NHS England, Next steps on the NHS Five Year Forward View
LGA Briefing
April 2017

Introduction

Next steps on the NHS Five Year Forward View reviews the progress made since the launch of the NHS Five Year Forward View in October 2014 and sets out a series of practical steps for the NHS to deliver a better, more joined-up and more responsive NHS in England.

The full document is available on the NHS England [website.](#)[i]

The LGA media statement responding to the announcement is [available online.](#)[ii]

Key messages

- Local government fully supports the aim to improve the health and wellbeing of our nation and has a crucial role to play in shaping local public services and as leaders of their local communities. We have fully supported the ambitions in the Five Year Forward View aimed at supporting the health of our nation.

- It is welcome that the NHS has reiterated the need for collaborative, system-wide and community-based models of care that support people to manage their own health and reduce the need for inpatient treatment. Local authorities already contribute to the wider determinants of health through housing, leisure, education, community support and wider services, as well as social care. They have statutory responsibilities through Health and Wellbeing Boards and also spend more than £3.2 billion each year specifically on public health, including NHS services such as sexual health, drug and alcohol treatment and NHS Health Checks, however this has not been reflected in the report.

- For the most part however, the system is NHS focused with little recognition of the wider health and care system or the contribution of other council services to supporting people. The NHS should be more explicit in recognising the role councils play in working with communities to identify local priorities and make decisions about where to direct scarce resources. It is therefore disappointing that there is little recognition of the vital role that councils and democratically elected councillors can play in delivering better and more joined-up social care and health services for their local residents.

- The Delivery Plan also fails to more fully acknowledge the vital role of adult social care and local government more generally in supporting the health service. Where reference to social care is made, it is about the availability of care impacting on NHS demand, rather than the important work of councils and local partners providing care in their communities

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- The additional £2 billion for adult social care announced in the Spring Budget is intended to help meet adult social care needs, support the provider market, and relieve pressures on the NHS, including helping people out of hospital. While it will go some way to relieving pressures, it is not enough to resolve all short-term issues, and nor is it a long-term solution to what is an ongoing crisis for the sector.

- We have been clear that decisions about how this money is invested should be left to councils, working with their health partners and others, and this will rightly be different in different areas, depending on the needs of local communities.

- There is little consideration of how council public health teams can work with the NHS to promote health, prevent ill-health and support better self-management of health conditions. We see this as a significant missed opportunity.

- We support the continued emphasis on collaboration to improve the health and wellbeing of a local population and Sustainability and Transformation Plans are key to this. However we are concerned that in *Next steps on the NHS Five Year Forward View* there is:

  o No specific reference to the role of councillors as the democratically elected representatives of their communities.
  o No consideration of the role of health and wellbeing boards.
  o A lack of realism in financial modelling, and limited recognition of the need to invest in change, such as the initial increase in costs associated with double-running new preventative or community services.

- With regard to the financial challenges facing the NHS, the realism evident within the Delivery Plan is welcome recognition that difficult choices need to be made. We would encourage the NHS to continue and expand dialogue with the public, government and partners into a conversation about what a sustainable modernised health and care system looks like.

Chapter 1: The NHS in 2017

- As the introduction to the Delivery Plan, this chapter identifies five paradoxes facing the NHS in 2017:

  o We are getting healthier but we are using the NHS more
  o The quality of NHS care is demonstrably improving but the NHS is becoming more transparent about care gaps and mistakes
  o Staff numbers are up but staff are under greater pressure
  o The public is highly satisfied with the NHS but concerned for its future
  o There is an underlying consensus about how care needs to change to 'future proof' the NHS but the ability to do so risks being overtaken by what CQC call a 'burning platform' (that an outdated model of care is no longer able to deliver services needed for modern patients).

- It notes the progress made on the Forward View and introduces the priorities for 2017/18, which are covered in more detail in the document. These include:
  o Improving A&E performance

- o Strengthening access to high-quality GP services
- o Improvements in cancer (including performance against waiting time standards) and mental health
- o Accelerating service design locally (including sustainability and transformation plans (STPs))
- o Focusing on the enablers for change: workforce, safer care, technology and innovation.

LGA response

- It is positive that the NHS highlights its work to improve cancer survival, mental health and other acute services. However, it is disappointing that this report fails to fully acknowledge the vital role of adult social care and local government in supporting health services. Such a recognition would send a clear signal to local areas about the need to collaborate with each other to provide sustainable health and care services.

- The NHS has made good progress with the Forward View as it seeks to tackle the challenges facing the health system in the years ahead. Local government remains committed to supporting the NHS with those challenges by building on the close work between care and health locally in recent years.

Chapter 2: Urgent and emergency care

- This chapter sets out the scale of A&E demand and what steps will be taken nationally to improve the proportion of patients treated, admitted or transferred within 4 hours. Of particular interest to adult social care, this includes:

  - o Every hospital, and its relevant local health and care partners, to have adopted good practice on patient flow, include 'streaming patients' at the 'front door' of A+E
  - o Ensuring that the extra £1 billion new funding for adult social care in 2017/18 (as per the 2017 Spring Budget) is used "in part" to reduce delayed transfers of care by helping to free up 2,000 – 3,000 acute hospital beds; and the expectation that progress against this bed target will be publicly tracked
  - o Ensuring that local areas implement the High Impact Change Model for reducing delayed transfers, which was developed by the LGA and partners.

LGA response

- Councils remain committed to ensuring people in hospital have a safe and timely discharge. Local government continues to engage in a range of activity to alleviate demand pressures on the NHS, such as multi-agency hospital-based discharge teams, and increased reablement services.

- The additional £2 billion announced in the 2017 Budget is intended to help meet adult social care needs, support the provider market, and relieve pressures on the NHS, including helping people out of hospital. We have been clear that decisions about how this money is invested should be left to councils, working with their health partners and others.

- It is therefore disappointing that this plan focuses on using the money to free up acute beds rather than focusing on the provision of care services. The way the money is targeted should be decided locally and this will

rightly be different in different areas, depending on the needs of local people. This will be undermined by national direction and strengthened by local determination.

- We support use of the High Impact Change Model. This model sets out eight broad changes that will help local systems to improve systems for discharge and reduce delayed transfers of care. It provides a framework to assess local services and offers practical options to support improvements. It was developed by local government and health partners.
- There must be clear recognition, however, that the model is not a formula to be followed but a self-assessment tool to help areas identify where they may need to improve.

Chapter 3: Primary Care

- This chapter describes ongoing action to modernise and expand primary care services, making commitments over the next two years to:

    o Extend access to GP appointments at evenings and weekends to 40 per cent of the population by March 2018, and 100 per cent by March 2019
    o Expand GP numbers and the number and range of other professionals working in GP surgeries, such as clinical pharmacists, general practice nurses and mental health therapists
    o Modernise GP premises, encourage GPs to work together in 'hubs' and reform the GP contract and performance indicators to encourage greater population health management and patient management of their own health.

LGA response

- The investment in GP services and premises is welcome, as is the emphasis on linking GPs to wider primary care services, such as pharmacists.

- It is however a missed opportunity, not to connect these with local government services such as public health, housing, employment and skills, and leisure that can contribute to health and wellbeing reduce the demand for healthcare.

Chapter 4: Cancer

- This chapter sets out the increases in survival rates, expansion of check-ups, introduction of 'fast track funding' for the most promising new cancer drugs, and the service blueprint developed by NHS England's cancer taskforce.

- It commits NHS England to enable 5,000 more people a year to survive cancer by 2019; expand screening for a range of cancers; speed up testing, results and time to treatment; and increase access to cancer treatments, such as through a major upgrade of radiotherapy across England.

- These changes will be achieved through investing in equipment and expanding the cancer workforce, alongside new performance goals through a new 'cancer dashboard'.

LGA response

- The advances in the treatment of cancer are notable successes and the investment in services to detect cancer earlier is good news. There is more to do in connecting and investing in public health services that can reduce the risk factors such as smoking, obesity and alcohol. Health and wellbeing boards have a key role in supporting improving outcomes in this regard.

Chapter 5: Mental Health

- This chapter opens by acknowledging that "there is now good evidence that tackling some major mental health problems early reduces subsequent problems, improves people's life chances, and also saves money for the wider economy". The report sets out that NHS England has increased mental health funding by £1.4 billion in real terms in the past three years, investing in specialist mental health treatment.

- Going forward, NHS England will:
  - o Increase treatment for common mental health conditions via talking therapies by over 20 per cent (2018/19)
  - o Increase treatment to pre and post-natal women with severe mental health problems
  - o Have more specialist mental health care in A&Es
  - o Increase investment in children and young people's mental health treatment.

LGA response

- There should be a greater emphasis on the role of councils in prevention and early intervention given their public health responsibilities.

  Local government has an important role in reducing delayed discharges from psychiatric inpatient units (councils have statutory duties to provide step-down services under Section 117 of the Mental Health Act). A significant barrier that has emerged in this area is the provision of an adequate supply of supported housing, vital for mental health step-down services. The building of new supported housing units has stalled as a result of the uncertainty created by the Government's proposed supported housing funding reforms. NHS England should take an active role in the development of this policy agenda.

- Social care and local government services have a crucial role in meeting the needs of people with mental health needs, particularly in recovery. This includes the use of direct payments, employment support, and access to funded voluntary sector support as well as housing-related support. In addition, Mental Health Act professionals have to be employed by councils, so critical to crisis work too.

- It is welcome news that NHS England will be introducing an 'investment standard' for Clinical Commissioning Groups (CCGs) to help direct mental health funding and provide clear performance goals.

- This is an opportunity for health and wellbeing boards to use this information to scrutinise mental health investment in their local area, which will allow them to hold CCGs to account. This is particularly important with children's mental health as health and wellbeing boards are responsible for the local transformation plans for investment in child and adolescent mental health services.

Chapter 6: Integrating care locally

- The Delivery Plan restates the 'five rules of thumb' on integration outlined in the Five Year Forward View that integration is:
  - A means to achieve keeping people healthier for longer, and is not an end itself
  - Based on co-production with patients, staff and "other key stakeholders"
  - Locally led and therefore will look different in different places
  - Evolutionary and not revolutionary
  - Driven by leadership from a variety of sources, not just from within the NHS.

- The focus of this chapter is on the evolving nature of STPs: the 'p' in STP has changed from 'plan' to 'partnership'. Key points to note are:
  - From April 2017 all NHS organisations will form part of a sustainability and transformation partnership, which will form a partnership board, including GPs and local government representatives "wherever appropriate"
  - Each STP will reappoint their leader or chair, and this will be ratified by NHS England and NHS Improvement
  - NHS England or NHS Improvement will intervene with individual NHS organisations if they are barriers to progress
  - Changes to STP footprints will be considered by NHS England if there is local agreement to more accurately reflect patient flows or specialised services commissioning

- The Delivery Plan establishes the 'accountable care system' (ACS) as an 'evolved' version of an STP, working as an integrated health system in which commissioner and providers, often including social care, agree to take on collective responsibility for resources and population health. This results in joined-up, better coordinated care. An ACS will have more control and freedom over the total operations of the health system in the area and will work closely with local government and other partners to keep people healthier for longer, and out of hospital.

- ACSs will be expected to agree collective performance and financial targets, and demonstrate how vertical (between primary and acute health care) and horizontal (between hospitals) integration will operate, with a particular emphasis on incorporating community-based and mental health services.

- In return, an ACS will get: delegation of primary care commissioning and specialised services; devolved transformation funding, including funding for the GP Forward View, mental health and cancer services; and a simpler single regulatory framework with NHS England and NHS Improvement acting jointly.

- From 1 April, NHS organisations will also have to show that proposals for significant hospital bed closures, requiring formal public consultation, can meet one of three common sense conditions and one 'new' condition:
  - Sufficient alternative provision within the community is in place alongside or ahead of bed closures
  - New treatments or therapies are available and will reduce admissions

- o Or that there is a credible plan to use beds more efficiently without affecting patient care
- o An additional test to demonstrate support from GP commissioners, strengthened public and patient engagement, clear clinical evidence and assurances that they are consistent with patient choice.

LGA response

- We continue to support the emphasis on partnerships working across organisations in order to improve the health and wellbeing of their local population. Our vision for integrations is set out in our publication [Stepping Up To The Place](#).[iii]

- We support the change of focus from Sustainability and Transformation Plans to Sustainability and Transformation Partnerships. However, we are disappointed that there is no specific reference to the role of councillors or health and wellbeing boards in the sustainability and transformation partnerships. Councillors are the democratically elected representatives in their areas and the health and wellbeing boards are an existing forum with membership from health, social care and community partners.

- The Delivery Plan describes a future where ACSs become single organisations (as accountable care organisations), but the document does not consider how to include adult social care and other local authority services in an integrated system, or how local government governance operates in an ACS system that includes its services.

- We welcome the strong focus in the Delivery Plan on community participation and involvement and in particular, the recognition that challenges facing health and care systems cannot be addressed without the involvement and support of local communities. We are disappointed that there is no recognition of the need to win the support of local authority partners or elected members in the common-sense conditions around reconfiguration.

- The focus on prevention, self-management and demand management is welcome, although there is little acknowledgement of the vital role of public health or mainstream local government services in supporting people to stay well or take control of their own health, a theme evident throughout the Delivery Plan.

Chapter 7: Funding and efficiency

- This chapter recognises that NHS funding has fared better than other public services, although it notes age-weighted real terms funding per person will go down in 2018/19 and 2019/20, and capital investment has been limited in recent years. It highlights health spending is likely to rise significantly as a proportion of GDP over the coming decades, as a result of demographic pressures but also growing technology costs and rising demand.

- It reiterates the NHS's 10 point efficiency plan:

  1. Free 2,000 to 3,000 hospital bed through improving discharge from hospital, using in part the funding allocated to councils for social care in the Spring Budget
  2. Further cut temporary staffing costs and improve productivity

3. Standardise and improve procurement to reduce costs
4. Get best value out of medicines and pharmacy, such as withdrawing some medicines from prescription, expanding the use of medicines that generate better health outcomes and savings, and optimising medicines use such as reducing variation across regions
5. Reducing avoidable demand or meeting it more appropriately, such as cutting the variation between when a GP refers to a hospital rather than treat through community services, and investment in preventative services (see separate bullet below); this section also emphasises improvements in A+E care including diverting people to other more appropriate settings, reducing avoidable demand for elective care such as by eliminating procedures of questionable clinical value, standardising referral management processes and making better use of technology
6. Reducing unwarranted variation through the Getting it Right First Time methodology in clinical quality and efficiency
7. Making better use of estates, infrastructure, capital and clinical support services
8. Cutting the cost of corporate services and administration, such as consolidating these across neighbouring organisations
9. Collecting income owned to the NHS, such as from non-UK residents
10. Improving financial performance through financial targets, called control totals, for individual organisations and collectively for STP footprints.

- One of the ten points focuses on preventative services; key points include:

  o Expanding the national diabetes programme, and supporting implementation of a cardiovascular disease prevention programme
  o Promoting action to tackle obesity, smoking and high alcohol consumption, as well as expanding NHS Healthchecks
  o Working with employers to encourage 'healthy employee' programmes
  o Extending the Integrated Personal Commissioning programme (personal health and care budgets) to more people with disabilities or complex health needs, and introducing personal budgets for new mothers
  o Designing common approaches to self-care and social prescribing, identifying actions to support carers and strengthening engagement with the voluntary sector.

LGA response

- The additional £2 billion funding for adult social care is intended to help meet adult social care needs, support the provider market, and relieve pressures on the NHS, including helping people out of hospital. Whilst it will go some way to relieving pressures it is not enough to resolve all short-term issues, and nor is it a long-term solution to what is an ongoing crisis for the sector. The financial challenges councils face and the increase volume of demand, means that short-term money cannot be expected to free up thousands of beds. It is also not clear how success would be assessed.

- The financial pressures on the health services are significant. Whilst we recognise the need to support the health service in finding efficiencies, many councils report that the targets from the NHS centre are over-ambitious and risk undermining good local work. We continue to encourage realism in the financial modelling and assumption used to

underpin transformation, as well as to recognise the need to invest in change, such as double running costs of new preventative or community services to enable care to be shifted from hospitals to closer to home. In addition, each system will also have to take into account of the funding gap in adult social care in seeking to put in place sustainable local arrangements.

- We had hoped to see a greater emphasis on the role councils play in prevention and early intervention. The report does not consider how to improve the fragmentation caused by many organisations having responsibilities for different parts of the system. It also does not provide clarity on why collectively we should be making the case for whole system commissioning, why it matters for the individual and the population, and why it makes sense for commissioners and providers in terms of efficient use of resources.

- Local authorities spend more than £3.2 billion on public health services and much of the local government public health budget pays for NHS services, including sexual health, drug and alcohol treatment, and NHS Healthchecks. The NHS needs to ensure it acknowledges how local systems are taking a wider view to address an area of need. By considering the wider factors, local areas are able to tackle the causes rather than just the symptoms.

- It is welcome that the plan recognises the role of carers, although we would have liked to see more emphasis to support the estimated 6.5 million informal carers, who are estimated to contribute £132 billion of unpaid care and support annually. Without this unpaid support, the health and care system could not possibly cope.

- We welcome the extension of personal budgets, and giving people greater control. NHS and local government commissioners, however, need to continue to work together to increase the choice of services available to enable people to get the support they need to improve their health and wellbeing.

Chapter 8: Strengthening our workforce

- Achievements in the last three years include increased numbers of staff in training, the creation of new career paths and new roles within the NHS. Some 90 per cent of NHS staff report their organisation takes positive action on staff wellbeing and, at 37 per cent, stress-related ill-health amongst NHS staff is at its lowest level for five years.

- Action from 2017-19 recognise that more staff are needed in particular in nursing, mental health, emergency and urgent care and in primary care. The document outlines measures to increase access to training through increased places, improve recruitment and retention through new schemes such as 'Nurse First' , encourage 'return to practice' of qualified doctors and nurses, and create new roles such as the 'advanced clinical practise nurse role' to provide a clearer career path.

- The Delivery Plan includes targets for increasing trainees where shortages are most acute, for example Health Education England has an annual target of an additional 3,250 GP trainees per year. There are also a number of measures to improve training and working conditions for junior doctors.

- Staff health and wellbeing is prioritised, with a new performance incentive to reward NHS providers which increase the staff health and wellbeing by 5 per cent or more, as reported in the annual NHS staff survey.

- There is a commitment to improving the diversity of the NHS workforce, with targets in relation to racial diversity, and employment of people with disabilities and people with learning disabilities. The final targets for the training, recruitment and retention of staff will be published in April 2017 in the Health Education England Annual Workforce Plan.

LGA response

- There is no consideration of the need for system-wide workforce planning across health and social care to ensure that the NHS, local government and care providers are working together. Increasing clinical staff in the NHS is undoubtedly important but if staff shortages in residential and domiciliary care are not addressed, then this will only increase pressure on clinical and in-patient services.

- There are plans to develop new roles within the NHS but there are no plans to consider new career paths that cross health and social care, requiring new skills mixes to be able to provide seamless care and support to people who need both health and social care support.

- Given that early intervention, prevention and self-management are key components in improving health outcomes and reducing the need for health services, it is surprising that there is no mention of training clinical staff to have a more active role in 'making every contact count' to advise people on what changes people can make to improving their health and wellbeing. This is a missed opportunity that could have a major impact on encouraging individuals to improve their health and reduce the demand on services.

Chapter 9: Patient safety

- This chapter highlights some of the achievements of the past three years in improving quality and patient safety, notably that 20 of the 31 acute hospital that went into 'special measures' no longer require them, with seven being assessed as 'good'. Other initiatives to improve safety include more protection for whistleblowers working in the NHS, the creation of patient safety collaboratives to develop safer care, and measures to learn from errors.

- Planned improvements include: reducing healthcare associated infections by 50 per cent by 2021; safer and more personalised maternity care; and action to reduce stillbirth, neonatal deaths and maternal deaths by 20 per cent by 2020. From April 2017 all trusts will be 'asked to publish all deaths judged likely to have been caused by problems in care' and there will be a new Healthcare Safety Investigation Branch conducting up to 30 investigations a year to improve patient safety.

LGA response

- The NHS has made an important commitment to improving patient safety and quality of care which local government supports. There is, however, no recognition of the role of local authorities in improving safety and quality, for example local health and wellbeing boards and health overview and scrutiny.

- The measures outlined in the Delivery Plan cover only inpatient and hospital care. While it is important to improve the safety and quality of inpatient care, the thrust of the Delivery Plan is towards more services and support being provided outside hospitals and in the community, and so safety in these contexts needs further consideration. The plan also does not recognise the important role of local children and adult safeguarding boards.

Chapter 10: Harnessing technology and innovation

- This chapter highlights some of the initiatives being taken forward as a result of the £4.2 billion Spending Review commitment for digital and information across health and care (a programme of activity overseen by the National Information Board).

- The initiatives highlighted within the report include those to help people manage their own health and support urgent and emergency care (such as the upgrade from NHS Choices to NHS. UK including online appointment bookings, providing online access to records, free Wi-Fi provision in GP Practices and an expansion of NHS 111 to support online triage).

- The Delivery Plan also highlights the 16 Acute Global Digital Exemplars which, subject to Cabinet Office approval, will receive £10 million each (the most advanced digitised hospitals who will become exemplars for others to learn from). The report announces the seven mental health global digital exemplars which will receive a share of funding, subject to Cabinet Office approval.

LGA response

- It is disappointing that there is little in the publication highlighting the work across local areas to develop Local Digital Roadmaps.

- We are calling for councils to be closely involved in use of digital technology to develop and deliver services. It is therefore disappointing that there is little evidence within the report of activity to support effective information sharing across the whole health and care system. Unfortunately the Wachter Review predominantly focused on the digitisation of secondary care, with very little recognition of prevention and the interface with other care settings.[iv]

- We had hoped to see more emphasis on the role that councils play in prevention and early intervention, as well as the commitment to the integration of health and social care such as those outlined in the LGA publication last November.[v] This includes the role that assistive technology has to play in keeping people independent and connected at home, reducing isolation as well as reducing the need for appointments among health and care services, particularly in the community sector. We are working closely with some of the new care model vanguards, councils and CCGs to support them in using new technology to improve integration.

- At a national level, since information and technology is a vital enabler to supporting health and care integration, we would like to see initiatives and activity that enables more effective information sharing across the whole health and social care system.

- We continue to emphasise the importance of ensuring that the £4.2 billion investment and associated initiatives both support social care and health and care integration.

[i] NHS Five Year Forward View – Next Steps: https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf
[ii] LGA media release: http://www.local.gov.uk/media-releases/-/journal_content/56/10180/8377105/NEWS
[iii] Stepping Up to the Place: http://www.local.gov.uk/adult-social-care/-/journal_content/56/10180/7859151/ARTICLE
[iv] Wachter Review: https://www.gov.uk/government/news/review-of-information-technology-in-nhs
[v] We learnt valuable lessons from the Health and Care system across the Country last winter about what works well and we have built those into
Transforming social care through the use of information and technology: http://www.local.gov.uk/chip/-/journal_content/56/10180/8016708/ARTICLE