

# Sustainability and transformation plans: translating the perspectives

## ABSTRACT

Each local health economy has been tasked with producing a sustainability and transformation plan. A health economy is a system that controls and contributes to health-care resource and the effects of health services on its population. This includes commissioners, acute providers, primary care providers, community services, public health and the voluntary sector. Sustainability and transformation plans represent a shift in the way health care is planned for in England. The aim of each sustainability and transformation plan is to deliver care within existing resource limits by improving quality of care, developing new models of care and improving efficiency of care provision.

The tight timescales for production of sustainability and transformation plans mean that in most cases there has been limited clinical engagement; as a result many clinicians have limited sight, understanding or ownership of the proposals within sustainability and transformation plans. As sustainability and transformation plans move into the implementation phase, this article explores the role of the clinician in the ongoing design and delivery of the local sustainability and transformation plans. By finding the common ground between the perspectives of the clinician, the commissioner and system leaders, the motivation of clinicians can be aligned with the ambitions of the sustainability and transformation plan. The common goal of a sustainability and transformation plan and the necessary collaboration required to make it successful is discussed. Ultimately, such translation is essential: clinicians are intelligent, adaptive and motivated individuals who must have a lead role in constructing and implementing plans that transform health and social care.

Clinicians are experiential experts in change. Yet there have been variable levels of clinical engagement in NHS England-mandated sustainability and transformation plans. This article explores the potential to find common ground between perspectives of clinicians, commissioners and system leaders in the sustainability and transformation plan process.

## Sustainability and transformation plans

Medical practitioners encounter and manage change continuously. International research generates new evidence and improves care and treatment modalities; continued professional development of clinicians' experience and skills is expected for them to achieve and maintain competence; and audit and quality

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improvement review and update delivery of care within institutions. Clinicians' immediate clinical settings are influenced by wider economic and political decisions, not least the current tightening of public sector spending. As the body in overall charge of the NHS, and in response to the effects of these fiscal measures on health care to this national policy, NHS England published the Five Year Forward View (NHS England, 2014). It has subsequently asked for each local health economy to create and implement a corresponding sustainability and transformation plan (NHS England and NHS Improvement, 2016).

Sustainability and transformation plans represent a shift in the way care is planned in the NHS, away from reactive care based around individual institutions and towards proactive models of care involving collaborative working and focusing on populations. Each of England's 44 identified geographical areas (called 'sustainability and transformation plan footprints') have developed a 5-year plan – 'the sustainability and transformation plan' – centred on improving quality of care, developing new models of care, improving population health and wellbeing, and improving efficiency of service and the system as a whole. All of these need to be achieved in the context of shrinking real-terms funding and growing financial concerns (The King's Fund, 2016). In essence, the sustainability and transformation plan must maintain quality – in effect, embedding the health service's resilience – within the funding available. To succeed, the plan must have cohesive input and overall support from all parties: clinicians, commissioners and system leaders.

The announcement of the sustainability and transformation plans was initially met with much cynicism from those within health care – described as a '... centralised, box ticking exercise...' (Vize, 2017) with a number of limitations. There has since been an acceptance and a shift in focus towards working as an integrated system within a health economy.

So, how can the motivations of clinicians and the ambitions of the sustainability and transformation plans be aligned to make the most of these opportunities? One way to begin is to find some common ground between those driving sustainability and transformation plans and clinicians delivering care, then use this as a language to develop an understanding of the perspectives of clinicians, commissioners and system leaders, aligning the responses of each group to the change facing our health economies. This article begins that translation process.

### Translating the perspectives

At least in part because of the tight timescales for developing sustainability and transformation plans, clinical engagement in the sustainability and transformation plan process has been limited thus far. In a survey, two thirds of doctors reported no engagement with sustainability and transformation plans (Tonkin, 2016). From a clinician's viewpoint, it is easy to see a sustainability and transformation plan as yet another piece of distant bureaucracy that will provide little immediate impact on day-to-day practice. Subsequently, the clinician may not perceive a need to embrace its implementation, meaning nothing improves – and the clinician's weary view of the sustainability and transformation plan becomes self-fulfilling, as with so many other past initiatives. This belies the fact that the sustainability and transformation plan may well include initiatives that in the past have had significant clinical involvement and could, under the sustainability and transformation plan umbrella, be taken still further. Such initiatives include reconfiguration of acute services, local digital health-care transformation and developing new models of care such as primary and acute care systems.

### The common goal

The first step is to identify and describe the common goal for all stakeholders. The shared purpose of each sustainability and transformation plan is to improve efficiency while delivering the best health and social care outcomes both for the individual patient and the population overall: this has been called value-based health care. At an individual patient level, outcomes are the results with most meaning to people – a good experience, a good quality of life and the ability for a patient to self-manage and live a 'normal' life (International Consortium for Health Outcomes Measurement, 2017). Taken at population level, this translates into better health for more people, over a longer period of time. These concepts become the 'raison d'être' for clinicians supporting individuals, for commissioners representing populations, and system leaders empowering their clinical and commissioning teams. Outcomes and population health have until recently been a struggle to prioritize: benefits are not realized in the short term, and means of paying institutions for care have not incentivized longer term investments in prevention and early intervention. The majority of discussions around changes underpinning sustainability and transformation plans have been around the closure or merger of services rather than focussing on the interaction of elements in an end-to-end patient journey and the benefits the overall journey brings.

If this goal, common to clinical care, commissioning and system leadership, is to be translated into practice, change is needed across the board: in redesigning payment methods (and their underpinning contracts), improving collaboration between health, social care and other allied professionals, and ensuring the enablers – IT, estates and workforce training – are in place for this all to happen effectively and efficiently. In addition, it requires giving

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equal airtime to primary care, secondary care, social and mental health care, rather than narrowing down on acute trusts and the issues they face.

### The commissioner's role

From the health-care commissioner's perspective, which frequently includes clinical commissioners, outcomes- or value-based commissioning provides an alternative to the traditional method of payment per encounter (the inappropriately named 'payment by results') (Taunt et al, 2015). The aim of outcomes-based commissioning is to incentivise providers to deliver services that produce outcomes described as important by the local population. Using rolled-up capitated (population-based) budgets rather than separate budgets for each provider reframes discussions away from 'how large is the financial shortfall' to 'how do we make best use of all the funding we have'. It creates an imperative for providers to collaborate, although that by itself does not make collaboration easy to do.

The remaining barriers include translating incentives for outcomes to incentives for clinicians, making best use of their limited clinical time and at times the difficulty in accessing the appropriate clinician or team. Rewarding performance on outcomes can lead to reduced duplication and waste, and generate innovation and competition to deliver good care that better meets population needs. Clinical commissioners widely see outcomes- or value-based commissioning as part of the approach required for transformation of health care and it is considered to be at least theoretically the best way of meeting the financial, quality and transformational challenges introduced by new models of care (Thomas, 2015).

Although early outcomes-based contracts are starting to show some benefits (Smith, 2015; Bell and Hicks, 2016), this form of commissioning has not yet been widely adopted in England. There are, however, promising signs from Europe, in particular in Valencia, where a private health-care company, Ribera Salud, has partnered with regional government to generate significant reductions in hospital admissions and reduced readmission rates – although financial benefits are yet to be evidenced (McClellan and Tarazona Gines, 2015).

### The clinician's role

The inquiry into the failings in Mid-Staffordshire attributed the failure of clinical governance to a lack of clinical engagement: 'whatever then gets turned out by the Department of Health, whatever initiatives are started

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at the top, unless the clinical soil is fertile, the seeds will inevitably fall to stony ground at trust level' (The King's Fund, 2012). This applies just as much to sustainability and transformation plans: if they do not sufficiently engage clinicians in redesign, systems are not just missing an opportunity, they could be risking patient safety. The King's Fund suggests that clinical staff throughout the NHS should be responsible for designing and managing effective systems in their local environments – wards, clinics, GP practices – and if empowered to do this, will lead to the NHS meeting its challenges in improving quality, productivity and efficiency (The King's Fund, 2012). Essentially, the system level and commissioner level ideas might be good, but evidence suggests that without frontline clinicians buying into and shaping that change, it is not going to succeed.

The issue is not that clinicians do not want to improve care – on the contrary, it is what we are trained and encouraged to do in day-to-day clinical practice. It would also be false to say that clinicians are unaware of the financial constraints and imperatives facing the NHS at present. Instead, the challenge needs to be reframed, to be about how to design care across teams and organizations to address the outcomes people want within the capitated budget. How does clinical care keep an older person independent and in contact with his/her friends? How can the shorter average life expectancy of someone with serious mental illness be rectified? How does the care pathway for a long-term condition empower the person to look after him-/herself for the 95% of the time when he/she is not in front of a health professional?

The ask of clinicians is to describe and define how proposed clinical changes can impact at both individual and population levels, enabling greater self-management by people with long-term conditions, supporting patient decision making at critical junctions in their care, and redefining which practitioner (or indeed patient peer) is the most appropriate to support each individual during his/her care. This then needs to be articulated by clinical leaders trusted by their peers to the rest of the health economy in terms of value: the size of the patient benefit against the total funding required.

Clinicians must be a part of shaping health-care reform. The idea of the sustainability and transformation plan as a whole is about culture and behavioural change by collaborating across organizational boundaries, thereby taking ownership of the patient pathway. Many clinicians work collaboratively across organizational boundaries already, but often despite the system rather than catalysed by it. Without the drive of clinicians to demonstrate tangible benefits from such reshaping, any proposed change is unlikely to 'stick'.

### System leadership in organizational change

To enable transformation processes, system leaders (including both senior clinicians and senior managers) need to support commissioners and clinicians to undertake their roles as described above. An effective system leader works across a number of complex organizations to facilitate collaboration and engage stakeholders. Here too there is a requirement to change, to reshape the traditional leadership approach in the NHS away from 'pace-setters' (leaders who lead from the front, driving through demanding targets without collaboration; Santry, 2011). While pace-setters have driven improvements in targets centred on patient waiting times and access to services, this approach will be less successful in instilling the collaborative approach required for large system-based organizational change. Instead, system leaders need to be nurturing the front line, embracing a culture supporting innovation and development, building on a common vision, and using the wealth of experience and knowledge within practitioners of what works and what could work. System leaders need to focus on establishing the infrastructure required to deliver good quality efficient care, such as information systems and technology, estates and an appropriately skilled and deployed workforce. Here again there is a role for clinicians, to be able to drive this shift in leadership and influence how system leaders become enablers for change.

There is something to be said for authenticity in system leadership, as well as the ability to build trust across a range of organizations and people with differing backgrounds, driven to work together under a national mandate, to work together and share collective ownership of some very difficult health and social care problems. Leaders must, therefore, consider and value all parts of the system they lead (Vize, 2017).

### The success of the sustainability and transformation plan

The management capacity and skills required to truly deliver sustainability and transformation plans are a concern, although none of the requirements arising from sustainability and transformation plans for clinicians, commissioners or system leaders are new. However, sustainability and transformation plans provide an opportunity to bring together and align the efforts of all these groups with the outcomes for the patients at the centre of the plans. Many commissioners are rethinking the methods by which they invest in and incentivize higher value care, and system leaders are increasingly coming together under the auspices of sustainability and transformation plans to work out how to collectively provide such high value care. But it is clinicians who possess the energy and drive to really influence the redesign of high value care. This energy must be harnessed in the implementation of the sustainability and transformation plan to truly make a difference to patients and the population, the people they spend so much of their career looking after. In addition, the value of clinicians in managing public anxiety and

undertaking public consultation is immense: ‘...one white coat is worth a thousand suits...’ (Vize, 2017).

Such collaboration, around the shared perspective of delivering outcomes that matter and high value care, is not an impossible ask. In NHS systems where such changes have happened, clinical redesign has improved quality of life for patients, reduced demand on health-care services, and moved a greater proportion of care into community settings (Smith, 2015). The authors’ experience as clinicians with consultancy skills and their work on the design and implementation of a number of sustainability and transformation plans leads them to believe that there is a vital role to play for clinicians in shaping a future of health and social care in England. **BJHM**

*Conflict of interest: Dr SV Thakrar and Dr D Bell are clinicians and health-care experts at PA Consulting Group, and have been involved in STP development and implementation for NHS clients.*

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## KEY POINTS

- Clinicians are experiential experts in change and have a role to play in organizational redesign.
- Sustainability and transformation plans are NHS England-mandated 5-year plans centred on improving quality and efficiency in health care.
- The shared purpose of each sustainability and transformation plan – indeed, of the NHS as a whole – is to deliver the best outcomes at the lowest cost for both the individual patient and the population overall.
- Rewarding performance on outcomes generates innovation and competition to deliver good care.
- Clinicians have a big part to play in shaping the future of health care. Their challenge begins with describing how proposed clinical changes can impact at both individual and population levels in a way that shows benefit in terms of the local sustainability and transformation plan.
- To enable transformation processes, system leaders need to support commissioners and clinicians to drive forward system change.

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