

Meetings in Common of the Boards of NHS England and NHS Improvement

Meeting Date: Thursday 27 September 2018

Agenda item: 02

Report by: Matt Tagney, Programme Director for the Long Term Plan

Report on: **Development of the Long Term Plan for the NHS**

Introduction

1. On 18 June 2018, the Prime Minister set out a long-term funding settlement for the NHS – an average annual real terms growth rate of 3.4% over five years (excluding additional funding for pensions). In return, the Government asked the NHS to set out, by the end of November, a long term plan for the NHS which:
 - a. Delivers on our existing 5 Year Forward View commitments
 - b. Sets out a 5 year costed plan to deliver clear improvements and financial stability for the NHS.
 - c. Articulates 10 year high level ambitions for further improvements to outcomes.
2. The Government also articulated 5 financial criteria to put the service on a sustainable footing:
 - a. improving productivity and efficiency
 - b. eliminating deficits
 - c. reducing unwarranted variation so people get consistently high standards of care wherever they live
 - d. managing demand effectively
 - e. effective use of capital investment
3. This paper provides a short update on the development of the Long Term Plan, including progress of the work streams established to develop proposals for the Plan and the emerging early priorities for this work. The paper also sets out an update on the long-term financial strategy underpinning the Plan.

Work stream progress and priorities

4. Following early scoping work and initial stakeholder engagement in late July 2018, working groups were established to inform the development of the Long Term Plan (see Annex 1).
5. Overall, working groups have made a strong start in developing proposals. A high level summary of each is set out below.
6. Early analysis of the proposals has identified clear priorities for the work streams to focus on:
 - a. Workforce: Proposals will only be deliverable if the NHS can put the workforce required in place to deliver them. Work streams are therefore being asked to be clear on the workforce required to deliver their ambitions.
 - b. Finance: The package of proposals within the plan must be deliverable within the agreed revenue settlement for the NHS.
 - c. Assumptions: Work streams are being asked to be explicit on where their proposals are reliant on other work streams or investment from others. This will ensure that interdependencies across the full set of proposals are clear.
 - d. The How: Work streams will need to provide robust evidence and detail on how their proposed interventions will be implemented to support the NHS to move rapidly into implementation. This is particularly important for the first five years of the plan where we have clarity on the revenue funding that will be invested.
 - e. Cross-cutting requirement: All workstreams need to show the impact their proposals will have on inequalities reduction, efficiency and how innovation and technology can accelerate their progress

Work stream proposals: High level summary

7. Work streams are in the process of developing a broad range of proposals. The summaries of each work stream set out below are, therefore, subject to change and development.

Clinical & Life Course Work Streams

8. **Prevention, personal responsibility and health inequalities** is, amongst other areas, considering how to further drive reductions in smoking and to reduce obesity, demand for care caused by alcohol consumption, sickness absence levels in the NHS, antibiotic use and air pollution. The work stream is also working closely with every other work stream to ensure that proposals being brought forward will deliver specific reductions in inequalities across England.

9. **Mental Health** is seeking, amongst other elements, to:
 - a. Set out how we can significantly improve access to appropriate mental health (MH) care for Children and Young People.
 - b. Improve MH crisis care for everyone.
 - c. Consider the benefits of additional investment in perinatal MH care.
 - d. Improve community MH care for adults and older adults who have a severe mental illness.
10. **Cancer** is considering setting out specific improvements in cancer survival rates including faster and earlier diagnosis.
11. **CVD and Respiratory** is mapping the route to improve outcomes for respiratory disease, prevent and reduce deaths from heart disease and stroke, reduce variation in outcomes across England, improve hyper acute care and improve rehabilitation.
12. **Learning Disability and/or Autism** are considering how to improve diagnosis, early intervention and personalised support for children and young people.
13. **Childhood and Maternal Health** will look at how to deliver a 50% reduction in stillbirths, neo-natal mortality and maternal deaths by 2025 . It will also look at further improvements to infant mortality, reductions in childhood obesity and improved care for children with long term conditions.
14. **Integrated personalised care for people with long term conditions and older people with frailty and dementia** will seek to set out how the NHS can better support people to live well with LTCs and frailty and seek to reduce demand for bed based care through improved proactive support.

Enablers

15. **System Architecture** is considering options for further developing Integrated Care Systems and considering integration and collaboration models for providers.
16. **Primary care** will set out options for moving towards a more networked model of care that increases resilience, expands the range of services available to patients closer to home including digital first and support increased multi-disciplinary team working in primary care settings.
17. **Efficiency, Productivity and Transformation** is working across all work streams to identify opportunities to reduce variation in practice and outcome and increase efficiency, building on existing Carter and GIRFT programmes.
18. **Research and Innovation** is considering, amongst other aspects, improvements in uptake and spread of innovations, increased numbers of people participating in research and expansion of genomic testing.

19. **The Clinical Review of Standards** has begun engagement work with clinical leads and experts to consider options for clinical standards.
20. **Digital and Technology** will articulate a new map for high quality digital, data and technology through the lenses of individuals, frontline staff, health and care systems and research and industry.
21. **Workforce, Training and Leadership** will cover the future size and shape of the workforce, expanding supply, future training and development of new roles, retention of the existing workforce, supporting staff and being a high quality employer. Given the long lead time required to produce many clinical staff groups the work stream will also focus on the areas that are amenable to change over the short term (improved retention, return to work, re-purposing roles from areas of over supply) whilst also identifying the key decision points over the next 5 years that will allow us to match future demand and supply.

Review of the financial architecture

22. The current NHS financial framework is in need of reform. The National Audit Office (NAO) and House of Commons Public Accounts Committee (PAC) have both criticised the current arrangements. At the PAC on 5 March 2018, Simon Stevens and Ian Dalton announced they were reviewing the NHS financial framework for 2019/20 onwards.
23. With the scope of this work are payment mechanisms, incentives, financial control and contracting oversight, financing and capital.

Stakeholder Engagement

24. During September the work streams have been inviting the public and stakeholders to give their views on the key areas of the plan through www.england.nhs.uk/ltpviews. Significant additional public and service user engagement is also being taken forwards through Healthwatch and The Patients Association.
25. The work streams have been working with stakeholders, reaching out to patients, carers, clinicians and subject experts as they develop and refine proposals and co-design an 'NHS Assembly' to oversee the delivery of the plan going forward.
26. From November 2018 through to March 2019 we will work with the NHS locally and regionally, including STPs, to map out implications of the national priorities for local services and people.

Recommendation

27. The Boards are invited to note the update on the development of the Long Term Plan, including the progress of the work streams to date, and the planned next steps to further develop and refine the proposals in the coming weeks.

Long-term plan working groups



Work Stream	Leaders
Cancer	Cally Palmer, Lynda Thomas (Macmillan), Paula Head
Mental Health	Claire Murdoch, Paul Farmer (as chair of the Stakeholder Oversight Group), Sheena Cumiskey
CVD and Respiratory	Steve Powis
Healthy Childhood and Maternal Health	Sarah-Jane Marsh
Integrated Personalised Care for people with LTCs and older people with frailty (including dementia)	Caroline Abrahams, Julian Hartley
Learning Disability and Autism	Ray James, Rob Webster
Efficiency, Productivity and Transformation	Jeremy Marlow, Mike Deegan, Tracey Taylor

Work Stream	Leaders
Local and National System Architecture	Ben Dyson
Clinical Review of Standards	Steve Powis, Amanda Pritchard, Jackie Daniel,
Digital and Technology	Simon Eccles, Sarah Wilkinson, Steve Dunn
Workforce, Training and Leadership	Ruth May and Ian Cumming, Jim Mackey, Navina Evans
Primary Care	Dominic Hardy, Dr Amanda Doyle
Prevention, Personal Responsibility and Health Inequalities	Duncan Selbie, Neil Churchill, Vin Diwakar, Amanda Doyle
Research and Innovation	Sam Roberts, Roland Sinker