

NHS Long Term Plan – briefing for Health Scrutiny Committee 21st February 2019

The NHS published its Long Term Plan (LTP) on 9th January 2019. It sets out the direction of the NHS over the next five years, including a focus on integration, and looks at how the NHS will spend the £20.5bn additional funding pledged by the Prime Minister last year.

The LTP includes priorities of better integrating health and social care, improving prevention and early intervention and addressing health inequalities. This information is key for local authorities due to their responsibilities for Public Health, in their role as commissioners of preventative services and as deliverers of social care.

The plan sets out:

- how control will be shared with people over their own health and the care they receive
- how the NHS will make improvements to prevention and health inequalities
- how the workforce will continue to be supported and encouraged, with a focus on attracting the best people to work for the NHS
- how to make best use of digital technology and innovation
- how this will be done whilst getting the best value out of “taxpayers’ investment in the NHS”

For local authorities

The renewed NHS prevention programme identifies the top five risk factors for premature death which are smoking, poor diet, high blood pressure, obesity and alcohol and drug misuse. The LTP sets out the actions the NHS will take in relation to these to stop an estimated 85,000 premature deaths each year. It also specifically sets out the intended role of local authorities.

Key points:

Integration

- There is a “clear expectation that [local authorities] will wish to participate” in their local Integrated Care System (ICS).

Health inequalities

- There will be a “more concerted and systematic” approach to reducing health inequalities, including a higher share of funding to areas with higher levels of inequality. Areas for action include maternity services, the physical health of people with mental health problems and learning disabilities, the health of children with learning disabilities, rough sleepers, carers and investment in specialist clinics for people with serious gambling problems.
- There will be a “review of the inequalities adjustment” conducted for the national funding formulae to continue to target a higher proportion of funding to areas with high health inequalities.
- All local health systems will be expected to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29, and partners including the CCG and local government will develop and publish a ‘menu’ of evidence-based interventions that if adopted locally would contribute to this goal.

Adult social care

- All hospitals with a major A&E department will further reduce delayed transfers of care (DTOC) in partnership with LAs. The goal over the next two years is to achieve and maintain an average DTOC figure of 4,000 or fewer delays, and over the next five years to reduce them further. This will include measures such as placing therapy and social work teams at the beginning of the acute hospital pathway, setting an expectation that patients will have an agreed clinical care plan within 14 hours of admission which includes an expected date of discharge, implementation of the SAFER patient flow bundle and multidisciplinary team reviews on all hospital wards every morning.
- Within five years all parts of the country will be expected to have improved the responsiveness of community health crisis response services to deliver the services within two hours of referral in line with NICE guidelines, where clinically judged to be appropriate. In addition, all parts of the country should be delivering reablement care within two days of referral to those patients who are judged to need it. Extra recovery, reablement and rehabilitation support will wrap around core services to support people with the highest needs.
- The review of the Better Care Fund (BCF) will conclude in early 2019, and in 2019/20 BCF conditions will continue to include clear requirements to continue to reduce DTOCs and improve the availability of care packages for patients ready to leave hospital.
- The NHS will continue to support local approaches to blending health and social care budgets where councils and CCGs agree this makes sense – the government will set out further proposals for social care and health integration in the forthcoming Green Paper on adult social care.

Children and young people

- The Government and the NHS will work with the Department for Education (DfE) and LAs to improve awareness of, and support for, children and young people with learning difficulties, autism or both.
- To reduce waiting times for specialist services, the NHS will work with LA social care and education services to jointly develop packages of support for children with autism or other neurodevelopmental disorders including ADHD.
- Keyworker support will be available to the most vulnerable children with a learning disability and/or autism, including those who face multiple vulnerabilities such as looked after and adopted children, and children and young people in transition between services.
- Local authorities will develop age-appropriate models of care, including speech and language therapy, oral health and school nursing, to reduce A&E attendances for children and young people.
- By 2028 the NHS aims to move towards service models for young people that offer “person-centred and age appropriate care for mental and physical health needs”, rather than requiring transition to adult services based on age and not need. This will include a ‘0-25 years’ service which will improve the quality of care.
- New services will be developed in specific areas for children with complex needs which are “not currently being met”, this will include children who have been subject to sexual assault but who are not reaching the attention of Sexual Assault Referral Services. These new services will provide assessment and treatment and allow transition into integrated services.

- Early help will be targeted for adults living in households with vulnerable children, including children in care and care leavers. Access to targeted support for these children, especially during transition to adult services, will be improved, building on the current assessment pilots for children entering the care system.
- A “high-harm, high risk, high vulnerability trauma-informed service” will be developed to provide consultation, advice, assessment, treatment and transition into integrated services. This will include supporting young people in, or at risk of being in, contact with the youth justice system.
- From September 2019, all boys aged 12 and 13 will be offered vaccination against HPV-related diseases, such as oral, throat and anal cancer.
- By spring 2019 every NHS Trust in England with a maternity and neonatal service will be part of the National Maternal and Neonatal Health Safety Collaborative, which will bring together LAs, the NHS and other partners. By 2021 most women receive continuity of the person caring for them during pregnancy, and both during and after birth.

Mental health

- There will be an increase in the number of safe havens, crisis cafes and other services for people with mental health issues who do not need to attend A&E but need somewhere to go for support.
- By 2023/24, NHS 111 will be the single, universal point of access for people experiencing mental health crisis.
- New and integrated models of primary and community mental health care will support adults and older adults with severe mental illnesses. Local areas will be supported to redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks.
- New universal smoking cessation offer will be available as part of the specialist mental health services for long-term users of specialist mental health, and learning disability services.
- By 2020/21 will ensure that at least 280,000 people living with Severe Mental Illness (SMI) have their physical health need met. By 2023/24 the number of people with SMI problems receiving physical health checks will be increased to an additional 110,000 people per year.
- A new approach to young adult mental health services for people aged 18-25 will support the transition to adulthood. The new model will deliver an integrated approach across health, social care, education and the voluntary sector, such as the evidence-based ‘iThrive’ operating model which currently covers around 47% of the 0-18 population and can be expanded to 25 year olds.

Carers and young carers

- The NHS will roll out ‘top tips’ for general practice which have been developed by Young Carers, which include access to preventive health and social prescribing, and timely referral to local support services. It is expected that up to 20,000 young carers will benefit from this approach by 2023/24.
- Best-practice Quality Markers will be introduced for primary care that highlight best practice in carer identification and support.
- The NHS will encourage the national adoption of carer's passports, which identify someone as a carer and enable staff to involve them in a patient's care, and set out guidelines for their use based on trials around the country. These will be

complemented by developments to electronic health records that allow people to share their caring status with healthcare professionals wherever they present.

- The NHS will ensure more carers understand out-of-hours options available to them and have appropriate back-up support in place for when they need it. It is predicted that up to 100,000 carers will benefit from 'contingency planning' conversations and have their plans included in Summary Care Records, so that professionals know when and how to call those plans into action when they are needed.

Treatment for specific health conditions and dependencies

- The NHS will increase support for individuals to manage their own health conditions such as diabetes. The NHS comprehensive model of personalised care will be rolled out, as will personal health budgets which will rise from 32,000 now (of which a quarter are jointly funded with councils) to 200,000 by 2023/24.
- From April 2019 will ensure that, in line with clinical guidelines, patients with type 1 diabetes benefit from life changing flash glucose monitors.
- By 2020/21, all pregnant women with type 1 diabetes will be offered continuous glucose monitoring, helping to improve neonatal outcomes.
- By 2023/24 all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
- Over the next five years hospitals with the highest levels of alcohol dependence-related admissions will be supported to fully establish Alcohol Care Teams, using CCG 'health inequalities funding supplement' money, working in partnership with LA commissioners of drug and alcohol services.

Commissioning, funding and other developments

- The Government and the NHS will consider whether there is a "stronger role" for the NHS in commissioning preventative health services, including smoking cessation, drug and alcohol services, sexual health and early years support for children such as school nursing and health visitors, and what future commissioning arrangements might be best.
- To cut delays and costs of the NHS automatically having to go through procurement processes, it is proposed that NHS commissioners will be able to decide the circumstances in which they should use procurement, subject to a 'best value' test. This would mean repealing specific procurement requirements in the Health and Social Care 2012 Act. The LTP also proposes to "free the NHS from wholesale inclusion in the Public Contract Regulations".
- There is a commitment to increase investment in community health services as a share of the national NHS revenue spend from 2019/20 to 2023/24.
- £4.5 billion of the new investment will fund expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices. Expanded neighbourhood teams will comprise a range of staff such as GPs, pharmacists, district nurses, dementia workers, social care staff and the voluntary sector.
- Working with LAs and Public Health England (PHE) the NHS will improve the effectiveness of approaches such as the NHS Health Check.

For the ICS

There LTP sets out the future for Integrated Care Systems (ICSs), with an intention for the ICS model to be replicated across the country.

Key points:

- ICSs “will become the level of the system where commissioners and providers make shared decisions about financial planning and prioritisation”.
- ICSs will work with local authorities at a “place” level to help commissioners make shared decisions with providers on population health, service redesign and LTP implementation.
- ICSs will have a partnership board to include local authorities (as noted earlier in the briefing, with the clear expectation LAs will wish to participate).
- Each ICS will be required to implement “integral services” that avoid preventable hospitalisation and “tackle wider determinants” of mental and physical ill-health.
- A new Integrated Care Provider (ICP) contract will be made available for use from 2019 following consultation with providers and the public. It is expected that ICP contracts will be held by public statutory providers.
- ICSs will have the opportunity to earn greater authority as they develop and perform well.
- There will be a new ICS accountability and performance framework which will include performance measures.
- ICSs will agree system-wide objectives with relevant NHS regional directors.
- ICSs will need to encourage and support social enterprises, community interest companies and local charities providing services and support for vulnerable and at-risk groups, which the NHS will continue to commission and work in partnership with.
- ICSs will be expected to make sure all local healthcare providers are making reasonable adjustments to support people with a learning disability or autism.
- Integrated Stroke Delivery Networks (ISDNs) will support ICSs to reconfigure stroke services to specialist centres.

What next?

There are proposals for new legislation to help with reform, including supporting the creation of NHS integrated care trusts, removing the Competition and Markets Authority’s duties in relation to NHS provider mergers, NHS pricing and licence conditions and allowing NHS commissioners to decide when to use procurement, subject to a best value test.

There are a number of key milestones over the course of the LTP, these include:

- By April 2019 – Publication of Local Plans for 2019/2020
- By Autumn 2019 – Publication of local five-year plans
- By Autumn 2019 – National Implementation Programme which will “take account” of Government spending review decisions on social care and Public Health

An NHS Assembly involving clinicians, patients, VCSE organisations and frontline leaders from ICSs, STPs, trusts, CCGs and LAs will be set up in 2019 to continue engagement on the LTP.

For more information on this briefing please contact Elaine Fox, Corporate Policy and Performance Officer.