



RCN Position Statement on Sustainability and Transformation Partnerships

Introduction

Sustainability and Transformation Partnerships (STPs) flow from NHS England's Five Year Forward View document (published in October 2014). They aim to bring together health and social care leaders to work in partnership. There are currently 44 STPs across England and each is meant to lead to greater integration of health and social care, better public health and preventative care, and more collaborative working across traditional organisational and sectoral boundaries. The STPs each published implementation plans in late 2016 and are working to deliver changes through to 2020-21.

RCN Position

The RCN supports their aims, but only if the reality matches their ambitions.

1. STPs could help improve the health of the nation if they prevent ill health, join up services, and deliver care in more appropriate settings. However, the RCN fears that they may be used as a smokescreen for savings instead, and that services may be cut without good alternative arrangements being made for people needing care.
2. STPs mean potential changes for staff who may have to work across sectors or across different organisations. These could offer opportunities, such as new roles and more autonomous working. But if financial considerations come first, the RCN fears the plans could result in unsafe nurse staffing levels and skill mix.
3. The RCN will oppose any reduction in the number of registered nurses because of the impact this would have on patient care.
4. Many STP plans are being rushed through without proper engagement and consultation with staff and the communities that use services. This must change.

The RCN expects STPs to provide assurance on the following;

1. **Evidence.** There must be clear evidence to support changes, including evidence about how STPs will improve patient safety, quality of care, workforce and finance. They must be accompanied by a proper Equality Impact Assessment.
2. **No planning behind closed doors.** The plans must be made public and shared with staff, their Trade Unions, their representatives and local communities. Change will only succeed if organisations 'take people with them', with early and meaningful engagement.
3. **Involve nursing staff.** Nursing staff know what works best for the services they deliver and the people they care for. They and the RCN should be involved in plans as they develop, not as an afterthought.

4. **Funding.** The plans must be funded properly to succeed. We support efficient care delivery but improving care must always be the priority. We need to see evidence that this is happening.
5. **Service redesign.** Service redesigns must show how resources will be re-used in other parts of the health and care service – for example to improve community, preventative or early intervention services.
6. **No significant service closures.** There must be no significant closure of services (for example acute hospitals, A and E or community services) without a clear plan for delivering patient care in other ways.
7. **Workforce strategy.** Each plan must have a workforce strategy that deals with staffing levels, skill mix, training requirements, and transfer and protection arrangements. It must be discussed and agreed in partnership with staff and their representatives.
8. **Job security.** Each plan must give staff security in relation to their employment status, continuity of employment, terms and conditions, pension entitlement and training/development needs. This must be developed in partnership with staff and their representatives.