Local Government Association briefing
NHS Long Term Plan
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Briefing

For more information, please contact:
Alyson Morley, Senior Adviser, Community Wellbeing Team
alyson.morley@local.gov.uk 020 7664 3230

Key messages

- **Recognise the wider drivers of health** The Local Government Association (LGA) welcomes many aspects of the NHS Long Term Plan (LTP), in particular the focus on expanding community care, support and prevention to ensure that more people receive timely care, treatment, support and advice as close to their homes as possible. But this is a plan for the NHS rather than a comprehensive plan for the wider health and care system so, inevitably, it offers only part of the solution to the health, social care and wellbeing challenges facing our communities. The LTP recognises that partners, in particular local government, have a leading role in promoting health, wellbeing and independence but the measures it outlines focus primarily on the NHS. Much will depend on the local implementation of the national objectives. It will be important that local leaders across the NHS and local government take a wider approach to ill-health and prevention, building on existing place-based plans for improving health and wellbeing to create new models of care and support.
- **Social care remains desperately underfunded** The LTP recognises the need to fund adult social care adequately but sees this in terms of reducing the pressure on the NHS. It is true that the NHS and social care are inextricably linked but social care also needs to be seen as a vital service in its own right, not simply an adjunct to the NHS. It allows the NHS to focus on what it does best and it helps people to live independent and purposeful lives. Social care faces a funding gap of £3.6 billion by 2025, which must be urgently addressed. If not, fewer people will be able to get the care they need, there will be an even greater risk of the financial failure of care providers, and a disinvestment in prevention. For the NHS, there is a real risk that reductions in adult social care will jeopardise the priorities in the NHS LTP. It is vital that the Government uses the Spending Review to deliver sustainable funding for social care. The LGA has set out the scale of the challenge in 'The lives we want to lead: the LGA green paper for adult social care and wellbeing'. We have also set out recommendations for the Government's own green paper on adult social care. It is disappointing that the LTP does not underline the urgency of the funding challenge facing adult social care and the consequences for the NHS if the Government continues to delay the publication of the green paper.
- **The Better Care Fund (BCF) is important in funding adult social care and integrated services** The protection of adult social care funding has always been a national condition of the BCF. We support local systems to improve safe and timely discharge from hospital but the disproportionate focus on delayed transfers of care (DTOC) is having a negative impact on community and social care provision by directing funding away from these vital services. The LGA calls for the BCF to return to its original aims of protecting adult social care, supporting prevention and community based support, and promoting integration.
- **Public health needs proper resourcing** We strongly support the renewed focus on prevention, health inequalities and a population health focus. NHS commitments to promote prevention are welcome, but cuts to local government funding for public health services underline the need for government to take a consistent approach to population health. Public health grant funding has reduced by over £700 million in real terms between 2015/16 and 2019/20. The contribution of public health is being undermined and services vital for improving population health are not being implemented, or are being cut back, risking the future sustainability of the NHS and

social care. Without additional resources, many councils will be forced to make tough decisions about which services to scale back, or cut completely. In the past six years 80 per cent of the 112 indicators in the public health outcomes framework have been level or improving. It is vital that the Government uses the Spending Review to deliver sustainable funding for public health in local government.

- **We need equivalent investment in local government to make the best use of NHS funding** Taxpayer investment in the NHS will not be used to best effect unless there is also a sustainable funding solution for social care, public health services and wider council services that contribute to improved health and wellbeing. The overall funding gap facing local government will reach £8 billion by 2024/25.The Government must use the green paper and the Spending Review to ensure that the underfunding of council services does not compromise the delivery of the ambitions of the plan.

- **The plan could go further to truly personalise services** We support increased personalisation, although this could have gone further with commitments to introduce co-production and co-commissioning of care and support, personal budgets and direct payments. This is essential to create a service focused on wellbeing rather than illness.

- **Effective partnerships are crucial for success** We support the place-based focus of integrated care systems (ICS) and the requirement for partnership governance. But we are concerned that health and wellbeing boards are not mentioned as they are the only statutory forum bringing together local clinical, political and community leaders. The LGA supports many of the proposals to change the legal framework for the NHS, in particular changes to promote collaboration across local health systems. The LGA has long supported such a duty and we support combining existing duties on councils, CCGs (clinical commissioning groups) and health and wellbeing boards to create a single duty on all partners to improve the health and wellbeing of local populations. We would expect this duty to include a requirement to engage partners in the development of local implementation plans and, for health and wellbeing boards to have a clear role in every ICS.

- **Focus on effective joint working rather than unnecessary reviews of local government responsibilities** With regard to the proposed review of commissioning of some public health services – sexual health services, health visitors and school nurses – the rationale for local government to lead on public health remains unchanged. The plan implies that councils are delivering worse outcomes than when services were commissioned by the NHS. This is not supported by the evidence. In the past six years 80 per cent of the 112 indicators in the public health outcomes framework have been level or improving. The joint review must ensure that we have the best possible join-up between the NHS and local government, and that services are appropriately resourced. Now is not the time for further distractions around structures and responsibilities for commissioning preventative services. The most effective health and care systems work collaboratively and we should focus on strengthening effective joint commissioning.

- **Welcome measures to support children's health** The emphasis on children and young people – particularly their mental health – in the plan is very welcome. It could go further to recognise the wider role that local government and other services play in delivering the Government's Healthy Child Programme and influencing the health of children and young people more widely. A joined-up approach is crucial to delivering the LTP and to creating future generations of healthy and happy adults.

- **A welcome emphasis on mental health, learning disabilities and autism** We welcome the strong focus in the plan on mental health, learning disabilities and autism. It recognises the benefits of investing in multi-disciplinary teams to ensure a person-centred approach.

- **Don't forget the social care and public health workforce** With regard to workforce, the emphasis is squarely on the NHS workforce with scarcely any mention of links to social care or public health. This is understandable at this stage with the green paper and NHS workforce implementation plan yet to be delivered. It is vital that the NHS and local government develop a system-wide approach to workforce planning and that the impact of changes to the NHS workforce on the social care workforce is considered.

Background

Introduction

The LTP was published on 7 January. It provides a comprehensive action plan and set of national priorities for how the NHS will use the additional 3.4 per cent a year over the next five years – amounting to £20.5 billion a year – to improve health and address health inequalities, redesign the model of care and support and to ensure the financial sustainability of the NHS.

The document makes detailed proposals for many aspects of NHS activities, so this briefing focuses on the areas of most interest and relevance to local government. The briefing also summarises all relevant LGA views, comments and policy messages.

Chapter 1: A new service model for the 21st century

Chapter 1 outlines the new service model, giving people more care options closer to home.

Primary and community care:

- Additional investment to increase primary medical and community services spend faster than the overall NHS budget rises, equating to at least £4.5 billion in five years' time. More people will be treated at home, freeing up over one million hospital bed days. There will be more focus on supporting people with moderate frailty, using population health approaches to identify needs earlier, and support people to maintain their independence.
- Development of primary care networks for populations of 30-50,000 to act as employers and budget holders for multi-agency teams of primary, community, social care and voluntary sector expertise.
- Teams will have targets for a two-hour response for referrals to a community health crisis service and a two-day response for requests for reablement, which all areas should achieve within five years.

Urgent, outpatient and acute care:

- Reduce accident and emergency (A&E) attendances and admittances by: expanding NHS 111; developing a clinical assessment service by 2023, a single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care; introducing acute frailty services to assess and treat in A&E; and reduce ambulance conveyance rates by treating more people at home, as well as reducing handover delays.
- Introduce a consistent model for same day emergency care with the aim of increasing the proportion of acute admissions discharged on the same day from a fifth to a third.
- The national target to reduce delayed transfers of care (DTOC) is maintained over the next two years to achieve an average DTOC figure of 4,000 or fewer delays, and over the next five years to reduce them further.
- Redesign outpatient services over the next five years, such as more virtual appointments, reducing outpatient visits by up to 30 million a year.

Person-centred care:

- Greater emphasis on self-care in diabetes prevention and management, asthma, maternity and parenting support, and online therapies for mental health problems.
- Expanding personalised care to reach 2.5 million people by 2023/4, and doubling that number within a decade; this includes up to 200,000 personal health budgets.
- Investing in social prescribing, with over 1,000 social prescribing link workers by the end of 2020/21 with the aim of 900,000 referrals to social prescribing schemes by 2023/24.

System collaboration:

- All STPs (sustainability and transformation partnerships) to become ICSs (integrated care systems) by April 2021, and CCGs (clinical commissioning groups) to align or merge across an ICS footprint, becoming leaner, more strategic organisations that support providers to partner with local government and other organisations on population health, service redesign and LTP implementation.
- Every ICS will have a partnership board, drawn from commissioners, trusts and primary care networks, 'with the clear expectation that they will wish to participate with local authorities, the voluntary and community sector'.
- Four models are identified for integration with social care: voluntary budget pooling; individual service user budget pooling; NHS as the lead commissioner of a pooled budget; or the council chief executive or director of adult social services assuming the role of CCG accountable officer.
- The Better Care Fund (BCF) is noted for supporting better integrated working in many areas, and that the review of the BCF is due to conclude in early 2019.

LGA views:

- We support investment in primary and community health care, especially the development of multi-agency teams to provide early help and support. We urge early conversations with councils and communities to co-develop and deliver these ambitions. We are disappointed that the proposals stop short of shifting funding and services from hospitals into the community, to provide care closer to people's homes.

- The document incorrectly criticises BCF funding as sometimes being 'used to replace core council funding rather than to add to investment at the interface between health and care services'. The funding that makes up BCF includes the 'NHS Transfer', which existed before the BCF and is intended to be spent on adult social care services that would benefit the NHS. The protection of adult social care funding has always been a national condition of the BCF. The LGA strongly resists any moves to prioritise funding for the care of people in or ready to leave hospital. Although we continue to support local systems to improve safe and timely discharge from hospital, the disproportionate focus on DTOC is having a negative impact on community and social care provision by directing funding away from these vital, underfunded services. The LGA calls for a return of the BCF to its original intentions, protecting adult social care services, supporting prevention and community based support, and promoting integration.

- We welcome the expansion of reablement and we are keen to understand how this will be taken forward with councils which are the main commissioners of these services. We support timely access to reablement but the two-day response to reablement requests will have significant resource implications. We strongly recommend national and local conversations with councils to consider these issues and support partnership action.

- We support place-based commissioning and delivery through the development of ICSs. However, we would caution against any nationally imposed model or timescale for their development. Instead the focus should be on supporting local leaders to develop appropriate arrangements fit for their communities' needs.

- We support the requirement for partnership governance of ICSs but are concerned that health and wellbeing boards are not mentioned. As the only statutory forum bringing together local clinical, political and community leaders, the boards are key leaders of place and should be the building block for partnership governance.

- The LGA strongly supports the expansion of person-centred care in the NHS and we are keen to continue to work closely with government and the NHS to ensure this builds on and aligns to existing personalisation in adult social care.

- It is encouraging that the plan prioritises social prescribing. However, the extension of link workers must not undermine existing schemes rooted in the voluntary, community and social enterprise sector.

Chapter Two: More NHS action on prevention and health inequalities

This chapter sets out measures to promote prevention and address health inequalities.

- The Government and the NHS will consider whether there is a stronger role for the NHS in commissioning sexual health services, health visitors and school nurses, and what the best future commissioning arrangements might be.
- Five-year CCG funding allocations, estimated to be worth £1 billion by 2023/24, will be based on a more accurate assessment of health inequalities and unmet need, with all areas required to set out measurable goals for narrowing health inequalities.
- Up to £30 million extra for the health needs of rough sleepers, better access to specialist homelessness NHS mental health support, and integration with outreach services.
- Increased focus on supporting people to quit smoking: by 2023/24 every person admitted to hospital who smokes offered support to quit; a new smoke-free pregnancy pathway; and a new universal offer within specialist mental health services.
- Double the Diabetes Prevention Programme over the next five years, a commitment to treat a further 1,000 children a year for severe complications related to obesity by 2022/23, and target access to weight management services in primary care to people with type 2 diabetes or hypertension with a BMI of more than 30.
- Hospitals with the highest rate of alcohol dependence-related admissions will establish alcohol care teams, which could prevent 50,000 admissions over five years.

LGA views:

- We support the renewed focus on prevention and commitments to tackle health inequalities and the shift to a population health focus. However, cuts to local government public health funding underline the need for a consistent approach across government to population health. The LGA believes that public health measures which are vital for improving population health are not being implemented, or are being cut back. We regret that the LTP does not make this point.

- With regard to the proposed review of commissioning of some public health services – sexual health services, health visitors and school nurses – the rationale for local government to lead on public health remains unchanged. The plan implies that councils are delivering worse outcomes than when services were commissioned by the NHS. This is not supported by the evidence. In the past six years 80 per cent of the 112 indicators in the public health outcomes framework have been level or improving. The joint review must ensure that we have the best possible join-up between the NHS and local government, and that services are appropriately resourced. Now is not the time for distractions around structures and responsibilities of commissioning preventative services across the public health system. The most effective health and care systems work collaboratively and we should focus on strengthening effective joint commissioning.

- We support additional funding to target resources to areas experiencing the greatest health inequalities. The NHS needs to work in partnership with local government to tackle health inequalities.

- We support expanding NHS specialist clinics to help more people with serious gambling problems and encourage NHS England to work with councils to tackle the problem at source. We also support the extra investment in smoking cessation services in hospitals, mental health services and the pregnancy pathway. A focus on hospital-based support addresses only one aspect of smoking cessation, and we urge the Government to ensure adequate funding for councils' prevention work. Similarly, targeted help to support people who are alcohol dependent is welcome news but it must complement preventative services in the community.

- The plan provides no solutions to the acute problems that are facing sexual health services across the country. In November 2018 in the House of Commons the Public Health Minister Steve Brine said the Long Term Plan "will absolutely" include HIV but there is no reference to HIV and sexual health in the plan. It is disappointing that this commitment has not been met.

Chapter 3: Further progress on care quality and outcomes

This chapter outlines priorities for the 'biggest killers and disablers of the population'. It notes the need for a continued focus on cancer, mental health, multi-morbidity and healthy ageing including dementia, children's health, cardiovascular and respiratory conditions, and learning disability and autism. It highlights the levels of variation in service quality in different parts of the country as well as performance against international comparators.

Maternity and neonatal health:

- Target of 50 per cent reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025 and to reduce incidences of pre-term birth.
- By 2024, 75 per cent of women from black, Asian and minority ethnic communities and women from deprived groups will receive continuity of care from their midwife throughout pregnancy, labour and the postnatal period.

Children and young people's (CYP) mental health:

- Funding for CYP mental health services will grow faster than both overall NHS funding and total mental health spending.
- Waiting times to be introduced for accessing CYP mental health and a focus on 0-25 mental health care.
- Improve crisis care and expand community based support with an additional 345,000 under-26s able to access mental health services and school/college-based support by 2023/24.

Learning disabilities and autism:

- NHS staff will receive information and training to better support people with a learning disability and/or autism and local healthcare providers to make reasonable adjustments to support people.
- Reduce waiting times for specialist services, move care into the community including the possibility of personal health budgets, and invest in seven-day specialist multidisciplinary services and crisis care.
- By 2023/24, all CYP with a learning disability and/or autism with the most complex needs will have a designated keyworker.

Better care for major conditions:

- Focus on cancer, cardiovascular disease, stroke care, diabetes and respiratory disease.

- Earlier diagnosis and screening but also personalised care – for example, by 2021, where appropriate, every person diagnosed with cancer will have personalised care, including a needs assessment, care plan and information and support.
- By 2028, the proportion of cancers diagnosed at stages one and two will increase from around half to three-quarters.
- Increased focus on self-management and prevention but also implementation of higher intensity care models and hyper-acute care such as for stroke care.

Mental health:

- Investment in mental health services increasing faster than the NHS budget overall for each of the next five years to fund integrated primary and community mental health care.
- Through NHS 111, to provide a 24/7 community-based mental health crisis response for all adults by 2020/21 and in the next 10 years aiming to provide a single point of access and timely, universal mental health crisis care; and more widely to provide more community-based support.
- There will be specific waiting time targets for emergency mental health services from 2020, as well as mental health transport vehicles, mental health nurses in ambulance control rooms, improvements in the mental health competency of ambulance staff, and mental health liaison services in all acute hospital A&E departments.

LGA views:

- This section of the LTP takes a single-condition approach, which is at odds with the commitment to move to a person-centred approach. As the plan moves to implementation it will be critical to ensure that the targets and ambitions for specific conditions are built into a person-centred approach, in line with the plan's broader ambitions on personalisation.

- With regard to mental health services, we welcome the commitment to join up NHS, local government and other partners in mental health prevention and recovery. To avoid further pressure on the NHS we also need to prevent people reaching a crisis. We need to re-focus mental health services away from medicalisation to early intervention and support for recovery through community based services. Councils are key to mental wellbeing and it is important that the Government provides a long-term commitment to invest in council services to help address and prevent mental illness, and ensure suicide rates are further driven down and lives saved.

- The emphasis on CYP in the plan is very helpful. The increased continuity of care and coordination of services in community hubs for CYP are positive steps, enabling a smooth transition between services. As seen in our Bright Futures action plan, we want recognition of the wider role local government plays in creating future generations of healthy and happy adults. Councils have worked tirelessly to protect support for vulnerable children, and have increased their spending on children's social care however, the children's services gap amounts to £3.1 billion in 2024/25.

- Increased funding for children and adolescent mental health services (CAMHS) is very welcome. It is imperative that this funding reaches CAMHS. Currently, CCGs spend an average of 14 per cent of their overall budget on mental health, but just 0.9 per cent on children's mental health, and councils' children services are increasingly having to step in to support vulnerable children unable to access CAMHS.

- While we support improved crisis care, investment is needed in early intervention therapies for CYP so they do not deteriorate to the level where they require more medicalised and crisis-based interventions.

- Investment in maternity systems is welcome and should be done in partnership with local authorities as there is scope to improve coordination between maternity and health visiting services to support children and their families.

- We welcome many of the proposals in relation to learning disabilities and autism and call for investment in multi-disciplinary teams to ensure a holistic approach. We support the introduction of learning disabilities standards across the NHS but they could go further in calling for universal standards across the health and social care sector. We call for the CQC, Skills for Care, ADASS, NHS England and the LGA to work together to ensure the consistent application and monitoring of standards.

Chapter 4: NHS staff will get the backing they need

This chapter is almost entirely focused on the NHS workforce and has little relevance to local government. It outlines how the NHS must ensure it has enough people with the right skills and experience working in rewarding jobs, and a positive culture. It notes the need for opportunities to develop skills and use state-of-the-art equipment; and to strengthen and support good, compassionate and diverse leadership at all levels.

The plans will be finalised by NHS Improvement and the Department for Health and Social Care (DHSC) when the education and training budget for Health Education England (HEE) is set later in 2019. These actions will be delivered through a workforce implementation plan to be published in 2019.

Nursing and allied roles:
- Increase the number of undergraduate nursing degrees, develop a lower-cost online nursing degree, reduce attrition from training and improve retention by improving the nursing vacancy rate to 5 per cent (by 2028), as well as expand nursing apprenticeships, with 7500 new nursing associates starting in 2019.
- ‘Earn and learn’ options for mature students especially in mental health and learning disability will be explored, plus expand clinical and non-clinical apprenticeships, with an expectation that all entry-level jobs would first be offered as apprenticeships.
- Expand the numbers of allied health professionals and clinical pharmacists.

The medical workforce:
- Increase medical school places to 7,500 per year with options for part-time study, plus accelerated degrees to be considered.
- There will be an accelerated shift from mainly specialist roles to generalist ones.
- Expand GP numbers by 5,000.

Staff support:
- HEE to increase the proportion of budget spent on workforce development to increase retention and NHS Improvement’s Retention Collaborative will be expanded.
- Greater flexible working, wellbeing and dealing with violence, bullying and harassment.
- A focus on equality and diversity through, for example, an expansion of the Workforce Race Equality Standard, local targets for black, Asian and minority ethnic representation in leadership, and the development of a disability equality standard.

Leadership:
- A new ‘NHS leadership code’ for senior leaders to underpin everything from recruitment practices to development programmes.
- Other proposals for improving NHS leadership include: a systematic regional and local approach to identifying, assessing, developing, deploying and supporting talent; more senior clinicians taking on executive leadership roles; expansion of the NHS graduate management training scheme; making leadership development offers available to all staff; and establishing a faculty of coaches and mentors to support senior leaders.

LGA view:

- The emphasis is squarely on the NHS workforce with scarcely any mention of links to social care or public health. This is understandable at this stage with the green paper and NHS workforce implementation plan yet to be delivered. It is vital that the NHS and local government develop a system-wide approach to workforce planning and that the impact of changes to the NHS workforce on the social care workforce is considered.

- There is no clear timetable to produce the workforce plan and it will be important to set this out as soon as possible. The proposed national workforce group will need to make strong links with local government and social care providers. This should be part of the remit of the new Chief People Officer. Clarity is needed also on the role of NHS Employers in this work.

- HEE has a remit and budget focused on meeting the long-term predicted demand for clinical specialists, nurses, etc. and spends relatively little on workforce development and the wider social care workforce. The LGA has long argued that this remit needs to be reviewed with an aim of supporting integrated preventative services. The commitment from HEE to spend more on workforce development is to be welcomed, although there is no clear funding yet and no clear link to social care.

- There is a considerable offer around leadership development and it is important to aim for and fund a coordinated offer across integrated care systems.

Chapter 5: Digitally enabled care will go mainstream across the NHS

The chapter sets out the central role of technology in realising the LTP. Specifically, the plan gives commitments to:

- Offering a 'digital first' option for people by 2023/24 moving towards a tiered model of primary care and outpatient support based on need such that virtual consultations will increase and technology will increasingly support people in their own home.
- Improve personalised content and digital tools, giving people access to new apps, access to and ability to contribute to their own information (the Summary Care Record by 2020 and access to local health and care record by 2023).
- Ensure that professionals can capture information digitally at the point of care and ensure mobile access, particularly for community based staff. Patients, clinicians and carers will have access to the record, care plan, appointments and medications' notes.
- Ensure that all providers advance to a core level of digitisation by 2024, and expand the child protection information sharing programme to all care settings by 2022/23.
- Improve communication between the NHS and residential care through adoption of technology in care homes and improve the sharing of information, including NHSmail.
- Support the adoption of population health management during 2019 to better understand population needs and predict those who will benefit from interventions.
- Ensure that the foundations are in place for these technology changes, including stronger arrangements around purchasing systems and technology that meet standards, and supporting cyber and data security.

LGA view:

- The LGA supports the drive to modernise the NHS and improve ways in which patients can interact with the NHS. This programme needs to be undertaken in collaboration with local government to help inform implementation. Several commitments require working with councils and the LGA looks forward to discussing this with NHS England.

- The commitments in relation to population health management must include working with public health and other parts of local government given the statutory place-shaping role of councils and the importance of the wider determinants of health.

- Given the shift towards care in the community, and digital switchover by 2025, there are opportunities for further work between NHS, councils and the housing sector to support prevention, wellbeing and independence, and to benefit from the opportunities that technologies in the home can have.

- The commitment to support information sharing in care homes is welcome but the LTP needs also to highlight commitments to digitisation across the breadth of social care. There are current challenges, for example only 30 per cent of councils have the information they need from the NHS and less than a quarter of care providers – for care homes and domiciliary care — receive the discharge summary from the NHS.

- We are supportive of the commitments to give people more access to, and control of their information and we should collectively look at opportunities to design digital solutions around the individual which encompass social care as well as health.

Chapter 6: Taxpayers' investment will be used to maximum effect

This chapter outlines how the additional funding will set the NHS on a sustainable financial path. It identifies five key tests. These are to: return to financial balance; achieve productivity growth of at least 1.1 per cent to be reinvested in frontline care; reduce growth in demand by better integration and prevention; reduce variations of financial and operational performance; and make better use of capital investment and existing assets.

Return the NHS to financial balance by:

- Reforming the NHS payment system away from activity-based to population-based funding, though elective care will still be funded according to activity.
- Reforming the financial incentive framework for CCG-commissioned and specialised services.
- Introducing an accelerated turnaround process for the 30 worst financially performing trusts, and a new Financial Recovery Fund to reduce the number of trusts in deficit by 50 per cent by 2019/20 and by 2023/24 for no trust to be in deficit.

Achieve 1.1 per cent productivity and efficiency gains by a range of measures, including:

- joining up primary and secondary health services
- improving deployment of the clinical workforce to reduce bank and agency costs
- procurement of supplies and services at national level to get the best deals
- improving efficiency of diagnostics, community and primary and mental health services
- fewer hospital admissions due to prescribing errors by introducing electronic prescribing
- £700 million savings by reforming the payment system to reduce transactional costs
- better use of the NHS estate and greater energy efficiency
- reducing the use of the least effective clinical interventions
- improving patient safety to cut patient harm and the costs of clinical negligence claims.

Reduce the growth in demand for care through better integration and prevention, plus measures to cut unjustified variation in performance.

Make better use of capital investment and existing assets by upgrading NHS estates in line with the Estates Plan that all STPs must have in place. Other reforms to the NHS capital regime will be set in the capital settlement in the Spending Review.

LGA view:

- We support the strong focus on ensuring the best use of this substantial investment in the NHS, in particular the proposed reforms to payment systems which do not currently incentivise prevention and partnership working. Ensuring that all parts of the NHS achieve financial balance by 2023/24 will be a major challenge for the NHS and it will need to work in partnership with local government to ensure that any efficiency measures taken by the NHS do not have negative financial implications for other parts of the system, so that they are genuine efficiency improvements rather than cost-shunting.

- We support the focus on better integration and prevention but would caution the NHS to be realistic about the impact this will have on reducing demand in the short-term. It is important that we invest in prevention and integration to improve population health outcomes long-term, even though it may take time for the impact to feed through into reduced demand.

- Taxpayer investment in the NHS will not be used to best effect unless there is also a sustainable funding solution for social care, public health services and wider council services that contribute to improved health and wellbeing. The Government must use the green paper and the Spending Review to ensure that the underfunding of council services does not compromise the delivery of the laudable ambitions of the plan.

Chapter 7 Next steps

This chapter sets out how the plan will be implemented over the next five years and beyond.

- Existing commitments of the Five Year Forward View and national strategies will continue in 2019/20 and 2020/21. 2019/20 is a transitional year with every NHS body to agree an organisational operating plan and contribute to a local system-level health plan.
- In 2019, each local health system will be given a five-year indicative financial allocation and will produce a local plan for implementing the LTP commitments. These should build on existing plans and local communities and partners will be engaged in developing plans, with a recognition that different areas will be at different stages of development. There will also be a national list of 'essential interventions' that all local health systems will be expected to implement, for example e-rostering and standardised procurement, irrespective of local progress or priorities. The local plans will be brought together into a national implementation plan, to be published in autumn 2019.
- The LTP aims to balance national direction with local autonomy. Local implementation of the LTP will be led by STPs and ICSs. NHS England will provide support for all areas to achieve ICS status by April 2021.
- ICSs will promote collaboration between trusts and commissioners to ensure best use of resources and the best outcomes for the population. They will be supported by a system of oversight which reviews system-wide objectives, as well as the performance of individual organisations.
- Collaborative leadership will be supported by 'a duty to collaborate' for providers and CCGs.
- The LTP proposes legislation to make it easier for NHS bodies to work together, and for national bodies to do the same. This includes a new legal duty for NHS commissioners and providers to collaborate to promote better health outcomes, better care and secure the sustainability of the NHS. Restrictions on how CCGs can collaborate with each other and providers will be lifted to facilitate the development of ICSs, and some of the competition rules that inhibit the integration of NHS care will be removed. The LTP also proposes repealing some procurement rules, while protecting patient choice, and introducing greater flexibility in the NHS pricing regime.
- The plan proposes creating an NHS Assembly drawn from clinicians, staff, patients, the voluntary and community sector, the NHS arms-length bodies and frontline leaders

(including local government) to advise NHS England and NHS Improvement on plan implementation.

LGA View:

- We support the move from annual organisational business plans to longer-term, system-wide plans which focus on population health. We also support the recognition that local implementation plans need to build on existing plans and strategies and that they need to be developed in partnership with local communities and other key local partners.

- The LGA supports many of the proposals to change the legal framework for the NHS, in particular legislative changes that will promote collaboration across local health systems. We would encourage, however, a consolidation of this duty with the existing duties on councils, CCGs and health and wellbeing boards, to create a single duty on all partners to cooperate to improve the health and wellbeing of local populations. We would expect this duty to include a requirement to engage partner organisations in the development of local strategies and delivery plans.