

## NHS England and NHS Improvement Board meetings held in common

**Paper Title:** LTP Implementation – Strategic and Operational Planning

**Agenda item:** 3 (Private session)

**Report by:** Matt Tagney, Director of Planning

**Paper type:** For information on content and decision on process

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### Summary:

This paper shares the latest position from system strategic plans shared with NHSE&I on 15<sup>th</sup> November covering both forecast financial position and planned delivery against headline LTP metrics over the next 4 years. It also sets out our proposals for concluding the strategic planning round, publishing the aggregation of 42 local strategic system plans in a national implementation plan for the LTP and how we pivot to an operational planning round during Q4 of 19/20 with the publication of operational planning guidance.

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### Background

1. The LTP, published in January 2019 set out the transformation of NHS services and outcomes we will deliver over the next five years. The Implementation Framework, published in June 2019, set out the support we will provide to the NHS to assist them in this and tasked 42 health systems to produce locally owned, clinically led, strategic plans setting out how and when they will deliver these improvements.
2. We committed to publishing a national implementation plan aggregating local plans. We also plan to publish operational planning guidance which will provide the additional detail the NHS requires to put strategic plans into action in 2020/21. Given the election we now expect both documents to be ready for publication in January. We are also coordinating with colleagues finalising the People Plan to ensure alignment between the two documents.

### Considerations

3. That the Board:
  - a. Note the progress in developing 42 strategic plans, and actions being taken to ensure they meet the criteria set out in the LTP Implementation Framework.
  - b. Agree the position on finalisation and publication of local plans and the national implementation plan.



- c. Agree that both the national implementation plan and operational planning guidance be agreed through correspondence with the board in December or early January, depending on discussion with the new Government.

## Issues

### Strategic alignment

4. The purpose of the 42 local strategic plans and the national implementation plan is to ensure that the NHS is implementing credible proposals to deliver the LTP. The purpose of the operational planning guidance is to take the commitments in strategic plans for 20/21 and develop operational plans to deliver them within the context of known or expected operational pressures.

### Risk analysis

5. The timetable set out in the LTP Implementation Framework in June was for systems to agree their plans with regions by November 15th and publish them subsequently. Systems shared latest plans with us on the 15th but we made clear that these plans cannot now be finalised or signed off until after the election. The extensive local engagement these plans are built on and the lessons that have been learnt from the 2016 STP planning round also mitigate the risk of plans causing concerns during the campaign.

### Financial commentary

6. Draft plans, including financial projections for each year until 23/24, were submitted at the end of September. Six of our Seven regions requested resubmissions from systems on November 1st. A further submission was made on the 15th November. There have been material improvements in the forecast financial position with each submission. Despite significant improvements to financial projections the NHS is still – perhaps unexpectedly at this stage - identifying gaps against financial trajectory in each of the next four years. Further work is being undertaken to continue to improve forecast financial performance against trajectory before plans can be agreed.

## Summary and key points

### Strategic planning

7. We aim to have a working draft of the national implementation plan in December. We expect that document to largely mirror the structure of the LTP and to:
  - a. **Assure both ourselves and government** that systems have robust plans in place to meet LTP commitments over the next 5 years.
  - b. **Assure the NHS** that NHSE/I has robust plans to continue to support the NHS to meet commitments.
  - c. **Assure the public and service users** that implementation of the LTP is underway.

8. The document will bring together themes and examples from system narrative plans with key government agreed metrics each system is submitting covering service activity, outcomes, finance and workforce. These will be aggregated to set out a national trajectory for delivery of LTP commitments (see Appendix A for list of measures).
9. Appendix B shows planned performance against the LTP headline metrics we asked systems to forecast in this planning round. It shows the NHS is generally planning to deliver the outcomes set out in the LTP. For Digital Primary Care we are working up further options to support delivery and expect achievement of 100%. The relatively small underperformance against the IAPT metric will be discussed with regions and systems. There are some data anomalies that we are investigating further and some systems where improvement may be sought for specific commitments. Further analysis of the latest draft plans show:
  - a. Significant work has gone into producing narrative plans with all systems seeking to produce plans based on local engagement, that connect with the LTP narrative, and local need. Narrative plan length appears to have grown significantly and will require local editing and comms input prior to publication locally.
  - b. For workforce most metrics will be finalised through the People Plan and we are working closely with the relevant team to align messages between the two documents.
  - c. Despite improvements from the initial draft there remains some misalignment between provider and commissioner activity projections in some areas and triangulation of money and activity with workforce requires further improvements.
10. We are likely to be required by Government to publish the national implementation plan before the full board meets again at the end of January. We therefore propose that the plan continue to be developed working through Executive Directors and a draft be shared with the board for agreement with a one-off informal meeting or call to do so.

## **Operational planning**

11. Preparations for operational planning guidance publication commenced over the summer. We expect organisations and systems to use operational planning to confirm and build in additional detail on 2020/21 metrics and LTP commitments from strategic plans. The proposed timetable for operational planning is shown in Appendix C.

## **Appendix A: LTP Headline Metrics; where and when will they aggregated or set out**

### **Metrics to be aggregated from LTP collection**

1. Comprehensive ICS coverage
2. NHSApp registration
3. Digital first primary care: practices offering online consultations
4. Access to diabetes prevention programme
5. Cancer: Proportion of cancers diagnosed at stages 1 or 2
6. Cancer: Proportion of people that survive cancer for at least 1 year after diagnosis
7. Mental Health: Improving Access to Psychological Therapies Roll-out
8. Mental Health: Improve access to Children and Young People's Mental Health Services
9. LD register and Annual Health Checks delivered by GPs
10. Reliance on inpatient care for adults with LD and/or autism
11. Reliance on inpatient care for children with LD and/or autism
12. Maternity: Neonatal mortality rate
13. Maternity: Stillbirth rate
14. Maternity: Brain Injury Rate

### **Metrics to be aggregated from finance data / finalised before plan publication**

1. Percentage of overall NHS revenue spent on primary medical and community health services
2. Percentage of overall NHS revenue funding spent on mental health services
3. Percentage of organisations in financial balance
4. Aggregate forecast end of year financial position of providers, commissioners and NHSE central budgets against agreed plans
5. Total cash releasing productivity growth
6. Cost weighted non-elective activity growth
7. Reduction in variation
8. Better use of capital

### **Metrics where systems cannot produce meaningful trajectory but where national trajectory could be included in the Implementation Plan**

1. Maternal mortality reduction
2. Outpatient transformation (subject to agreement by NHSI&E)
3. Cancer 5-year survival

### **Metrics to be confirmed / agreed through the People Plan:**

1. Staff retention rate
2. Proportion of providers with an outstanding or good rating from the CQC for the 'well led' domain
3. Workforce diversity measure to be agreed
4. Number of GPs
5. Number of FTEs, above baseline, in the Primary Care Network additional role reimbursement scheme
6. Nurse vacancy rate
7. Staff well-being measure TBC
8. Sickness absence

**Metrics to be confirmed following conclusion of access standard reviews**

1. GP contract / PCN patient reported access measure\*
2. Community rapid response 2-hour / 2-day measure
3. Mental health access standards
4. Percentage of patients in A&E transferred, discharged or admitted within 4 hours
5. Percentage of patients starting cancer treatment within 62 days of GP referral
6. Percentage of patients with incomplete pathway waiting 18 weeks or less to start consultant led treatment
7. Patients waiting more than 52 weeks to start consultant-led treatment
8. Elective waiting list size
9. Access to general practice appointments\*

\*Same measure to be used.

**Metrics where further work is required to include them in future refreshes of strategic plans**

1. Percentage of non-elective activity treated as SDEC cases
2. Population vaccination coverage – MMR for two doses (5 years old)
3. Bowel screening coverage
4. Breast screening coverage
5. Cervical screening coverage
6. Measure that reflects inequalities reduction trajectory
7. Coverage of Alcohol Care Teams
8. Percentage of people admitted to hospital who smoke offered NHS funded tobacco treatment service.