Cheshire and Merseyside Sustainability and Transformation Plan (STP)

Frequently Asked Questions

1. What is the STP?

The STP is the local approach to delivering the national plan called the Five Year Forward View, which, published in 2014 sets out a vision for a better NHS, the steps that should be taken to get there and how everyone involved needs to work together to improve health and care.

There are 44 STPs being developed across the country to address the current challenges faced by health and care nationally. Much more focus is needed on preventative care; working together to find new ways of meeting people's needs and identifying ways of doing things more effectively and efficiently. Overall, all partners need to work together to improve health, finance and quality of care to meet the future needs of patients. Cheshire and Merseyside is the second largest of these covering an area with a population of 2.5 million people.

Cheshire and Merseyside is a diverse region; with urban areas that have higher levels of poor health and a greater concentration of hospital services, alongside towns and rural areas that have different challenges, including physical access to services.

There are some ideas that are being considered across the whole region. However, due to the diversity of Cheshire and Merseyside, we are also working in three smaller partnerships called Local Delivery Systems (LDS) – North Mersey; the Alliance (Mid Mersey) and Cheshire & Wirral.

2. Who has produced the STP?

The STP is a joint piece of work between the health and care organisations across the Cheshire and Merseyside area. This includes 12 NHS Clinical Commissioning Groups (who buy services), 20 NHS provider organisation (who provide services such as hospitals and community care) and nine local authorities. A list of all the organisations involved in the STP is provided below.

3. Why does the STP cover such a large area as Cheshire and Merseyside?

The area covered was decided after local discussions. Factors that were considered included existing working relationships across the health and care system and where patients go to receive treatment. It was also decided that the larger scale gave more scope in some parts of the plan to deliver a greater impact, particularly for schemes designed to improve health and wellbeing on a population level.

4. When did work on the STPs begin?

The STP footprint was decided in January 2016. Partners have been working together to develop the ideas contained in the plan since spring 2016.

5. So what has happened since then?

The organisations involved have been working together to identify the challenges faced in delivering the best services and how those challenges can be overcome based on needs of local patients and communities. This has been brought together into one document called the STP document published on 16th November 2016.

6. How were footprint leads agreed?

The way that footprints have chosen their leads has varied from place to place. Some areas have chosen existing system leaders, and others have carried out ballots following nominations. Each STP has a senior leader from inside the local health system. In Cheshire and Merseyside the STP Lead is Louise Shepherd, CEO at Alder Hey Children's Hospital.

7. What is the role of the STP footprint lead?

Footprint leads are responsible for leading and facilitating the open and honest conversations that will be necessary to secure sign-up to a shared vision and plan. They are part of an emerging national network of system leaders who will drive health and care transformation.

This is a new kind of leadership role, working across organisational boundaries. Footprint leaders will help to build consensus and ownership in their communities for their local plans, while providing the leadership to drive the transformation needed to improve the quality of care, health and wellbeing, and finance and efficiency.

8. Why do we need change?

It is estimated that if the local NHS does nothing there will be a financial shortfall of over £900 million by 2020/21 in Cheshire and Merseyside alone. By working more collaboratively and using joint resources we believe we can address this gap and break even. We know that by working more co-operatively across organisations we can reduce duplication, waste and unnecessary cost while providing a better health experience for patients. A key element of our plan is about improving the health and wellbeing of our population, thereby reducing reliance on NHS and care services.

9. Will STPs override existing plans and working processes across Cheshire and Merseyside?

The Sustainability and Transformation Programme isn't a body in its own right. It is an over-arching framework, which is designed to help drive forward existing plans, partnerships and initiatives across the region (many of which have been in existence since before the publication of the NHS Five Year Forward View in 2014.)

The STP isn't designed to erode organisational identity and recognises existing relationships and partnerships with local communities and organisations.

The local, statutory architecture for health and care remains, as do the existing accountabilities for chief executives and accountable officers. 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.

10. Will the STP replace other local NHS governance structures?

No. NHS organisations won't lose their identity or autonomy and existing plans will remain in place. This is about ensuring that organisations are able to work together at scale and across communities

to plan for the needs of their population. STPs will essentially act as umbrella plans for more cooperative working.

11. How do STP footprints fit with other health and care footprints?

The boundaries used for STPs will not cover all planning eventualities and there are layers of plans which sit above and below STPs. For example, neighbouring STP areas will need to work together when planning specialised or ambulance services or working with multiple local government authorities. Other issues will be best planned at a Local Delivery System level, others at clinical commissioning group (CCG) level.

12. So has there been any scrutiny of the STPs yet?

Yes, early versions of the plans were submitted to NHS England – the national body responsible for providing NHS care in June 2016. The feedback received has informed the development of the more detailed plans that were submitted on 21st October. This scrutiny was to ensure that plans have clear goals that are in line with national priorities.

13. What is the aim of the STP?

There's general agreement that the emphasis needs to be on health and care systems collaborating effectively to respond to the challenges we face, rather than organisations working individually. That's because we have increasing demands on services and constrained growth in funding over the next five years.

14. What are the financial considerations?

Demand is increasing at a greater rate than the growth in NHS funding over the next five years. That means that every pound has to be spent as effectively as possible. This will require change to ensure that services remain of good quality and are sustainable.

15. How big is that spending gap?

If we do nothing, the NHS faces a £22 billion funding gap by 2021. For Cheshire & Merseyside our share of this funding gap is £908m.

16. So how will that be prevented?

We know that these issues require us to think more radically about how best to address the problems we face together otherwise we will fail to support the needs of our communities into the future. In 2014, NHS England published a document titled *The Five Year Forward View (FYFV)*, which identified three priorities for the NHS to focus on in order to improve services and the health of our country: health and wellbeing – supporting people to stay well; quality of care – providing good services consistently; NHS finances – maximising efficiency and reducing duplication in services.

17. What are the priorities in the plan?

Our core purpose is to ensure that the people of Merseyside and Cheshire continue to have access to safe, good quality and sustainable services, which also means making the best use of the funding we will receive over the next five years. The plan has four main priorities:

1. Support for people to live better quality lives by actively promoting what we know will have a positive effect on health and wellbeing.

2. The NHS working together with partners in local government and the voluntary sector to develop joined up care, with more of that care offered outside of hospitals to give people the support they really need when and where they need it.

3. Designing hospital services to meet modern clinical standards and reducing variation in quality; people should be confident that they will receive similarly high standards of hospital care regardless of where they live.

4. Becoming more efficient by reducing costs, maximising value and using the latest technology; reducing unnecessary costs in managerial and administrative areas, maximising the value of our clinical support services and adopting innovative new ways of working, including sharing electronic information across all parts of the health and care system.

18. How can you manage demand when people will always get ill?

Many illnesses are preventable. Stopping people becoming ill is always preferable to treating them when they are ill. A good example of preventable illness is Type 2 Diabetes which currently accounts for roughly 10% of everything the NHS spends, and which in most cases could be avoided through improved lifestyles, particularly diet and physical activity.

We also want more "early intervention" – being able to detect problems before they become a crisis that could need hospital treatment.

19. How can you redesign hospital services safely?

We need to ensure that everyone has access to good quality hospital services.

Across Cheshire and Merseyside we will be reviewing clinical services across all our hospitals to identify where there are variations in quality and to look at how we can establish consistently high clinical standards. Our plans for hospital services will lead to greater collaboration and sharing of expertise and resources. The work to review variation and standards is at a very early stage and will take some further time to deliver impact.

Planning for the way we want hospitals to look, in most cases, is at an early stage and there won't be any major changes without proper involvement, engagement and consultation with patients, appropriate to the level of change being considered.

20. What other costs can be reduced without having an impact on safety and quality of care?

Reducing costs will involve looking at our administrative and clinical support services, where could also improve standards and access to services such as radiology, pharmacy and pathology. When it comes to administrative support, our principle is to share resources across organisations, where this makes sense, in areas such as finance, human resources and IT, to achieve maximum efficiency.

21. What are the next steps?

Now that the STP is published we want as many people as possible to be aware of the ideas in the plan and to have opportunities to provide feedback. In preparing the Cheshire and Merseyside Plan local partner organisations have so far involved senior doctors and system leaders in drawing up

ideas, and many more will be involved in developing the plans to take forward the four priorities for action.

The publication of the Cheshire and Merseyside STP on 16th November 2016 marks the start of further engagement on a way forward for local health and social care services.

22. How will we involve patients?

Over the next weeks and months we will be talking to people to ensure there is a good level of awareness and understanding about the need for change and to listen to ideas or concerns about any aspect of the plan.

Every partner organisation is committed to actively involving patients, carers, staff and local people in shaping future plans and ensuring they have their say on how services will look in the future. Any proposal to substantially change any service will be subject to thorough and detailed engagement and consultation with those people potentially affected by any suggested change. We will only take forward proposals that are supported by strong clinical evidence and where we can demonstrate a positive impact in terms of quality, safety and sustainability.

23. How are you engaging with local authorities?

Local authorities are part of the local partnership of health and care organisations that have developed these plans. Their guidance and involvement is vital and will help to set the strategic direction of health and care service development locally.

Local authorities also have a scrutiny role, democratically representing their population in reviewing plans, both through Health and Wellbeing Boards and through Health Overview and Scrutiny Committees.

24. When will you be asking local people and stakeholders for their views?

In some parts of the region there are existing change programmes, such as Healthy Liverpool, and Shaping Sefton on Merseyside and Caring Together in Cheshire, that have already carried out significant engagement with local people and stakeholders on plans that are now well advanced. In some other areas ideas are at an early stage, which provides people with opportunities for ongoing engagement to help shape detailed proposals.

Some of the proposals focus on changes to back office functions which will not have any impact on patients at all but may impact staff. In addition there will be a greater emphasis on prevention and health improvement, supported by behaviour change campaigns.

In terms of any proposals to change services, where there is an impact on local people, we will ensure that these proposals are subject to local engagement and formal consultation in line with normal arrangements and legislative requirements.

25. Are there any plans to merge CCGs or Trusts?

Nationally, some CCGs are currently exploring ways in which they can work better together, and it is possible that in future some trusts may explore options for collaboration or consolidation. The only merger proposal contained in the STP relates to the potential coming together of the Royal Liverpool and Aintree Hospitals. Any future proposals would be subject to defined and transparent processes and would include public and staff engagement.

26. Are there plans for STP or LDS footprints to share a single total budget?

As set out in the recently published NHS planning guidance for 2017/18, STP footprints may apply to operate what is called a *single system control total*, which in effect is working to a high level single budget, although each organisation will still be responsible for managing its own resources and statutory financial duties.

27. What improvements should clinical staff expect to see?

The Cheshire and Merseyside STP has been developed with input from clinicians across the region. The STP reflects the support clinicians have shown for new models of care that improve quality, reduce variation and deliver more efficient care.

The options for change discussed in the STP are also designed to reduce duplication and waste in the delivery of services and embrace new, innovative practices to improve the quality of services patients receive. Reduced spend in the back office will enable additional spend and effort to be directed towards front line services.

Better integration of health and social care services would mean closer working in areas like community services, mental health and alcohol prevention and will create more opportunities for earlier patient intervention – leading to healthier communities and less reliance on NHS and care services.

28. Will any jobs be lost as part of this process?

We are still at a very early stage in our ideas and there will be opportunities for staff, trade unions and other stakeholders to get involved in the coming months on what the next steps will be.

STPs have been developed in a very collaborative way across partner organisations, guided by principles around social value and fairness.

29. 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 across the North West or working with multiple local 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.

30. What does success look like?

If we get this right, everyone will understand the challenges that are driving the case for change and we will take clinicians, patients, staff and communities with us as part of the process of transformation.

We will develop services that reflect the needs of patients and improve outcomes by 2020/21, closing all three gaps around wellbeing, quality and funding. We will mobilise energy and develop the ownership, relationships and governance necessary to deliver any agreed changes.

This is a new type of planning process that requires 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.