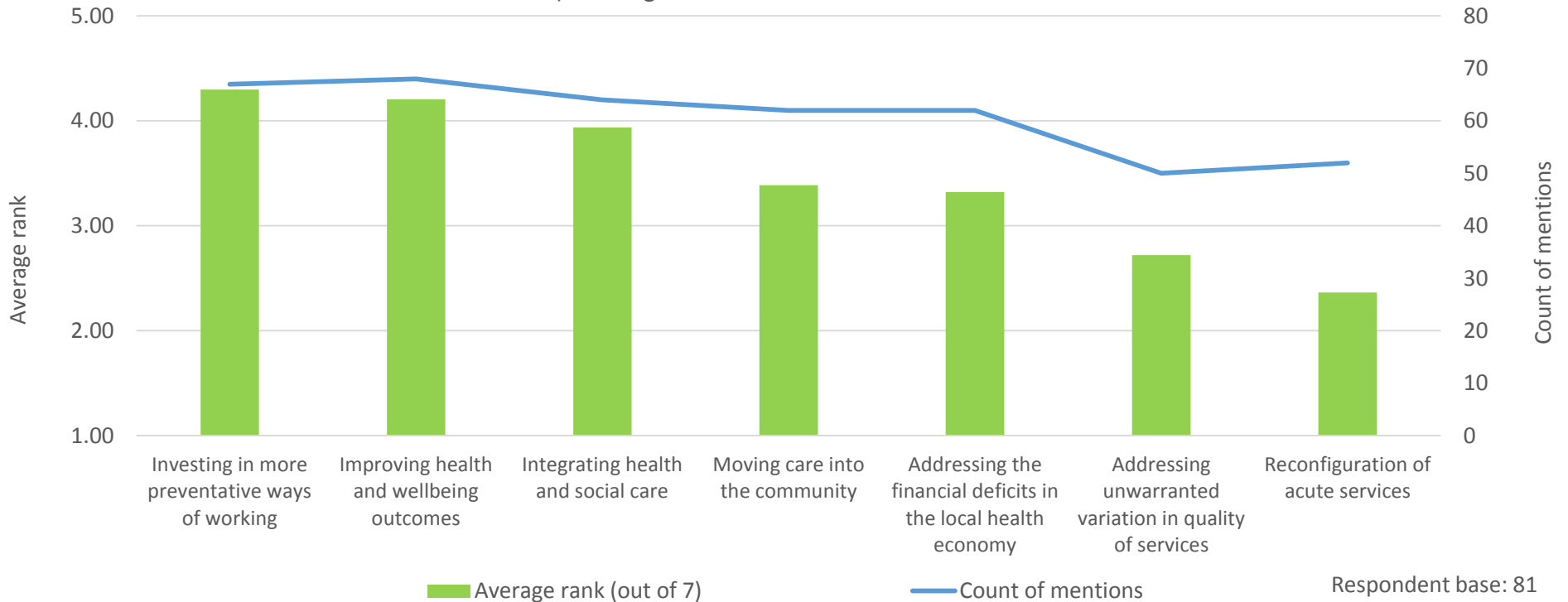
“NHS priority appears to be addressing financial pressures - as opposed to Local Authority priority of prevention and improving health outcomes”. Chair of HWB, metropolitan district.

“The STP is talking about the issues we've all identified over the last decade need to happen. We need to act on these and put in place services that revolve round clients/patients rather than protecting existing organisations and fiefdoms”. ASC spokesperson, country council.

Local ambitions for health and wellbeing

Respondents were asked to specify the areas that they thought should be the main focus of their STP, by selecting from seven listed priorities and ranking them in order of importance. A higher number represents higher importance. The priorities highlighted as most important were investing in more preventative ways of working and improving health and wellbeing outcomes, which were also mentioned most frequently.

Q13) Ranking of what should be the main focus of the STP



Local ambitions for health and wellbeing

An additional 10 'other' priorities at Q13 were mentioned, which are summarised below along with further respondent comments.

"NHS priority appears to be addressing financial pressures - as opposed to Local authority priority of prevention and improving health outcomes". Chair of HWB, metropolitan district.

"We will work and respond to the directive set by the STP, but I feel we will need to invest more in preventative measures and care in the community". Cabinet member, unitary authority.

Q13 'Other' responses

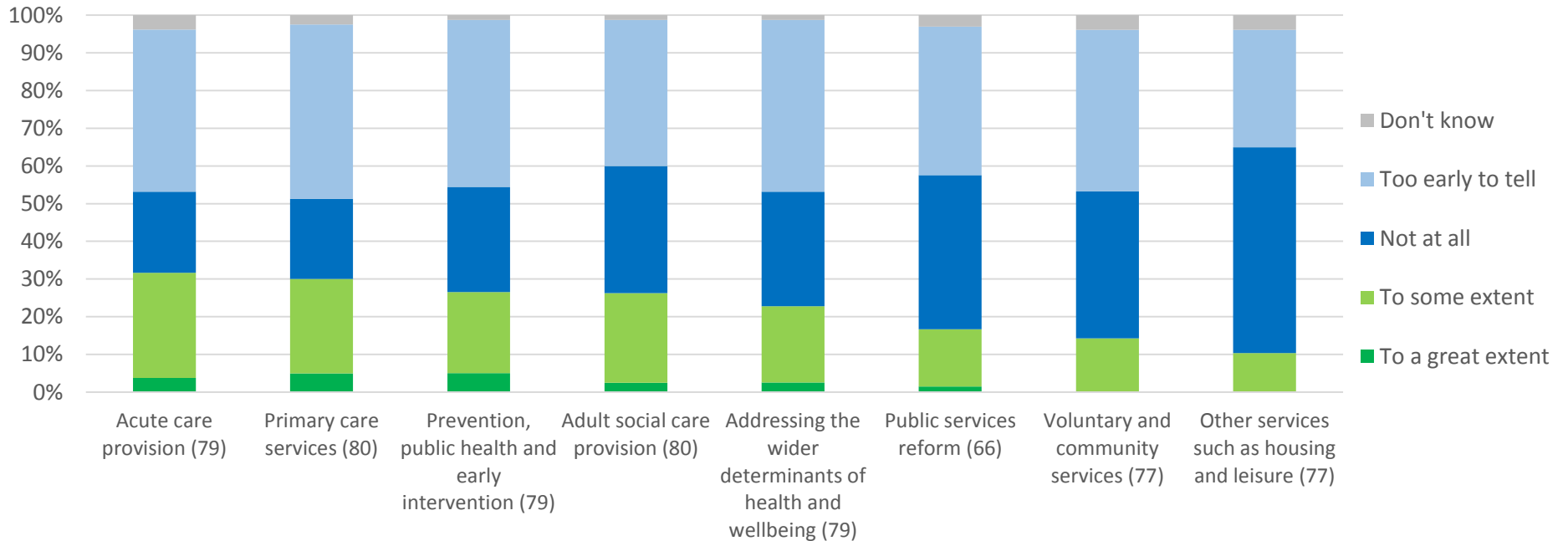
- More local accountability
- Workforce reform and engagement
- Sharing data and analysis
- Sharing good practice
- Working with voluntary sector
- NHS funding
- Marketing campaigns for behaviour change

"The STP should be a vehicle to address the health and social needs of the local population and to invest in long term preventative care including changing social attitudes and responsibilities. Instead it is a sticking plaster to try and solve the deficiencies in the system and the underinvestment over many years. Which is why it is doomed to fail". Leader and HWB Chair, London borough.

Local ambitions for health and wellbeing

Across all areas listed, less than a third report that the STP is having any positive impact on local plans. Acute care provision (32%) and primary care services (30%) are reported as the areas in which the STP is having the most positive impact. Local plans in voluntary and community services (14%) and other services such as housing and leisure (10%) are perceived as having had the least positive impact. For all areas, between a third and almost half report that it is too early to tell the level of impact.

Q15a) To what extent is the STP having a positive impact on local plans in the following areas?



Local ambitions for health and wellbeing

“The focus on the acute sector financial system is having some impact there, but very little elsewhere”. Leader, unitary authority.

“We are at the consultation stage so little felt effect as yet”. Portfolio holder for ASC, unitary authority.

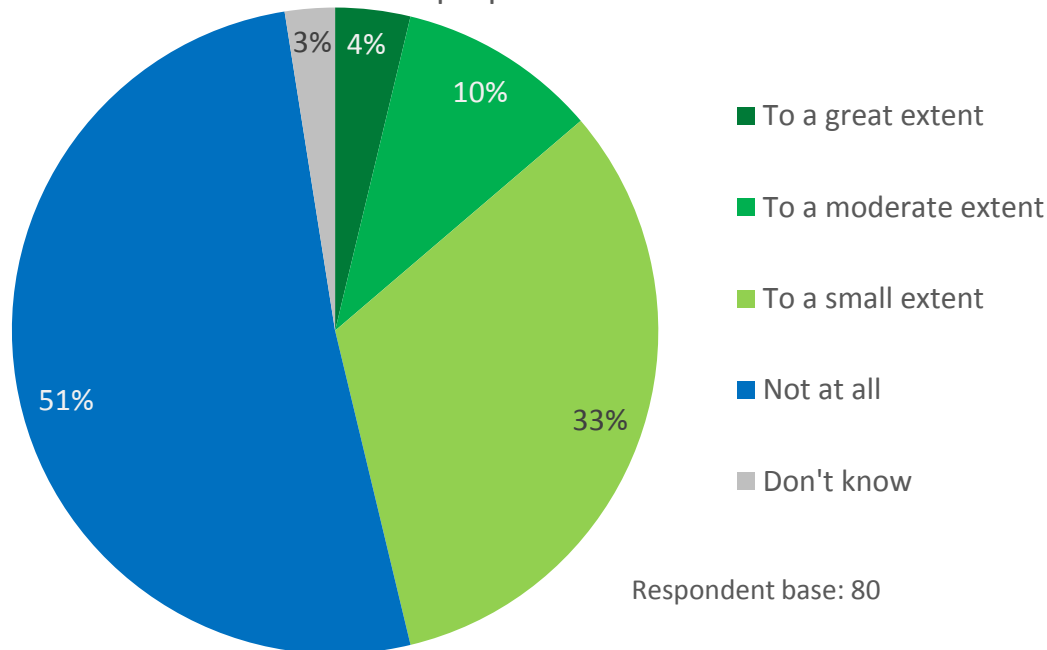
“As we lack relevant information it is difficult to say”. Health and social care lead member, unitary authority.

“Not at all’ does not mean that these things are not happening. The CCG has cut grants to voluntary services without informing the LA. Nothing to do with STPs so far as I know - all about lack of funds”. HWB Chair, London borough.

Engagement with the public

47% report that councillors have been involved in the STP as representatives and/or champions of their communities in developing proposals at least to some extent, including a third (33%) who say this is to a small extent. 51% report that councillors haven't been involved at all in this capacity.

Q16a) Extent to which councillors have been involved in the STP as representatives and/or champions of their communities in developing proposals



“Have been involved via Healthwatch and CVS”. Cabinet member for health and wellbeing, London borough.

“STP draft was done and dusted before we had any opportunity to get involved”. Leader and HWB Chair, metropolitan district.

Engagement with the public

“We have focused on hospital reconfiguration with the public but not with the wider issues of STP. This lack of communication is already leading to some objection as the public does not understand proposals of closing units in a move to create centres of expertise and excellence”. Health scrutiny Chair, metropolitan district.

“Not all councillors have been involved. The plan been published, but no engagement has started. Everything is being held behind closed doors and confidential”. Vice-chair of HWB, unitary authority.

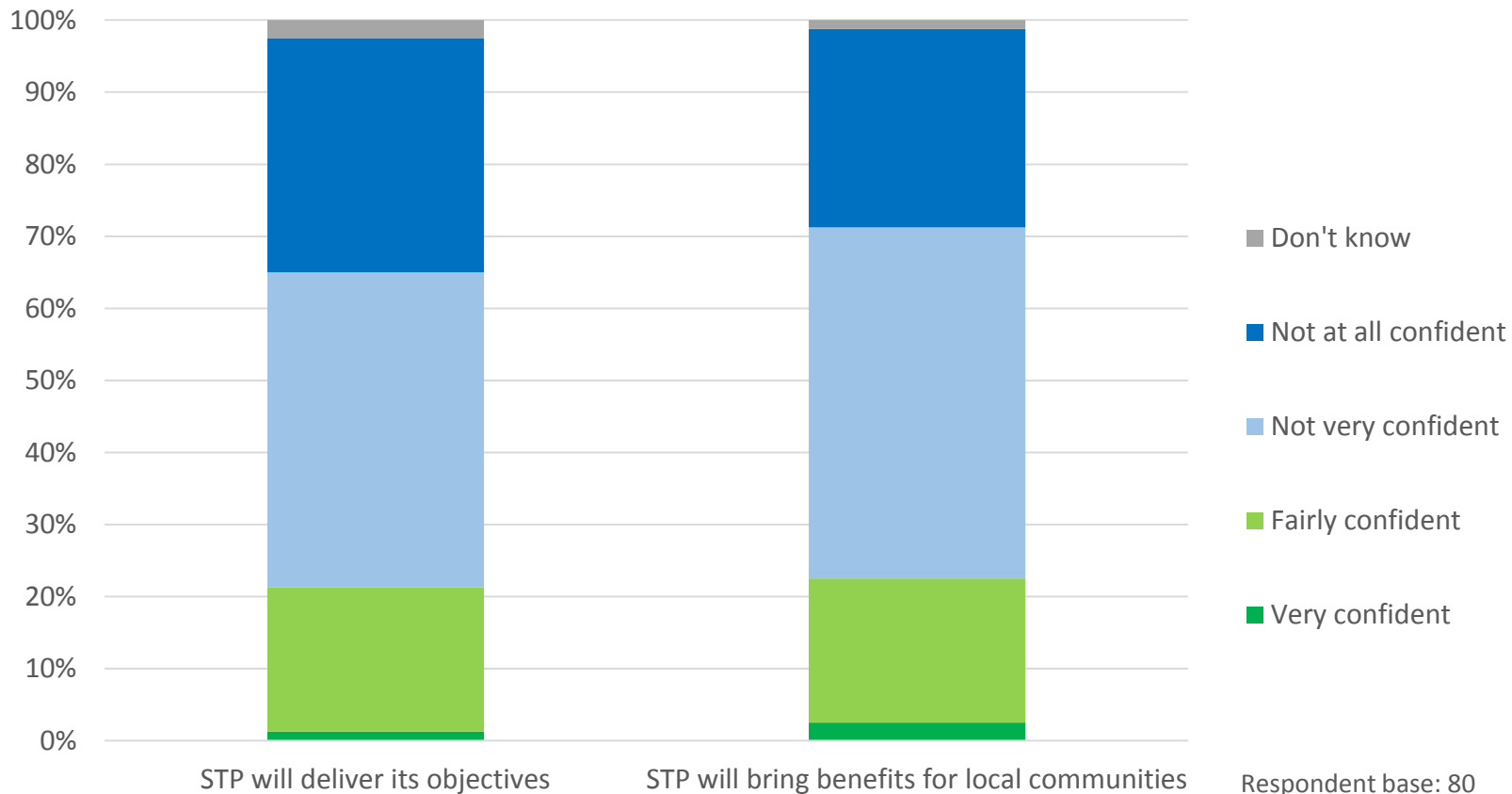
“There already has been quite a positive level of public engagement through the CCGs but it could be much wider. We need to find more successful co-production models; we are trying to do this through existing reference groups.” Lead member for adult social care, county council.

“Feeling that we are 'flying the flag' for our communities and constantly have to remind health colleagues that local authorities and HWB Boards have extensive experience of partnership working and know our communities”. Chair of HWB and Cabinet member for health and social care, metropolitan district.

Delivery of STPs

76% express little or no confidence that the STP will either deliver its objectives or bring benefits for local communities.

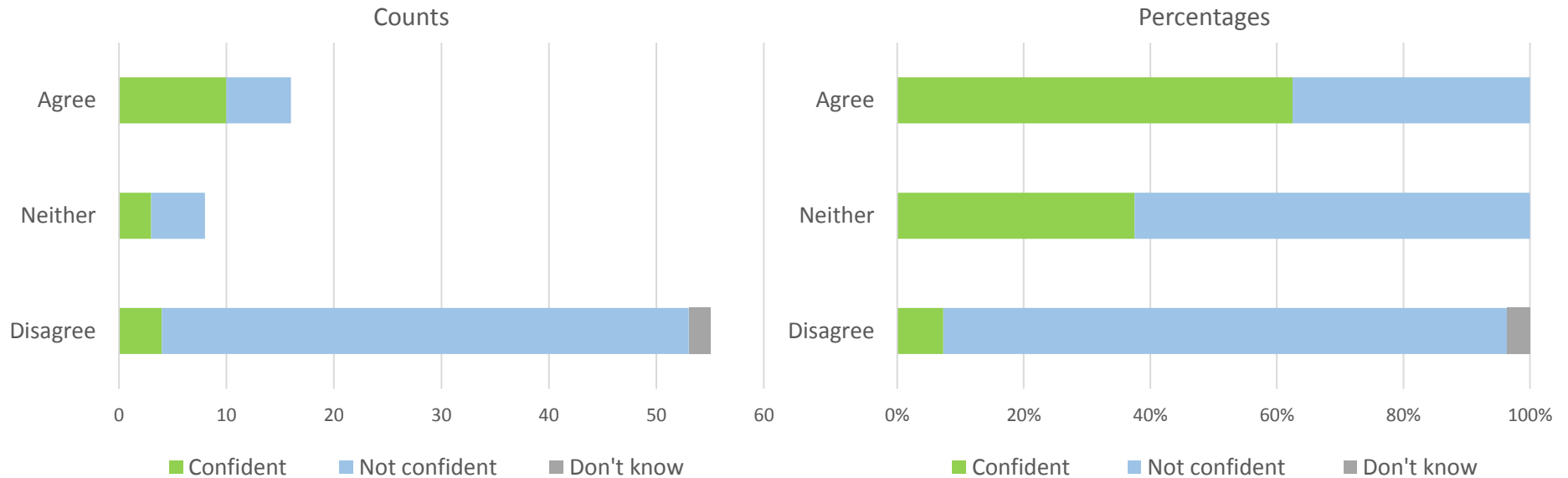
Q17) Confidence that the STP will deliver its objectives / Q18) Confidence that the STP will bring benefits for local communities



Delivery of STPs – cross tabulations

Some questions were cross tabulated in order to determine any potential relationships between reported confidence in STPs to deliver and responses to other questions. Among the 16 that agreed that councillors have been sufficiently engaged in the STP, 10 (63%) of these were confident that the STP will deliver its objectives. Conversely, among the 55 who did not agree that councillors have been sufficiently engaged, only 4 (7%) were confident regarding delivery.

Confidence that the STP will deliver its objectives (Q17) by agreement that councillors have been sufficiently engaged in the STP (Q2a)

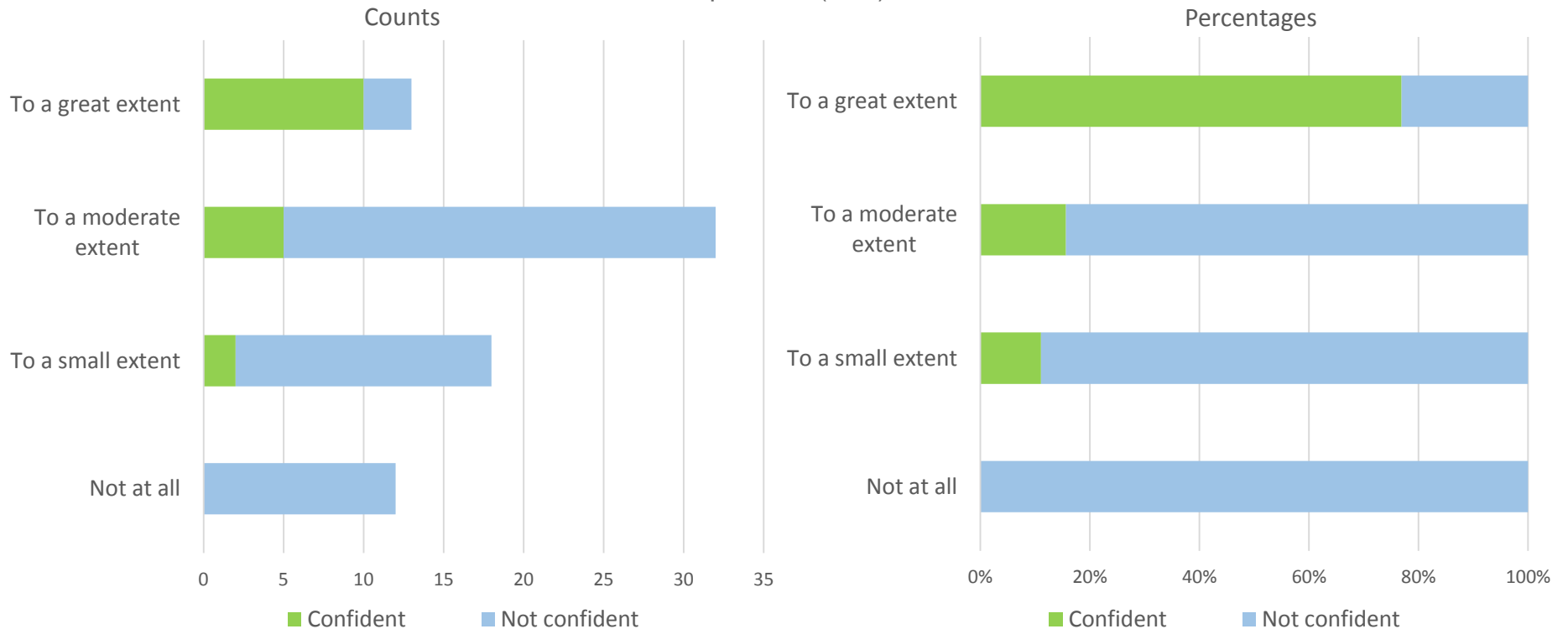


Respondent base: 79 – based on those responding to both Q17 and Q2a

Delivery of STPs – cross tabulations

Of the 13 who report that their STP is aligned with local health and wellbeing priorities to a great extent, 10 (77%) are confident that the STP will deliver its objectives. Conversely, all 12 of those reporting no alignment express no confidence in delivery.

Confidence that the STP will deliver its objectives (Q17) by extent to which STP is aligned with local health and wellbeing priorities (Q12)



Respondent base: 75 – based on those responding to both Q17 and Q12, excluding don't knows

Delivery of STPs

“Benefits will largely be the results of our local integration and prevention work which were under way already”.
Cabinet member for health and social care, London borough.

“It is generally agreed that the financial targets in most STP's are not deliverable, and that additional resources will be needed to deliver the required health outcomes”. Leader, county council.

“The premise that an alternative model will deliver savings and change the pattern of care is next to impossible. Add in that the NHS has done little to establish how it can integrate with care in the STP area”. Leader, unitary authority.

“Everyone agrees it is the right plan. It is the delivery which will provide opportunities for digression and self-interest to rise”. Leader, county council.

Successes and challenges

“Good and trusted relationships are forming through joint working but the process is slow”. Adult social care lead, unitary authority.

“If I seem negative, then it is because I feel there is a disconnect between strategies and the pressures of everyday working dealing with real people. Locally, everyone gets on and does their best. Sometimes it is with the support of national policies and often despite them”. Councillor, unitary authority.

“The challenges are trying to do more with less and at a time when populations are growing and need is increasing. We need to see movement of resources from the acute end to Primary care and prevention (Public Health) services at a faster pace”. Cabinet member for health and wellbeing, London borough.

“Other than the challenge of working across several STPs, a number of critical issues have been identified: Increasing demand for social care services; lack of capital to enable service transformation; workforce shortages driving service redesign”. Chair of HWB, county council.

Appendix A: Methodology and respondents

Appendix B: Regional representation

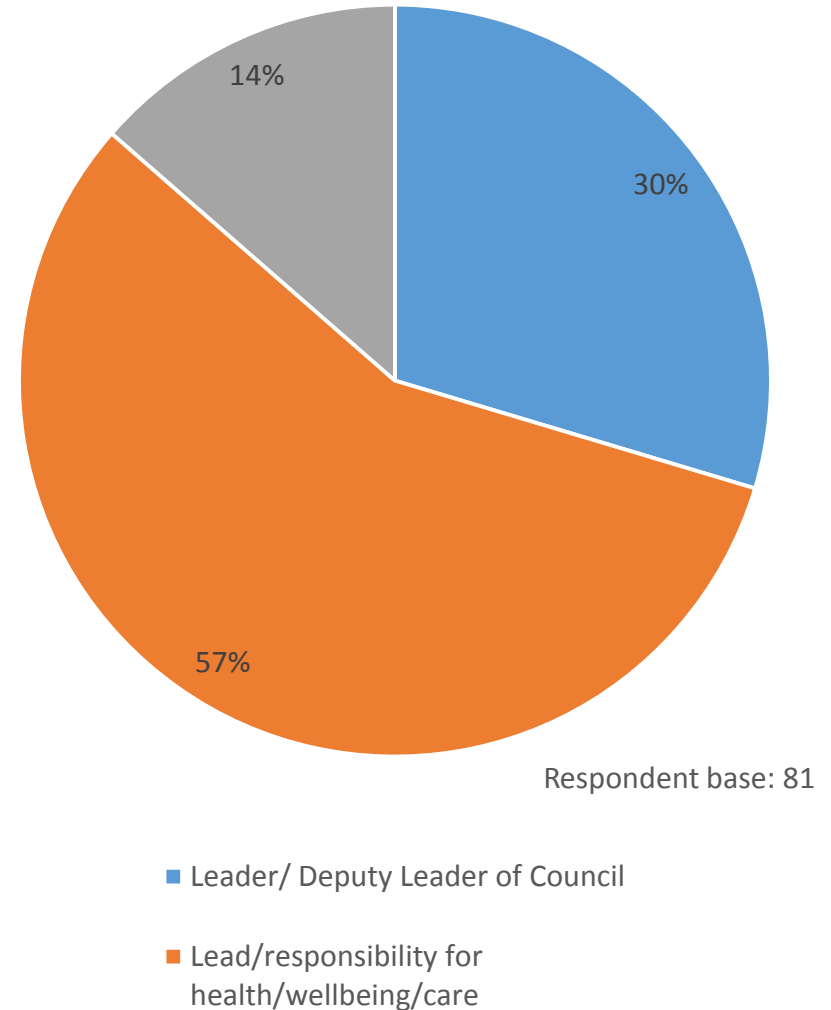
Appendix C: Council type representation

Appendix A: Methodology and respondents

On the whole, most respondents answered all questions, but for some questions the response rate is slightly reduced. Consequently, data for each question is expressed as a percentage of responses to that question. In the charts, where the number of responses to items differ within the same question, the respondent base is presented for each question item.

All questions provided a structured set of options for response, with opportunity for further comment. Comments are reflected in this report. More detailed results from the survey can be found [here](#).

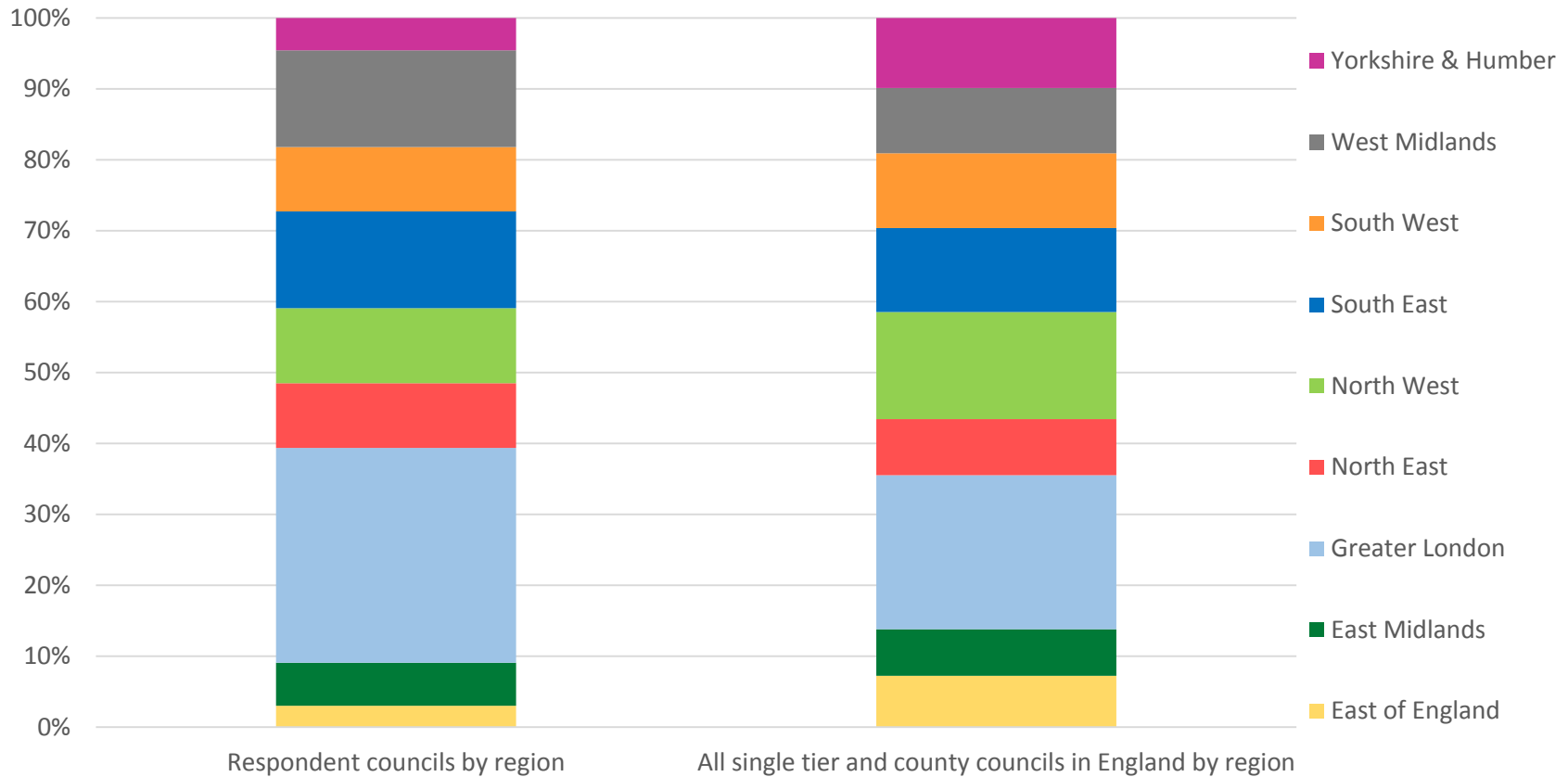
Respondents by role



Appendix B: Region representation

This chart shows the makeup of responding councils by region compared to the makeup of all single tier and county councils in England. Calculations are based on the number (66) of councils represented, not including the two responding district councils or multiple responses within a council.

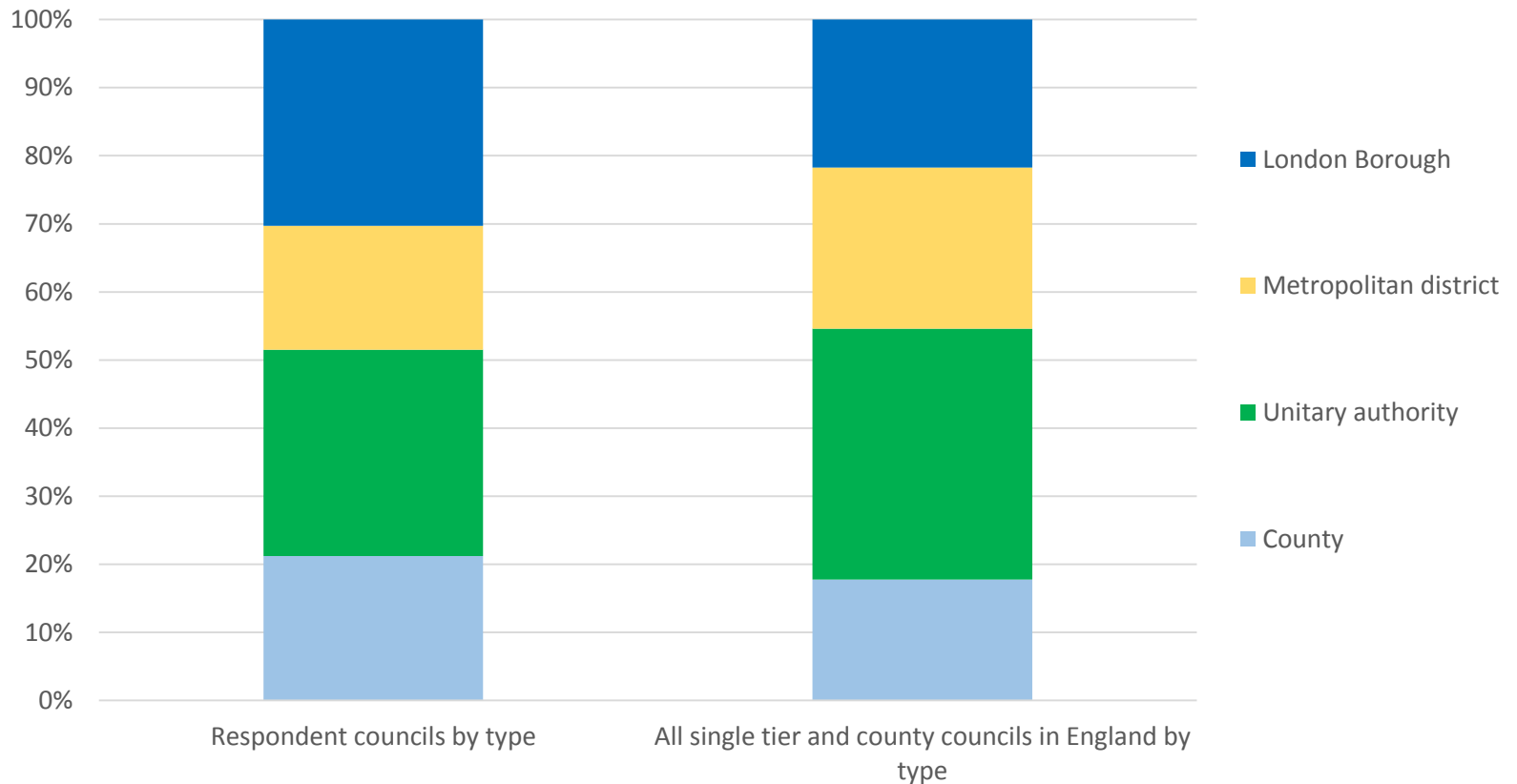
Survey sample makeup compared to England - By region



Appendix C: Council type representation

This chart shows the makeup of responding councils by type compared to the makeup of all single tier and county councils in England. Calculations are based on the number (66) of councils represented, not including the two responding district councils or multiple responses within a council.

Survey sample makeup compared to England - By type



For a more detailed report of results visit the [LGA STP webpage](#).