

Information is power

Forewarned is forearmed

Use reason to defeat unreasonableness

The Sustainability & Transformation Plan (STP) – what is it and what does it say?

Q.

What can I read to quickly get to the heart of the matter?

A.

- Page 22: Translating opportunities into priorities for action – the scale of change and level of ambition (NEW Devon)
- Page 40: Priority 6 – Acute & Specialist Services

The Sustainability & Transformation Plan (STP) – what is it?

Q1.

What is the document in question?

A1.

Sustainability & Transformation Plan (STP) submission: Wider Devon 30 June 2016

Q2.

What is a Sustainability & Transformation Plan (STP)?

A2.

An explanation can be found on the website of NHS England¹:

“In December 2015, *Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21*² outlined 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.

[etc.]”

¹ <https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/>

² <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

Further commentary can be found on the website of independent charity The King's Fund³.

Q3.

Who are the authors of the STP?

A3.

The Wider Devon Sustainability & Transformation Plan footprint, which comprises two clinical commissioning groups: 1) NHS Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG); and 2) South Devon & Torbay Clinical Commissioning Group.

Q4.

Who is head of the Wider Devon Sustainability & Transformation Plan footprint?

A4.

Angela Pedder, former Chief Executive of the Royal Devon & Exeter NHS Foundation Trust, holds the position of STP lead, which also incorporates full-time leadership of the Success Regime.

Q5.

What is the Success Regime?

A5.

An explanation can be found on the website of NEW Devon CCG⁴:

“The north, east and west (NEW) Devon Success Regime is one of three such programmes in the country – the others are Essex, and Cumbria – and is part of the NHS Five Year Forward View, the blueprint for the NHS which sets out the challenges facing health and care nationally and how radical change is needed to sustain services and improve care for patients.

The Success Regime focuses on certain areas in the country where there are deep-rooted, systemic pressures, such as financial deficits or issues of service quality.

[etc.]”

Q6.

What is the relationship between the STP and the Success Regime?

A6.

The Wider Devon Sustainability & Transformation Plan is one of 44 STPs that are being drawn up across the country. The north, east and west (NEW) Devon Success Regime is one of three such programme in the country.

³ <http://www.kingsfund.org.uk/topics/integrated-care/sustainability-transformation-plans-explained?gclid=CMb92-eUjM8CFeQW0wodLH4J9Q>

⁴ <http://www.newdevonccg.nhs.uk/about-us/success-regime/101821>

According to the website of NEW Devon CCG⁵, the NEW Success Regime will facilitate the drawing up (and presumably implementation) of the Wider Devon STP.

Angela Pedder, former Chief Executive of the Royal Devon & Exeter NHS Foundation Trust, is head of both the STP and the Success Regime. The NEW Devon CCG website announcement of her appointment as lead chief executive for the Success Regime states that:

“Angela will lead the delivery of changes agreed through the Success Regime to make sure that the residents of Devon have access to high quality health care that is affordable within the resources allocated to the county. Angela will be responsible for leading delivery of change with all NHS organisations in Devon on a collaborative basis.”

Dame Ruth Carnall is chair of the NEW Success Regime.

Q7.

Is the STP a final version?

A7.

This is a draft “full STP”, as was required to be submitted to NHS England by the end of June 2016 in accordance with the timetable set out on page 16 of *Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21*⁶.

According to Devon County Council’s Health and Wellbeing Scrutiny Committee⁷, we are still at a relatively early stage and the STP will continue to be developed during 2016/17. This ongoing work will be supported by the structures and processes established by the Success Regime which are being adapted to accommodate the wider Devon footprint.

On 7 September 2016, NEW Devon CCG issued a *Response to BBC coverage of Wider Devon Sustainability and Transformation Plan (STP)*⁸ stating that:

- the STP is “a draft document ... a work in progress. There is more analysis and consideration to be undertaken before the work is complete.”
- “a further submission will be made in October and we will follow the nationally agreed timetable for publication.”

Q8.

When will the STP be published?

A8.

The “Research briefings” page of www.parliament.uk summarises as follows:

Initial STPs had to be submitted to NHS England by a 30 June deadline, with a view to implementation starting in “Autumn 2016”. The Government have said that these

⁵ <http://www.newdevonccg.nhs.uk/about-us/success-regime/101821>

⁶ <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

⁷ <http://democracy.devon.gov.uk/mgConvert2PDF.aspx?ID=2053>

⁸ <http://www.newdevonccg.nhs.uk/about-us/latest-news/response-to-bbc-coverage-of-wider-devon-sustainability-and-transformation-plan-stp-/102045>

initial STP submissions are for local use and there are no plans to publish them centrally, although local areas may publish them if they so choose. Footprints will be expected to submit a final plan in October 2016. The arm's length bodies that developed the NHS Five Year Forward View – NHS England, NHS Improvement, the Care Quality Commission, Public Health England, Health Education England and the National Institute for Health and Care Excellence – plan to publish STPs “once they are final”.⁹

Q9.

What about consultation?

A9.

i) In the chart on page 5 of the STP, a “Devon STP formal public consultation” is scheduled for January-March 2017 and linked to an “Acute service review (stroke, maternity/paediatrics, small services, emergency medicine)”

ii) On 26 August 2016, NHS England stated:

- “Proposals are at a draft stage but we expect all local leaders to be talking to the public and stakeholders regularly – it is vital that people are able to shape the future of their local services.”
- “No changes to the services people currently receive will be made without local engagement and, where required, consultation. There are longstanding assurance processes in place to make sure this happens.”

iii) On 7 September 2016, in a *Response to BBC coverage of Wider Devon Sustainability and Transformation Plan (STP)*¹⁰, NEW Devon CCG stated:

- Each STP area is responsible for engaging local people and stakeholders on their draft proposals. No changes to the services people currently receive will be made without local engagement and, where required, consultation. There are longstanding assurance processes in place to make sure this happens.
- Engagement events have been held over the summer and will continue as the process of developing our STP continues. We will be talking to the public and stakeholders regularly about the main themes from the plan and this has helped shape our early thinking.
- The programme of work to review acute and specialised service across Devon will commence in October.
- Our commitment to consult with people about change is clear we are consulting with people in Torbay and South Devon about proposed changes to community services from 1 September to 23 November. North, East and West Devon are planning a public consultation for autumn in relation to the Success Regime, and the outcome of both these consultations will contribute to the wider STP plan for Devon, Plymouth and Torbay.

⁹ http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CDP-2016-0161#_ftn3

¹⁰ <http://www.newdevonccg.nhs.uk/about-us/latest-news/response-to-bbc-coverage-of-wider-devon-sustainability-and-transformation-plan-stp-/102045>

- “Our plans will be formally communicated through the next version of the STP when it is published.” (Angela Pedder, lead chief executive for the STP and Success Regime in Devon)

iv) The “Research briefings” page of www.parliament.uk informs:

- Responses to PQs about consultation on STPs state that: “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.”

v) The “Research briefings” page of www.parliament.uk informs:

- Under section 14Z2 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) clinical commissioning groups must make arrangements that secure the involvement of people who use, or may use, services in:
 - planning the provision of services;
 - the development and consideration of proposals for change in the way those services are provided – where the implementation of the proposals would have an impact on the manner in which the services are delivered or the range of services that are delivered;
 - decisions to be made by the NHS organisation affecting the operation of services.

Providers of NHS-funded services have a separate but similar legal duty regarding the involvement of service users under Section 242 of the NHS Act 2006.

NHS England’s statutory guidance on planning and delivering service changes (November 2015) provides further information on these duties.

Q10.

What geographic area does the STP relate to?

A10.

The STP relates to the area of Wider Devon, which is one of 44 STP “footprints”. Wider Devon comprises the three local authority areas of Devon County Council, Plymouth City Council and Torbay Council.

The Sustainability & Transformation Plan (STP) – what does it say?

[Note: The STP uses the terms “acute services”, “specialist services” and “acute and specialist services”. In some places these terms are used generically, while in other places they denote one or more specified services, e.g. “emergency medicine”. Many of the proposals made in the STP naturally relate to multiple services, but in the following I deemed it best, for ease of reference, to divide up the Q&As according to the services which have so far been identified as areas of concern for SOHS, repeating salient points in each Q&A.]

Q11.

What does the STP say about maternity and obstetric services?

A11.

- “Some services such as ... maternity are not clinically or financially sustainable in the long term without changes to the way they are delivered across the system (page 3)
- maternity/paediatrics is scheduled to be part of an “acute service review” from July to December 2016 prior to the “Devon STP formal public consultation” from January to March 2017 (page 5)
- “Maternity and Obstetrics” is listed among the “priorities for action” in a “reconfiguration of specialist and acute mental and physical health services ... to achieve sustainability, equitable access and national standards” (page 12)
- “securing sustainable & accessible maternity, obstetric and paediatric inpatient services” is a “priority change” (page 20)
- “Preparations will begin to develop proposals for some changes to the acute care model across the STP footprint. There are a number of specialties that need to change to address future sustainability issues - ... maternity.... These will also require public consultation and preparations for this will begin in August. (page 24)
- In order to empower people and communities to take a more active role in their health and wellbeing we plan to: Expand personal health budgets and integrated personal budgets in line with the ambitions of the Five Year Forward View – including exploring the concept for maternity...” (page 27)
- Under a two-site option for maternity, paediatrics and neonatology, Royal Devon and Exeter Hospital would most probably be the second site rather than North Devon District Hospital because an alteration in service provision at Royal Devon and Exeter does not create patient flows that improve the clinical sustainability of services in North Devon Hospital. (page 40)

Q12.

What does the STP say about paediatric and neonatal services?

A12.

- “Some services such as ... paediatrics ... are not clinically or financially sustainable in the long term without changes to the way they are delivered across the system (page 3)
- maternity/paediatrics is scheduled to be part of an “acute service review” from July to December 2016 prior to the “Devon STP formal public consultation” from January to March 2017 (page 5)
- “Paediatrics and Neonatology” is listed among the “priorities for action” in a “reconfiguration of specialist and acute mental and physical health services ... to achieve sustainability, equitable access and national standards” (page 12)
- “securing sustainable & accessible maternity, obstetric and paediatric inpatient services” is a “priority change” (page 20)
- “Preparations will begin to develop proposals for some changes to the acute care model across the STP footprint. There are a number of specialties that need to change to address future sustainability issues - ... maternity.... These will also require public consultation and preparations for this will begin in August. (page 24)
- “Because of co-dependencies, Derriford Hospital, Plymouth, should be a fixed point for emergency care, paediatrics, neonatology and stroke (and thus consultant-led obstetrics because of co-dependencies) because it is the designated Major Trauma Centre for the region. (page 40)
- Under a two-site option for maternity, paediatrics and neonatology, Royal Devon and Exeter Hospital would most probably be the second site rather than North Devon District Hospital because an alteration in service provision at Royal Devon and Exeter does not create patient flows that improve the clinical sustainability of services in North Devon Hospital. (page 40)
- “To ensure clinical sustainability for more specialised services there will be a need for further consolidation of provision services under review will include: ... paediatric and neonatal care” (page 41)
- To achieve the aims for the Devon CYP (Children and Young People) programme, “we need to: ... Strengthen access to senior paediatric expertise, linked to GP practices, for urgent and non-urgent needs ... Provide a rapid access clinic for non-emergency cases, led by Paediatricians.” (page 42)

Q13.

What does the STP say about stroke services?

A13.

- “Some services such as stroke ... are not clinically or financially sustainable in the long term without changes to the way they are delivered across the system (page 3)”

- stroke is scheduled to be part of an “acute service review” from July to December 2016 prior to the “Devon STP formal public consultation” from January to March 2017 (page 5)
- “Cardiovascular (stroke and interventional cardiology)” is listed among the “priorities for action” in a “reconfiguration of specialist and acute mental and physical health services ... to achieve sustainability, equitable access and national standards” (page 12)
- “Less than 65% of the standards are being met for stroke ... by each of the three Trusts”. This is listed alongside “Service Configurations” as a “key change” with the following implications:
 - “New models of care will drive acute changes and reconfigurations”
 - “Reduction in the number of sites offering current pattern of acute and specialist services – consolidation at Plymouth and RD&E for some services.”
 - “To address population access need and travelling times networked solutions likely to be required.”
 - “Need to consider wider scope of specialised service in conjunction with Somerset and Cornwall STP areas” (page 22)
- “Preparations will begin to develop proposals for some changes to the acute care model across the STP footprint. There are a number of specialties that need to change to address future sustainability issues – stroke These will also require public consultation and preparations for this will begin in August. (page 24)
- “Hyper acute stroke services will be assessed following the publication of the South Western Cardiovascular Strategic Clinical Network review which sets out recommendations for the number of hyper acute stroke services across the region.” (page 40)
- “Because of co-dependencies, Derriford Hospital, Plymouth, should be a fixed point for emergency care, paediatrics, neonatology and stroke (and thus consultant-led obstetrics because of co-dependencies) because it is the designated Major Trauma Centre for the region. (page 40)

Q14.

What does the STP say about hospital beds?

A14.

- There are several references to “over reliance on bed based care”:
 - “There is an over reliance on bed based care - every day over 500 people in Wider Devon are medically fit to leave hospital but can’t for a variety of reasons” (page 3)
 - “Engage, design and consult of new models of care to address inequalities and reduce reliance on bed based care” – this is part of driving delivery of the 16/17 recovery plan

- “There is a system wide, health and social care, over reliance on bed based care the harm associated with non mobilisation for frail elderly people is well documented” (page 12)
- “Building on innovative approaches in parts of the system a transformational new model of care is in development to address the over reliance on bed based care, ensuring comprehensive integration of mental and physical health and social care” (page 12)
- “Reduce harm associated with delayed discharge from bed based care” – this is one of the key care and quality considerations underpinning the plan
- “Reduce bed stock” – this seems to be an aim of implementing the primary care strategy (page 12)
- A list of “Deficit Drivers” includes “Excess length of stay in an acute setting and non-elective admissions that are amenable to ambulatory care or alternative community based models of care”. Overall, the Deficit Drivers mean “responding to what people need through reallocating resources to better meet the greatest needs of the population e.g. through reducing the amount spent on expensive bed based care, improving efficiency and reinvesting in less expensive, more innovative, integrated care models including investing in community assets that do more to prevent ill health, keep people out of hospital, treat them effectively when needed and enable them to stay in their own homes as long as possible” (page 15)
- Part of the “Service Configuration” is to “reduce system bed numbers by circa 590 by 20/21 – this will be a combination of community hospitals and acute beds
- Greater integration across health and social care will mean that more care will be delivered closer to peoples’ homes, preventing avoidable admissions and clinically unnecessary long stays in hospital. Bed-based activity will decrease and fewer beds will be needed in acute hospitals or community hospitals. This will require a recurrent investment in integrated services of around £60m to deliver new models of care and will reduce unnecessary recurrent costs by £180m. (page 21)
- “Key changes” under “Excellent care - New models of care” include reducing “the 40% of acute bed days accounted for by 70 year olds staying >10 days” and reducing “the 86% of bed days accounted for by 70 year olds staying 10 days or more” (page 22).
- The implications of the above key changes (together with the other key changes listed) are:
 - “400+ acute beds could be reduced based on today’s activity level, with reprovion in new models of care”
 - “In addition, acute activity reduction suggests a further 10% reduction which would further reduce beds”
 - “Current investment in community beds should be cut with reinvestment in alternative provision”

- “Redistribution of resource between localities and from acute to mental health services. This will require reductions in service access for some populations” (page 22)
- “Acute and Community Bed Reduction” is also proposed for South Devon and Torbay (SD+T) (page 23)
- One of five “Critical Decisions” is: “Financial recovery and meeting of future predicted increases in demand is predicated on implementing the new integrated care model that is significantly less reliant on bed based care. The changes we are proposing will result in a reduction in the number of acute and community beds across our system of the order of 590 by 2021.” (page 24)
- Another “Critical Decision” is: “We anticipate that we can make further progress over the five year period with developing the new care model and this is likely to lead to further formal consultations on changes to community provision including bed closures and material changes to centres of provision” (page 24)
- In relation to the “Critical Decisions: “In the next six months we need to: Engage fully with our stakeholders on future direction of travel and proposed changes to services particularly where this impacts on the number of beds available, community hospital closures, and changes to specific acute services” (page 24)
- The “New models of care will maximise the use of non bed based care” (page 31)
- One of the “Characteristics of the new models of care” is “The best bed is my own bed”, the vision for which is stated. (page 32)
- A priority for Mental Health is to make “acute care resilient over 24/7”, with the goal of “a consistent and appropriate Devon approach (balancing bed-based and community-based care appropriately) where people know where to go and where delivered care tends to deescalate.” Another priority is “Equity of Access”, with a stated intention of redesigning and integrating “care pathways that achieve the right balance between home treatment community and bedded provision across Devon” (page 37)
- In relation to “Primary Care”: “We will continue to commission integrated pathways of care that shift the focus of care from a bed-based model to one that is primary and community focussed, and realign funding to enable this to happen.” (page 38)

Q14.

What does the STP say about A&E / emergency medicine / emergency care?

A14.

- A “Devon STP formal public consultation” is scheduled for January-March 2017 and linked to an “Acute service review (stroke, maternity/paediatrics, small services, emergency medicine)” (page 5)

- “Urgent and emergency care (A&E)” is listed among the “priorities for action” in a “reconfiguration of specialist and acute mental and physical health services ... to achieve sustainability, equitable access and national standards” (page 12)
- “securing sustainable & accessible emergency services and urgent care services (delivering the urgent & emergency care review)” is a “priority change” (page 20)
- Under “Emergency & urgent care”, the STP lists as “key changes” “15% reduction in EL” [EL = elective] and “20% reduction in NEL” [NEL = non-elective], with the implication that this “allows for delivery of non-elective care closer to home” (page 22)
- “Less than 65% of the standards are being met for emergency medicine ... by each of the three Trusts”. This is listed alongside “Service Configurations” as a “key change” with the following implications:
 - “New models of care will drive acute changes and reconfigurations”
 - “Reduction in the number of sites offering current pattern of acute and specialist services – consolidation at Plymouth and RD&E for some services.”
 - “To address population access need and travelling times networked solutions likely to be required.”
 - “Need to consider wider scope of specialised service in conjunction with Somerset and Cornwall STP areas” (page 22)
- Under “Activity reduction” for South Devon and Torbay (SD+T), a “key change” is “Demand curtailed in the Emergency system, both acute and community” (page 23)
- “Emergency care should be provided networked on the four acute hospital sites in Devon, due mainly to the access requirements for trauma” (page 40)
- “Because of co-dependencies, Derriford Hospital, Plymouth, should be a fixed point for emergency care, paediatrics, neonatology and stroke (and thus consultant-led obstetrics because of co-dependencies) because it is the designated Major Trauma Centre for the region. (page 40)
- “In addition some local acute specialty services will be reviewed to ensure models of care are sustainable this will include ensuring sustainable emergency surgical services” (page 41)
- Under “Local Digital Roadmap”, the STP chart includes “Models that address local challenges: ... a reduction in emergency admission and inpatient” (page 49)