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)
20. Northamptonshire

**Population:** 700,000

**Link to plan**

**Lead:** John Wardell, Nene CCG

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

**Priorities are:**
1. To increase the ability for patients and users to self-care
2. To increase the amount of Integrated Care delivered Closer to Home
3. To appropriately manage the patient flow through urgent care
4. To increase provider collaboration
5. To deliver clinical and financial sustainability

**Key points**

- High level plan with little concrete proposals.
- Primary care delivery will be delivered through a network of practices and/or hubs within each Federation, with services available from early morning into the evening, seven days a week.
- GP federations/super practices will be developed, ensuring the sustainability of primary care services, the delivery of out-of-hospital services and the development of MCPs.
- Next steps involve implementing the LDR (local digital roadmap) to support integrated working across the system, developing a system wide estates strategy to support new models of care over the next two to 15 years, and developing the workforce strategy and detailed implementation plans to support new models of care.
- A new delivery service model for scheduled care will be created for specialties eg dermatology and rheumatology which will predominantly be delivered in the community through effective partnership working.
- Musculoskeletal and orthopaedic services will have community based clinics ensuring that patients are appropriately assessed and navigated through clear, LEAN pathways. Those that need procedures and surgical interventions will be delivered in an acute care setting.
- A single model of acute care will be developed across Northamptonshire, initially focusing on 10 specific specialties, but then broadening into a review of all specialties within the acute sector.
- Progress has been maintained in the three key specialties that are resourced (orthopaedics, rheumatology and dermatology). Some developments in cardiology and pathology with the agreement to deliver single service models across the two hospitals (Kettering General Hospital & Northampton General Hospital). The remaining services will move towards implementation as resources become available.

**Engagement**

- **Contact:** northamptonshirestp@nhs.net
- Part of the primary care ‘vision’ entails joint working with the LMC and HEE (Health Education England) to increase GP training capacity and increase recruitment.
- The STP SRO group has a clinical oversight group attached – the ‘delivery layer’ of the plan also includes a clinical engagement advisory group.
- In relation to the organisation development, leadership and cultural transformation, it is important to find ‘clinical champions who will help drive significant change’, while building a strong cohort of senior clinical, professional, managerial and political leaders to articulate a clear patient-centric vision and case for change, and also empower teams to collaborate.

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**Finances:**  
*Financial gap by 2020/21*  
- Combined health and social care: £230 million

*Potential savings:*  
- CIP (Cost Improvement Program)/QIPP/Decom: £116 million  
- Urgent care: £12 million  
- Complex care: £27 million  
- Scheduled care: £11 million  
- Prevention/wellbeing: £5 million  
- Provider development: £33 million  
- STP funding: £48 million