

Sustainability and transformation plans



What you need to know

What are STPs and where do they come from?

Sustainability and transformation plans, more commonly referred to as STPs, are local responses to the £30 billion gap between funds needed to maintain current NHS services, and what the Government is proposing to spend by 2020/21. The central proposal for closing the gap is detailed in the [Five Year Forward View](#), published in 2014.

STPs outline how savings are going to be made in each of the designated areas. On average, each STP must make provision for saving around £450 million by 2020/21.

The plans have [no legal basis](#), and there is no formal public scrutiny. They are described by the Government as proposals for discussion. There [are already suggestions](#) that there will only be funding to support some of the proposals, and priority will be given to those that make the most efficiency savings.

They have been submitted to NHS England for signoff. However, so far no STPs have been signed off because of concerns about the financial proposals that they have made.

What does the Five Year Forward View say?

The [Five Year Forward View](#) (FYFV) is an attempt to set out a single clear strategy for how the NHS can respond to the changing environment it is operating in with an aging population, more complex patient needs, poor lifestyle habits, increased technological capacity and intense financial pressures.

The FYFV includes specific core themes:

- do more preventative work and improve people's ability to take care of their own wellbeing
- integrate services more effectively so that care is provided in response to patient need, rather than according to organisational structure
- empower primary care to do more through multi-speciality community providers and more efficiently organised systems connecting primary with acute care.

What support is available to assist with delivery?

The Government is making a sustainability and transformation fund of £2.1 billion available for clinical commissioning groups (CCGs) to bid for. £1.6 billion of this is dedicated to reducing deficits, and £0.5 billion to transforming services.

Access to the fund is conditional on STPs eliminating their deficits by 2017, although this position is being softened in light of recent unprecedented winter pressures on the health service.

The [BMA, through freedom of information requests](#), has ascertained that, in the 36 out of 44 footprint areas that responded to them, the total capital investment required would be £9.5 billion.

The Department of Health for England had allocated an annual capital budget of £4.8 billion until 2020/21, but already £1.2bn of that has been siphoned off for use elsewhere.

Who is developing the STPs?

The country has been split into 44 “footprints”. These are geographically specific areas that determine who is going to be involved in which STP. Each footprint involves several organisations, usually including the clinical commissioning groups (CCGs), local authorities, and primary, secondary and tertiary care providers. They cover health and social care.

The plans have generally been outsourced to private consultancies of various kinds, including Carnall Farrar and Attain. While their costs are hard to determine, research by [The Independent](#) suggests that the cost across England is in the region of £17.6 million.

The process of drafting the plans has been a secretive one generally, with little consultation of staff or patients. Under public pressure, the plans were published towards the end of 2016, and some public consultation events are now taking place.

There are three STP footprints within the area covered by the RCN Northern region:

[Durham Dales Easington and Sedgfield, Darlington, Teesside, Hambleton, Richmondshire & Whitby STP](#)

[Northumberland, Tyne and Wear, and North Durham STP](#)

[West, North and East Cumbria STP.](#)

What proposals do the STPs contain?

There are many themes common to the three Northern STPs.

They draw heavily for inspiration on the FYFV:

- Generic workforce to work across organisational boundaries
- Impact on pay, terms and conditions
- Different approach to training and entrance to nursing
- Shared back-office functions
- Estate rationalisation
- Integration of health and social care
- Focus on prevention, proactive care and personal responsibility
- NHS 111 and GP out of hours redesign
- Long term condition pathways will change, with specialist staff working outside of acute settings
- GP seven-day working.

At the moment, the plans for how these aims will be achieved are relatively vague.

What difference will they make?

At this stage it is very hard to tell. The plans contain some very broad stroke ambitions that have the potential to bring about significant change. However, the detail, particularly when it comes to aspects of the proposals such as changes to workforce, needs much more clarification.

What is the RCN doing about STPs?

The RCN is actively engaging with CCGs and others involved in developing STPs to put forward the perspective of nurses and nursing staff and challenge proposals that threaten jobs and services.

We have launched an [integration toolkit](#): a resource to help nursing staff to capitalise on opportunities to influence decision making.

What can you do?

- **Contribute to consultations** - take advantage of any public consultation events organised by your STP partnership and any of the agencies involved. Ask questions about what their plans are, when it will happen and what the implications of both success and failure will be for your local area.
- **Get your local council involved** - go along to any public meetings hosted by your local council – many are not in favour of their STPs because of the additional burden being put on them to deliver more social care for less money. Find out what their position is and ask questions about the implications for your local area.
- **Contact your MP** - find out what your MP's position is on your local STP proposals and provide them with information about the potential impact – find out what they are planning to do about it.
- **Raise awareness among colleagues and friends** - There are still large parts of the NHS workforce and the public who are not aware of these developments. Finding opportunities to talk to others about STPs, and to encourage them to take the actions above, will assist with holding decision makers accountable to those who will be directly affected in their local area.