Responding to Sustainability and Transformation Plans

Guidance for regions and branches

March 2017 (updated)

Responding to Sustainability and Transformation Plans

INTRODUCTION

Sustainability and transformation plans (STPs) are local plans for health and care services to make the NHS Five Year Forward View a reality. They are being developed by 44 geographical areas, or “footprints”, covering England. NHS providers, clinical commissioning groups (CCGs), local authorities and other health and care services that fall within the footprint must develop these five-year plans that set out how they will meet the broad aims of improving quality and developing new models of care; improving health and wellbeing; and contributing to NHS England’s pursuit of £22bn in so-called “efficiency savings” by 2020-21. Many of the STPs are a continuation or extension of existing plans, for example around greater integration or combined services.

STPs are not one process but 44 separate ones at various different stages in their development. Many of those published are unlikely to be the final versions. STPs are also supported by additional schedules of more detailed information, but these have generally not been made public yet. Many of the STPs are written or structured in a way that can make it hard to work out the most pressing issues for local staff and the services they provide. Similarly when confronted with plans that are often quite far-reaching, it can be hard knowing where to start in responding to them. This technical guidance is designed to address these problems with some suggestions about the key elements to look out for in the STP and some practical ideas about how UNISON can react to the plans.

It is worth noting, that while the approach of STPs is a new one, in many cases the response will be rooted in traditional UNISON campaigning on cuts, privatisation or attacks on terms and conditions. Similarly, much of how an STP is interpreted will depend on how well it reflects the experiences of those involved in delivering and receiving care – there is no substitute for local knowledge!

WHAT TO LOOK FOR IN AN STP

How are STPs structured?

Although there is no requirement on the plans to follow a particular format, a typical STP is often structured along the following lines:

- a high-level vision statement for what they want to achieve – common themes include the desire to move to a more preventive health and care system based on early intervention, to move care out of hospitals and into communities, and to improve 24/7 access to services

- the main challenges faced within their area – common themes include the ageing population, variable quality of service, the make-up of the workforce, and the expected size of the financial deficit by 2020-21 (if they were to take no action)

- the actual plans – likely to feature the new models of care brought about by the Five Year Forward View, along with how the plans will handle prevention, community services, urgent and emergency care, the acute hospitals within their patch, and any changes to the ways in which services will be commissioned

- implementation – how the next steps will be taken to make these proposals a reality, the better plans should also include something on governance – i.e. the way in which staff, patients and the public will be involved in the further development and implementation of the plans

The better produced plans will also include some sort of risk analysis to reflect the likelihood of the plans coming to fruition and any problems they may create or encounter along the way. Some of the plans also include further demands of the centre (such as the need for extra capital spending to help them achieve their plans) or an acknowledgement of the fact that they are unable to fully close the expected financial gap.

A word on finances

At the national level it has often been hard to determine exactly how NHS England came to their figure for a £30bn shortfall in funding by 2020-21 and, within this, how the £22bn of “efficiency savings” that is set to make up the majority of this funding gap was arrived at. Therefore it should come as no surprise if many of the figures for financial deficits included in the STPs do not stand up to any level of scrutiny.

There is also very little published evidence to support the claim that moving care out of hospital saves any money (at least in the short term), even if it may ultimately enhance the patient quality or experience of care. So it is worth checking to see what, if any, evidence the STP quotes in support of its plans and whether the STP is able to include an expected savings figure for individual parts of the plan – for example, how much does the STP estimate will actually be saved by moving a particular service out of a hospital and into a new setting?

What are the particular risks to watch out for?

Running alongside the development of STPs overseen by NHS England is the ongoing search for efficiency savings, with the Carter review (that aims to produce £5bn of the £22bn total) being overseen by the regulator NHS Improvement. Many of the STPs include plans for how they will merge services in areas such as pathology or corporate and administrative work (often disparagingly referred to as “back office”).

The Carter review included an encouragement for providers to use outsourcing as a means of reaching savings targets, so if there are suggestions for shared services between providers it is important to work out whether this will be done on a purely public sector basis or whether there is potential for private providers to be brought in through tendering exercises. Mergers may create other issues for the workforce if there are suggestions of closing departments or pathology labs, cutting jobs, or shifting locations.

Where privatisation is concerned, it is particularly worth checking what the STP has in mind for primary care and community services, which is currently the part of the NHS most targeted by private providers.

Some STPs may include an actual figure for the number of staff likely to be affected by their plans. Even if this is unlikely to lead to overall cuts to staffing numbers at the current time, it is worth checking to see if the plans mean putting a block on any future increases in staffing. Even if the STP does not explicitly state that it had plans to downgrade or de-skill the existing workforce, but if the plan expects to make substantial savings on staffing without any plans to cut numbers, then these questions need to be asked.

Many of the plans include references to the need for a “flexible” workforce. Many health and care staff already demonstrate considerable flexibility in the way they work so in theory this should not be a problem. However, if the STP plans for staff to move from working in a hospital into community services for example, there should be no assumption that such a change can happen overnight or without the required training

As part of the Five Year Forward View, 50 “vanguard” projects were established in 2015 to test new models of care. These new models are:

- multispecialty community providers (MCPs);
- integrated primary and acute care systems (PACS);
- enhanced health in care homes;
- urgent and emergency care vanguards; and
- acute care collaborations, that aim to link local hospitals together to improve their work and finances.

There may be good things planned as part of the local vanguard projects, but it is worth checking to see how well these projects are likely to fit in with the wider STP that is being built up around them. NHS England has recently cut the funding going into the vanguards, so how well established are these projects and do they seem like feasible solutions for the longer term? As has already happened with at least one MCP, there is also the potential for the running of a new care model to be put out to tender.

A number of the urgent and emergency care vanguards are designed to produce better integrated solutions for services such as GP out-of-hours care and NHS 111, which are likely to be positive steps to repair a badly fractured system. However, STPs that attempt big changes in urgent and emergency care without addressing such fragmentation may struggle to work. It is also worth checking to see whether the STP has properly considered the ability of the ambulance service to take on a broader role, as the most obvious integrator in this part of the NHS.

Most controversial of all, many STPs include plans to reconfigure acute hospital care, for example by designating particular centres of excellence for emergency care and for planned care within a patch. A number of STPs will include some form of downgrading or even closure for local hospitals, with the smaller ones generally considered to be the most at risk. There may also be plans to change services such as maternity provision within a footprint area, which are again likely to be contested strongly by local people.

Key questions to ask when reading your STP

Realism

- To what extent does the STP reflect the actual major issues locally, such with particular financial problems or where concerns about quality have been identified? Is it trying to address genuine problems?
- Does it accurately reflect those local initiatives to transform care that were already underway before the STP was produced?
- Are the plans for changing infrastructure or sharing data between different players/across different services achievable?
- How honestly have the plans assessed the situation outside the NHS – ie social care, housing?
- Does it discuss areas that are outside of the STP's control e.g. that fall directly under local authority control?
- How reliable is the data on which the plan is built? What contingency scenarios have been explored where data is poor?

Finances

- Are the plans written primarily as a way to improve the quality of care or is the need to balance the books the main motivation?
- Is the general ballpark figure for the size of the financial threat believable?
- Does the STP outline a need for extra capital spending or the need for things such as double running costs to allow for moves to new care models or new premises?
- What proportion of the claimed savings is actually dependent on national action, such as the continued use of pay restraint? Is the STP guilty of double-counting savings?

Workforce

- Has the workforce schedule been published? If not, why not?
- What number of staff does the STP envisage as being affected by their plans? Will there be any jobs lost or new ones created?
- If the STP talks about the need for "flexibility" in the local workforce, does it explain what this means and the consequences for particular groups of staff?
- Has the STP assessed properly the skills and staff numbers that are needed to make the new care models a reality?
- Is there any suggestion of a need to alter terms and conditions or of how the workforce might be affected by any moves to integrate health and social care services?

- How much importance is attached to the use of newer roles such as Nursing Associates or Physician Associates?
- Has the STP sought to tackle issues such as local shortages in particular professions?

Governance

- Has an equality impact assessment been produced for the STP?
- What, if any, plans are there to involve staff and patients in the development and implementation of plans? Is there any consideration for making staff co-producers of change?
- Are trade unions mentioned?
- What about the commitments to staff under the NHS Constitution?
- Has the STP sought to involve other key local players such as local government, the voluntary sector and social care providers?
- What role does the STP envisage for future partnership working between staff and employers in the new system?
- What level of local authority scrutiny through Health and Wellbeing Boards or Health Overview and Scrutiny Committees is anticipated?
- Will there be a board to oversee the development of the STP in future and who will be on it?
- Who will manage this change? Will there be a dependence on management consultants to do the work of the footprint for them?

Other questions

- Are there plans to commission particular services across a whole STP area?
- Does the plan include any expectations for the future of commissioning support units?
- Does the plan align with any existing devolution plans that have an impact on health and care?
- Is there a proper assessment of the risks involved? Is there a Plan B if things do not go to plan?
- What evidence is quoted if there are any plans to use outsourcing or to put services out to tender?
- If the STP proposes, for example, to merge or “consolidate” corporate, administrative, pathology, decontamination or pharmacy functions across their patch, are there plans to use the private sector or shared services?
- If the STP plans to use shared services, which model for this will they use? Will it allow for services to remain within the public sector?

WHAT TO DO ABOUT IT

The first thing to note is that in terms of legislation, STPs change nothing. The plans have no basis in law and are technically just the fruit of local discussion forums. This means that, for those public bodies that have been involved in drawing up STPs – the CCGs, service providers and, in some cases, local authorities – the existing requirements to consult staff and the public remain.

Technically only the particular proposals for what are deemed to be "significant" changes to services made within the STPs are legally subject to full consultation, but it would be good practice (and there is certainly an expectation amongst the public) for the STP itself to be subject to a full 12-week consultation as well.

UNISON has produced a number of materials to help branches deal with privatisation and cuts in recent years, much of which is still relevant when dealing with STPs. These include a guide to Resisting Privatisation, a guide to Influencing the NHS and a Fighting Cuts toolkit.

Some of the key components of these are reproduced below under a number of key headings.

Consulting on service changes

The individual parts of an STP that are put out to consultation would need to first go through a lengthy set of requirements in which various documents should be produced and published, and which those challenging the plans should insist on having sight of:

- Business case
- Project governance documents, such as the Project Initiation Document, terms of reference, and register of interests
- Stakeholder engagement strategy – including staff, patients and the public
- An explanation of how commissioners will comply with patient involvement law laid out in Section 14Z2 of the amended NHS Act 2006 (see below for more information)
- Impact assessment
- Equality Impact Assessment
- Risk management process and risk register
- Project plan and timeline
- Strategy for dealing with confidentiality, including compliance with Freedom of Information Act
- Benefits realisation strategy

In the case of procurement exercises, such projects should also produce and publish:

- Procurement strategy
- Strategy for dealing with potential conflicts of interest
- Pre-qualification questionnaire documentation
- Memorandum of information to be provided to bidders
- Statements of required benefits and the scoring methodology for assessing bids

As has often happened in the NHS, many of these plans will not be sufficiently robust to make it through this process. UNISON has experienced considerable success in rolling back damaging privatisation initiatives in recent years by taking apart the technical case for change. The various regulatory bodies have also produced huge amounts of instructions and guidance about how changes are to be progressed and any departure from these can be robustly challenged.

Tests for hospital bed closures

In response to the campaigning of UNISON and others on STPs, in March 2017 NHS England announced a new test that NHS organisations must meet if they are planning major bed closures.

From 1 April 2017, local NHS organisations will have to show that significant hospital bed closures can meet one of three new conditions before NHS England will grant their approval:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care.

So this provides a new tool that activists can use if STPs propose closing a large number of hospital beds. Unless their plans can show how they will meet at least one of these tests then it should be argued that the STP – or at least the part of the STP dealing with bed closures – should not go ahead.

Four tests for service reconfiguration

As part of this announcement, NHS England emphasised the continuing relevance of the four tests for reconfiguration that were drawn up in 2010 (referred to briefly on page 9 of this NHS England publication from 2015).

The four tests represent a good practice framework for CCGs when they are planning and delivering changes to local NHS services. In full they are as follows:

- Major service changes and reconfigurations must put patients and the public first.
- Change must be clinically-led and underpinned by a clear clinical evidence base.
- Patients, the public and staff should be engaged throughout the development of proposals from their very early initiation through to implementation. Engagement should seek to build an on-going dialogue with the public, where they have an opportunity to shape and contribute to proposals, in addition to any formal consultation on options.
- Local authorities are essential stakeholders in the reconfiguration process, both through the local authority health scrutiny functions, but also the joint and integrated working between the NHS and local government through health and wellbeing boards.

All of these tests are relevant to the development and implementation of STPs. So, for example, activists could argue that an STP has failed to meet the government's own tests for service change if plans do not have sufficient buy-in from local doctors; have failed to supply clinical evidence for changes; have failed to engage patients, public and staff throughout the process; or have failed to bind councils in to their decision-making.

In the words of NHS England, under these rules "closures can only go ahead with support from GP commissioners, strengthened public and patient engagement, clear clinical evidence and provided that they are consistent with patient choice."

And health minister Lord O'Shaughnessy went on the record in Parliament to state that "Any significant changes outlined in the STPs will have to meet the four reconfiguration tests of strong public and patient engagement, a clear clinical evidence base, support for patient choice and support from clinicians."

It is likely that a number of STPs will fail on more than one of these tests – providing another means to challenge the plans locally. If local challenge fails to yield results then the matter should be escalated to UNISON nationally who can then raise the issue with NHS England.

Staff and trade union engagement

There are specific pieces of national guidance that can be referred to as a means of ensuring staff and trade unions are engaged in the development of STPs, particularly if those responsible are proving reluctant to share information.

In May 2016 the national Social Partnership Forum (SPF) wrote to STP leads to highlight the need to fully engage with trade unions. The letter (attached as Annex 1 to this guidance) reminded the leads about the emphasis in the NHS Constitution on the importance of staff engagement and partnership working (see below for more on the Constitution).

The SPF also produced guidance for social partnership working in developing and implementing new care models and system transformation. The guidance reinforces that staff and their trade unions should be fully involved in any changes which may have an impact on them. It also spells out the role of regional SPFs who are encouraged to link with the STP footprints in their regions and engage with groups responsible for developing STP workforce plans.

In addition, NHS England produced their own guidance in September 2016 which set out how organisations involved in STPs should be consulting and engaging with local people and staff, stating that "It is essential that STP partners engage staff from constituent organisations, working through the internal communication channels available (including with unions)."

Subsequently NHS England and NHS Improvement wrote to STP leads and NHS and council chief executives in December 2016 to reinforce this message: "Particular effort is now needed to engage clinicians and other staff, and we strongly encourage you to take advantage of the contacts offered by the medical royal colleges – for example, the RCGP's STP ambassadors – as well as local staff sides and unions."

Patient involvement

It is important to note that at all stages it is good practice and, in a number of circumstances, a legal requirement for commissioners to seek the views of staff and patients.

Legal obligations to involve patients are set out in the NHS Act 2006 (as amended by the Health and Social Care Act 2012), which include requirements to have arrangements in place to discuss changes before they are made. Section 242 lays out the obligations on trusts and foundation trusts and Section 14Z2 does the same for CCGs, the key sections of which are laid out below in case you need to quote them in demanding that the CCG publishes information:

"14 Z 2 Public involvement and consultation by clinical commissioning groups

This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions ("commissioning arrangements").

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) —

- *a) in the planning of the commissioning arrangements by the group,*
- *b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and*
- *c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.*

(3) The clinical commissioning group must include in its constitution—

a) *a description of the arrangements made by it under subsection (2), and*
b) *a statement of the principles which it will follow in implementing those arrangements."*

CCGs meet in public and publish their agendas. This offers another opportunity to find out what they are doing.

NHS Constitution

Similarly, the NHS Constitution provides a number of rights and commitments that must be adhered by those making changes to NHS services.

For patients and the public:

- *"You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services."* [page 9]
- *The NHS commits "to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered."* [pages 6-7]
- *The NHS also commits "to provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services."* [page 9]

For NHS staff:

- *"The NHS commits... to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements."* [page 13]

Local authorities

Since 2012 local authorities have, in theory at least, had a larger role in the NHS. All local authorities with social care responsibilities have Health and Wellbeing Boards (HWBs), which should be exerting strategic influence over commissioning decisions across health and social care. HWBs involve both democratically elected councillors and patient representatives, and provide a forum for challenge and involvement. Council health Overview and Scrutiny Committees (OSCs) also have the power to scrutinise "substantial" changes to services and to ensure change is preceded by proper consultation.

In reality, most HWBs and OSCs have been marginalised in the STP process, but this should not be the case so local people can demand that these local authority bodies are properly involved in the development and implementation of the STP. Government minister David Mowat has even stated that "If [STPs] are failing to address the needs of stakeholders, including councils, they won't go ahead. STPs should be regarded as incomplete and not go ahead if councils believe they have been marginalised."

Councillors have rights to obtain information and access to meetings where issues are discussed and decisions made. Some councillors can also become part of the scrutiny arrangements which oversee changes to care services. Members of the public have a right to attend HWB meetings to raise issues and ask questions whenever the opportunities arise. OSCs meet in public, so individuals can attend for information on NHS changes. Local authorities should have information about these meetings on their website. In between meetings councillors can be lobbied to take up NHS issues – either in person at local surgeries, or via email from the council website.

A template email / letter to local councillors is included as Annex 2 to this guidance, along with a model motion for councillors to bring forward (Annex 3).

Foundation Trusts

Health staff and local people can also seek to influence the development of STPs through foundation trusts. FTs have a membership base and are corporate bodies, each with their own constitution. Anyone who lives in the defined areas of the FT can become a member (some can be as large as the whole county). By being a member of an FT, activists can make their arguments against developments within the STP and there are always avenues to make complaints to the regulator if the views of members and governors are ignored. FTs also have a council of governors that includes elected staff governors from various groups such as doctors, nurses, allied health professionals and others. Governors should be the first line of defence in ensuring good standards are maintained.

HealthWatch

HealthWatch are the latest bodies set up to represent patient interests. They help patients deal with complaints, provide advocacy and, in theory at least, have a role in shaping local services. HealthWatch cover both health and social care. The HealthWatch website allows you to search for your local body and your local authority should also be able to provide information. Your local HealthWatch should ask to be kept fully involved in the development and implementation of the STP.

A note on campaigning

The above is intended as guidance on what to look for in STPs and the technicalities around consultation and involvement. It should not be seen in isolation from more traditional UNISON campaigning against cuts and privatisation, but something that, in the case of the more damaging plans, should be used to complement protests and media campaigning.

UNISON also produced a briefing for MPs and other politicians – a version of this is attached as Annex 4 in case it would be helpful to adapt and use locally.

ANNEX 1: SOCIAL PARTNERSHIP FORUM LETTER TO STP LEADS, MAY 2016

11 May 2016

Dear STP Lead,

The Social Partnership Forum (SPF) has been involved in the development of policy related to the new care models arising from the Five Year Forward View and the Shared Planning Guidance. As these policies move into the implementation stage, we are committed, working with Ministers, to support the service in transforming these plans into reality.

Following discussions in March with Jo Lenaghan from the Strategic Office of the NHS Five Year Forward View Board, we agreed a useful approach would be to write to the leads of Sustainability and Transformation Plan (STP) areas, to highlight the need to ensure that trade unions are fully engaged in order to help facilitate the successful development of new care models.

You may already have plans to put in place arrangements to enable partnership working with trade unions in your STP area. If this is not the case, then we would ask that you do so. There is a growing body of evidence that shows good staff engagement, such as the partnership approach, can deliver better patient outcomes as well as improve overall organisational performance (West et al 2011, West et al 2013 and The Point of Care Foundation 2014.) The NHS Constitution also emphasises the importance of staff engagement and partnership working and **requires** the NHS to commit to 'engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements.' The social partners also recently signed an updated partnership agreement reaffirming their commitment to effective joint working and early engagement on service changes.

We would also like to take this opportunity to make you aware of the SPF Staff Transfer Guide. The guide is an online toolkit designed to support staff who are facing transfer to providers of NHS funded services in England. It is an easy to use, practical guide to an individual's employment standards and rights. The guide was developed in partnership with trade unions through the SPF Workforce Issues Group.

We wish you well in your work to establish and develop your STP and feel confident that working with trade unions from an early stage will help you. They can ensure effective staff engagement and support a collective approach to the development of new care models to deliver improved patient care.

We are happy to support you in establishing appropriate partnership arrangements, if need be, and can put you in touch with the relevant trade union representatives in your area. Please send any requests for contact details of trade union representatives in your part of the country to: webenquiries@socialpartnershipforum.org

Yours sincerely,

Christina McAnea, Head of Health, UNISON Staff Side Chair	Danny Mortimer, Chief Executive, NHS Employers	Charlie Massey, Director General, Strategy and External Relations, Department of Health	Lee Whitehead, Director of People and Communications, Health Education England	Stephen Moir, Chief People Officer & Head of Profession for HR in the NHS, NHS England

ANNEX 2: TEMPLATE LETTER / EMAIL TO LOCAL COUNCILLORS

Local authorities should be encouraged to play a major role in scrutinising and challenging STPs.

You can email your councillor by entering your postcode into this website: www.writetothem.com.

Below are some suggested words for an email or letter, but the message will be much stronger if you add in local details about elements of the STP that are of particular concern or that UNISON is explicitly opposing. Similarly, it will have added weight coming from someone who actually works in the affected services.

Dear Councillor **[insert name(s)]**

I am writing to ask you to ensure that the Sustainability and Transformation Plan (STP) for **[insert local STP name]** receives proper scrutiny from **[insert council name]** Council.

As I am sure you are aware, STPs are the plans that every part of England has to produce to show how care will be transformed and money saved over the next five years.

As a local resident **[and health/social care worker – if applicable]** I am concerned that these plans are being attempted at a pace and with a lack of money that will render them at best unachievable, and at worst deeply damaging to local services.

There has so far been insufficient public and staff involvement in the development of the plans, and the STPs have no formal place in law, so there are further concerns about how those responsible for implementing the plans will be held to account.

At the very least, these plans should be subject to proper scrutiny by the council's health overview and scrutiny committee and full debate by the council's health and wellbeing board.

Government minister David Mowat has stated that if STPs "are failing to address the needs of stakeholders, including councils, they won't go ahead."

Councillors should therefore be able to play an important role in ensuring that local people and health and care staff are properly consulted on STPs, and that damaging elements of the plans are reconsidered.

I hope you will ensure that our STP receives the level of scrutiny and challenge that such an important plan deserves.

I look forward to hearing from you.

Yours sincerely

[your name]

ANNEX 3: MODEL MOTION ON STPS FOR COUNCILLORS

Councillors can also be encouraged to put down a motion demanding action be taken on the local STP by the council.

Below is a suggested structure for a council motion, but as always anything that can be done to bring in local circumstances will have a much better chance of receiving support from councillors.

Sustainability and Transformation Plans

This Council notes that:

- there are significant concerns in relation to the Sustainability and Transformation Plan (STP) for **[insert local STP name]**;
- while improving health outcomes and better integrating health and social care for the local population is a laudable aim, there are considerable areas of concern and questions which need to be resolved.

This Council believes that:

- the current engagement approach has not been sufficiently inclusive, and that more needs to be done to involve councillors, MPs, trade unions and other key stakeholders in the development of the plans;
- the financial assumptions underlying the STP require much greater scrutiny, particularly when set against the ongoing central underfunding of local government.

This Council resolves to:

- write to the Secretary of State for Health outlining concerns about the unacceptable timescale for consultation and the inadequate engagement of key stakeholders;
- write to local MPs to ask them to highlight concerns about the lack of funding to support the delivery of the STP;
- highlight the lack of staff and trade union engagement as well as the omission of any detailed workforce plans;
- use its full powers of overview and scrutiny to highlight concerns around transparency, engagement, finance and accountability.

ANNEX 4: UNISON BRIEFING

NHS Sustainability and Transformation Plans UNISON briefing

About UNISON

UNISON is the major trade union in health and social care and the largest public service union in the UK. We represent more than 450,000 healthcare staff employed in the NHS, and by private contractors, the voluntary sector and GPs. In addition, UNISON represents over 300,000 members in social care. There is also a wider interest among our total membership of more than 1.3 million people who use, or have family members who use, health and social care services.

What are Sustainability and Transformation Plans?

Sustainability and transformation plans (STPs) are local plans for health and care services. They are being developed by 44 geographical areas, or 'footprints', covering England. NHS providers, clinical commissioning groups (CCGs), local authorities and other health and care services that fall within the footprint must develop these five-year plans that set out how they will meet the broad aims of improving quality and developing new models of care; improving health and wellbeing; and delivering financial balance and stability. The plans will focus mainly on the NHS, but will also cover better integration with local authority services.

Key points

- STPs will detail how each footprint area will implement the Five Year Forward View for the NHS and achieve financial balance by 2020. The 44 footprints come in all shapes and sizes, but cover on average a population of 1.2 million people and five CCGs.

- STP footprints are not statutory bodies, but collective discussion forums, where health and care leaders in an area will come together to facilitate policy directives across organisational boundaries or further integration of services.

- In theory STPs have the potential to encourage closer integration between health and social care services. They are also intended to bring commissioners and providers together and to encourage collaboration between providers.

- However, STPs are expected to indicate how they will make billions of pounds of efficiency savings by 2020 through service reconfigurations and system changes. The concern is that this level of savings cannot be achieved through greater integration and that savings may instead be sought through cuts to services or to staff pay, terms and conditions.

- Initial drafts of STPs that have been made public indicate that some plans are reliant on assumptions that there will be financial savings from moving care closer to home; reducing A&E attendances and emergency admissions; centralisation of some hospital services; and making services better integrated. While some of these areas have the potential to produce benefits for patients, they have traditionally proved hard to deliver and are unlikely to produce substantial costs savings, even in the longer term.

- The big problem remains the lack of money. As a result, there is a serious risk that the plans are seen merely as the vehicle for delivering cuts to services that the government's ongoing underfunding of the NHS has made inevitable.

- The tight timetable for producing the plans is contributing to the sense of unease. With STPs submitted for approval by NHS England in late October, they are then expected to be finalised by the end of 2016.

- There is further concern about the lack of transparency so far with the development of STPs. As non-statutory bodies, STP footprints must not be allowed to bypass proper consultation with staff, service users and the public. NHS England has itself belatedly produced guidance on engaging local people in the development of STPs, which highlights that proper consultation and engagement are an essential part of making the plans work.

What is UNISON calling for?

1. The most important requirement for our NHS and care services is **extra funding**. There is consensus across the system that the NHS is close to collapse and that there is a funding crisis in social care. UNISON is calling on the government to provide an urgent funding boost and to lessen the pressure for unrealistic efficiency savings.

2. UNISON, along with other NHS trade unions, has written to the Secretary of State to request that he **slow down the STP process** to give patients, staff and the public greater confidence that local decisions are being made for the right reasons, rather than as part of a rush to make savings.

3. For such far-reaching plans to work they must have buy-in from patients and the local community. UNISON is calling for **meaningful public engagement** around STPs at the earliest possible stage, including full and accessible publication of the plans.

4. STPs should not be allowed to avoid scrutiny from local authority bodies such as Health Overview and Scrutiny Committees and Health and Wellbeing Boards. UNISON is calling for **support for local authority scrutiny bodies** in carrying out their governance and oversight roles as a means of holding STPs to account.

5. STPs have the potential to cause much uncertainty and disruption for those that work in the NHS. UNISON is calling for proper **staff and trade union engagement** in the development of the plans, along with reassurances from the government around security of employment and pay, terms and conditions.

For further information please contact:

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