**Sustainability and Transformation Plan (STP) review: examples of current practice**

**What are STPs?**

STPs 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 March 2021. They are based on a 'place' footprint rather than single organisations, covering the whole population. The plans are umbrella strategies, spanning a range of delivery plans, and are expected to cover the full range of health services in the footprint, from primary care to specialist services, with the expectation they also cover local government provision.

The plans will become increasingly important as the gateway to funding, as the national NHS bodies have committed to channel all funding through these footprints from April 2017.

The plans are expected to address the three major challenges or 'gaps' facing health and care systems as outlined in the Five Year Forward View: health and wellbeing; quality and safety; and finance and efficiency. Each plan is also required to address how local partners meet key national commitments, including seven day services, targets for cancer treatment and outcomes, investment in primary care and focusing more on prevention.

STPs are not legal entities and rely on the strength of partnership working across the footprint.

There are 44 STP footprints covering England. These vary in size and were created to fit with "natural communities, existing working relationships, and patient flows" according to the guidance. In practice this has resulted in footprints based on NHS service patient flows, with some sitting well with local government boundaries and others not.

Each of the 44 footprints submitted their latest draft STP to the national NHS bodies on October 2016. All of these drafts have now been published.

**This page**

We have reviewed the submissions to give an overview of themes contained in the documents. Example STP have been highlighted where footprints are evidencing progress on important topics to local government and health and care systems more generally.

This review is intended for officers and elected members with an interest in how STPs and health and care systems are developing nationwide. The resource may help to assess the extent of progress in your STP footprint.

For further information on STPs please visit our dedicated STP page. You can also find much more information on health and social care integration via the integration landing page, including the integration resource library.

**Overview**

The October 2016 submissions continue on a similar trajectory to the previous submission in June. The plans vary substantially in their quality, specificity and readability.

Some STPs explicitly align themselves to existing plans and strategies, such as health and wellbeing strategies, local integrated system plans and the better care fund, others less so. Localities further

along the place-based and integration journey with well-developed local relationships and existing transformation plans are progressing faster and were more equipped to produce ambitious STPs in the timeline set by NHS bodies. The NHS leadership accepted that plans would develop at a different pace according to each place's starting point.

Although experience of STPs and the plans themselves vary around the country – with some footprints finding the process constructive and others far less so – many of the concerns of local government remain.

Where STPs are felt to be functioning well, local government is well represented in governance arrangements, programme boards and work streams. Where there is a lack of engagement, it is seen by many as a major shortcoming of the process and is likely to result in some proposals not succeeding due to opposition. Political and public engagement has been a well-reported weakness of the process.

The level of financial detail in the STPs varies greatly. Some are forecasting a surplus in the health system by 2020/21, however there is little confidence in many of these predications, and too often plans have not properly accounted for social care. The need to demonstrate financial balance has suggested a gap between rhetoric of local ownership and the reality of central coercion.

System reconfiguration proposals are a main feature of STPs, with acute/urgent care downgrades in over three quarters of plans. A&E, maternity and stroke services are most commonly up for review with fewer services covering larger areas. There are widespread plans for a greater role for primary care, including the creation or expansion of 'community hub' type models, with GPs taking a more central role in the wider system.

Although all draft plans acknowledge the importance of investing in prevention, it is not to the scale or scope many in local government would recognise. Other key areas of focus included estate rationalisation, better workforce integration, back office consolidation and a greater role of digital technologies.

**Overall plan**

Although the STPs vary considerably in their focus, scope and maturity of relationships and ambitions, and the degree of input and influence of local government, a number provide good examples of system-wide working, particularly in relation to the following factors:

- Visible leadership from elected members and local government officers
- Whole-system, population-based planning and finances across health and social care
- Prevention plans that go beyond single diseases to include the wider determinants of health
- Efforts have been made to engage the public and other stakeholders

Greater Manchester

The plan progresses its care and health devolution ambitions, with broad plans for prevention, fully integrated localities and the testing of new payment models.

Frimley Health

This STP shows commitment to expand an integrated community model, to tackle social care market pressures and engage leaders from across the system.

[Dorset](#)

Extensive ambitions around integration across community hubs, budgets and commissioning. Engagement activity takes account of partners and the public.

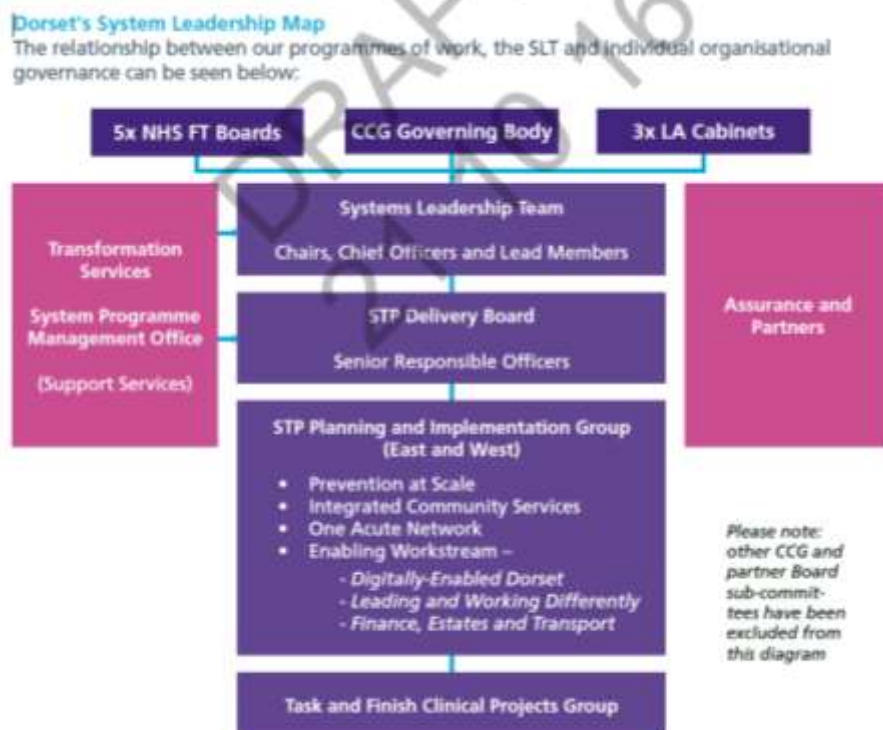[Leicester, Leicestershire and Rutland](#)

One of the more comprehensive public engagement strategies and with clear plans for integrated health and social care teams (and how it fits into a preventative approach), capitated budgets and joint commissioning.

**Leadership and governance**

Around half the plans evidence tangible political engagement and oversight from health and wellbeing boards, scrutiny committees or cabinets. A majority have local government representation on programme boards, usually a chief executive or senior officer. Ensuring that programme boards engage all partners in decision making and have robust governance arrangements will be key for plans to move successfully into implementation.

[Dorset](#)

Dorset has formed a System Leadership Team (SLT), with membership including lead cabinet members (including the chairs of the health and wellbeing boards) alongside NHS non-executive chairs and chief officers and the director of public health.



Dorset's System Leadership Map
The relationship between our programmes of work, the SLT and individual organisational governance can be seen below:

[Frimley Health](#)

Its system-wide leadership group includes senior local government officers. Three established local system leadership groups provide wider inclusion for the STP, especially for the role of social care. Groups for elected members and lay members were established with the support of the local authority in the Frimley Health footprint.
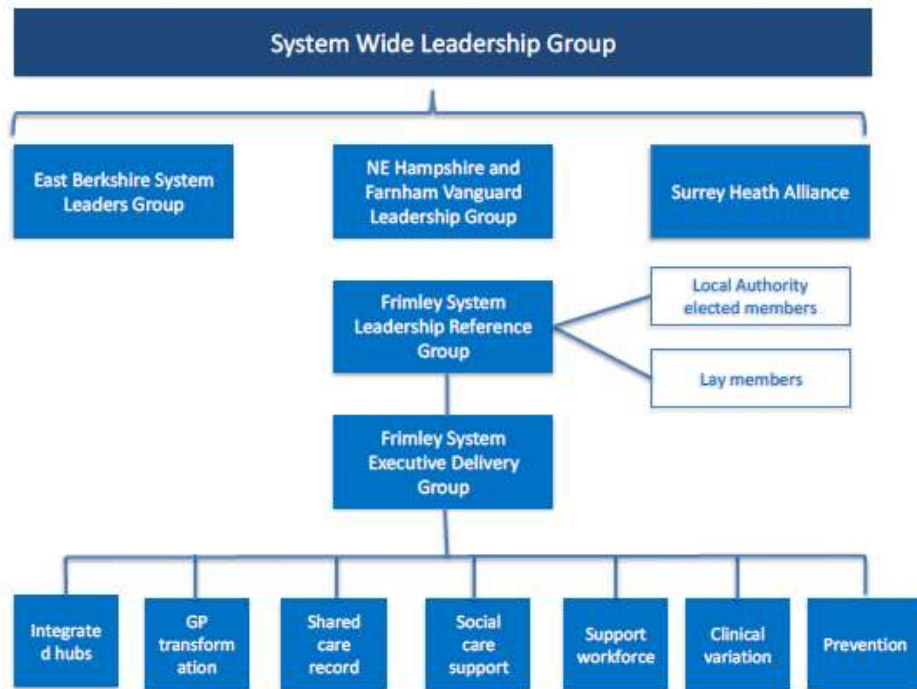


[Herefordshire and Worcestershire](#)

Local authority officers are leading on different parts of the plan. The chief executive of the county council is the senior responsible office for the 'infrastructure and back office' programme as well as owning the 'digital' enabler work stream. The director of adults and wellbeing owns the 'health communities and the voluntary and community sector' enabler work stream.

**Role of the health and wellbeing board, health overview and scrutiny committee and council cabinet**

[Somerset](#)

Somerset names the council leader in their governance structure. [The STP was presented at the Council Cabinet](#), linking the STP to county council priorities and to seek its endorsement and recommendation for further action.
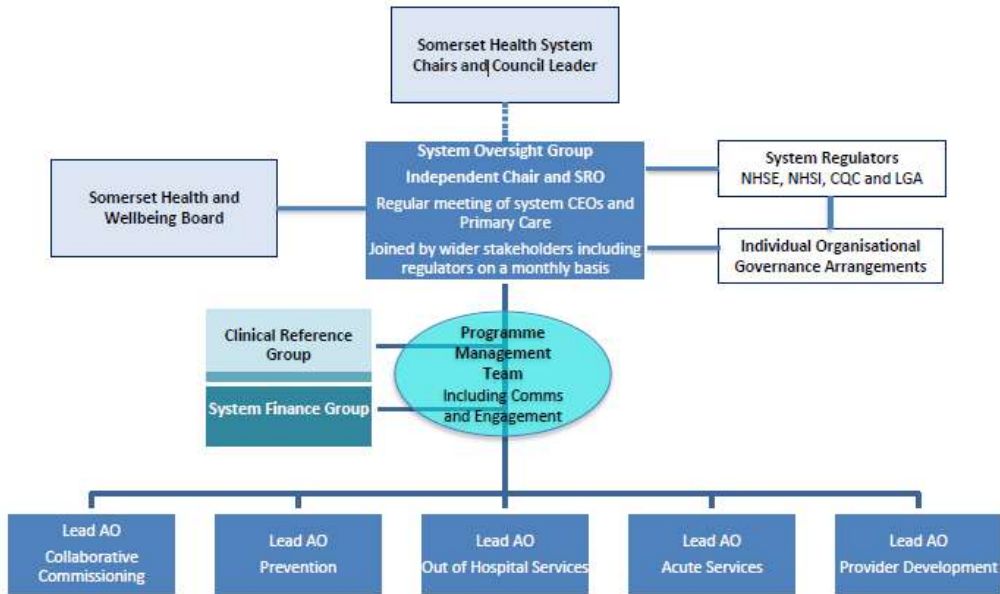
## Coventry and Warwickshire

Warwickshire County Council and Coventry City Council health and wellbeing boards have moved to create greater alignment, in part to support greater collaboration across the STP footprint. The boards jointly agreed a concordat out of which the STP vision was developed. The councils continue to operate two independent health and wellbeing boards, although there are a number of representatives who attend both.
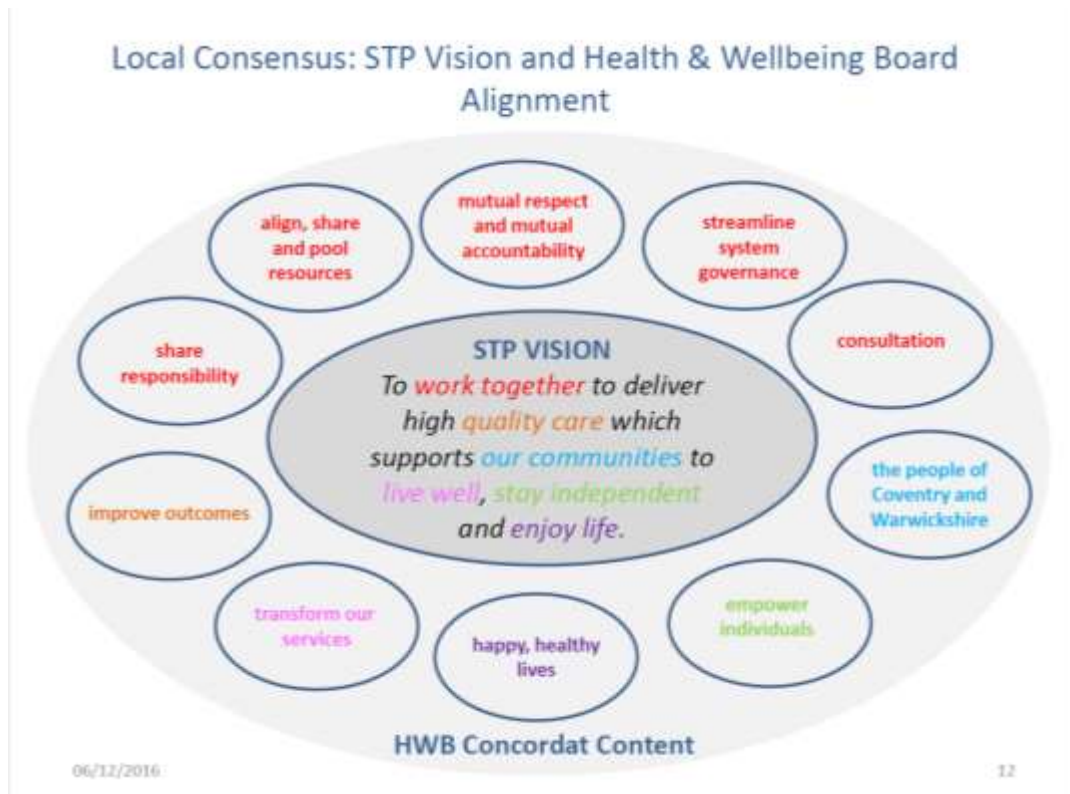


The Concordat can be viewed here.

A joint health overview and scrutiny committee (JHOSC) is in place across the NCL footprint. The JHOSC has the STP on its agenda as a standing item. The STP leadership aims to liaise closely with the JHOSC so that it can plan ahead for any likely need for public consultation. In addition to the JHOSC, plans are discussed with relevant individual local authority overview and scrutiny committees.
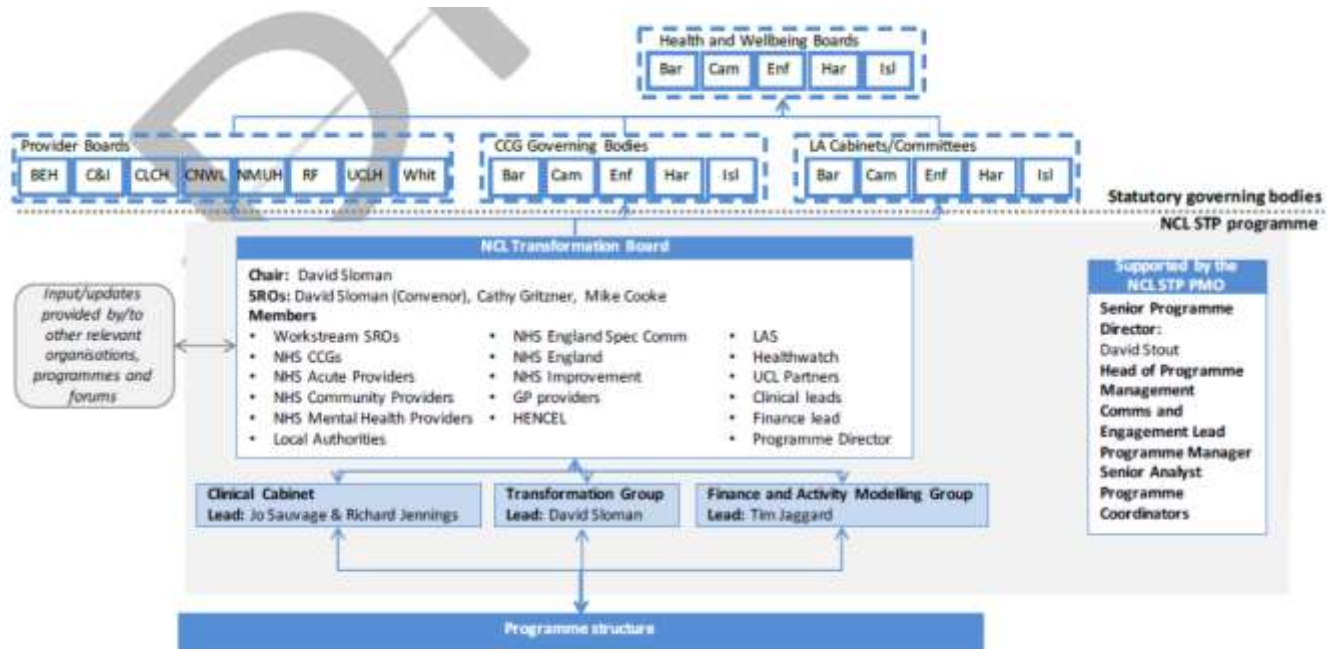


**Role of elected members more widely**

NEL formed a community council, consisting of elected members together with residents, voluntary sector, and other key stakeholders to promote system wide engagement and assurance. The community council reports into the STP board responsible for delivery.

Derbyshire formed a 'System Group' which includes elected members alongside executives, chairs and directors of adult social care. The group aims to build a shared understanding of the STP and its implications which will need to be taken through existing statutory bodies.

## Governance arrangements – Structure
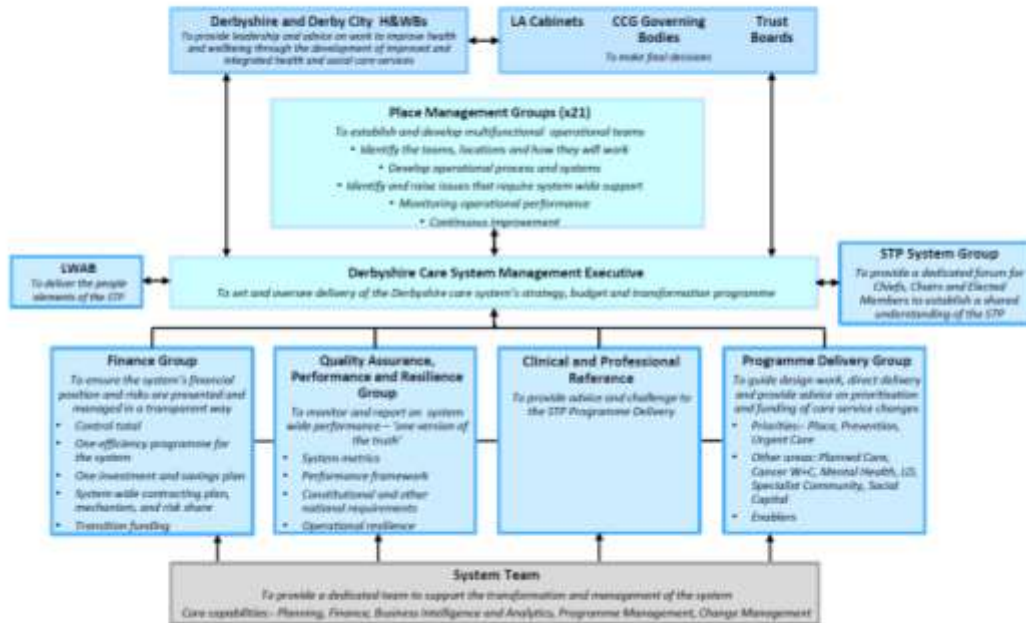


Derbyshire STP – Joined Up Care
October 21st Submission

## Cornwall and the Isles of Scilly

Senior oversight of the STP process is provided by regular meetings of the transformation board, comprising of cabinet members together with chief executives and chairs of the local health and care organisations and chaired by an independent external advisor.
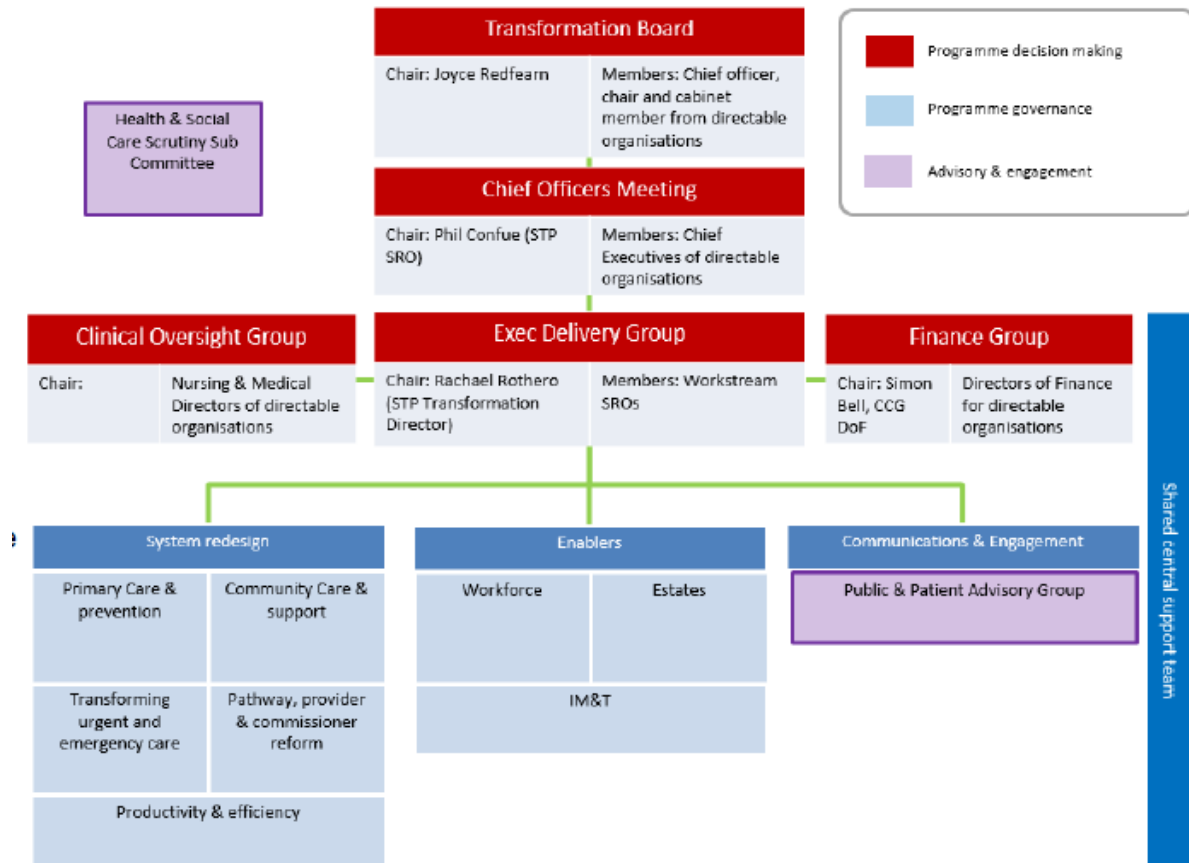
## Public engagement

Some STPs have shown efforts to consult the public and service users through specific engagement strategies, others have bolted on to existing engagement activity, while others present less evidence of specific engagement. Around a quarter of plans evidence STP public engagement activity to date and under half of the plans have presented detailed plans for public engagement going forward.

Leicester, Leicestershire and Rutland (LLR)

LLR's Better Care Together programme pre-dates the STP, making use of existing relationships across the footprint. Over an 18-month period (2015-16), a public campaign across LLR explained the current position of health and social care services and consulted stakeholders on their priorities. Over 1,000 responses were received. The data was fed into STP work streams and the governance structure to ensure the outcomes contributed to the wider planning of the programme.
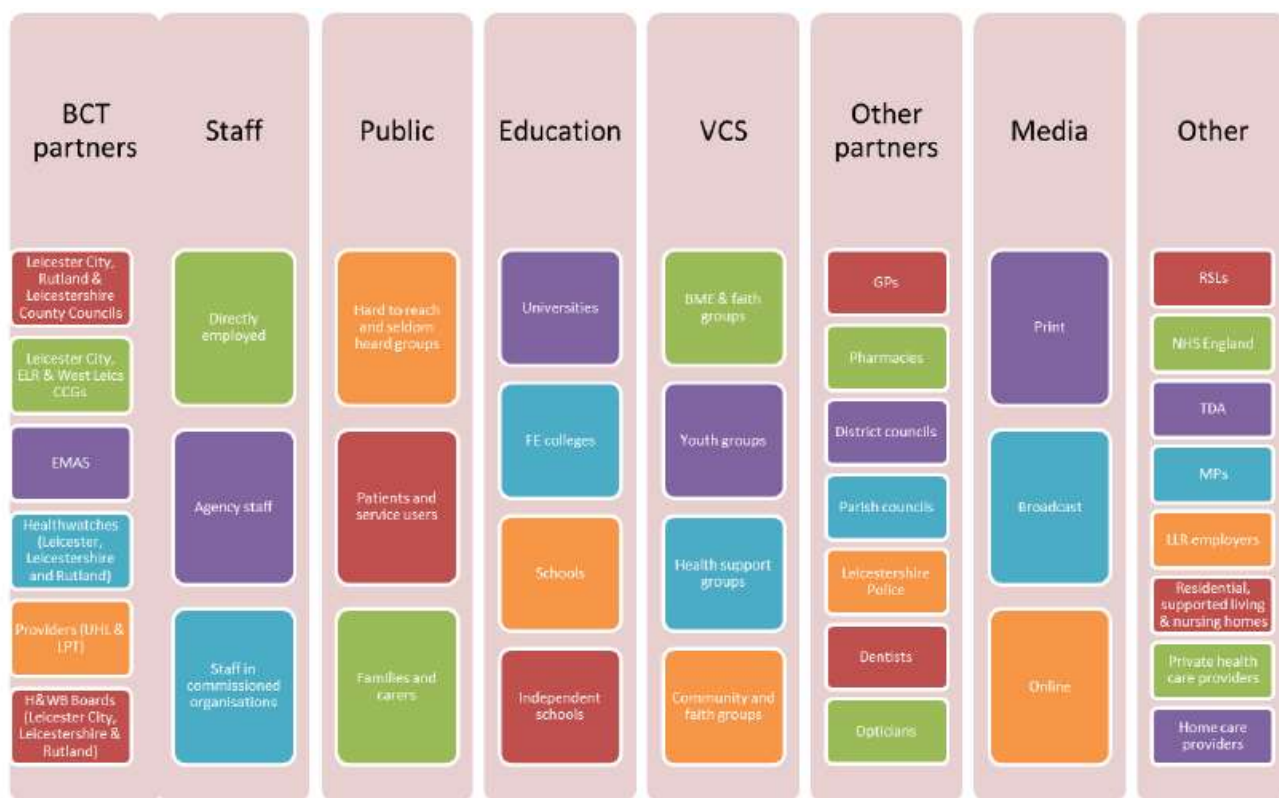
*Stakeholder map*

[Lincolnshire](#)

This plan feels 'public facing' in its language and tone, including using patient stories to illustrate what the proposals mean for local people. This includes [animated patient stories](#), showing "how things will be improved for patients like Mary". See the patient stories in [the full STP document,](#) pages 15 - 17.

[Humber Coast and Vale](#)

The plan makes a vigorous use of 'I' statements throughout the document with the intention to explain what the changes mean from the perspective of the individual. The 'I' statements for example are used in the executive summary to show the impact of plans from the perspective of staff and communities, and to explain the STP's vision and the impact of every work stream.

**Financial planning arrangement and joint working**

The level of financial detail in the STPs varies greatly. Some are forecasting a surplus in the health system by 2020/21 however too often plans have not properly accounted for social care. At least two-thirds of the plans identify the social care financial gap but do not factor this into a system-wide approach to service planning or financial balance.

With transformation funding and capital requests currently exceeding what is available, estimated at around £1 billion, the ability to raise new money locally will be key to meeting the ambitions proposed.

[South Yorkshire and Bassetlaw](#)

The STP has strong links to Sheffield City Region Combined Authority, including accessing a new supported employment pathway for people furthest from the labour market. A £15 million investment has been secured from the Department for Work and Pensions to take this work forward.

[Cambridgeshire and Peterborough](#)

There are plans to build new homes on NHS community estate sites where it has been poorly utilised, in order to fund transformation plans.

[Leicester, Leicestershire and Rutland (LLR)](#)

Use of the 'the LLR pound', which takes a place-based budget approach to planning, service delivery and resource allocation.

[The Black Country](#)

Through coordinated action with the West Midlands Combined Authority, this plan aims to maximise the impact of 'the health pound' by addressing the wider determinants of health.

**Alignment with local ambitions**

**Prevention**

Although all draft plans acknowledge the importance of investing in prevention, most focus more narrowly on health prevention such as smoking cessation and immunisation, whilst only around a third of plans show a clearer commitment to tackling the wider determinants of health, such as employment or housing. The strongest prevention work streams have clear leadership from health and wellbeing boards and local government senior officers, with over a third of plans naming directors of public health in a lead role.

[Nottinghamshire](#)

Where some STPs have broad plans lacking in firm commitments, this STP's prevention plan has defined and measurable targets and detail on how current and new initiatives are intended to be funded. It defines prevention within the wider determinants of health, including a specific supporting work stream to 'Improve housing and environment', led by a district council CEO.

Detailed [project initiation documents (PIDs)](#), including for prevention, are included as an annex.

[Gloucestershire](#)

Gloucestershire has placed emphasis on developing its preventative provision through the creation of 'Prevention and Self-Care Board' reporting to the health and wellbeing board, and an adjoining 'Enabling Active Communities Commissioning Group', reporting the STP Board (as below). The importance of engaging a broad range of partners is clearly outlined and has resulted in a large scale, cross-sector social prescribing initiative.

A detailed [Prevention and Self-Care Plan](#) in an annex to the main document.
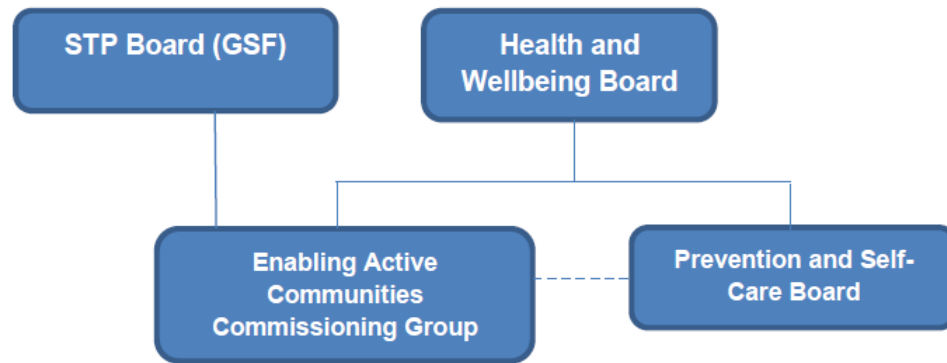
**Integration with and consideration of social care as whole-system solution**

Around a third of plans go further than just detailing the financial pressures on adult social care and offer whole-system solutions.

West, North and East Cumbria

One of the plan's high impact themes is 'social/community based care'. This includes a single 'front door' for information and advice, redesigning the reablement and intermediate care pathway and investing in extra care housing and other models of supported living.

Frimley Health

This STP plans to transform the social care support market as a key initiative, through collective market management, making better use of home-based care, supporting innovation in supported accommodation and care home delivery, and utilising technology

Norfolk and Waveney

This plan aims to promote the long-term sustainability of community and social care. An integrated out of hospital services aims to connect social care with other professionals and closer alignment with mental health.

**Community and out of hospital integrated working**

STPs are commonly attempting to shift patterns of use away from A&E and acute services towards care closer to home and reducing demand for urgent hospital care. With this, there are widespread plans for a greater role for primary and community care. This includes the creation or expansion of 'community hub' type models, most often around GP practices. This seeks to result in an increase in primary care support staff and fuller integration of a range of activity such as pharmacy, mental health, outpatient services, social care, community and voluntary services and prevention.
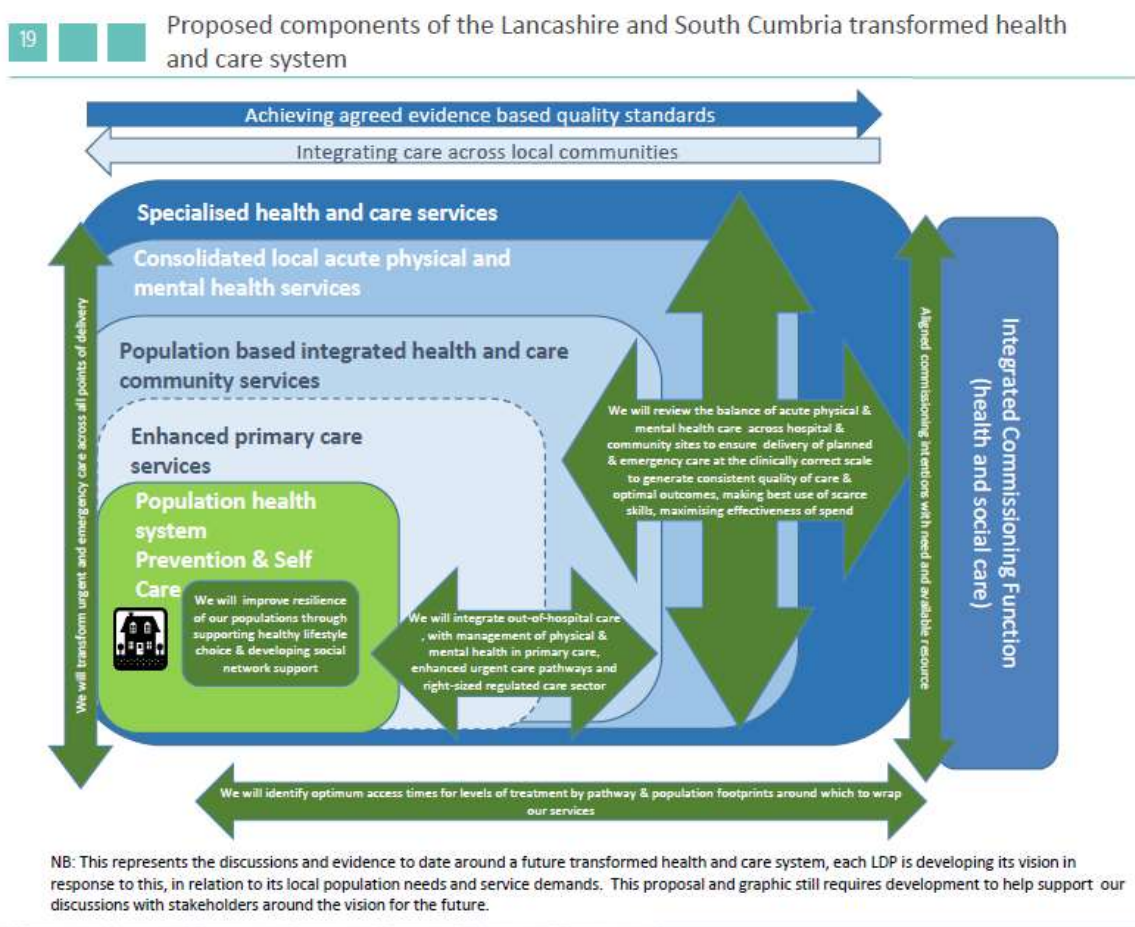
Humber, Coast and Vale (HCV)

HCV plans to invest significantly in primary care in order to improve access to GPs, to modernise and transform the way practices work and over time to increase the number of GPs in the footprint. This

will be supported alongside new integrated multi-disciplinary locality teams - including GPs, social care, community services, some services normally found in a hospital and potentially voluntary and community services - which will coordinate and deliver as much care as possible in the community so people only go to hospital if required.

## Lancashire and South Cumbria

A priority for the STP is to become a single health and social care system with a collective focus on whole population health and wellbeing. To do this, a 20% increase in primary and community services is planned, including establishing an integrated care model in each locality. The plan acknowledges that if funding for local authority services continues to reduce over the next four years and not resolved it will pose a major challenge to the delivery of the STP.



NB: This represents the discussions and evidence to date around a future transformed health and care system, each LDP is developing its vision in response to this, in relation to its local population needs and service demands. This proposal and graphic still requires development to help support our discussions with stakeholders around the vision for the future.

Draft

## South East London (SEL)

SEL plans to continue to invest in the development of its 23 local care networks (LCNs), which will incorporate all GP practices in the footprint. The LCNs provide a full range of community based services and will be supported by scaled-up general practice. The LCNs will bring closer together all community health and care partners across the system including mental health and help to drive transformation in areas such as housing.

## South Yorkshire and Bassetlaw

Building on five developed 'places' in the footprint, there are plans to develop 'strengthened' GP surgeries and community hubs. This will include care coordination through multi-disciplinary teams, home-based urgent care and social prescribing. This model aims to drive forward wider plans for prevention and integration of health, social care and the voluntary sector.

[Greater Manchester](#)

The plan is modelled around 10 fully integrated local care organisations. The model will introduce multi-disciplinary neighbourhood care teams with social care as integral to reducing demand for acute services. The locality approach will strengthen links with community groups and the voluntary sector, developing the role of services such as leisure and libraries. Rapid response community teams will be deployed as an alternative to A&E when crisis occur.

**Integrated provider models**

An accountable care organisation is a group of providers which is jointly responsible for the care of a defined population for an agreed budget. A less formal alliance of providers working together to deliver care to a specific population group is often called an accountable care partnership. Many plans are developing their thinking around accountable care and how these new contracting and commissioning approaches may change incentives for providers and improve outcomes.

[North West London](#)

The plan sets out to commission all NHS-provided older people's care services via outcomes based contracts delivered by accountable care partnerships. This includes joint agreement about the model of integration with local government-commissioned care and support services. All NHS or jointly commissioned services in north west London will be contracted on a capitation basis, with the financial model incentivising a new proactive model of care.

[Northumberland, Tyne and Wear and North Durham](#)

Locality plans with the STP include the development of a community hub model as part of an accountable care network. Another locality plans to create an accountable care organisation responsible for commissioning and delivering emergency, primary and community care services to the population.