STP summary paper

Sustainability and transformation plans are five year plans detailing how local areas will work together to modernise health and care and achieve financial balance by 2020. In March 2016, England was divided into 44 geographic ‘footprints’ to create plans based on the local health needs. These plans were submitted to NHS England and NHS Improvement in October 2016 and have since all been published. The plans are still in development and areas will simultaneously start to implement the sections of the plan furthest ahead whilst continuing to work on other sections.

NHS England’s ‘Next steps for the Five Year Forward View’, published in April 2017, changes the language around STPs – referring to them as Sustainability and Transformation Partnerships.

This summary gives an overview of the key points in your STP based on the plans submitted in October 2016. It is not exhaustive and there will have been developments since this point. The level of detail in the summary is reflective of the level of detail within the plan. It does not reflect the BMA position in any way. To stay up to date with what is going on and to read the BMA’s analysis of the plans, please see our website: www.bma.org.uk/stp

If you would like to send comments on the STP process nationally then please email Holly Higgs (hhiggs@bma.org.uk).
26. Mid and South Essex

Population: 1.2 million

Lead: Dr Anita Donley, Independent Chair, Success Regime

Contact your regional coordinator about your STP: nmason@bma.org.uk

Priorities are:
1. Manage demand for healthcare
   a. Step-change in prevention, early intervention and self care.
   b. Online tools, face-to-face health-checks; personalised plans; shared records
   c. Redesigned Urgent and Emergency Care system
2. Reconfiguration of acute services
   a. Three hospitals working as a group
   b. Re-designate emergency centres
   c. Separate elective and non-elective care
   d. Consolidate services
3. Build capacity outside the hospital
   a. Release GP capacity
   b. Organise care around natural communities (“localities”)
   c. Integrate with social care
   d. Optimise mental health

Key points:
– Network of 26 practice groups across mid and south Essex. Changes to the GP role: concentrate on the highest risk and oversee multidisciplinary team to reduce avoidable hospitalisations.
– 190 additional GPs required by 2020/21 under traditional workforce model. However, planning new roles and up-skilling in line with GPFV (GP Foward View) means 100 FTEs (Full-Time Equivalents) required to support primary care capacity, and 80 FTEs required for targeted new services and to support change management.
– Main element likely to concern members and the public is that the three hospitals (Basildon, Southend and Chelmsford) in the area are to share ‘management and support services’ and are considering new models of A&E.
– Having a full time STP lead has been applauded and according to a recent King’s Fund report has borne some benefits by creating a virtual structure.
– Will be one of the four NHS Improvement ‘Pathfinder’ STPs. It is unclear exactly what this entails but will involve cutting back office staff. It could also affect pathology services.
– The plan suggests linking mental health expertise to GP practices and local teams. A new mental health strategy for Essex, due for publication in early 2017, will include investment in 24/7 crisis support for people at home and in the community, avoiding hospital admissions wherever possible.
– Projected reduction of 484,000 attendances at acute hospitals by 2020/21 of which:
  – 424,000 are outpatients
  – 13,000 are EL (Elective) admissions
  – 36,000 are A&E attendances
  – 11,000 are NEL admissions
– By 2020/21, a quarter of GP appointments will be released by shifting to alternative channels.

36 http://www.successregimeessex.co.uk/
37 The King’s Fund (2016). Sustainability and transformation plans in the NHS: How are they being developed in practice?
**Engagement:**
- Contact: [england.essexsuccessregime@nhs.net](mailto:england.essexsuccessregime@nhs.net)
- Dates for discussion events are due to be published “soon” (as of 02/03/17).
- South Essex were praised for initial consultation and engagement although unclear how involved LMC have been.
- Currently in a period of “discussion and engagement, leading to consultation and decision-making in 2017”.
- The plan states that “robust clinician engagement is continuously led by clinicians – not just those in management positions but also other influential clinicians from all relevant clinical services”.

**Finances:**

*Financial gap by 2020/21*
- Healthcare: £407 million
- Social care: £164 million
- Combined: £571 million

*Savings projected:*
- £308.9 million from CIPs and QIPPs
- £53 million from local health and care & SR (Success Regime) initiatives (£23.7 million from speciality pathway redesign, £7.5 million from complex care, £7.5 million from common offer in-hospital, £9.6 million from system-wide transformations, £5.0 million from urgent care).
- £27.6 million from Success Regime initiatives (£17.1 million from acute reconfiguration, £10.5 million from clinical support and back office consolidation).

**Capital funding required: £449.5 million**