

NTWND STP Q&As updated on 9th November 2016

1. What are STPs?

In 2014 NHS England published the Five Year Forward View (5YFV) – a national plan that sets out a vision for a better NHS and the steps needed to deliver that vision by 2020-21

To accelerate delivery of the vision NHS England issued guidance in December 2015 that asked every health and care system in the country to come together in geographic areas to create their own ambitious blueprint to rapidly implement the 5YFV.

These blueprints, known as Sustainability and Transformation Plans (STPs), aim to set out a clear approach to how the challenges set out in the 5YFV will be delivered locally by 2020-21.

These challenges are grouped into the following categories:

- improving the quality of care people receive
- improving health and well being
- ensuring local services are efficient

STPs will be delivered by local health and care organisations working together in a geographic footprint to ensure the transformation and sustainability of local services. There are 44 footprints across England and they have been determined based on the way communities link together and where residents naturally travel to access a range of health and care services. They are each also of a large enough scale to support the transformation of the way health and care services are delivered for their populations.

2. What is happening in the North East and Cumbria?

In the North of England there are three footprints covering the following geographic areas:

- Northumberland, Tyne and Wear, and North Durham
- Durham, Darlington, Teesside, Hambleton, Richmondshire & Whitby
- Cumbria

NHS England required all footprints to develop and submit the first draft of their STPs by the end of June 2016. These versions highlighted the priorities for how each area will respond to the three key challenges in the 5YFV, along with a high-level action plan for delivering these priorities.

NHS England gave feedback on each STP and footprints have been working on refining their priorities on which they will engage local people before individual organisations carry out consultation on any service change that may be proposed by the final version of the STPs.

NHS England is clear that all STPs will work to different timescales depending on their local challenges and circumstances, and that is what we are currently seeing in the North of England.

While each is being developed to address the area’s own distinct health and social care challenges, partner organisations will also taking account the work going on in the neighbouring STPs. They will take every opportunity to learn from that work and to ensure that for those patients who have to travel across footprints for specialist care that those services are not adversely affected by the different STPs.

3. What is happening in Northumberland, Tyne and Wear and North Durham

The Northumberland, Tyne and Wear, and North Durham footprint covers the boundaries of six clinical commissioning groups and six local authorities

A draft STP has been developed by a partnership of a number of organisations, as detailed below. The work is led by a strategic partnership board made up of senior representatives from many of the organisations working in our local health and social care system.

NHS commissioning organisations	Healthcare provider organisations	Local authorities
Sunderland Clinical Commissioning Group (CCG)	Northumbria Healthcare NHS Foundation Trust	Northumberland County Council
South Tyneside CCG	Northumberland, Tyne & Wear NHS Foundation Trust	Newcastle City Council
Northumberland CCG	The Newcastle-upon-Tyne Hospitals NHS Foundation Trust	Gateshead Council
North Tyneside CCG	Gateshead Health NHS Foundation Trust	North Tyneside Council
Newcastle & Gateshead CCG	South Tyneside NHS Foundation Trust	South Tyneside Council
North Durham CCG	City Hospitals Sunderland NHS Foundation Trust	Sunderland City Council
	County Durham & Darlington NHS Foundation Trust	

The partnership published its draft STP on 9 November, kick starting a programme of engagement to seek local people’s views on the draft plan. This programme of engagement runs until the end of January 2017 and all feedback will help shape the final STP for the area.

4. How were the STP footprints agreed?

NHS England asked each area to develop a proposed footprint, talking to local authorities and other partners about what would work best. They had to be large enough to deliver the required transformation of health and social care services and were largely based on natural communities, existing working relationships, and the way patients travel to use services.

5. Do the footprints replace other local governance structures?

Footprints and STPs are not about creating new separate organisations or replacing current organisations. They simply provide a framework for different organisations to work together at scale and across communities to plan for the needs of their population and deliver the 5YFV.

If the final STP in any area should propose significant changes to local services then the individual commissioners and providers of those services will still be accountable for ensuring the effective engagement and consultation with those people affected by any proposed change.

6. What about those services that are provided across a wider geographic footprint than one STP?

The scale of each footprint means that there are just a small number of services provided across much wider areas, however each STP area takes account of work going on in neighbouring footprints. They will take every opportunity to learn from that work and to ensure that for those patients who have to travel across footprints for specialist care those services are not adversely affected by the different STPs.

7. How will other organisations and individuals be involved in the STP?

STPs must be developed with, and based upon, the needs of local patients and communities, and also have the support of clinicians and other staff working in health and social care organisations.

Each footprint is developing robust programmes to engage with various interested bodies and individuals, and some have already started encouraging local people and organisations to get involved in shaping future services.

Each footprint is publishing its communication, engagement and consultation strategy alongside their draft STPs, but a key principle of local strategies will be to build on existing ways of communicating and engaging with local people and organisations rather than developing new mechanisms and channels developed solely for STPs. For example engagement programmes would build on previous and existing engagement, such as through Health and Wellbeing Boards and the development of local health and wellbeing strategies.

8. What will success look like for the STPs in the North East and Cumbria?

Each of the three STPs in the region have different aspirations based on local need, but ultimately the partner organisations in each area want their populations to have the best possible outcomes for their health and well being.

To achieve that, our current health and social care services will have to change to address the challenges in each area. How they will change will vary from place to

place, and local people and organisations will have a big say in how organisations work together and services are planned and delivered.

9. What are the timescales for publication and implementation of the STPs in the North East and Cumbria?

NHS England required all footprints to develop and submit the first draft of their STPs by the end of June 2016. These versions highlighted the priorities for how each area will respond to the three key challenges of the 5YFV, along with a high-level action plan for delivering these priorities.

NHS England gave feedback on each draft STP and footprints refined their priorities for a further submission made to NHS England at the end of October 2016.

The timescales for engaging and consulting local people on the revised STP will vary from footprint to footprint depending on local circumstances.

10. What will STPs mean for local services?

It is too soon in the development of STPs to speculate on what it will mean for local services. Inevitably, whenever the need for change is discussed local people will begin to be concerned about what it could mean for the services they value.

The 5YFV is clear that health and social care services need to change to better meet the changing needs of people in England, and each STP is being developed to address the needs of local populations.

In each STP footprint patients, the public and health and care staff will be encouraged to get involved in shaping service to meet those needs and deliver the 5YFV by 2020-21.

Any proposal to change services as a result of local STPs will be subject to formal engagement and consultation with the people that potentially could be affected by those changes. Service commissioners and providers leading those consultation processes must demonstrate how they have taken local people's views into consideration when making any final decision on a proposed service change.

11. Services currently provided by County Durham and Darlington NHS Foundation Trust (CCDFT) have been split between two STPs – what does this mean for the future of the trust?

The 44 STP footprints across England have been determined based on the way communities link together and where residents naturally travel to access a range of health and social care services.

The Northumberland, Tyne and Wear and North Durham footprint is based on the way people use local health and social care services. After careful consideration of how patients use services in North Durham, and also as a result of feedback from local people as part of the Better Health programme engagement activity, it became clear that patients in North Durham are more likely to use acute NHS hospital

services in Sunderland, Gateshead and even Hexham rather than services to the south of North Durham. Patients are also more likely to go to The Newcastle upon Tyne Hospitals NHS Foundation Trust for specialist services rather than South Tees Hospitals NHS Foundation Trust.

However this isn't the case for people living in Darlington and South Durham, who are more likely to travel south for hospital and specialist care. Therefore it would have been wrong to try to fit all of the services provided by CCDFT into one STP.

It is not the aim of the STP to destabilise any existing service provider and the draft STP does not include proposals for the merger or end of any organisation.

12. Isn't the predicted financial gap of £641 up to almost £1billion by 2021 too big for local services to bridge alone? What is being done to lobby government for realistic funding for local services?

Each organisation in the STP partnership has their own robust saving plans that they are working hard to deliver and together they should cover 60% of the predicted funding gap. The draft STP details a number of other proposals that, if taken forward, should deliver the most efficient use of our resources.

Northumberland, Tyne and Wear and North Durham has some of the most robust and financially stable organisations in the country, but the draft STP looks to the future in developing plans to ensure that we can continue to provide the highest quality services within the resources available.

We know that if we do not do something to improve the health and well being of our population and so reduce the increasing burden on health and social care services then our current health and social care system will be unsustainable in the future.

The government has been clear about future funding arrangements for the NHS, but we are still assessing the potential impact of austerity on social care services. However our current involvement in national vanguards and transformation programmes does make the area eligible for extra government funding, which we will be pursuing to help fund the transformation of local services.

13. The draft STP is heavily focused on the NHS with very little detail about local authority social care services. How have local authorities been involved in the development of the draft STP?

NHS England's 5YFV set out a vision for a better NHS but in developing our draft STP to speed up delivery of that vision we have been very clear that the NHS cannot do this alone. Local people often need the support of both health and social care services, and it is important that those services are joined up to provide the best quality and most efficient care possible.

Local authorities have been involved in the development of our draft STP to date and will continue to be actively involved as we listen to local people's views and begin to develop our plans in response to that feedback.

Our focus on improving public health and well being builds on work already underway in each of our local health economies:

- Northumbria and North Tyneside
- Newcastle and Gateshead
- South Tyneside, Sunderland and North Durham

And that work has been instigated and led by local authority public health teams.

14. Over the year there has been a lot of talk about developing integrated joined up health and social care services but little real progress has been made. What will be different this time?

In the region we have developed a number of integrated services in recent years, providing seamless care for patients. They haven't always been easy to develop but we have lots of experience of doing it well, and through current national vanguard and transformation programmes we continue to work on developing such services and sharing learning from that experience across our whole STP area.

15. What does our work on the 'optimal use of the Acute sector' actually mean for patients and public?

Our work on the optimal use of the acute sector is designed to deliver a range of benefits including;

- Increasing the number of trusts rated by the CQC as outstanding or good
- Continuing to improve the quality of service provision and outcomes for patients
- Continue with the roll out of seven day services in hospitals

Noting that in addition to the above, there are a number of reasons for us to want to continue to develop our approach to hospital based service provision, including the availability of enough clinically trained staff to deliver care in the future, we have modelled a range of scenarios that include how for instance we might deliver elective (planned) and non-elective (urgent) hospital based care in the future.

One of the scenarios would be the equivalent of moving out non elective activity from one or two of the existing hospital sites and moving in more elective care to those sites in return. This kind of modelling indicates that new models of service such as these, could help us deliver the kinds of benefits described above, and also release somewhere in the region of £30 to £40 million pounds in efficiency savings.

It should be noted though that these are modelling assumptions that relate to the STP footprint as a whole and are not specific to any particular geography or organisation.

The work to deliver these benefits for the public and patients and also to release efficiency savings of that kind of magnitude across the system will now be considered as part of the future work of the STP going forward.

Any future potential NHS service reconfigurations would of course still require their own case for change and formal consultation process in their local area in line with NHS statutory duties to engage and consult as appropriate.

16. The draft STP places a lot of emphasis on out of hospital care reducing the need for hospital services. What evidence is there that out of hospital care saves money?

We know that currently lots of people are being cared for in hospital that are not acutely ill and so do not need a hospital bed. If the services were available locally they would be better cared for in or closer to their homes.

Hospital care is costly and reducing the need for hospital based care would allow us to use that money to focus on preventing ill health and providing the care people need closer to their homes.

The draft STP is not just focused on saving money – we also want to make the best use of the money we have available and spend it on the things that will make the biggest difference to the health and well being of local people.

17. There is a big focus in the draft STP on physical health care but what will the draft STP mean for mental health care?

The draft STP is very clear – there is no health without mental health. We understand the huge impact mental ill health can have on the lives of local people and the draft STP includes a work stream focused on improving the lives of people with mental health problems and the services that support them. This work stream is being led by Northumberland, Tyne and Wear NHS Foundation Trust with input from other STP partners.

18. There is a lot in the draft STP about greater collaboration between organisations. Will this lead to the merger of existing service providers in the area?

Some draft STPs published recently have put forward recommendations for the merger of organisations. Our draft STP does not do that. We have not focused on structural re-organisation, but on greater opportunities to work together to ensure we continue to provide safe, high quality, efficient and sustainable services across the whole area.

In some parts of the area work has already started on changing the way services are managed, such as the creation of an accountable area organisation in Northumberland that will be responsible for both commissioning and providing services, and South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust collaborating on tackling shared problems

19. The draft STP is heavily focused on Northumberland and Tyne and Wear, with very little detail about what it could mean for North Durham. Isn't North Durham just an afterthought in this draft STP?

Absolutely not. The 44 STP footprints across England have been determined based on the way communities link together and where residents naturally travel to access a range of health and social care services.

The people of North Durham regularly travel north for acute hospital care in Sunderland, Gateshead and even Hexham, and are more likely to receive specialist care at The Newcastle upon Tyne Hospitals NHS Foundation Trust than travel south to South Tees Hospitals NHS Foundation Trust. So in developing our draft STP vision we have considered the needs of the population of North Durham alongside those of other populations in our area.

As we listen to the views of local people on our draft STP and begin to develop plans to deliver our vision the ideas and feedback from North Durham residents and health and social care staff working in North Durham will carry equal weight to those people living and working in other parts of our area.