LGA briefing
NHS Long Term Plan Implementation Framework

Briefing

INTRODUCTION AND BACKGROUND The NHS Long Term Plan (LTP), published in January 2019, set out the national priorities for how the NHS will use the additional average annual real terms 3.4 per cent funding increase over the next five years – amounting to £20.5 billion a year by 2023/24 – 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 made detailed proposals for many aspects of NHS activities. The LGA published a briefing for councils that focused on the areas of the LTP of most interest and relevance to local government. The briefing also summarised all relevant LGA views, comments and policy messages.

In July 2019 NHS England and Improvement (NHSE/I) published the NHS Long Term Plan Implementation Framework (LTPIF), which sets out the actions for sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) to develop local strategic plans for 2019/20 – 2023/24 in order to deliver their contribution to the commitments set out in the LTP.

Inevitably, much of the LTPIF focuses on the detail of NHS funding and performance management mechanisms. This briefing summarises the elements of most relevance to local government. It also gives the relevant LGA views, and policy messages.

KEY MESSAGES

- We welcome the numerous mentions throughout the document of the need for the NHS to work with partners, in particular local government. The NHS view of what constitutes a locally driven plan, however, is more centrally driven than the local government perspective. The LTPIF includes a lot of central direction and specification, not just in terms of *what* systems must prioritise but also *how* they should achieve objectives. There is some scope for local discretion on the timescale for achieving national expectations and the milestones they can choose to measure progress but we believe that local clinical, political and community leaders need more space and scope to develop implementation plans, and that these should build on existing strategies for improving health and wellbeing, enhancing care and support services and making most effective use of public resources.

- The LTP objectives will be achieved only when adult social care, public health and local government services more generally are sufficiently and sustainably resourced. The entirety of the health, wellbeing and social care system has to be adequately funded to ensure people get the right care at the right time and in the right place. This will in turn reduce demand on NHS services. We are stilling waiting for the adult social care green paper and the spending review to give the whole health and care system the long-term certainty that is so urgently required. In some parts of the country the need to achieve financial

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balance within the NHS also remains a challenge that could affect the ability to deliver new objectives.

- Increasingly, primary care networks (PCNs) will assume an organising role in health systems by commissioning services, employing staff and as the basic building block of primary and multi-disciplinary hubs for community health and care services, which will include adult social care, and community and voluntary sector (CVS) organisations. It is essential, therefore, that councils and other partners are involved in the development of PCNs, in particular in relation to their footprints to ensure that they are meaningful to local people in accessing health and care services, and build on existing local arrangements. Up to now, councils, CCGs and other partners have had little involvement in the development of PCNs.We welcome the assurance that plans for PCNs will need to take account of and be based on existing local plans, and developed in partnership with councils, the CVS and other local partners. As described above, however, there is still a significant amount of national prescription that will limit the scope for local leadership to shape plans according to local need and context.[DN: Add a link to the PCN briefing]

- The focus on the pressing need to address health inequalities and to prioritise investment in prevention are very positive aspects of the LTPIF, which the LGA fully supports.

- Also welcome is the recognition of the importance of integration and joint working with local government to provide person-centred care and support to promote health, wellbeing and independence. In addition, the LGA applauds the recognition given to the critical role of the community and voluntary sector and others.

- With regard to workforce, however, there is still inadequate recognition of the need to develop a system-wide workforce plan which spans health and care. Failure to do so will lead to health and care fishing from the same limited pool of professionals, inevitably leading to NHS poaching ASC staff.

SUMMARY OF LONG TERM PLAN IMPLEMENTATION FRAMEWORK AND LGA RESPONSE

Chapter 1: The framework for implementation

Each STP/ICS is required to draw up a ‘strategy delivery plan’, with the initial planning submission prepared and published by the end of September 2019. Final plans must be agreed with partners – including local government – and the regional assurance teams by mid-November 2019. NHSE/I will collate these plans, and publish a national implementation plan by the end of 2019. It will set out the expected performance trajectories and milestones for the delivery of the LTP.

The LTPIF draws a distinction between ‘foundational commitments’ which are tightly prescribed by NHSE/I and the majority of commitments, for which local systems will have ‘substantial freedoms to respond to local needs, prioritise and define their pace of delivery’.

The LTPIF sets out 10 principles which should underpin the development and delivery of STP/ICS plans. They should be:

- clinically-led
- locally owned – highlighting the importance of local government and the voluntary sector as key partners
- based on realistic workforce planning
- financially balanced – plans need to show how commitments will be delivered alongside financial recovery plans for individual institutions in deficit, and other financial priorities
- in line with national standards, such as access for cancer treatment, mental health and A&E
- locally appropriate – aside from the 'foundational requirements' the scale and pace of implementation will be based on local needs and priorities
- focused on reducing local health inequalities and unwarranted variation in outcomes
- focused on preventing ill-health, rather than just how to deliver health services
- in partnership with local government – in particular on integration
- driving local innovation.

NHSE/I regional teams will be responsible for assuring plans, and providing implementation support at STP/ICS level. A critical role is in ensuring local plans are achievable, yet also collectively achieve the national ambitions set out in the LTP.

In addition to the five-year funding uplift for CCGs, which will be allocated on a 'fair share' basis, the LTPIF also sets out additional targeted funding for specific needs or to test phases. There will be additional advice on how to access targeted funding.

LGA response

We welcome the commitment to local freedom and flexibility. This approach is, in part, the result of strong messages from key partners, including the LGA, that local leaders must have the space to align national objectives of the LTP with existing local priorities expressed in CCG commissioning plans and the joint health and wellbeing strategies of health and wellbeing boards. It also recognises that different geographies are at different stages of development so national targets will be of limited relevance.

The NHS view of what is a locally driven plan, however, is somewhat different from the local government perspective. The LTPIF includes significant levels of central direction and specification, not just in terms of what systems must prioritise but also how they should achieve objectives. There is a certain degree of local discretion on the timescale for achieving national expectations and the milestones they can choose to measure progress.

Chapter 2: Delivering a new service model for the 21st century

This section sets out the 'foundational commitments', including timescales. The proposals of interest to local government are summarised below.

Primary and community services: Every GP practice was required to join a PCN by 1 July 2019. PCNs will lead on a range of primary and community care priorities, including implementing the Enhanced Healthcare in Care Homes framework, structured medication reviews for priority groups, personalised care and early cancer diagnosis support. They will also recruit and employ more than 20,000 additional staff including clinical pharmacists, physician associates, physiotherapists, community paramedics and social prescribing link workers – all of whom will work alongside clinical and local government staff. The system plans

for primary and community care will need to be developed with and agreed by community providers, primary care providers and should be subject to a 'dedicated discussion' at the health and wellbeing board.

STPs/ICSs will be expected to show how they will meet a range of national service specifications or improvements, including the use of their share of the extra £4.5 billion for primary and community health services (which includes continuing healthcare). The LTPIF sets out four priorities to be addressed:

- meeting the new funding commitments for primary and community health services
- supporting the development of the PCNs
- achieving the targets for crisis response within two hours and reablement care within two days
- a phased plan for primary and community services in line with the phasing of the new five-year GP contract.

Personalised care: STP/ICS plans will also need to set out how they will drive personalisation, including increasing social prescribing and the take up of personal health budgets.
https://www.england.nhs.uk/personalisedcare/comprehensive-model-of-personalised-care/

Digitalisation: Systems must describe how they will replace up to 30 per cent of face-to-face outpatient visits with digital alternatives – a national reduction of 30 million a year. They will also include plans on delivering 'digital primary care', including all GPs to offer online and video consultations. This will be supported by targeted funding.

Improving cancer outcomes: As a priority for the LTP, all STPs/ICSs have to outline how they will improve survival rates, screening uptake, GP referral practice and access to treatment in partnership with their local Cancer Alliance network. By 203/24, £400 million will be available through these Cancer Alliances alongside targeted funding for initiatives such as lung health checks, rapid diagnostic centres, or early diagnosis innovation.

Mental health: System plans should set out how they will spend increased funding for mental health, which includes a ringfenced local investment fund of £2.3 billion by 2023/24, additional funding for children and young people's mental health services, and funding for national priorities, including:

- access to NHS-funded mental health services for an additional 345,000 children and young people
- improved access to community perinatal mental health services
- 100 per cent coverage of 24/7 adult crisis resolution and home treatment teams by 2020/21
- by 2023/24 100 per cent coverage of CYP mental health crisis services
- by 203/24 local mental health crisis pathways in all STPs and ICSs.

Targeted funding will also be available for support, including to partially fund school and college-based mental health services and more Increased Access to Psychological Therapies trainees, maternity outreach clinics, support services for problem gambling, enhanced suicide prevention and mental health services for rough sleepers.

Shorter waits for planned care: Each system will set out five-year plans to expand surgery and reduce waiting lists. They will also need to show that patients have choice of care and treatments.

LGA response

Increasingly, PCNs will assume an important role in health systems in commissioning services, employing staff and as the basic building block of primary and multi-disciplinary hubs for community health and care services, which will include adult social care and the CVS. It is important, therefore, that councils and other partners are involved in the development of PCNs, in particular in relation to their footprints to ensure that they are meaningful to local people in accessing health and care services. Up to now, though there may be some exceptions, most local councils, CCGs and other partners have had very little involvement in the development of PCNs.

Section 3 – Integrated Care Systems

Every local area is expected to be part of an ICS by April 2021. ICSs will be required to have the following characteristics:

- collaborative and inclusive system leadership, led by an independent chair, and with a shared vision and objectives
- have a defined population, 'where possible contiguous with local authority boundaries', mostly working to existing STP footprints but with a recognition that some areas will need to adjust their current geography. Any areas wishing to alter footprints needs to formally notify NHSE/I by 31 July 2019
- multidisciplinary teams on PCN footprints using population health management approaches to improve 'patient experience', outcomes, and health inequalities
- work effectively with partners and the community to develop plans, in particular to achieve financial balance, reach national outcomes, and address health inequalities and unwarranted clinical variations.

Plans will need to include proposed changes to the provider and commissioner landscape, including ways of promoting collective decision-making. There will be further guidance for aspirant provider groups, and the Integrated Care Provider contract will also be published later in 2019

LGA response

We are pleased that there are clear expectations that ICSs will have 'collaborative and inclusive leadership', specific council involvement in their governance structures and a strong focus on population health and joining up services at PCN, place and system level. The transition from STP to ICS will be challenging for many health and care systems and they will need support to achieve ICS status by April 2021. The LGA already provides an extensive improvement and development support programme to health systems and we are keen to continue working with NHSE/I to ensure that all systems have access to the support they need to make the transition. It is essential also that ICSs are supported to develop services that meet the needs of their population, rather than a nationally prescribed model.

Section 4 – Prevention

The LTPIF emphasises the importance of close partnership working with local government and, in particular, directors of public health, on prevention. It also recognises that many areas of prevention are led by local government. It commits NHSE/I to developing a national set of indicators to monitor the impact of prevention work on health inequalities.

The document is deliberately light on detail with regard to prevention in recognition that the Government's prevention green paper will provide the future policy framework for prevention. It does, however, note that additional targeted funding will be available to support priorities including: smoking cessation services, the Diabetes Prevention Programme, the development and improvement of hospital-based alcohol care teams, spreading good practice in relation to air quality, plastics and carbon reduction and measures to reduce antimicrobial resistance.

LGA response

The recognition that many areas of prevention are led by local government is welcome and it is, therefore, appropriate that this section of the LTPIF is the lightest on detail. The LGA has always maintained that the prevention green paper should set the national policy framework for prevention but that it should align with and cross-refer to the LTP.

The focus on prevention in the LTPIF is on earlier diagnosis, rather than prevention of disease. Planned actions to address health inequalities, while welcome, also focus only on treatment and care, not on primary prevention.

It will be important for local system plans to take into account and build on existing local plans, strategies and commitments in relation to public health and prevention. To do otherwise will create parallel plans and services, for example for smoking cessation services. Similarly, additional funding, such as for smoking cessation, diabetes prevention, hospital-based alcohol teams etc, must build on and closely align to existing council-funded services.

Section 5 – Progress on quality and outcomes

This section focuses on achieving improvement in priority service areas as well as outlining initiatives for research and innovations to drive improvement, especially in genomics and volunteering.

- **Maternity and neonatal services:** targeted funding is available for initiatives including neonatal critical care services, integrated family support and postnatal physiotherapy.

- **Services for children and young people (CYP):** building on the Children and Young People's Transformation Programme, there is a strong focus on leadership development, co-production with young people and their families, and partnership working with local government and education. Local system plans must include action to improve care or outcomes for children with long-term conditions, childhood obesity, CYP mental health services and CYP with cancer. There is targeted additional funding for integration of CYP services and services for childhood obesity.

- **Learning disabilities and autism:** system plans will be expected to focus improving community capacity. All STPs and ICSs will have a named senior officer to lead this work strand in partnership with people and their families. All plans must also include: inpatient reductions; how they will achieve the 75 per

cent target for physical health checks; and how the proposals align with plans for mental health, special educational needs and disability, and CYP services more generally. Funding will be available to all areas through CCG allocations and additional service development funding. There will also be targeted funding to: develop community services for both adults and CYP with learning disabilities; key workers for CYP with complex needs (such as CYP in mental health inpatient units); action to stop the overmedication of people with a learning disability or autism; taking eye, hearing and dental services to CYP in residential schools; and to provide capital investment for new housing options.

- **Cardiovascular disease (CVD):** system plans must describe improvements to prevention, early detection and treatment of CVD. There will be funding to detect and treat some risk factors, increase cardiac rehabilitation and for specific diagnostics.

- **Stroke care:** most of the focus is on developing Integrated Stroke Delivery Networks but there is also an expectation all areas plan for Early Supported Discharge, which will be integrated with community services.

- **Diabetes:** STPs/ICSs must set out how they will meet national commitments around treatment and outcomes. There is targeted funding for improvements such as expanding multidisciplinary foot care teams, testing the effectiveness of low-calorie diets for people with Type 2 diabetes and monitoring of pregnant women with Type 1 diabetes.

- **Respiratory disease:** a focus on more access for people from deprived communities, plus targeted funding to test new care models and for primary care training.

There is a strong focus on encouraging research and innovation to improve outcomes and efficiency, and to ensure that learning is communicated and taken up more widely, and on developing a new genomic medicine service.

A national volunteering programme is being established, with funding attached to increase numbers, especially in deprived areas. There will also be targeted for to further develop volunteering.

LGA response

Maternity and neonatal services

Local maternity systems will receive both fair share and targeted funding to deliver ambitions such as continuity of neonatal carer, UNICEF Baby Friendly initiative and better integration between perinatal services. It is published best practice for councils to be key partners, usually through health visiting leads, however this is not reflected consistently across the country. We continue to work with the Maternity Transformation Board (PHE) to improve joined-up working with health visiting services. We also encourage councils, however, to contact their local maternity system to ensure involvement in LMS funding proposals.

Services for children and young people

We welcome the setting up of the Children and Young People's Transformation Programme and as a member of the Programme Board the LGA will continue to advocate for greater integration and investment in council early intervention services and links to wider determinants of health and health inequalities. We

welcome the suggestion of local area plans for to ensure children are a priority for ICSs, and stress the need for plans to be developed and delivered in partnership with councils. We continue to support councils in ensuring preventative services and wider determinants of health are included in local plans.

Mental health (adults)

We encourage system plans to recognise and improve access to the full spectrum of mental health services, as well as to recognise the benefits of connectivity between the NHS, councils and other partners.

We encourage NHS partners to fully engage and reflect the role of local government in helping people with the most complex needs to recover, including through joint community mental health teams, and to address people's wider needs, such as housing, the impact of welfare reform, employment and relationships.

We welcome the increased access to crisis care services, but to avoid further pressure on the NHS we also need to prevent people reaching a crisis, and to refocus services towards early intervention and support for recovery. 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.

The Government recently confirmed £600,000 of funding for the LGA and Association of Directors of Public Health to deliver a suicide prevention sector led improvement offer for councils. The LTPIF commitment to enhance suicide prevention initiatives and bereavement services should build on and complement locally led activity.

Learning Disabilities and autism

The focus should be on how to most effectively support people with autism and/or learning disabilities to live independent and productive lives in their local communities, recognising that improvement is often delivered more effectively in partnership at a local or regional level, including education, learning, housing, training and employment opportunities.

Councils, through Transforming Care Partnerships (TCPs), have made progress to ensure that people with learning disabilities and/or autism who display behaviour that challenges and are referred to assessment and treatment centres can be discharged to more appropriate, community-based services. System plans need to recognise, and provide sufficient investment, for this provision.

We welcome the LTPIF commitment to provide capital investment to support the development of housing options and suitable accommodation in the community. This must be taken forward in partnership with councils given their strategic housing and planning role.

System plans need to recognise that rising demand coupled with further improving diagnostic rates for people with autism and/or a learning disability, will place more strain on already stretched children's and adults' services. It is also essential that the NHS works with children's and adult services to jointly develop packages to support children with autism or other neurodevelopmental disorders and their families, throughout the diagnostic process. We fully support the LTPIF encouragement to involve people with a learning disability, autism or both in the development of system plans.

Section 6 – NHS staff

This section outlines how the major commitments and themes of the NHS People Plan will be implemented by local systems. These include setting targets for black and minority ethnic people in leadership roles, improving physical and mental health and wellbeing, enabling flexible working, and improving the leadership culture.

System plans should also set out actions to have 'more people, working differently' including, plans for workforce growth, improving retention, improve efficiency and, in partnership with Health Education England and at local level trusts, PCNs and 'other partners', to deliver workforce models to move towards preventative and community-based care and support.

LGA response

There is still inadequate recognition of the need to develop a system-wide workforce plan which spans health and care. Failure to do so will lead to health and care fishing from the same limited pool of professionals, inevitably leading to NHS poaching ASC staff.

Section 7: Digitally enabled care

The LTPIF asks that local areas develop a comprehensive five year digital strategy and investment plan consistent with the Technology Vision. It sets the expectation for increased local investment in technology as well as central revenue and capital funding to support delivery. The newly created NHSX, which has a remit across health and social care, will establish guidance and support to accelerate progress.

The LTPIF outlines critical required activities, in alignment with the NHSX priorities, including:

- enabling the local sharing of records to support integrated care by 2024
- improving patient access to information including summary care plans by 2020
- supporting people to contribute their own information to their care plan
- enhancing child protection information sharing by 2022
- protecting sensitive information by expecting compliance on cyber security standards
- giving families a choice of a paper or digital red book, including immunisations, for babies by 2021.

LGA response

We encourage local partners from across the NHS and local government to work together to establish digital strategies and investment plans. We welcome the emphasis that NHSX is placing on social care in taking forward its technology priorities. Many of these commitments as well as the broader technology vision will require close working with councils as well as adult social care providers.

There are many examples of joint NHS and local government joint working, for example through the Local Health and Care Record programme. Digital strategies should seek to learn from and use approaches and technologies adopted by others and consider use of local and national funding that can meet a range of priorities that support prevention and enable integrated care.

Section 8 – Using taxpayers' money to maximum effect

This chapter sets out the financial requirements on system plans as well as the additional funding to complement five-year CCG allocations, which were

published in January. System plans must detail their resource plans, in line with the Government's five tests. The NHS will:

- return to financial balance
- will achieve cash-releasing productivity growth of at least 1.1 per cent per year
- reduce the growth in demand for care through better integration and prevention
- reduce unjustified variation in performance
- make better use of capital investment and its existing assets to drive transformation.

Regional teams will support local systems to agree realistic and stretching plans and ensure these are consistent with LTP commitments to increase investment in mental, primary and community health services.

LGA comment

Financial sustainability is critical for the NHS, but this will not be achieved without addressing the sustainability of the whole health and care system. It is important also to not place unrealistic savings plans, which will undermine partnership working and transformational change. We support the focus on integration and prevention but would caution the NHS to be realistic about the impact this will have on reducing demand in the short term. Joint system leadership will be key also in ensuring that funding is best used to support system-wide change, avoid duplication and remove unwarranted variation.

Section 9 – Next steps

This section sets out the milestones to the final submission of operational plans by the end of March 2020. The most significant elements are the Strategy Delivery Plan from each of the STPs/ICSs, which will include:

- a description of local need
- what services changes are needed and how they will be implemented
- how the local infrastructure will be developed – including workforce, digital and estates
- how efficiency will be driven through all activity
- how local engagement has been undertaken to develop the plan
- how financial balance will be delivered.

There will be a comprehensive suite of national tools, resources and support around plan development. The key deadlines are: **27 September** for submission of a draft plan to regional teams; and **15 November** for agreement of final plan by system leads and regions.