

DIABETES THINK TANK

8 November 2016

Sustainability and Transformation Plans: making STPs work for diabetes

2.00 - 4.00pm

Room M, Portcullis House

Meeting report

Introduction

At its June meeting, the Diabetes Think Tank welcomed the National Director for NHS RightCare, Professor Matthew Cripps, who provided members with an overview of how the NHS RightCare methodology has been applied to local diabetes services. During the course of the meeting, members discussed the potential impact of the Sustainability and Transformation Plans (STPs) on NHS RightCare's work in diabetes.

At the time of the last meeting, it was unclear how the STP agenda would address specific disease areas. However, NHS England has since published a series of 'aide-mémoires' covering a range of topics, including diabetes. Each 'aide-mémoire' sets out what success would look like in 2020. They are designed to serve as guides to help the organisations within each STP footprint to work together to tackle the 'big system challenges' and pressing clinical priorities, building on existing efforts.

More recently, NHS England and NHS Improvement published their [Planning and Contracting Guidance for 2017 - 2019](#), which outlines how planning and contracting processes will change to support STPs. It also includes the announcement of additional transformation funding for diabetes services, totaling £40 million a year.

In the coming weeks CCGs will be invited to bid for this additional funding, which is in place to support access to evidence-based interventions, improvements in the achievement of NICE-recommended treatment targets and driving down variation between CCGs.¹

STP footprint leads were asked to submit their full draft plans to NHS England on 21 October, and CCGs and providers are expected to finalise two-year operational plans required by the Planning and Contracting Guidance at the end of December.²

November's meeting therefore provided an opportune time for the Diabetes Think Tank to reflect on the STP agenda, discuss the potential impact that STPs might have on local diabetes services and agree on ways to ensure that each STP supports the delivery of improved diabetes care. The meeting of the Diabetes Think Tank covered the following three topics:

- **Sustainability and Transformation Plans - what we know so far.** How have footprints been developing STPs to date?
- **The 'aide-mémoire for diabetes'.** Are these the right principles to underpin STPs' approaches to diabetes?

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DIABETES THINK TANK

8 November 2016

- **STP plans for diabetes.** What are members' assessments of STP footprint's proposals for diabetes?

Summary of recommendations

During the discussion, the Diabetes Think Tank agreed to the following key recommendations:

- **STPs should ensure that there is robust engagement with service users and healthcare professionals.** Individuals and organisations involved in developing and implementing STPs should ensure that there is robust engagement with service users and health care professionals, to ensure sure that all parties contribute to and are 'bought in' to the STP process and local proposals.
- **Final STPs should be clear how they will implement the recommendations outlined in the diabetes 'aide mémoire'.** The diabetes 'aide-mémoire' is a useful roadmap for bringing together existing diabetes policy and national targets. STP footprints should have regard to the 'aide-mémoire', and use it as a framework to follow as local plans are implemented.
- **Increasing GP participation in the National Diabetes Audit should continue to be a priority.** NHS England, local commissioners and the diabetes community should continue to strive for participation levels in the NDA to return to a high level.

Sustainability and Transformation Plans

Background

STPs were first introduced in the [NHS Shared Planning Guidance 2016/17 – 2020/21](#), published in December 2015, as a new place-based approach to health service planning, to help ensure that health and care services are built around the needs of local populations rather than individual organisations.

Since then, all health and care commissioners and providers across the NHS in England have come together to form 'STP footprints', of which there are 44. Each STP footprint is responsible for producing a multi-year plan, which sets out how the area will improve services and achieve aggregate financial balance over the next five years.

The publication in July 2016 of a diabetes 'aide-mémoire' made clear that each area is expected to provide a roadmap for how it will improve diabetes outcomes across the footprint. This requirement for diabetes to be included in plans was further confirmed by the Health Minister, David Mowat MP.³

All STP footprints were required to submit their final draft plans to NHS England on 21 October.

Discussion

Members discussed their initial reaction to the STPs, and shared their insights on the STP development process in their area. The group received a brief update on the status of STPs to date, including that a handful of draft STPs had been published, and that all made reference to

DIABETES THINK TANK

8 November 2016

diabetes, largely in the context of scaling up diabetes prevention activity. At the time of writing the STP footprints for which draft plans are available include:

- Birmingham and Solihull STP (accessible [here](#))
- Devon STP (accessible [here](#))
- Dorset STP
- Durham, Darlington and Tees, Hambleton, Richmondshire and Whitby STP
- North Central London STP (accessible [here](#))
- South East London STP (accessible [here](#))
- South West London STP (accessible [here](#))

The key points to arise from this discussion were:

- **Lack of engagement with service users, clinicians and other interested parties.** Members agreed that the STP development process has been marked by a lack of clarity and engagement. The group shared their experiences of the STP process: some members indicated they had been blocked from feeding into their local plan, or that, despite opportunities to contribute to the process, they were not able to view the draft plan. Others communicated that engagement to date has been very high level, and that service providers haven't been involved in discussing some of the finer points of plans.
- **Lack of specific detail on diabetes.** The group agreed that it was positive that STPs are prioritising diabetes, but that to date published materials contain very limited detail about the steps areas will take to improve diabetes outcomes. To that end the group agreed that STPs generally lacked detail on diabetes (and other disease areas) and that they are not clear how STPs – or the process behind them – will address some of the big challenges for diabetes. Members agreed that one of the biggest reasons for this is the rapid speed at which these plans have had to be written.

'Aide-mémoire' for diabetes

Background

In July 2016 NHS England published a series of 'aide-mémoires' to assist STP footprint leaders in developing their plans to tackle 'the big system challenges'.⁴ A specific 'aide-mémoire' for diabetes, states that STPs should outline how they will improve outcomes for people with T1 and T2 diabetes 'by tackling unwarranted variation'.⁵

The diabetes 'aide-mémoire' also outlines a series of goals for 2020. These include:

1. **Delivering a reduction in the projected growth in the incidence of diabetes**, including calling on STP footprints to outline a comprehensive strategy to tackle obesity and prevent diabetes, and refer 500 people per 100,000 annually to an evidence-based T2 prevention programme.

DIABETES THINK TANK

8 November 2016

- 2. Supporting more people to manage their own care effectively**, including a requirement that STP footprints outline a strategy for ensuring an additional 10% of people newly diagnosed with diabetes per year up to 2021 are attending structured education courses.
- 3. Improving the treatment and care received, particularly within general practice.** This goal requires STP footprints to outline a strategy to improve the performance of GP practices within the footprint including an approach to increase GP participation in the NDA.

Discussion

Members were asked to consider the diabetes 'aide-mémoire' and feedback their views on it.

The key points that arose from the discussion were:

- **Whether or not the 2020 goals outlined in the diabetes 'aide-mémoire' are the right ones.** Members broadly agreed that these are the right goals for improving outcomes and reducing variation. The group also agreed that the 'aide-mémoire' for diabetes is a useful roadmap to ensure that those drawing together STPs are aware of existing diabetes policy and national targets. However, because NHS England can't mandate STP footprints to cover off all areas of the diabetes 'aide-mémoire' in the plans they develop, there is a risk that there will be a large variation in areas' approaches to diabetes.
- **Structured education remains an important goal.** The group agreed the importance of attending a structured education course needs to be made clearer to people with diabetes and that participation in structured education courses remains far too low. The group also discussed whether the ambition for getting 10% more people to attend the course was ambitious enough. It was agreed that more should be done to ensure that structured education is more accessible (i.e. available through GP clinics or online) and that appointments with allied healthcare professionals could also be a valuable time to incorporate patient education. Members shared examples of successful diabetes education programmes, including the Right Start programme in Ealing, which offers a short-course that is available on the weekend,
- **Public awareness of diabetes must improve.** The group postulated that perhaps the biggest barrier to achieving the headline goals outlined in the diabetes 'aide-mémoire' was a lack of public awareness of the disease, and that unless public awareness of diabetes improves, the headline goals in the 'aide-mémoire' will not be met. Members also agreed that the health service should do more to support and/or educate spouses and family members so they know how to manage the care of people with diabetes.
- **Specific treatment targets for diabetes are important.** The group agreed that the inclusion of treatment targets in the diabetes 'aide-mémoire' sends an important message to STP footprints that treatment – not just prevention – must be prioritised. Members agreed that the options outlined in the 'aide-mémoire' for how STP footprints can improve the achievement of treatment targets were the right high level ambitions but how effective they are will depend on the granular level details as implemented by each CCG and/or provider.

DIABETES THINK TANK

8 November 2016

- **Participation in the National Diabetes Audit.** The group agreed that GP participation in the NDA must be improved so that the outputs of the CCG IAF are of better quality when the next iteration of the CCG IAF is published. The group also agreed that GPs should be better supported to deliver improved care for people with diabetes – this includes more financial support but also enhancing GPs’ knowledge of how to manage diabetes.

Implementing STP plans for diabetes - Diabetes transformation funding

Background

The [Planning and Contracting Guidance for 2017 - 2019](#) announced a wider programme of investment for supporting the treatment and care of people living with diabetes.

As well as confirming that the Diabetes Prevention Programme will be scaled up in 2017/18 and 2018/19 with two further phases of expansion (backed by £25 million funding), the Guidance also announced that CCGs and/or STP footprints could submit a bid for an additional £40 million of national funding for evidence-based interventions to help improve diabetes treatment and care.

At the time of the meeting, details of the bidding process had yet to be announced but it is expected that funding will be provided to successful bids over the course of this Parliament. However, NHS England has been clear that the funding will taper off at the point they expect CCGs/STP footprints to see a return on their investment.

Discussion

- **Diabetes transformation funding process.** The group discussed the £40 million of transformation funding that NHS England has committed for diabetes interventions and received an update about the application process. This included that NHS England would be writing to CCGs in the upcoming weeks to invite them to submit a bid. The group was also briefed that CCGs who performed poorly on the CCG Improvement and Assessment Framework (CCG IAF) would most likely be targeted for support. Members expressed concern that this prioritisation approach would only further entrench the variation.

Summary of questions

Discussion Question 1: Have members been involved in the development of the STP for their area, or had sight of their area’s draft STP?

Discussion Question 2: In members’ experience, are STP footprint leads sufficiently prioritising diabetes care and treatment within the development of their STP?

Discussion Question 3: Do members think these are the right goals to prioritise when it comes to improving diabetes outcomes across STP areas? Are there any additional diabetes-related goals that STP footprints should be prioritising?

DIABETES THINK TANK

8 November 2016

Discussion Question 4: What are the key barriers to all STP footprints achieving these goals for diabetes by 2020?

Discussion Question 5: Is the approach outlined in the diabetes aide-mémoire for improving the treatment and care that people with diabetes receive the right one?

Discussion Question 6: How effective can planning at the STP footprint level be at helping to tackle unwarranted variation?

Discussion Question 7: NHS England has indicated that for bids to be successful they must outline how CCGs/STP footprints expect to deliver a return on [NHS England] investment over the course of this Parliament. In what way will CCGs/STP footprints be able to deliver a return on investment?

Discussion Question 8: How can the Diabetes Think Tank help to support the implementation of STPs?

List of Attendees

Pauline	Latham OBE, MP	Chair of Diabetes Think Tank, MP for Mid-Derbyshire
Professor Clifford	Bailey	Professor of Clinical Sciences, Aston University
Kiran	Bhangu	Project Manager, Health Innovation Network
Rosemary	Bonney	PML Diabetes Network
Debbie	Cook	Nurse Consultant, Diabetes UK and Redbridge CCG
James	Coughtrey	Development Officer, College of Podiatry
Heather	Daly	Nurse Consultant, University of Leicester
Faye	Edwards	Senior Project Manager, Health Innovation Network
John	Grummit	Vice-President, International Diabetes Federation
Lesley	Jordan	Chief Executive, INPUT
Baroness Sarah	Ludford	Peer
Chris	Mieszkowski	Service user
Philip	Newland-Jones	Advanced Specialist Pharmacist, Royal Pharmaceutical Society
Sarah	Reed	Network Manager, NHS Clinical Commissioners
Tom	Stansfeld	Senior Intelligence Officer, Diabetes UK
Professor Jonathan	Valabhji	National Clinical Director for Obesity and Diabetes, NHS England
Grace E.	Vanterpool	Diabetes Nurse Consultant, Diabetes Integrated Care Ealing, London North West Healthcare NHS Trust
Keith	Vaz MP	MP for Leicester East
Lis	Warren	Patient representative, Diabetes UK
Lyndi	Wiltshire	Head of Cardiovascular, Birmingham and Solihull Mental Health NHS Foundation Trust

DIABETES THINK TANK

8 November 2016

About the Diabetes Think Tank

The Diabetes Think Tank has been meeting in Westminster since 2008. It brings together policy makers, patient group representatives and healthcare professionals from across the diabetes patient pathway and provides them with a platform to engage in an open discussion of current issues affecting care for people with diabetes.

The cost of administrative support for the Diabetes Think Tank has been provided by Sanofi, who have no editorial control over the Diabetes Think Tank's recommendations.

Secretariat of the Diabetes Think Tank, November 2016

References

- ¹ NHS England and NHS Improvement, [NHS Operation Planning and Contracting Guidance 2017-2019](#), September 2016
- ² NHS England, Engaging local people, [A guide for local areas developing Sustainability and Transformation Plans](#), September 2016
- ³ David Mowat, Hansard, [14 September 2016](#)
- ⁴ NHS England, [Introduction to the aides-memoire](#), July 2016
- ⁵ NHS England, [STP aide-memoire: Diabetes](#), July 2016