

To: member chairs, chief executives, finance directors,
strategy directors, directors of operations, commercial directors

21 September 2017

Dear colleague,

Supporting providers: STPs and accountable care

The NHS is changing – from a focus on individual NHS institutions to integrated local health and care systems. NHS trusts and foundation trusts are playing a key, often leading, role through their STPs, by adopting new care models and by moving to accountable care structures. In our recent member survey you told us you wanted more support in these areas. We are therefore launching a major new work programme in response - *Supporting providers: STPs and accountable care*.

Our offer

We will, as ever, create the detailed work programme in close collaboration with members, over the next six weeks. Based on the member survey feedback and other intelligence it is clear that members and their STPs are at very different stages of development. There is a strong appetite to share learning and, at the same time, national frameworks are struggling to keep up. Members also have strong views on how STPs and accountable care structures should develop. Our work programme will therefore cover all three of our strategic objectives – support, influence and voice.

Support

There are three broad areas where you've told us you want to learn more and need more support, which we will explore in more detail with you and then prioritise to create the programme:

- *Relationships and process.* STPs, new care models and accountable care structures are dependent on new and different relationships between NHS trusts/FTs, local authorities, primary care and commissioners. Understanding how to make these relationships work effectively is important, as are process issues such as the best way to ensure STP level clinical and public engagement. For example, trusts are building relationships with local GPs in a number of different ways and you've told us you want to understand more about these different models and their pros and cons.

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- *Specific challenges.* STPs are working across a range of different themes/challenges such as moving care closer to home; reconfiguring acute services; rationalising and getting the most out of the NHS estate; and workforce strategy. For example, you've told us you want to understand more about how different STPs are developing their capital investment strategies. We know many of you also want to understand how to put mental health more at the centre of your STP and make best use of the contribution that specialist and ambulance colleagues can bring.
- *Underpinning enablers.* We need a range of different enablers to support these changes: new contracting mechanisms; different financial flows; adopting risk stratification and whole population health management approaches; and developing STP level governance arrangements. Understanding the detail, benefits and risks of these, as well as accessing some of the actual models/agreements that have been developed, will help to speed progress and avoid having to reinvent the wheel. For example, you've said you want to understand how the most advanced systems are moving towards system control totals and how these will work alongside individual institutional control totals. We know that many of you also want to share good practice and learning on STP governance challenges.

We will use our well-developed sector insight and sense making skills to identify what is happening in the more innovative and advanced systems, and across the wider NHS. We will then share this with the entire membership. Our current plans are to use a range of formats – briefings and reports, roundtable discussions and mini conferences. The range of potential topics is wide, hence asking you to help us prioritise where we should focus.

Influence and voice

STPs and models of accountable care do not exist in isolation. We need to shape the national framework in which they operate. We know, for example, that members want much greater clarity from the arm's length bodies on the purpose of STPs and how they relate to the existing statutory framework. We know you've welcomed our early work on STP level governance issues and that you want us to do more to represent your views on these issues to NHS England and NHS Improvement.

Two examples of early activities we are considering here are:

- collecting feedback on the initial NHS England accountable care system memorandum of understanding (MOU) and suggesting improvements
- identifying how the STP rating system can be developed and improved for the next iteration.

Longer term we need to align the current, individual institution focused, CQC inspection and NHS Improvement strategic oversight (SOF) regimes with the move to integrated local health and care systems.

We will use a range of influencing channels to deliver this work, for example through our membership of the NHS England/NHS Improvement STP advisory group.

Working in partnership

We know there are a large number of other organisations also working on STPs and accountable care structures. Our focus will deliberately be unique and distinctive: supporting providers in the detailed practicalities of making these important

transformations work and representing members' views to the arm's length bodies. We will work hard to avoid duplicating the work of others.

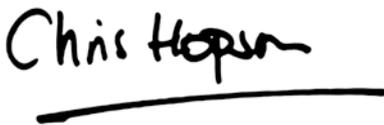
We'll do some of this work ourselves but much of it will be done in partnership. We've already agreed with Simon Stevens and Jim Mackey that we will work closely with NHS England and NHS Improvement. We will also build on existing partnerships, for example, our work to publicise the early lessons from the new care model vanguards involving NHS Clinical Commissioners, the Local Government Association and NHS Confederation. We also want to use the good relationships we've built with the health thinktanks. We will set up a member reference group to guide and input into our activity. And we plan to work with some of the best experts in local government, primary care and commissioning to ensure our work has the appropriate cross system focus it will clearly need.

Your input and next steps

Our work is most powerful and successful when it's done in close collaboration with you, our members. So could you please send Saffron a quick email on saffron.cordery@nhsproviders.org giving initial views of the ideas and plans set out in this letter. For example, it would be good to hear any particular areas/issues where you'd like us to focus. Please also indicate if you'd like to be involved on the member reference group. We will come back to you by mid-October with a more detailed proposal and, crucially, a set of potential activities for you to prioritise.

We're excited by the prospect of supporting members even more effectively as you move into a new landscape and effect some important changes.

Yours faithfully,



Chris Hopson
Chief Executive



Dame Gill Morgan
Chair