



## Sustainability and Transformation Plans are the new black.

There are five STP footprints in London, of which Londonwide LMCs covers three areas wholly and two partially. A full list of footprints for England can be found [here](#).

- North West London, covering two million people across eight CCGs. Led by Dr Mohini Parmar, Chair, Ealing CCG.
- North Central London, covering 1.4 million people across five CCGs. Led by David Sloman, Chief Executive, Royal Free London NHS Foundation Trust.
- North East London, covering 1.9 million people across seven CCGs. Led by Jane Milligan, Chief Officer, Tower Hamlets CCG.
- South East London, covering 1.7 million people across six CCGs. Led by Amanda Pritchard, Chief Executive, Guy’s and St Thomas’ NHS Foundation Trust.
- South West London, covering 1.5 million people across six CCGs. Led by Kathryn Magson, Chief Officer, Richmond CCG.

Dispatches from DH and NHS England proclaim that STPs will reshape primary care and other services in London and across the country. The 44 footprint areas working up five year plans for their STPs by October have been described by NHS England as adopting: "...a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency."

But how effective will they be?

I’ve taken a look at what they are supposed to do and what they actually do. Tell me what you think at [mword@lmc.org.uk](mailto:mword@lmc.org.uk).

They say...	I wonder (innocently)...
In <a href="#">December 2015 NHS England published NHS shared planning guidance 2016/17 – 2020/21</a> , which outlined a new approach to planning health and care services across regional areas rather than around individual institutions.	Laudable aims, but with London’s colossal Trust deficits, and an absence of money to meet historical let alone increased demand for services, will there be the massive change in NHS culture to change their territorial thinking from organisations to systems, and from a biomedically-driven delivery model to a bio-psycho-social health, care and wellbeing one?
The STPs are due to be delivered from autumn/ winter 2016 and must show how local services will develop and become sustainable over the next five years – ultimately delivering NHS England’s <i>Five Year Forward View</i> vision.	STPs need to save money over the next five years, so will general practice or the practice- and community-based services we need around us to support us to do our job be raided (again)?



<p>NHS England has committed to consulting on any changes proposed in the STPs (<a href="#">NHS England statement, 26 August 2016</a>).</p> <p>Recent Parliamentary Answers state: “Where plans propose service changes, formal consultation will follow in due course in line with good practice and legislative requirements. The arm’s length bodies will be holding conversations with each area to assess their plans for local engagement.” (<a href="#">PQ, 26 July 2016</a>)</p>	<p>Could this end up being faux consultation designed to protect against legal action for cost cutting closures?</p>
<p>Health and care organisations within these geographic footprints will work together to narrow the gaps in the quality of care, their population’s health and wellbeing, and in NHS finances.</p>	<p>What is meant by “care” or “quality” and will STPs be transparent enough to identify, plan for, and tackle the root socio-economic causes of health inequalities, ill-health and their impact on wellbeing?</p>
<p><a href="#">NHS England’s website</a> states that “STPs footprints are not statutory bodies, but collective discussion forums which aim to bring together health and care leaders to support the delivery of improved health and care based on the needs of local populations. They do not replace existing local bodies, or change local accountabilities.”</p>	<p>If STPs are not statutory bodies and do not save money will NHS England be required to ignore them and cut local services to save money?</p>
<p>STPs are intended to show how local services will develop and become sustainable over the next five years, part of delivering the Five Year Forward View vision. The NHS <a href="#">Five Year Forward View</a> (FYFV), published in October 2014, identifies three key drivers for change across the NHS:</p> <ul style="list-style-type: none"> <li>- health and wellbeing,</li> <li>- care and quality,</li> <li>- and funding and efficiency.</li> </ul>	<p>It would be good if STPs can improve local health and wellbeing and improve care quality but how will they achieve this at the same time as being required to save money over the next five years?</p>
<p>Where collaborative and capable leadership can’t be found, NHS England and NHS Improvement will help secure remedies through “system oversight”.</p>	<p>Does this translate to “if STPs do not save money NHS England will be required to ignore them and cut local services to save money”?</p>
<p>The STP must cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies.</p>	<p>Great in principle – but what does integration mean for patients whose lives depend on these services; can the whole be greater than the sum of the parts when both systems are underfunded?</p>

So there you have it.

If we want to be in the game of saving money, making efficiency savings and fighting with social, community, mental and public health for the scraps that fall from the acute trusts’ table, then STPs are clearly the way to go. Otherwise, with GP providers and LMCs excluded from drawing up these plans in London and across England, we may need to find another solution!

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