

# LONDON HEALTH BOARD

<b>Date of meeting:</b>	18 December 2018
<b>Agenda item:</b>	5c
<b>Title:</b>	King's Fund London Sustainability and Transformation Plans report (October 2018)
<b>Presented by:</b>	Tom Coffey, Mayoral Health Advisor and Richard Murray, Chief Executive, The King's Fund
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<b>Cleared by</b>	Dr Tom Coffey, Mayoral Health Advisor/ Nick Bowes, Mayoral Director for Policy
<b>Status:</b>	Discussion
<b>Classification</b>	Public

## 1. Purpose of this paper

- 1.1 The purpose of this paper is to present the Board with the key findings and recommendations from the King's Fund second report on London's five sustainability and transformation partnerships (STPs) and to invite them to consider the implications for Londoners' health and care.
- 1.2 The paper also sets out how the six mayoral tests, developed in response to the first King's Fund report, will be applied to major new service transformation and reconfiguration proposals.

## 2. Recommendations

- 2.1 Board members are invited to:
  - Consider the findings and recommendations of the King's Fund's analysis of London's STPs, and the implications for health and care in London;
  - Consider the implications for the Board's role and where it may wish to add leadership; and
  - Note the Mayor's six tests and the proposed process for their application.

## 3. Context

- 3.1 In the past two years the Mayor has commissioned two independent reports from the King's Fund into London's five sustainability and transformation plans and partnerships. The first report, to which the Nuffield Trust also contributed, was published in September 2017. This report supported STPs and their proposed new models of care in principle but found that their financial and bed assumptions lacked credibility. There was also insufficient detail on how STPs would tackle and fund the prevention of ill health and a reduction in health inequalities. Finally, there were concerns that STPs had been developed without sufficiently engaging clinical staff, patients and the wider public.

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3.2 In response to this report the Mayor announced six tests he expected to be met before he would support any transformation or service reconfiguration proposals. These covered:

- Tackling health inequalities and the prevention of ill health
- Sufficient hospital bed capacity
- Sufficient funding
- Consideration of impact on social care
- Clinical support
- Patient and public engagement

(see Appendix A for full details of the tests).

3.3 In October 2018 the King's Fund published a second report commissioned by the Mayor which analysed further progress made by London's STPs since the publication of the first report.

## **4. The second King's Fund report**

### **4.1 Key findings**

- London's health and care system is different from the rest of England and London's place-based working needs to reflect this
- Many service changes are happening at neighbourhood, borough and across boroughs levels, some of which STPs have helped to facilitate.
- London's STPs operate within a challenging environment of rapid demographic growth, workforce shortages, and severely constrained NHS and local authority funding
- STPs leaders have focused primarily on the internal workings of the partnerships, building external relationships and addressing gaps in staff and public engagement
- Local government engagement in STPs is variable and, in a small number of places, non-existent.
- The bed modelling and financial positions set out or inferred from the original plans are no longer being used as a basis for planning

### **4.2 Key recommendations**

- STPs must build capabilities to bring about improvements, build on their work to improve services and demonstrate how they can make a positive impact on issues that need action on a larger scale.

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- Local authority engagement is key to the success of STPs
- Population health needs more attention in the work of STPs
- The Mayor has a major role in working with the NHS, London Councils and PHE to build on the foundations STPs have laid, including on prevention and population health
- London-wide governance arrangements should be reviewed to ensure they are working effectively
- London needs a clear and compelling vision for the future of health and care
- The law needs to be changed to align with what STPs are being asked to do

## **5. The Mayor's response – applying the six mayoral tests**

- 5.1 The Mayor is proposing to commission independent analyses of all major new STP transformation or service reconfiguration plans to assess the extent to which they meet the six mayoral tests. This will determine whether or not he is able to support these plans.

### **Appendices:**

#### **Appendix A – Mayor's six tests**

**Appendix B – Link to King's Fund report: Sustainability and Transformation Partnerships in London: an independent review:**

<https://www.kingsfund.org.uk/sites/default/files/2018-10/London%20STPs%20independent%20review%20October%202018.pdf>

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## Appendix A

### Mayor's six tests for STP transformation and reconfiguration plans

- **Health inequalities and prevention of ill health**  
The impact of any proposed changes on health inequalities has been fully considered at an STP level. The proposed changes do not widen health inequalities and, where possible, set out how they will narrow the inequalities gap. Plans clearly set out proposed action to prevent ill-health.
- **Hospital beds**  
Given that the need for hospital beds is forecast to increase due to population growth and an ageing population, any proposals to reduce the number of hospital beds will need to be independently scrutinised for credibility and to ensure these demographic factors have been fully taken into account. Any plans to close beds should also meet at least one of NHS England's newly introduced 'common sense' conditions:
  - Sufficient alternative provision (such as increased GP or community services) is being put in place ahead of bed closures and/or
  - Specific new treatments or therapies will reduce specific categories of admissions and/or
  - Where a hospital has been using beds less efficiently than the national average there is a credible plan to improve performance without affecting patient care
- **Financial investment and savings**  
Sufficient funding is identified (both capital and revenue) and available to deliver all aspects of plans including moving resources from hospital to primary and community care and investing in prevention work. Proposals to close the projected funding gap, including planned efficiency savings, are credible.
- **Social care impact**  
Proposals take into account a) the full financial impacts on local authority services (including social care) of new models of healthcare, and b) the funding challenges they are already facing. Sufficient investment is available from Government to support the added burden on local authorities and primary care.
- **Clinical support**  
Proposals demonstrate widespread clinical engagement and support, including from frontline staff.
- **Patient and public engagement**  
Proposals demonstrate credible, widespread, ongoing, iterative patient and public engagement, including with marginalised groups, in line with Healthwatch recommendations.