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Royal College of Nursing response to the Health Select Committee Inquiry into Sustainability and Transformation Partnerships

Key messages

We are supportive of the aims and underpinning objectives of the 'Sustainability and Transformation Partnerships' (STPs) process, on the basis that partnership working and regional

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vision and intention, as without any improvements being made at population level many of the challenges facing local health and care systems, such as increasing rates of diabetes, will continue and increase.

- NHS England should provide further guidance to establish the assurances that all STPs and Accountable Care Systems (ACSS) should be required to demonstrate in areas such as service and workforce planning driven by population needs, taking into account stakeholder expertise, governance and accountability. NHS England should also apply firmer controls on

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care system itself. In addition to this point, and from our own analysis, all STPs plans should be firmly supported by robust and published evidence.

Looking across all STPs, are there any major areas where the content of the plans needs to be tested for credibility and realism? Are there any major gaps? For example, are proposals in some plans to reduce bed capacity credible?; are the NHS efficiency estimates in STPs robust?; is the workforce available to enable the implementation of STPs?; or is the timescale for the changes proposed in STPs realistic?

4.1 We are quite sure that existing gaps in the workforce, and especially around the nursing

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How will the development of STPs into Accountable Care Systems (ACSs) change the delivery of care in an area?

5.1 It is our understanding that the models of ACS that are being proposed by NHS England seek to further integrate local health and social care organisations, working under shared management and governance structures and pooled budgets. Whilst we accept that such cooperation and shared priorities have potential benefits, the approach being taken to implement them raises a number of concerns.

5.2 Establishing the ACSs poses a number of legislative, technical and organisational challenges. These structures push at the boundaries of what is allowed under current legislation, as is evidenced by the judicial review, launched by the campaign group '999 call for the NHS', against NHS England; this is premised on the NHS England created contract for 'Accountable Care Organisations' (ACOs) breaching the Health and Social Care Act 2012. In support of this point, NHS leaders in Greater Manchester have had to scale back ambitions to hand new care model contracts to two new ACOs^{xiv}; agreeing a large multispecialty community provider contract with a consortium of existing providers was not possible because legislation means the new provider could incur additional VAT charges. These developments demonstrate just how far beyond current and settled legislative boundaries ACOs/ACSs are taking the NHS in England, and raise

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6.3 We welcome and play an active role where possible, in the involvement of staff-side and trade unions mechanisms within STP structures. However, such representation is varied, and in too many cases is either entirely absent or limited to areas such as LWABs where our members are absent from the key discussions around STP structures and development. We need an increase in involvement of senior nurse leaders, both at the top on the STP boards, and across any programme bodies that the STPs establish for design and delivery; this call is supported by the King's Fund^{xvi}. We believe this is vital to ensure effective system change and workforce development which can achieve the level of aspiration set out in the Five Year Forward View.

6.4 The issues are similar for Accountable Care Systems, although the even greater levels of integration are likely to stretch existing organisational governance and accountability arrangements beyond the acceptable limits of current legislation. If this direction of travel is the desired option for Government, it will need to make appropriate legislative provision. The RCN will consider this further, as and when the Government makes further pronouncements on the matter.

What legislative, policy and/or other barriers are there to effective STP and ACS governance and implementation, and what needs to be done by national bodies and national leaders in the NHS to support the implementation of STPs and ACSs?

7.1 As already mentioned, and despite NHS England's guidance, the creation of overarching STPs or ACSs that incorporate a range of organisations with their own legislative status, responsibilities and accountabilities, creates potential conflicts. We have already begun to see these played out through some of the legal challenges taking place. The lack of an arbitration process is also a barrier, as it can lead to organisations removing themselves from the STP process if they feel unable to have their voices heard. The addition of social care to the responsibilities of the Secretary of State for Health and Social Care and the Department also provides an opportunity to address the comparative lack of involvement of local authorities in the STPs and to ensure social care issues are fully integrated into proposals.

7.2 We support the principle of local decision making and accountability across the health and care

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decision-making process. Unfortunately all of the evidence to date is that such levels of engagement have been absent from the development of most STPs.

- 8.2 Public and staff alike are often sceptical of the aims behind many changes proposed by NHS organisations, and naturally focus on the efficiencies/savings being sought, rather than any potential benefits, intended or realised. If the planners developing individual STPs/ACSs are sincere in their attempts to make different parts of the health and care system work together more effectively to improve patient experience, care and outcomes, then they, supported by national leaders and politicians, need to do more to engage all stakeholders in honest and open discussions about the challenges and opportunities that their plans offer. Equally as importantly, they need to ensure that funding is available to deliver the changes.
- 8.3 STP/ACS plans will ultimately only work if the wider health and care system is able to recruit and retain staff; and equip them with the skills necessary for working in new and different ways. Evidence tells us that staff perform best in

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References

ⁱ <https://www.england.nhs.uk/publication/sustainability-and-transformation-partnerships-progress-dashboard-baseline-view/>

ⁱⁱ See, for example, <http://www.careprovideralliance.org.uk/stp-engagement.html> or <https://www.localgov.co.uk/Councillors-lack-confidence-in-health-reforms/43369>

ⁱⁱⁱ Sustainability and transformation plans in the NHS, How are they being developed in practice? The King's Fund, November 2016.

^{iv} Sustainability and Transformation Plans, How serious are the proposals? A critical review, London South Bank University, May 2017.

^v https://digital.nhs.uk/media/34470/NHS-Workforce-Statistics-September-2017-Staff-Group-Area-and-Level-xlsx/default/NHS_Workforce_Statistics_September_2017_Staff_Group_Area_and_Level

^{vi} <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>

^{vii} See page 55 of Next Steps on the Five Year Forward View (<https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/>)

^{viii} See page 55 of <https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/>

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