

A background image of a woman's face, looking slightly to the right, with a blue geometric pattern overlaid. The pattern consists of various shades of blue triangles and squares.

Sustainability & Transformation Plans

Standard presentation
with Q&A

Background: The Five Year Forward View

- The [NHS Five Year Forward View](#), published in October 2014, considers the progress made in improving health and care services in recent years and the challenges that we face leading up to 2020/21. These challenges include:
 - the **quality of care** that people receive can be variable
 - the burden **preventable illness** constitutes
 - growing demands on the NHS means that local health and care organisations are facing **financial pressure**
 - the **needs and expectations of the public are changing**. New treatments options are emerging, and we rightly expect **better care closer to home**.
- There is broad agreement that in order to create a better future for the NHS, all those with a stake in health and care must **make changes to how we live, how we access care, and how care is delivered**.
- This doesn't mean doing less for patients or reducing the quality of care provided. It means **more preventative care**; finding **new ways to meet people's needs**; and identifying ways to **do things more efficiently**.
- For the NHS to meet the needs of future patients in a sustainable way, we need to **close the gaps in health, finance and quality of care** between where we are now and where we need to be in 2020/21.



Achieving the Five Year Forward View vision (1)

- The NHS Shared Planning Guidance, published in December 2015, asked every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the Five Year Forward View (5YFV)
- As a result, neighbouring health and care services have formed 44 ‘footprints’ to develop and deliver Sustainability and Transformation Plans (STPs)



STPs are:

The local mechanism for delivering the Five Year Forward View

Multi-year, place-based plans to meet local need

‘Umbrella’ plan for change

Achieving the Five Year Forward View vision (2)

Delivering the Five Year Forward View

- Understanding and addressing the 3 gaps – health & wellbeing; care and quality; and finance & efficiency – at a local level
- Used to drive a genuine and sustainable transformation in patient experience and health and care outcomes over the longer-term
- A decisive re-focusing of the NHS on transformational change alongside operational performance

Multi-year, place-based plans to meet local need

- 44 STP 'footprints': organisations working together across health and care to deliver transformation and sustainability
- Break down boundaries at the organisational level
- To supplement planning by individual institutions
- Unlock local energy and leadership – local systems moving together

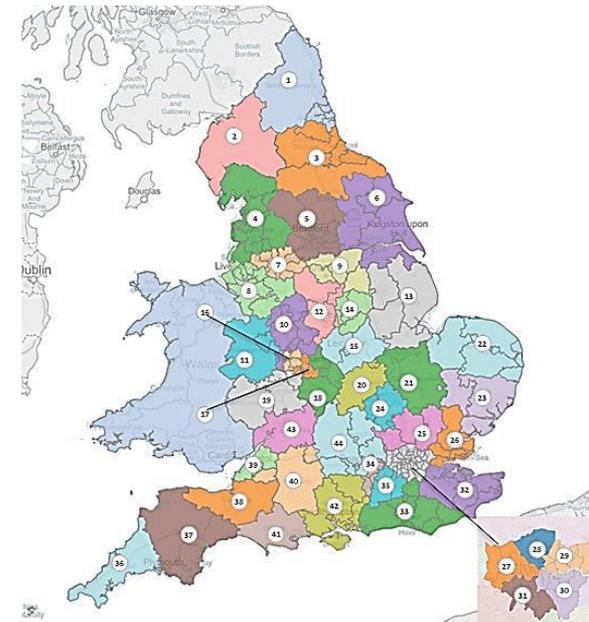
'Umbrella' plan for change

- Hold underneath them a number of different specific plans to address key local issues
- NHS organisations will retain their own accountability whilst also working to a shared, agreed plan which addresses how they will collectively improve health, care and finance for their population
- STPs are not an end in themselves, but a means to build and strengthen local relationships

44 footprints have been established

Footprints are local geographic areas where organisations are working together to develop plans to transform the way that health and care is planned and delivered over the next five years

- 44 footprints collectively cover the whole of England ranging in size and population – around 300,000 to 2.8 million people
- The footprints were locally defined through discussion with national bodies
- The boundaries used for STPs will not cover all planning eventualities
- STP leads have been appointed by each footprint to convene discussions and oversee the development of local plans
- Local, statutory architecture for health and care remaining in place



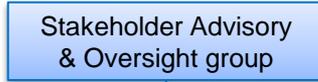
Overarching governance arrangements

Including: King's Fund, LGA, National Voices, NHS Providers, ADASS, NHS Confed, Healthwatch

Monthly meetings



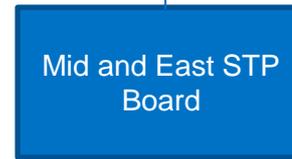
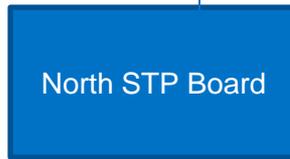
Monthly meetings/calls



Strategic Programme Office of the FYFV

Ongoing senior stakeholder engagement across ALBs

STP design and delivery group - with representation from LGA and ALBs from centre and regions



Ongoing communications via regional leads



Local governance arrangements
ALB regional teams working directly with STP footprints

Support for STP areas



Support

Description

Library of resources

Consolidated resource pack with links to care and quality standards, priorities and policy commitments for 2020 /21 and health and wellbeing indicators to enable Footprints to agree local ambitions to close gaps

Finance and efficiency support

Financial model/template for footprints to capture the impact of their plans to close the gaps for submission in June

STP footprint–specific data packs

Bespoke data packs for each STP area providing a baseline against key indicators from the CCG Improvement & Assessment framework; key finance and operational performance indicators including CQC ratings, national health and wellbeing indicators and other relevant data

Aides-memoire for specific priorities & policy workshops

Concise guides on, e.g. how to implement the cancer taskforce, along with regional road shows or master-classes

CEO conversations with footprints

1:1 conversations between a panel of CEOs/RDs and a selection of STP areas (May) and all STP areas (July). Supplemented in some regions by one-day events for footprint leadership teams to network, share progress and challenges with peers.

Local Workforce Action Boards (LWABs)

Senior representatives from organisations across the system brought together to support development of local workforce transformation strategies

Leadership support

Provision of (systems) leadership support for those STP areas that request it

Local stakeholder engagement in developing STPs

We cannot transform health and care without the active engagement of the organisations, clinicians and staff who actually deliver it, nor develop care integrated around the needs of patients and users without understanding what our communities want and without our partners in local government

- Local areas are responsible for ensuring engagement with the most relevant local organisations as part of the STP process
- Different STPs will be developed from varying starting points and plans will have no status until they are agreed.
- The drafts that are submitted in June will form the basis for further managerial conversations that will be held in July.
- When plans are ready, normal rules around engagement and public consultation will apply.

Vital role for local authorities as partners

Footprint

- Footprint leads are from a local authority in 4 cases:
 - Greater Manchester- Howard Bernstein
 - Nottinghamshire - David Pearson
 - Birmingham & Solihull - Mark Rogers
 - Norfolk & Waveney – Wendy Thomson

Guidance so far is clear that plans should state how:

- partnership arrangements should include local government and explain fit with e.g. Health and Wellbeing Boards and devolution plans where appropriate
- existing plans, including HWB Strategies and JSNAs, can be built upon
- local people and communities should be involved
- systems will work with local government to deliver prevention and public health improvements
- the footprint will engage other employers, working with local government, to improve health and wellbeing of local people

Local government involvement must be at every level

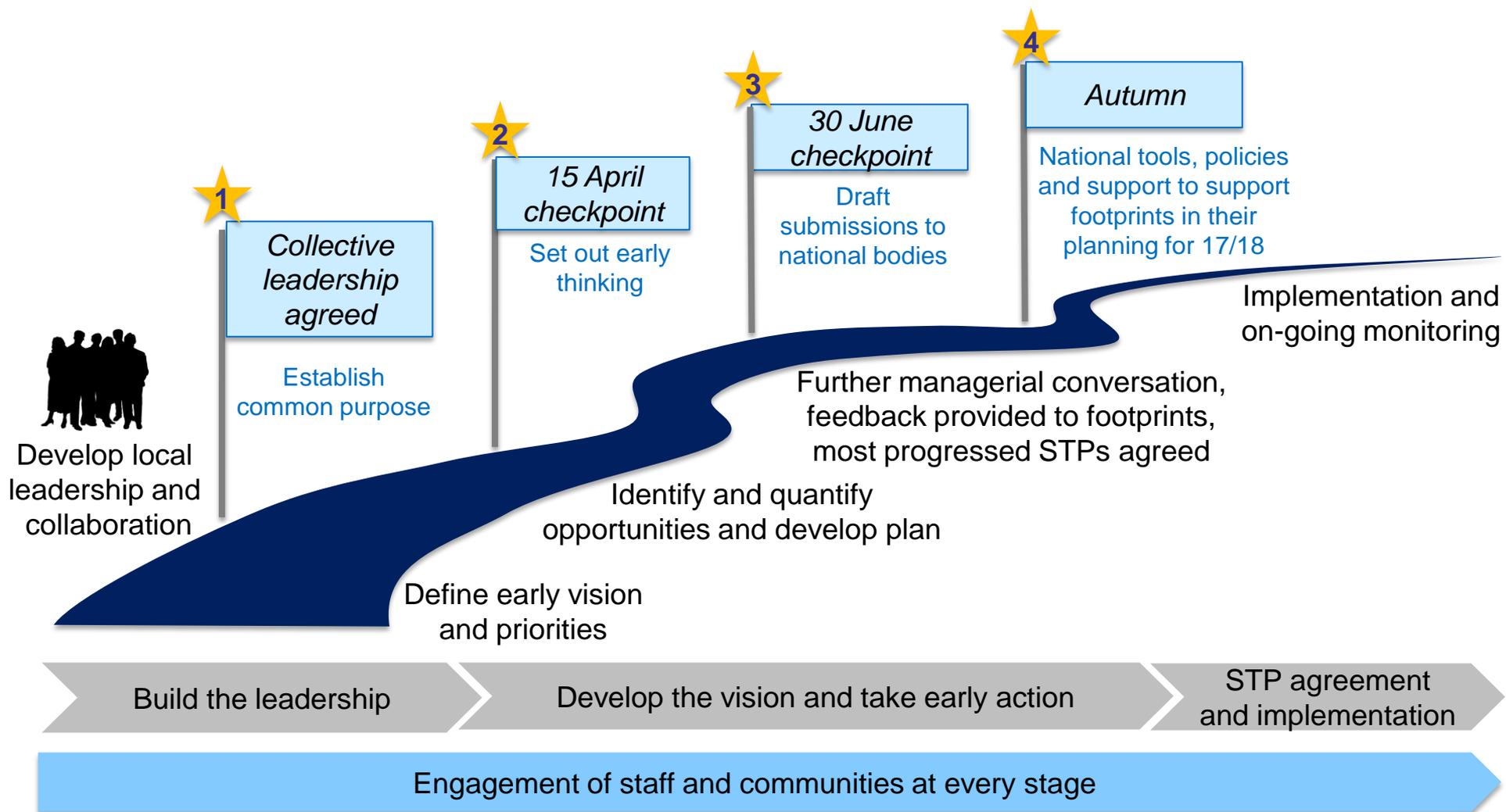
Regional

- Initial working with local authority colleagues to e.g. agree footprints and STP leadership
- Membership of the new regional STP boards
- Involvement in assessment of returns through the regional boards

National

- Part of the panel in the CEO conversations with footprints (May and July) (LGA)
- National stakeholder advisory & oversight group (LGA & ADASS) and weekly working group
- Contributions to content of support package, e.g. policy workshops
- Working together to best reach local government audiences

STP development process



30 June checkpoint: Summary



The next checkpoint will be on 30 June 2016, when each footprint will submit their plans.

Health, quality and finance

- Current state and financial envelope for 20/21

Critical decisions

- Decisions required to realise their vision

Expected benefits

- Anticipated benefits in terms of health, quality and financial impact

Identify actions

- Determine change required by individual organisations / system

Engagement

- Support for any proposed changes

What happens after 30 June?

- We recognise different STPs have varying starting points
- Draft plans submitted on 30 June will form the basis for further personal, bespoke conversations in July with each of the 44 footprints
- Feedback will be provided to each footprint after the conversations
- Agreement in principle anticipated to occur in a series of waves over the coming weeks and months
- Regions to actively support and national ALBs will ensure that tools, policies and support are in place to allow the most advanced footprints to progress in their planning for 17/18.

Further information...

More details can be found at:

www.england.nhs.uk/stp

www.england.nhs.uk/futureNHS

www.england.nhs.uk/deliver-forward-view

Please email: england.fiveyearview@nhs.net

Or join the conversation on Twitter using **#futureNHS**

ANNEX: FAQs

What is an STP?

- In December 2015, the NHS shared planning guidance 16/17 – 20/21 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 will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.
- We have asked footprints to:
 - ensure they have a shared understanding of where they are now in relation to the three gaps (health, quality, finance) and where they need to be by 2020/21, taking into account the indicative allocations and the requirement to achieve financial balance;
 - identify the critical decisions required to realise their vision and really shift the dial in their geographies/populations to close the three gaps.;
 - set out the anticipated benefits in terms of health, quality and financial impact, making clear the timescale for anticipated benefits working back from 2020/21 to the 16/17, and where possible, set out how this will enable them to deliver the ten key priorities set out in the March guidance;
 - identify which actions lie within individual organisations and which require system wide change/action across their footprint and/or are dependent upon the actions of other partners/neighbouring footprints; and
 - assess the degree of consensus/support for any proposed changes, and their plans for meaningful engagement with clinicians, the public and key partners.

How did you agree the STP footprints?

- The NHS Shared Planning Guidance asked each area to develop a proposed STP footprint by 29 January 2016, engaging with local authorities and other partners on what this should look like. The footprints were locally defined through discussion with national bodies, based on natural communities, existing working relationships, patient flows and took account of the scale needed to deliver the services, transformation and public health programmes required, along with how they best fit with other footprints.

Will the footprints replace other local NHS governance structures?

- No – the local, statutory architecture for health and care remains, as do the existing accountabilities for Chief Executives of provider organisations and Accountable Officers of CCGs. This is about ensuring that organisations are able to work together at scale and across communities to plan for the needs of their population, and help deliver the Five Year Forward View – improving the quality of care, health, and NHS efficiency by 2020/21. Organisations are still accountable for their individual organisational plans, which should form part of the first year of their footprint's STP.

How do STP footprints fit with other health and care footprints?

- The boundaries used for STPs will not cover all planning eventualities. As with the current arrangements for planning and delivery, there are layers of plans which sit above and below STPs, with shared links and dependencies. For example, neighbouring STP areas will need to work together when planning specialised or ambulance services or working with multiple local government authorities and, for areas within a proposed devolution footprint that cross STP boundaries, further discussion will be required in working through the implications. Other issues will be best planned at Clinical Commissioning Group (CCG) level.

How will other partners be involved?

- 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. We cannot transform health and health care without the active engagement of the clinicians and staff who actually deliver it, nor can we develop care integrated around the needs of patients and users without understanding what our communities want and without our partners in local government. That is why we are asking for robust local plans for engagement as part of the STP process. Where relevant, areas should build on existing engagement through Health and Wellbeing Boards and other existing local arrangements.
- The importance of engagement with local partners in the NHS and Local Authorities in footprints has been stressed throughout the process. These conversations are vital to build agreement on the way forward. However, plans have no status until they are agreed, we don't expect or require formal consultation or papers going to public boards. When plans are ready, normal rules around engagement and public consultation will apply.

What does success look like?

- If we get this right, together we will engage patients, staff and communities from the start, allowing us to develop services that reflect the needs of patients and improve outcomes by 2020/21, closing all three gaps. We will mobilise energy and enthusiasm around place-based systems of health and care, develop the ownership, relationships and governance necessary to deliver, providing a coherent platform for future investment from the Sustainability and Transformation Fund.
- This will require a different type of planning process – one that releases energy and ambition and builds greater trust ownership. It will require the NHS at both local and national level to work in partnership across organisational boundaries and sectors, and will require changes not just in process, but in culture and behaviour.

What role does local government play?

- The NHS shared planning guidance, published in December 2015, explained that the success of STPs will depend on having an open, engaging, and iterative process that harnesses the energies of clinicians, patients, carers, citizens, and local community partners including the independent and voluntary sectors, and local government through health and wellbeing boards. A number of STP footprints are being led by local government leaders.

Sustainability and Transformation Plans, New Care Models, Transformation Areas:

How does it all fit together?

- The Five Year Forward View set out a vision for the future NHS that would address the three ‘gaps’ in care quality, population health and financial sustainability. At its heart was a plan for new forms of care provision - the New Care Models (NCM). The golden thread that ties these care models together is a focus on more person-centred and sustainable population health care, achieved through closer working between NHS providers, commissioners and other partners, in particular local government.
- 50 Vanguards were selected to demonstrate how the new care models can work in practice and to lower the ‘barriers to entry’ for other areas to do the same. The ambition is that these care models are adopted and spread across the country, in particular the whole-population care models: Multi-Specialty Providers (MCPs) and Primary and Acute Care Systems (PACS). Specifically, the Mandate goal is for more than 50% of the country be delivering new care models by 2020/21.
- The Sustainability and Transformation Plans (STP) are intended to help local areas work out how they will implement the Forward View. The 44 STP areas are strategic partnerships, not new organisations. They bring together all health and care partners to develop place-based plans over a five year period. The specifics of the care models, and the mix between them, will be for the STP areas to determine. STPs will help make sure we make the best decisions on the allocation of sustainability and transformation funding from 2017/18.
- We know from experience that transformation won’t happen at an even pace across the country. So it will be important to be able to show early on that some areas are able to demonstrate rapid delivery across a range of Forward View programmes. The Transformation Areas (TAs) are a way of doing this in 2016/17. Anchored in the most promising whole population Vanguards, they cover 18% of the country. Alongside delivery of the new care models, they will also need to demonstrate progress across a range of other programmes, including GP access, integrated urgent and emergency care, mental health and technology. Being a Transformation Area will mean preferential access to funding and support from these programmes, in return for demonstrating the combined effects of transformation in 2016/17.

What support has been in place to enable the footprints?

- To support footprints in their planning, we have made indicative 2020 allocations available. Final allocations will be subject to allocations decisions that are for the NHS England Board to make in due course. Overall the funding available for the healthcare system will be greater in 2020/21 than it is today, although the levels of future growth are more modest than the NHS has received historically. Local place-based funding will grow from £xbn in 2016/17 to £ybn in 2020/21. We need to be clear that this is not about 'cutting' budgets, but about identifying the best possible use of resources so that we can meet the forecast rise in demand and, wherever possible, moderate that demand by improving population health and care redesign.
- We will keep providing practical hands-on support on request, and other support in train includes:
 - Workshops for Programme directors, clinical leads and project teams, to tap into the expertise from national clinical leads and policy experts on specific policy areas (e.g. efficiency, mental health, primary care, new care models), and to share learning and challenges with other footprints.
 - Example plans from footprints will be shared, as well as sharing of the learnings footprints experienced during their process of developing their plan
 - Support by regional and central teams with specific requests
 - System leadership support via the Leadership Board.
 - Peer support from each other through virtual and face-to-face events

What is the role of the STP footprint lead?

- Sustainability and Transformation Plan (STP) leaders are senior figures that have agreed to convene the STP process and to oversee the development of local plans. They have been selected following local discussions about who is best placed to play this role, together with discussions with national bodies.
- Footprint leads will be responsible for convening and chairing system-wide meetings, facilitating the open and honest conversations that will be necessary to secure sign up to a shared vision and plan. They are part of an emerging national cadre of system leaders who will drive health and care transformation.
- This is a new kind of leadership role, working across organisational boundaries. Footprint leaders will help to build consensus and ownership in their communities for their local plans, while providing the leadership needed drive the transformation needed improve the quality of care, health and wellbeing, and finance and efficiency.

Will STP footprints share financial control totals?

- We strongly encourage health systems to work closely together to manage within the level of resources available. Any requests to move to health system control totals would need to be reviewed and approved nationally through NHS England and NHS Improvement.

Will the STPs be published?

- We plan to publish Sustainability and Transformation Plans (STPs) once they are final.

****Re FOI****

- As a result, we expect that – subject to a public interest test – April submissions will exemption under section 22.

How have local authorities been engaged?

- We have worked closely with local government throughout the STP development process as they are vital in helping to set the strategic direction of health and care service development locally.
- The March guidance to STP leads clarified that submissions should state how the following should be in place:
 - partnership arrangements should include local government and explain fit with existing plans, including Health and Wellbeing Strategies and Joint Strategic Needs Assessments;
 - systems will work with local government to deliver prevention and public health improvements; and
 - the footprint will engage other employers, working with local government, to improve health and wellbeing of local people.
- At a regional level, NHS Arm's Length Bodies (ALBs) have:
 - worked initially with local authority colleagues to agree footprints and STP leadership;
 - Offered membership of the 4 new regional STP boards to Local Government Association (LGA) representatives (including the potential for involvement in the assessment of initial returns); and
 - asked their regional colleagues to continue to work with the STP footprints in their area to encourage them to reflect the knowledge, expertise and experience of local government colleagues where appropriate, e.g. Health and Wellbeing Board leads' insight into the plans for, and effects on, the local system.
- At a national level we have:
 - worked with Harold Bodmer, President of ADASS and Sally Burlington, LGA Head of Policy (People) through the STP national stakeholder and advisory group;
 - shared data setting out the list of all organisations per footprint for them to import into their health and care mapping tools, such as the CCG tool and their health and wellbeing board dataset, for use by local authorities and health and wellbeing boards; and
 - developed the content of support package for local areas, building on their existing tailored and more general work to actively support and enable integrated health and social care in local areas through your work with the Better Care Fund, Integrated Care Pioneers and other initiatives.

What accountability mechanics are in place related to decisions in Sustainability and Transformation Plan footprints?

- Each STP footprint is convened by a senior leader who has agreed to chair and lead the meetings on behalf of their peers.
- Each footprint has agreed its own governance and representation, depending on local circumstances and to ensure that all relevant NHS bodies and partners are included.
- An STP footprint supports organisations to come together to agree how best to improve and sustain services and health for their local populations.
- The local, statutory architecture for health and care remains.
- The ALB Regional Directors will retain accountability for delivery in their regions. Existing accountabilities for Chief Executives of provider organisations and Accountable Officers of CCGs are unchanged.

What happens after the draft STPs are submitted?

- These drafts will form the basis for further managerial conversations that will be held in July. Different STPs will be developed from varying starting points and plans will have no status until they are agreed.
- The plans submitted on June 30th will form the basis for a face to face personal conversation with the national leadership in the NHS throughout July, and will be a key part of a subsequent managerial process to inform decisions. Submissions will therefore be work in progress, and as such it is not anticipated that there will a requirement for formal approval from boards and/or consultation at this early stage.
- Footprints are at different starting points, and so the degree of detail that will be provided by June 30th will vary. However, all plans that are submitted must show how local systems will achieve sustainable financial balance in aggregate by 2020/21 – the focus needs to be on solutions, even if this is at a high level.
- Therefore, rather than expecting to have one ‘sign-off’ moment for all 44 plans, it is anticipated that this will occur in a series of waves over the coming weeks and months, with those areas who are more advanced achieving earlier agreement than those who will require more work.
- Feedback will be provided to each footprint after the conversations have been held. This will be followed by communication to footprints and stakeholders
- It is anticipated that by Autumn, the national ALBs will ensure that tools, policies and support are in place to allow the most advanced footprints to progress in their planning for 17/18.