



# Strategic Partnership Board

10 August 2017

<b>Title:</b>	STP issues
<b>Author:</b>	Healthy London Partnership
<b>Date paper completed:</b>	3 August 2017
<b>Purpose of paper:</b>	To set out the key issues identified as arising from the STP process in London.
<b>Executive summary:</b>	This paper summarises the key issues identified during a process of engagement with those involved in the STP process. The commentary box sets out early thinking on mechanisms by which partners can start to collaboratively work to address these challenges.
<b>Action required by Board Members:</b>	Board Members will be asked if they have any comments on the mechanisms which are suggested to help address the challenges set out in the paper.



# STP Issues

## Context

The advent and development of Sustainability and Transformation Plans (STPs) has acted as a mechanism for bringing organisations together and establishing shared common aims. The *Next Steps* delivery plan<sup>1</sup> describes ambitions for STPs: a shift from ‘plans’ to ‘partnerships’; recognition that organisational forms will differ across the country; strengthening the governance and implementation ‘support chassis’ with an STP board, an appointed STP leader (part funded by NHS England to ensure ‘headroom’) and programme management support.

Partners to STPs are working within the context of extreme financial and operational pressures. Consequently, developing plans has been difficult, and implementation requires leaders and organisations across an STP footprint to work together in new ways. As a result, a number of issues have arisen.

## Background

Through discussions with those involved in the STP process, a number of common challenges and barriers have been identified. Engagement to establish the key issues has taken place through:

- An informal information sharing and problem solving session (attended by STP SROs, London boroughs, PHE, HEE, GLA, London Councils, CCGs, and NHS England (London region));
- Engagement through HLP with STP SROs and programme directors; and
- Wider discussion at the London Health and Care Strategic Partnership Board meeting on 24th May 2017.

This paper summarises the key issues identified during this process of engagement. By nature, these issues are broad and difficult to address and will require further collective discussion across STPs and partners.

Many of the issues identified inform the scope of existing collaborative programmes of work. Through engagement in these programmes of work, issues will be explored further and potential action and resolution tested. These programmes of work include:

- The work programme to support health and care systems in London;
- The development of the London Workforce Board; and
- The development of a more coherent improvement architecture in London.

Issues will also form part of the proposed scope of the discussions at STP ‘time out’ sessions.

<sup>1</sup> Next steps on the NHS Five Year Forward View, March 2017

## Summary of issues

Table 1 summarises the issues identified during engagement with those involved in the STP process. Issues are grouped into appropriate themes, with further some commentary.

*Table 1: STP Issues*

No.	Issue	Further commentary
1	The role that STPs have to play in delivering transformation is not clear - and one size will not fit all – but the principal of a ‘population health basis’ has huge implications for all.	The health and care systems support programme is scoping how London’s health and care organisations could be best supported in their integration aims, building on learning from the New Care Models and ACS teams.
2	There is a risk that the ‘care’ bit of health and care integration doesn’t get the focus it deserves.	Important to ensure the incorporation of ‘care’ into governance. It is recognised that different ways of working between health and care may be appropriate for different STP footprints.  <i>Potential for discussion at STP ‘time out’ sessions</i>
3	There is a need for leaders to sell the vision and commit people to deliver, but currently commitment is variable.	HLP to work with partners to create a consistent London-wide narrative, based on the aspiration for London to be the healthiest global city.  Following current engagement with STP leaders and wider partners (carried out by Sam Jones, HLP) to work up a proposal to further test with the group, to also incorporate the broad and deep public engagement referenced in the next issue.
4	Broad and deep public engagement will be required to support service transformation and channel shift.	As part of HLP UEC programme, public insights development to test communications messaging and channels is underway. This will inform a public communications strategy to support channel shift across the urgent and emergency care system.  Health and care systems programme to provide support around the narrative, to help organisations communicate aims with Londoners.
5	Payment mechanisms no longer fit for purpose of STP delivery.	The work on integration seeks to support the co-development and adoption of innovative payment models.
6	More strategic deployment of discretionary funding managed at London level to move away from the national bidding approach.	
7	‘Rules of the game / not just toolkits’ for ACS. Agreeing governance and finding the right language around an accountable care system, for example health and care integration vs. STPs.	The health and care systems programme is working with partners to clarify different interpretations of terminology, and co-develop principles to inform the development of ACSs.
8	Rationalise pan London meeting infrastructure so it is more streamlined.	The London Health and Care Strategic Partnership Board provides strategic and operational leadership and oversight for London-level activities, building on national direction (such as the Five Year Forward View) and London plans (including Better

		Health for London).  Pan-London meetings have been streamlined where possible and will continue to be reviewed as governance develops.
9	There is a heavy burden on all to fulfil regulatory and contractual requirements and we need to create the headroom to enable more focus to be put on stabilising and transforming our services – so we don't lose the aspiration of the STPs.	The health and care systems programme aims to explore how an aligned regulatory and oversight approach (joint processes, joint appointments and close working between NHSE, NHSI and CQC) could be co-developed that meets the needs of the London system. This will be integrated with work underway through the ACS and NCM programmes.
10	Conflicting advice or lack of a single consistent approach to regulation between NHSE and NHSI can reinforce siloed focus on organisational performance rather than system wide improvement.	<i>Potential for discussion at STP 'time out' sessions</i>
11	An immediate need – common across all STPs – is making productivity improvement. Is there one that would benefit from being done 'once for London'?	STP SROs to discuss and propose shortlist to be rapidly worked up (HLP can support) and assessed.  Procedures of Limited Clinical Effectiveness (PoLCE) are currently being looked at once for London.  <i>Potential for discussion at STP 'time out' sessions</i>
12	The entire health and care system needs to address demand management (in some orgs running at >10%/year) through channel shift.	HLP is currently researching if there are initiatives (including from outside London) that have achieved sustained improvements and if there is potential for a single improvement methodology that could be used by STPs.  HLP will enable the sharing of system improvements taking place across London.
13	Partnership arrangements are fragile due to challenged organisations and strong sub-regional arrangements. There is currently no statutory basis for the STP.	<i>Potential for discussion at STP 'time out' sessions</i>
14	QI facilitator resources 'on the ground' in the front line.	Work is taking place to gather deeper insights into QI landscape in London to inform developments, through engagement with key stakeholders. These insights will further inform the scope of this work-stream.
15	Harness clinical capital and using it collectively (productivity?)/Ensuring that we can access capital to support delivery of the clinical models	Proposal is underway for a Clinical Board to bring together STP Clinical Leads.  CCG Chair and Trust MD sessions.
16	How to gain political alignment as integrated working becomes more complex above borough level.	A re-cast London Health Board will enable political accountability of health and care in London, and provide political oversight of wider London transformation efforts.
17	Local and national politics may impact on ability to deliver change, and	

	impact of post-election changes on STPs and healthcare in general.	<i>Potential for further discussion at STP 'time out' sessions</i>
18	There are such limited resources available to support STPs and so it will be very difficult to accelerate into implementation.	HLP have established embedded resources in priority programmes and priority pan-London activity prioritised and agreed by STPs.
19	Significant change required to the workforce delivery model.	A London Workforce Board, bringing together health and care partners and ensuring a collaborative strategic approach to London-wide issues (such as maximisation of the opportunities offered by the apprenticeship levy).
20	How digital fits in as a key enabler to information / data sharing.	The London Digital Board has been established with key links into each STP.

## Discussion points

- Many of the issues identified will inform the scope of existing collaborative programmes of work but it is not suggested that any new programmes of work are established.
- These collaborative programmes will report in to the London Health and Care Strategic Partnership Board, enabling the Board to have oversight of progress against these issues.
- It is suggested that the issues raised inform the scope of the discussions at STP 'time out' sessions.
- The issues will be reviewed and reflected on continuously as work progresses.

*Do Board Members have any comments on the mechanisms which are suggested to help address these challenges?*