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BRIEFING PAPER

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Sustainability and transformation plans and partnerships

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Summary

Sustainability and transformation partnerships are a mechanism for delivering the NHS Five Year Forward View (5YFV) and other national priorities for the NHS in England. The 5YFV, published in October 2014, was a collective vision for how the health service needed to change between 2015/16 and 2020/21, in order to close the widening gaps in the health of the population, quality of care and the funding of services.[1] Accelerating the integration of health and social care services and introducing of new models of care are central components of the 5YFV. In 2015, NHS organisations were asked to come together to create local blueprints for delivering the 5YFV, known as sustainability and transformation plans (STPs). By the end of January 2016, local NHS services and local authorities had formed forty-four separate sustainability and transformation footprints. Each of the forty-four footprints are separate partnerships made up of NHS organisations, including clinical commissioning groups (CCGs), NHS trusts and foundation trusts and primary care services, as well as local authorities. These forty-four footprints cover the whole of England, but vary considerably in the size of the area they cover and the populations they serve.

STPs have been developed during a period when NHS organisations are facing substantial financial and operational pressures. A briefing by the House of Commons Library highlights that, although health spending has been protected relative to other public services, many stakeholders are concerned that increasing demand and costs threaten the financial stability and sustainability of the NHS.[2] There has been a systemic decline in the financial performance of the NHS since 2013/14, as NHS trusts and foundation trusts, especially acute trusts, have struggled to meet increasing demands within their budgets. On 16 December 2015, the Sustainability and Transformation Fund (STF) was announced to support the 5YFV. The fund provided an extra £2.1 billion in 2016-17, but £1.8 billion of this was used to help NHS providers to achieve financial balance. The Nuffield Trust reported that funding in 2016/17 to help reduce deficits will be available again in 2017/18 and 2018/19.[3]

The Conservative Party in its 2017 general election manifesto promised an extra £8 billion for the NHS over the next five years and significant investment in capital:

> "we will ensure that the NHS has the buildings and technology it needs to deliver care properly and efficiently. Since its inception, the NHS has been forced to use too many inadequate and antiquated facilities, which are even more unsuitable today. We will put this right and enable more care to be delivered closer to home, by building and upgrading primary care facilities, mental health clinics and hospitals in every part of England. Over the course of the next parliament, this will amount to the most ambitious programme of investment in buildings and technology the NHS has ever seen."[4]

STPs have no legal status, but derive their authority from the organisations involved. Consequently, as STPs have developed, new measures have been announced to strengthen them. For example, NHS England has committed to covering the costs of STP leads (senior local leaders from across the NHS and local government nominated to head

1 *NHS England, Five Year Forward View, October 2014*
2 House of Commons Library, Briefing Paper: *The financial sustainability of the NHS in England,* Number CBP 07791, 21 November 2016
3 Hospital deficits could force NHS to divert money meant for improving care, The Guardian,18 October 2016
4 The Conservative Party, *Forward, Together Our Plan for a Stronger Britain and a Prosperous Future, The Conservative and Unionist Party Manifesto 2017*, May 2017

up STPs) for two days per week pro-rata. However, so far no changes have been made to underlying legislation governing how organisations within the health system operate. Currently STPs, and the individual organisations that comprise them, function within a legislative framework designed to strengthen the role of patient choice and competition. There are concerns about whether the existing legislative framework will present a barrier to collaboration between organisations involved in STPs. The Conservative Party, within its 2017 general election manifesto, acknowledged the need to review the legislation if it appears to be impeding the implementation of STPs, although there are no immediate plans to bring this forward. According to the manifesto:

> "If the current legislative landscape is either slowing implementation or preventing clear national or local accountability, we will consult and make the necessary legislative changes. This includes the NHS's own internal market, which can fail to act in the interests of patients and creates costly bureaucracy. So we will review the operation of the internal market and, in time for the start of the 2018 financial year, we will make non-legislative changes to remove barriers to the integration of care."

Since their inception STPs have attracted criticism. Most notably, there have been widespread concerns about the involvement of wider stakeholders in the process, particularly NHS staff and the public. Concerns about the transparency of the process have been raised by national media, political parties and select committees.

Sustainability and transformation plans have now been published for each of the forty-four footprints/partnerships. The proposals in them are wide ranging, covering hospital, community, mental health and primary care services as well as more general plans to improve efficiency, prevent ill-health and address other pressures facing local health and care systems, such as workforce shortages (e.g. shared arrangements for using bank and agency staff). In many cases, different areas are proposing similar changes, but there are also significant differences between them and examples of innovative ideas. However, many of the plans lack detail on how changes will be achieved and the evidence underpinning them. As such, subsequent guidance from national bodies has emphasised that the next phase of the process is to convert these proposals into concrete plans, in collaboration with local people.

STPs can be seen as the latest vehicle for integrating health and social care services across the country and have evolved from place-based approaches to health and care seen in the UK and abroad. For example, the Success Regime, introduced by the 5YFV, brought health and social care organisations together in three areas to address deep-seated problems. Similarly, the emergence of accountable care organisations in the United States has influenced the development, and future direction, of STPs. The principles of integration and collaboration underpinning STPs are widely supported across the sector and there is strong commitment from national leaders and government. As such, it is likely that they will be key part of the health and care landscape in England during the next Parliament, if not longer.

For more information see briefing papers on:

- The financial sustainability of the NHS in England
- The structure of the NHS in England
- Health and social care integration

1. Purpose

On 22nd December 2015, NHS organisations were asked to come together to create local blueprints for delivering the 5YFV. Forty-four sustainability and transformation footprints then formed, covering the whole country. These footprints are partnerships between NHS trusts and foundation trusts, CCGs, primary care services and local authorities, along with other health and care services, within a defined area.

In the plans (or blueprints) themselves, each area was expected to show how local services will improve the quality of care, promote population health, and become more financially sustainable. National bodies have attracted criticism for allegedly narrowing the focus of STPs away from this original purpose and towards a primary aim of supporting the NHS to achieve financial balance. According to NHS England, STPs are a mechanism for delivering the 5YFV and key national priorities. In its latest update on the 5YFV, NHS England shifted the focus of STPs from plans to partnerships, describing STPs as:

> "a way of bringing together GPs, hospitals, mental health services and social care to keep people healthier for longer and integrate services around the patients who need it most. They are a forum in which health leaders can plan services that are safer and more effective because they link together hospitals so that staff and expertise are shared between them. At their best, they engage front-line clinicians in all settings to drive the real changes to the way care is delivered that they can see are needed and beneficial. And they are vehicles for making the most of each pound of public spending; for example, by sharing buildings or back office functions'.[5]

Despite being relatively new, the principle of integration underpinning STPs, including greater collaboration between services, has been a longstanding ambition of health and social care policy, with strong support across the system.

Simon Stevens, Chief Executive of NHS England, in November 2016 set out the integral role STPs have in the delivery of the 5YFV and the NHS's view that STPs are here to stay.

> "The Five Year Forward View is a vitally important plan. It's about the move to accountable care organisations, about the move to prevention and not cure. And it has the support of the NHS, and it is vital that we stick with that plan and implement it. And there will be lots of challenges and lots of bumps in the road but the sustainability and transformation plans are the way that we implement the Five Year Forward View and it is vital we stick with them."[6]

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5 NHS England, *Next Steps on the NHS Five Year Forward View*, March 2017

6 House of Lords Select Committee on the Long-term Sustainability of the NHS, Long-term Sustainability of the NHS and Adult Social Care, HL 151 5 April 2017

2. Context

2.1 Integration of health and social care

Better integration of health and social care services, along with the desire to provide more care outside of hospital settings, has been a longstanding ambition of successive governments. For example, in August 1972 the Conservative government of the day published a white paper, *National Health Service Reorganisation*, with the central aim of improving the integration of health and social care services.

The white paper acknowledged the need for more services to support people outside of hospital and that:

> "a single family, or an individual, may... need many types of health and social care and those needs should be met in a co-ordinated manner."[7]

Integrated Care Pilots, Integrated Care Pioneers and the creation of the Better Care Fund are some examples of policies over the last decade that have sought to improve the integration of health and social care services.[8] This point was echoed by the National Audit Office in its recent report, which concluded that initiatives to join up health and social care over the last 20 years have not resulted in 'system-wide integrated services'.[9]

2.2 Health and Social Care Act 2012

The *Health and Social Care Act 2012* enhanced the role of competition within the NHS and changed the strategic and commissioning arrangements previously in place, including the abolition of strategic health authorities which operated regionally. The NHS Five Year Forward View and STPs, however, reflect a shift from competition towards greater collaboration between services, although the competitive arrangements introduced by the Act remain. The King's Fund, as part of its analysis of the development of STPs, noted that the *Health and Social Care Act 2012*:

> "created a complex system and its focus on competition makes it more difficult for organisations to work collaboratively."[10]

The Health and Social Care Act sets out requirements with regards to patient choice and competition. For example, the Act covers referrals to the Competition and Markets Authority in cases where proposed changes impede choice and/or competition. As The King's Fund noted, the CMA's decision to intervene in previous reconfigurations raises questions over their involvement in STPs and whether they may delay or prevent changes from proceeding.

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7 The Health Foundation, *National Health Service Reorganisation white paper was published in August 1972: Adult Social Care and Integration,* Policy Navigator, accessed on 24 July 2017.
8 National Audit Office, *Health and social care integration*, February 2017
9 National Audit Office, *Health and social care integration*, February 2017
10 The King's Fund, *Sustainability and Transformation Plans in the NHS: How they are being developed in practice?,* November 2016

2.3 Health and social care funding and the financial position of the NHS

The financial pressures facing the NHS are widely considered to be unprecedented. According to the Institute for Fiscal Studies, health spending between 2009/10 and 2014/15 rose by 1.1% on average per year, the lowest rate of growth in a five year period since data on health spending was collected.[11] In May 2017, the Health Foundation noted that "under current spending plans, NHS funding in England will rise by an average of 0.7% a year between 2015/16 and 2020/21 in real terms." However, the cost pressures on the service are estimated to increase by around 4% each year.[12]

Since 2013/14, there has been a rapid decline in the financial performance of NHS providers. In 2012/13, the vast majority (89%) of NHS trusts and foundation trusts reported a surplus at the end of the year, falling to 73% in 2013/14.[13] By the end of 2015/16, NHS providers reported a deficit of £2.5 billion, with 66% of NHS trusts and 67% of foundation trusts in deficit at the end of the last financial year.[14] At the end of 2016/17 the NHS showed signs of improvement with a reported a deficit of £791 million. However, as the Nuffield Trust note, this was achieved in part by one-off savings, accountancy changes and extra Government funding, including an injection of £1.8 billion from the Sustainability and Transformation Fund (see Section 3.2).[15]

There are also significant funding challenges in other parts of the health and social care system, namely social care and public health. For example, research by the Health Foundation found that even proposed increases in adult social care funding will not be sufficient to meet growing demand:

> "Overall, ring-fenced social care funding from a combination of government grants, transfers from the NHS, and additional council tax could add as much as £5.4bn to local authorities' spending power for adult social care in 2019/20. However, this would still leave an estimated gap of around £2.1bn in that financial year."[16]

Recent increases in social care funding follow a period of financial constraint, in which public spending on adult social care in England fell by 8% between 2009/10 and 2016/17, with fewer people receiving publicly funded social care despite rising need.[17] There are also

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11 Institute for Fiscal Studies, *IFS Green Budget 2017: UK health and social care spending*, February 2017
12 The Health Foundation, *Election briefing: NHS and social care funding, three unavoidable challenges,* May 2017
13 The Health Foundation, *Hospital finances and productivity: in a critical condition?,* April 2015
14 The Health Foundation, *A year of plenty: an analysis of NHS finances and consultant productivity*, March 2017
15 The Nuffield Trust, *The bottom line: Understanding the NHS deficit and why it won't go away,* August 2017
16 The Health Foundation, *Election briefing: NHS and social care funding, three unavoidable challenges,* May 2017
17 The Health Foundation, *Election briefing: NHS and social care funding, three unavoidable challenges,* May 2017

significant financial pressures on public health services. The Health Committee, in its analysis of the Spending Review, concluded:

> "The cuts to public health budgets set out in the Spending Review threaten to undermine the necessary upgrade to prevention and public health set out in the Five Year Forward View."[18]

2.4 NHS Five Year Forward View

The 5YFV, published in October 2014, identified three key drivers for change across the NHS: health and wellbeing, care and quality, and funding and efficiency. It proposed major changes to the provision of healthcare services through the creation of new care models, which are now being tested and deployed in different combinations locally across England.

In many ways, STPs are a manifestation of the principles, or rules of thumb, which underpin the 5YFV. These principles include:

- Distinguishing ends from means – so the focus remains keeping people healthier for longer than reorganisation for its own sake.
- Evolution not big bang.
- Not a one size fits all approach but, horses for courses.
- Co-production with patients and other local stakeholders.
- Support for the energy and leadership from wherever it exists.[19]

The 5YFV also set out three financial scenarios for closing the NHS's £30 billion funding gap (between patient need and the available resources) by 2020/21. The third of these scenario outlined that £22 billion of efficiencies could be delivered by 2020/21 – implying productivity improvements averaging 2.4% per year or between 2-3% over the period. This is significantly higher than the average rate of productivity growth the NHS has delivered in the past.[20] NHS England in May 2016 set out the amount of efficiencies that would be delivered both nationally and locally. A priority for STPs is to support the NHS to improve efficiency, in many cases by slowing the rate of spending growth, and to achieve financial balance.

> "Of the so-called "£22bn efficiency requirement", around £7bn will be delivered nationally, leaving around £15bn to be secured from local efficiencies, of which only £8.6bn relates to provider tariff efficiencies. Furthermore, the majority of these efficiencies are not cost reductions per se but involve slowing the rate of spend and growth." [21]

2.5 Place-based care

Place-based care refers to organisations within a given area coming together to govern the use of available resources to improve health and

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18 The House of Commons Health Committee, *Impact of the Spending Review on health and social care*, 19 July 2016 HC 139, page 4.
19 NHS England, *Next Steps on the NHS Five Year Forward View*, March 2017
20 NHS England, *Five Year Forward View*, October 2014
21 NHS England, *NHS Five Year Forward View: Recap briefing for the Health Select Committee on technical modelling and scenarios*, May 2016

care locally. The emergence of STPs can be seen in the context of similar place-based interventions, both in the England and abroad, which focus on greater collaboration between services to plan and deliver care for a defined population. For example, the 5YFV introduced a Success Regime in three areas of the country identified as having deep-seated problems. The regime was centred on a single diagnosis of the problems within the local health and care system, followed by a series of interventions to bring about improvement.[22]

STPs have also evolved from similar place-based interventions abroad, such as accountable care organisations in the US, whereby a group of providers have responsibility for managing all the care for a defined population within a capitated budget. For example, the Blue Cross Blue Shield's Alternative Quality Contract in Massachusetts involved providers taking on a capitated budget linked to incentives to manage costs and improve quality. After four years, providers on this contract, when compared with a control group, showed lower rates of spending growth (equivalent to savings of 7%) and improvements in the quality of care across a range of measures.[23]

2.6 Lessons from previous service transformation

The NHS has continually adapted throughout its history in response to a variety of technological advances as well as changing demographics, social attitudes, government policies and laws. However, while the NHS has proved to be adaptable since its inception, progress towards more integrated provision of health and social care services has been slow.[24] The NHS is not alone in the need to make significant changes to the shape of health and care. Many countries across the OECD need to move to better ways of providing care, particularly for older patients with long-term conditions, to improve the efficiency and resilience of their health systems.[25]

The King's Fund and the Health Foundation identified a number of important lessons from service transformations in healthcare and other public services, in England and abroad.[26] These are:

Clear and coherent objectives
This includes clear objectives for transformation and for the funding that supports it.

Timescale
Service transformations frequently under-estimate the time involved to transition to new arrangements and the time

22 Monitor, *Five Year Forward View - The Success Regime: A whole systems intervention*, June 2015
23 The King's Fund, *Place-based systems of care: A way forward for the NHS in England*, November 2015
24 National Audit Office, *Health and social care integration*, February 2017
25 Organisation for Economic Co-operation and Development, *Health at a Glance: Europe 2016*, November 2016.
26 The King's Fund and the Health Foundation, *Making change possible: a transformation fund for the NHS*, July 2015

required to realise the benefits of new forms of provision. The Institute for Government (IFG) noted that short-term policy and funding cycles frequently impede efforts to join-up and transform services.[27]

Engaging stakeholders in transformation

Building the public's confidence through effective dialogue is important to secure support for change. According to the IFG, effective public engagement starts early, has transparent terms of engagement and a compelling narrative that explains the benefits of change to the public.[28] The content of proposed changes and the strength of local opposition have a strong influence on service reconfigurations, more so than the evidence-base for change. Party politics, locally and nationally, can strengthen opposition or create a conducive environment for transformation. Legal challenges can also significantly impact on delivery.[29]

Effective leadership

Local leadership is important for developing bottom-up plans and implementing them, whereas national leadership helps to set and maintain a programme's overall direction and address problems.

Evidence-based planning

Establishing effective mechanisms to review proposed changes, including the evidence-base supporting them, is a core part transformation. The Danish Government in 2007 established a Quality Fund to build new hospitals across the country. A national expert panel was appointed to evaluate and approve transformation plans submitted by regional applicants.[30]

Balancing implementation, innovation and risk

Transformations in healthcare systems require both implementation and innovation. Innovation involves risk, therefore it is important that a programme's approach to risk clearly determines the level of funding and support required and how both should be managed.

Allocation of funding for transformation

Funding is needed to pay for the transitional costs and the longer-term running costs of new services. However, there is evidence that consideration of the latter is often forgotten.[31] Similarly, the ability to protect funding for transformation and

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27 Institute for Government *Joining up public services around local, citizen needs:perennial challenges and insights on how to tackle them,* November 2014

28 Institute for Government, *Smarter engagement: Harnessing the public voice in policy challenges,* December 2015

29 Fulop N. Walter R. Perri & Sturgeon, P, *Implementing changes to hospital services: factors influencing the process and 'results' of reconfigurations*, Health Policy, Vol 104, Issue 2, February 2012, pp. 128-135.

30 The King's Fund and the Health Foundation, *Making change possible: a transformation fund for the NHS, Appendix 1: case studies of large-scale transformations* July 2015

31 The King's Fund and the Health Foundation, *Making change possible: a transformation fund for the NHS*, July 2015

develop different funding streams for different areas or priorities helps to support implementation. Double-running costs are important to ensure there is time for staff to engage in the transformation process as well as continuing to provide existing services. The King's Fund and the Health Foundation concluded that:

> "capacity to engage in service redesign, project management and retraining activity was reported to be essential to success." [32]

Scale of funding for transformation

The King's Fund and the Health Foundation's case studies of large-scale transformation identify the following lessons concerning the scale of the funding required, they concluded that the:

> "First, in each case of major service transformation, the costs were underestimated. Second, although in several cases mechanisms for releasing funding included sale of estate, improvements in cost efficiency and reduced service use were core components of the original cost estimates. In practice, though, they largely failed to materialise." [33]

Workforce requirements

In addition to the points outlined above about the importance of staff time and capability, it is also important to engage staff, and their professional bodies, in the transformation process with a narrative and an evidence base that makes the case for change.

Investment in learning and evaluation

Evaluation and mechanisms for disseminating learning are an integral part of programme infrastructure. This includes setting appropriate indicators, measuring both processes and outcomes, and also setting a baseline against which activity can be measured. Another important factor is how evaluation is tied to the allocation of funding to ensure that resource is directed towards successful interventions.

Accountability

Accountability refers to both accountability for the allocation of funding and also for the management and delivery of projects. On the former, this involves ensuring funding is allocated in a transparent way with a clear purpose and within appropriate parameters. On the management and delivery of large-scale projects, it is important to establish clear responsibilities and milestones to track progress. The King's Fund and the Health Foundation also highlighted that the:

> "allocation of responsibility among multiple stakeholders can create tensions". [34]

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32 The King's Fund and the Health Foundation, *Making change possible: a transformation fund for the NHS*, July 2015

33 The King's Fund and the Health Foundation, *Making change possible: a transformation fund for the NHS*, July 2015

34 The King's Fund and the Health Foundation, *Making change possible: a transformation fund for the NHS*, July 2015

In some cases these tensions were managed by creating independent organisations to run the transformation process and provide a channel for funding.

National versus local administration

The most appropriate balance of national and local administration depends on the size and scale of the transformation, but providing access to expertise and support plays an important role too.

Unexpected consequences

Service transformations often encounter unintended consequences. The Health Select Committee in 2014 conducted a series of oral evidence session on integrated care pioneers. The members of the committee expressed concern that the pioneers, rather than saving money, would identify new unmet need thereby increasing both costs and demand.. A recent paper by the Nuffield Trust on out-of-hospital care echoes this caution, as they highlight that:

> ".. many underestimate the potential that community-based schemes may have for revealing unmet need and fuelling underlying demand."[35]

[35] The Nuffield Trust, *Shifting the balance of care: Great expectations*, March 2017

3. How do STPs work?

3.1 Boundaries, size and membership

STPs cover all NHS services commissioned by NHS England and CCGs. This includes NHS trusts and foundation trusts (including mental health and community services), primary care and specialised services. From the outset, STPs were required to incorporate better integration with local authority services, including, but not limited to, social care and public health. [36]

STPs vary considerably in terms of their population size, the area they cover and the number of bodies involved. For example, the Greater Manchester STP serves a population of 2.8 million and is comprised of 12 CCGs, 10 local authorities and 15 NHS trusts and foundation trusts. In contrast, West, North and East Cumbria STP has one CCG, Cumbria County Council, an NHS trust and a foundation trust and serves a much smaller population of 300,000. The planning guidance in December 2015 asked local areas to submit proposed STP footprints, or geographical boundaries, on 29 January 2016. There was a preference from national bodies for larger rather than smaller footprints. Guidance from national bodies specified that STP footprints:

> "should be locally defined, based on natural communities, existing working relationships, patient flows and take account of the scale needed to deliver the services, transformation and public health programmes required, and how it best fits with other footprints such as local digital roadmaps and learning disability units of planning." [37]

Locally proposed boundaries were subject to national approval, with some areas experiencing a greater degree of intervention from national bodies than others. While it was the intention of national bodies that plans should reflect natural communities and align with pre-existing relationships and patient flows, this was not borne out in the experience of some local areas.[38] Within the original planning guidance there was recognition that these arrangements may need to flex and adapt in time.[39] NHS England recently announced that sustainability and transformation partnerships will be able to propose adjustments to these boundaries, subject to national approval, where local bodies consider it appropriate.

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36 NHS England, *Delivering the Five Year Forward View: NHS planning guidance 2016-17 to 2020/21*, December 2015

37 NHS England, *Delivering the Five Year Forward View: NHS planning guidance 2016-17 to 2020/21*, December 2015

38 The King's Fund, Sustainability and Transformation Plans in the NHS: How they are being developed in practice?, November 2016

39 NHS England, *Delivering the Five Year Forward View: NHS planning guidance 2016-17 to 2020/21*, December 2015

3.2 Funding

On 16 December 2015, the Sustainability and Transformation Fund (STF) was announced which committed £2.1 billion in 2016-17. As part of this fund £1.8 billion would be provided to 'help challenged hospitals to achieve financial balance while focusing on changing the way they provide high quality care for patients.'[40] The Government stated that:

> "The £1.8 billion, part of a £3.8 billion front-loaded funding boost for next year, is designed to help trusts reduce their deficits and allow them to focus on transforming services to deliver excellent care for patients every day of the week."[41]

STPs are the vehicle through which local areas can access funding from the STF. However, funding from the STF is subject to approval from the Department of Health and the Treasury and is conditional on meeting financial and performance targets.

The transformation element of the fund is intended to support the objectives of the FYFV. However, because of the NHS' deficit position these plans have been delayed. The Health Select Committee expressed concern about the use of the STF to correct deficits rather than support transformation. The Nuffield Trust reported that funding in 2016/17 to help reduce deficits will be available again in 2017/18 and 2018/19.[42] In September 2016, NHS England announced that it planned to continue to allocate £1.8 billion of the STF for sustainability, as opposed to transformation, in 2017-18 and 2018-19.[43] The NAO in its recent report on the integration of health and social care highlighted that:

> "There is a risk that if plans for achieving financial sustainability do not deliver the expected savings in 2016-17, there will be less money for transformation and integration in future years."[44]

To access transformation funding STP areas are required to meet specified financial control totals and performance trajectories. Within the planning guidance, NHS England stipulated that funding for transformation will be directed to the more advanced STPs and will focus on achieving national objectives, rather than other changes specified within local plans. [45]

Philip Hammond, Chancellor of the Exchequer, announced in the Spring Budget that there would be £325 million of capital funding over the next three years for the most advanced STPs, which would be followed by a multi-year capital investment programme in the autumn. The chancellor, in his Budget speech, said:

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40 House of Commons Library, Briefing Paper: *The financial sustainability of the NHS in England,* Number CBP 07791, 21 November 2016
41 House of Commons Library, Briefing Paper: *The financial sustainability of the NHS in England,* Number CBP 07791, 21 November 2016
42 Hospital deficits could force NHS to divert money meant for improving care, The Guardian,18 October 2016 ,
43 National Audit Office, *Health and social care integration*, HC 1011 Session 2016-17 8 February 2017
44 National Audit Office, *Health and social care integration*, HC 1011 Session 2016-17 8 February 2017
45 NHS England, *Next Steps on the NHS Five Year Forward View*, March 2017

> "In the Autumn a further round of local [STP] proposals will be considered, subject to the same rigorous value for money tests. Investment decisions will also consider whether the local NHS area is playing its part in raising proceeds from unused land to reinvest in the health service."[46]

The Conservative Party in their 2017 general election manifesto promised an extra £8 billion for the NHS over the next five years and significant investment in capital.

> "we will ensure that the NHS has the buildings and technology it needs to deliver care properly and efficiently. Since its inception, the NHS has been forced to use too many inadequate and antiquated facilities, which are even more unsuitable today. We will put this right and enable more care to be delivered closer to home, by building and upgrading primary care facilities, mental health clinics and hospitals in every part of England. Over the course of the next parliament, this will amount to the most ambitious programme of investment in buildings and technology the NHS has ever seen."[47]

3.3 Leadership, legal status and governance

Each STP has a lead. In nominating a lead the main requirement was that nominees are 'a senior and credible leader who can command the trust and confidence of the system' so as such the current cohort of leaders come through a mixture of NHS commissioners, providers and local authorities,[48] although the vast majority are from NHS organisations rather than local government. A list of STP areas and leads is available on NHS England's website.

Measures were announced in March to strengthen the role of STP leads. NHS England has committed to covering the cost of STP leads for two days per week. And, if it has not already done so, each STP has been asked to appoint or re-appoint a chair or leader using a fair process, which will be subject to ratification from NHS England and NHS Improvement.[49] This development follows concerns that have been raised about how the process was initially managed. For example, in interviews with a selection of senior leaders within four STP areas, The King's Fund found that in some cases locally nominated individuals were rejected by national bodies or that local area teams within the national bodies recommended particular individuals to take-up the positions.[50]

STPs have no statutory basis and are not legal entities, but derive their authority from their individual partners. As such, as NHS England stipulate, they "supplement rather than replace the accountabilities of the individual organisations within them." [51] The absence of a statutory footing has raised concerns from local leaders and external

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46 Her Majesty's Treasury, *Spring Budget 2017: Philip Hammond's speech*, 8 March 2017

47 The Conservative Party, *Forward, Together Our Plan for a Stronger Britain and a Prosperous Future*, *The Conservative and Unionist Party Manifesto 2017*, May 2017

48 NHS England, *Delivering the Five Year Forward View: NHS planning guidance 2016-17 to 2020/21*, December 2015

49 NHS England, *Next Steps on the NHS Five Year Forward View*, March 2017

50 The King's Fund, *Sustainability and Transformation Plans in the NHS: How they are being developed in practice?*, November 2016

51 NHS England, *Next Steps on the NHS Five Year Forward View*, March 2017

commentators about whether the collective ethos on which STPs are based is robust enough to deliver the scale of changes required, particularly since many areas face difficult decisions and trade-offs about the configuration of services across the STP, with potential winners and losers in many areas.[52] The Conservative Party, within its manifesto, acknowledged the need to review the legislation if it appears to be impeding the implementation of STPs, although no legislative changes look likely in the next couple of years according to the Health Service Journal. [53]The manifesto notes that:

> "If the current legislative landscape is either slowing implementation or preventing clear national or local accountability, we will consult and make the necessary legislative changes. This includes the NHS's own internal market, which can fail to act in the interests of patients and creates costly bureaucracy. So we will review the operation of the internal market and, in time for the start of the 2018 financial year, we will make non-legislative changes to remove barriers to the integration of care."[54]

Many of the final plans submitted in December 2016 describe various governance arrangements intended to facilitate joint accountability and decision-making. The strength of these arrangements differs across the country, with areas such as Greater Manchester much further along than others. Several STPs plan to established governance arrangements both in areas within the STP as well as for the STP itself.

The emphasis of national guidance has shifted since the inception of STPs. From April, all NHS organisations are required to form what is now referred to as a Sustainability and Transformation Partnership. These partnerships need to form a board from the membership of organisations within the partnership, including partners from general practice and local authorities. These boards are expected to include non-executives and are able to form committees, such as CCG Committees, as mechanisms for taking strategic decisions within the area.[55]

Since individual organisations remain legally accountable for their individual performance and finances, national bodies have introduced measures that seek to mitigate the risks and tensions that may occur. For example, NHS England announced that:

> "In the unlikely event that it is apparent to NHS England and NHS Improvement that an individual organisation is standing in the way of needed local change and failing to meet their duties of collaboration we will – on the recommendation of the STP as appropriate – take action to unblock progress, using the full range of interventions at our disposal."[56]

Another important intervention is the development of control totals, which are set an STP-level as well as for individual organisations. Control

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52 The King's Fund, *Sustainability and Transformation Plans in the NHS: How they are being developed in practice?,* November 2016

53 *Exclusive: Legal change 'needed for STPs next steps',* Health Service Journal 28 June 2017

54 The Conservative Party, *Forward, Together Our Plan for a Stronger Britain and a Prosperous Future*, *The Conservative and Unionist Party Manifesto 2017*, May 2017

55 NHS England, *Next Steps on the NHS Five Year Forward View*, March 2017

56 NHS England, *Next Steps on the NHS Five Year Forward View*, March 2017

totals are financial targets designed to ensure that the NHS, including commissioners and providers, achieves financial balance. At an STP-level control totals are the sum of the respective totals for all the providers and CCGs in the STP. In 2017/18, STPs can apply to NHS England and NHS Improvement to adjust an individual organisation's control total from within their STP, so long as the overall STP total is met. From 2018/19, these flexible arrangements will be the default, although each area will need to provide assurance that there are robust arrangements locally for managing finances at a system-wide level. Control totals for an entire STP mitigate the risk that the priorities of individual organisations act as a barrier to transformation. According to NHS England controls totals also have three other benefits, as they:

1 enable STPs to move money to support planned changes

2 help to manage the financial risk across an area as a whole

3 allow areas to pool functions across organisations.[57]

In addition to control totals, and other measures designed to address NHS deficits, national bodies have introduced a capped expenditure process in fourteen areas of the country with high financial risk and/or a record of overspending their share of funding. These areas have either not agreed a balanced financial plan across the whole system or their current financial plans are unlikely to be delivered.

As part of the process, CEP areas were asked to review their 2017/18 financial plans by 5 May 2017 and put forward bold actions to bring spending back within budget. This meant local leaders had limited time to develop and agree their revised financial and operating plans.

In addition to reviewing and stress testing existing financial plans and implementing the 10-point efficiency plan described in the *Next Steps*, CEP areas were asked to consider the following: closing or redesigning services, restricting access to services, reducing the level of planned activity outsourced to non-NHS providers and property and/or asset-based transactions (e.g. selling surplus land).[58] The nature and scale of actions CEP areas were asked to consider prompted concern. In response, Jim Mackay, Chief Executive of NHS Improvement, issued a letter confirming the revised financial plans "must safeguard patient safety and quality."[59]

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57 NHS England and NHS Improvement, *NHS Operational Planning and Contracting Guidance 2017-19*, 27 September 2016.

58 The King's Fund, *The capped expenditure process explained*, 29 June 2017

59 *NHS chiefs soften "brutal" cost cutting plan after huge backlash*, The Guardian, 29 June 2017

3.4 Accountable care systems

The concept of accountable care systems (ACS) has emerged from accountable care organisations in the United States and integrated health systems and models of care elsewhere. Within the English health and care system, the intention is for ACS' to be made up of NHS organisations and local authorities - either as an entire STP or groups of organisations within an STP - which choose to take collective responsibility for the health of a defined population within a set budget in exchange for greater control and autonomy.[60]

There are a number of benefits for areas wishing to apply to become an ACS, including: the ability to agree a budget for a defined population and move away from national tariff arrangements, more streamlined oversight from national bodies, greater powers over the commissioning of primary care and specialised services in their area and greater control of transformation funding. However, in order to qualify prospective candidates need to demonstrate that they: have robust mechanisms for collective governance and decision-making, can deliver horizontal and vertical integration across services, have robust measures to continue to provide choice to local residents and are capable of managing population health.[61]

In June 2017, Simon Stevens announced the first eight areas to take on the status of accountable care systems. Between them, these areas serve a population of close to 7 million people and could potentially have control of £450 million transformation programme funding over the next four years, depending on whether the ACS' take responsibility for population health in their area.[62] The eight areas are:

- Frimley Health including Slough, Surrey Heath and Aldershot
- South Yorkshire & Bassetlaw, covering Barnsley, Bassetlew, Doncaster, Rotherham, and Sheffield
- Nottinghamshire, with an early focus on Greater Nottingham and Rushcliffe
- Blackpool & Fylde Coast with the potential to spread to other parts of the Lancashire and South Cumbria at a later stage
- Dorset
- Luton, with Milton Keynes and Bedfordshire
- Berkshire West, covering Reading, Newbury and Wokingham
- Buckinghamshire.[63]

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60 NHS England, *Next Steps on the NHS Five Year Forward View*, March 2017
61 NHS England, *Next Steps on the NHS Five Year Forward View*, March 2017
62 *Simon Stevens names the first accountable care systems*, Health Service Journal 15 June 2017

63 NHS England, *NHS moves to end "fractured" care system*, 15 June 2017

A draft memorandum of understanding (MoU), reported in the Health Service Journal, between NHS England and the first cohort of accountable care systems provides more detail on the requirements on ACSs. According to the MoU the first cohort must:

- work to develop a pathway from remaining STP areas to follow. To do this a group comprising of the eight ACS leaders and NHS England has been assembled, which will "develop a pathway to full ACS status and learning for other STPs to follow."
- lead on a specific opportunity for system-wide efficiency, such as consolidated back-office functions.
- meet governance, quality and financial targets in 2017/18. This includes meeting quality targets and system control totals, but also making significant impact on moderating demand growth. [64]

The first eight ACS' will operate with 'shadow ACS status' in 2017/18. Full ACS status will be determined jointly by NHS England and the respective ACS by February 2018 in time for the ACS in question to adopt full status for 2018/19.

[64] *Exclusive: Accountable care systems will make pathway for stps to follow*, Health Service Journal10 July 2017

4. How the process has been managed so far?

The King's Fund found evidence that involvement with STP's helped develop a sense of common purpose among local health and social care services, although they also highlighted tensions between different services within STPs, particularly acute services, and between leaders. In addition to concerns about boundaries, legal status and funding, there have been many concerns raised about howthe development of STPs has been managed, both locally and nationally.

4.1 Timescale

Tight timeframes set by national bodies to establish footprint boundaries and develop the plans themselves (see Box 1), meant that the involvement of local partners, particularly local government and primary care, but also voluntary and private providers and the public, has varied between different areas, with concerns raised early in the process. For example, representatives from local government have criticised the process as NHS-centric. According to The King's Fund, local areas with a history of collaborative working and pre-existing plans are therefore much further along than other areas. [65]

The King's Fund, in its research with a selection of STP, noted that areas had not received additional resource to support the development of their plans, leading to capacity and capability problems. Some areas therefore relied on management consultants to develop STPs.[66]

4.2 Management of the process by national bodies

National bodies have been criticised for narrowing the focus of STPs away from their original purpose, towards a focus on the reconfiguration of acute services and bringing the NHS into financial balance. The King's Fund also found that difficulties had arisen from the way in which national bodies managed the process.

> "Guidance for STP areas on the detail of the plans has often arrived later than promised or, in some cases, did not arrive at all. The approaches of national NHS bodies and their regional teams have not always been consistent."[67]

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65 The King's Fund, *Sustainability and Transformation Plans in the NHS: How they are being developed in practice?,* November 2016

66 The King's Fund, *Sustainability and Transformation Plans in the NHS: How they are being developed in practice?,* November 2016

67 The King's Fund, *Sustainability and Transformation Plans in the NHS: How they are being developed in practice?,* November 2016

Box 1: Timeline for the development of sustainability and transformation plans

Timeline

29 January 2016	Deadline for proposed footprints
15-30 March 2016	STP footprints and leaders announced
15 April 2016	Deadline for initial submissions of sustainability and transformation plans
18 May 2016	NHS England issued guidance following meetings with local areas, which: • changed the original deadline to a draft checkpoint • set out critical questions STPs needed to address and provided a series of resources to support the development of STPs, including indicative funding for each footprint up to 2020/21.
30 June 2016	Checkpoint deadline for draft STPs
22 September 2016	NHS planning guidance outlined that footprints would be given a shared financial control total from April 2017.
21 October 2016	Final deadline for STPs
15 December 2016	All STPs published
31 March 2017	NHS England published the next steps for the 5YFV, including plans to strengthen the governance and leadership of sustainability and transformation partnerships. The update also included new criteria for approving future service reconfigurations, involving reductions in hospital capacity.
21 July 2017	NHS England published a baseline review of STPs, which included a rating for each area on their progress to date.

4.3 Involvement with patients, the public and the NHS workforce

The most notable concerns raised about STPs so far have been around the involvement of the public in the development of STPs and the transparency of the process, both of which have attracted significant attention from the media, political parties and Parliament.

Under section 14Z2 of the *NHS Act 2006* (as amended by the *Health and Social Care Act 2012*) CCGs must make arrangements that secure the involvement of people who use, or may use, services in:

- the planning of the commissioning arrangements;
- the development and consideration of proposals for changes in the commissioning arrangements – where the implementation of the proposals would have an impact on the manner in which the services are delivered or the range of services that are delivered;
- decisions to be made by the NHS organisation affecting the commissioning arrangements.[68]

Providers of NHS-funded services have a separate but similar legal duty regarding the involvement of service users under Section 242 of the *NHS Act 2006.*[69]The House of Lords Committee on the Long-term Sustainability of the NHS[70] and the Public Accounts Committee[71] both criticised the lack of involvement from local government organisations and the wider public in the process.

Engagement with the NHS workforce, the voluntary sector and the public was limited in the initial development of the plans submitted in December 2016. Consequently this undermined confidence stakeholders had in some of the plans and the process, particularly the transparency of the process, and contributed to negative national and local media coverage. [72]

On 15 September 2016, NHS England published advice for local health and care leaders on how to put the communities they serve at the heart of their work. NHS England has said that plans published in December 2016 are "a starting-point for local conversations."

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68 NHS England, *Planning, assuring and delivering service change for patients: A good practice guide for commissioners on the NHS England assurance process for major service changes and reconfigurations, December 2013*

69 The National Archives, *National Health Service Act 2006*, Accessed on 22 September 2017

70 House of Lords Select Committee on the Long-term Sustainability of the NHS, Long-term Sustainability of the NHS and Adult Social Care, HL 151 5 April 2017

71 Public Accounts Committee, Integrating health and social care, HC 959 27 April 2017

72 The King's Fund, *Sustainability and Transformation Plans in the NHS: How they are being developed in practice?,* November 2016

5. Sustainability and Transformation Plans: content and implementation

5.1 Content

Sustainability and transformation plans for each of the 44 footprints are publicly available. The plans are wide ranging, encompassing not only proposals to reconfigure hospital services and move more care closer to home, but also ways to improve efficiency, prevent ill-health and address wider pressures facing the health and care system, such as workforce shortages (e.g. shared arrangements for using bank and agency staff).

STPs also estimate the funding gap between resources and patient demand in their area by 2020/21 if no changes are made, along with proposals for filling this gap. However, although wide in scope, a survey of local NHS leaders suggests that delivering financial balance is the most important priority for STPs. [73]

While there is a significant degree of overlap between the proposals described in STPs, there are also variations across the suite of approaches different partnerships are taking to similar problems (see Table 2 on pages 22-23). These include various forms of collaborative arrangements at all levels of the system, from closer working and integration of health and social care commissioning, to more collaborative provision (e.g. through networks and groups of providers), shared or standardised functions between services (procurement, back-office functions etc.) and implementation of multidisciplinary teams. [74]

The King's Fund has noted that many STPs lack detail on how the changes they propose will be implemented and on the evidence-base underpinning them. Indeed, many of the assumptions underpinning plans to reduce hospital activity and reconfigure services, particularly acute services, have been called into question. For example, plans in some STPs to reduce hospital activity such as A&E attendances and emergency admissions by up to 30 per cent have been proposed when all areas of hospital activity are growing. For example, bed occupancy levels are high and hospitals are struggling to discharge patients in a timely manner. [75] [76]

Concentrating specialist services on fewer sites can improve quality, although the evidence is stronger for some areas such as stroke and trauma. Providing specialist services on fewer sites has the added advantage of addressing workforce shortages and recruitment challenges in some areas. Furthermore, evidence suggests that input of

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[73] NHS Providers, *State of the NHS Provider Sector*, November 2016
[74] The King's Fund, *Delivering Sustainability and Transformation Plans: from ambitious proposals to credible plans*, February 2017
[75] The King's Fund, *Sustainability and Transformation Plans in the NHS: How they are being developed in practice?*, November 2016
[76] The Nuffield Trust, *Shifting the balance of care: Great expectations*, March 2017

senior medical and clinical staff improves quality, particularly for high-risk patients, although there is little evidence on the precise staffing requirements needed. For example how many medical and/or clinical staff are required and for which periods of the day.[77] However, where the rationale for reconfiguring services is to save money, the evidence is unclear. According to the Nuffield Trust, "while out-of-hospital care may be better for patients, it is not likely to be cheaper for the NHS in the short to medium term – and certainly not within the tight timescales under which the STPs are expected to deliver change."[78]

5.2 Implementation

NHS England and NHS Improvement conducted a baseline assessment of the progress of STPs. As part of the review each STP has been given an overall rating based on performance across the following nine domains: emergency care, elective care, patient safety, general practice, mental health, cancer, demand management, leadership and finance. STPs are rated as either 'outstanding', 'advanced', 'making progress or 'needs most improvement'.[79]

Some areas are have made more progress implementing STPs than others. Where STPs have been able to draw on pre-existing proposals they tend to be more advanced, this includes areas involved in the vanguard programme and areas where reconfigurations were already underway. Some STPs recognise they are not in a position to present concrete proposals and have committed to a review of local services rather than specifying any changes.

NHS England and NHS Improvement have recognised the need for further work in strengthening the proposals submitted in October 2016. In the latest update on the 5YFV, NHS England described the plans submitted last year as "initial Mark 1" proposals, which need to be developed into concrete plans with the involvement of local people, both with regards to shaping the plans themselves and how they will be implemented.

NHS England also introduced additional criteria that will be used to assess proposals to reduce bed capacity. This latest intervention follows concerns expressed by The King's Fund, the Nuffield Trust and others about the importance of ensuring there is sufficient capacity within the community before hospital services are reduced. NHS England announced that from 1 April 2017 NHS organisations looking to close hospital beds must demonstrate one of the following:

- That sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it.

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77 Imison C, Sonola L, Honeyman M, Ross S (2014). *The reconfiguration of clinical services: what is the evidence?* London: The King's Fund.
78 The Nuffield Trust, *Shifting the balance of care: Great expectations*, March 2017
79 NHS England, *STP progress dashboard – baseline view*, NHS England Board Paper 21 July 2017

- That specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions.
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care.

Staff time is the single most important factor in the success of transformations, according to The King's Fund and the Health Foundation. The capacity and capability of staff working in health and social care to transform services, while maintaining quality, has been highlighted as a significant problem. The analytical capacity, skills (e.g. quality improvement methods) and infrastructure to transform care in short supply across health and social care.[80]

[80] The King's Fund, *Delivering Sustainability and Transformation Plans: from ambitious proposals to credible plans*, February 2017

	Type of approach
Hospital capacity	• Reducing the number of acute hospitals. • Reducing the number of beds in acute and community hospitals. • Reducing the rate of growth in acute hospital activity to prevent the need for new capacity in the future.
Reconfiguration of services	• Centralising services on single sites e.g. orthopaedics or stroke. • Operating separate sites for planned and emergency care. • Proposals for hospitals, alongside community services, to operate as a network. • In some areas, STPs do not propose changes but instead outline an intention to review the configuration of services in the area.
Provision of specialised services	• In a few cases, STPs have committed to reviewing the provision of specialised services. To facilitate this STPs, or combinations of STPs, propose to develop collaborative arrangements to review and plan the provision of specialised services.

Redesign of primary care and community services	• In many cases, STPs propose different ways of bringing different services together. These include:
	  ◦ The creation of integrated care communities, in which local services will come together, often in multidisciplinary teams to provide services.
	  ◦ Some STPs propose a number of sub-divisions within an STP in which groups of providers will provide care for a defined population.
	• Expanding the provision of primary care through the inclusion of new roles in practices, such as health coaches, and encouraging networks and federations of GP practices.
	• Expanding the provision for community services:
	  ◦ Providing traditional hospital services in the community, such as outpatient appointments and day-cases.
	  ◦ Using community beds for short stay after a period in hospital.
	• Introducing new models of care described in the 5YFV.
	• Introducing new ways of providing services such as care co-ordination and telehealth.
	• Some areas are planning to use risk stratification and population segmentation to identify patients groups that may benefit from new models of care, particularly with a focus on supporting patients to manage their own condition.

Prevention and early intervention	• Specific commitments in some areas to increase investment in prevention. • Plans to work closely with local authorities, other public services and the voluntary sector to address wider social determinants of health. • To tackle health inequality some plans include specific outcome measures to track the impact of proposals on health inequalities. • Targeted interventions for people with long-term conditions. • Many plans focus on supporting people to manage their own health and care, through self-care, self-management or peer support. • Proposals to tackle unhealthy behaviours and improve the early identification of disease.
Improving specific services	• Many STPs include plans to promote mental wellbeing and prevent mental illness, with varying degrees of specificity. In some these have developed into more established proposals, where others outline quite general intentions. • Some STPs set out plans to improve particular services, such as those for children and young people or people with a learning disability. • Proposals to support and improve adult social care services.

Workforce, IT and estates	• Some areas are looking to reduce the overall paybill, including their reliance on agency staff and changes to back-office functions.
	• Many propose to create new roles.
	• Workforce challenges, particularly recruitment, are cited in many plans and STPs. STPs propose various ways of addressing or mitigating the risks posed. For example by:
	  • aligning training, terms and conditions so staff can move between organisations
	  • reducing staff sickness
	  • using the Apprenticeship Levy and other methods to attract young people into health and social care and creating opportunities for them to move more freely between institutions.
	• Most STPs set out proposals to make better use of their estate, including disposing of surplus assets.
	• Many areas set out proposals to work with local authorities and the wider public sector on an estates strategy.
	• Local areas were asked to develop local digital roadmaps describing how areas would make better use of digital technology. Where it has been possible STPs have used these roadmaps as the foundation of their digital plans, particularly in places where the boundaries of the STP and the digital roadmap align. Other STPs have combined digital roadmaps or propose to deliver different roadmaps locally.
	• Many STPs propose some form of electronic patient record that can be shared across organisations.

Efficiency measures	STPs described a variety of measures to improve efficiency of NHS providers and commissioners. These include: • Implementing the recommendations from Lord Carter's review to improve the efficiency of hospitals. This encompasses both clinical (pathology, imaging and pharmacy services) and non-clinical areas (procurement and back-office functions). • Plans to improve collaboration between organisations on areas such as: the use of bank and agency staff, procurement and back-office functions. • Many plans focus on using data to address unwarranted variations in care as a means of improving efficiency. For example, through reducing referrals to secondary care. • At a commissioner level efficiencies include the optimisation of medicines e.g. switching to generic drugs and biosimilars.
Commissioning, contracts and performance management	• Many STPs are exploring opportunities for greater collaboration between commissioners, these range from full mergers to more informal approaches of collaboration. There are also proposals for NHS commissioners and local authorities to work more collaboratively, to standardise commissioning approaches or, in some cases, to fully integrate both functions. • Proposals to change current contractual and payment functions include introducing alliance and prime provider contracts, capitated budgets and other payment mechanisms, such as adaptions of existing incentives.

Source: The King's Fund, *Delivering Sustainability and Transformation Plans: from ambitious proposals to credible plans*, February 2017

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