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Frequently Asked Questions on the Sustainability and Transformation Plan (STP) for east Suffolk, west Suffolk and north east Essex

Is this a legal document?

No

Who is held accountable for its success/failure?

The local system will be held accountable individually as organisations and collectively as a local health and care system.

Is this a way of getting providers to sign up for cuts by the back door?

What we have is a system which does not work seamlessly and will be unable to meet growing demand on its services. If we continue to work in competition, we will get more of what we have now, but with increasing spend in the wrong areas. This is about having a safe, sustainable NHS and care system for the future, not about cuts.

There is talk of an “abatement” of growing demand on A&E and non-elective care. Given the fact that demand keeps increasing with the challenges of an ageing population – how can you suddenly expect this to stop?

This is a five year plan and we absolutely know that it will not stop overnight and have factored in that growth will continue over the lifetime of the plan. However, we cannot sustain the growth in demand we have seen. Our efforts are increasingly focussed on spending more of our time and energies on avoiding attendances and admissions with more support in the community.

Surely mental health services need more funding, not less?

Mentally healthy communities are a key programme and one we are committed to. This includes continuing to invest most in services for children and adolescents with mental health needs. One of the programme’s many aims is to make sure that people’s mental and physical health needs are considered and treated together and that we achieve parity of esteem locally. However, there are ways in which savings can be made and refocused on front line service delivery to improve outcomes for those with mental health needs. This will need careful thought and input from clinicians and the public.

How can you expect providers, who are already struggling, to save 2% on their current spend?

None of this is easy and it will take time but we have to provide services within the budgets we are given. The fundamental change is that by working collaboratively, we can save money on goods and services and another aim might be to make sure only the most complex care is offered in the hospital. This will take time and effort.

£12.7 million savings on the ambulance service seems to indicate that the STP is expecting there to be fewer ambulance journeys because more people will be cared for in the community, not hospital – is that fair to say?

Yes, we know that people are taken to hospital when they don't need to, and the more that people stay healthy, the less likely the need for trips in the first place. Also, as more people use the right service at the right time, there will be fewer unnecessary calls to the ambulance, which means they can concentrate on the most urgent cases. The local ambulance trust wants to implement their strategy to hear and treat and see and treat more patients without the need to take them to hospitals.

£25m on specialist commissioning savings are identified. What areas does this cover?

- *Neonatal review*
- *Spinal*
- *Medicines management*
- *Renal*
- *Chemotherapy*

We are at the beginning of the process and we will need help over the next five years to shape these ideas into proposals with the patients who use them before any changes happen.

Are the proposals in the STP agreed and definitely going to happen?

The STP is a draft document which outlines the need to improve care and quality in NHS and social care services in the west and east Suffolk and north east Essex area. The STP contains proposals on how the situation could be addressed. While no action is not an option, input from patients, public, staff and local organisations is vital in order to shape the plan and gathering that input is the next stage in its development.

Why haven't I been asked specifically about STPs?

This plan is informed by more than 40 separate pieces of public and voluntary sector engagement carried out in the last several years. Feedback from these have been used to develop strategies for housing, mental health, including learning disabilities, primary care, end of life, maternity, cancer and hospital plans.

There are elements of the plan which we will still want to come and talk to people about in the coming months and years.

Locally and nationally STPs were developed following guidance from NHS England. Across east and west Suffolk and north east Essex, 26 health and social care organisations worked together to develop the STP.

How can I give my views?

People can submit their views online, in writing, by telephone – more information www.healthwatchesuffolk.co.uk/NEESuffolkSTP