

INFORMATION ITEM



REPORT OF		MEETING	DATE	ITEM NO
RESOURCES DIRECTORATE	ENVIRONMENT, HEALTH AND HOUSING COMMITTEE		21 FEBRUARY 2017	9
SUSTAINABILITY AND TRANSFORMATION PLANS (STPs) IN THE NHS				

PUBLIC ITEM

This item is for consideration in the public part of the meeting.

SUMMARY OF INFORMATION

This item gives some information about NHS England's Sustainability and Transformation Plans (STPs) and outlines ways in which District Councils (DCs) might engage as the plans move from high level strategic documents to more localised transformation delivery plans.

SOURCE OF INFORMATION

The District Council Network

LINKS TO INFORMATION

<https://www.hsj.co.uk/topics/stps/mapped-which-stps-have-been-published-so-far/7013064.article>

<https://www.kingsfund.org.uk/publications/stps-in-the-nhs>

https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf

https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf#page=30&zoom=auto,69,589

https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf#page=37&zoom=auto,69,769

https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf#page=48&zoom=auto,69,769

WHY IS THIS INFORMATION BEING GIVEN TO THE COMMITTEE?

To provide members with an overview of the strategic and more localised plans for changes to healthcare delivery.

FURTHER INFORMATION

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INFORMATION NOTE



Background

The information below has been taken from the District Council Network national brief on STP's.

The NHS has to change to continue to deliver high quality care for everyone in a tougher economic climate with a growing and ageing population. Unless action is taken there will be a gradual decrease in the quality of care and services the NHS provides.

The basic model of care in the NHS hasn't changed in recent years. A modern 21st century health care system should aim to provide care at a time and a place that is convenient to the patient - more care delivered in the community and in homes, harnessing the digital revolution to provide on-line access to NHS services, making better use of technology, devices and medicine to keep people well and out of hospitals, improving the pathway of care so that people recover more quickly from operations and can return home more quickly.

This is where STPs come in. They should be the tool that drives changes to how and where services are provided and not just a focus for cuts and savings. STP's are part of the new planning framework for NHS services required to cover the full range of health services from primary care to specialist services with an expectation that they will cover local government provision although there is no definition of what this includes.

This is the first time NHS planning arrangements have been focused on 'place' and not individual organisations with 44 'footprints' covering the country. There are three key outcomes for the STPs:

- Improved health and wellbeing,
- Transformed quality of care delivery
- Sustainable finance

STP's set out the proposed direction for health and care services for the next 5 years. Progress on plans has varied widely depending on local context - including the nature of relationships between senior leaders, the history of collaboration between organisations and the size and complexity of the STP area. There is scope and opportunity for district councils to become more involved and engaged as STPs move from high level strategies into local delivery plans.

Current Position

A map showing the published STPs and giving access to the published plans [can be found here](#). The Kings Fund has [recently published work](#) outlining how STPs were developed in four parts of the country. Key messages are:

- Local context and the history of collaboration within STP areas have played a major role in determining the progress of the plans
- Despite the focus on local ownership, key elements of the process have been 'top down'
- Tight deadlines have made it difficult for meaningful involvement in the plans from some stakeholders

The Kings Fund states STPs offer the best hope to improve health and care services despite the challenges and make the following recommendations:

- Secure involvement of patients and the public in the plans, alongside clinicians, other frontline staff and local authorities
- Develop governance arrangements that allow organisations to make collective decisions and share accountability
- Focus on the skills and resources needed to implement STPs as well as the cultural aspects of making change happen

A recent article by an independent healthcare consultant, concluded that:

- STPs will be a key priority for the NHS for some time
- Partnership is key but engagement needs to improve
- The quality and depth of the STP plans vary
- Public consultation is a must
- Cost cutting isn't the answer- transformation, service redesign and innovation is required
- Reconfiguration will be unpopular but proposals to move care out of hospital into the community to improve quality and efficiency is needed.
- The NHS cannot do this alone

As 'place based' plans, the role district councils can play in the local delivery of STPs is significant. STPs have developed greater emphasis on strategic vision and delivery plans for prevention, the district role in delivering preventative services that support the transformation of health and social care will be important to secure the best outcomes for local residents as part of those plans (set out in the [2015 Kings Fund Report on the DC Contribution to Public Health](#)).

There is the opportunity to strengthen the alignment of STPs with services that form part of the wider determinants of health; housing; leisure; planning; and environmental services, and the role districts play to mobilise place through existing local relationship with the community, town and parish councils and the voluntary, community and faith sector. STPs focus on prevention so the district contribution is relevant and necessary. District council prevention services help make a difference if they are understood and integrated with wider health and social care services in local areas.

Key Policy Areas

As STP's develop, district services influential to the process include:

Housing

Housing has often been identified as the single biggest issue in public health, the district role in homelessness, enforcing minimum standards and adapting people's homes demonstrate how districts improve health and save money for the public sector.

One example from the Kings Fund report highlights that every £1 spent adapting homes where a serious fall is likely to otherwise occur could save the NHS £69.37 over 10 years. Further information about how district councils can evidence health savings through housing [at this link](#).

Leisure Services

Providing leisure services, green spaces and health programs has district input, providing high quality facilities and low cost options for the locality enables residents to take up healthy activities and prevent a wide range of health problems before they become a burden on health services. In 2011-12 Sport England calculated that the economic value of sport in terms of health benefit was £11.2 billion per year, £1.7 billion of which is thought to be from savings to health care-associated costs

Ways in which districts are best placed to promote sport and health equality and generate significant lifetime savings are demonstrated [at this link](#).

Planning

Planning is a major area where districts can influence healthier outcomes, by prioritizing walking, air quality and social spaces. With some studies calculating that benefits from increasing walking by 1.75 per cent could outweigh the costs 60-fold.

Research on the relationship between planning and health by the Kings Fund can be found [at this link](#) along with a variety of other areas district councils can play a key role in public health.

FURTHER INFORMATION AVAILABLE FROM

DCN@local.gov.uk

Appendix – The Emergence of STP's

22 December 2015	NHS bodies published shared planning guidance of the NHS - NHS leaders to come together in geographical footprints to produce STPs by the end of June 2016
29 January 2016	Deadline for localities to submit proposals for STP Footprints
16 February 2016	Letter from National NHS bodies on STP Guidance - recognised that some of the complexities of STPs will need to be worked through with local government. STPs seen as documents to be kept outside of the public domain until signed off by NHS national bodies
15th March 2016	44 geographical STP Footprints announced by NHS England
30th March 2016	STP leaders announced - mainly from CCGs and NHS Trusts- 4 from Local Government - Greater Manchester, Nottinghamshire County Council, Birmingham City Council
15th April 2016	Initial STP submissions set out early thinking on plans
19th May 2016	Indicative funding for STP footprints to 20-2/21 published. Access to 16/17 STP fund assumes full and effective participation by providers. Allocation growth to CCGs in 17/18 conditional on national approval of STP
1st June 2016	Finance template sent to STP leads to show how they will close their financial gap by 2020/21
30 June 2016	STP leaders submit draft plans to be discussed with leaders of national NHS bodies in July. Conversation then held between each of the 44 Footprints and National NHS teams to review draft STP submissions
15 September 2016	NHS England publishes guidance for involving patients and communities. Guidance suggests that most areas will publish their plans between October and the year end
21 October 2016	Deadline for submission of full STPs
November 2016	Feedback on submissions to 'Footprint' areas. Only a small number of STPs are signed off for publication.