Sustainability and Transformation Plans (STPs) in England: how are they being developed in practice?

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Sustainability and transformation plans in the NHS
How are they being developed in practice?

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What are STPs and why do they matter?
What are STPs again?

- STPs are plans for the future of health and care services across 44 areas in England.
- Their scope is broad—covering all areas of NHS spending, as well as better integration with local authority services.
- They are long-term—covering the period from October 2016 to March 2021.
- The plans are ‘place based’—organisations must work together to develop their plans, based on local populations.
- STP areas have been asked to show how they will close three gaps: (1) gaps in care quality, (2) gaps in health and wellbeing, (3) gaps in NHS finances.
What was the timetable?

- **STPs announced**
- **STP footprints (15th) and leaders (30th) confirmed**
- **Deadline for footprint proposals**
- **Initial STP submission**
- **First STP deadline**
- **One-to-one meetings**
- **Shared planning guidance published**
- **Final STP deadline**
- **Further guidance**
- **Guidance on June plans**
- **Guidance on public involvement**
Place-based systems of care
A way forward for the NHS in England

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What did we do?
Our research and methods

› We focused on how STPs are being developed in different parts of the country (so, the process of developing STPs)

› We selected 4 anonymous STP areas based on a variety of criteria, and then 7-10 leaders in each area to be involved in a series of interviews. Together, the 4 areas cover c.5 million people

› The first paper is based on 54 interviews (up to July); a combined total of c.35 hours. We were interested in understanding:
  - how the work to develop STPs was being led, governed and managed
  - the extent of collaboration and involvement in the plans
  - the role of external advice and support
  - how the process has been managed by national bodies
  - how the process was perceived and experienced locally

The King's Fund

Ideas that change health care
What did we find?
The context in which STPs are being developed is fundamentally important

› All areas face:
  ▪ Growing service and financial pressures
  ▪ The legacy of the Health and Social Care Act 2012
  ▪ Tight timelines and big expectations

› Progress made on the plans also depends on local context:
  ▪ The history of collaboration
  ▪ Geographical context
  ▪ Size and complexity of the system
  ▪ Relationships between senior leaders
Local leaders were supportive of the concept but critical of the process

- The start of the process was characterised by a high degree of intervention from national NHS bodies in defining STP footprints and leaders

  ‘So on the one hand, we had a policy emerging where local communities were meant to develop their own approach and leadership and then from the top down came ‘no you’re having X’’

- National guidance has often been unclear or arrived late, and expectations seem to have shifted over time

- The approaches of national bodies in the NHS and their regional teams has not always been consistent

- STPs were generally seen as ‘the right thing’ to do—but ‘the right thing being done badly’
There has been a shift in focus over time towards how STPs can reduce deficits

- While the three ‘gaps’ remain important to local leaders—national bodies are increasingly focused on ‘the money’
- National context is important here too; national NHS leaders are constrained by their environment
- Financial gaps in STP areas are often significant and leaders are not always confident they can be closed
Managing the process at a local level has not been easy

- STP leaders and teams have worked hard to develop their plans on top of existing day-jobs and other initiatives.

  ‘It’s stopped, yes, it’s literally stopped. And both in terms of people’s time, energy, it’s just stopped’

- The additional workload for most areas has been significant and is unlikely to be sustainable in the long term.

- The role of named STP leaders has been challenging and time consuming. It has also been confusing.

  ‘it is quite a challenge doing all of this in a sea of fog’
Meaningful involvement in the plans has been difficult in the time available

› Within the NHS, the main voices missing from the STP process are GPs, clinicians and other frontline staff

› Local authority involvement has varied widely

  ‘You need to be treated as an equal partner rather than a consultee on a section within the STP’

› Patients and the public have been largely absent from the STP process so far

  ‘I’ve been in meetings where I’ve felt a little bit like, you know, where are the real people in this?’

› That said, existing processes for local engagement had been used to different degrees
Leaders faced practical challenges to working together and making decisions

› Gaining agreement between large numbers of people was a challenge

‘The amount of faces around a table is [...] what is hindering this whole process. It’s like the Eurovision Song Contest at the moment: when you want to make a decision it goes around the table and by the time everybody says whether they’ve agreed it – yes or no – you’ve lost an hour. It’s madness’

› The tight timelines made working together more difficult

‘It’s not enough to say “that’s what’s going in tomorrow”. That’s not involvement, that’s not engagement with the process, that’s just us doing something and then just sharing it at the last minute. But that’s the timeframe’
Leaders also faced more fundamental policy barriers to collaboration

› Leaders talked about the tension between being asked to collaborate on STPs while still being held to account as individual organisations

‘So when you try to encourage people to forget their organisational boundary and work across sectors in a more fluid way, the first question you get asked quite often is: but if something goes wrong, who’s accountable?’

› The same challenge was recognised by our interviewees from NHS England:

‘On the one hand we are asking these systems to work [...] across systems. Then I, as NHS England and my colleagues in NHS I [NHS Improvement], are holding the organisations to account to deliver today and not taking a system view of it’
The focus so far has been on planning, but implementation is the real challenge

Leaders were concerned about turning their plans into reality

'We’ve got a really, really good history of producing the most fantastic glossy award-winning plans. [...] The weak bit is the implementation bit. And that’s the bit I’m worried about. The big focus is on “getting the plan, getting the plan, getting the plan”, and I’m thinking, “I’m not bothered about the plan; I’m bothered about the moving to implementation – and that’s the scary bit”'

They recognised that this will require very difficult decisions

'It’s really easy agreeing in principle. It’s really easy in terms of direction of travel... but it’s when you actually bring it down to, well, this means choices. This means decisions. This means choice of where you actually spend or don’t... It means curtailing of some services in order to actually develop others or decisions between organisational interests, that’s where the difficulty is’
What needs to happen next?
We make a number of recommendations based on our findings

› *Strengthen involvement in the process*—particularly with frontline staff, local authorities, and patients and the public

› *Strengthen STP governance and leadership*—which will require both local and national action

› *Provide coordinated national leadership*—particularly between NHS England and NHS Improvement (a ‘45*th* STP’)

› *Don’t let short term financial objectives crowd out work on new care models* (and recognise the need to invest first)

› *Ensure that the plans and the assumptions underpinning them are credible*—for example, in plans for bed reductions

› *Focus on the skills and relationships needed for making it happen*
Conclusion

STPs are based on the idea that collective action is needed to improve services and manage limited resources. This logic is good.

There have been significant issues with the STP process so far. But is it any surprise? STPs represent an imperfect workaround to existing NHS structures and legislation.

Major credit needs to be given to local leaders for the progress made so far in a very difficult environment.

Making STPs work in practice will require time and effort, and the process will continue to be difficult.

But we need to make them work: STPs offer the best hope for improving health and care services in England.