

The background of the slide features a photograph of two individuals, an older man on the left and a woman on the right, both wearing glasses and looking down at a document. The image is overlaid with a semi-transparent blue geometric pattern. The main title is written in large, bold, white sans-serif font across the center.

# Delivering the Five Year Forward View: Sustainability and Transformation Plans (STPs)

**Stakeholder briefing pack**

March 2016

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# Background: The Five Year Forward View

- The [NHS Five Year Forward View](#), published in October 2014, considers the progress made in improving health and care services in recent years and the challenges that we face leading up to 2020/21. These challenges include:
  - the **quality of care** that people receive can be variable
  - **preventable illness** is common
  - growing demands on the NHS means that local health and care organisations are facing **financial pressure**
  - the **needs and expectations of the public are changing**. New treatments options are emerging, and we rightly expect **better care closer to home**.
- There is broad agreement that in order to create a better future for the NHS, all those with a stake in health and care must **make changes to how we live, how we access care, and how care is delivered**.
- This doesn't mean doing less for patients or reducing the quality of care provided. It means **more preventative care**; finding **new ways to meet people's needs**; and identifying ways to **do things more efficiently**.
- For the NHS to meet the needs of future patients in a sustainable way, we need to **close the gaps in health, finance and quality of care** between where we are now and where we need to be in 2020/21.



# Delivering the Forward View: STPs

- The [NHS Shared Planning Guidance](#), published in December 2015, asked every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the Five Year Forward View (5YFV).
- **Sustainability and Transformation Plans (STPs)** will be place-based, multi-year plans built around the needs of local populations. They will help ensure that the investment secured in the Spending Review does not just prop up individual institutions for another year, but is used to drive a genuine and sustainable transformation in patient experience and health outcomes over the longer-term.
- STPs are not an end in themselves, but a means to build and strengthen local relationships, enabling a shared understanding of where we are now, our ambition for 2020 and the concrete steps needed to get us there.
- **STPs will delivered by local health and care systems or ‘footprints’: organisations working together to deliver transformation and sustainability.** The footprints used will not cover all planning eventualities. As with the current arrangements for planning and delivery, there are layers of plans which sit above and below STPs, with shared links and dependencies. For example, neighbouring STP areas will need to work together when planning specialised or ambulance services or working with multiple local government authorities and, for areas within a proposed devolution footprint that cross STP boundaries, further discussion will be required in working through the implications. Other issues will be best planned at Clinical Commissioning Group (CCG) level.

# How the footprints were formed

- Footprints are local geographic areas where people and organisations have agreed to work together to develop robust plans to transform the way that health and care is planned and delivered in for their populations over the next five years. The STPs are a means to help deliver the Five Year Forward View vision of better health and wellbeing; improved quality of care, and stronger NHS finance and efficiency by 2020/21.
- The majority of footprints were agreed by local health and care organisations as submitted. In one or two areas, further conversations were required to ensure planned footprints were fit for purpose. In developing the footprints, the following issues were taken into account:

1. **Geography** - including patient flow, travels links and how people use services
2. **Scale** - the ability to generate solutions which will deliver sustainable, transformed health and care which is clinically and financially sound
3. **Fit with footprints of existing change programmes and relationships**, such as Vanguard, Success Regime sites and Devolution areas
4. **The degree of existing and future challenges** across the footprint
5. **Leadership and capacity** to drive change

- Approaches have – quite rightly – varied across the country to take account of local circumstances. What works in London will not be right for Cumbria.

# How the footprints will be managed locally



- Each footprint has been asked to set out **governance arrangements** for agreeing and implementing their STP.
- This should include the **nomination of a named person** who will be responsible for overseeing and coordinating the STP process locally: a senior and credible leader who can command the trust and confidence of the local health and care system, such as a CCG Accountable Officer, a provider Chief Executive, a Local Authority Chief Executive or senior clinician.
- The system leaders will be **responsible for convening and chairing system-wide meetings**, facilitating the **open and honest conversations** that will be necessary to secure sign up to a **shared vision** and plan. They will be part of an emerging national cadre of system leaders whose collective efforts will help transform health and care over the next few years.
- It is therefore vital that each system leader is able to command both local and national support. Although the particular skills needed will vary depending upon the challenges in each footprint, as system leaders they will be expected to **build support across their footprint**, whilst providing the leadership necessary to cut through long standing and difficult issues, helping to identify and deliver innovative solutions.

# Summary of footprints

- There are **44** footprints, which collectively cover the whole of England.
- The footprints range in size and population – from around 300,000 to 2.8 million people.\*
- There is no single right answer and the footprints will vary according to local circumstances.

NHS region	Total number of STP footprints	Average number of CCGs per footprint	Average footprint population (million)
England	44	4.8	1.2
North	9	7.4	1.7
Midlands and East	17	3.6	1.0
London	5	6.4	1.7
South	13	3.8	1.1

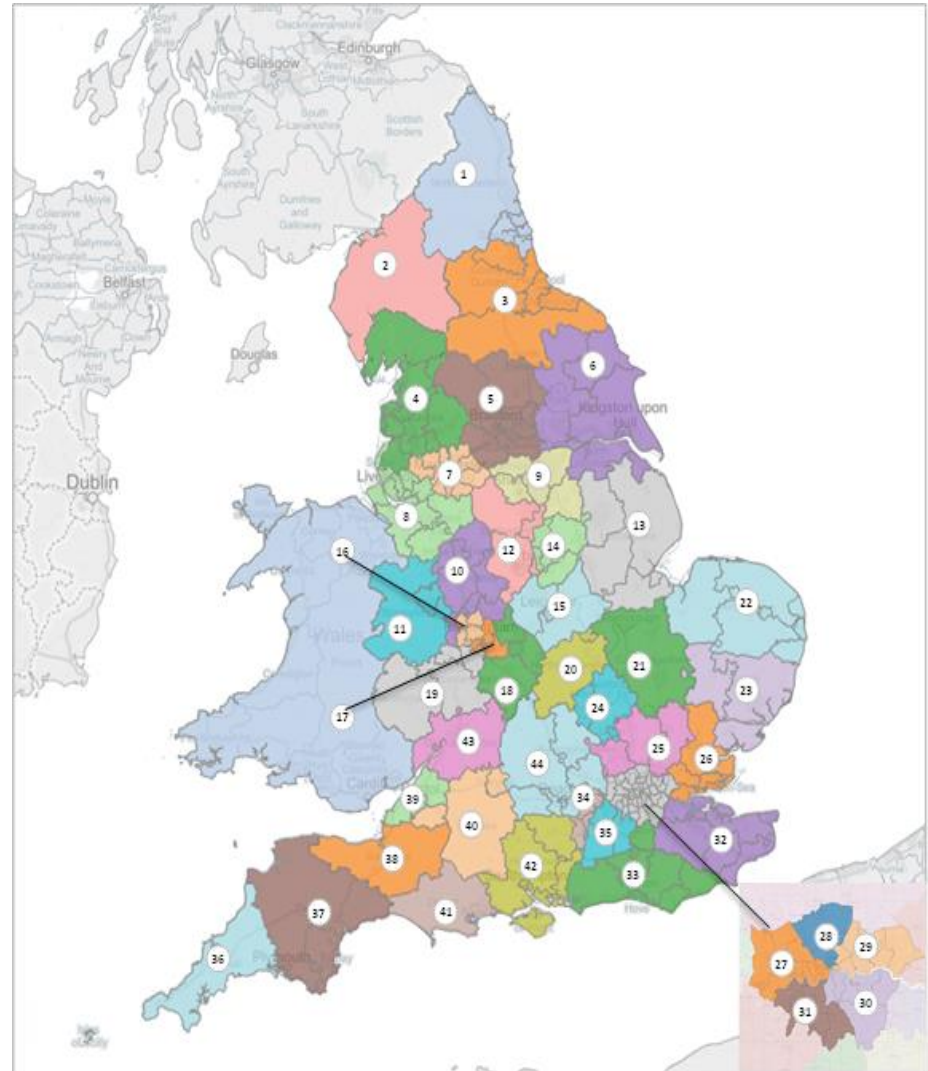
## Footnotes:

- One CCG (Cumbria) is split across two footprints.
- ONS 2014 population estimates used.



# National map of footprints

STP no	Footprint Name	Footprint Population (million)
1	Northumberland, Tyne and Wear	1.4
2	West, North and East Cumbria	0.3
3	Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby	1.3
4	Lancashire and South Cumbria	1.6
5	West Yorkshire	2.5
6	Coast, Humber and Vale	1.4
7	Greater Manchester	2.8
8	Cheshire and Merseyside	2.4
9	South Yorkshire and Bassetlaw	1.5
10	Staffordshire	1.1
11	Shropshire and Telford and Wrekin	0.5
12	Derbyshire	1.0
13	Lincolnshire	0.7
14	Nottinghamshire	1.0
15	Leicester, Leicestershire and Rutland	1.0
16	The Black Country	1.3
17	Birmingham and Solihull	1.1
18	Coventry and Warwickshire	0.9
19	Herefordshire and Worcestershire	0.8
20	Northamptonshire	0.7
21	Cambridgeshire and Peterborough	0.9
22	Norfolk and Waveney	1.0
23	Suffolk and North East Essex	0.9
24	Milton Keynes, Bedfordshire and Luton	0.9
25	Hertfordshire and West Essex	1.4
26	Mid and South Essex	1.2
27	North West London	2.0
28	North Central London	1.4
29	North East London	1.9
30	South East London	1.7
31	South West London	1.5
32	Kent & Medway	1.8
33	Sussex and East Surrey	1.8
34	Frimley Health	0.7
35	Surrey Heartlands	0.8
36	Cornwall and the Isles of Scilly	0.5
37	Devon	1.2
38	Somerset	0.5
39	Bristol, North Somerset, South Gloucestershire	0.9
40	Bath, Swindon and Wiltshire	0.9
41	Dorset	0.8
42	Hampshire and the Isle of Wight	1.8
43	Gloucestershire	0.6
44	Buckinghamshire, Oxfordshire and Berkshire West	1.7
Total		54.3

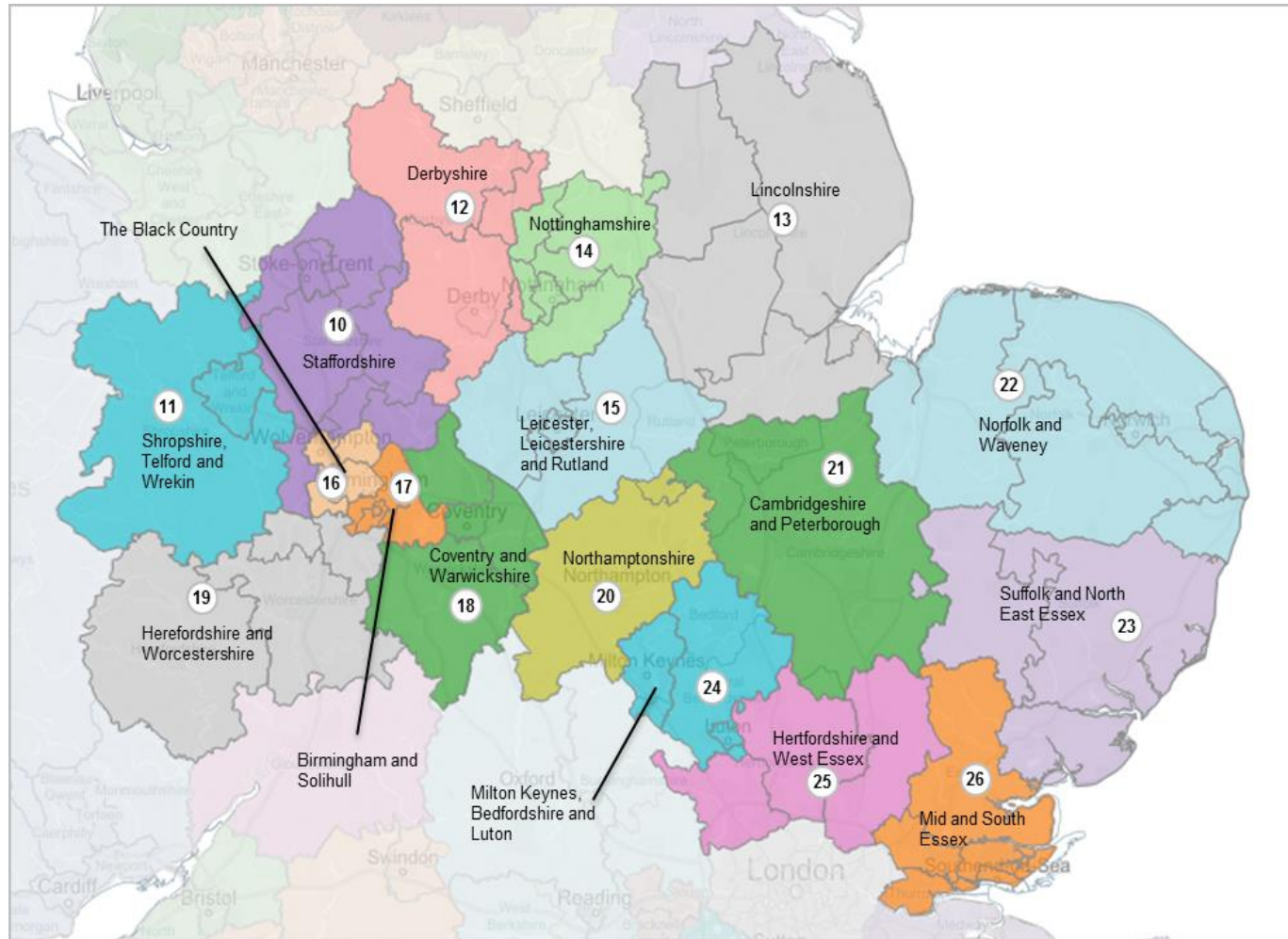




# North region - map



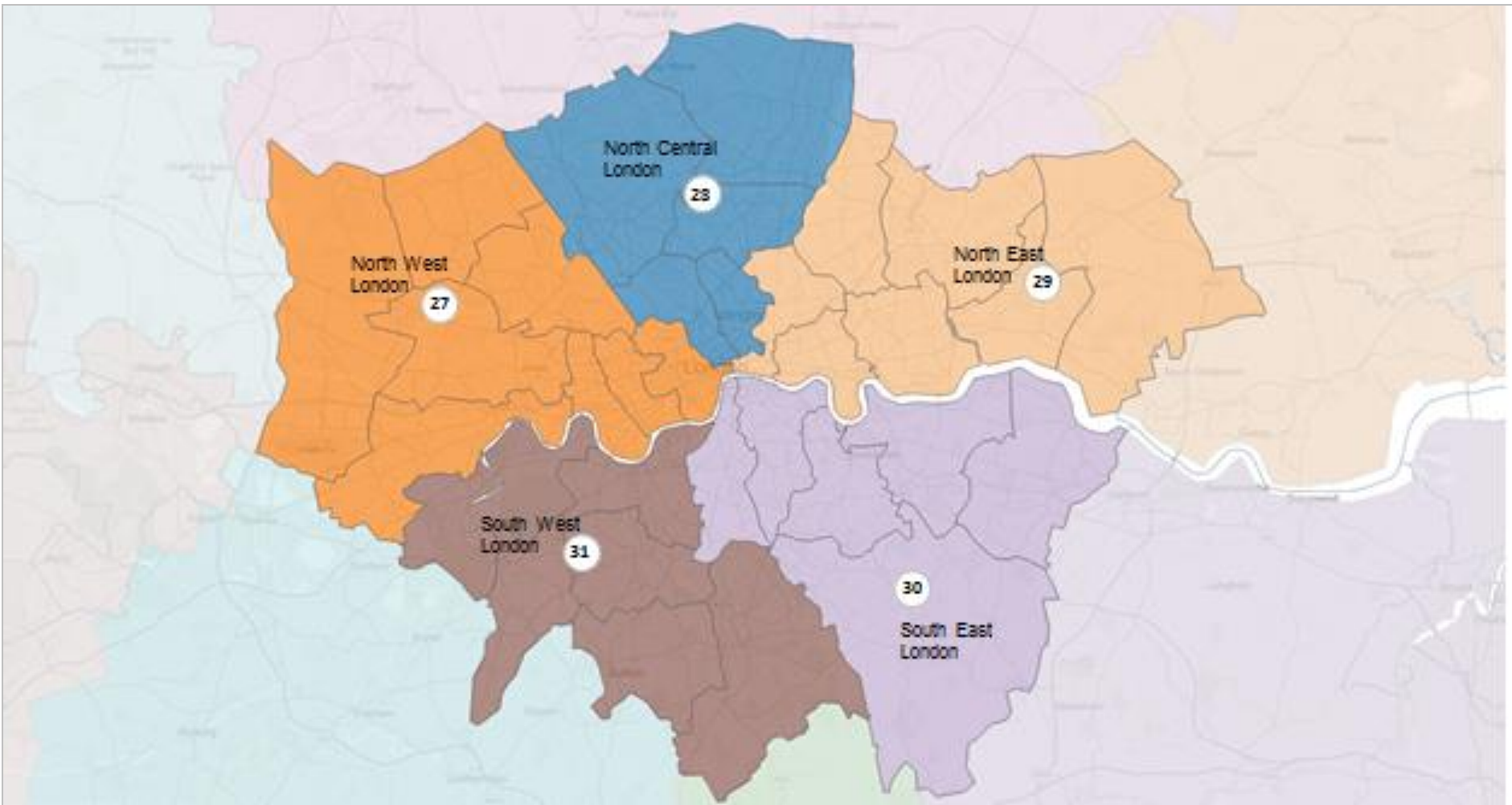
# Midlands and East region - map



# South region – map



# London region – map





# Key questions (1)



## ***How did you agree the footprints?***

The NHS Shared Planning Guidance asked each area to develop a proposed STP footprint by January 29 2016, engaging with local authorities and other partners on what this should look like. The footprints were reviewed by the national bodies with regard to geography (including patient flow), scale, fit with footprints of existing change programmes, financial sustainability, and leadership capacity. There were one or two areas where further clarification was sought and following further conversations locally, changes were agreed.

## ***Will the footprints replace other local NHS governance structures?***

No – the local, statutory architecture for health and care remains, as do the existing accountabilities for CEOs and AOs. This is about ensuring that organisations are able to work together at scale and across communities to plan for the needs of their population, and ultimately deliver the Five Year Forward View – closing the gaps in quality, health and NHS finances by 2020/21. Organisations are still accountable for their individual organisational plans, which should form part of the first year of their footprint's STP.

## ***How do STP footprints fit with other health and care footprints?***

The boundaries used for STPs will not cover all planning eventualities. As with the current arrangements for planning and delivery, there are layers of plans which sit above and below STPs, with shared links and dependencies. For example, neighbouring STP areas will need to work together when planning specialised or ambulance services or working with multiple local government authorities and, for areas within a proposed devolution footprint that cross STP boundaries, further discussion will be required in working through the implications. Other issues will be best planned at Clinical Commissioning Group (CCG) level.

# Key questions (2)



## ***How will other partners be involved?***

STPs will need to be developed with and based upon the needs of local patients and communities and command the support of clinicians, staff and wider partners such as Local Authorities. We simply cannot transform health and health care without the active engagement of the clinicians and staff who actually deliver it, nor can we develop care integrated around the needs of patients and users without understanding what our communities want and without our partners in Local Government. That is why we are asking for robust local plans for genuine engagement as part of the STP process. Where relevant, areas should build on existing engagement through Health and Wellbeing Boards and other existing local arrangements. Nationally, we have established an Oversight Group to provide advice and challenge to the NHS CEO Five Year Forward View Board to help us develop this process.

## ***What does success look like?***

If we get this right, together we will engage patients, staff and communities from the start, allowing us to develop services that reflect the needs of patients and improve outcomes by 2020/21, closing all three gaps. We will mobilise energy and enthusiasm around place-based systems of health and care, develop the ownership, relationships and governance necessary to deliver, providing a coherent platform for future investment from the Sustainability and Transformation Fund.

This will require a different type of planning process – one that releases energy and ambition and builds greater trust ownership. It will require the NHS at both local and national level to work in partnership across organisational boundaries and sectors, and will require changes not just in process, but in culture and behaviour. This will not happen overnight, but we will work with local and national partners to provide challenge and support.



# Next steps:

What	When
Publication of agreed footprints, plus further support for STP footprints on how to analyse their local gaps in quality, health and finance	March 2016
Work with footprints on gap analysis	Throughout March 2016
Footprints to make a short submission to national bodies setting out: 1. Governance arrangements (including lead) 2. Emerging priorities for action	15 April 2016
Regional development days for footprint leads	Late April/Early May 2016
Each footprint to submit their STP to the national bodies	30 June 2016
Series of regional conversations between national bodies and footprints	Throughout July 2016

# Contacts



We will be contacting partners, stakeholders, people and communities to discuss STP engagement opportunities shortly.

For general enquiries, please contact your relevant Regional Director or [england.fiveyearview@nhs.net](mailto:england.fiveyearview@nhs.net)

